



Chronic Disease and

Mental Health Report



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healthier workplaces and communities

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Charities At Work
La philanthropie au travail

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About HealthPartners

HealthPartners connects employees to Canada's most trusted health charities. Collectively through workplace giving, we help to build healthy workers, workplaces and communities; provide programs and services to the 87% of Canadians living with chronic disease and major illness; and find cures and treatments for these diseases through life saving research. For more information, please visit healthpartners.ca.

Our Partners

ALS Canada	Heart and Stroke Foundation
Alzheimer Society Canada	Huntington Society of Canada
Canadian Cancer Society	Multiple Sclerosis Society of Canada
Canadian Diabetes Association	Muscular Dystrophy Canada
Canadian Hemophilia Society	Parkinson Society Canada
Canadian Liver Foundation	The Arthritis Society
Crohn's and Colitis Canada	The Kidney Foundation of Canada
Cystic Fibrosis Canada	The Lung Association

87%

of Canadians will be affected by chronic disease or major illness in their lifetime.

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Contents

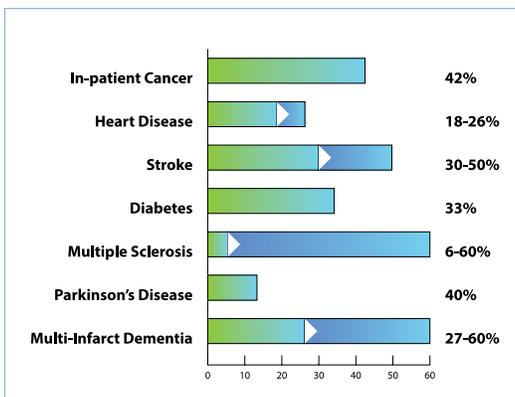
Chronic Disease and Mental Health At a Glance	4
Introduction	5
Mental Health in the Workplace	6
A Snapshot of Mental Disorders and Major Diseases	9
Cancer and Mental Illness	9
Heart Disease and Mental Illness	10
Diabetes and Mental Illness	10
HealthPartners' Focus on Psychological Well-Being in Fighting Chronic Illness	11
Members' Mental Health Resources	11
Canadian Cancer Society's Support for Mental Health	12
Heart and Stroke Foundation's Support for Mental Health	13
Crohn's and Colitis Canada's Support for Mental Health	14
Canadian Diabetes Association's Support for Mental Health	15
The Arthritis Society's Support for Mental Health	18
Alzheimer Society of Canada's Support for Mental Health	19
HealthPartners' Commitment to Mental Health	24
Living Proof™ of Donations at Work	
Karen Kemp	16
Myra Conway	20
Nigel Van Loan	22
Appendix A	
Some examples of HealthPartners' members Mental Health and Wellness Resources related to chronic disease	25



Chronic Disease and Mental Health At a Glance

Mental Health and Chronic Disease

- Approximately 87% of Canadians are likely to be directly affected by chronic disease or major illness in their lifetime. An estimated 25 to 50% of people living with a chronic illness will also suffer from depression.
- 20% of caregivers of chronically ill individuals reported experiencing depression as a result of their care giving responsibilities. Many of these caregivers are balancing caring for a loved one while continuing to work.



Research by the Canadian Mental Health Association in 2010 found these rates of depression among people suffering from chronic disease.

- Of all the Canadians who are diagnosed with cancer, as many as 42% experience depression.
- People who survive heart attacks but suffer from major depression have a three to four times higher risk of dying within six months than heart attack survivors who are not depressed.
- Research shows that depression increases the risk of mortality in people with diabetes by 30%.
- One in four people will be clinically depressed at some point in their cancer journey.
- Today, chronic diseases cost Canadians at least \$190-billion annually.

Mental Health in the Workplace

- The prevalence of mental health disorders generally is higher in the workplace than in the general population.
- Nearly 3 million Canadians will experience depression at one point in their lives. Most often, it affects people in their working years, between the ages of 24 and 44.
- Every day, 500,000 Canadians are absent from their workplace because of depression – costing our national economy more than \$51-billion annually.
- The fastest growing category of disability costs to Canadian employers is depression. In fact, the percentage of Canadians with depression who have had to leave their work for short-term and long-term disability or who have had to leave work permanently is a staggering 70%.
- Employees who have both a mental and a physical illness stay off work the longest.

Introduction

HealthPartners' 16 national health charities fight the chronic diseases that afflict millions of Canadians each year and cost Canadians at least \$190-billion annually.¹ A crucial element in the battle against these diseases is the support these charities — and HealthPartners — provide in the area of mental health.

Canadians suffering from chronic disease or major illness are more prone to mental health issues. HealthPartners' health charities recognize this mind–body connection in their work to combat the chronic and major illnesses that may directly affect 87% of Canadians in their lifetime.

According to the Mental Health Commission of Canada, approximately 25 to 50% of people living with a chronic illness will also suffer from depression.² Moreover, a Statistics Canada survey found that about 20% of caregivers of chronically ill individuals reported experiencing depression as a result of their caregiving responsibilities.³

Mood disorders such as severe anxiety and depression are painful and distressing for those suffering from chronic disease. Mental health issues can also cause changes that make the physical symptoms worse.

In this report, we look at the incidence and effects of mental illness in people suffering from chronic diseases. We also touch on the enormous cost of depression in the workplace, where absenteeism due to mental health issues costs our economy more than \$51-billion each year.⁴ And most importantly, in a country where the latest statistics show that a striking 500,000 Canadians are absent from their workplace on a daily basis because of depression, we show how HealthPartners' member health charities are working to help Canadians manage the anxiety and mood disorders they experience as a result of living with long-term illness. Given how many people with chronic illness experience depression as a side effect, the following statistics underscore why HealthPartners' work in this regard is so very critical.

25-50%

According to the Mental Health Commission of Canada, approximately 25 to 50% of people living with a chronic illness will also suffer from depression.²

Depression and Chronic Disease

Depression is the most common mental illness associated with almost all chronic diseases that are represented by HealthPartners' members.

Mental illness can have serious implications for the rate at which people recover from a chronic disease and how effectively they manage their disease symptoms. This is because people with depression and other mental health issues are often far less motivated — or able — to follow important self-care regimes. They may have a poor diet, neglect their exercise routines, smoke and/or overindulge in alcohol, all taking away from recovery.

¹ http://www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0919-bg-di-eng.php.

² HealthPartners presentation, *Addressing the Mental Health Needs of Canadians*, July 3, 2014.

³ *Ibid.*

⁴ <http://www.theroyal.ca/tete-a-tete/brain-drain-depression-in-the-workplace/>.



Mental Health in the Workplace – One of the Most Pressing Issues of Our Time

Mental health in the workplace — it's an important health issue that concerns a growing number of employers across the country. So it is not surprising that the Conference Board of Canada revisits this issue in depth each year, dedicating an entire symposium to Workplace Wellness and Mental Health. According to a Conference Board survey, conducted in 2011, less than half of employees (46%) feel that their workplace promotes a mentally healthy work environment.⁵ In addition, the prevalence of mental health disorders generally is higher in the workplace than in the general population.⁶

**More
than
80%**

Mental health problems and illnesses are rated one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers.⁸

Mental health in the workplace is also an issue the Government of Canada is taking very seriously. In fact, a March 31, 2015 report by Janice Charette, Clerk of the Privy Council and Secretary to the Cabinet, places mental health as a 'top-three priority' for the federal public service. To quote Ms. Charette (*Ottawa Citizen*, May 8, 2015): "We have colleagues who struggle with post-traumatic stress disorder, depression, and other serious and sometimes debilitating conditions."

And she's right. With one in five Canadians affected by mental illness, it is no wonder that every day, 500,000 Canadians are absent from work due to mental health problems.

Bottom line: workplace health and well-being is now top-of-mind for CEOs and employers in every workplace sector — for good reason, as the following facts gathered by the Mental Health Commission of Canada confirm:

- Mental health problems and illnesses are rated one of the top three drivers of both short- and long-term disability claims by more than 80% of Canadian employers.
- 21.4% of Canada's working population has a mental illness, with the youngest workers the hardest hit.
- 28% of people between the ages of 20 and 29 will experience a mental illness in any given year. By the age of 40, a worker has a 50% chance of having a mental illness.⁷

⁵ Conference Board of Canada, *Building Mentally Healthy Workplaces: Perspectives of Canadian Workers and Frontline Managers*, 2011.

⁶ Conference Board of Canada, *The Footprint of Mental Health Conditions*, May 2015.

⁷ *Ibid.*

⁸ Towers Watson. *Pathway to health and productivity. 2011/2012 Staying@Work survey report*, 2012.



In the federal public service, the statistics are even more alarming. Consider:

- In 2010, mental illness was responsible for 47% of all approved disability claims in the federal public service — a rate almost double that from 20 years ago.
- Employee mental illness costs companies — and the public service sector — lost productivity, decreased revenues, and increased expenses for temporary employees and disability claims. The fastest growing category of disability costs to Canadian employers is depression. In fact, the percentage of Canadians with depression who have had to leave their work for short-term and long-term disability or who have had to leave work permanently is a staggering 70%.⁹

Plus, there are a host of deleterious effects that employee absenteeism creates for co-workers, who must carry a much heavier load. Such a super-stressful environment creates an increasingly unhappy, unhealthy workplace.

That's the workplace effect. But what about the person suffering from mental illness? In addition to a mental condition, a person will generally experience a range of physical symptoms that include headaches, lethargy, insomnia, even obesity. These symptoms not only worsen the mental disorder, but can also make it harder for the person to return to work.

The mind-body connection is real; it's disturbing; and it's serious.

As HealthPartners demonstrates in this report, people with chronic illnesses, like diabetes or cancer, are even more prone to experience depression than the general population. And, according to a 2011 Statistics Canada report, it is employees who have both a mental and a physical illness who stay off work the longest.

47%

In 2010, mental illness was responsible for 47% of all approved disability claims in the federal public service — a rate almost double that from 20 years ago.

⁹"Facts on Depression", workwithus.ca.



Given the World Health Organization’s alarming prediction that depression will rank second only to heart disease as the leading cause of disability worldwide by 2020, it makes sense that employers in all workplace settings support improved mental and physical health among their employees.

3 million

Nearly 3 million Canadians will experience depression at one point in their lives. Most often, it affects people in their working years, between the ages of 24 and 44.¹⁰

The payoff for employers that offer solid mental health programs and support is a psychologically healthy workplace. And for employees coping with both a chronic disease and a mental health issue, a healthy workplace provides the beneficial environment that can help boost positive health outcomes on the physical side as well. The result? Greater productivity; more innovation; far fewer grievances, disability claims, interpersonal conflicts and staff turnovers; and far less absenteeism. HealthPartners’ members have the mental health program expertise to help chronically ill employees — and their employers — achieve these goals.

To sum it up, mental health in the workplace is one of the most pressing issues of our time. HealthPartners’ 16 member health charities recognize this — and have put in place supports specially designed to help people experiencing both physical and mental illness continue in their jobs or make a smooth, strong transition back to the workplace, provided their particular chronic disease or illness allows this.

Other member supports:

Parkinson Society Canada

Services for individuals, family members and caregivers

Multiple Sclerosis Society of Canada

A Guide for Caregivers

Canadian Liver Foundation

National 1-800 Help Line

¹⁰Canadian Mental Health Association Ontario website (ontario.cmha.ca), “Depression in the Workplace”.



A Snapshot of Mental Disorders and Major Diseases

This section looks at how the presence of mental disorders like depression affects three major diseases: cancer, heart disease and diabetes. The basic principles in the three examples here — that mental illness exacerbates the symptoms of the physical disease and hampers recovery — hold true for all diseases that HealthPartners' 16 member charities fight.

Cancer and Mental Illness

Of all the Canadians who are diagnosed with cancer, as many as 42% experience depression.¹¹ Their symptoms include insomnia, loss of interest in life, anxiety, anger, poor concentration and, in extreme cases, suicidal thoughts. Many cancer patients find that dealing with the emotions they undergo as a result of the disease is more difficult than coping with their physical symptoms. Moreover, if mental illness is left untreated, cancer patients are more likely to be hospitalized, effective treatment is compromised and, ultimately, their chances of survival are diminished.

42%

Of all the Canadians who are diagnosed with cancer, as many as 42% experience depression.¹¹

But, research shows that when cancer patients with depression get the right mental health treatment, that treatment helps the body as well. A study conducted by Dr. David Spiegel at Stanford University demonstrated that women with advanced breast cancer who attended a weekly support group lived approximately twice as long as a similar group who didn't have such support. In Dr. Spiegel's opinion, treating depression in people with cancer helps to ease symptoms of pain, nausea and fatigue. Treatment for their depression may also help people with cancer live longer and enjoy a better quality of life.

These results were recently echoed in a Canadian study involving 24 women in four Ontario breast cancer self-help groups. It found that participants derived emotional support benefits including connecting with other breast cancer survivors, feeling understood, providing hope and sharing experiences, including healthy laughter. The informational and practical support benefits included sharing of important information for health and well-being.¹²

¹¹ R. Gray, M. Fitch, C. Davis, C. Phillips, "A qualitative study of breast cancer self-help groups," *Psychooncology*, December 1997.

¹² World Federation of Mental Health, *Mental Health and Chronic Physical Illnesses*, 2010, p. 7.

Heart Disease and Mental Illness

Mental stress and depression can have a huge effect on patients' ability to recover from cardiovascular disease. Canadians who have depression as a result of their heart disease are at greater risk of another heart attack than those with heart disease who have good mental health. This is because lifestyle choices associated with depression, like smoking, excessive alcohol consumption, poor diet and lack of exercise, can contribute to a worsening of the physical symptoms. Moreover, feelings of depression can undermine the discipline and determination people need to stick with their cardiac treatment regimes.

Research shows that people who survive heart attacks but suffer from major depression have a three to four times higher risk of dying within six months than heart attack survivors who are not depressed. In fact, depression is such a risk factor in heart disease that the American Heart Association recommends that every heart patient be screened for depression.¹³

30%

...research shows that depression increases the risk of mortality in people with diabetes by 30%.¹⁴

Diabetes and Mental Illness

People with diabetes can find this illness extremely psychologically demanding because they have to follow a very strict and restrictive daily routine in order to manage it. Such a drastic lifestyle change can be emotionally overwhelming for people. In trying to take care of themselves, people with diabetes may feel angry, frightened, discouraged, depressed and unmotivated. When they are in a state of depression, they may overeat — particularly unhealthy foods — which raises blood sugar levels and puts them at increased risk for developing diabetes-related complications such as heart disease, blindness, kidney disease and nerve damage.

People who have both diabetes and depression experience more severe symptoms of both diseases. They also require more medical services and have to take more time off work than people with diabetes who have good mental health. As well as absenteeism, presenteeism can pose a real problem in the workplace for those suffering from both diabetes and depression. With presenteeism, even though people are able to show up for work, their depression has a negative effect on their memory and concentration and their ability to interact effectively with their colleagues. As a result, their work performance suffers. Presenteeism can also lead to work-related accidents, errors of judgment and conflict and interpersonal difficulties with co-workers and clients.

Moreover, research shows that depression increases the risk of mortality in people with diabetes by 30%.¹⁴

For all these reasons, a report published by the World Health Organization and the International Diabetes Federation emphasizes the importance of supporting psychological well-being in people with diabetes.¹⁵ Similarly, the Canadian Diabetes Association recommends that physicians and other members of an individual's health care team consider and address the psychological aspects of living with diabetes. Establishing and maintaining good mental health is increasingly recognized as a primary factor in people's ability to take care of themselves and manage this chronic illness effectively. Good mental health will also help people contribute their very best at work, in their relationships with their families and in their communities.

¹³ World Federation of Mental Health, *Mental Health and Chronic Physical Illnesses*, 2010, p. 7.

¹⁴ *Ibid*, p.11.

¹⁵ *Ibid*, p.12.



HealthPartners' Focus on Psychological Well-Being in Fighting Chronic Illness

HealthPartners represents 16 of Canada's most trusted and respected health charities — organizations that tackle major diseases and chronic illnesses, such as cancer, ALS, stroke and Huntington disease. The organizations believe that by working together they can improve the health of Canadians. Over the past 25 years, HealthPartners has raised over \$135 million for these health charities — working hard behind the scenes to make sure we reach as many Canadians as possible. No matter which part of the country you live in, the impact of your donation to HealthPartners is felt in your community.

Every day, HealthPartners' members are providing the expert information and guidance that people living with chronic disease need in order to enjoy the very best lives they can, physically and emotionally. The 16 partners recognize the vital role that psychological well-being plays in peoples' outlooks and their ability to manage their care and cope with the difficult challenges of long-term illness. HealthPartners' members also have programs that offer peer-to-peer lifelines and support to spouses and others caring for those with chronic illness.

Members' Mental Health Resources

This section highlights the mental health support resources and programs of six HealthPartners' members: the Canadian Cancer Society, the Heart and Stroke Foundation, the Canadian Diabetes Association, Crohn's and Colitis Canada, the Arthritis Society and the Alzheimer Society of Canada. While we have only featured six of HealthPartners' members for the purpose of this report, it is important to note that this is not a comprehensive list of the many services and support programs offered by our 16 members. Additional resources are included in the Appendix at the end of this report.

**\$51
billion**

Every day, 500,000
Canadians are absent
from their workplace
because of depression
– costing our national
economy more than
\$51-billion annually.¹⁶

Other member supports:

Canadian Hemophilia Society

Parents Empowering Parents
Program (PEP)

Cystic Fibrosis Canada

Webinar for parents

Huntington Society of Canada

Family Services Program

¹⁶ <http://www.theroyal.ca/tete-a-tete/brain-drain-depression-in-the-workplace/>.

Canadian Cancer Society's Support for Mental Health

The Canadian Cancer Society has established expertise in responding to the link between cancer and mood disorders. As its educational resources make clear, one in four people will be clinically depressed at some point in their cancer journey.¹⁷ Moreover, other factors, such as side effects from chemotherapy and some pain-relieving drugs, nutrition problems and pain, add to the risk of depression. Drawing on its more than seven decades of experience working to eradicate cancer and enhance the quality of life of people living with the disease, the Canadian Cancer Society has developed a range of educational resources and supports to help countless Canadians meet the day-to-day challenges of their illness with courage and renewed psychological well-being.

These supports include:

"CancerConnection"

This service connects cancer patients and caregivers with trained volunteers who have lived with the disease. The peer volunteers offer encouragement and share ideas for coping. People can connect with them either by phone or through an online community. In a 2012–2013 survey of Canadians using CancerConnection, 93% said it made them feel more supported; 91% said they were coping better; and 88% said they felt less anxious.¹⁸

Here's how two people described their experience with the 1-888 CancerConnection line:

"They were positive and reinforcing. It's important to know you're not alone."

"It was always Marie who talked to me. She was able to hook me up with other women who had a similar diagnosis and similar lifestyle. This was someone who had walked my walk. Hearing her zest for life and being able to talk to someone who had come out the other side was a real relief to me."

Online Guidance

To help people understand and cope with the gamut of emotions they will undergo with a cancer diagnosis, the Canadian Cancer Society provides information for dealing with fear and uncertainty, anger, guilt, stress and anxiety, feelings of loneliness and isolation, and sadness and depression. This online resource offers tips for managing depression through exercise, eating well, yoga and meditation, and encourages anyone who has thoughts of suicide to talk with a health professional immediately.

Cancer Information Service

This multilingual toll-free service is available to cancer patients, caregivers and anyone who needs help in understanding cancer and finding community support services. Trained specialists give callers clear and accurate information and answer questions about all types of cancer, diagnostic tests, treatments, side effects and many other cancer-related topics. In 2012–2013, over 55,000 Canadians used this service. A survey conducted that year showed that 89% of the cancer patients and caregivers who called the service reported feeling more supported; 85% said they were coping better as a result; and 78% said they felt less anxious after talking with the Information Service specialist.¹⁹

¹⁷ Canadian Cancer Society website (cancer.ca), "Cancer Journey/Recently Diagnosed/Emotions and Cancer".

¹⁸ Survey conducted by the Propel Centre for Population Health Impact. Propel was founded by the Canadian Cancer Society and the University of Waterloo.

¹⁹ *Ibid.*

Heart and Stroke Foundation's Support for Mental Health

Since its beginnings in 1952, the Heart and Stroke Foundation has played a leading role in the study, prevention and reduction of disability and death among Canadians from heart attack and stroke. The Foundation knows just how essential psychological well-being is to maintaining the healthy lifestyle that helps to prevent a recurrence of these diseases. Over the years it has built up a comprehensive toolkit of strategies for coping with depression, anger and debilitating anxiety — mental disorders that affect many people who have gone through the traumatic experience of a heart attack or stroke.

Personal experiences

These strategies are presented through the Foundation's empowering video stories, where Canadians who have suffered a heart attack or stroke describe their challenges and the journey they took to learn about the disease. These frank, personal presentations explore the devastating impact these illnesses can have on individuals and their families, and the methods that have helped them cope emotionally and maintain a positive perspective. Presenters delve into issues of anger and depression and offer others the reassurance that emotional healing after a heart attack or stroke is possible. "Fifty per cent of people who have had a stroke have depression," counsels one presenter. "You have to become conscious of this and how you are going to manifest it."²⁰

Several of the people featured in the Foundation's online video stories recommend group therapy, meditation and mindfulness as excellent techniques for coping with depression and anger. The essence of mindfulness practice is to pay attention to what is happening now — in one's immediate surroundings — and to keep negative thoughts in check. This practice allows people to respond to life's pressures in a calmer manner, which benefits them mentally and physically. Key tools include the Foundation's free mindful meditation audio sessions, a link to mindfulness programs offered throughout the country and an online how-to booklet called *Coping with Stress*.

Meldon, who suffered a heart attack at 56, one of the Foundation's video presenters—

"Having a heart attack is a near-death experience. It forces you to make changes that I wouldn't otherwise have done. You can turn it into something positive, a life-changing event for the better. Change is really hard, but it's worth it in the end."

²⁰ Heart and Stroke Foundation website (heartandstroke.com), "Video Stories – Speaking from Experience".

Crohn's and Colitis Canada's Support for Mental Health

Crohn's disease and ulcerative colitis are diseases that inflame the lining of the gastrointestinal tract and disrupt the body's ability to digest food, absorb nutrition and eliminate waste in a healthy way. Symptoms include abdominal pain, cramps, fatigue and loss of appetite.

Crohn's and Colitis Canada knows that people with Crohn's disease and ulcerative colitis have a higher risk than the general population of developing mental health issues, such as depression. Research funded by the organization has confirmed that these diseases exact an emotional toll on people even when they are not experiencing a flare-up of symptoms. Moreover, studies show that depression actually aggravates the body's reaction to inflammation and may worsen the symptoms of Crohn's and Colitis. To examine this phenomenon further, Crohn's and Colitis Canada is funding research that is looking at the link between depression and the bacterial composition of the intestine.

"I am really grateful to Crohn's and Colitis Canada for its educational resources and the peer-to-peer outreach support that has been a huge part of helping me come to terms with living with ulcerative colitis."

– Andrea Hopkins

Self-Care Support

Crohn's and Colitis Canada places great emphasis on the powerful connection between mind and body in all its educational resources and support programs. It highlights ways to help people with these illnesses feel stronger physically and mentally. These include regular exercise like walking, yoga or tai chi; keeping issues in perspective; consulting a stress management professional; and avoiding frustration and exhaustion by learning to say no to excessive demands at work or at home.

In addition, Crohn's and Colitis Canada urges people with these diseases not to become socially isolated. The organization strongly underlines the benefits of finding a community of peers who understand what people with these illnesses are going through and who share their concerns. To help them forge this connection, the organization provides a link for locating their nearest chapter of Crohn's and Colitis Canada.

"Gutsy Peer Support"

The organization also supports mental well-being through *Gutsy Peer Support*, a peer-to-peer support program that provides one-on-one advice about how to deal with the psycho-social aspects of these diseases every day. These aspects touch on work, travel, school, relationships, and overall stress and anxiety. All *Gutsy Peer Support* volunteers receive specialized training in order to be able to provide emotional support and share their knowledge with people newly diagnosed with Crohn's or colitis, or those who are going through a change of symptoms. Interested individuals fill out a "Request a Mentor" electronic form; once a suitable match is available, applicants receive a link to their own private online chat page.

Canadian Diabetes Association's Support for Mental Health

Since 1953, the Canadian Diabetes Association has led the fight against diabetes by working to prevent the onset and consequences of diabetes, discover a cure and help the over 10 million Canadians affected by the disease enjoy healthy lives. To enable them to manage the illness and live the best life possible, the Association has brought together a wealth of online advice, including how to cope with depression, which is twice as common in people with diabetes as in the general population.

Online advice

The easy-to-follow guide on managing emotions that range from fear and anxiety, through to grief and clinical depression helps people avoid the extremely serious complications that can result from not treating mood disorders. We're talking about heart disease, blindness and nerve damage. Through the Association's online resource, people newly diagnosed with diabetes learn how to counter the sense of being overwhelmed and taking refuge in denial. Recognizing that this illness will play an important part in their life is a major step towards accepting the disease and taking the measures needed to manage it.

The Association offers advice on how to reduce fear and anxiety by taking charge of one's own health, and learning about diabetes and how to prevent illness-related complications. People who feel angry at the lifestyle restrictions imposed by diabetes are encouraged to speak with a healthcare professional because anger can interfere with their self-care regime. Anger can also be the result of low blood sugar levels — another reason to seek the guidance of a medical practitioner.

Grief, similar to that felt when a loved one dies, is another emotion that can make people living with diabetes feel vulnerable. Essentially, they are mourning the loss of the lifestyle they had before their diagnosis. To help alleviate this sense of grief, the Association recommends speaking to another person who is living with diabetes, a counsellor or a healthcare practitioner.

Given the severe impact depression has on poor blood sugar management, health complications and a diminished quality of life, the online resource encourages people with depression to seek help either from a healthcare professional or a peer support group. The Association's online resources include a local events listing to help people connect with others living with the disease.

To enable people to manage the illness and live the best life possible, the Canadian Diabetes Association has brought together a wealth of online advice, including how to cope with depression, which is twice as common in people with diabetes as in the general population.

Meet Karen Kemp – Living Proof of Donations at Work

The last thing Karen Kemp remembers before she slipped into a coma onboard a flight from Japan to Canada was giving a phone number to the man next to her and asking him to call her father if she didn't survive. The plane made an emergency landing in California, and with a fever of 107°F (42°C) and her blood sugar at 58 (4 to 8 is considered normal), the doctors diagnosed her with Type 1 diabetes, tucked her into a bed of ice packs and gave her six hours to live.

That was 31 years ago.

Today, 58-year-old Karen is healthy and active, uses an insulin pump and mentors others about living well with an illness that claimed the life of her only sister 10 days before she herself lost consciousness over the Pacific Ocean.

“My health is my number-one concern, but ironically, because we have to be so vigilant about what we eat and how we live, some of us are healthier because we have diabetes. Diabetes may control my life, but I am ‘living proof’ that I decide how much.”

– Karen Kemp

But those first few days were terrifying. “They told me all the risks: cardiovascular disease, stroke, blindness, kidney failure, amputation and neuropathy. And I thought, ‘Well, I’ll just stay here then. Why bother leaving the hospital?’” Scare tactics aren’t used to encourage compliance these days, but when people with diabetes find out what they could be facing, their mental health often suffers along with their physical health.

“It’s like playing Russian roulette. You don’t know which complications you’re going to get or when you’re going to get them.” There’s also the financial anxiety because “diabetes is an extremely expensive disease.” Then there’s the sheer willpower and vigilance required to stay on top of your blood sugar levels, which fluctuate if you’re stressed, tired or sick; if you’ve eaten too much or too little; if you exercise or don’t exercise. “You can never take a break from diabetes,” says Karen. “My sister was diagnosed at 24 and she died when she was 26. If you don’t take care of yourself, it can happen so quickly.”

Karen knew how lucky she was to be alive, and even on the flight from California to Vancouver she was thinking, “Everything happens for a reason. What can I do to make my life count? How can I help other people?”

She began volunteering with the Canadian Diabetes Association (CDA) — one of 16 national health charities working under the HealthPartners umbrella — giving hope to others who not only have to deal with the physical toll the disease takes but also the impact it has on their mental health. “Fortunately my nurse in the Vancouver hospital had Type 1 diabetes and she was vibrant, active and healthy. She lived her life like everyone else. And I thought, if she can do it, I can do

“We need support, which means we need to educate the people who are close to us. I’ve stayed positive because I have supportive friends and family.”

– Karen Kemp, living proof of donations at work

it.” That kind of inspiration is essential, says Karen. “I attribute living well with diabetes to my role models” — and to a lot of support from the CDA and her inner circle.

“We need support, which means we need to educate the people who are close to us. I’ve stayed positive because I have supportive friends and family,” says Karen. To help others, she has hosted a TV show on living well with diabetes, initiated support groups, created awareness and training programs for youth, and participated in community outreach. All of this helps people deal with the mental health impact of diabetes, which Karen says “is enormous.”

“My health is my number-one concern, but ironically, because we have to be so vigilant about what we eat and how we live, some of us are healthier because we have diabetes. Diabetes may control my life, but I am ‘living proof’ that I decide how much.” For more of Karen’s story visit iamlivingproof.ca.



Valberg Imaging.

The Arthritis Society's Support for Mental Health

The Arthritis Society recognizes that feeling down in the dumps, irritable and depressed is common for people dealing with arthritis and chronic pain. Building on nearly 70 years of expertise in helping Canadians manage this disease, the Society has assembled a compendium of educational and self-care tools that enable people to live the fullest life possible — at work, at home and in the community.

70 years

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Self-Care Support

These resources include tips for coping with depression, such as regular exercise, doing something nice for oneself or someone else, and connecting with others. The basic message is that adding fun to your life should be a priority: when people stop engaging in pleasurable activities, their mood worsens and the pain feels more intense. However, the Society's online educational resources make it very clear that not all depression can be managed through self-care, and that when depression is severe, people need professional help.

“Work With Us”

Together with the Mood Disorders Society of Canada, the Arthritis Society has developed *Work With Us*, a free workplace-based program that gives Canadians living with depression and/or arthritis the self-management tools to lead healthy lives and fully participate at work. This bilingual program, funded in part by the Government of Canada's Social Development Partnerships Program, is available across the country and is tailored for employees living with depression and/or arthritis, their employers and colleagues.

The *Work With Us* program offers presentations that educate audiences about arthritis and depression, how they affect a person's life and how they can be managed. In addition, the program's online and face-to-face discussions provide an opportunity for participants to ask questions, and share lived experiences and successful self-management tools. Through videos and personal testimonies, people can also talk about the techniques they use to live well and actively engage in work.

Work With Us makes available a range of educational resources and an online learning environment for those interested in hosting a session or self-study. The program supports a continuing discussion on social media about how we can better dispel myths and stigma surrounding these diseases, and ensures the needs of Canadians with depression and/or arthritis are better met in the workplace.

Alzheimer Society of Canada's Support for Mental Health

The Alzheimer Society of Canada is dedicated to helping the more than 700,000 Canadians who are living with Alzheimer's or other form of dementia today. Because this is a disease that affects memory and reasoning, causes changes in mood and behaviour, and eventually interferes with a person's ability to function at work, in relationships and in everyday activities, the Society has also developed support programs for caregivers, who carry their own heavy burden of stress and emotional upheaval.

Practical Advice

Among the many resources this organization offers are video presentations by people with Alzheimer's and their caregivers, and a wealth of practical advice for dealing with the emotional turbulence brought on by dementia. This advice is extended to caregivers of individuals who are behaving in an aggressive or agitated manner due to mental health issues.

Step-by-step support

The Society also provides step-by-step advice on how to respond when an individual is experiencing hallucinations or delusions. These measures include ensuring that the lighting is adequate and that the person is eating a well-balanced diet since malnutrition or dehydration can result in the brain becoming undernourished. Other recommendations include keeping routines and schedules consistent, not changing the surroundings and responding to the distressed person's feelings rather than the hallucination or delusion itself. Familiar activities like listening to music, exercise, playing cards and looking at photos also help — as does the offer of reassurance.

In addition, the Society offers advice on how to handle a phenomenon known as "sundowning," which is thought to affect as many as 66% of people with Alzheimer's disease or other dementias. This symptom, which comprises anxiety, aggression or restlessness, consistently happens in the late afternoon or early evening. Pacing or wandering, acting impulsively, attempting to leave home or having difficulty with tasks that were done easily earlier in the day are all typical sundowning behaviours. The Society's recommendations for caregivers in these situations is to avoid making medical appointments, bathing or other potentially stressful activities in the late afternoon or evening; provide adequate lighting to minimize shadows when it starts to get dark; maintain familiar routines that help the person feel safe and secure; and keep a daily journal to identify the causes of sundowning and the strategies that work best in dealing with it.

The local chapters of the Alzheimer Society of Canada also put caregivers and spouses of people with dementia in touch with support groups that can meet specific needs, including an emotional outlet.

"The Alzheimer Society of Canada gave me the tools and support I needed to cope with my husband's illness. I laughed and cried with others at the monthly support group, and I received valuable information every step of the way as my husband's dementia increased. I tell people that although this is a terrible disease, there is a Society that will help them make their lives not only bearable, but even joyful."

– Myra Conway

Meet Myra Conway – Living Proof of Donations at Work

When Myra Conway’s husband Michael, a Canadian diplomat, was diagnosed with frontal temporal dementia at age 57, it was a devastating blow. Because the disease impaired his judgement, Michael had no idea there was anything wrong. “Here we were, facing the biggest challenge of our lives — a disease that was going to end our life as a couple — and he didn’t have a clue. We had lived in some of the most difficult places in the world, but for this last adventure, I was on my own on,” says Myra.

An information session on Alzheimer’s disease only increased her feelings of isolation. “The people there who were my age had parents with dementia. And the people who had a spouse with the disease were my parents’ age. I had never felt so alone. It was the worst time of my life.”

“You’re tootling along in your life when something comes at you, out of the blue — a life-altering diagnosis. And, amazingly, there is an organization there to help. But it doesn’t just happen. It’s there because people donate so much of themselves to it. At some point, we are all going to need one of these organizations.”

– Myra Conway

Fortunately, the Alzheimer’s Society, one of 16 national health charities working under the HealthPartners umbrella, was there for Myra. Launching a support group for the spouses of individuals with early-onset dementia, the Society provided an essential lifeline. For five years, she cleared her schedule once a month to attend meetings that proved sacred to her. “We laughed and cried together, and we shared ideas and stories.”

Without the support of the Society, things would have become unmanageable as Michael’s illness progressed. “Michael was ill for seven years, and he was constantly changing. Because the chapter is locally based, they know the area and what is available. I was able to go to them for information about community resources when I had nowhere else to turn.”

The emotional and physical experiences of providing care for a loved one with a chronic illness exact a heavy toll, and people looking after a family member with dementia are twice as likely to suffer from depression as those caring for a person without dementia. Yet, Myra did not become depressed. “I should have. But I had a place where I could go for help and to be understood. The tremendous support I received from the Society and its support group helped me stay strong so I could make Michael’s life as enjoyable as possible.”

“Here we were, facing the biggest challenge of our lives — a disease that was going to end our life as a couple — and he didn’t have a clue.

We had lived in some of the most difficult places in the world, but for this last adventure, I was on my own.”

– Myra Conway, living proof of donations at work

After Michael’s death at age 62, Myra was determined to give back. Speaking publicly on behalf of the Alzheimer’s Society and HealthPartners “is my way of continuing his legacy. I have been able to turn my husband’s illness into an ongoing gift” — and talking to others about her journey “has been very good for my mental health.”

Myra is living proof that donating to HealthPartners works. “You’re tootling along in your life when something comes at you, out of the blue — a life-altering diagnosis. And, amazingly, there is an organization there to help. But it doesn’t just happen. It’s there because people donate so much of themselves to it. At some point, we are all going to need one of these organizations.” For more of Myra’s story visit iamlivingproof.ca.



Valberg Imaging.

Meet Nigel Van Loan – Living Proof of Donations at Work

Patricia Van Loan — a nurse turned geriatric social worker who had lost three aunts to Amyotrophic Lateral Sclerosis (ALS) — diagnosed herself with ALS at 56 years of age. She was well acquainted with the signs and symptoms of the fatal neurodegenerative disease. One year later, a neurologist confirmed what she already knew. “Patricia didn’t even tell me she was going to the appointment,” says her husband, Nigel, who credits his wife’s stalwart nature with shielding him from much of the mental strain of her illness. “She walked in the door and said, ‘I have ALS.’ She relieved a lot of the emotional burden from me.”

“For days it literally took my breath away. Being diagnosed with ALS, especially when you have full understanding of and intimate family experience with the disease, is like waking up in the middle of your worst nightmare and discovering that it is reality. I really didn’t know how I could live with ALS without going mad.”²¹

Inwardly, however, Patricia was “gobsmacked.” In her journal she wrote: “For days it literally took my breath away. Being diagnosed with ALS, especially when you have full understanding of and intimate family experience with the disease, is like waking up in the middle of your worst nightmare and discovering that it is reality. I really didn’t know how I could live with ALS without going mad.”¹⁷

For help, she turned to the ALS Society of Ontario (now Canada), one of 16 national charities under the HealthPartners umbrella devoted to transforming the health of Canadians. During her eight-year battle, the society provided the Van Loans with \$100,000 of equipment to keep Patricia mobile and comfortable. It also introduced her to the ALS community. There, among people who were living the same nightmare, Patricia was able to receive and, even more importantly for her, offer support.

Helping others kept Patricia from descending into depression. She became the Eastern Ontario representative on the ALS Society of Canada board — the physical representation of the disease — and when she could no longer “give it her all,” says Nigel, he stepped in on her behalf. “Being involved, helping Patricia’s fellow sufferers, doing something useful, made us feel like we weren’t letting her life drift away to nothing.” Patricia also gave presentations to educate others about the disease.

As far as ALS goes, the Van Loans were lucky. They could manage the financial burden, which adds another layer of stress for families living with the disease, and Patricia was able to speak until the very end. “Many people suffer horribly,” says Nigel, “both physically and mentally.”

²¹ “My Personal Story with ALS-- Patricia Van Loan”, www.als.ca.

“In the face of a terminal illness diagnosis, any emotional help you can offer is going to be useful to most people. They need that mental health support, and the ALS Society of Canada is crucial in that regard.”

– Nigel Van Loan, living proof of donations at work

Patricia Van Loan passed away in 2007 and Nigel, a Past President of the ALS Society of Ontario, was the province’s representative on the ALS Society of Canada board until two years ago. A career soldier now retired, he remains a member of the ALS client services committee, lobbying the government for research dollars and benefits for veterans with ALS. He also volunteers as a speaker, raising funds for the society. Staying active in the movement, he says, is a way to keep Patricia’s memory alive — and because ALS is in his family (his two sons and his grandchildren could carry the gene, and might one day be diagnosed with the disease) — to offer what comfort he can.

“In the face of a terminal illness diagnosis, any emotional help you can offer is going to be useful to most people. They need that mental health support, and the ALS Society of Canada is crucial in that regard.” For more of Nigel’s story visit iamlivingproof.ca.



Valberg Imaging.



HealthPartners' Commitment to Mental Health

People with a chronic disease or major illness have to deal with major physical challenges. With these challenges come a host of other challenges, including mental illness.

This report highlights the strong connection between the physical and the mental, between the body and the mind — and paints a clear picture that mental illness is not only a very real side effect of chronic disease or major illness, but that it also exacerbates the physical symptoms.

70%

The fastest growing category of disability costs to Canadian employers is depression. In fact, the percentage of Canadians with depression who have had to leave their work for short-term and long-term disability or who have had to leave work permanently is a staggering 70%.²²

In recognition of this mind–body connection, HealthPartners' 16 members have implemented a range of support programs and offer a host of other resources to meet the mental health needs of their constituents. Their clear guidance, educational resources and support programs help people living with long-term illness cope with mood disorders like depression.

Through workplace giving and the generosity of public and private sector employees, HealthPartners is working as a catalyst to help its 16 national charity partners meet the mental health needs of Canadians living with chronic diseases.

This is work that helps the mind to help the body, and vastly enhances the quality of life of millions of people nationwide, not only in terms of their sense of self but also in terms of their relationships with family and friends, and their contributions in their workplace and communities.

Other member supports:

Muscular Dystrophy Canada

MuscleChat: Peer Networking and Support Program

The Kidney Foundation

Fact Sheet: Dealing with Depression

The Lung Association

Online Lung Health Search Tool

²² "Facts on Depression", workwithus.ca.

Appendix A:

Some examples of HealthPartners' members Mental Health and Wellness Resources related to chronic disease

Please visit member websites for more details.

ALS Canada

als.ca

- Caregiver Mentorship Program
 - Home Visiting Volunteer
 - Support Groups
 - Support services
- Online resources on:
 - coping with grief
 - end-of-life planning
 - caregiver stress
 - compassion fatigue
 - reducing stress
-

Alzheimer Society Canada

alzheimer.ca

- Online resources (print and video) for:
 - dealing with emotions
 - coping with grief
 - caregiver stress
 - Message Board/Forum for people with the disease and caregivers
 - Individual, family and caregiver support
 - First Link© Referral Program
-

Canadian Cancer Society

cancer.ca

- Caregiver support
- Peer Support Service:
 - phone
 - online through CancerConnection.ca
 - one-to-one
- Group-based Support Service:
 - online chat rooms, listservs, discussion groups
 - for parents, family members, caregivers, childhood cancer survivors, etc.
 - therapy groups (often led by mental health professionals)
- Emotional support programs (through the Community Services Locator directory)
- Specialized support services for:
 - people with advanced cancer (includes support for people with thoughts of suicide or euthanasia)
 - palliative care
 - grief and bereavement
- Camps for Children with Cancer

Canadian Diabetes Association

diabetes.ca

- Learning Series presentations delivered by trained staff (topics include diabetes and mental health)
 - Peer-to-Peer Support groups
 - D-Tour Youth Retreat Program and D-Camps
 - Educational events
-

Canadian Hemophilia Society

hemophilia.ca

- Parents Empowering Parents Program (PEP)
 - Canadian Social Workers in Hemophilia Care
-

Canadian Liver Foundation

liver.ca

- Peer Support Network
 - National 1-800 Help Line
 - Living with Liver Disease Program (regional/community forums)
-

Crohn's and Colitis Canada

crohnsandcolitis.ca

- Gutsy Peer Support (online mentoring psycho-social and emotional support program)
 - Got2Go Camp for Kids
-

Cystic Fibrosis Canada

cysticfibrosis.ca

- Cystic Fibrosis clinics across Canada (provide support for newly diagnosed, parents, etc.)
- My Cystic Fibrosis Canada Social Network
- Information on mental health
- Webinar for parents

Heart and Stroke Foundation

heartandstroke.com

- Healthy Living Information
 - Fact Sheets (behaviour management, helping children cope, depression)
 - *Coping with Stress* publication
-

Huntington Society of Canada

huntingtonsociety.ca

- Family Services Program (offers counselling and support services)
 - Young People Affected by HD Support Network
 - Youth Mentorship Program
-

Multiple Sclerosis Society of Canada

mssociety.ca

- Self-Help and Support Groups
 - MS Summer Camp
 - SomeoneIikeme.ca (online community for young people with MS)
 - A Guide for Caregivers
-

Muscular Dystrophy Canada

muscle.ca

- Resources for Parents (includes information on supportive strategies)
 - Online Support
 - MuscleChat: Peer Networking and Support Program
 - Family Retreats
-

Parkinson Society Canada

parkinson.ca

- Services and programs for people with Parkinson's, family members, caregivers
- National Information and Referral Line

The Arthritis Society

arthritis.ca

- Tips for Living Well (includes emotions and depression)
 - Blogs: Living Well; Ask an Expert
 - Discussion Boards
 - Online Course: Overcoming Fatigue (includes chapter on dealing with depression)
-

The Kidney Foundation of Canada

kidney.ca

- Information and Referral Service (help people access community supports and resources)
 - Kidney CONNECT Peer Support program
 - Fact Sheet: Dealing with Depression
 - *Living with Kidney Disease* (manual includes information on emotional well-being, dealing with depression, coping strategies)
-

The Lung Association

lung.ca

- Online Lung Health Search Tool

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Charities At Work
La philanthropie au travail

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