

ASSISTING THE ASPIRING WORKFORCE

Helping Canadians with mental health problems or illnesses get back to work.

THE ISSUE

Up to 90% of Canadians living with a serious mental illness are unemployed, limiting their ability to contribute to their community and the economy. Some employers are reluctant to hire people with mental illness, in many cases due to the stigma associated with it. These are people with the skills and training to do the job. With a job, they would be healthier, have higher self-esteem, have a higher standard of living and contribute more to the economy.

THE ECONOMIC COST

- People living with a mental illness who work use far fewer hospital and other health services than those without jobs.
- Approximately \$28.8 billion is spent each year in disability income support. Of that, it's projected \$9.6 billion is for people living with a mental health problem or illness.

THE HUMAN COST

- Unemployment is linked to stress and instability, problems with self-esteem, relational conflicts, substance use and other concerns.
- Unemployment is associated with a two to threefold increased relative risk of death by suicide, when compared with employment.

WHAT IS THE ASPIRING WORKFORCE?

Those people who have been unable to enter the workforce, have been in and out of the workforce, or are attempting to return to work after being away for a lengthy period of time due to a mental health problem or illness.

INCREASING EMPLOYMENT WILL GREATLY REDUCE BOTH HUMAN AND ECONOMIC COSTS.

WHAT YOU CAN DO

Support Canadians with mental health problems or illnesses who would like to enter, or re-enter, the workforce by championing the changes recommended in the report ***The Aspiring Workforce: Employment and Income for People with Serious Mental Illness*** at www.mentalhealthcommission.ca.

The report examines how best to support those Canadians with a mental health problem or illness who aspire to be part of the workforce and it provides practical recommendations on how everyone can get involved.

For more information on this report, visit www.mentalhealthcommission.ca. The report was produced by the Mental Health Commission of Canada in collaboration with the Centre for Addiction and Mental Health, the University of Toronto and Queen's University.

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