Business Plan

368 Queen Street E
Toronto, ON M5A 1T1

647-278-9377
@ThisIsSmallTalk

harry@smalltalk.today
www.smalltalk.today

Table of Contents

I. **Executive Summary** 2

Highlights

Objectives

Inspiration

II. **Problem** 3

Lack of Access to Counselling

Stigma Associated

Therapy can be Costly

Current Market Practices

III. **Solution** 8

IV. **Market Opportunity** 10

Market Analysis

Market Segmentation

Competition

Pricing

V. **Competitive Advantage** 14

VI. **Revenue Model** 15

VII. **Milestones** 16

VIII. **References** 17

Executive Summary

SmallTalk is a program that assists those with mental health counselling needs to help record, communicate and track changes in emotional states caused by stressful situations, moments or events. Traditionally, cognitive behavioral therapy (CBT) asks that one chronicles one's thought processes in a journal in order to learn how to change. Contemporaneously, however, more and more online therapies, group discussions, and outreach hotlines have replaced CBT and have become the new arena for discussing mental health issues and care with trained professionals or peers. As a result, I have created a program, for those in mental health care counselling need, to improve their therapy outcomes. This has been done by combining the strengths of face-to-face therapy with emerging e-therapy tools. E-mental health technologies address the systematic failures of systematic limitations. The proposed designed prototype, SmallTalk, will serve as an essential tool to promote efficiency and assist with therapeutic outcomes for individuals.

Highlights

Here are a few highlights, trends and statistics contributing to the idea of SmallTalk:

- SmallTalk integrates traditional face-to-face therapy with emerging digital practices.
- Research (academic and market) indicates that face-to-face therapy has significant advantages to e-therapy, but it also has its limitations. These range from socio-economic, cultural, and geographical (access) limitations. New emerging electronic or digital technology therapy (e-therapy) has demonstrated to have benefits and limitations that differ from those of face-to-face therapy. SmallTalk is taking the best of both practices and integrating them into a platform that provides better outcomes.
- Only a third of people with a mental illness in Canada receives the help they need. Those who go without counselling often rely on their friends and family for support.
- 50% of all mental-health services in Ontario, for instance, are delivered by family doctors who are undertrained.

Objectives

The objectives of this venture will be:

- To create a web-based program for universal device usage that can then be white labelled and applicable to other markets.
- To apply digital's universal capacity with traditional human treatment practices to better therapy outcomes.
- To prove that the program has a unique value proposition for a target market. A business strategy using social innovation principles and traditional business thought will be used in tandem.

Inspiration

As someone who has lost a family member to a mental health disease, and as someone who lives with rapid cycling type II bipolar disorder, I am well situated to see the multiple benefits and needs for such a project. Additionally, my education, work experience and knowledge of digital media have been essential for this work.

This project will contribute to the ever growing field of educational health applications through a digital platform (known as e-health). With great emphasis placed on human-centric design and the backing of Canadian therapy standards, this venture has the goal to break new ground in patient-therapist relations.

Problem

One in five Canadians experience a mental health problem. Furthermore, one in six Canadians has a mental health care need. A recent report conducted by Statistics Canada found that in 2012, an estimated 17% of Canadians aged 15 years or older reported having a mental health care need in the past 12 months. Of these participants 21% said that their need was partially met; while for 12%, the need was unmet. Counselling was the most commonly reported need, which was also the least likely to be met. 12% of participants reported a need for counselling, 10% reported a need for medication, 7% reported a need for information, and 1% reported another type of need. Distress and stigma were identified as a predictor of perceived mental health care need.

Specifically, there is a great need for those of the 18-25 age group who attend post-secondary institutions. Average wait-time in Ontario to see a therapist/ counsellor/ other trained professional between sessions is two weeks while that is doubled for university and colleges.

- 344% increase in calls to the Mental Health Helpline (ConnexOntario) since 2010 by people 25 or younger.
- Among 25,164 Ontario university students, tracked between 2013 and 2016, there was a:
    - 50% increase in anxiety
    - 47% increase in depression
    - 86% increase in substance abuse
    - Suicide attempts rose 47%

There is a clear market need for mental health care. Digital and online technology tools can be used to respond better to, and treat mental health care needs. Mental health associations and advocates, both public and private, have yet to make the shift from analog to digital. New information technologies have revolutionized the way we live day-to-day and as well as our service expectations. Given these advancements potential users and their families have new expectations for mental health services.

In light of all of this, there is new and emerging technology available to better mental health care. Before seeking to replace or improve through new technologies, this particular technology needs to be human-centric when being applied to the field of mental health care.

Lack of Access to Counselling

Timely access to needed mental health care is a critical issue. Numerous barriers to care access include:

- Stigma
- Poverty
- Lack of integration between mental health and health services
- Shortage of mental health professionals
- Regional disparities

- Cross cultural diversity

Demand for care exceeds supply. Some community-based services considered essential for treatment like prescription drugs or psychological services are not publicly funded, and some potentially vulnerable populations such as children/youth, seniors and those with severe and persistent mental illness are in particular need.

As stated, many Canadians are estimated to have needs, particularly for counselling. People with elevated levels of distress are significantly more likely to have unmet or partially met needs, regardless of having a diagnosed illness. Technology should be harnessed to improve access to mental health care.

Stigma Associated

For some who would benefit from mental health care support and therapy choose not to use services. And when some people do in fact use the services, they don't fully commit once started. A major reason for this is the associated stigma. For some, the sense of shame is strong. Stigma results in people's decision to willingly not seek much-needed care to avoid the label. Mental health stigma is two-fold for those who are seeking mental health care.

According to a 2008 study conducted by the Canadian Medical Association, just half of Canadians would tell co-workers or friends they have a family member with a mental illness, as compared to 72% who would discuss a cancer diagnosis and 68% who would talk about a relative having diabetes.

New data collected by the Women's College Hospital in Toronto offers a striking look at the level of stigma and shame that surround mental illness. For example, 42% of respondents would be embarrassed to admit if they did have a mental health issue. Mental health stigma lowers self-esteem and robs social opportunities for people.

Online counselling is proving to be a strong proponent in ending society's mental health stigma. The same group that conducted the study, the Women's College Hospital created "Mother Matters," an online support group moderated by two mental health professionals at a time. Women from across Ontario participate by logging into a closed, secured, pre-screened group, which can be accessed from home at any time of the day or night.

E-consultations are part of a pilot program designed to reduce counselling services patient wait times. In order to do so, an email is sent through a secure

portal from a general practitioner (family doctor) to a mental health care expert (specialist). The specialist then gives advice and suggestions about that particular patient to the physician how to help immediately. Online tools and other communication mediums could be used.

Therapy can be Costly

20% of Canadians will experience a mental illness at some time in their life. Health Canada reported mental health disorders, including stress, resulted in a total cost of $14.4 billion in 1998. Mental illness and mental health problems are some of the costliest of all conditions in Canada.

According to a 2002 report, workplace mental health disorders cost Canadian companies nearly 14% of their annual net profits and will continue to up to $16 billion annually nationwide.

Later numbers from 2005, which include indirect costs, suggest that annually $51 billion is lost to the Canadian economy because of mental health and addiction issues like depression, anxiety, burnout, substance misuse.

Mental illness was the leading cause of disability in the labour force in 2005, accounted for over $8 billion in productivity losses in 2006. 75% if all short-term disability claims and 82% of long-term disability claims in Canada are related to mental illness.

An employer will annually save, $5,000 - $10,000 on average in wage replacement, sick leave and prescription drug costs when an employee receives mental health care benefits.

As these statistics show, mental health illness is not just a health issue but also an economic problem. Philip Jacobs, the CEO of the Institute of Health Economics and also one of the authors of a 2010 report to the Mental Health Commission of Canada states that the private sector spends between $180 and $300 million on short-term disability benefits related to mental illnesses and $135 million for long-term disability benefits a year. Mental health illness is the fastest-growing disability claim in Canada's workplace. In fact, 21.4% of the working Canadians currently experience mental health problems that affect productivity. Many of those Canadians are in their prime working age of 25 to 54.

Improved treatment of depression among employed Canadians could potentially boost Canada’s economy by up to $32.3 billion a year, while

improved treatment of anxiety could boost the economy by up to $17.3 billion a year.

Current Market Practices

A study from the University of Zurich found that web-based psychotherapy could be just as beneficial as therapy of the traditional face-to-face form. In the longer term, online therapy could even be more effective. According to the researchers, this is the first randomized controlled trial for online depression treatment to use equivalent therapy methods and treatment lengths. No other studies have explored how different methods of web-based treatment can affect depression and online therapy as a treatment for other mental health illness.

The study found no significant differences in the therapy outcomes between the face-to-face and online groups, and both groups were nearly equally satisfied with the treatment they received. Slightly higher satisfaction in those face-to-face participants. Depression was no longer diagnosable in 50% of the patients after traditional treatment, as compared to 53% of online patients.

A follow-up after three months showed that the effects of online treatment lasted longer. Patients who received web-based therapy continued to improve, with 57% no longer diagnosed with depression, compared to 42% of the conventional group.

Patients who received face-to-face treatment worsened after leaving therapy, re-exhibiting depressive symptoms, while those who had online treatment were more likely to maintain the reduction in symptoms associated with the treatment. The researchers suggest this could be because the web-based intervention puts more focus on self-responsibility and lack of support from other. "This might evoke a stronger, longer-lasting sense of self-efficacy in handling negative thoughts and depressive behavior," they write.

However, the anonymity that could draw people to online therapy could also become problematic. Over half the participants in the online group dropped out of therapy compared to those in the face-to-face group. The researchers write that the anonymity of an online therapeutic relationship may make it easier for patients to drop out and simply disappear.

Studies, such as this one, perfectly highlight the strengths and weaknesses of web-based and face-to-face therapy. Where web-based therapy falters, more traditional face-to-face therapy can help. As will be discussed in the competitive analysis section, more and more e-therapy and e-health companies are

developing applications that drive a wedge between traditional and technological practices. Companies like TranQool, Talkspace and the like will match you with a virtual therapist. The patient never experiences the therapist's tangible presence.

Both current practices have strengths and weaknesses. Studies indicate that the strengths of one are the weakness of the other. By finding an innovative way to integrate the best practices of both treatment models, we can improve therapy outcomes.

Solution

A possible solution to the problems mentioned above would be a collaboration of web-based and face-to-face therapies. SmallTalk, the e-therapy app would assist the in-person therapy and not replace it in anyway. In Ontario and Quebec, a patient visits their therapist on average once every two weeks. Sessions are roughly 50 minutes in length. Given the limited amount of time the patient and therapist have and the severity of the patient's mental health condition, what is shared in therapy may be based on memory and what's most recent.

SmallTalk allows the patient to record, track and communicate their triggers to their therapist instantly. The trigger recording could be made with the built-in camera, microphone or traditional text-based operations. Allowing the patient to record themselves in a variety of mediums is important because people communicate better in a multitude of ways. Once the recording is completed, it is then timestamped and cannot be edited. It is then immediately sent to the therapist. It is timestamped so both the patient and therapist may reflect on what precisely was happening during the time of the message (triggers, contexts, etc.) The record cannot be edited so that the entry is genuine and reflects the true state of the patient.

With the use of a web-based platform, the app is optimized for any smart device or computer allowing the patient to record on their smartphone then the therapist viewing the entry on their computer. As well, the therapist does not need to view the entry right away; rather they can review the entries in-person during the session. This would allow for what may or may not be spoken during a session. Once the session is over, the patient or therapist has the option to keep certain entries as deemed important to therapy success. Other recorded entries would then be deleted.

Cost

Researchers at the Centre for Applied Research in Mental Health and Addiction (CARMHA) identified 13 psychosocial factors that can lead to a high-stress environment

that could induce mental health illness. These factors include the handling of deadlines, workloads, and work methods, the industry nature, relations and interactions with supervisors, co-workers, and customers. When companies embrace mental health and safety strategies they incur 15% to 33% fewer costs related to mental health issues.

Canada is shifting toward a knowledge economy, in which companies increasingly rely on the minds of employees from the frontlines to the head offices to identify solutions and innovations, mental health and safety are about protecting a company's greatest asset.

Associated Stigma

Recent data found by The Women's College Hospital and Shoppers Drug Mart shows 40% of Canadians have experienced feelings of anxiety or depression but haven't sought medical help because of the stigma.

The results indicate a startlingly high level of stigma and embarrassment surrounding mental illness, with 42% responding they would be embarrassed to admit if they have a mental health issue. Mental health apps, like *SmallTalk*, would allow a far more private and intimate, limiting the stigma surrounding mental health care. Given the potential sensitive nature of user entries privacy is a top priority when designed and developing *SmallTalk*. *SmallTalk* will adhere to **Health Insurance Portability and Accountability** Act of 1996 (**HIPAA**). For example, military personnel rarely access mental health care needed because of the stigma surrounding mental health illness. To tackle this stigma, the United States Veteran's Affairs launched an app designed to help veterans suffering from post-traumatic stress disorder. Recently, the app has been adapted for use in Canada. The app provides more anonymity than a busy health clinic, and it also uses language that resonates with soldiers.

SmallTalk operates similarly to that of CBT or consistent journaling but with the added convenience for the user. There are no schedules or deadlines when creating an entry, as each entry should be organic and genuine in nature. There may be as little or many as the patient needs.

Current Practices

There are no programs in the market that integrate both traditional face-to-face therapy and e-therapy apps. Yes, there are CBT programs optimized for mobile usage however these entries are not accessible to the therapist. Both the patient and therapist (if there is one) are silo-ed from one another. SmallTalk would work in conjunction with in-person sessions, as whenever the patient and therapist are not together in a session, they are still connected outside the session.

Market Opportunity

Market Analysis

Refer to the **Problem** section of this report to review the statistics about Canadian mental health and mental health care needs. Mental health needs cost Canadians a staggering $50 billion a year in health care and social services, lost productivity and decreased the quality of life. According to a 2012 Statistics Canada study, while 91% of Canadians were prescribed the medication they sought, only 65 % received the therapy they felt needed. Access to evidence-based psychotherapy, which mental health care experts believe should be the first form of treatment, is limited and waiting lists for psychotherapists are long across this country.

There are no provinces that cover therapy delivered in private practice by a psychologist, social worker or psychotherapist. This lack of coverage creates a two-tier system causing families, who are more likely low-income, without coverage through work, to either pay out of pocket or go without mental health care. If these families are lucky, there may be a non-profit group working to address their needs where the healthcare system has failed. Canadians with coverage, rarely have enough for necessary care that meets treatment guidelines. Psychiatrist and Director of the Centre for Applied Research in Mental Health and Addiction, Elliot Goldner said "Psychotherapy is a medically necessary treatment that should be publicly funded. The question is not whether Canadians need it, but how to deliver it."

According to a 2012 Conference Board of Canada report, general physicians bill provincial governments $1 billion a year for "counselling and psychotherapy", one-third of which goes to family doctors. Many family doctors know they are not best suited to provide such mental health care, and what they can provide doesn't come close enough to covering the patient's need. A 2007 survey of 163 Ontario family doctors found that almost four out of five had not received training in basic psychotherapy practices like cognitive behavioural therapy, and knew little about it. Majority of psychologists and social workers are not included in the publicly funded health-care system. Their mental health care expertise is only accessible to Canadians with the resources to afford them.

Private company employee health plans would be the primary market followed by public health care than personal use. This business-to-business approach

Provincial governments have paid nearly a billion dollars a year to help assist those with mental health needs. The private sector loses millions upon millions of

dollars in productivity loss, absenteeism, and other effects because of poor mental health care coverage. Governments, insurance plans and private companies are willing to spend to foster a healthy and supportive mental life.

The market itself will always have to tend to mental health care needs. It is the duty of both companies and governments to ensure their workers and citizens receive the proper care.

Market Segmentation

Segments within the targeted market include:

- Those served by public health institutions
- Companies that provide employee benefit and/or health plans
- Special health plans provided by both provincial and federal governments i.e. First Nations, welfare, employment insurance
- Patients and therapists who are willing to pay themselves

Competition

Melon Health

Melon Health, formerly known as *Social Code*, is a patient-centric software and service business, providing patients (end users), medical professionals and supporters with web and mobile applications. The service, which integrates with other patient care applications, helps with tracking, remote monitoring, behaviour change and provides peer and professional support to patients. In particular, the service helps patients with chronic diseases that can be controlled but not cured.

Their paying customers are very large businesses and government organizations that operate in the medical/health/life science sector. *Melon Health*'s customers includes: (1) two of the world's largest pharmaceutical companies, (2) an insurance company, (3) health promotion agencies, (4) a medical research institute, and (5) a cancer diagnostic company.

Optimism Apps Pty Ltd.

Optimism has developed a suite of mood chart and health planning applications for use by mental health professionals and individuals. Its goal is to help people be proactive in managing their health, using web and desktop applications. The *Optimism*

mood charting apps are used by mental health professionals and patients. The applications are deployed in co-branded and fully-branded forms, to organizations in North America, Europe and South East Asia.

Greenspace

Greenspace is an online mental health care platform with the goal of increasing access to and improving the quality, coordination, and cost-effectiveness of psychotherapy. They focus on using technology and drawing on evidence-based research to address major mental health issues. They are in the first phase of development. It will be conducting research through the University of Toronto in order to generate further improvements in mental healthcare.

TranQool

An online platform that matches users with registered CBT therapists and lets them connect via secure video calls. Each 45-minute session costs $80, of which *TranQool* keeps an undisclosed percentage.

Talkspace

Talkspace is a platform that connects users with a licensed therapist. From anxiety, depression, PTSD or couples counselling, *Talkspace* connects the user with a licensed therapist for on-demand, private text, audio, and video chat therapy, anywhere and anytime. A "Matching Agent" will match the user with a therapist based on a number of factors. As a *Talkspace* user, they have access to the private counselor and secure chat room where they can discuss the user's life, ask questions and raise troubling issues.

What's Up?

This app highlights the connection between irrational thinking and depressive symptoms. It describes methods to overcome such thoughts, and assists you with setting goals and practices to reduce your feelings of distress.

depressioncheck

This app helps you assess your level of depression, and generates a report to explain your symptoms. It can be used to monitor your recovery while undergoing treatment. *depressioncheck* is designed to determine the degree of the user's depression.

Pricing

Advertising and Promotion

The price of *SmallTalk* would be based on a monthly subscription model of $1.99, with a one-time registration fee of $3.99 covered in the student health plan package. Once *SmallTalk* has been recommended by the counsellor or therapist of said post-secondary, the monthly subscription price will be activated. This pricing model is lower priced than any other e-therapy program in the market.

SmallTalk will be using the following advertising and promotion options as they will offer the best chances of successful growth:

- Targeted social networking websites, media (newspaper, magazine, television, radio)
- Primarily seminars, conferences and other events with a health theme
- Joint advertising and partnership with associations like CAMH, Bell and the like
- Sales representatives, word-of-mouth

The advertising budget will be determined by our seed funding and grants received. Advertising will be similar to that of other mental health organizations as well as emergency hospital rooms, clinics and general practitioner offices.

IF the budget allows SmallTalk will be advertising on a regular basis with greater emphasis on mental health awareness month and other mental health related weeks.

Strategy and Implementation

The initial strategy would be to build awareness and app user testing through partnerships with other mental health advocate organizations and associations. Organizations and associations like **Bell Let's Talk**, **#SICKNOTWEAK**, **CAMH, CMHA** and **Movember Canada**. Most importantly we will be proactively contacting mental health service providers like the established Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP). The association represents over 2000 mental health practitioners who specialize in a range of mental health study. To newer associations like the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario.

SmallTalk's strategy will be focused on realistic goals, dependent on what financial and staffing resources we have.

Competitive Advantage

Simplicity of use

SmallTalk is structured for the individual and not the cooperation. Open-ended recording of entries via camera, microphone or text allow the user to express how they feel and think at any point of time.

Demonstrated results

Numerous academic studies and research reports have found that online or e-therapy practices have the potential to help those address their mental health care needs. *SmallTalk* would be bridging both e-therapies and traditional together, providing the strengths of both practices.

SmallTalk does what other e-therapy programs don't. *SmallTalk*, unlike other CBT or question based therapies, is designed for the needs of the user. At any point, the primary user (patient) can record whatever emotions or feelings they are having through a multitude of mediums (camera, microphone or text). CBT is questions based and may not provide the user with different communication channels therefore creating limitations.

Ease of access

Since *SmallTalk* would be a web-based program, it would be optimized for all platforms and operating systems. However, given the built-in capabilities of the device there may be some limitations as to how the user creates an entry.

Cost

SmallTalk's cost is far less than that of other Canadian e-therapy. As well, dependent on the primary or secondary market the primary users, patient and therapist, would not be paying out of pocket unless they so choose. TranQool connects users with therapists for online therapy sessions at $80 per 45-minute session. Talkspace, very similar to TranQool's service, costs the user $32 per week (billed monthly). A price comparison can be found below:

Price Comparison

	Price Monthly	Price Annually
TranQool	$320 CDN	$3840 CDN
Talkspace	$64 USD	$768 CDN
SmallTalk	**$2.32 CDN**	**$27.87 CDN**

Revenue Model

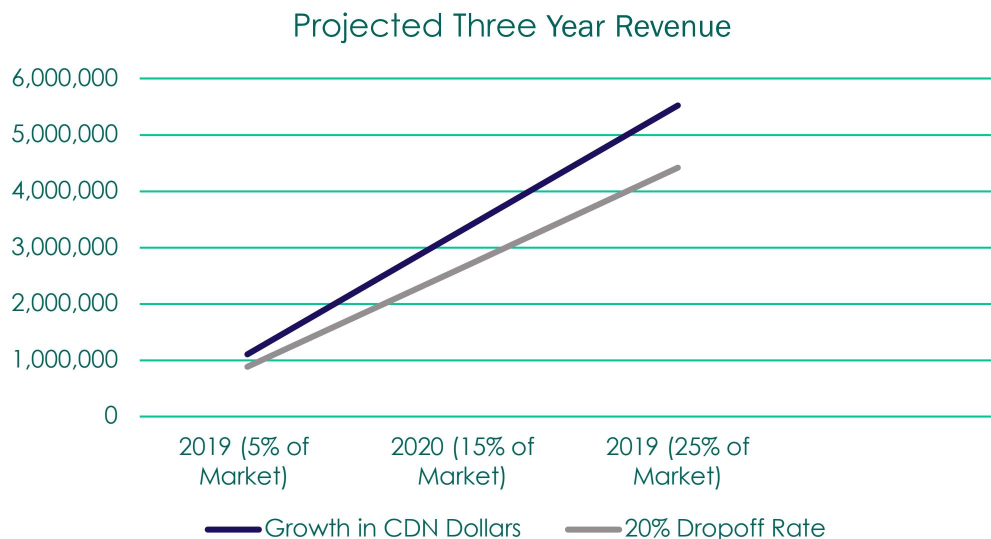
Dependent on primary and secondary market it would be business to business with private insurance companies and businesses to start. In order to engage with businesses and companies, *SmallTalk* will have to prove market validity and results. With that in mind initially *SmallTalk* would be focusing its revenue generation through the patient paying out of pocket.

Based on a 2015 survey by The Conference Board of Canada, of 239 Canadian employers, only 39 percent of employers have a mental health strategy in place. Employers have used a variety of resources to implement their mental health strategy, with varying degrees of reported effectiveness.

The employers that had not implemented a mental health strategy in their workplace (57 per cent) reported that they had not done so primarily due to a lack of financial resources, human resources, or time.

As shown in the price comparison chart, SmallTalk is the least cost for patient and in turn their insurance providers. A big cost benefit for private insurers.

One percent of Canadians aged 15 years and over reported symptoms that met the criteria for a bipolar disorder in the previous 12 months. To break this down for SmallTalk's market, there are 130,000 people in Ontario who could benefit from this product.



It would be an unrealistic goal to address the whole target market initially. Therefore, benchmarks will be in place:

- First year 5% (6,500 users)
- Second year 15% (19,500 users)
- Third year 25% (32,500 users)

As seen in the graph above, the anticipated growth of sales and the accompanying drop-off rates can be seen annually over three years. It's important to note the realistic potential drop-off rate as SmallTalk will be seeking investment and funding.

In the future, depending on the success of SmallTalk, this program can be modified and adapted to suit the needs of the 2.16 million Ontarians who have a mental health care need. The primary users would be using SmallTalk as their insurance pays for the service.

Milestones

Accepted into the SocialVenture Zone at Ryerson University. Fortunate to speak at Ryerson University, the EDIT conference and Global News on the state of mental health in Canada and how emerging technology is being utilized.

Awarded the Peter Armstrong Award of Community Excellence for my work in the mental health and recovery community.

Worked at Movember Canada managing suicide prevention programs across the world as well as working with Canadian Mental Health Association - National to deliver innovative programming. Have attended hackathons on behalf of SmallTalk, speaking to the potential of mental health and digital collaboration.

So far SmallTalk has raised $47,000 and are currently undergoing a two year clinical trials with Telus Health, The SandBox Project, Queen's University and Kingston Health Centres.

SmallTalk is currently in talks with jack.org, Morneau Shepell, the Centre for Aging & Brain Health Innovation, Renascent House as well as a medical marijuana company.

References

Abraham, C. (2008, June 20). We must never give up on the potential of people to recover. Retrieved August 11, 2016, from http://v1.theglobeandmail.com/servlet/story/RTGAM.20080620.wmhgoldbloom21/BNStory/mentalhealth

Anderssen, E. (2015, May 22). The case for publicly funded therapy. Retrieved August 11, 2016, from http://www.theglobeandmail.com/life/the-case-for-publicly-funded-therapy/article24567332/

Andreatta, D. (2013, September 18). One in six Canadians said they required mental-health care in last year: Statscan. Retrieved August 11, 2016, from http://www.theglobeandmail.com/life/health-and-fitness/health/one-in-six-canadians-said-they-required-mental-health-care-in-2012-statscan-report/article14394402/

Barban, Karen. (2013). The Implementation of a Structured Format of Brief Cognitive Behaviour Therapy (CBT) Methods to Overcome the Barriers and Facilitate the Delivery of CBT by Primary Healthcare Providers for Patients with Depression: A Pilot Evaluation. School of Graduate Studies from Laurentian University.

Baldwin, S. A., Wampold, B. E., & Imel, Z. E. (2007). Untangling the alliance-outcome correlation: Exploring the relative importance of therapist and patient variability in the alliance. *Journal of Consulting and Clinical Psychology*, *75*(6), 842–852. http://doi.org/10.1037/0022-006X.75.6.842

Bartram, M., & Mental Health Commission of Canada. (2012). *Changing directions, changing lives the mental health strategy for Canada*. Calgary: Mental Health Commission of Canada. Retrieved from http://www.deslibris.ca/ID/232693

Bernstein, B. E., & Hartsell, T. L. (2005). *The portable guide to testifying in court for mental health professionals: an A-Z guide to being an effective witness*. Hoboken, N.J: John Wiley & Sons.

Collins, K., Wolfe, V. V., Fisman, S., DeFace, J., & Steele, M. (2006). Managing depression in primary care. *Canadian Family Physician*, 52, 878.

Diana, D. P. (2010). *Marketing for the mental health professional: an innovative guide for practitioners*. Hoboken, N.J: Wiley.

Dewa and McDaid (2010). Investing in the mental health of the labor force: Epidemiological and economic impact of mental health disabilities in the workplace. In *Work Accommodation and Retention in Mental Health* (Schultz and Rogers, eds.). New York: Springer.

Dewa, Chau, and Dermer (2010). Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52: 758-62. Number of disability cases calculated using Statistics Canada employment data, retrieved from http://www40.statcan.ca/l01/cst01/labor21a-eng.htm

Foroushani, P. S., Schneider, J., & Assareh, N. (2011). Meta-review of the effectiveness of computerised CBT in treating depression. *BMC Psychiatry*, *11*, 131. http://doi.org/10.1186/1471-244X-11-131

Friedman M.D., R. A. (2012, October 8). Recalibrating Therapy for a Wired World - The Digital Doctor. *The New York Times*. Retrieved from http://www.nytimes.com/2012/10/09/health/recalibrating-therapy-for-a-wired-world-the-digital-doctor.html

Government of Canada (2006). *The human face of mental health and mental illness in Canada*. Ottawa: Minister of Public Works and Government Services Canada.

Hartsell, T. L., & Bernstein, B. E. (2008). *The portable ethicist for mental health professionals: a complete guide to responsible practice: with HIPAA update* (2nd ed., Fully rev). Hoboken, N.J: John Wiley & Sons.

Harvey, P. D., & Se Keefe, R. (2012). Technology, society, and mental illness: challenges and opportunities for assessment and treatment. *Innovations in Clinical Neuroscience*, 9. Retrieved from http://search.ebscohost.com/login.aspx?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=21588333&AN=84945553&h=feAYKH7BKEnCBgEolNuvzDXfFEA3pMD35CAbAgTS2zTnZVjMCeyZQPNjRD8L7eAzXXGjaTnAXT0qz18k9uMEXg%3D%3D&crl=c

Hatcher, S. (2013). E-Therapies in Suicide Prevention: What Do They Look Like, Do They Work and What Is the Research Agenda? In B. L. Mishara & A. J. F. M. Kerkhof (Eds.), *Suicide Prevention and New Technologies* (pp. 39–49). Palgrave Macmillan UK. Retrieved from http://link.springer.com/chapter/10.1057/9781137351692_3

Hermes, E. D. A., Tsai, J., & Rosenheck, R. (2015). Technology Use and Interest in Computerized Psychotherapy: A Survey of Veterans in Treatment for Substance Use Disorders. *Telemedicine and E-Health*, *21*(9), 721–728. http://doi.org/10.1089/tmj.2014.0215

Hollis, C., Morriss, R., Martin, J., Amani, S., Cotton, R., Denis, M., & Lewis, S. (2015). Technological innovations in mental healthcare: harnessing the digital revolution. *The British Journal of Psychiatry*, *206*(4), 263–265. http://doi.org/10.1192/bjp.bp.113.142612

Institute of Health Economics (2007). *Mental health economics statistics in your pocket*. Edmonton: IHE. Number of absent workers calculated using Statistics Canada work absence rates, retrieved from http://www.statcan.gc.ca/pub/71-211-x/71-211-x2011000-eng.pdf

Lee, S. (2016, April 12). Why Canadian companies can't ignore the cost of mental illness. Retrieved August 11, 2016, from http://www.theglobeandmail.com/report-on-business/careers/leadership-lab/why-canadian-companies-cant-ignore-the-cost-of-mental-illness/article29604730/

Leigh, S., & Flatt, S. (2015). App-based psychological interventions: friend or foe? *Evidence Based Mental Health*, *18*(4), 97–99. http://doi.org/10.1136/eb-2015-102203

Martínez-Pérez, B., de la Torre-Díez, I., & López-Coronado, M. (2013). Mobile Health Applications for the Most Prevalent Conditions by the World Health Organization: Review and Analysis. *Journal of Medical Internet Research*, *15*(6), e120. http://doi.org/10.2196/jmir.2600

Pearson, Janz and Ali (2013). Health at a glance: Mental and substance use disorders in Canada. Statistics Canada Catalogue no.82-624-X.

Peek, H. (2014, June 19). Psychiatry and Professionalism in the Digital Age | Psychiatric Times. Retrieved August 18, 2016, from http://www.psychiatrictimes.com/apa2014/psychiatry-and-professionalism-digital-age

Prociow, P. A., & Crowe, J. A. (2010). Towards personalised ambient monitoring of mental health via mobile technologies. *Technology and Health Care*, *18*(4, 5), 275–284.

Scott, J., Paykel, E., Morriss, R., Bentall, R., Kinderman, P., Johnson, T., … Hayhurst, H. (2006). Cognitive–behavioural therapy for severe and recurrent bipolar disorders. *The British Journal of Psychiatry*, *188*(4), 313–320. http://doi.org/10.1192/bjp.188.4.313

Smetanin et al (2011). *The life and economic impact of major mental illnesses in Canada: 2011-2041*. Prepared for the Mental Health Commission of Canada. Toronto: RiskAnalytica.

Strickland, A. C. (2014). *Exploring the Effects of Social Media Use on the Mental Health of Young Adults*. University of Central Florida Orlando, Florida. Retrieved from http://etd.fcla.edu/CF/CFH0004704/Strickland_Amelia_C_1412_BA.pdf

Sucala, M., Schnur, J. B., Constantino, M. J., Miller, S. J., Brackman, E. H., & Montgomery, G. H. (2012). The Therapeutic Relationship in E-Therapy for Mental Health: A Systematic Review. *Journal of Medical Internet Research*, *14*(4), e110. http://doi.org/10.2196/jmir.2084

Sunderland, A., & Findlay, L. C. (2013). Perceived need for mental health care in Canada: Results from the 2012 Canadian Community Health Survey–Mental Health. *Statistics Canada Catalogue*, *24*(9), 3–9.

Tiller, J. (2013). Digital devices in psychiatry. *Journal of Mobile Technology in Medicine*, *2*(1), 30–33. http://doi.org/10.7309/jmtm.80