



**University of Manitoba: “What’s the Big Idea?”
Series 2, Episode 5 Dr Joss Reimer**

TITLE:

Thriving with Mental Illness featuring Dr. Joss Reimer

INTRODUCTORY MONTAGE:

[00:00:00] Canadians are really proud of our universal health care system, and yet mental health falls outside of that system. A system Margaret Eaton with the Canadian Mental Health Association says needs an overhaul. 69 percent of people living in Canada believe we're in a mental health crisis.

And Wab Kinew also says it's time to provide more mental health support for Manitobans.

[00:00:25] Let's add 100 mental health workers, mental health care workers across the province.

We need to talk about it because 20%, and it's probably much higher than that, 20 percent of Canadians have mental illness. So if you look around the room, at least one in five of the people in this room have a mental illness.

[00:00:42] And that needs to be okay. That needs to be something that we're open to talking about.

SUBTLE MUSIC TRANSITION

EPISODE INTRODUCTION:

*[00:00:52] **Michael:** Hi, I'm Michael Benarroch, president of the University of Manitoba. Welcome to season two of my podcast, What's the Big Idea? I'm excited to share more conversations with big thinkers from the UM community who are contributing to the cultural, social, and economic well being of Manitoba, Canada, and the world.*

[00:01:14] Together, we unpack the big idea their work explores with topics ranging from health research, To climate science, to social justice, there's something for everyone. In this episode, I sit down with two time UM alum, Dr. Joss Reimer, who led Manitoba's COVID 19 Vaccine Implementation Task Force. Dr. Reimer is many things.

[00:01:41] She is President elect of the Canadian Medical Association. Chief Medical Officer for the Winnipeg Regional Health Authority, a practicing physician, and an expert in physician wellness, and she developed UM's course on population health. It is from this platform of success That she has begun candidly sharing about her mental health and the depression she has managed throughout her adult life.

[00:02:08] It was such a pleasure to sit down with this incredible leader and I hope you enjoy listening to this conversation, which was recorded as part of a live event in Winnipeg. So, Dr.



Reimer, it's a great honor to sit down with you this evening. Now, my first question, there's a, there's a previous question I want to know.

[00:02:27] Did you ride your bike today?

[00:02:28] **Dr Joss Reimer:** Not today. Oh, oh. They, they, everyone here might respond to me because of how much I ride my bike. But, uh, today seemed a little extreme even for me.

[00:02:37] **Michael:** I want to thank you for being here today. There's a question I've been asking all of our guests and it's the way we've started the podcast and I'd like to ask you that question.

[00:02:44] It's the central question. What's your big idea?

[00:02:47] **Dr Joss Reimer:** You know, I have a lot of big ideas, but I think the big idea that brought this together today was, is really around mental health. And, you know, as someone who has a mental illness, I wanted to use this opportunity to hopefully help reduce stigma. I think when I'm at this point in my career, there's not a lot of risk to me coming out and saying that I have a mental illness, but that's not true for a lot of people.

[00:03:08] And so my big idea is that We need to be open to talking about this, that we need to be willing to discuss it, that employers need to be supportive of their employees. Because when you do have the right supports around you, you can flourish with a mental illness. It does not have to be a debilitating lifelong issue for everyone.

[00:03:28] And that's what I want to see is a world where people are supported, where we create environments that help people flourish regardless of what their disability is, whether it's a mental illness or any other disability.

[00:03:38] **Michael:** So, for you, I mean, You talk about it just like it's part of you, Dr. Joss Reimer, but I think a lot of people have difficulty talking about it and admitting it.

[00:03:48] You've talked a little bit about why you think that's important, why that's a big idea, but how do you think that making your statement impacts the way people feel about mental illness, about maybe their own mental illness?

[00:04:00] **Dr Joss Reimer:** Yeah, I mean, I wouldn't, I wouldn't actually say that it's easy to talk about. The article in the paper, it was, It's an uncomfortable experience for anyone who has a mental illness, like imagine that being front page news.

[00:04:10] That's, that's really weird to have your mental illness show up on the front page. But it was actually the newspaper's idea to do that article. I didn't approach them. And it seemed like such an amazing opportunity to hopefully reach out to people, either those who have a mental illness to just. Give some hope that, you know, for people who are in the depths of it because I know what it feels to be in the depths of it to feel like there's no way out.

[00:04:31] There's no hope. You don't know what to do next to see that, you know, there are people succeeding and flourishing and doing well despite mental illness or even sometimes



because of mental illness. And then also for the people who don't have it to just help Put a different lens on it, put a different picture of how people can look a lot of different ways and, and go through different troughs and valleys and peaks and if you've never experienced mental illness, your perception of it might be very different than what you see around you because we don't talk about it very much.

[00:05:00] I've had a lot of people at work being like, I had no idea that you had depression and I'm like, yeah, like, of course you didn't like most people with depression don't show it and so to just change the face a little bit and give people a different. Perspective on what mental illness can look like.

[00:05:14] **Michael:** And you've said kind of very plainly and you just said it now You can have a mental illness, but you can flourish Does that require the right supports in place?

[00:05:26] Oh a hundred percent. And so what are some of those? What are the things we're doing? Well to support people with mental illness

[00:05:33] **Dr Joss Reimer:** You know, I'm going to speak a little bit about doctors, because our work environment is not particularly supportive of mental illness. We work ridiculous hours, and for me personally, lack of sleep was a big trigger.

[00:05:46] But within the physician world, we've started to recognize the supports that we need, and so in Manitoba, We actually have a really robust mental health support service through Doctors Manitoba and that's something that we need to be seeing for everybody. So we need to have, when people are struggling, those supports in place to get counseling, but it's bigger than that because, you know, one of the things I really try to push is for employers.

[00:06:09] Different people can do very well if people are willing to be flexible around what their needs are. So, for me, light and sleep and flexible hours were really important, and I've had employers who were really supportive and said, you know, we'll work around those hours and make this work for you. But for different people, it's going to be different things that they need, and I think we do a good job in making sure that we have the legal structures and all that to support employers who want to support their employees.

[00:06:37] But we still have a long way to go.

[00:06:39] **Michael:** And so, what can we do better?

[00:06:41] **Dr Joss Reimer:** And that's, that's the big thing. I mean, we need to talk about it. So things like this are wonderful because 20%, and it's probably much higher than that, but 20 percent of Canadians have mental illness. So if you look around the room, at least one in five of the people in this room have a mental illness.

[00:06:55] And that needs to be okay. That needs to be something that we're open to talking about and recognizing that many of us living day to day in our work, and with our friends, may also be struggling with things that are not visible to other people. So that's a big part of why I agreed to do the article, was because, like I said, really, in my career at this moment, it's not that risky for me to come out and say, I have a mental illness.



[00:07:17] My current employer didn't know, but they Didn't care and I want to take advantage of my privilege and my position to make it more Okay to make it a little better to make it something that someone who hasn't experienced it see that Oh, you know Well, maybe I could hire this person or maybe you know, my friend who's going through this like maybe you know I just need to Offer them some support.

[00:07:40] And the other thing I really wanna see is some more funding for support. 'cause it's really hard to get good support for mental illness across the country. It's not just a Manitoba issue. We fund psychiatrists. We don't do as good of a job funding psychologists. And really a lot of people just need counseling.

[00:07:56] And that can be very. on an ongoing basis, so I'd love to see more funding for mental health supports.

[00:08:03] **Michael:** I think that's, that's something we see here. We know across the university and post secondary sector, right? That we need more supports and the demand is growing. And the demand might be growing also because Students are willing to admit it now because of people like you who have given them the strength to say, no, I can do well, but I need some supports.

[00:08:21] Now you've spoken previously about how female physicians actually experienced different rates of mental health issues related to their work. Can you tell us a bit more about that?

[00:08:31] **Dr Joss Reimer:** Yeah, and I've done some reading about it because, you know, being a female physician who experienced mental illness, it mattered a lot to me to understand the situation, but female physicians have a 50 percent higher suicide rate than the general female population.

[00:08:46] And that is remarkable to me because these are people who are super educated. who know the health system, should know how to get help, and yet have a 50 percent higher suicide rate. And it has a lot to do with the way we've structured medicine over the years. We really haven't structured it to support women.

[00:09:03] We haven't structured it to support people of color. We haven't structured it to support people with disabilities. It's really built around an old perspective on what a doctor is. And so it can be very challenging if you don't fit into that mold. to do the job the way it's designed right now. You know, we even look at pay discrepancy.

[00:09:20] Female physicians make 14 percent less than male physicians and that's after you correct for their specialty, after you correct for how many hours they work. They're still making 14 percent less than their male counterparts. And they're also facing more pressures. Overall, female physicians do eight and a half more hours of labor at home than male physicians do.

[00:09:40] A whole day. So if you're a doctor, you've done your whole day of work, and you go home and you have to do an extra several hours of work at home compared to what the male counterparts have to do, like, of course you're going to be struggling more. So it's not like the job expectations are less, but your home expectations are more.



[00:09:56] And so we need to be thinking about these things and changing the culture of medicine to support people who don't necessarily have a stay at home caretaker who does everything else in the home, who, you know, may need some extra supports to get through the day and, uh, things are getting better, but the numbers are not changing as fast as I'd like to see them.

[00:10:17] **Michael:** Right. So, you know, if you think about COVID and post COVID, we've heard about all the shortages in healthcare. We're hearing about, you know, the wait times. But that's putting tremendous pressure on healthcare professionals. And are we seeing greater mental health challenges because of this? Oh,

[00:10:34] **Dr Joss Reimer:** absolutely.

[00:10:34] I don't have statistics for what's going on right now, but anecdotally what I'm seeing, I've never seen burnout like this in the healthcare profession. It's dramatic. We're seeing people leaving the profession, whether it's nurses, healthcare aides, physicians, or cutting down their hours. You know, I think COVID made an already stressful situation a lot more stressful.

[00:10:56] People gave their all for years and, you know, they're tired. And it also started off with, you know, like we started off banging pots to thank health care workers. And then at the end we were protesting outside of the hospital. You know, that's a pretty big flip for somebody who's been working ridiculous hours and trying their very hardest and watching so many people die.

[00:11:16] **Michael:** We all know that when you don't receive recognition or support for the work that you do, you have a higher probability of burnout. So I never actually thought about it that way. It's really, you know, obviously you're experiencing it as a healthcare professional. But, you know, how can we build better supports in?

[00:11:33] **Dr Joss Reimer:** I mean, it's true. A family physician has 10 years of post secondary education. So it's gonna, that's not a fast way to fix things. In my role with the Canadian Medical Association, we talk about this. All the time and some of the quick wins. It's not quick, but quicker when it comes to things like health care.

[00:11:50] Some of the quicker things that we can do is change the way we do primary care. We'd like to see more team based care. Wouldn't it be amazing if you know when you're born? Like going to school, you automatically have a school, you automatically have a primary care team, and you get assigned to that, and that's your team.

[00:12:05] You don't have to try to find a doctor and hope you get added, and instead, you know, you have this team, and it's not just a doctor, there's, there's a dietician, there's a physician assistant, and a nurse, and a pharmacist, and a physiotherapist on that team, and when you need something, you know, they work together.

And so we have to figure out a way to Not just have the doctor out of the goodness of their heart, hire a dietician and hire a pharmacist.

[00:12:26] Some do that, but it's not realistic to expect they're all going to do that. So we want the governments to think about more creative ways to fund team based care, while



we're increasing class sizes, while we're developing our physician assistants and doing all the things that are needed for longer term supports.

[00:12:36] **Michael:** Right. And so, you know, what do you think were some of those important lessons that we learned from COVID that have kind of carried through and really have become an important part of how we look at health care and mental health?

[00:12:51]

[00:12:51] **Dr Joss Reimer:** One of the big lessons that I learned was how remarkable humanity can be. And when we all have the same goal, which we rarely all have the same goal, but when we do, we can do dramatic things. Nobody ever would have anticipated that we could come up with a new vaccine in a year. That's unheard of. And that's part of the problem.

[00:13:12] It was scary for people that we did it so quickly. But we did it so quickly because everybody dropped everything else they were working on. And they all focused on this one solution. And we funded it. But it really gave me hope that, you know, we're going to keep facing challenges. You know, climate change is something that I'm very worried about.

[00:13:30] But humanity has done a pretty remarkable job at coming together and creating amazing solutions when we have to.

[00:13:38] **Michael:** So one final question. In August, and I, and I was there this year, you spoke to the incoming medical class and you said to them, and I quote, Don't let medicine change you. Change medicine. Be the future that we need.

[00:13:54] And so as my final question, I just ask you if you can unpack that a little bit of what you meant by that. And if you look forward seven years when these people are doctors, what would you like to have seen? [00:14:08]

Dr Joss Reimer: I want to see a workplace that's, that's more empathetic. That's more supportive. We've come a long way already.

[00:14:14] When I started, we were working. 30 plus hours in a row, and, you know, you don't sleep during those 30 hours, so, you know, I can tell you you're not functioning super well by the end of that, you know, I, I remember in the middle of the night driving on the wrong side of the street because my brain was just not working that well, and I was on my way to do surgery, so that's not a great sign.

[00:14:36] **Michael:** I hope the person survived.

[00:14:37] **Dr Joss Reimer:** Luckily I have an attending in the area, because I was a learner at the time. But, uh, The workplace for doctors for a very long time has not been very supportive of mental health, has really been, you know, each year young, you, you work them as hard as you possibly can, and we sort of assume that the harder you work them, the better doctors are going to be, the more they're going to learn, and, and we're learning a lot more about it.



[00:15:01] adult learning and how, you know, that's not necessarily the best way to retain knowledge. And the younger folks who are coming in now are coming in with very different expectations of, of what the world should be, of what a workplace should be, of how we can support each other, what's reasonable. And I think we have a lot to learn from them.

[00:15:18] If we are not healthy, it's really hard for us to take care of anybody else. Like, I remember times when I was in my burnout and, um, I would get, you know, a call in the middle of the night, just like any other night. It's, it's hard. Woken up, there's something going wrong with a patient, and times where I was not well, and I'm just thinking, I don't care.

[00:15:38] I don't care what happens to this person, because I just want to go back to sleep. That's all I could think about. And that's, that's not healthy. That's not what you want in your doctor. And, uh, when things changed, when I was in a more supportive environment, that changed completely. Obviously I care.

[00:15:54] That's why I went into medicine in the first place. And that's why I did the work I did during the pandemic. And so I want to see our new doctors really take charge and make it a more equitable space, make it a more supportive space, make it somewhere where we really value and celebrate diversity instead of expecting everybody to fit into this old definition of what a doctor should be and how they should work.

[00:16:22] **Michael:** That's a great spot to end our part of the conversation. And I think as always, I'm inspired when I speak to you and when we have time together, and I'm amazed that for you, it always starts with empathy and it's always about providing the best service. And I think we are lucky here in Manitoba to have you in our province and really setting the stage and setting an example for what we should strive for.

[00:16:47] And I thank you for that.

[00:16:55] So, I've come to the end of the part of my formal questions and I, I want to open it up to anybody who wants to ask a question today. [00:17:05]

Jade: The first question was, how do we help a friend or family member who is suffering with mental illness? What is the best way to be supportive?

[00:17:13] **Dr Joss Reimer:** That's a, that's a tricky question because everyone with mental illness is not the same.

[00:17:17] There are many different mental illnesses and people are going to need different things. I would, I would say one of the things that seems like it's going to be really helpful but often isn't particularly helpful is just telling them like, well let me know if you need anything or. How can I help?

[00:17:31] Because when someone's really struggling with something, giving them another task to figure out can actually increase their anxiety and increase their stress. And so I would say, you know, think about what you can offer. Maybe for somebody, it might just be making them some food, or it might be, they have an errand that they need to run.

[00:17:48] For me, when I was one of my episodes of depression, I remember. Everything was so hard to do, like grocery shopping, like tasks, were so hard, like I couldn't get myself



to do any of those things, and if someone had just been like, you know what, I'm gonna go grocery shopping for you, that would have been amazing.

[00:18:04] So it's not a simple answer of just like, oh, this is what you should do, but instead, you know, think about the relationship that you have with that person, and think about, like, What are things you could do? Thank you.

[00:18:15] **Jade:** I am a nurse in a hospital. I have seen the system close minded about a team approach to healthcare.

[00:18:21] Do you have any suggestions to improve the system's view of team healthcare? In particular, she says, put less burden on nurses.

[00:18:29] **Dr Joss Reimer:** You know, we need people who are passionate about changes to go into those leadership positions. And that's not what most of us went into this for. That's not what I went into medicine for.

[00:18:40] But we need that expertise and that passion to be at the decision making table and to have that influence. And so if that's really what you want to see changed, then be that change.

[00:18:51] **Jade:** What is your advice for an early career professional to start conversations about mental health and invisible illness

[00:18:57] **Dr Joss Reimer:** at work?

[00:18:59] Yeah, it's much harder when you're early career. There's no question. It's riskier when you know, you're not as established in your career It can be scary. Most of the time you're not gonna be labeled and it's not gonna have a hugely negative effect I think society has come a long way, but sometimes it will and so it's scary I didn't talk about it for a long time because you just didn't know how people were gonna react or what was gonna happen And so, you know, it's starting with People that you trust in places that you trust and building out from there and making sure that you have people who are going to support you.

[00:19:30] So maybe that's colleagues. Maybe that's the leadership. Maybe it's a manager, but trying to build a culture where you are and starting with allies and building it out. Because when we start to support each other, you know, it's pretty hard to fight it if you've got a lot of people who are on the same page about it and.

[00:19:46] But that requires us to talk about it, and that's, and it can be risky. So even if you're early in your career, I would say, especially if you don't have a mental illness, that's, I mean, then it's not that risky for you. So the best time to support these kind of conversations is when you're not necessarily the person who's at risk.

[00:20:01] And that goes for diversity issues, that goes with racism, that goes for other disabilities. If you're the person in the privileged position, take advantage of that privilege and speak out on behalf of others so they don't have to take that risk. And make it more okay for them to feel welcome in the workplace with whatever characteristics they have.



[00:20:20] [00:20:21] **Jade:** What is the biggest strength of your mental illness or what are some of the teachings that you've taken from it?

[00:20:26] **Dr Joss Reimer:** I've never been asked that before. The biggest strength? I think the biggest strength for me is being able to understand What other people are going through not that it's the same mental illness has a very diverse Category of illness and so I'm not trying to say that I get what everyone is going through You know if they have anxiety or schizophrenia or any other but at least to Understand how hard things can be and especially when it's something invisible I think the strength is to recognize that when people look okay that doesn't mean that they are and to help that shape the way Certainly as a doctor, how I talk to patients and when they come forward where they're struggling with something to, to realize and to think back to my own experiences, even if it's something that I'm like, I don't get it, that doesn't seem like a big deal to recognize that for me, grocery shopping was like a really big deal.

[00:21:15] And so when they're telling me something that I'm like, I don't understand why you're so anxious about that, that I can reflect on my own experiences to be like, yeah, it doesn't have to make sense to me for it to be really important to this person and really critical and really challenging.

[00:21:28] **Jade:** What specific mental health supports do you see the most value for in students?

[00:21:32] Are there any that you'd really like to see implemented at U of M?

[00:21:35] **Dr Joss Reimer:** So I guess I think it's really important for people who are already struggling with mental illness to have counseling supports available. That's, that's really critical and I know that there is at the U of M, uh, those kinds of supports for students.

[00:21:46] But just as important as treating illnesses that are already a problem, is creating spaces that help prevent those. You're not going to prevent mental illness, it's not like, that's not a thing you can just prevent someone from having a mental illness, but you might be able to prevent them from, really struggling with it or prevent it from negatively impacting them or prevent them from going into a Bad place with it at that moment.

[00:22:08] And so that means you know having really strong disability services Really strong accommodations all of those things where you can assess what students need to flourish because it's not the same from person to person I don't know enough about What the university does because it's been too long. I don't remember what we had, uh, when I went through So i'm not saying that the U of M doesn't have this but that it's really critical that we create universities that Celebrate the differences and help people to flourish because when we support people a little bit, you can end up with people who do amazing things.

[00:22:46] When I was going through my darkest time and thinking, I don't care about this patient, I can never be a doctor, I, like, obviously can't do this, and got the right supports and now I'm gonna be the president of the CMA, like, it's It's when you support people, they can do amazing things and that means figuring out what they need.

[00:23:02] So I don't know that I assume the university already has a lot of this, but I think it's really critical.



[00:23:07] **Michael:** Thank you for that. And, and we do, and we try to support and we try to support our, our students and you know, I, I would say to any students who are here. You know, if you are feeling that you need supports that you should reach out to our counseling office here at the University of Manitoba.

[00:23:25] It's the kind of thing where we could always use more investment. Yeah. So, we're out of time for this part of the evening. I want to thank our guest for a fascinating conversation.

[00:23:37] **Dr Joss Reimer:** Thanks, Michael. Thanks, Joss. Thanks so much.

OUTRO MUSIC FADES IN

CREDITS

[00:23:45] **Michael:** Thank you for listening to another episode of What's the Big Idea? I hope this episode inspires you to invite discussion around mental health in your circles. If you enjoyed our conversation, share it with a friend and make sure you subscribe, rate and review the series. Join me next time when I sit down with Dr.

[00:24:08] Megan Azad, who is doing such rare and impactful research that she gets a great deal of attention and funding from the Bill and Melinda Gates Foundation. What does she investigate? Human milk. Dr. Azad has the big idea to create a global, unique research consortium that will help us better understand food allergies, chronic diseases, And so much more.

[00:24:35] For more information about the University of Manitoba and our global impact, visit umanitoba.ca. See you next time.

MUSIC SWELLS