

Part IV is action central. There are 11 modules. The modules are really roadmaps delineating strategies at each level of an organization. They point out the necessity of board level knowledge regarding corporate responsibility, personal and cost impacts, and productivity implications. They aim at the necessity of CEO commitment and leadership regarding implementation of the plan.

Management policies are framed to deal with education and training regarding awareness and stigma and workplace hazards, the complexities of disability management, and ultimately with the successful reintegration of the employee to the workplace.

A model for articulation between workplace, employee and health care is also offered and the legal implications, human rights and mental health are discussed with real precision.

Finally, links are made to the National Quality Institute Healthy Workplace Strategy and although much progress has been made, much is left to be done. Therefore, the Plan identifies further issues for study and resolution.

OVERVIEW

1. THE STAKES

Mental illnesses are big news touching tens of millions of lives and costing tens of billions of dollars in Canada alone.

Conservatively, we estimate that 7.5 million Canadians – each year, every year – actually suffer depression, anxiety, substance abuse or another mental disorder.

That's one in four. When you extend that number to family members, friends and co-workers, virtually no Canadian is excluded from the effects of mental disorders.

Yet, we continue to struggle to engage governments, other institutions and many, many individuals in the belief that the subject merits our serious attention. That said, we are making good progress.

For employers, economists, public policymakers and hard-working bread-winners, mental illnesses have an especially important characteristic. These conditions are concentrated among men and women in their prime working years.

When untreated mental disorders rise to the threshold of disability, they rob Canada of productivity and buying power – depressive disorders especially so.

For example, families with disabilities at home see their purchasing power drop by an estimated 60%. Depression and anxiety disorders take people off the job more than any other medical condition.

The demographic of greatest vulnerability for mental illnesses are kids and young adults – 15 to 24 years of age. These are our tomorrows.

The costs of mental illnesses in Canada are born mostly by employers and employees in organizations of every stripe and kind – this, in the form of insurance premiums, fees, out-of-pocket expense and lost economic activity.

This cost burden falls to employers and employees on top of their tax contributions to the publicly funded health care system which fails, in large measure, to meet their “medically-necessary” needs as promised by the Canada Health Act.

By one account, Health Canada, Canada spends \$6B/yr. to treat depression and something they call “distress.” The economic costs are \$8B/yr. (*See the Info Appendices for the Roundtable’s comprehensive cost summary.*)

2. SUPPLY AND DEMAND

Unhealthy work climates generate some demand for mental health care services. By and large, the publicly-funded system doesn’t meet that demand.

This is true to the extent that physicians at one large corporation expressed frustration about raising awareness of mental health in the workplace and then having such difficulty referring employees for “medically-necessary” care.

There are several reasons for this:

- The familiar waiting list crunch, lack of timely access to psychiatrists – the specialty care for mental health problems.
- Problems in adequate diagnosis and treatment in the primary care system. In daily practice, family physicians simply don’t have the 30 minutes for one patient – time needed to diagnose depression.

One family doctor was challenged by Ontario health officials when he billed that much time for one single patient for precisely this reason.

- The symptoms of mental illnesses – say, pain or fatigue – may get treated but the underlying condition is neither diagnosed nor treated – creating a cost multiplier in health care.

Canadians with untreated mental illnesses are found to use the health care system 4x more than other Canadians. The result is a health care system feeding on itself, creating adding layers of avoidable costs.

3. PLAN HIGHLIGHTS

The Plan is organized in four parts with a series of practical modules in Part IV dubbed “*Employers Getting Started.*”

The organization of the Plan is straightforward and its writing style fairly easy to read. The Plan has clear, subject-specific access points which foreclose the need to go front-to-back. There is no need to tackle this at one sitting.

The subject is a complicated matrix, touching tough questions of management, personal bias, privacy, human rights, job performance and workplace policies. There’s no getting around this. And there is urgency.

The Plan contains information for many different groups, parties and individuals – researchers, students, managers, families. Find what interests you.

The Plan consists of practical, savvy and new information and pivots on two major themes:

- The implications of a brain-based economy (cerebral skills in demand) converging with the onset of brain-based disorders as the leading source of employer disability.
- The “Wilson Principle” extending physical health and safety to mental health and safety. A credible and persuasive point of reference for mental health policies and programs in the workplace.

The Plan gives voice to:

- The need for tax and financial incentives to stimulate investment in healthy workplaces and employee health and well-being. We call this the Human Capitalization of the Economy.
- Putting human capital on an equal footing with financial capital for tax and accounting purposes. The Plan specifies:

New ways to describe and measure productivity in a brain-based economy --

Time and volume-based measures quantifying output may be obsolete. We need new thinking. The Roundtable will consult experts in the field.

How investments in everyday brain-based skills can be lost --

85% of new jobs require cerebral skill sets which can be compromised by brain-based disorders, the leading source of employee disability today.

The significance of human capital to competitive and economic success --

Brain-based or cerebral skills are relevant to sustaining the operational efficiency and productive capacity of the contemporary workplace.

The building blocks of productive capacity in a brain-based economy --

These are different than brick and mortar but just as concrete in giving organizations a foundation upon which to compete in a transformed and transforming environment.

Tax incentives for investing in the source of innovation: human capital --

In a brain-based economy, investing in human capital is necessary to promote and embed innovation which is now widely accepted as key to Canada's competitive position and prosperity.

“Of all the problems presented to me which reflects the greatest public concern is mental health” – Jurist Emmett Hall, the future of health care 40 years ago.

4. NEXT STEPS

Employers Agenda for Progress

It will be the Roundtable's intention to bring employers and their health advisers – including insurers – together to explore ways and means of creating and implementing a practical mental health and productivity Agenda for Progress.

The over-arching objective is to define and implement a *Workplace Mental Health System* which both supports and draws on the publicly-funded primary care system for progress in the early and effective treatment of mental disorders.

There are several dimensions to this:

Leadership Agenda

This will be based on the World Economic Forum model, new alignment between corporate citizenship and healthy workplace goals.

Applied Research Agenda

The CIHR has embarked on a long-term initiative focused on mental health in the workplace. The Roundtable is working to bring the Harvard Medical School Depression and Work Performance study to Canada.

Mental Health and Productivity Agenda

This will relate to investments relating in human capital including employee health and productive capacity.

Prevention Agenda

This will concentrate on management practice reforms, employee self-help and timely workplace referrals for mental health care to prevent the disabling affects of depression et al.

New Generation Agenda

We will build on the McGill University agenda and the engagement of students and young executives in the advancement of mental health and productivity in a brain-based economy.

Refer:

416-552-5937 Bill Wilkerson

416-552-5336 Donna Montgomery

bill.wilkerson@gwl.ca