

**GLOBAL BUSINESS AND ECONOMIC  
ROUNDTABLE ON ADDICTION AND MENTAL HEALTH**

**Resident at GPC International, Toronto Canada; and  
An Affiliate of the Centre for Addiction and Mental Health**

SUMMARY OF REMARKS  
BY  
BILL WILKERSON

CO-FOUNDER AND CEO  
GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE  
ON ADDICTION AND MENTAL HEALTH

TO THE  
INDUSTRIAL ACCIDENT PREVENTION ASSOCIATION  
CONFERENCE AND TRADE SHOW

APRIL 22, 2002

METRO TORONTO CONVENTION CENTRE  
TORONTO, ONTARIO

***“Mental Health – The Ultimate Productivity Weapon”***

*(Check Against Delivery)*

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### ***“Mental Health – The Ultimate Productivity Weapon”***

The mission of the Roundtable is to document the effects of mental health and addiction issues on the financial and competitive performance of business – and to recommend practical measures business can take in response to them.

We enjoy a formal affiliation with the Centre for Addiction and Mental Health in Toronto and are very proud of that association.

The Roundtable describes the global knowledge-based economy – the economy of mental health. The reason is this.

Like never before, business today depends upon the consistent, sustainable mental performance of employees, managers and executives for fundamental competitive reasons.

Take innovation. It is a key determinant of corporate success. It is a differentiator. A competitive edge. It is also a mental function.

Today physical resources are relatively unimportant in most industries. Even in the steel industry it's not the iron ore that counts but the knowledge, systems and processes contained in the mini mills that are replacing the old integrated steel mills.

In the old economy, companies invested in big factories with production processes and sophisticated machinery that required little decision-making or skill from the operator.

No longer. Today, the only meaningful assets are knowledge assets and the only meaningful form of capital is intellectual capital. The means of production has shifted into the crania of the people who work in your firm and your business web.

The revolution in information and communications technologies is at the heart of these changes. The Internet and other technologies enable the communication, management and sharing of knowledge and “thought content” like never before.

Workers today derive a great deal of their sense of self-worth from the work that they do and the intellectual contributions they make. The fact is this.

Mental health underpins intellectual capital. It anchors the capacity of employees, managers and executives to think, use ideas, be creative and be productive while mining and applying information as a commodity in its own right.

In such an environment, our *minds* not our backs, arms and legs do the heavy lifting of business. In business today, the way people think is in. Companies no longer consist of thinkers in one room and doers in another. Today, thinkers and doers must work in one room and live in one person.

In business today, the way people relate to each other is more important than how machines relate to each other. This is a vivid difference between the industrial age and the information age.

Human behavior and mental health are the spinal chord of the new global economy. If you want a definition of mental health, you don't need to look in a medical book. Just take a look at the recruitment ads appearing in the paper every day.

You will see a definition of mental health which I think even most clinicians would be fairly comfortable with – it is the springboard of how we think, communicate, learn and grow, the resilience we have and self-esteem we enjoy. These are the qualities employers are seeking in the people they recruit.

Mental health is the ability to meet our obligations and challenges, adapt to change and adversity, share not hoard, give credit not blame, relate well to others, lead by example. Employers need these qualities of mind and experience in people because they imply that the individual will do a good job consistently and roll with the punches when things go wrong.

Mental health is all those things. And because of that – in the kind of global, knowledge-based economy we are living in today, it is also the ultimate productivity weapon. This is the business case for mental health – which is, by definition, the case for reducing stress at work, distributing work fairly, investing in working conditions which promote mental health, reforming management practices which can contribute to mental distress – all of these for sound, measurable business reasons and nothing less.

These are some of the reasons the Business and Economic Roundtable on Addiction and Mental Health was formed. But not the only reason. There is another, more ominous reason. One which – as a society – we will need courage and wisdom to meet and defeat.

The world and Canada are awakening to a mental health crisis of large proportions. Mental health problems and addictions are burning like wildfire around the world and afflicting a global population greater than the size of Europe and North America combined. This pandemic is disabling more people than AIDS, cancer and traffic accidents combined.

Depression is the leading source of disability in Canada and the world. We now know – and these are recent numbers – that mental health problems and addictions in North America cost more than \$150 billion (US) a year.

Depression can predict heart attacks – heart disease, anxiety and depression weave in and out of each other. The bulk of these costs – maybe as high as two-thirds – take the form of lost and diminished industrial productivity. In short, a business cost.

Consider this: households with a family member who is suffering a disability on average consume 40 per cent less in goods and services than that of the average household.

And consider this: mental disorders are one of the three leading causes of disability in the world – powerful evidence of the economic cost of the mental health crisis.

In plain business terms, despair – which *is* what depression can be – costs business more money year-in and year-out than strikes and product defects.

In this garish light, let no one argue that mental health is *not* a business issue.

The rising tide of mental health disorders represents what the World Health Organization, World Bank and leading scientists at the Harvard School of Public Health call “an unheralded crisis in mental health.”

Working conditions in the world are such that they tend to promulgate mental health problems in the labour force rather than protecting our investment in our people against those kinds of pressures. As an industrialized society, we have become accustomed to emotional distress even in good times and healthy economies – as a natural cost of competing in an intense global economy.

As a result, everyday people – everywhere – are increasingly hurried, worried and rattled by change. Job insecurity is now a constant fact of life. Workplace stress is often very toxic. Study after study proves this.

We have become accustomed to mass lay-offs, the first not the last alternative in facing corporate and economic downturn. We live, as a result, in a culture of downsizing. We have become accustomed to the tremendous effects of irrational behaviour in our financial markets on business decision-making. Short-term thinking in business is getting shorter.

As a result of these trends, we live in an intensified society. This is having a profound effect on the emotional stability and mental wellbeing of hundreds of millions of breadwinners at all levels of organizations throughout the industrialized world.

In Canada alone, the cost of mental illness represents nearly 14 per cent of all corporate income in this country.

Mental health problems afflict at least a half billion people worldwide – most of them in their prime working years. We simply cannot afford the financial or human implications of a public health crisis of this proportion – and one that is going barely noticed and certainly unmanaged. But consider this:

- Economic and social investments are vital to containing the rise of mental disorders and their impact on economic performance.
- This world mental health crisis is an arrow in the heart of the global information economy. Economies and business organizations depend on the capacity of people to think, use information thoughtfully and creatively, build “thought content” into products and services as the key to innovation.
- In fact, the human capitalization of our economies is more important in many ways to the future of the civilized world than the availability of financial capital. The two, at least, are now inseparable. We know that much.

Business and social investments in mental health will also have this effect: earlier detection. Which is absolutely key. Once properly detected, diagnosed and treated, depression is treatable and beatable about 80 per cent of the time.

But early detection almost never happens. And when it does, the diagnosis and treatment of the problem is often flawed. Among the three million Canadians who we believe suffer depression, one-fourth are diagnosed properly and only one-fourth of those actually receive proper treatment.

This is a shocking 6.5 per cent of the total number of estimated cases, an ugly statistic for a country that places such an emphasis on universal health care.

Disability insurance and group health claims for mental health problems may climb to more than 50 per cent of the total number of claims administered through employee group health plans over the next five years.

Why should business care?

At a corporate leaders breakfast we held in Toronto in January, Gordon Nixon, President and CEO of the Royal Bank described the importance of mental health issues to business this way:

“As a business issue, mental illness and addictions have a direct link to the capacity of people at every level of the organization to do the things we need to do in an information economy – to think, be creative, have productive relationships and be innovative.”

All of these, he said, are vital to our capacity to compete. Intellectual capital and human productivity are key to any corporation’s success, including RBC Financial Group.

There you have it. The CEO of our biggest bank, one of the most powerful business leaders in this country saying mental health matters to business.

Over the next **20 years**, Harvard and the World Bank foresee depression becoming the leading source of workdays lost through disability and premature death – and this, I want to emphasize, refers to the richer, developed economies such as Canada. Heart disease will be number two.

This is the face of a public health challenge which confronts our labor force, our economy and our corporations. To meet this challenge, the Roundtable believes we must open a new front in an old war.

The old war is mental illness. The new front is our places of business – the commercial market place – and our places of work – be they at the office, call centre, manufacturing plant or in the home.

Mental disability rates are increasing. The question is why.

The Director-General of the World Health Organization gives one reason: “With the increase in life expectancy, the body outruns the mind.” Thus the number of years lost to various forms of dementia.

Dr. Paul Garfinkel, the President and CEO of the Centre for Addiction and Mental Health in Toronto – one of only four World Health Organization Centres of Excellence in the world today – has another intriguing reason for what he calls the “current epidemic of depression and psychiatric disorders.”

He refers to “the radical shifts in society involving technology, changes in family and societal support and in the commercialization of existence.”

Dr. Garfinkel describes a society of people relentlessly “pitched to” and while genetics, biochemistry, biology and psychology all play a part in our mental health and its nemesis, the world we build around us has a dramatic effect as well.

Factors stemming from the pressurized, uncertain and seemingly random nature of modern life – wherein we face constant change, five-second TV commercials and an overflowing of e-mails and voice-mails one hour and one day to the next – can trigger mental distress and ultimately diagnosable mental disorders.

For instance, loneliness – isolation – the exclusion of some by others at work or in the community – is a predictor of depression.

Rumination – a combination of personal isolation and perceived unfairness – is a predictor of depression.

Fear of sudden job loss, the lack of open communication up and down the organization, and the lack of control over our daily work all contribute to dangerously high-levels of distress at work.

We call for interventions to intercept the emergency of the 24/7 workday.

We visualize specific protocols to guide the return-to-work of employees disabled by mental illness – specifically depression and anxiety.

We visualize – like some are already doing – staged return-to-work policies – formalized within bargaining agreements where necessary – and without reference to diagnosis.

We call upon business leaders to become informed about the physics of mental illness. Depression predicts heart attack and stroke in a high percentage of cases. Beyond this, the risks extend to infectious disease, thyroid disease, blood disease, respiratory disease and cancer recovery.

The stigmatization of mental illness must end.

We call for a world wide web education campaign to eliminate the ignorance, mythology, prejudice and plain public inattention which has engulfed mental health and rendered it virtually voiceless and friendless from one generation to the next.

This global fight against stigma should start in earnest in 2002, by coordinating so much good work already going on in so many countries and aiming to declare victory by 2006.

As a consequence of all this, the Roundtable is recommending a series of initiatives to promote –

- The earlier detection of mental health disorders at work,
- The reduction of toxic stress at work and in the community more widely,
- And the use of management practices to promote the mental health of the labour force as a competitive advantage in the open marketplace.

Our main objectives are:

- To arm employers, unions and employees with the management and work tools to reduce dramatically the effects of mental health disorders on human and corporate productivity.
- To challenge the wider community to become informed – really informed – as to what mental illness **is** and **is not**, thereby improving early detection, diagnosis and treatment.
- And to mobilize the Internet – the most powerful information medium the world has ever known – to help defeat the stigma of mental illness once and for all.

We call on business managers to commit themselves to root out the leading sources of dangerous workplace stress – in the best interests of the businesses they run.

In July 2002, the Roundtable published a 12-step business plan to defeat depression and anxiety. This report can now be found in half a dozen countries and on our website at [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

Among other things, the 12 steps call for:

- CEO leadership. Without it, nothing happens.
- Improved rates of early detection of mental health disorders by 35 to 50 per cent per year – using the workplace as a primary venue for this purpose. (*Annual windfall savings in the billions of dollars await enlightened businesses which take action along these lines.*)
- Employee Assistance Programs customized to deal with mental disorders.
- Organizational health – healthy work climates – as a priority among Canadian businesses.

Businesses in Canada and the U.S. could experience windfall savings in the neighbourhood of \$70 - \$80 billion over the next five years in wage replacement and prescription drug costs alone by:

1. Improving the detection and treatment rates of depression from 6.5 per cent to 35.0 per cent of the total number of cases which are estimated to materialize each year;
2. Making investments in employee health services and referral systems which link mental health professionals to the workplace in more effective ways;



3. Using employee and family assistance plans for strategic business purposes and increasing EAP budgets by as much as 100 per cent annually. We must find an economic way to stop the EAP price war.

The Roundtable calls this our vision 2020.

Healthy organizational models are a critical part of the workplace mental health inventory.

Toxic work climates predict mental distress as much or more than employee lifestyles. In fact, the lack of control over one's job is a great risk to that employee's cardiac health than smoking.

The Roundtable calls for the reduction of electronic information overload. "E-mail" ceasefires in offices and workstations across this country to let our people come up for air.

We call for complete inventories of emotional work hazards and employee work/life strategies to reduce absenteeism and help business keep talented people who want professional success and balanced personal lives.

We call for:

- Management and employee training to produce earlier referrals for employees and managers in distress – in the process learning to deal more effectively with behavioral issues.
- New indices to measure and sustain the quality of life in today's hurried workplace.
- An all-out effort to cut burn-out and depression rates by 15-25 per cent over three years.

We need models of managerial and executive performance assessment which promote the doctrine of fairness. Well-run businesses already do this.

Organizational health – work climates – predict mental distress as much or more than employee behavior, lifestyle or health status. Therefore, we need "workplace designs" and "work organization models" which promote both healthy employee lifestyles and healthy work climates.

A more detailed account of this initiative – step by step – follows.

## **EXECUTIVE SUMMARY**

### ***THE UNHERALDED BUSINESS CRISIS***

#### **Depression, Anxiety and Addiction at Work**

“As a business issue, mental illness and addictions have a direct link to the capacity of people at every level of this organization to do the things we need them to do in an information economy – to think, be creative, have productive relationships and be innovative. All are vital for our capacity to compete. Intellectual capital and human productivity are key to any corporation’s success including RBC Financial Groups.”

**Gordon Nixon, Chairman & CEO, Royal Bank of Canada**

#### **Step One: CEO Briefing On Depression**

- Comprehensive briefing for the chief executive officer on the impact of depression at work.
- Galvanize the organization’s executives and managers to “get on top” of depression as a business issue.
- Empower the CEO and his/her leadership team with information to set detection and financial targets associated with reducing the effects of depression inside the organization.

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#### **Step Two: Target Depression Financially**

- Annual targets to reduce the effects of depression at work through early detection, specifically: 35 to 50 per cent annual improvement in the combined rates of detection, diagnoses and proper treatment of current employees known to suffer this disease compared to the current rates of 6.25 per cent.
- Target per employee annual savings of \$10,000 through prescription drug and wage replacement costs. Additional gains would be realized through productivity improvements, probably well in excess of the savings noted here.

### **Step Three: EAP and Group Health Plan Reforms**

The Roundtable calls for:

- Management training for managers/executives at all levels to play a fundamental role in the early identification of a troubled employee.
- Written policies to support managers in this role to overcome the sensitivities of dealing with such matters, recognizing the very real concerns of privacy and personal department involved.
- The redesign of present day EAP (employee assistance plans) and group health plans to target and reduce the effects of depression (and its co-morbid partners, i.e., heart disease) at work.
- Dramatic improvements on current low rates of employee utilization of EAPs (7 – 10 per cent) to 25-35 per cent, in order to help achieve the detection rate targets noted earlier.
- Arming EAP professionals and medical directors with state of the art information on depression at work. Remarkably, this does not exist in very meaningful ways at present.
- Employee education and screening modules to increase early access through the workplace to appropriate care for depression.
- Education and internal communication initiatives aimed specifically at awareness-building among managers to help them recognize and act on signs of depression in others. (We are not asking managers to diagnose medical conditions but to recognize the signs that something may be wrong.)
- Specific education initiatives customized to top management. Their leadership is essential.
- Establishing benchmarks for current depression rates in the company to found the detection improvement process. The findings can be stunning. for example:
  - Depression recently accounted for 40 per cent of all EAP referrals at one company in one year.
  - 30 per cent of employees on one company survey indicated symptoms of depression.
  - And in a third case, a company found the running rate of depression at 17 per cent among women and nine per cent among men in one year.

**Step Four: Dollar Value of Healthy Work Climates**

- Establish organizational and employee health as “twin priorities” among managers in business.
- Survey employees to identify stress which threatens individual health.
- Interrupt the treadmill effect plaguing employees with too many priorities and too much to do at once.
- Combat distrust, disrespect, autocratic management styles and too-repetitive tasks – all contribute to stress-related health problems.

**Step Five: E-mail Enslavement**

- New protocols to reduce the “overload” frustration and aggravation associated with the exaggerated and random use of e-mails.
- Studies to nail down the efficiencies of both e-mails and voice-mails in their current use.
- Maximum use of e-mail filters.
- “Restricted delivery” rules for e-mail, limiting messages to business-only purposes and in certain hours no access at all in order to reduce the overload crisis.
- E-mail and voice mail culture training to reduce stress and overuse of this technology at the expense of human contact.

**Step Six: Depression and Return-To-Work Strategies**

- Create disability management and return to work strategies which address the recovery issues associated with depression.
- Introduce formal protocols into employee health programs setting out the specific rules for return-to-work planning around depression.
- Establish modified work programs to facilitate the re-entry of employees recovering depression-based disability absence.

**Step Seven: Knowing About the Physics of Depression**

- Education of managers, HR executives and health professionals on connections between depression and heart disease, stroke, immune system problems and other chronic physical disorders.

### **Step Eight: Inventory of Emotional Work Hazards**

- Create inventory of emotional work hazards which put the employee and organizational health at risk. Develop an organizational action plan.
- Confront and eliminate the practice of office politics. This malignant behavior is a predictor of absenteeism and mental distress among those subjected to it.
- Train managers to stop wasting the time of their direct reports because of unclear expectations and confused priorities. It causes enormous stress.

### **Step Nine: Work / Life Strategies**

- Work / life imbalances depress the productivity of more than a third of the employee population in the U.S. Similar proportions exist in Canada.
- Create policies to protect work/life balance among employees. The incentive: absences due to employee eldercare obligations run into the hundreds of millions of dollars a year.
- Enact specific policies, including flexible work hours, home care services, workplace daycare and eldercare services.
- Aim, via these policies to:
  - reduce absenteeism
  - attract / keep most talented people.

### **Step Ten: “Rule Out Rule”**

- Deploy a process to be offered by the business and economic roundtable on mental health to differentiate between employee performance problems stemming from depression and those attributable to plain work deterioration or failure. This is critical to “saving” good employees and protecting the employer’s investment in them.

### **Step Eleven: Health-Based Productivity**

- Create health index to monitor the status of organizational health in the company – which, invariably is an indicator of individual health and performance.
- Shift from pure volume/quantitative measures of productivity to “quality of life” measures and forge a blended standard of productivity which reflects both.

**Step Twelve: Transformation Policies – Defeating Stress and Depression**

- Aim to reduce disability rates by 15 – 25 per cent a year by targeting mental health issues.
- Aim to dramatically improve EAP usage by employees, reflecting current-need in stress and depression.
- Eliminate the top ten sources of stress.
- Reduce burnout rates through specific job and work climate strategies.

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