

**Notes For Remarks by Bill Wilkerson  
Co-Founder and CEO, Global Business and Economic  
Roundtable on Addiction and Mental Health  
To  
The Strategic Forum,  
Toronto Strategic Management Society,  
Ontario Club, Commerce Court  
February 6, 2003**

I am pleased to be here this afternoon.

My topic is not standard fare for a business luncheon. Nor for a group of people interested in strategic business affairs. Does the subject – mental health – even belong here. This is the case I wish to make.

First, a word on the Roundtable itself.

We are a network not an organization. A voice to business, not a voice for business. I am a business person. Not a mental health expert. We aim to pick a fight with mental illness as the most formidable source of human disability on this planet. It is hurting business, our people and our prospects on a large scale.

We began in 1998. We enjoy an affiliation with the prestigious Centre for Addiction and Mental Health, a fine teaching hospital, research centre and World Health Organization Centre of Excellence (represented here today, I might add).

Our friends and supporters include business leaders from nearly every sector. They have decided mental health is a business issue. We merit the support of some of the best and brightest clinicians and scientists and are grateful for that.

I begin the business case for mental health with the words of Nancy Hughes-Anthony, President and CEO of the Canadian Chamber of Commerce: “ *Mental health and work is a bottom-line issue. Employers are losing their employees’ time and sometimes their focus. Business has a strategic interest in the mental health of the labor force, period.* ”

I begin with the words of Gordon Nixon, President and CEO of the Royal Bank Financial Group: “*Mental illness and addictions have a direct link to the capacity of people to do what we need them to do in an information economy – to think, to be creative, to have productive relationships and to be innovative. All four are vital to our capacity to compete and are key to any organization’s success including RBC Financial Group.* ”

I begin with the words of former Finance Minister Michael Wilson, now President and CEO of UBS Asset Management: “*We are living in an information economy. It is a brain-based economy and a healthy mind is very important to the successful workings of this economy.* ”

I begin with the words of the chairman of the Canadian Society of Chartered Accountants, Robert Lord: “*Mental illness is the business health challenge of the twenty first century.*”

None of these are people who wear their hearts on their sleeve. None are people who dally in soft and fuzzy issues of the day. None promote flavors-of-the-month. All are business people with organizations to run and decisions to make on a daily basis.

I make the business case for mental health not in disregard of fundamental business principles but out of respect for them.

I make the business case for mental health not asking businesses to spend money without compensation.

I make the business case for mental health not heart-to-heart, but nose-to-nose. I emphasize this as a matter of context.

Let me define my terms.

First, for today’s purposes, when we use the words mental health and mental illness, we referring to three sets of medical conditions -- depression, anxiety disorders (of which there are four or five) and substance abuse which can include alcohol and drug addictions.

These conditions often run together. And materialize in a person in a single, complex cluster.

When I refer to mental health problems, I speak of the foregoing – and – a slate of conditions which can act as a breeding ground for these more serious medical concerns – including stress-related disorders, burn-out, deep disengagement at work, anger, invasive frustration and the experience of prolonged isolation at work – being left out.

Mental health, meanwhile, is a general state of well-being – both physical and emotional. We talk about the ability to foster and experience what Gordon Nixon referred to as the staple functions of an information economy.

Mental health or mental illness constitute an axis of the physical and the mental – an axis formed not only in the brain but throughout the entire human system. The mind and the body are linked. Consider this:

- Depression can slow the healing of cut or gash on your arm or leg. It can render us vulnerable to infectious disease.
- Among those with a heart condition, serious depression can increase the risk of a serious and fatal heart attack fivefold beyond the attendance of other risk factors.

- Depression, in fact, is as material a threat to the survival of an individual recovering from a heart attack as smoking. Depression may predict a heart attack.
- Depression is known to complicate the recovery from cancer. Depression and thyroid disease are linked. Depression itself is a biochemical event centred in the brain but whose implications sweep through our body like a night storm.

Further:

- 20 to 25 per cent of cancer patients suffer from major depression at some time in their illness;
- 25 to 30 per cent of post-stroke patients, the same.

Mental illness is not an expression of weakness, reflection of one's character or a source of violence beyond those triggers which exist in society at large. Depression is as physical as a broken back and as emotional as breast cancer.

#### Disability Major Challenge

A lot of health conditions are troublesome and affect all of us one way or another. I do not make the business case for mental health to argue against the importance of any other health priority or cause. The business case for mental health stands on other ground.

In fact, the business case for mental health begins with recent revelations that disability – not life expectancy – is the premier human health concern of the new century or the first two decades of it. By definition, disability is a business issue. It manifests harshly in the work place.

Depression is the leading cause of disability in this country and in the world and across the Canadian, global or local population, 20 to 25 per cent of the work force suffers depression and anxiety disorders at any give time.

Over the next 20 years, according to landmark studies by Harvard University and the World Health Organization, depression and heart disease are projected to disable or prematurely kill more people in their prime working years than AIDS, cancer traffic accidents and war combined.

Fourteen per cent of worker disability today is due to mental illness and addictions in some combination. And the trends are heading north.

For example, we now know that the disability insurance claims experience being recorded by some of Canada's major insurers and largest employers tell us that the disabling effects of mental health problems are on the rise. Upwards of 30 to 40 per cent are now attributable to these conditions.

A work place with 1,000 employees has a running rate of alcoholism and excessive drinking in the neighborhood of 20 per cent and illicit drug use anywhere from two to seven per cent of the employee population.

But who knows this on Bay Street, Main Street, in the boardrooms of business or the halls of government?

One of Canada's top psychiatrists, Paul Garfinkel, President and CEO of the Centre for Addiction and Mental Health, calls this an "epidemic." He says, and I quote, that "undetected, untreated addiction and mental health problems cripple relationships, job, families and create significant unfunded liabilities for business."

Let examine these points briefly.

### Early Detection

On the question of detection and treatment: 70 to 80 per cent of these common disorders can be successfully treated when properly diagnosed, and managed. This is encouraging.

But consider this. Only one in four of the estimated number of cases of depression are properly diagnosed and only one in four of them are properly treated.

This is the face of stigma, public ignorance, myth, fear, an egregious lack of public funding and severely fragmented, inaccessible mental health care system.

Which translates this way.

Among the estimated three million Canadians who live with depression, for instance, less than 300,000 get the treatment they need.

### Family Issues

On the question of families, consider this:

- The average age of onset of anxiety disorders in Canada is age 12. Younger than other countries compared with us.
- The average age of onset of depression in Canada is 21. Also, among the youngest in the world.
- The average age of onset of substance abuse in Canada is age 18. With the U.S., our kids of are getting hooked sooner than kids in other countries.
- The bulk of mental illness, meanwhile, is concentrated among younger adults in their prime working years – 18 to 44 years of age. More than eighty per cent of all psychiatric emergencies afflict people in this age group.

- Among lawyers, the running rate of depression in one study was five times the national average – alcoholism, about the same.
- Kids today are killing themselves sooner and in greater numbers than ever before. We don't know why. Suicide in this country is a shame.

On suicide, here is one perspective to mull over.

If good-sized commercial jet airliners were falling out of the sky once a month, killing all on board, every month of every year, would there not be an outcry? A national uprising?

Probably so. Well, that's exactly how many Canadians – most of them younger, many of them children – who kill themselves each year in Canada – year in and year out. More than 4,000.

Where's the outcry? Where's the outrage? Do we have a clue this is happening all around us?

Another perspective.

More than 50,000 young Americans were killed through the years of the Vietnam War. Twice that number of young Americans took their own life in the single year the war ended.

Is suicide inevitable? It is not. Is it preventable? Maybe. Does it intrude upon family life. Dramatically so.

Does society at large pay attention to the subject? No, by and large, we ignore what we know and avoid what we don't and we do so, remember, at the expense of large numbers of children – most of them boys.

The mental health crisis is also etched in the face of working parents caring for a young son or daughter who is gravely or terminally ill – torn between their responsibilities at work, keeping their job or protecting their own business –

But needing, wanting to stay near their vulnerable child even while siblings at home cling for attention as well.

New data from the Canadian Alliance of Children's Health – led by Jean Wittenberg, a child psychiatrist at the Hospital for Sick Children – tells us the running rates of depression, family break-up and alcohol abuse among the parents of these children is tortuously high given the imposing burden and monumental stress they bear.

They are victims of a heart-breaking juggling act. Employers can help. Flexible work hours, sensible leave arrangements, co-worker support -- things which cost almost nothing – but which often never happen.

The Roundtable will issue employer guidelines in the next month or so to support Dr. Wittenberg's work.

### Unheralded Crisis

The World Health Organization says we are navigating an “unheralded crisis in world mental health.”

But all is not lost. Our scientific knowledge of the topic is exploding. Right here in Ontario, a major overhaul of the mental health care system is underway. The same in British Columbia, Alberta and points east.

The Centre for Addiction and Mental Health and other great teaching hospitals in the world continue to achieve breakthroughs in clinical care.

Canada's leading neuroscientist at the University of Toronto told me personally he expects to see a drug like penicillin to treat schizophrenia on the market in ten years.

### Charter for Mental Health

All of which – from a business perspective – sets the stage for the Roundtable's aggressive agenda for the next two years – an all-out and winnable war against mental illness by opening a new front in that war – the work place and the market place of business.

All wars need a flag. All marches into battle, an anthem. To that end, on November 14, 2002, some of the leading business people in the country endorsed the Roundtable's Charter on Mental Health in the Knowledge Economy.

The Charter sets out a slate of practical objectives – principal among them the reduction and prevention – both of which can be done – associated with mental illness and primarily depression.

## **REFER TO CHARTER**

### Economy of Mental Performance

Gordon Nixon calls today's economy, the economy of mental performance.

- Seventy five per cent of new jobs coming on stream in the United States require cerebral not manual skills. The work of the brain.

- Cars coming off the assembly line today have more microchips than sparkplugs. The work of the brain.
- A ton of steel takes less time to produce thanks to innovation. The work of the brain.
- The “thought content” of products – through the imagination, adaptive skills and tenacity of people – has more commercial value in the competitive market place than the plastic, steel or aluminum housing those products.
- Managing inventory is done on-line. Our minds not our backs today do the heavy lifting of business and that will not change as the information economy runs its course over the next decade or so.

The capacity of people to think is an essential part of today’s production process -- and our cost structures are tossed into imbalance by the embedded and unlabelled costs associated with the mental health problems in the labor force.

The Roundtable, in November, published our latest estimates on what mental illness – that first cluster of conditions I described earlier – costs business and the economy. The number -- \$11 billion a year.

When you include the second cluster of conditions – burn-out, disengagement, non-pathological but excessive drinking – the number triples to \$33 billion a year.

These costs are expressed not just in terms of group health, disability or absenteeism – but in terms of lost quality, compromised productivity, soiled customer relations, redundant expenses and generalized lack of efficient output.

This number triples when you add in the operational effects of burn-out, disengagement and excessive drinking among labor pools in every city, town and province of this country.

We are hearing a lot about the costs of health care today. But remember this.

The cost of disability – and therefore the cost of untreated or mismanaged mental illness – is coming mostly out of the pockets of employers and employees.

What can we do about it? We suggest a number of things – starting with a 12-point business action plan for mental health in the knowledge economy – a business action plan focussing on CEO leadership and good governance as the main catalysts for sustaining our efforts to reduce and prevent mental disability.

On the governance question, John Evans, a great Canadian and chairman of Torstar Ltd says this: boards of directors are not fulfilling their governance obligations without putting mental health on their agenda.

The 12-point action plan calls for:

- Business performance targets and cost reduction goals associated with the prevention of mental disability by 20-30 per cent over the next three years.
- Management training and new standards of employee performance management as tools in the war against stress and, down the road, clinical forms of it.
  - Elimination of the top ten sources of unhealthy or toxic stress in the work place.
  - Customizing EAP's and Group Health plans to prevent mental disability.
  - Reducing the "treadmill" effect of the modern work place and specific measures to counter the rising rates of burn-out at all levels.
  - Policies to foster work-life balance in the work force. This is picking up steam.
  - Protocols to reduce information overload. An e-mail ceasefire as one part of this arsenal.

### Best Practices

In the week and months ahead, the Roundtable will survey corporations looking for best practices in these areas and will then post those best practices on a web-site for all to access;

We will introduce an on-line early detection and referral module at nominal expense to employers and none to employees;

We will work with the insurance sector to create new forms of adjudication governing disability insurance claim management in matters relating to mental health.

We will work with the public and private sector to customize mental disability prevention strategies and packages specifically geared to small business.

We will create a delivery system of work place mental health services to be made available employers in accord with specific criteria we will develop for and with employers.

We will form a Charter Implementation Task Force drawing on sectors and organizations, individuals and teams of people – tackling one issue after the other.



## Worldwide Leadership

We are asking Canadian firms associated with worldwide organizations to carry the message forward. An example of that is the management consulting firm Watson Wyatt Worldwide.

Their Disability and Health Care Practice Leader in this country, Joseph Ricciuti, a new member of the Roundtable, has been given worldwide leadership in that firm to put mental health on their business agenda and that of their customers – and they will make money doing so.

Mr. Ricciuti and his colleagues have also agreed to devote their considerable intellectual resources to the Roundtable's efforts. We are very grateful.

Going forward, the Roundtable will –

- Secure the engagement of 1,000 companies over the next three years to begin to make disability prevention routine not rare in corporate performance strategies.
- Secure the engagement of unions and government departments as employers and they are some of the worst in the terms under review today.
- This spring, we will launch the Business Year for Mental Health and urge employers to get a handle on this subject – we will help you – over the next 12 months – no blame – no second guessing – no new legal liabilities – act in your own interest, that of your customers, employees and communities. All benefit.

And through all this, we will promote workplace awareness and stress-reduction campaigns, employee and family mental health strategies, teenage suicide prevention efforts and family-work balance strategies.

In this, there is competitive advantage, the mediation of embedded operating costs and newly-sustainable levels of financial performance for companies who see in their people a weather vane for trouble and success ahead. The numbers prove they are – just that.

We need your help. You have my number. A final word.

If I polled this room – which I won't – we would find one out of five of us has or will experience mental illness this year.

We would find five out of ten, maybe seven or eight, have a family member who will do so and we would find that probably all of us know someone at work or a friend who is going through this experience.

In their name, let us resolve to do now what we know now – that is –

- To take the steps necessary to learn and to educate, protect our children and the future they represent, support the consumer buying power of families – one member disabled robs them of 40 per cent of that choice in the open market place – and it robs us of their business;
- To support parents and working families in their prime years – the backbone of our economy and labor force. Win the productivity race through mental health – in this kind of economy, it is the ultimate productivity weapon.

In all this, there is needed income to realize and needless suffering to be allay – among our employees, their families and our own. A case of two rights making a right.

To do these things is to do what George Bernard Shaw once counseled – that is, “to dream things not as they are, but as they might be – and to ask not why – but why not.”

It is those who approach their destiny in these terms who change the world. Why not change even part of it – the part that makes not just good old fashioned horse sense, but solid, feet on the ground, strategic business sense.

Thank you.

*Refer:*

*Bill Wilkerson*  
(DL – 416-598-5790)