

**CANADIAN BUSINESS AND ECONOMIC ROUNDTABLE ON MENTAL HEALTH**

Notes for Remarks

By

Bill Wilkerson

President

Canadian Business and Economic Roundtable On Mental Health

To

Kiwanis Club of Ottawa

Chateau Laurier Hotel  
Ottawa, Ontario

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I am very pleased to be here. My thanks to the Kiwanis Club of Ottawa for this valuable platform.

And my appreciation as well to our friends – well-assembled here – at the Royal Ottawa Hospital for their leadership in bringing the second annual World Mental Health Day public education event to Canada and to our Nation’s Capital.

The date is October 7<sup>th</sup>. The time is nine o’clock in the morning. The place is the Council Chambers of the Ottawa-Carleton Regional Headquarters. The theme – “Cyberstress to Cyberhealth” – mental health in the information economy.

Tickets are a bargain. No charge. The value – an all-star cast of participants on one of the most compelling health issues of the times in which we live.

World Mental Health Day is the largest public education enterprise of its kind. In 1998, Canada joined 100 other countries in the effort – by bringing civic, health care, education and business leaders together in a unique partnership of inquiry and learning.

Further, on behalf of the World Federation for Mental Health, I wish also to acknowledge the World Mental Health Day in Canada co-sponsorship of the Regional Municipality of Ottawa-Carleton and specifically, Mr. Chiarelli.

The Regional Chair will serve as co-chair of this year’s proceeding along with Dr. Jacques Bradwejn, the Head of Psychiatry at the Royal Ottawa and Richard Bertrand, Chair of the Board of Governors of the University of Ottawa and formerly, Chair of the Royal Ottawa Hospital.

Mr. Bertrand is with us today and to me, he and his associates represent the very best in community service. The ROH is, among other things, a world leader in mental health research – Mr. Bertrand helped found the mental health Research Centre at the Royal Ottawa – and, in Dr. Bradwejn, Canada is blessed with one of the world's most accomplished figures in the field of affective disorders. He is an expert in anxiety.

And that, you would think, is a very handy trade to have in this day and age.

The age of anxiety -- and technostress – has dawned and in this light, the business case for mental health must be made with clarity and force – and once and for all.

The stakes are too high – and growing – not to do so.

### **12 Million Canadians**

Earlier this week, the front pages of newspapers all across Canada crackled with the news that Wayne Gretzky may be suffering early symptoms of arthritis. We wish Wayne – a genuinely beloved figure in this country -- every success in dealing with that painful disease if the reports are true.

In the course of the stories covering this revelation, prominent attention was paid to the fact arthritis afflicts four million Canadians.

A big number. But consider this. Depression and anxiety disorders – year-in and year-out, day-in and day-out – afflict three times that number -- twelve million Canadians. Forty per cent of our national population.

Depression – which can be an invasive capturing of the human spirit – is today the leading cause of human disability in this country, on this continent and in this world.

Depression kills. Mostly but not only through suicide.

Heart attack victims with clinical depression are four times more likely to suffer a fatal second heart attack within six months of the first.

Depression can thicken the blood. This accents the risk of arrhythmia. A depressed heart sleeps light and often not at all. The lack of heart rate variance contributes to the potentially fatal effects of a heart worn and tired.

Canada leads the world in research into this complexity. The Montreal Heart Institute and the University of Ottawa Heart Institute are beacons for enlightenment through their clinical research and experience.

In my own layperson's research on the subject, I want to acknowledge gratefully Dr. Bob Swenson of the Ottawa Heart Institute and Dr. Francois Lesperance in Montreal for their tremendous input into a data base assembled by the Canadian Business and Economic Roundtable on Mental Health.

### *Gender Issues*

The links between depression and heart disease – including specific gender considerations mapped out through research being conducted by Dr. Susan Abbey and Dr. Donna Stewart at Toronto Hospital – was the theme of World Mental Health Day a year ago.

Gender concerns represent a significant part of current trends in world mental health – consider this:

Women – pivotal in matters of consumer choice, growing in the work force, and representing more than half our population – are more than twice as likely to experience depression than men.

Women – the principal caregivers in our society, the bearers of almost the entire burden of home eldercare among the aging populations of Canada and the United States and imbued with a greater natural capacity than men for leadership in the age of human capital – bear a disproportionate share of the casualties produced by the mentally-distressed and distracted society that we are insidiously becoming.

Which means this: more than 30 million women living in the North American Free Trade Area have some level of mental impairment from depression and anxiety alone. A costly and unacceptable fact of modern life.

Meanwhile, men – young men – are killing themselves more and faster in this country than ever before.

The Surgeon-General of the United States recently declared suicide a public health priority and the United Kingdom did so a couple of years ago. Both are approaching the matters strategically.

Canada, meanwhile, remains preoccupied by such things as the brain drain when it is not the drain of brains that imperils the quality of life for millions, it is the pain of brains which merits our urgent national attention.

Consider the following:

- Worldwide, stress-related, depressive and anxiety disorders account for about one third of all individual visits to their family doctor. One in five, or so, in this country.
- By 2020, the number of work years lost to neuropsychiatric conditions, according to Harvard University, will increase by 50 per cent as a proportion of the global burden of disease – outpacing even cardiovascular disease.
- Over the next two decades, depression and heart disease may rank one and two in richer economies like Canada as the leading sources of workdays lost due to premature death and disability.
- Mental disorders are costing NAFTA an estimated \$160 billion a year – half of that in terms of lost productivity. In the US alone, psychiatric disorders cost that economy about the same as cardiovascular disorders.

### *Low Estimates*

Mental disorders cost Canadians at least \$8 billion a year in disability and lost productivity – but even at that, Health Canada now tells us that the extent and severity of mental disability has been grossly underestimated up to now.

Health Canada also tells us that as of 1993 the economic burden of disease in Canada – including mental disorders – exceeded the total cost of the entire health care system by nearly 20 per cent.

If we exercised the will and foresight, it isn't inconceivable to think that the country's economic performance might benefit from an injection of about \$50 billion annually by 2010 saved through more effective methods of early detection and prevention of mental disorders.

Mental health sufferers use the health care system for various reasons three to four times more frequently than others.

The beat goes on:

- Stress disability claims will lead all other disability claims over the next five years. Yet, the group insurance market and workers compensation boards are still struggling to find a coherent approach to understanding and managing this trend.
- Interestingly, the volume of Workers' Compensation claims are declining -- anywhere up to 35 per cent a year. Their dollar cost though is soaring. That's because of a surge of emotionally-laden soft tissue injuries and low back pain -- and stress-related disorders.
- Absenteeism due to emotional distress has surpassed physical causes.
- Meanwhile, in the United States last year, stress and productivity demands were overwhelmingly the chief reasons cited for a 33 per cent jump in corporate dollars lost to absenteeism compared to 1997.

### **Organizational Dysfunction**

Mental issues all. But they are often the effect, not the cause, of the larger problem business faces today.

Organizational dysfunction imperils the productivity of thousands of companies in North America and the emotional and physical health of millions of the people working in them.

Which takes us to the question of what such dysfunction does to the climate and cultures in which people work. It saps motivation. Projects uncertainty. Reflects, more often than not, a leadership vacuum high-up in the organization.

We know what motivates people. And predicts their emotional wellbeing at work.

And it isn't money. It is concepts like fairness, mutual trust, respect and freedom from decree. Issues which were fuzzy and soft in the industrial age but which now stand as rock hard determinants of corporate success in the information age.

We also know what demotivates workers and predicts disability and absenteeism -- exploitive, bureaucratic and weakly-led organizations that, among other things, reward office politics instead of condemning it.

We know that the lack of control at work -- the lack of control over everyday things which allow us to do our job -- is a devastating impediment to productivity and worker health. This, provably, is as great a risk to cardiac health as smoking.

We know that control issues of this nature and job ambiguity – not knowing what is expected of us by those higher-up or even by our peers – are the leading sources of distress and stress at work.

We know executives in corner offices and employees at workstations both experience the potential disabling stress of information overload and the effects of enslaving email.

### **Mental Health Illiteracy**

We know mental disorders are the leading sources of worker disability – but, by and large, we remain systemically illiterate as to what to do about them.

Running deep within this condition of unknowing, is a question of competence. As disability claims relating to stress grow, studies show that in the NAFTA region, we consistently:

- Misidentify depression as lethargy.
- Mistake anxiety for irritability.
- Incorrectly diagnose – or don't identify at all – fully 75 per cent of all the cases of depression in Canada. This when eight of ten cases that do get diagnosed are treated successfully.

World mental health is an unheralded crisis threatening the status of public health in developed and developing economies alike. Ironically, mostly, in richer countries.

Consider this:

- Depression alone will – over the next two decades, if current trends continue – disable more people (mostly in the richer, developed economies) than cancer, AIDS and heart disease combined.
- The business case for mental health is about dollars and cents. The reason is simple enough – in the global information economy, money earned, profits made and investment returned go hand-in-hand with the once soft-and-fuzzy but now rock-hard relevance of people issues.

Human mental performance – by definition – is at the heart of corporate performance in the global information economy.

Innovation, a mental function.

Human capital, a financial account measured in ideas, trust, judgment and the mindsets of cooperation – perhaps the most adhesive of all unities which will bind people, progress and performance in the digital era.

All, fundamentally, mental functions. Mental health underlies them. Mental disorders impair them.

The Economist Magazine calls depression a malignant disorder of the mind. Just as cancer is a malignant disorder of the body.

Depression has biological expression. Whatever its psychological dimension, it is also a disease of the body.

The pervasive effects of stress and the cycle of depression pay no attention to rank and privilege, wealth or standing.

Anger at the top is a major concern in business and politics. Resentments burn within partisan behaviour. The faces of politicians in particular are often caught by the camera in wrenching stress.

Major decisions in both sectors – at a time of enormous change and affecting millions -- are inevitably being made by people who are mentally distressed, depressed and perhaps disabled. And probably undiagnosed.

The business case for mental health is not about trying to inject foreign bodies into the bottom-line – like compassion. Let that flower elsewhere.

It is about injecting financial and business economic sense into the equation in which mental performance – founded on good mental health – will be seen for what it is -- millenium success of public and private sector organizations.

On that note, let me close by attempting to chart the course ahead.

**First**, we need research to draw the connection between the mental health of individuals and the financial performance of corporations – and, then find the metric linking those factors and shareholder value. Mental health has a dollar value of great magnitude. Investments in mental health will produce a measurable return.

**Second**, we need business and health research to fashion a slate of health-based productivity models as a source of competitive and comparative advantage in the new economy.

Human capital, financial capital and productivity go hand in hand – and in that context, mental health underlies innovative thinking and flexible attitudes which will drive sustainable corporate performance in the dawning 21<sup>st</sup> century.

**Third**, as employers, both business and government must come to recognize that disability and premature death triggered by mental disorders represent a growing threat to the realization of our economic and business prospects.

**Fourth**, we must seek out national strategies and targets through which to:

- Contain and defeat workplace sources of depression and anxiety which, combined, touch between 40 and 50 per cent of our population at any given time.
- Rein in and reverse present trends in suicide especially -- among young adult males. Four thousand people die every year in Canada through suicide compared to 1,300 from AIDS. The suicide rate among men is four times that among women.

**Fifth**, we should embark upon a new generation of human resource planning to lift the productive energy of the Canadian labor force at a time of inherent job insecurity and sweeping technological and structural change.

**Sixth**, a new millenium strategy is called for what might be chronicled as “The Search For Mental Health In Cyberspace.”

Essentially, the strategy would profile definitively the characteristics of mental health and productive human functioning matched against the implications of two more decades – now through 2020 – of infusing information technology into our work places and the spaces of our minds. Up to and including the advent of molecule-sized transistors.

In these terms, we must know the Internet better.

According to a \$2 million study just released in the United States – a study funded by leaders in the information technology business including AT&T, Hewlett Packard, and Apple Computer – the Internet is a sad, isolating frontier populated by a not inconsiderable number of habitual users.

What are the human emotional and economic pressures which will flow as the Internet displaces shopping malls as the centre of gravity for retail commerce? What happens to sales clerks and mall managers and their families? Will they face an emotional adjustment or calamitous disruption?

Information overload is talked about a lot. It continues to build. It has produced at least one known syndrome.

Can we not seek out and promote office protocols and habits or customs at work which contain the indiscriminate and invasive use of email, for one thing.

*Seventh*, we must obtain through research, a clear picture of business investment opportunities associated with the promotion of mental health and the resolution of other chronic conditions now costing the NAFTA economy between \$80 and \$100 billion a year in employee work days lost to employers of all kinds.

*Eighth*, we must seek out new models of management which diminish the stressors of office politics, perceived unfairness among employees and work overload.

*Ninth*, we must match going forward, the demands for competitive, service-oriented output with a parallel strategy centred – as wise investment – on the prevention, early diagnosis and more effective treatment of mental disorders in the primary health care system.

It was only weeks ago that family doctors first received a set of guidelines for the diagnosis of mild depression. It was only 36 months ago that mental patients receiving outpatient care were protected against losing their disability insurance when discharged from an institution. Outpatient care was historically not covered.

In world mental health terms, the shadows of the dark ages linger still.

Mental disability was recently described by the Vice-Chairman of Ernst and Young, Bob Lord, as “the” health challenge of the 21<sup>st</sup> century.”

Loneliness may well be the disease which defines the 21<sup>st</sup> century. This, as depression – the courtier of lonely hearts – grows in absolute terms. This trend must be reversed.

Inside 20 years, our workforce will be populated by those who have no manual labor experience at all.

Mental injury will one day soon replace lower back injury as the leading driver of business employee displacement and replacement costs.

In that light, let us see the wisdom of getting our arms – as business people – around a topic which otherwise, like the great Grizzly, will get its arms around us.

Unheralded but real, world mental health is in crisis.

The business case for mental health is perhaps the most powerful case we have to subdue that crisis. It is a case that needs making.

This is the mission of the Canadian Business and Economic Roundtable on Mental Health.

And it certainly is what the World Federation for Mental Health had in mind when it called last week for global corporate action to help reduce the prevalence of mental illness over the next 10 years.

Canada should not only hear that call. But amplify it. And take a leadership role to empower the global economy with advancements in mental health which reach well beyond the frontiers of medical science – and which teach us that prevention of these expensive and hurtful disorders, when all is said and done, rests as much as anything with how we treat each other, fear each other, hassle each other, love, encourage or empower each other.

The quest is a great one. Billions and billions of dollars – and millions and millions of otherwise livable lives – hang in our resolve to dream the dreams and do the deeds anything really worthwhile demands of us.

Thank you.