

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

An Affiliate of the Centre for Addiction and Mental Health

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TEXT OF ADDRESS

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

AND

SENIOR COUNSEL, GPC INTERNATIONAL

TO

THE DISABILITIES LEARNING CONFERENCE

HUMAN RESOURCES DEVELOPMENT CANADA, ONTARIO REGION

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“Mental Disability And The Achievement Of Recovery”

GPC 2020 Series – Mental Health, Work and the Economy

Check Against Delivery

NOTE – while the speech was delivered on the date shown, the printed text has been updated with information developed by the Roundtable since then, specifically the “12 Gifts For Christmas”—management practices to reduce conditions producing stress-related health problems at work.

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Advisor to the World Federation for Mental Health

***Text For Remarks
By Bill Wilkerson
Global Business and Economic Roundtable on Addiction and Mental Health
And Senior Counsel, GPC International
To The Disabilities Learning Conference
Human Resources Development Canada, Ontario Region
November 29, 2000***

I am pleased to be with you this morning. The work you do is critical to the concept of full citizen participation in our community, in our places of work and in realizing our own potential.

I wish to discuss mental health as a business and economic issue. This is the proposition that occupies the Business and Economic Roundtable on Addiction and Mental Health founded two years ago as a network of business, education and health leaders with three main objectives:

1. To define and quantify the effects of mental health disorders on the performance of corporations and the economy.
2. In this context, to advise business decision-makers of their stake in the mental health of their executive, management and labor groups.
3. And to identify the kinds of business investments which will promote mental health as a corporate asset in the information economy – or, as we like to call it, the economy of mental performance.

Mental Disability And The Achievement of Recovery

Workplace accommodation of human disability is an important expression of the values of a free society. Workplace accommodation is not about turning things upside down so a disabled person can show up for work, it is about a reasonable adjustment between one set of realities – the work to be done – and another set of realities – the manner in which one individual will go about doing that work.

I want to start my remarks with a statement of the obvious. Disabled Canadians are not damaged goods. They are achievers of a rare sort.

The achievement of recovery from the disabling effects of illness, injury or accident of birth qualifies – it doesn't disqualify – a person to do good, productive and exceptional work.

Recovery Is Always A “Work-in-Progress”

I recall one time visiting a psychiatric hospital and one of the patients who was about to be discharged had one major concern. Would her employer – when she returned to work – understand how much she achieved in overcoming her illness and her so-called disability?

And she had achieved a lot.

- An understanding of what her illness – depression – was and wasn't.
- An understanding of what it took to get healthy including new insights into herself and her work habits.
- An understanding that her recovery necessitated certain behavioral changes, recognizing – and acting on – those kinds of stress that, in her case, were likely to trigger a relapse. Stress is a very individual experience.

This achiever, when she went back to work, was clearer than ever in her own mind what work meant to her as a person and how it had to mesh – not conflict – with the rest of her life including her family.

For her, the achievement of recovery was not an epiphany. It was a strategy. Returning to work, she was greater than the sum of her parts. And she knew well enough that the achievement of recovery, like all successes, was a constant work-in-progress, transient if not tended to, elusive if not kept track of.

In many ways, she was ready not just to return to work, but to become even more effective than before, even within certain limits prescribed for her . . . not just as productive but more so . . . not less responsible but more responsible . . . not damaged goods but a valued property.

But would her employer – and her immediate supervisor – see things that way? This was her worry. Just as it is the worry of others who travel the same road.

Opening a New Front In An Old War

The fact that this conference HRDC, (Ontario) in your Annual Conference examined mental health issues in the context of human disability is appropriate, timely and commendable. I congratulate you.

Clinical depression is the greatest source of disability in Canada and the world today. It represents about 14 per cent of all disability in this country, slightly higher than the world average.

For purposes of this paper, I will refer to the formally disabled – those on short and long-term disability – but also to the “walking wounded” – the wide swatch of working people suffering diagnosed and undiagnosed emotional and stress-related disorders which impair their capacity to function but function they do.

Low Rates Of Treatment A National Disgrace

The low rates of detection, diagnosis and treatment of mental health problems in this country is disgraceful. For example, only 6.5 per cent of the total projected number of people suffering depression – 3 million in all – receive adequate treatment. This, at the dawn of the 21st century.

The Roundtable calls for concerted efforts by employers, health professionals and government to take the steps necessary to establish the workplace as a prime venue for the early detection of depression and anxiety disorders which represent probably 80-90 per cent of all mental health problems in this country.

This summer, the Roundtable unveiled a 12-step business plan to defeat depression and I will review that strategy with you momentarily.

First, though, let’s review the scale of challenge we face in confronting mental disability as a public health crisis, as a major business and economic issue and as a source of misery and pain for probably 20 per cent of our national population – and their families, friends and co-workers.

Depression: Greatest Source of Disability

Consider the following as perspective on the subject:

- Depression, in its severity, is rated, as a source of disability and impairment, on a par with blindness and paraplegia. Schizophrenia is akin to quadriplegia for these purposes.
- The average number of workdays lost to one case of depression is about forty or \$10,000 per absent employee for wage replacements and the company’s share of drug therapies under a group health benefit plan.
- Depression is projected to be the leading source of work years lost through disability and premature death in developed economies by the year 2020, with ischemic heart disease number two. The order is reversed in less developed countries.

- Depression has a 15 per cent mortality rate. It is, by far, the leading source of suicide. Consider:
 - *The number of people who kill themselves every year in this country because of a disorder that is treatable and beatable 80 per cent of the time is on the order of 10 jumbo jets going down almost every month of the year -- killing all aboard.*
 - *Canada has the third highest rate of teenage suicide in the world and suicide is the second leading cause of death in this country for 11 to 15 year olds.*
 - *Fifty thousand young Americans lost their lives in the far-off jungles of Vietnam. In that same period of time – 1964 to 1973 – 100,000 young Americans lost their lives to suicide at home.*
- The average age of onset for depression is 27 years but in 40 per cent of the cases, it is 20. Depression is getting younger.
- The heart of the clinically depressed sleeps frightfully and sometimes not at all. The disorder is linked to arrhythmia.
- A heart patient who develops depression has a five times greater chance of a second, fatal heart attack within six months of the first. Depression is believed to cause blood clotting.
- Depression attacks the immune system, making the sufferer more vulnerable to infectious disease.
- This disorder has the capacity to slow recovery from cancer.

14 Per Cent Of Canadian Profits

The Business and Economic Roundtable on Addiction and Mental Health wishes to help open a new front in an old war by making the business case for mental health. Depression costs the North American economy an estimated \$60 billion (US). In NAFTA and the European community economies, the number soars to nearly \$300 billion (US) a year.

Most of these costs materialize in the form of economic loss. Mental disability is mostly a business cost and not a healthcare cost borne through public taxation.

In Canada alone, the Roundtable estimates that all forms of mental illness costs the country \$16 billion a year which represents just about 14 per cent of the net operating revenue of all Canadian businesses combined.

About half those costs take the form of lost opportunity costs – a censorship, in fact, of innovative thinking and value-added attributed to the thought content of products and services needed for companies to compete in the information economy of mental performance.

11 Million Barrels Of Oil Lost Through Mental Health Problems

At Syncrude Canada, CEO Eric Newell measures productivity in the form of the production of barrels of oil per employee. He estimates that the impact of mental illness translates in his company into the loss of 11 million barrels of oil production a year or \$200 million of annual revenue.

At the Royal Bank Financial Group, more than a third of all short-term disability stems from mental health issues and that rate is the “new norm” for large employers. It is not the exception.

The Roundtable foresees the percentage of disability insurance and group health claims related to mental health climbing to more than 50 per cent of the total number of claims administered through business-employee plans over the next three to five years.

“A Very Serious Economic Crisis” – Former Finance Minister

In all of this, we see the effects of another kind of “brain drain” – one that has received zero public attention – one that drains the labor force and its leadership class of efficient and productive mindsets through a pandemic centred on the biochemical composition of the human brain and invading every aspect of the human being including one’s sense of identity.

So let the word go out –

- *Honourable Michael Wilson, our former Minister of Finance and the Honorary Chair of the Business Roundtable – “this is a public health crisis, no doubt about that – but it is also a very serious economic crisis.”*
- *Tim Price, Roundtable Chairman, and Chairman as well of Brascan’s Trilon Financial Corporation – “depression is a business problem we better get our arms around.”*
- *Bob Lord, Chairman of the Canadian Institute of Chartered Accountants, and a founding member of the Roundtable – “mental health disorders represent the greatest business and public health challenge of the 21st century. We must understand that. And in a hurry.”*

- *Hershell Ezrin, Chairman and CEO of GPC International and first Roundtable business affiliate – “we believe business must advance the cause of mental health for business reasons ... it is good for our customers, our suppliers and our employees whose wellbeing we are fundamentally interested in.”*

Saving Health Care Dollars

And let those voices be heard by those concerned about the cost of healthcare in this country. For it is well known that persons suffering mental health disorders use the health care system three to five times more frequently than others. By reducing this multiplier effect – through improved detection, diagnosis and treatment – we are destined to save the healthcare system itself tons of annual expenditures.

U.S. estimates suggest that if behavioral disorders were reduced by even 10 to 15 per cent, the healthcare system in that country would enjoy windfall savings in the ballpark of 30 to 40 per cent of the total. More than 70 per cent of healthcare costs in America are attributable to human behavior not acts of God.

Mental Health Issues Drive Heavy Use Of Primary Care System

Let's also note that:

- Stress and mental health-related complaints represent nearly half of all visits to family physicians in Ontario. The heavy utilization of emergency wards is undoubtedly influenced by these same factors.
- The head of the Addiction Medicine Unit at Homewood Health Centre in Guelph, Ontario, estimates that one-third of all the hospital beds in Ontario are occupied by drug addicts and alcoholics not being treated for their disorder.

Despite all the evidence, the subject of mental health – in strategic terms – is on the primary agenda of no government in Canada. Which is a pity. We must change that.

A Business Plan Of Action For Mental Health

The new front in an old war centres on our places of work, our reasons for work, our need for work. Employment is no longer just the job we go to, it is the community we belong to.

Employers and employees have a strong incentive to better understand these matters and the workplace is an appropriate venue through which to improve detection and treatment rates.

12 Steps To A Business Plan For Depression

I mentioned earlier that the Roundtable offers business “12-steps to a business plan to defeat depression.” The objectives are to provide business with tools to help:

- Sustain business performance in the face of known and projected rates of mental disability.
- Produce the value-added “thought content” of products and services essential to competing in an era of mass customization.

These 12 steps call for:

1. CEO leadership as critical step one;
2. Financial targets for reducing the effects of depression on productive output;
3. Efforts to improve the detection rate of depression from 6.5% to 35-50%;
4. Reforming Employee Assistance Plans to target depression at work;
5. Producing an inventory of emotional work hazards at work and correcting them;
6. Rooting out office politics;
7. Eliminating the “treadmill” effect of the workload spread among people at various levels of the organization and giving employees a sense of control over their work. This includes their liberation from the treachery of e-mail;
8. Maximum clarity for employees when priorities change;
9. Eliminating the isolation some employees experience because of poor communications;
10. Establishing policies to foster work-life balance among employees;
11. Providing encouragement and emotional rewards for employees day-to-day.
12. Targeting the ravages of “burn-out” at every level of the company – described by one of the world’s largest insurance companies as “America’s newest epidemic.”

Chronic Illness – The Health Challenge Of The 21st Century

Disability in Canada is mostly a business affair when it comes to paying the costs. Mental health issues are the pre-eminent source of disability and two-thirds of the dollar impact and lion's share of the prescription drug costs come from the coffers of employers.

Chronic illness generally – including mental illness – is, in my judgment, the emerging juggernaut health issue of the next 20 years. Our healthcare system remains built around the acute care needs of the population while the centre of the healthcare universe will shift to questions of chronicity.

Two converging forces will shape the ultimate incentive for business to defend the health of the labor force and its own commercial interests:

- ***Force one***, chronic illness, including mental health disorders, as a source of massive worker disability in the economy of mental performance;
- ***Force two***, the rising tide of depression as the principal source of costly disability.

Mental Health: The Ultimate Productivity Weapon

The business case for mental health is really being made by the times in which we live.

The economy of mental performance is, plainly and simply, the new context in which business people must consider their stake in the mental health of their work force, their executives and their managers.

It is the dawning of this new economy that has set the stage for the advancement of mental health as a business issue. Minds will, in this economy, do the heavy lifting, not our backs, arms and legs. Innovation will determine corporate success in the global information economy and innovation is a mental function.

We have entered an era where the “thought content” of products and services has greater dollar value than the plastics or steel which may enclose them.

Consider the impact of “thought content” along these lines.

- Today, it takes about 45 minutes to produce a ton of steel. It used to take hours. The difference is innovation invested in the process. The difference is in the application of information through computer technology – and these machines, unlike robots which prowl the plant floor, or computer-aided design and manufacture equipment that emerged in the 1980s, depend hour-to-hour on human input and direction.

- These machines don't replace people, they depend on us. On our skills and judgment and creativity. This defines innovation in the information economy. Computers today are not built exclusively to do calculations beyond the capacity of people, they are designed to produce probabilities. The human mind takes over from there.
- A car coming off the assembly line today has more microchips than sparkplugs. More thought content than steel in terms measured by commercial value.
- Corporations worldwide spend more money per annum on the instruments of human communication, telecommunications, than they do on oil, the blood of machines.

Skillsets And Mindsets

The war for talent in the early 21st century will be a war for skillsets and mindsets adapted for, and to the knowledge-based economy. It will accentuate training and development, it will emphasize human relations over labor relations.

The private sector and the public sector will compete for new talent from the same pools of labor emerging from universities, colleges and life generally.

They will look for the invaluable source of "thought content" in the labor markets of the near and mid-term future and in doing so will put a premium on:

- Mindsets, mental resiliency, and the capacity to innovate and cooperate;
- Creativity and flexibility and the ability of job candidates to live with, and adjust to change and even ambiguity as a normal feature of life at work during the extended transition the world is now navigating from an industrial-based economy to an information-based economy.

Mental Health: Essential To Human and Business Productivity

Let us consider for a moment, therefore, what mental health is – it is the state of wellbeing that is:

- Essential to the realization of fulfilling relationships with others.
- Pivotal to our ability to adapt to change and cope with adversity.
- The springboard of thinking, communications skills, learning, personal growth, resilience and self-esteem.
- The foundation for the sustainable performance of individuals and the organizations they work for.

In the economy of mental performance, mental health is the ultimate productivity weapon.

And the advent of the economy of mental performance is the key to unlock a closet where mental health has been hidden for these many generations as a matter of public awareness, public policy and public acceptance.

It seems logical to assume that if we can make the business case for mental health to business people nose to nose, a tough test, surely we can make the case of acceptance to the rest of the population heart-to-heart. In either case, the management of mental disability is the core question. A word on that.

The Mental Disability Agenda

As noted earlier, mental health issues are driving the rise and rate of disability insurance claims in this country – the fastest growing category.

Some of our largest corporations – great employers such as the Royal Bank Financial Group – have disability rates attributable to mental health disorders running as high as a third of the total and heading to 50 per cent. The next highest is 10 per cent – in the form of low back pain and soft tissue injury.

Employers in sectors where public and employee safety is a special concern – utilities, airlines, hospitals and healthcare systems, trucking and transit companies – must be acutely sensitive to the safety risks that unhealthy stress on-the-job can produce via employee distraction, concentration problems and quality control oversights.

It is comforting to know, for example, that the Toronto Transit Commission was recently named a top employer – reflecting, inevitably, appropriate attention to these matters.

It is less comforting to encounter a report in Macleans Magazine which documents the “countless Canadian doctors” who are feeling so burned out that they are ready to abandon their medical practices and the healthcare system generally. This alert demands serious attention by government in the name of public safety.

Management Practices: A Health Issue

In the public and private sector alike, the roots of soaring disability rates can be found – partially anyway – in basic management practices and the kinds of employee behaviors that these practices tolerate and reward.

In short, the powerful sources of stress-related health problems, the onset of mental disorders and the rates of disability they produce may be random, but they are not accidental.

Trust

For example, consider the matter of trust. Its absence – up and down and across the organization – is a hole in the heart of the company. And it is, over time, a threat to the mental wellbeing of people at every level including the leadership group.

Repetitive Work

Repetitive work needs to be done. It is important. And done well, something to be proud of. But when labor of this type is performed by employees on a treadmill, without a clear picture of what larger purposes it serves, without that employee knowing how he or she is contributing to the success of the organization itself, repetitive work poses a risk to employee mental health.

Under these circumstances, it fosters a sense of isolation and over an extended period, isolation can cause depression.

Employees doing repetitive work need to see connection between their unglamorous task and the “bigger picture” values of the organization. Their work must, in their eyes, have meaning however mundane.

Expectations and Rewards

Beware of disconnects between these vital organs of employee and organizational health. When expectations are too high, or unclear – when rewards are too low or coldly bestowed – one of the most telling sources of stress in the workplace begins to emerge. Nurses are among the most vulnerable. As are truck drivers.

If I had one voice of protest to offer – or one voice of support to make heard – I would raise it on behalf of nurses. Their work is profoundly-important. Their lot in the health care system, a trying one.

It was once assumed that a truck parked outside a diner meant a good meal was inside. It was also once believed – even proved – that truck drivers were the model of highway professionalism and safety for all to mimic.

Today, the first assumption may still hold – but a drive along the 401 tells us the second has been lost. Is the price of deadlines too imposing? Or has something been lost to the speed of life?

Remedies For The Top Ten Sources Of Stress

The Roundtable last year published the “top ten sources of stress” (attached to this paper) which appeared in newspapers and magazines, and on television and Web sites in Canada, the U.S. and Europe. We now offer a dozen remedies to counter them:

1. ***Time And Space***

Help employees off the treadmill at work. Many people are getting ill not from too much to do but from their sense they have too much to do all at once all the time.

2. ***Know What Is Expected***

Give employees a clear picture of what their employer expects of them; what, fundamentally, their job is; what priorities they are being asked to observe one day to the next.

3. ***Acknowledging The Contribution of Others***

Money is not the only reward people work for. Give them something just as valuable in the long-term – appreciation for doing good work, the boss saying thank you for the extra effort, helping them realize that what they do contributes to the company’s success.

4. ***Sharing Success At Work***

Help employees to see that success is something to share not own. This requires leadership by example in the management ranks. Share the credit just as we share the load.

5. ***E-mail Ceasefires***

E-mail overload is a huge source of frustration and anxiety in the workplace. Casualties are mounting daily. Liberate employees from the enslavement of e-mail.

6. ***Call-Forwarding – Only When Someone’s Really There***

This is a culture of common sense. Call-forwarding today promises a human alternative to a voice message but often delivers – another voice message. This is a real tooth-grinder for hurried callers trying to break through cyberspace and make human contact. Let us resolve in 2001 to call-forward – only when someone else is there.

7. ***Leadership and Good Health***

This is a gift from the top. A gift of clarity in setting a future direction for the company. Productive employees need this sense of direction. Without it, bad management practices produce confusion, frustration and reduced output. This generates dangerous stress on a large scale. Weak leadership is bad for your health.

8. *Job Fulfillment*

This spurs productivity. It is the gift of opportunity and personal growth through on-the-job training. It means matching the right employee with the right job. Just as the pay cheque buys bread for the table, self-fulfillment at work buys bread for the soul.

9. *Listening To Others At Work*

This is an art form, hearing not only what other say but understanding how they feel and what they need to do their job. Body language means a lot in communication between people. We can't read body language by e-mail.

10. *Redistributing Workloads Wisely*

One person doing the job of two or three, working a lot of overtime, feeling trapped. Heavy workloads are one of the top ten sources of stress today – employees are worried their workload is preventing them from doing what they perceive to be a good job. They are worried about quality, and about making mistakes. Supervisors and managers must hear those concerns, and interpret them wisely.

11. *The Principle Of Inclusion At Work*

Isolation at work – not getting information, not being invited to meetings, feeling shelved, your work going unnoticed, your suggestions going unanswered, the boss playing favorites – is number two on the top ten list of workplace stress. Isolation breeds unhealthy insecurity, a loss of self-esteem, and even depression. Replace isolation with inclusion, information and a sense of belonging to the team.

12. *The Gift Of Trust*

A lack of control over one's own work is number one on the list of the top ten sources of stress. *It poses a risk to the cardiac health of workers as great as smoking. The gift of trust gives employees the freedom to make decisions about the tasks before them, fusing a pledge between employer and employee to trust each other in order to do good work and receive the benefits of it.

* Reference: Institute of Work and Health

Conclusion: Healing The Ache

The mental disability agenda might be seen as a matrix of four specific categories:

One, the achievement of recovery and return-to-health (RTH) and return-to-work (RTW).

I caution us, however.

The established principles of RTH/RTW governing physical rehabilitation and early return-to-work from soft tissue injuries and the like are not applicable (for example) to the process of recovery from depression. New protocols must be designed and tested.

Two, medical and neuroscience.

Mental health represents 14 per cent of the disability in this country and receives less than three per cent of all research dollars. This imbalance must be corrected.

Three, management and behavioral sciences.

The country's distinguished psychological community has an important role to play in working with business to fashion research and organizational health strategies dealing with business practices and work climates.

In fact, I visualize a new column of medical, neuroscientific and behavioral research that co-mingles our knowledge of biology, behavior and organizational health.

Training and education are important deliverables associated with this segment of the mental disability agenda, promoting resiliency, adaptability, change acceptance, open communications, lateral thinking, business and management practices to foster the introduction of such themes to the workplace.

Four, stigma reduction and early referral.

In a nutshell, we must:

- Use the workplace as an appropriate venue for early detection and referral of mental health problems.
- Use education to eliminate the misperceptions of what mental health problems are and are not.
- Use information to publicize the links between mental health and physical health – establishing – in clear view of the public eye – the single continuum that mind and body represent.

Final word.

In all of this, the incentives to act are both practical and passionate.

In the former context, we reach out to business.

In the latter, we reach out to all of us.

In doing so, let us hear the verse written by Emily Dickenson. *“If I heal one ache, my life is justified.”*

Let us heal the ache and the world, I say to you, will be a different place for all who otherwise suffer alone. Thank you.

***BUSINESS AND ECONOMIC ROUNDTABLE ON ADDICTION AND MENTAL HEALTH
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Top Ten Sources Of Workplace Stress©

10. The treadmill syndrome. Too much to do at once.
9. Random Interruptions.
8. Self-doubt. Employees don't know where they stand, what their job is.
7. Unclear company policies and direction. Lack of leadership at the top.
6. Career ambiguity tied with conflicts between work and home/life obligations.
5. Lack of appreciation, perceived or real, day-to-day.
4. Inconsistent, unreliable performance reviews.
3. Lack of two-way communication up-and-down and among peers.
2. Isolation.
1. Lack of control over day-to-day tasks.