



*Affiliated with the Centre for  
Addiction and Mental Health*

Resident at GPC International  
200 King Street West, Suite 1702  
Toronto, Ontario M5H 3T  
Direct Line: 416 598-5790  
[bill.wilkerson@gpcinternational.com](mailto:bill.wilkerson@gpcinternational.com)

**Text of Remarks**  
**by**  
**Bill Wilkerson**  
**Roundtable Co-Founder and CEO**  
**To**  
**The 2<sup>nd</sup> Annual Canadian/U.S. Employer Forum**  
**February 4, 2004, Royal York Hotel**  
**TORONTO, Canada**

Refer: Bill Wilkerson  
416 598-5790  
Email: [bill.wilkerson@gpcinternational.com](mailto:bill.wilkerson@gpcinternational.com)



*Affiliated with the Centre for  
Addiction and Mental Health*

Resident at GPC International  
200 King Street West, Suite 1702  
Toronto, Ontario M5H 3T  
Direct Line: 416 598-5790  
[bill.wilkerson@gpcinternational.com](mailto:bill.wilkerson@gpcinternational.com)

**Text of Remarks  
by  
Bill Wilkerson  
Roundtable Co-Founder and CEO  
To  
The 2<sup>nd</sup> Annual Canadian/U.S. Employer Forum  
February 4, 2004, Royal York Hotel  
TORONTO, Canada**

I am pleased to be here. By inviting me to address this Forum, you are putting mental health on the health and productivity agenda and I welcome that – and thank you for it.

We certainly value the work Sean Sullivan and his colleagues are doing in this area and the partnership he has struck with Connex to bring about this very useful forum of information and ideas.

I also wish to acknowledge Watson Wyatt Worldwide, a close friend of the Roundtable, which is represented here this afternoon.

The firm has launched its own very progressive health and productivity practice and is helping us build a strong business case for mental health. We are most grateful to Joe Ricciuti and his colleagues.

The same theme applies to WarrenShepell, the EAP professionals who support us with original data and research. My thanks to Rod Phillips and his colleagues.

My remarks this afternoon constitute a 1<sup>st</sup> draft of a report the Roundtable will release soon. We call it Corporate Leadership in Mental Health.

This strategy reflects –

1. A five-year analysis of more than 8,000 pages of scientific, business and organizational studies including a vast Internet search done last year.
2. On-going interviews, conferences and information exchanges with business, health and scientific professionals – and individual managers and employees -- exploring the links between work, mental health and business performance.

3. The engagement of more than 100 chief and senior executives across eight industry sectors over the past 12 months in two unprecedented initiatives and in this context, a very specific analysis of business practices and costs which blend with employee ill health as an economic and societal concern.

The two CEO initiatives have included – one, a trilogy of high-level strategy meetings hosted by the CEOs of our biggest banks in their boardrooms high above the financial district; and two, a CEO survey on mental health, the first of its kind.

As a result, the Roundtable's strategy of corporate leadership in mental health will focus on –

- Preventing mental disability –
- Promoting management practices most likely to promote and protect the mental health of the global workforce and –
- A research and ROI agenda to make a powerful case for long-term corporate investments in the human brainpower and health of businesses competing in an intense world economy which puts a real premium on innovation, service and the cerebral skills in the workforce.
- We call this the economy of mental performance.

This leadership strategy is driven not by idealism but by necessity. Mental health problems are – by far – the principal source of disability in the labour force – in the economy of mental performance.

The strategy is conceived as a hard-nosed not heart-felt enterprise – based on business principles and conforming with fundamental precepts of human decency.

Our leadership strategy begins where it must. At the top. Our participating CEOs agree on four broad themes:

- Employees are the core reason for the competitive success of business in an economy which, as I just said, puts a premium on innovation and mental performance.
- The case for investing in the mental health of the workforce isn't a leap of faith; it can be supported by ample data.
- Helping employees balance their work and family lives and cope with problem stress serves the best interests of shareholders and customers alike.
- Problem stress in the workplace is the most important issue that competitive organizations are wrestling with today.

Our participating CEOs will endorse a blueprint called the Charter for Addiction and Mental Health in the Global Workforce.

The Charter says mental ill health in the labor force is a clear and present danger confronting the global economy and those corporations competing there.

Drawing on findings by the Harvard School of Public Health, the Charter says depression and ischemic heart disease are on track to become the leading causes of work years lost in the global economy by 2020 through human disability and premature death.

The Charter says upwards of 20-25 per cent of the Canadian and U.S. labor force suffers depression and anxiety disorders in any given year. Those numbers double over the course of a lifetime.

The Charter says men and women in their prime working years – the backbone of our consuming and producing economy – are the most vulnerable to these conditions. A strategic issue for business.

The Charter refers to the global information economy as the economy of mental performance because 85 per cent of the jobs in North America, according to a McKinsey study, now require cerebral not manual skills.

The Charter pegs the years 2004-6 The Business Years for Mental Health to tackle four overarching and achievable goals –

1. Preventing the disabling and deadly effects of depression, anxiety and substance abuse through early detection and effective treatment.
2. Promoting the dual diagnosis and treatment of mental and chronic physical disorders including depression and heart disease. Problem job stress is a trigger for both.
3. Reducing or eliminating the top ten sources of problem job stress.
4. Eradicating stigma through education and work place training.

### The Will to Act

For this blueprint to happen, we need more than words on paper, electrons in cyberspace or a lot of money. We need the will of business leaders to act. I believe we've found it. I certainly hope so.

Later this month, the Roundtable will introduce three specific instruments of corporate leadership for this purpose.

This first initiative is a guideline for the Boards of Directors of public companies to put mental health and safety on the governance agenda of corporate Canada.

The second is a guideline for CEOs to move their senior management teams from awareness to action on mental health in the workforce.

Without CEO leadership company-by-company across our economy, this blueprint will not happen.

The third is a guideline for institutional investors to encourage them to become informed of the health status of employees in those companies in which they propose to invest. This, as a matter of routine due diligence concerning the quality of management and standards of asset (risk) management employed by those firms.

Our aim is to have these initiatives championed CEO-CEO across this country. But why now? Why not five years ago? Or five years into the future?

One reason is this: in an economy of mental performance, the cognitive capacity of a company – which translates into the mental cerebral capacity of the people working there – is now well-established as a factor relevant to financial performance and shareholder value. This defines a legitimate source of self-interest for business.

As a governance and investment matter, employee mental health has several powerful spokesmen including, most prominently, our Senior Chairman, Honourable Michael Wilson, Canada's Minister of Finance for a significant number of years in the Government of Prime Minister Brian Mulroney.

Here are two others: Dr. John Evans – Chairman of the Board Torstar Ltd. and Paul Haggis, President and Chief Executive of the Ontario Municipal Employees Retirement Savings Fund (OMERS) – one of the world's largest pension funds.

Dr. Evans, who is sponsoring our board of director's guideline for mental health and safety, says this: *"The case for the importance and severity of mental disability is incontrovertible and any board that doesn't have environment, safety and health on its agenda – with a special emphasis on mental health – is not discharging its governance responsibility."*

Mr. Haggis says this: *"The issues that we're addressing (in this mental health strategy) are simply questions of good management and that's key criteria for assessing the financial performance or future performance of any institution."*

*"It's a fundamental type of assessment that any investor would make when you eyeball management and the processes and attitudes that management has in running the companies."*

Questions investors should ask: *"is the organization centred on HR principles that lead to productivity, engagement, empowerment, that makes the company an enjoyable place to work or that would attract people to that organization?"*

Mr. Haggis adds, *"investing in a company means investing in people. So in a word, absolutely, yes, investors must pay attention to the status of health of employees."*

Thus positioned as a matter of good governance and investor due diligence, the business case for mental health takes on important new muscle.

Over the next three years, companies participating in this strategy for corporate leadership in mental health will do a variety of things, among them:

- Create information centres in their workplaces to give executives, managers and employees in Canada the opportunity to become familiar with the facts concerning the avoidance, early detection and successful management of depression, anxiety and substance abuse.
- Train executives, managers and co-workers in what we might call “mental health first aid” – the know-how to observe, understand and appropriately respond-to the signs of mental distress among others at work.
- Ensure group HR health, disability, EAP and wellness programs have the capacity to help break the vicious cycle between stress, burn-out, depression and anxiety – and to take into account the very particular characteristics of recovery from depression.
- Take steps to remove the awful burden of secrecy and apprehension among millions of working people who struggle with mental illness and don’t know where to turn or who to trust for fear of keeping their job. This means fostering an internal culture where employees are permitted, encouraged and helped to talk about this subject openly.
- Establish policies which target the elimination problem job stress in the workplace part of a firm’s performance management policy.
- Take steps to eliminate the following sources of problem stress and four specific management practices proving to be injurious to the health of employees.

### **The Top Ten Sources of Problem Stress at Work**

10. The treadmill syndrome. Too much to do at once, requiring the 24-hour workday.
9. Random interruptions.
8. Doubt. Employees aren’t sure what is happening, where things are headed.
7. Mistrust. Vicious office politics disrupt positive behavior.
6. Unclear company direction and policies.
5. Career and job ambiguity. Things happen without the employee knowing why.
4. Inconsistent performance management processes. Employees get raises but no reviews or get positive evaluation, but are laid off afterward.

3. Being unappreciated.
2. Lack of two-way communication up and down.
1. Too much or too little to do. The feeling of not contributing and having a lack of control.

### **The Management Practices Most Likely to Precipitate or Aggravate Mental Ill Health in the Workforce**

1. The imposition of unreasonable demands on subordinates.
2. Withholding information that is materially important to them to carry out their jobs.
3. Refusing to give employees reasonable discretion over the day-to-day means and methods of their own work.
4. Failing to credit or acknowledge the contributions and achievements of employees.

#### CEOs and Stigma

CEOs tell us business leaders must assume responsibility to reduce the stigma of mental illness in the workplace so employees will not be afraid to get the help they need.

The sad truth is that prevailing attitudes often prevent people from seeking treatment for fear of losing their job or seriously damaging their career. Their hidden suffering all too often gives rise to addiction, heart disease, even to suicide.

Information is an important tool in combating stigma and misunderstanding and in cyberspace we wield the most powerful instrument of communication the world has ever seen.

Which is why 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.

That said, perceptions can change.

CIBC recently piloted a sensitivity and awareness-learning program and very shortly, the entire executive team will take part in this training.

#### Dollar Costs

The costs of mental illness in the Canadian labour force – unchecked and only recently documented – exceed \$33 billion a year in lost production alone.

One “old economy” Canadian manufacturer puts the annual cost of lost production resulting from employee mental ill health at \$50 million a year; an oil producer estimates it at \$275 million a year. In the U.S., that number is proportionately lower but not by much.

The greatest concentration of mental illness occurs among men and women in their prime working years with ten or more years of service with their current employer – the heart of our labour force, the most loyal and productive of our people, and backbone of our economy.

On average, in the United States, those who are prescribed anti-depressant medication through their drug plans have an average of 14 years service with the company they’re currently employed by.

Workplace stress is a factor in the onset of mental illness. Such risk factors can be mitigated through sound management practices in the best interest of employers and employees alike.

Conversely, we now know that bad management practices can and do make people sick. This is an incentive for business to act.

We now know that human despair and worker rumination are predictors of depression which costs business more each year than strikes or product recalls.

Breadwinners are hurried, worried and rattled by the churn of pervasive change in their work lives. These are financial incentives for business to turn the treadmill off.

“Mental and nervous conditions” (an insurance phrase) are now the primary and secondary cause of 55 to 60 per cent of disability insurance claims among the clients of one of Canada’s largest insurers.

In the United States, depression alone accounts for more than 440 million lost work days and the average episode lasts 40 days. Longer than cardiac disease.

### Working Wounded

The loss of complete workdays is one measure of the impact of depression and anxiety on the productivity of the labor force. But only one.

Partial lost work days, unplanned downtime plus “extra effort days” tell a fuller story – the story of the working wounded – and represents three times the cost.

This may reflect i) the low rates of diagnosis and treatment of these conditions and ii) the migration of mental ill health from the childhood and adolescence of Canadians into their adult working years – mostly undiagnosed, untreated and unabated.

A recent study of three major Canadian financial/insurance sector companies with a combined workforce of 63,000 finds that over 12 months, these companies lost 164,677 employee workdays as a result of mental disorders.



Meanwhile, the face of mental illness is getting younger – the average age of onset for anxiety disorders in Canada is age 12; substance abuse – age 18; and depression – age 23

Here's a disturbing reality: the biggest group of Canadians having suicidal thoughts are kids and young adults aged 15 to 24 just as they are starting to enter their early and generative adult years. This age group is the most likely to need help but the least likely to get it.

Another pressing concern: among people in their early to late 20s who go onto long-term disability, 60 to 70 per cent never come back to work. This is compelling evidence of the need to close the gap between short- and long-term disability planning and management, the need to arrest job stress before it migrates into burnout and depression.

### Depression and Heart Disease

Through studies by the CAMH and Harvard, we are beginning to know which physical disorders are most likely connected to mental illness. This knowledge will help us in managing these problems.

For example, a person who develops clinical depression following one heart attack is four to five times more likely to die a sudden death from a second heart attack inside six months of the first.

Employees and their family physician deserve to have this information. By and large they don't.

Hypertension – as a pure physical disorder – averages less than half of one per cent of days lost in a 30-day cycle. When major depression occurs with it, the time off work increases to three days in the same 30-day cycle.

These two conditions combust, producing triple the effect; in disability terms, a sum greater than its parts.

Studies by the Centre for Addiction and Mental Health demonstrate that mental ill health is so stigmatized and so ill-treated that people work through it – to a point where the condition becomes – unnecessarily – a lifelong chronic health problem.

As a matter of fact, if a chronic, physical disorder such as asthma or ischemic heart disease accompanies depression and/or anxiety, the result is more than twice the disability than either of those conditions produces on its own. A sum greater than its parts.

A recent study of financial services organizations concluded that depression-related employee disability leave averages 95 days, compared to 40 days for other illnesses, such as back pain, heart disease, blood pressure, and diabetes.

## Healthcare Savings

Here's a stunning prospect.

If we can improve the treatment rates for depression and anxiety and just recover a substantial portion of the current redundancy in healthcare spending caused through misdiagnosis, improper dual diagnosis and no treatment at all, it is conceivable we could save 25-30 per cent of our current healthcare budgets.

Studies show people with depression using the healthcare system for all kinds of reasons 40-50 per cent more often than other people.

That said, a study of the Fortune 100 top manufacturers in the United States shows that the disability costs for people suffering mental ill health are five times higher but their return-to-work can be and is successful when handled right.

People with mental illness do recover, get back to their jobs, get well, and stay well. Their story can have a happy ending.

Disability costs – from all sources – today represents anywhere from four to 12 per cent of payroll costs in Canada. Mental ill health is driving these numbers.

Notably, while the frequency and volume of disability insurance claims in Canada has been coming down, the duration of claims has increased – the result of the growing impact of chronic disorders – principally depression and its physical cohorts – on worker capacity.

Dismantling the main sources of problem job stress is a major feature of mental disability prevention and management.

The upsides are significant – one being the company's enhanced ability to recruit and retain talent and improve operational results by reducing certain unfunded costs including time-loss and wage replacement expense.

## Mental Health and Productivity

Mental health issues also fit into the country's productivity debate. For instance, productivity in Canada – described in a Globe and Mail article as “the measure of an economy's efficiency . . . and an important underpinning to the country's standard of living” is lagging the U.S.

I don't for a moment suggest the state of public mental health answers the question inherent in this fact – Canada and the U.S. have about the same mental illness prevalence rates – but it seems to me the matter deserves some consideration.

Management studies say that Canada's productivity problems are tied more to micro-management issues per company than the broader effects of public fiscal or monetary policy.

At the same time, Statistics Canada reveals that over the past decade, labour productivity and hours worked have collapsed into a terrific imbalance. The former growing slightly. The latter growing mightily.

In 1999, for example, hours worked by employees in Canada grew by more than three per cent a year while labour productivity nudged up at 1.5 per cent. Canadians are working longer and harder, but not more productively.

This imbalance began to occur in the early 1990s. By 1997, hours worked grew by nearly three per cent, slightly more than productivity – but in 1998, the shoe of imbalance fell very heavily. The number of hours worked by Canadians increased six times the rate of growth in labour productivity.

This imbalance seems to reflect the outcome of a decade of downsizings and restructurings – a fact emboldened by U.S. findings showing that companies that downsized the most were productive the least.

Through the 1990s – the same decade where the equation between employees work and life, hours and output fell into a really lopsided imbalance – Canadian studies showed depression growing and getting younger as a fact of our national life. We should reflect on this.

CEO Mandates for Mental Health and Safety will aim to serve objectives that CEOs tell us are important to them, to wit:

- Enhancing the capacity of business organizations to recruit and retain the talent needed to successfully compete in the economy of mental performance.
- Improving the capacity of business organizations to sustain financial performance.
- And arresting production losses by:
  1. Substantially eliminating the excessive rates of unrecorded on-the-job downtime and disengagement caused by burn-out and the onset of depression, anxiety and substance abuse.
  2. Halting the progressive migration of downtime to absenteeism and disability due to the entrenchment of these allied conditions in the work environment and in the workforce itself.

With these mandates, CEOs will intercept the missiles of stress which target their people during the so-called 24/7 work week.

We will see the advent of specific protocols to guide the return-to-work of employees disabled by mental illness – specifically depression and anxiety – staged return-to-work policies – formalized within bargaining agreements where necessary – and without reference to diagnosis. This is a question of privacy.

## Kids and Adult Stress

A brief side-trip. Is adult problem job stress infecting the children of working parents? Scientific evidence is suggestive. For instance:

- An unborn child carried by a woman suffering depression conceivably triggered by problem stress during her pregnancy has a much higher risk of suffering depression before age 11.
- An infant not cuddled or held by its parent – too busy, not there – may grow up with a brain altered in shape than that of a child nurtured this way.
- A young child who is ignored, yelled at or surrounded by tension and noise – adult voices raised – can sustain a form of “brain injury.”

The ties between adult work and adult health are well-established. The ties between a parent’s job and the health of his or her child less so.

But provable or not, this certainly fits into the category of “nothing to lose and everything to gain” as another incentive to root out the sources of toxic workplace stress which can cause a take-home kind of adult distress which may affect the children exposed to it through their parents.

## Companies Experience

In the week and months ahead, the Roundtable will survey corporations looking for anecdotes and experience in managing mental disability and job stress. We will build a stockpile of smart and, one day, best practices and post them on our web-site.

In the course of the Business Years for Mental Health, we aim to:

- Help introduce an on-line early detection and referral module at nominal expense to employers and none to employees. This is called “Feeling Better Now” – a creation by Dr. Sam Ozersky and a team of top psychiatrists in Canada and U.S., including Dr. William Gnam of Toronto.
- Work with the insurance sector to examine the adjudication and disability management process in matters relating to mental health.
- Partner with the insurance sector to develop case studies drawn from disability insurance group health drug data. A first for Canada.
- Work with the public and private sector to customize mental disability prevention strategies and packages specifically geared to small business.
- Build a delivery system of workplace mental healthy services to be made available to employers in accord with specific criteria we will develop for and with employers.

Closing:

Last year, the Roundtable unveiled 12 workplace gifts of affirmation for times of stress and anxiety. In some ways, these gifts are helpful tools to promote mental well-being at work. Let me close with a short sampling of these workplace gifts. I recommend them to all who work in the company of others.

***The Gift of Clear Expectation*** -- Let us be clear what we expect of others at work and respectfully convey that information.

***The Gift of Job Fulfillment*** -- Let us remember that a pay cheque buys bread for the table. Job fulfillment buys bread for the soul.

***The Gift of Inclusion*** -- More than ever, at work, keep people close and engaged. Don't let email sap human contact from your place of work.

***The Gift of Listening*** -- Give this gift to someone everyday.

***The Gift of Trust*** -- Let your co-workers know you believe in them.

***The Gift of Being Home*** -- In these nervous times, people think about their kids and their families a lot. Respect this.

***The Gift of Fairness*** -- It treats the wounds of life and work.

**A final word.** We are making strides to naturalize mental health as a normal fact of life – and mental illness as an inevitable and natural challenge of life – commonly experienced. This is hopeful but let us ensure that hope in this regard remains “restless and forever on the wing.”

We must continue to press for a world where the acceptance and successful treatment of mental illness is routine not rare.

Where suicide is less common and where the eyes of a despairing child never close on tomorrow because she lost hope today.

In the face of the egregious rates of teenage suicide in Canada – the 3<sup>rd</sup> highest in the world – we can be consoled by the fact that “hope is the only tie which keeps the heart from breaking.”

Mental illness will happen but it need not happen at the cost of human dignity. So, why not a world in the words of the poet, “where human understanding has within itself a strength sufficient to arrive at the knowledge of truth.”

And, in that truth, why not a world where we come to know mental health and mental ill health as authentic features of the human experience.

In this light, hope really does spring eternal.

Why not a world like that. Thank you.