

## Bill Wilkerson talks about the workplace

GLOBE AND MAIL UPDATE  
JUNE 24, 2008 AT 12:57 PM EDT

Depression carries a cruel stigma in the workplace, says Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health in this Monday's Globe and Mail.

"There's this attitude out there that if you come back from cancer, you're a hero, but if you come back from depression, you're damaged goods."

Read Andre Picard's full story on mental illness and the workplace Monday and join Mr. Wilkerson Tuesday at noon ET for a live online discussion.

Bill Wilkerson is co-founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health, a federal non-profit corporation that is working toward to reduce disabilities due to mental disorders in the labour force.



Bill Wilkerson is co-founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health, a federal non-profit corporation. *(Handout photo)*

He has been credited with putting mental health on the "business pages of the nation" and the business agenda of corporate Canada. He speaks the language of business because he has spent the bulk of his working life in business.

Mr. Wilkerson was the "transformational president" of the country's largest health benefits company, Liberty Health, now Maritime Health and held senior executive positions at the Royal Bank of Canada and CBC television and CBC Radio.

He has been a business adviser in sports and entertainment including the National Hockey League, Toronto Blue Jays, Canadian Football League, TSN, CTV and SkyDome, now the Rogers Centre. Mr. Wilkerson's career also touched down in government, journalism and education. He was a ministerial aide in the first Trudeau Government federally, the last Bill Davis Government in Ontario and was Chief of Staff to the Mayor of Toronto.

He is also active in children's mental health issues as co-author of Guidelines for Working Parents to prevent adolescent suicide. He serves with Ontario's only Centre of Excellence for Children's Mental Health and the Canadian Alliance for Children's Health at the world-famous Hospital for Sick Children in Toronto.

**Andre Picard, globeandmail.com writes:** Thanks for joining us today Mr. Wilkerson. Before we get on with other questions I'd like to ask one. Health problems — either mental health or physical health — concern individuals. Why should employers care?

**Bill Wilkerson:** Employers must care about the mental health of their employees for three reasons: one, health and productivity go hand-in hand — for employers, this is a matter of legitimate self-interest and

huge costs to rein-in; two, employers – through the climates they create in the workplace – can cause some of the risk factors which affect the well-being of people – chronic job stress, for example, can lead to burn-out and depression. Employers are increasingly being held accountable by courts and tribunals for their role in producing hazardous work climates so they need to protect themselves against these kinds of liabilities; and three, a good employer is led by good people – by definition this is true – and most employers strive to be good employers. Which, in turn means, they can and must do the right thing by ensuring that human decency is part of their management credo. Without this, they will be hard-pressed to recruit and retain the best people and that goes to their competitive instincts as well.

I like to remind employers that when we hire someone we hire the whole person – vulnerabilities included. And if we didn't do that, we would have to recruit people from another universe because all of us vulnerable to one kind of illness or health problem.

**Molly Ware from Pasadena NL Canada writes:** What specific things can employers do to help a person with a mental illness enter the workforce or return to work after having had a relapse?

**Bill Wilkerson:** Molly, quite a number of things and you may want to check our business and economic plan at [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

Meanwhile, the first step is to ensure managers are trained to 'manage' employees who are joining signs of wear and tear, or distress but to do so, without judgment and with empathy. These are not new to good management. They are part of good management, anyway.

The second thing is that when a person is off work, stay in touch with them casually and, as time goes by, ask if they even would like to see some work materials.

Third, when a person is ready to return to work, their re-entry should be facilitated by modified work schedules and tasks which are worked out with the employee not unilaterally. Also, make sure that when the employee has been cleared medically to return, there is not a big delay on the employer's part in making that happen. Recovery and a timely, gradual return to work go hand in hand. Bill

**Tara Lene from Toronto Canada writes:** One of my frustrations with public conceptions of mental health problems is that they cost too much money to treat effectively. While it is true that issues of mental health cost society and businesses money, so too do problems of physical health. While employers and governments are willing to pay for problems of physical health, since it is clear that in many cases this investment will pay off by returning a healthier (and thus more productive) worker to the labour force, these same entities are generally unwilling to make the same types of investments in their workers with problems of mental health.

What is being done on a peer level (in terms of pressure and self-directed guidelines) and on a political level (in terms of policy) to convince employers that investing in workers with problems of mental health will reap the same rewards as the investments they already make in their workers with problems of physical health?

As a side point: From a medical perspective is it still even reasonable (or responsible) to make a distinction between problems of physical health and problems of mental health, given that observable biological processes are responsible for, or at least contribute largely, to problems of mental health?

**Bill Wilkerson:** Tara, the need for peer support in the workplace is, in my judgment, a major priority for employers. This means training managers and co-workers to be supportive of people coming back to work without probing why they were off in the first place. Being non-judgmental is absolutely key. The military and police organizations are advancing models of peer support training that I hope we can adapt for the civilian workplace. With respect to job accommodations and return to work procedures, it is important to work out how the employee will return to work in direct dialogue with the employee himself or herself.

The costs of doing this are peanuts. Almost no real dollar cost at all. The cost is usually expressed in time of the manager but that's a cost easily absorbed. Also, studies tell us that the employer's cost of prescription drugs, disability insurance and case management can be fully-recovered in the reduction of lost time in a space of six months after the person has successfully returned to work. So, cost is a non-issue. As for the distinction between mental and physical disorders, you are bang on. Depression, in fact, is a physical illness with physical properties right in the brain and can influence the quality and flow of blood as a result of the way in which hormones get distributed in a frantic and excessive way throughout the body. Severe stress has physical symptoms. Physicians will tell you that there are plenty of mental things

about physical illness and plenty of physical things about mental illness and to your point, there should be no dividing line. Depression and heart disease and breast cancer are all physical illnesses with psychological implications. Bill

**Stigmatized from Ontario writes:** Hi Bill, What suggestions would you have for a person with depression who, during an attempt to return to work following a sick leave, is confronted by stigma, discrimination, harassment and bullying. I feel as though I was 'set up to fail'. I feel destroyed, like shattered glass. What are the options?

1. OHRC?

2. Legal battle? I'm sure they can outlast and outspend me and I fear I may not be healthy enough to wage that battle.

3. Quit. They win. My reputation I believe has been destroyed. I doubt I would be hired in my profession again. At this point, I am not healthy enough to work anyway.

Something is wrong with a system that allows organizations to give 'lip service' to organizations that 'talk the talk' but don't 'walk the walk'. Zero tolerance is not enforced. I feel hopeless.

**Bill Wilkerson:** Stigmatized in Ontario: there is not much anyone can say to relieve you of the pain inflicted by the behaviors you describe. But, let me offer a couple of comments.

First, seriously consider leaving because the employer cannot just let you go, they will be required to organize a fair severance and if that's better for your health, then it is better for you.

Don't see it in "win or loss" terms. What's best for you? If that isn't a practical option, decide who in your organization – friend, HR person, health professional, boss or boss' friend – you can talk to and re-assess the experience you are going through.

Try not to express your experience in the gravest of grave terms but try to make a list of the impediments you have experienced. If you are a long-term employee, then you have rights which cannot be overrun. Yes, a human rights complaint is one measure but that's long-term. Yes, a legal action is also possible but you are right, they can outwait you.

The most practical course is to identify who you can review your experience with and decide what you can do in practical terms.

I wish I could offer more but everything depends on attitude of your employer. So, think about it, and find the right person and sit down with them. Bill

**Christine Diemert, globeandmail.com:** How, as a colleague, should you behave with people who are on a mental health leave? Do you send cards, flowers, call, send food -- as you would with a death in the family, or a physical illness?

**Bill Wilkerson:** Start with the assumption you don't know if they are on leave due to a mental health problem or some other family matter, injury or illness. Treat the person as a friend and a colleague and make contact.

Being isolated is enemy number one. Stay away from 'get well' cards of any kind. They presuppose you know what's happening. Stick to a "we miss ya" kind of message and "have you heard the latest ..." Even if someone confides in you, stay on this level and graduate to a point of talking about work when he or she feels up to it. Yes, ask if they need anything. Ask if she's getting everything she needs.

If your friend or co-worker is hospitalized, and in a psychiatric ward, the curse of stigma works two ways. Keeps people from visiting. Keeps patients from wanting people to visit.

Until the day comes when there is no second thought to doing what comes naturally – supporting a friend – call and ask how your friend is doing and say you'd like to drop by when he or she is feeling well enough to have visitors. Take your cue from that. But don't override any hesitancy on the individual's part about wanting you to come. Stay in touch by phone. If there's no phone, ask the hospital how to get and stay in touch. All depends on the relationship with the person. But these are guidelines that might be useful. Bill

**Union leader from Toronto:** While some progress has been made in the workplace in recognizing that mental illness is as legitimate as a physical ailment, issues surrounding the privacy of the employee have become more common. In my workplace, short and long term disability have been contracted out to an insurance company.

When an employee takes leave due to mental illness they must give the insurer permission to have access to all confidential psychiatric files, which is different from information that would confirm cancer, for example. How can we treat mental illness the same way as physical illness, yet still respect the patient's privacy rights?

**Bill Wilkerson:** This question goes to the fundamental challenge of putting mental illness on an even plain with other forms of illness.

It would surprise me – and I would challenge the insurer if I ran into it – that insurers would ask for medical information concerning mental illness differed in qualitative terms from that required for determining eligibility for STD or LTD due to anything else.

The Supreme Court of Canada has been very clear: mental illnesses can not be discriminated against in insurance policies and that would include the level of probing exercised to verify eligibility for disability insurance (salary continuance) payments. Neither can an employee be excluded from a group health plan at the time of hiring due to a chronic condition they may have. Which includes depression etc. Insurer questions can become adversarial when treating physicians resist the request for information or the recovery process is both prolonged and unexplained. The employer itself has a right to know 'prognosis' but not 'diagnosis.' That's a clear rule of thumb. The rights of privacy are equally applied to mental illness as any other illness and variance in that should be challenged – first, informally, and, as a last resort, officially.

Dispute mechanisms are unwelcome by most employees who are ill. It exacerbates their uncertainty. Bill

**Ken Sears from Lethbridge Canada writes:** Mr Wilkerson– From articles I've read I understand that you are a former business executive and CEO . The scope of the people you are trying to get to buy into your concepts concerning mental health and productivity are employers and corporations. As employees, why should we trust you ?

**Bill Wilkerson:** I am not asking employees to trust me, at least not blindly. My job is to get information into the hands and lives of people so they can better trust themselves. For example, when it comes to the mental health of children, we advise parents – as rule number one – to disabuse ourselves of the myths as to what mental illness is and is not in order to protect the well-being of our kids. If you are suggesting that my "corporate past" means I am flacking for corporations, that is far from the truth. I talk to executives bluntly and critically. I also talk to unions – employees representatives – the same way because unions are employers in their own right and they are as blind on this issue as employers as the organizations they bargain with. We are trying to reach all employers public and private sector alike. Bill

**Christine Diemert, globeandmail.com:** Mr. Wilkerson, thanks for joining us today. It's clear from the questions that employers could do better looking after mental health issues in the workplace. Before we finish, is there anything you'd like to add?

**Bill Wilkerson:** I appreciated doing this. One final point: I encourage all of us not to automatically see in mental illness a source of aggression – or potential threat. That isn't what these conditions are about. The risk of violence among the mentally ill is less than that among senior citizens, or young children. Mental illness is a natural thing. It is part of the human experience. It is complicated because it touches about every aspect of our life and because it emanates through our senses, and infiltrates our total person. But it can be treated and defeated and will be when we fear it less, understand it more and realize that among those living with mental illness is some part of all of us. Thanks again – Bill