

## THE HIGH COST OF WORKPLACE STRESS

# Toxic environment

Today's workplace practices have created a tidal wave of mental illness that's costing our economy billions of dollars in lost productivity

BY BILL WILKERSON

*The following is part of speech given at the Royal Ottawa Hospital Business Luncheon on May 6.*

**I**talk to businesspeople about mental health issues nose-to-nose, not heart-to-heart. The business case for mental health must be made on business and economic grounds.

Here's why: In lost business production alone, mental ill health in the labor force costs this country about \$33 billion a year. This does not include the costs of treatment and health care. That equates to about three per cent of our national economy and six per cent of our national debt. Meanwhile, a number of companies have begun to develop their own numbers.

One steel maker estimates that mental illness in its workforce costs the company more than \$60 million a year. One oil company pegs it at \$300 million a year in lost oil production — or 11 million barrels a year. One big bank, \$30 million to \$40 million a year.

Further, more than a third of all the disability insurance claims being recorded by our largest insurers relate to mental health problems. And get this — only 10 per cent of those claims involve suspected malingering. Ninety per cent are authentic.

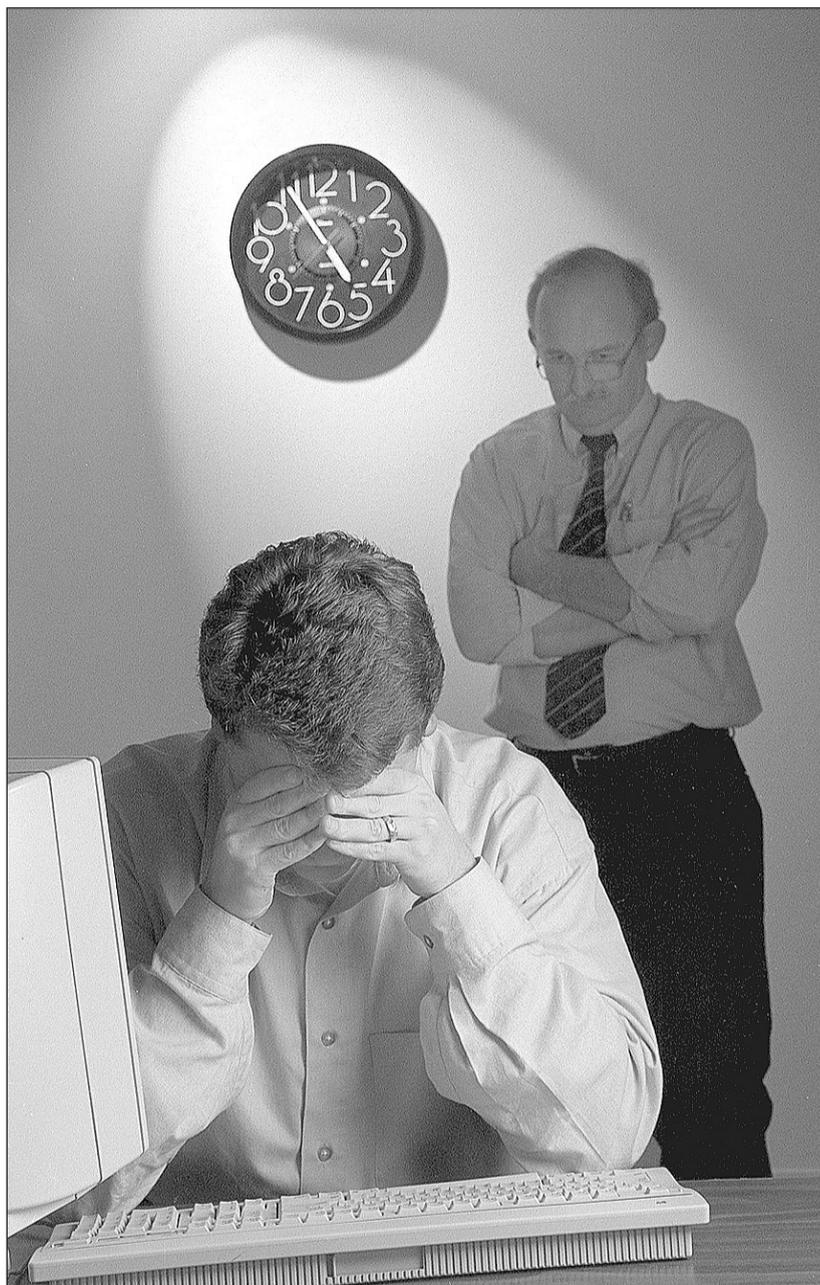
The financial markets, moving data around the world in seconds, demand more immediate returns; the workplace intensifies as larger public companies increasingly think short term. An era of mass layoffs ensues, moving human capital around. Job security is lost — a software civilization is born. People drown in e-mails and voice-mails and pervasive change. A generation of stressed-out executives, managers and workers is thus born.

Since 1993, workplace stress has enveloped Canada like air pollution. Emotional work hazards have become industry's principal health and safety concern. The Roundtable has identified four management practices which are most likely to aggravate or precipitate mental health problems at work:

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

We have also isolated the leading sources of problem stress at work:

- Rejecting "out of hand" employee workload and deadline concerns.



**MELTDOWN:** Today's 'cuts culture' means many Canadians spend their days in hurried workplaces, worried and rattled by the risks of sudden change.

- Creating a treadmill effect in the allocation of work priorities.
- Pushing unnecessarily tight deadlines as a force-feeding performance management technique.
- Promoting an "e-mail only" culture of one-on-one communication.
- Jumping to conclusions that individual performance problems are attitudinal, not health-based.
- Managers changing priorities without notice or reason.
- And tolerating a culture of ambiguity or confusion which distorts the employment contract.

Federal civil servants call me off the record and only from home. They feel gassed by the office politics and leaderless disposition of the departments of government in which they work. They talk openly about abusive bosses and chaotic management. They speak in desperation. And they suffer alone.

As an industrialized society, we have become hardened to emotional distress for growing numbers of people — even in good times — as a

"natural" implication of doing business in a highly competitive global economy.

We have become all too accustomed to workplace stress that is too pervasive, too widespread and often very toxic. We have become accustomed to mass layoffs and perpetual downsizing as the first, not last, alternative for companies dealing with cost or competitive problems.

Ironically, companies that use downsizing to achieve their bottom-line goals in fact do less well than their competitors that use top-line growth to realize shareholder value. Yet we live in a "cuts culture" and as a result, millions of Canadians live their daily lives hurried, worried and rattled by the risks of sudden change. The result is an environment hostile to the everyday health of the workforce.

Myth and misinformation is the No. 1 barrier to treatment and recovery from mental illness. For generations, our compassion and common sense have been frozen stiff by the cold stare of stigma. This is

hugely important because the most supportive instruments of recovery that we have are a welcoming community, a supportive family, a job, a decent place to live and belong, an understanding word or a visit in the afternoon.

Yet the mythology holds that people living with serious mental illness cannot recover. This is untrue. Or that they are helpless. Spectacularly untrue. We now know that people living with mental illness can and do recover. And where this fact can really make a difference is in the workplace. But we need to know more.

We need research on the impact of stress in the work place on mental illness and addiction. This needs to be linked to a study of how changes in management and other workplace practices can reduce stress.

Finally, we need to understand better the cost-benefit balance of these changes so we can demonstrate to management and shareholders that there is a clear bottom-line payoff from these efforts.

We must equip corporations with the knowledge to measure the return on their investment in the health and well-being of their employees. We must see the link between recovery and returning to work and integrate these concepts at the heart of our future approach to disability management.

For research in this area to summon corporate funding, on a broad base, it must demonstrate how absenteeism and productivity loss can be reduced on a continuing basis.

Business must understand the factors that affect the migration of employee stress and burnout to depression — and what we can do about it. What are the influences of gender, age, occupation or geography on the prevention and management of mental disability?

Why do younger men and women employees who go on mental disability never return in such high numbers? What is behind the phenomenon of men and women with longer company service — in, say, their 10th or 12th years of employment with the same company — apparently being more vulnerable to depression than employees with fewer years of service? What can we do to alter this course of events?

How can managers facilitate the earlier detection of mental disorders among the people reporting to them? What form of integrated mental health service system — public and private — is best suited for an economy where cognition, mental performance and innovation keep business competitive?

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

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