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Text of Remarks
By
Honorable Michael Wilson
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I am pleased to be here and I wish to congratulate the CIHR, the Institute of Neurosciences, Mental Health and Addiction and the Institute of Population and Public Health for your leadership in bringing this workshop together.

I have been asked to give you a business perspective on the value and direction of scientific research in the area of mental health and work.

I have also been asked to give you an overview of how business and science might work together in this area.

Business, the economy and mental health: we are bearing witness to an issue whose time has come.

And no wonder.

The disabling impact of mental ill health on many men and women in the prime of their working life is enormous.

The egregiously low rates of detection and treatment of medical conditions afflicting a quarter of our population in any given year. This concerns me.

You are very aware of the business and economic dollar costs. And the incidence of mental illness so I won't repeat these well founded statistics.

You know of the expectation that,

- By 2020, depression and heart disease are projected to be the leading causes of work days lost in the global economy.
- You know of the facts regarding the early onset of mental illness with the result that large numbers of people are entering the workforce who already bear the burden of undetected and untreated mental health problems – a burden they need not shoulder alone. But often do.

I served as Minister of Finance. If I knew then what I know now about the impact of mental health on the economy, I would have put the subject on Canada's economic agenda. It is time we put it on the business agenda.

We live today in an economy of mental performance where mental health has tangible, functional value to business. We live in an economy where we are asking people – as a staple of everyday work – to be creative, to think, to be innovative, to have good relationships at work.

Gordon Nixon, the head of the Royal Bank, says these attributes are vital to the ability of companies to compete and to be innovative. This is a powerful message.

MAIN SOURCE OF DISABILITY

The Business Case for Mental Health and Addictions begins with the 1995 Harvard School of Public Health study which revealed that disability not life expectancy is the premiere public health concern of the 21st century. And, by definition, worker disability is a business issue.

Mental ill health is the principal source of disability today – this, in an economy where 85 per cent of all the new jobs coming on stream in the U.S. call for cerebral not manual skills – where the minds of our employees, not their backs do the real heavy lifting for business today.

In a recent presidential commission, short term disability caused by mental illness amounted to 24% of the total; addiction, a related illness, added a further 13%.

Think of it this way. Despair – which often characterizes serious depression – costs our economy more than strikes and work stoppages. Surely this establishes the stake that business has in the matter.

The principal weapon with which to change this is early detection and access to timely treatment. This, to pre-empt disablement.

Myth and misinformation is the number one barrier to treatment and recovery. 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, supportive family, a job, a decent place to live and belong, an understanding word or a visit in the afternoon.

Yet, the mythology of mental illness holds –

- That people living with serious mental illness cannot recover. This is untrue.
- That they are unable to work. Also untrue. And yet 85 per cent of those living with serious mental illness are unemployed. This is a national disgrace.
- 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.

The discussion paper for today says it bluntly: “the needs of the working population must be addressed.” This is music to my ears.

And business must do more than cheer you on. Which is why the Roundtable is recruiting senior business people to support a concept we call “Corporate Leadership in Mental Health – from Awareness to Action.”

This is the theme of the Roundtable’s Business Year for Mental Health in 2004-05.

Last year, the Roundtable sought and got business support for the centerpiece of this strategy – the Charter for Mental Health in the Global Economy which sets out four concrete achievable goals to serve as the moorings for a master plan for mental disability management we will bring forward by the end of next year.

The Charter’s goals are these:

1. To prevent the disabling and deadly effects of depression, anxiety and addictions through early detection and effective treatment.
2. To eliminate those toxic management practices and sources of the problem stress which precipitate or aggravate mental health conditions in the workforce.
3. To promote the dual diagnosis and treatment of mental and chronic physical disorders including depression and heart disease. As a risk factor, problem stress is common to both.

4. And once and for all, to eradicate stigma – through education and workplace cultures which permit open and informed communication on this subject among executives, managers, supervisors and employees – and their families.

Mental illness is a heartbreaking voice of our times.

We live in a society where the fundamental “givens” of life – homes, funded retirement, a job after university – have become unanchored for millions.

Depression is growing as the main source of global workdays lost.

Disability rates among companies, like bad weather, can be forecast by the way employees perceive the values the company is operating by. This is telling. And it says that the workplace is a factor in the onset of mental illness.

As I have said, despair (which can be serious depression) costs business more money each year than work stoppages. “No end in sight” deadlines and relentlessly changing operating priorities undermine employee hope and productivity.

So we must arm companies with strategies and tools to:

- Measurably reduce the main sources of workplace stress;
- Re-examine their approach to the management of disability and group health insurance programs so as to improve the efficacy of prescription drug utilization among employees, make early intervention happen, and customize return-to-work procedures to accommodate the very particular characteristics of recovery from mental illness.

We must:

- Encourage the training of executives and managers to identify and deal properly with the behavioral symptoms of mental ill health –

And we must:

- Develop oral communications and listening skills among managers and supervisors that are essential to helping a distressed colleague first to seek and then to find the help they need when they need it.

But these are tactical measures. Strategically, we need a broad set of objectives which unify business and science behind larger purposes over the next four to five years. The Charter may help serve that purpose.

Business is ready for this challenge. We have no choice. Mental illness in the workforce is draining industrial productivity out of the economy like a slow, unseen leak in a ship at sea.

The symptoms of the mental health crisis afflicting our labor force go beyond the desperation and depression many Canadians experience in their daily lives.

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 lay-off’s and perpetual downsizing as the first not last alternative for companies in dealing with cost or competitive problems. We live in a “cuts culture”. As a result, millions of Canadians live their daily lives hurried, worried and rattled by the risks of sudden change.

We are used to the effects of irrationality in our financial markets – something Federal Reserve Chairman Alan Greenspan has cited as a major economic challenge and as a result of these trends, we live in an intensified society and an intensified workplace.

But out of these challenges arises an opportunity. The work place is a most appropriate environment in which to educate individuals about mental illness –

- To promote good mental health practices –
- To provide tools for recognition and early identification of mental health problems –
- And to establish valuable links between work places and community mental health services – a resource, by the way, which business has never tapped-into. And we should.

PHYSICAL HEALTH AND SAFETY

Research is key to all this. How we keep people healthy and working. How we help our employees recover their health once lost – and return to work, once off. Perhaps this is ground zero for you – for our – research effort going forward.

Remember this: work is more than a job that people go to in this day and age. Half our waking hours are spent at or around our jobs. The workplace is a community that people belong to. Losing one’s job is losing one’s identity, losing one’s meaning, losing contact with one’s friends.

Recovery from mental illness and return-to-work, therefore, go hand-in-hand. Research can help us turn this to the advantage of employer and employee alike.

We have seen tremendous progress in preventing physical injuries and illnesses at work. The safety records of companies I am associated with are a source of great pride to them and rightly so.

Generally, across the economy, the rates and costs of disability leave among employees suffering physical conditions have greatly moderated. But the rates and costs of disability associated with mental conditions have exploded.

What a shame it would be for the great progress employers and unions have made over the past 30 years in physical health and safety at work to be un-done by massive losses of productive capacity due to untreated mental illness, mainly depression.

The same with respect to the advancements we've made in extending human life. What a shame it would be to see those advances undermined by our failure to protect our people against the massing of disability among men and women in the prime of their working lives – disability spawned principally by mental illness.

What a shame to see an irony present itself wherein more and more people live longer but enjoy it less.

John Hunkin – the head of CIBC says job stress is the single most important issue facing business today. Not number three. Not number two. But number one.

ACTIONABLE RESEARCH

Recognizing that, the question looms – where from here?

Let me close on that.

First, I strongly encourage the Institutes to establish over-arching objectives for coordinating and funding research in this area. If research of mental illness in the workplace becomes a universe of unconnected planets, the effect will be lost. Business will tune out.

In my judgment, business and science must see themselves as funding partners, strategic partners and forceful allies in a cause too long ignored by us both.

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 work place 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.

The Roundtable will strive to bring business to the table. I appreciate that the Institutes have a variety of constituent interests to serve, and you can't ignore these. But we in the Roundtable see it as our responsibility with your support and participation to engage business as a partner with whom you share clear purposes and clear direction.

For research in this area to really matter to business, it must be actionable.

For research in this area to resonate with business, it 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 return-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 which affect the migration of employee stress and burn-out 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 leave, 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 year 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?

INTEGRATED DELIVERY SYSTEM

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?

A study of the Fortune 100 manufacturers in the United States shows that the healthcare 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.

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

One practical benefit of doing so is the company's enhanced ability to recruit and retain talent and improve operational results by reducing time-loss and wage replacement expense. This came out loud and clear in the Roundtable's CEO Survey on Mental Health which we recently released.

As part of its Action Plan in 2004-05, the Roundtable itself will undertake to promote and perhaps partially fund research. The products of the research will be objective evidence that could help employers, employees, insurance companies and disability managers define better practices in this area and use their available resources more effectively.

We are embarking on three projects:

One, the Roundtable is joining the Harvard Health and Work performances project. This work will help business understand the return on investing in the early detection, referral and treatment of depression.

The second is an analysis of insurance drug-claims data, coupled with data on lost time at work, short-term disability and long-term disability.

This will help us understand more clearly what the effect of more appropriate and closer-to-optimal drug treatment might be on return-to-work and the ability to stop the progression from short-term disability to long-term disability.

The third is a survey of companies in Canada and the U.S. for anecdotal information about success in managing mental disability and the return-to-work of distressed employees. Lessons taught. Lessons learned. Shared among businesses.

I am pleased to report that the Centre for Addiction and Mental Health – through Dr. William Gnam – and the Institute for Work and Health – through Dr. Cam Mustard – have joined the Roundtable's Co-Founder and CEO Bill Wilkerson to lead this work.

We are calling this effort the Roundtable's "Research and Return on Investment Initiative" (double R-O-I).

The initiative has been made possible through the financial support and executive leadership of several Roundtable partners, among them CIBC, TD Bank, Scotiabank, RBC, BMO and Great-West Life.

GREAT-WEST LIFE

And, in fact, the work will be headquartered at the Roundtable's new offices provided pro bono by Great-West Life. We are grateful to them all.

We would be delighted to collaborate with the Institutes in any manner possible on this.

I am doubly pleased to note that Dr. Gnam and Dr. Mustard have already begun work to develop recovery benchmarks to guide the treatment and management of mental illness. Business will value this.

Which returns me to an earlier point. Our experience with physical disability.

Twenty years ago, researchers created an expected time of recovery in low-back pain. When people didn't recover during that time, this was a potent signal to disability managers and healthcare providers that something else was going on and further intervention was needed.

In fact, in mental health we don't have any of these benchmarks. We need them – and we need them as soon as possible.

Research is important in all these matters. But we must also do now what we know now.

To help employers and employees do that, we are publishing Guidelines for Corporate Boards of Directors, CEOs and HR executives relating to a number of topics and among the most urgent is the process of returning employees to work from mental disability – and, even better, avoid the disability process altogether.

These Guidelines will be available on June 25th. Our extensive consultations on the subject are underway.

I said earlier that business has no choice but to step up and meet the mental health crisis in our labor force. One reason is this.

In the United States, the United Kingdom, Quebec and via a body of law emerging in every province right across this country, the courts and governments are beginning to write new rules to fight problem stress at work and protect the legal rights of those living with mental illness.

Mental health and mental illness are quietly emerging as an explosive human rights issue. The U.S. is moving toward new and significant human rights protections with regard to the access to health care for the mentally ill.

While some worry about the dangers of two-tier health care in this country, I remind them that in mental health, we haven't yet reached the first tier. We are still in the basement. This underlies the political and legal movement I have just described.

As we consider the great task ahead, I am drawn to the powerful meditation of George Bernard Shaw to guide us.

He wrote that “some people see things as they are, and ask why. I see things as they might be, and ask why not.”

Let us – business and science in common cause – visualize a world where the acceptance and proper treatment of mental illness is routine not rare. Why not a world like that?

Why not make a world like that happen – in our lifetime.

But I firmly believe that if we ask that question loud enough and long enough – and accept nothing less than the answer it implies – we will find such a world closer than any of us might think.

Thank you very much for your attention.