

Global
Business and
Economic Roundtable
on **Addiction** and
Mental Health

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“DARE TO DREAM: THE END OF MENTAL ILLNESS”

Thank you Lloyd – and –

May I simply say how much all of us appreciate what Lloyd and Heather Craig are doing and have done for mental health in this province and this country.

Rafe Mair, I applaud your dedicated effort and sense of urgency. You are a pillar of strength for us all and certainly the staying power of this annual event.

May I also say to –

- The Canadian Mental Health Association, congratulations on re-launching “Emerging Into Light.” This is a striking image of hope.
- Mary Ann Baynton and her team at Mental Health Works, you are a definitive success story in advancing mental health in the workplace. I was privileged to have been present at the creation.
- The BC Provincial Health Services Authority, Lynda Cranston – Leslie Arnold – and your valuable advisers Peter Coleridge and Patrick Smith – you are setting an example as an employer in action for mental health. I salute you for that.
- Dr. Tony Phillips, Director of the UBC Mental Health Institute, thank you for your leadership in the dramatic expansion of the scientific capacity concerning mental health in this province and thus this country.

- Dr. Elliot Goldner and your team for their leadership in bringing to life the second CIHR Congress on Mental Health in the Workplace coming to Vancouver in May.

British Columbia is emerging into its own light as Canada's mental health capital. This Bottom Line Conference displays this prominently each year.

My remarks this morning – “Dare to Dream – The End of Mental Illness” – expresses more than wishful thinking – at least for me. I will explain why I say that.

I will also report on the results of a special session of our Roundtable at the Canadian Embassy in Washington on Feb 15th convened by Ambassador Michael Wilson which explored US-Canada leadership and cooperation in Mental Health.

In doing so, let me acknowledge the positive influence of the Schizophrenia Society of Canada – CEO Mary Jardine and her colleagues – for the inspiration and opportunity for developing this theme.

Mary, Tony Phillips and I convened a roundtable in the fall to explore whether searching for a cure for schizophrenia was a dream or a pipedream. This took us to Washington where Ambassador Wilson hosted the special roundtable.

There, we reached consensus among a number of major figures in both fields that, yes, “cure and prevention” were the right words to describe an ultimate goal.

The Ambassador himself said we must become “less self-conscious” about thinking in these terms – and to see long-term objectives of this nature as not the cradle of false hope, but the beacon of new hope.

He proposed and we accepted the formation of a US-Canada Forum on Mental Health and Productivity to serve as the vehicle to pull together the best and brightest in science, business and government to see what success in these terms will look like.

The Forum will meet in Ottawa this fall, in the US a year from now and conclude in Toronto in the fall of 2008 -- while I have accepted the Ambassador's invitation to serve as general chairman of the Forum, I am pleased to announce that –

- Dr. Tony Phillips has agreed to serve as Science Co-Chair with other leaders in science including Dr. Ron Kessler of the Harvard Medical School and Dr. Remi Quirion who heads the Institute for Neuroscience, Mental Health and Addiction.
- The scientific co-chairs and the corporate co-chairs will be announced in April as will the date and agenda of the Forum in Ottawa in the fall.

Prior to the Embassy roundtable in Washington, I had breakfast with a member of the famous Kennedy family – Christopher Kennedy Lawford. We talked about how to develop a “big picture” idea to advance the cause of mental illnesses and addictions.

Chris is a powerful advocate.

During our visit in a hotel restaurant – I noticed a picture on the wall – it was Christopher’s uncle, the late President John F. Kennedy. It got us to thinking.

One of the greatest legacies of this great man was his bold and historic commitment to put a man on the moon and return him safely to earth inside 10 years.

It happened in eight – but at the time of the President’s pronouncement, there was no comprehensive blueprint to achieve this great goal -- no agreed-upon timetable – doubt, even that it could even be done.

This is called vision and determination – and President Kennedy’s expression of both has taken the world beyond what could have been imagined back. Chris Kennedy Lawford and I both saw this as a lesson to apply.

The time has come for a big picture response to the big picture crisis in mental health – incremental change is needed but in fragments, it is inadequate.

The health and scientific communities to functioning in silos must be replaced by a unifying strategy which opens a new front in an ancient war – the war against mental illness and addictions.

This new front will be – in the spirit of the US-Canada Forum on Mental Health and Productivity – business and science working as strategic partners through research and workplace reforms to combine four missions into one – that is –

1. A clear understanding of brain function and brain impairment as a source of cognitive disability on the one hand and – in an economy which puts a premium on cerebral skills – and sustainable, productive capacity on the other.
2. A clear understanding of what the risk factors that psychosocial remedies will not merely temper but essentially wipe out on the scale now being experience. At the heart of this, is the elimination of behavioral and systemic sources of chronic workplace stress.
3. Measures to improve the caliber and efficacy of care and treatment of mental disorders through the occupational, primary and specialist health care. Physicians must improve their product.

4. A “grand scheme” (to use a phrase) to lay-out and fund – from all sources -- a 15-year research and workplace action plan aimed at the prevention and cure of major depression, bipolar disorder and schizophrenia.

More particularly, the Forum will attempt to answer these questions:

- What will it take to stop major depression, bipolar disorders and leading schizophrenia?
- What research needs to happen faster, what kind of money will it take to conquer these disorders and where will that money come from?
- How will we unify the branches of science and medicine behind this cause?

In addition:

- How will we take the existing business case for mental health – a macro perspective – and build an investment argument that wins the support of CFOs across Canada and America. We’ve started on this.
- The Roundtable’s task force on Financial Executives for Mental Health will build an investment model on sound business and economic grounds.
- That model will be CFO-proof and go beyond the macro costs of mental illness to the specific costs and investment returns of business operations to rationalize spending money on the mental health of the labor force.
- The Forum will bring 20 American and Canadian corporations together to fashion workplace disability prevention standards.

Further:

Public opinion must demand improvements in care – starting now and from both the health professions and government policy-makers, we need innovative solutions to facilitate this.

For example – we need –

- A seven-minute diagnostic tool to allow family physicians to diagnose depression in their office as part of the daily churn of a family medical practice.
- On-line tools – which are available today – to help employees self-report their symptoms to their doctor in a factual, precise way. (Feeling Better Now)

- To bring clinical psychologists into the primary health care system to support family physicians in the on-going management of recovery including treatment decision-making (drug changes, dosage variations).
- Psychiatrists to be adequately trained in Cognitive Behavioral Therapy; occupational physicians and corporate medical directors in the recognition of mental disorders.
- To build a workplace model of “shared” or “collaborative” care through which consulting psychiatrists – paid through employer disability management programs – work with treating physicians on treatment, recovery and return-to-work issues.

A long-term and sustained strategy to stop mental illness will – at its heart – require an acceleration of the transfer of scientific knowledge into practical services. The 20 year “science to service” cycle needs to be shortened.

If we stop depression, we will reduce suicides and Dr. Tom Insel (Director, NIMH) reports that suicide now represents 50% of all violent deaths in the United States.

The U.S. Air Force demonstrated that suicides can be prevented and did so in its own ranks – for a time. The United Kingdom has set targets to reduce suicides. We must do the same.

In my estimate, we should set a national objective to reduce the 4,000 suicides annually in Canada by half over a defined period of time – say, 10 years.

It is time for mental health advocates to get less polite and publicly demonstrate the frustration and pain exacted by unchallenged rates of mental illness.

I mentioned a 15-year timeframe to build and implement this kind of expansive agenda – where does that come from?

In its 1996 landmark Global Burden of Disease study – updated and affirmed in 2003, the Harvard School of Public Health foresaw unipolar serious depression and ischemic heart disease becoming leading causes of work years lost through disability and premature death.

The moon we should shoot for – and land on – is preventing that scenario – and if President Kennedy lived today, would he endorse the goal and the journey.

Perhaps his family – Christopher Kennedy Lawford and Congressman Patrick Kennedy who are part of the US-Canada Forum -- could claim his legacy and vision as inspiration for this generation in this quest.

The US Freedom Commission on Mental Health reported in 2005 and the Department of Health and Human Services has launched a reform initiative called “Transforming Mental Health Care in America.”

Many of the goals set out there are virtually identical to those contained in the Kirby Report – and the differences in funding of health care are an advantage because they produce different approaches to common problems. We can learn from that.

A Canadian–American partnership in mental health makes sense – certainly to Ambassador Michael Wilson. Our two countries embody the greatest trading partnership in the world so why not free trade in solutions for mental health.

This will make NAFTA more competitive with the European Community and with the Asian bloc of trading competitors and partners.

This kind of free trade will not be fashioned by government-to-government agreement, but by the actions of leaders in business and science and by our resolve to see, to know and to realize that major mental illness is treatable and curable

These are words used by Ambassador Wilson and, in response, Dr. Thomas Insel, Director of the National Institute of Mental Health (NIMH) in the US called the Forum “the right idea at the right time.”

Dr. Alan Bernstein, President of the Canadian Institutes of Health Research (CIHR) in Ottawa, said “this bilateral forum will build on and further extend two decades of collaboration between the Canadian and American scientific communities.”

Dr. Rémi Quirion declares “the search for a cure” is the right approach for the times. “This makes it clear what’s at stake.” And our own Dr. Anthony Phillips says a “cure strategy is an important step forward.”

All that being said, cooperation between Canada and the US in this field is not new. The CIHR and NIMH are working on joint projects. An international partnership of research institutions is a US-Canada creation and aims to eliminate duplication.

Outside mental health, Canadian and American scientists are working together on global warming, AIDS and the prevention of stroke. Notably, studies in both Canada and the US tell us that treating depression may be one way of preventing stroke.

From both sides of the border, insights flow.

The Public Health Agency of Canada tells us that chronic illnesses are the biggest health challenge facing Canada and the world. Dr. Kessler’s studies in the United States say those who live with arthritis, diabetes and asthma have a higher risk for depression.

When these conditions co-occur, the disability risks multiply. When depression co-occurs with heart disease, the risks of sudden death increase five-fold. This gives us a focus for the prevention of death and disability due to depression and other chronic illnesses.

Canadian scientists are funded by NARSAD – the National Alliance for Research in Schizophrenia and Depression in the United States – and this happens without fanfare or celebration. It deserves both.

Bank One in Chicago is a corporate pioneer in recognizing depression in its own work force and developing treatment referral programs going back to 1989. Banks in Canada are doing original and innovative things to reduce mental disabilities.

The Canadian and American armed forces consult each other regularly on issues related to the mental health of personnel in the field or returning from deployment.

The Canadian Association of Chiefs of Police is working with US law enforcement officials to promote mental health in their unique places of work for 911 operators, police officers and administrative staff.

The RCMP was represented by an Assistant Commissioner in Washington and will participate in the US-Canada Forum on Mental Health and Productivity.

The voice of the Canadian and American people can also be heard in unison. Ipsos-Reid conducted an unprecedented public opinion survey as a gift to the Roundtable.

The findings were striking and you will hear about this remarkable poll in a few moments from the Roundtable's Vice-Chair – Rod Phillips, President and CEO of Shepell/FGI - but let me highlight a couple of the findings.

The survey – 1,000 Canadians and 1,000 Americans – found that more than 80% of Americans and Canadians recognized depression as a serious, life-threatening condition.

It also found that Americans and Canadians believed treatment was available and accessible to those who experienced depression. You would think so – but this assumption melts away in the face of the facts.

In Canada and the United States, today, fewer than half and closer to one-quarter – 24% in Canada – of those treated for mental disorders receive minimally adequate, guideline-level care from physicians. I find this absurd.

Meanwhile, depression is present in the vast majority of suicides – maybe as high as 90% -- and inadequate treatment of this otherwise treatable condition can have tragic consequences.

Suicide is the greatest source of violent death in either country – 35,000 people each and every year end their lives this way – and, according to Ipsos-Reid, 21 million people are living with depression – he calls this a “country within a continent”.

Certainly one feature of the US-Canada Forum on Mental Health and Productivity must be a campaign by medical associations, employers and the general public to get physicians to use the treatment guidelines available to them.

The Ipsos-Reid survey also found that 84% of those polled believe “CEOs should make helping employees in the workplace a key human resources priority.” As Rod and his colleagues will tell you shortly, in this finding runs a deeper truth.

Outside the workplace, Canadians and Americans are largely empathetic and supportive of those who experience mental illness. Inside, this disappears.

In fact, Ipsos-Reid’s poll tells us that if we defeat stigma in the workplace we will have gone an awfully long distance toward defeating stigma as a barrier to care and treatment.

The US-Canada Forum on Mental Health and Productivity will consist of three business-scientific conferences starting in Ottawa this Fall, the US next spring and Toronto in the fall of 2008 – the Roundtable’s 10th anniversary and my personal swan song.

We embark on this journey hearing the words of Senator Michael Kirby.

“Investment in the mental health and productive capacity of human beings is every bit as urgent and necessary as investing in the environment and sustainable development.”

Let’s consider mental health as “the other green priority” facing civilization and one with similar sense of urgency. This, for several reasons:

A significant number of Canadians and Americans will come into the labor force burdened with unrecognized, untreated or inadequately treated forms of mental illness, probably anxiety or depression.

This trend must be checked and reversed.

Today, the lifetime prevalence of depression, anxiety and substance abuse in Canada and the United exceeds 35% of our two populations.

This trend must be checked and reversed.

Moya Greene, CEO of Canada Post says that “as the CEO of a company that has roots in quite literally every community from coast-to-coast-to-coast, we are particularly aware of the importance of measures that encourages strong mental health awareness.”

“By making a commitment to support this goal, we better serve both the people who work for us and the greater community of Canadians all around us.”

Moya is hosting the US Canada Forum in Ottawa next fall.

Mental illness is on the rise throughout the industrialized world. In Great Britain, unemployment is no longer that nation’s biggest social problem. The number of jobless Britons on welfare is about 960,000.

This year, over 1 million people in Britain receive incapacity benefits because depression and stress have left them unable to work.

In North America, mental illness is taking a \$300 billion toll each year.

These trends must be checked and reversed.

In recent years, medical research has made major strides in unlocking the mysteries of the human brain and increasing understanding of the pathways to some forms of mental illness.

But, the word *cure* is avoided in mental health circles for fear of fanning false hope or shifting resources away from social services, housing and other forms of support for those with persistent mental illness – can now be discussed openly.

But whether ‘cure’ comes to mean controlling symptoms without side effects or discovering the cause of a given disorder is a moot point for those seeking relief of their suffering.

Daring to dream of ending mental illnesses also means liberating certain amounts of liquid cash from endowments and trusts to fund the cure and prevent strategies now.

Canada and the US is each other’s largest trading partner – and this partnership has billions of dollars in play at any given time. We propose to define an investment strategy which represents a percentage of this exchange.

Virtually every single significant challenge our two countries face – including energy, the environment, security and health – will take international action to solve.

Ambassador Wilson said he “absolutely includes mental health” in this equation – and in 1996, the WHO described mental health as an “unheralded crisis” and clearly, it will take “international action to surmount this crisis” – the Ambassador’s words again.

For more than 20 years, Canadian and US scientific organizations have worked in common cause across a common border – and we will build on that to advance needed research and investments aimed at big picture solution to big picture questions.

Given the economic impact of mental disorders and the workplace effects of disability associated with such conditions, employers have a natural interest in the mental health of the working-age population.

In Canada, we have developed a business case for mental health based on considerations which go beyond the immediate costs of employee healthcare and health benefits – although these are critically important.

The global economy – certainly in the more developed countries – has emerged as a brain-based economy where most of the new jobs coming on stream – as McKinsey and Company reports – demand cerebral not manual skills.

This is an economy where – as the CEO of one steelmaker put it – “the brains not the backs of my people do the heavy lifting for my company.”

This is an economy which puts a powerful premium on innovation – a concept that depends on the cognitive capacity of workers beyond their acquired skills.

This is an economy where the “thought content” of products and services – a term once used by the former CEO of Citibank and it is certainly apropos – have as much or more commercial value than the steel, plastic or manufactured value-added going into them.

This is an economy which is gearing up on the strength of people-to-people connections and interactions in the daily throes of commerce; this is an economy where attitude ranks with aptitude as a factor in service delivery and thus sales revenue.

This is also a brain-based economy converging with the advent of brain-based disorders as the leading source of disability in the labor force. This makes mental illness a business issue by definition.

When I say employers, I refer not only to corporations but to governments, universities, hospitals, trade unions, police services and the military.

Too often, government is engaged strictly as – well – government. But it is the largest employer in both our countries and should be at the table in that capacity.

We know also that the health care workplace is one of the most stressful and that suggests that hospitals and clinics should be at the table as employers.

We know that trade unions share with employers the duty to accommodate the return to work of employees recovering from mental illness through job modifications.

As employers in their own right, unions’ responsibilities parallel those of the employers they bargain with.

A pool of collaboration between the U.S., and Canada is more like a sea of opportunity which will expand the base of funding research, develop best practices in the workplace to promote the prevention of disabilities and public opinion.

Ambassador Wilson says it makes logical and compelling good sense to build on the historic trading relationship between Canada and the United States to create a framework for common cause in mental health.

This generation of Americans and Canadians – in service of the next – can be the one to write the final chapter to the isolation of mental illness and the first chapter of a new era of care, treatment, understanding and hope.