

**GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE
On Addiction and Mental Health**

Resident at GPC International, Toronto Canada

*Affiliated with the Centre for Addiction and Mental Health
A World Health Organization Center of Excellence*

Text of Speech

By

Bill Wilkerson
Roundtable Co-Founder and CEO

To

Warren Shepell Consultants Business Forum

October 16, 2002

8:30 am

Park Hyatt, Queens Park Ballroom
Toronto, Ontario

Check Against Delivery

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The Global Business and Economic Roundtable on Addiction and Mental Health is a network of senior business and health leaders offering executives, managers and supervisors information and strategic advice to do two things:

- Reduce the business and economic dollar costs of mental illness and addictions among employees and management;
- Capitalize on the competitive advantages of mental health – provably the ultimate productivity weapon in the knowledge economy.

The Roundtable has helped put mental health on the nation's business pages – drawing support and encouragement from executives from corporations with hundreds of billions of assets in Canada and around the world.

At the outset – four years ago – the Roundtable set out to investigate the effects of mental health disorders on business performance, and, in the process raise the awareness of business people.

Awareness raising remains a legitimate activity but the Roundtable's objectives have taken a more substantive turn. We have turned to questions of a business response to a public health crisis which threatens the workforce and its output of its workforce.

New Milestones

In 2000 and 2001, the Roundtable reached two milestones.

GPC International, a leading public affairs and communications consulting firm with offices across Canada and around the world, became the Roundtable's official residence, contributing office space and staff and we are grateful for that.

Further, the Roundtable entered into an affiliation with the prestigious Centre for Addiction and Mental Health, one of the world's leading teaching hospitals and research institutions in the field of psychiatric and addiction medicine.

The affiliation gives the Roundtable international reach. The Centre – an affiliate of Canada's largest university, the University of Toronto – is a World Health Organization Centre of Excellence.

Both relationships anchor the Roundtable's network which has expanded dramatically:

- The Canadian Chamber of Commerce, Dalhousie University, Ontario Power Generation, Warren Shepell Consultants, I.A.P.A., Canada Life, TD Bank Financial Group, PricewaterhouseCoopers, the CIBC, Royal Bank Financial Group and BMO, and many, many others have all become active voices of encouragement and support.
- The Roundtable's web site was introduced in 2001 and may be reached at www.mentalhealthroundtable.ca
- In 2000 – through Co-Founder and Chairman Tim Price – the Roundtable received the American Psychiatric Association's first "Excellence Award" for the furtherance of mental health in the workplace.
- And I was recently named a member of the Harvard University Medical School Advisory Committee on a study of productivity and chronic illness including depression. I'm proud and pleased by this. Our access to new information is expanding tremendously.

The Roundtable has carried its message across Canada and outside the country. Two weeks ago, we spoke in Rome and Maastricht to insurance executives, technology companies and urban planners. We have had platforms in –

- Eight of the provincial and territorial capitals plus Vancouver, Montreal and cities across Ontario;
- Washington as the guest of the Federal departments of labor and Health and Human Services and Albany, N.Y., to keynote a conference staged by the State University of New York.

- Geneva where we helped publicize the joint-announcement of a Roundtable business plan for depression and the International Labor Organization's five-country analysis of mental illness in Europe.

None of this says the Roundtable is important. It says the issue of mental health is important. A fact which is beginning to register among business people.

The incentives for decision-makers to become informed about mental health and addiction issues are powerful. Take the nature of the 21st century economy, for example.

Today, innovation is king. It differentiates one company from another. It sharpens the competitive edge. It is also a mental function and, among people, a mental process.

The knowledge-based economy lifted up by the revolution in micro processing has become an economy which puts a premium on mental and behavioral performance.

This is an economy where the "thought content" of products can have greater commercial value than the physical properties housing those products – plastics, steel, aluminum, carbon by-products.

This is an economy where the capacity of employees, managers and executives to think, use ideas, be creative and be productive in mining and applying information is the true value-added of the modern market place.

This is an economy where mindsets not just skill sets influence in the recruitment and selection of new talent. In this kind of economy, minds do the heavy lifting of business.

In business, thinking is in.

One of Canada's foremost business leaders described the economy of mental performance in these terms in a speech to a Roundtable / Center for Addiction and Mental Health "Corporate Leaders" meeting earlier this year.

"As a business issue, mental illness and addiction have a direct link to the capacity of people at every level of the organization to do the things we need them to do in an information economy – to think, to be creative, to have productive relationships and to be innovative. All are vital to our capacity to compete ... (and are) key to any corporation's success including my own."

The words of Gordon Nixon, President and CEO of the Royal Bank Financial Group.

In the old industrial economy, thinkers and doers were in different jobs, different pay brackets and different dining rooms. Today, thinkers and doers must not only be in the same room – but in the same person.

On November 14th, 2002, the Roundtable will convene a special meeting to examine the stake which business has in the mental health of the work force in an economy where 75 per cent of the new jobs are cerebral not manual. I will preview this event briefly this morning.

First, our objective is to present a slate of management practices which will help reduce the effects of mental health and stress-related disorders at work and in the market place.

Second, we aim to set out a range of initiatives to arm business leaders and managers – and their families – with the knowledge and information needed to personally combat mental health problems at home and work.

Third, we will frame this in a “Charter for Mental Health in the Knowledge Economy” to crystallize the challenge in plain language and terms relevant to business.

This Charter will address the effects of depression, anxiety disorders and addictions. These are among the most common, the most serious and, by far, the most costly in terms of dollars and cents – and human suffering.

Our perspective on this subject as lay people, employers and colleagues must take into account what mental health problems are and are not. For one thing, they are not a character flaw or figment of a self-absorbed imagination.

These conditions have a biological basis. This fact ends once and for all their mythical basis in history.

Over the past 10 years, studies of depression, anxiety and social isolation have demonstrated that these conditions increase the risk of cardiac illness and even death.

There’s nothing imaginary about that.

Depression can increase the risk of a second fatal heart attack within 18 months of the first among cardiac patients.

In 1998, the Roundtable’s very first initiative was a public examination of depression and heart disease – we called it “Depression: The Heart of the Matter.” Some of the best and brightest Canadian clinicians shed light on the subject. Canadians have led the research effort -- Toronto Hospital, St. Michael’s Hospital, Montreal Heart Institute and Ottawa Heart Institute.

Their studies find:

- Depression not only heightens the risks of cardiac mortality, it can predict the outcome of coronary artery bypass surgery.
- Psychological health can influence the health of tissue after surgery.

- Depression is highly prevalent among people with cardiovascular disease – between 20 and 50 per cent according to some estimates.

The heart of a depressed person never sleeps. Depression may thicken the blood and researchers recommend that all heart patients be screened for depression.

The significance of the linkage between mental illness and heart disease must not be lost on business. The reason is this.

Together and separately, depression and heart disease are emerging as the leading sources of work years lost through disability and premature death.

This is a powerful threat to the output of the global work force.

Consider what this means.

The world's most prolific killer – heart disease – and the leading cause of human disability on this planet – depression – co-conspirators aiming their guns squarely at younger adults in their prime working years.

That's what we're facing.

The Charter will advise employer organizations to engage this enemy and fight this war against the most destructive forms of chronic disease known to science. Because that war will be fought with or without us in our own back yard: The workplaces and marketplaces of this country and those with whom we trade.

The Charter will frame this challenge by this assertion in the knowledge economy – where innovation is king – the mental health of the work force is the key to sustainable levels of productivity which render one company and one economy more competitive than the other.

Canadian Deputy Prime Minister John Manley talks about the emergence of the Northern Tiger, Canada as a nation of innovation and productivity. An attractive vision.

But, the Roundtable's senior chairman has a warning. In a letter to ministers, Michael Wilson says the "rising tide of mental disorders in the world is, in my judgment, draining industrial productivity like a slow, unseen leak in a ship at sea."

He says "working conditions tend to promulgate mental health problems in the labor force rather than protect our investment in our people against those kinds of pressures."

His message goes on.

As an industrialized society, we have become accustomed to emotional distress for growing millions of people – even in good times and healthy economies – this, as a natural cost of competing in an intense global economy.

Everyday people – everywhere – are increasingly hurried, worried and rattled by change as a result.

Job security is now a constant fact of life.

We have become accustomed to work place stress that is too high and often very toxic. Study after study proves this.

We have become accustomed to mass lay-off's as the first not the last alternative in facing corporate and economic downturn, Mr. Wilson says.

We have become accustomed to the effects of irrational behavior in our financial markets on business decision-making. (Although that may now change).

We live in an intensified society and compressed society and this is having a profound effect on the emotional stability and mental well-being of hundreds of millions of breadwinners in organizations throughout the industrialized world.

Mr. Wilson urges the G-20 to put mental health on the economic agenda of nations as he would have done here as finance minister “if I knew then what I know now” about the topic.

A powerful message.

The World Bank says that human capital is more important to the future of the civilized world than financial capital.

The Charter on Mental Health will embrace a concept we call the human capitalization of business.

Robert Lord, Chairman of the Chartered Accountants Association of Canada, says chronic health problems and prominently depression and anxiety are the “number one business health priority of the early 21st century.”

Harvard researchers tell us that chronic health disorders – not communicable ones – are the principal threat to world health over the next 20 years. These are deep wells of disability.

As the minds and brains of employees take centre stage in our quest for higher productivity in this country and elsewhere, so too does this jarring fact.

Upwards of 56 million people in Canada and the U.S. – and six million in Canada specifically – suffer mental health problems at any hour on any clock in any time zone.

Something close to \$160 billion (US) in the two countries is spent by business on the fall-out share of this outrageous public health crisis.

But these costs are embedded in the business, often invisible or mislabeled and constitute in our judgment, a form of unfunded liability which corporations in this brand new era of ethical disclosure are advised to address openly and effectively.

What investors don't know is that 20 to 25 per cent of the human capital of public and private corporations in the NAFTA region alone is impaired by undetected chronic health problems induced frequently by the environments and conditions of the work place itself.

Disorders Distributed Widely

Mental health problems are widely distributed in the working population, imposing a very onerous health burden on parents and breadwinners in their prime working years. This underscores the economic significance of the matter.

For example, researchers at Queens University tell us 81 per cent of all psychiatric patients treated in emergency hospital departments are between 16 and 44 years of age.

At work, the factors which can trigger the onset of mental disorders range from conflicting job demands to a lack of appropriate recognition and rewards. In between, we see unclear job expectations and perceived unfairness.

Westinghouse Corporation has responded by training its supervisors to elevate their awareness of these conditions.

Now, the Charter will contain no magical solutions nor does it contemplate revolutionizing the contractual bond between employers and employees. To the contrary, we envision this as a contemporary expression of that relationship in the face of existing not apprehended concerns.

The Charter will reflect – in scope and content – the degree to which mental health problems impair the capacity of people and organizations to do the legitimate work of commerce in an open market.

The Charter is not a call upon companies to act in the spirit of corporate social responsibility. Rather, we seek to engage the legitimate self-interest of corporate and commercial interests and encourage decision-makers to deploy corporate capital – with a return-in-mind – to arrest and reverse the destructive trends now unfolding.

The Charter aims to persuade business and public sector executives as well as trade unions as employers to “get their arms around this issue” – in the words of Roundtable Chairman Tim Price – and to take steps to reduce the demonstrable impact of mental health problems on:

- Business performance;
- Economic activity;
- Consumer spending, job retention and access to employment opportunities;
- The good management of private and public sector organizations;
- And their competitiveness and service quality.

The Charter will not advocate crossing over the boundaries of employee privacy. Nor will we accept concerns about this as a legitimate reason for not acting at all.

We must act. The health of whole nations is being compromised by the unchecked growth of mental illness propelled by four horsemen who gallop across the prospects and hopes of more than 450 million people in all parts of the world today:

1. Enormous prevalence rates.
2. Resistant stigma and ignorance.
3. Uncontrolled costs.
4. Embedded complexity. An “impenetrable maze” of causes and effects, Harvard calls it.

In their dust, we find:

- Less than ten percent (maybe as low as six per cent) of those who suffer mental disorders getting the treatment they need.

This means that in Canada and the United States, an estimated 56 million people – most of them teenagers and working parents – suffer mental illness but only one-fourth (14 million) are diagnosed and only one-fourth of those (3.5 million) receive proper treatment.

This last number represents six per cent of the ultimate total. This rate of neglect is unacceptable. For this reason.

Mega-Crisis by 2020

Depression and anxiety disorders are treatable and beatable in 70-80 per cent of the cases that are appropriately identified and properly treated. Yet a comparatively microscopic number get that far. Stigma, professional inattention, the lack of political clout have conspired to bedevil the mentally ill for generation upon generation.

But now, this gap is leading the world down a very dangerous path – a path toward disability disaster propelled by depression which will over the next 20 years disable more people – most of them working parents – than AIDS, cancer, war and traffic accidents combined.

The Harvard School of Public Health, World Bank and World Health Organization, in their landmark “Global Burden of Disease” study unveiled in 1996, conclude that neuropsychiatric disorders will grow 50 per cent in the next 20 years as a component of the world’s burden of disease.

More particularly, however, the study found that by 2020, ischemic heart disease, unipolar major depression and road traffic accidents would be 1-2-3 as the principal causes of work years lost in the global economy. Their weapons of choice: disability and early death.

The study also found that suicide and violence may take their place on the list of the top ten causes of disability and premature death. In this, we see the distressed face of children. These forces target them viciously.

The stress of the adult workplace is invading the workplace of children – their schoolyards and classrooms. A report out last week tells us that Canada is winning one war we don’t want to win – the global obesity race. We are fatter than ever. Our kids are fatter than ever.

Since 1981, the number of overweight boys between 7 and 13 went from eleven per cent to one-third. Girls the same age – from 13 to 27 per cent.

Indeed, kids may be getting fatter. They are also killing themselves more than ever. Teenage suicide today is a national disgrace and is the leading cause of death of kids between 11 and 14 next to car accidents.

Now hear this.

The average age of onset for anxiety disorders in Canada is age 12. The earliest age of onset recorded among seven countries surveyed in studies for the WHO’s International Journal of Public Health. Worldwide, the average age of onset for anxiety disorders is age 15.

Depression is also getting younger. The average age of onset for this invasive disorder in this country is age 23. Worldwide, it is 26. Again, Canadians are getting sick sooner. Apparently, we don't yet know why. One influence for what he calls the "epidemic of depression", according to CAMH CEO Paul Garfinkel, is the decline of the family and the "commercialization of existence."

Canada also has the youngest average age of onset for addiction disorders – age 18 – among those same seven countries where it works out to age 21.

The word "substance abuse" requires an expanded definition today.

Excessive computer use – specifically the Internet – is producing symptoms akin to those associated with drugs and alcohol and abuse.

In fact, two of North America's most distinguished teaching hospitals are paying attention to this new phenomenon. They are the Centre for Addiction and Mental Health in Canada, an affiliate of the University of Toronto and McLean Hospital, affiliated with Harvard University in the United States.

Isolation predicts depression among adults and kids alike. Excessive use of the Internet produces an isolated, defensive experience for the user – maybe like secret drinking, gambling or illegal drug use.

To a kid, the portrayal of violence on video games makes killing seem like a do-able and fairly reasonable means of mediating one's frustration and anger against other kids or one's parents.

On the Internet, on chat lines, kids today are learning to routinely break the one rule we all learned not to break – never talk to strangers.

Parents today work in job environments which take a very high emotional toll. And they are taking the effects home.

Job insecurity is now a norm of one's working life for many or most people. That uncertainty is taken home.

One is drawn to the view that there is a link between the mental health of stressed-out working parents and that of their children.

Scientific evidence certainly points to a deep and formative connection between adults and the destiny of children at other levels. An unborn child for instance, who is carried by a woman suffering depression during her pregnancy has a much higher risk of suffering depression.

An infant not cuddled or held by its parent may grow up with a brain shaped differently than that of another child. A young child who is ignored, yelled at or surrounded by the tension and noise of adult voices raised constantly can sustain a form of “brain injury.” Is there a human rights issue embedded here?

The ties between work and health are well-established. The ties between a parent’s job and the health of his or her child less so. But common sense would take us there. Which, then, tell us this.

Adults must be equipped to root out the sources of toxic work place stress if for no other reason than to protect children exposed to it through their parents. Much like we protect their lungs against second hand smoke.

The Institute of Work and Health reports that one of the most dangerous forms of stress is that which persists at the margin of the work day – at the perimeter of the task at hand and is taken home. Stress born of a sense of unfairness at work.

This re-surfaces under other labels – irritability, anger, frustration, even, one day, depression. Things to which children are exposed and which become part of their daily experience.

One of Canada’s most successful business executives took me aside recently. He was worried as hell, he said, about his kids. Both in their late twenties. Working feverish schedules at jobs for mediocre salaries but driven by the fear of no job at all.

“And they’ve been doing this since they graduated from university. Where will they end up? In a hospital ward?”

To help answer that question and heed the call of Drs. Christopher Murray and Allan Lopez – authors of the landmark Burden of Disease Study – we must move forcefully against the downtime and disability associated with mental health disorders.

To do so, the Roundtable is developing a slate of manageable objectives to define the path we might follow. Specifically --

1. To prevent mental disability in the workforce through the early detection and proper treatment of depression, anxiety disorders and substance abuse among everyday employees, manager and executives alike.
2. To measure and reduce the business and economic costs associated with mental disorders in the workplaces and market places of the economy.
3. To promote business and economic productivity -- and innovation -- through the promotion of mental health and freedom from addiction.
4. To defeat stigma.

The Roundtable proposes to consolidate the Charter's recommendations into an articulated theme to be called "Vision 2020 – drawing to mind the year 2020 and signifying an idealistic perspective – 2020 foresight – through which to view our task.

Vision 2020, we like to think, will prompt new thinking about mental health – and re-position it as a legitimate business and economic issue whose time has come – an issue touching profoundly the future health and well-being of those we are counting on most to deliver the future – working parents and their children.

Vision 2020 asks leaders to lead.

Vision 2020 asks managers and executives to do their homework on this subject and to do now what we know now to prevent mental disability. We can make a tremendous difference.

Vision 2020 is not rose-colored. And it is not embroidered by the bells and whistles of outcome measurement. But neither were our massive investments in IT these past ten years. And in deciding to act, let us not ask more in advance of the necessity of meeting this challenge than we have of others.

Vision 2020 is not a feast of spending new money. The fact is this. The costs of mental disability are already embedded in the economy and in corporations. Unchecked those costs will grow uncontrolled as a kind of unfunded liability.

As an alternative, we are suggesting we need to stabilize these costs and translate them over time into worthwhile investment with a decent return. This is not the stuff of revolution. It is a canon of common sense.

Vision 2020 is a reachable star. And it doesn't travel a blank sky. Many companies are already exhibiting leadership and vision in opening a new front in the old war against mental illness.

Our job is to pool that experience, broaden it dramatically and establish new norms of understanding of a subject not well or widely understood up to now.

The Roundtable proposes to survey 20 corporations in North America and 20 in Europe to begin a "Marshalling Plan" of best practices already happening.

The results of this survey will be pooled on the web sites of the Roundtable and our affiliate, the Centre for Addiction and Mental Health. We hope it is a first step toward the creation of a worldwide Mental Health and Work web of information and hope.

In support of the Charter, the Roundtable will engage federal, provincial and state governments to put mental health on the economic policy map of nations – to promote adequate levels of research among other things. In this, we echo Michael Wilson’s message.

We will seek to develop a business investment model for mental health and work. Something that will endure.

In our judgment, employers will most likely invest in something which is plain to see such as “common-occurring illnesses associated with substantial work impairments.”

One employee who is depressed can affect 20 co-workers.

As a top priority in this quest, we will promote the concept of early detection as the vital necessary-if-only step employers take to arrest the rise of mental disability. Early detection is the key to prevention.

The Business Case for Early Detection

Mental health disorders now account for more than 30 per cent of all disability insurance claims among some of Canadian and American employers. In one study, employees suffering undetected depression are off work anywhere from two to three days a month more than their co-workers.

It is darkest before the dawn. In the period immediately prior to the start of effective treatment, 20 per cent of the available work time of employees suffering a mental health problem is consumed by time off work. Four times their co-workers in one study.

According to a team of leading physicians in Canada and the United States who have come together to tackle the issue under the name Mensante – meaning better health, early detection will pay off for insurers and employers alike in the form of reduced claims, recovery of reserves and, conceivably a ten to one return on dollar invested in the prevention of mental disability.

The Charter for Mental Health in the Knowledge Economy will be supported by with a 12 point business plan to defeat mental disability -- a plan consisting of business practices and tools of management as our weapons of choice.

The business plan for depression starts with CEO leadership and the creation of a high-level constituency of business leaders to mobilize corporations behind the broad goal of preventing mental disability as an economic strategy.

The business plan for depression calls for concrete financial targets as the incentive to reduce the effects of depression at work through early detection.

We call for annual 35-50 per cent improvements in the combined rates of early detection and treatment of symptoms associated with this disorder.

We call for targeted annual savings of \$10,000 per affected employee through savings in prescription drugs and wage replacements. And this is just the tip of the iceberg.

We call for EAP systems which are customized to manage clinical depression preferably in its early stages.

We call for efforts to improve employee utilization of EAPs – now running at a low 7 per cent – this, not to spend money but to save it. The need is there and the costs of ignoring far outweigh the costs of meeting it.

We call for management and attitude development programs to help all of us root out stigma in the work place and, in turn, recognize the early signs of mental health problems as a signal to take appropriate action with – not against – the employee exhibiting them.

We call for benchmarks to define the likely incidence of depression at any one worksite – noting that in the U.S., 40 per cent of all EAP referrals in several leading companies related to symptoms of depression.

This is the purpose of a Harvard Medical School study now underway.

We call for the assignment of a dollar value to healthy work climates. A Bank of Montreal study has documented the link between employee morale and the performance curve of the whole organization. Historically, what we have described as “morale” may, in fact, be mental health.

We believe the treadmill at work must be slowed down and turned off. People are distressed less by the volume of work and more by the struggle to juggle too much at once. In response, we ask office managers to call an e-mail ceasefire.

Our business plan recommends the creation of inventories of emotional hazards at work, the over-throw of office politicians, the reversal of behaviors among managers who waste the time of their direct reports and create enormous stress as a result.

We visualize “take home” on-line information packages for executives, managers and employees with family members suffering mental distress and with no clear path to follow.

We will seek out partners to promote “heart and mind” health to encourage depression screenings among those with cardiac history.

Later this fall, we will unveil a new “business adviser” role for health professionals in the management of human capital.

Mental health problems touch leaders as well. There is virtually nothing for them to use in an emergency referral which is appropriate for the position they hold and the influence they have on the share value and public image of the company itself.

An ambitious slate of objectives. But just a starting point, really.

The goal, ultimately, is to define and refine a schedule of internationally-accepted standards of management and business which support mental health as the underlying value of human capital in an economy of mental performance.

This constitutes what I called earlier the human capitalization of corporations.

A closing thought.

There is a line written by George Bernard Shaw that, in the telling, was eventually attributed to the late Robert Kennedy: “Some people see things as they are and ask why. I see things as they might be and ask why not.”

As we consider the challenge of beating a beatable foe – which is what mental disability is – let us hear those words and see a world as it might be in real life one day soon:

- For one thing, a world where the acceptance and treatment of depression and its cohorts is routine not rare.
- A world where the incidence of mental disability is rare not routine.
- A world where both are true because of the age of enlightenment for early detection through prevention began now.
- A world that feels less worried and hurried because it is. A world where the struggle to juggle seems manageable most of the time, where there seems to be more space and time to do things. This is what our economy needs – fast.
- A world where suicide is less common and where the eyes of a child never close on tomorrow because she lost hope today.
- A world where 12-year old kids are not medically anxious but appropriately carefree. A world where the “second hand smoke” of toxic stress in the adult work place is reduced at source.
- And a world where mental illness happens – as surely it will -- but not at the cost of human dignity. .

This is a world that can happen. That is, if we are brave enough to see things as they might be and ask why not – for goodness sake, why not a world like that?

Thank you