

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

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*A Business Charter  
For Mental Health and Addictions in the Knowledge Economy*

Text of Speech  
by  
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Roundtable Co-Founder and CEO

*To the Ontario Public Service Commission and Management Board*

*13<sup>th</sup> Annual Schedule 2 Employers' Group Conference*

*Toronto, Canada*

*September 25, 2002*

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***A Business Charter  
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Remarks by Bill Wilkerson,  
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**“Good People Doing Great Jobs**

I read with interest the strategy document – “good people doing great jobs” – describing an initiative to build the Ontario Public Service for the future.

In it, the Secretary of the Cabinet urges Ontario public servants to think big, care deeply, act boldly, be open to new ideas and new ways of working.”

This is a terrific message and quite inspiring as a statement of leadership and outlook by Ontario’s top public servant.

**Ontario leading by example**

And I suggest to you that part of such a vision – part of the renewal and revitalization of the public service – is a demonstrated effort to foster a working environment where the mental health of the public service is promoted and protected.

An opportunity, in fact, for the government of Ontario – as an employer – to lead by example.

**Roundtable – a voice to not for business**

The Roundtable is a network of business, health and education leaders dedicated to the proposition that rising rates of mental distress and disability within the work force must be reversed.

Employer investments are key to doing so.

The Roundtable is a voice to business – not a voice for business – and we advise business that mental health is a business and economic issues as defined by –

- The dollar impact they have on the spending patterns of consumers, output of workers and managers and the competitive performance of corporations and whole economies.
- And the strategic importance to business of the mental capacities of the labor force in an economy where innovation is king.

### **Costing North America \$300 Billion Annually**

In our judgment, mental health disorders are costing the Canadian and U.S. economies more than \$300 billion a year and business itself pays more than two thirds of those costs through production losses and employee health costs.

Depression is the leading source of disability in Canada and the world.

Families with a mother, father, brother or sister with a disability spend only 60 per cent on consumer goods and services that other families spend.

This is a heads-up for business and particularly the retail sector.

### **Lifetime Prevalence: 37% of Canadians**

More than half the U.S. and more than a third of Canada's population will suffer a serious mental health problem in their lifetime. One in five at any given time this year.

In the midst of that storm, business today depends for its competitive success on the consistent, sustainable mental performance of employees and the managers who work directly with them.

### **Jobs Mostly Cerebral**

Some estimates tell us that 70-75 per cent of the jobs in Europe and North America now require cerebral rather than manual skills. That trend is unstoppable.

### **Thinking is in**

Thinking is in. Innovation is key. The minds of people not their backs or arms now do the heavy lifting for business. Our brains are the vessels of production in the global information economy.

Consider this.

### **“Thought content”**

Cars coming off the Ford assembly line today contain more microchips than sparkplugs. Microchips house what one car maker describes as the “thought content” of new cars. It makes the sale. Spark plugs merely fire the engine.

### **Cost of steel production down**

Today’s steelworker will more likely be found in front a computer than the fiery mouth of a furnace. As a result, the production time for a ton of steel has been cut in half. A major milestone in the history of that sector.

Through the 90s, industry spent more money on telecommunications than industrial machines and equipment.

The veins of industry were thus opened wide to information and ideas shared instantly. And, suddenly, everything about the way we worked was up for grabs.

### **Human resources became paramount**

Whether we knew it or not, our human resources became more important to business than physical resources.

Information became a prized asset. And, according to the ex-CEO of Citibank, information about money became more important than money itself.

Computers got smaller and cheaper – and went way beyond just storing data or doing big calculations fast. They became instruments of change. The Internet was born.

### **Premium on innovation and ingenuity**

The software revolution spawned an information economy, but more than that, it triggered the advent of an economy which placed a premium day-to-day and hour-to-hour on ingenuity, innovation and mass customization.

The old industrial model was turned on its ear and tossed aside. The age of human capital dawned.

### **Mindsets grow businesses**

In the words of the CEO of Pepsico, mindsets now grew companies.

In this environment, the main channel of industrial output is not what’s in our hands but what’s between our ears.

At every level of the company, employees are called to use and show judgment, perspective, resilience, patience, adaptability and capacity for teamwork.

Today we hire for mindsets and train for skill sets.

### **Defining mental health for business**

In quite a clear cut way, these qualities happen to define mental health in terms business can understand.

These qualities are the ones we now need most to earn our daily bread.

### **Mental health crisis**

And they are the qualities now under attack from what Harvard University calls an “unheralded worldwide crisis in mental health.”

In the words of the chairman of the Canadian Institute for Chartered Accountants, this represents for business *“the primary challenge of the early 21<sup>st</sup> century.”*

The Roundtable’s senior chairman and Canada’s former Finance Minister, Michael Wilson says this: *“the rising rates of mental health disorders in the world economy merits the attention of Finance Ministers and belongs on the economic agenda of nations.”*

*“It is,” he says, “sapping the productivity of the global economy like a leak in a ship.”*

Meanwhile, the President and CEO of the Royal Bank Financial Group, says the mental performance of employees is *“critical to our capacity to compete.”* A powerful concept from a powerful advocate of mental health at work.

### **Allies in new front for old war**

These and other leaders are allies in opening a new front in an old war – the new front being the workplace and market place of business – the old war being that we have fought for 8,000 years against mental illness.

As in any war against any foe, we must know our enemy. Consider this:

- Mental health disorders strike 56 million Canadians and Americans each year.
- Depression and anxiety disorders combined with alcohol and drug abuse are by far the most common and range from mild to ruinously serious.
- Depression is the leading source of disability in the world today. It disables more people than AIDS, heart disease and motor vehicle accidents combined.

- Depression is a biological event centred in the brain. It is as physical as a broken leg and – if you ever had a broken leg – it can be just as emotionally-draining. In those terms, the two conditions have some common characteristics.
- Depression has deadly connections. It co-mingles with heart disease and increases the risk of a fatal heart attack fivefold among cardiac patients.
- Depression compromises our immune system and capacity to ward off infectious disease. It complicates recovery from breast cancer and is present with thyroid disease.
- Depression is not an invisible disorder except for those who will not see it. In fact, we can take a picture of this invasive disorder thanks to modern science – not quite an x-ray, but we are getting there.
- Depression and anxiety disorders often appear together and both mix explosively with excessive use of alcohol and drugs.

### **Case for early detection**

Among the six million Canadians suffering a mental health problem in any given year – 20 per cent of the population – the one-in-five I spoke of earlier – only half a million – one in 12 – get the treatment they need.

In this country, the United States, Western Europe and points east, only one-fourth of those suffering a mental disorder are accurately diagnosed and only one-fourth of those receive proper treatment.

Not asking for help, not getting help, not getting competent help, not encouraged by family, friends or co-workers to seek help, not having information or not believing it –

Whatever the reason – for them, depression and anxiety will worsen, deepen and become chronic.

### **50% of disability claims**

This is the reason why mental health problems now account for upwards of 50 per cent of all short-term disability claims among our largest employers.

This is why absenteeism rates in Canada are approaching nine or ten days per employee per year.

Which means this.

If we are to start anywhere in the war against mental illness at work, let it be early detection and treatment, and the workplace is a most appropriate theatre for this purpose.

I am told the key is to reach people in the first six weeks of their symptoms.

### **Window of opportunity for treatment**

That is the critical window of opportunity. And if capitalized on, we can head off time off work – and even avert disability and a lifelong chronic health condition.

Early detection and treatment have been elusive up to now.

Lots of reasons. Stigma, physician training and time to make accurate diagnoses, non-compliance with prescribed drugs, not enough understanding and education among all of us.

But help is on the way.

### **Breakthrough system**

See the card at your place. It previews a tool for employees and their families that has been developed by an all-star cast of physicians in Canada and the U.S. and you will forgive me if I give this remarkable innovation a bit of a commercial plug.

This new instrument of early detection and treatment:

- Brings distressed individuals together with family doctors through information they can understand and their physician can use medically.
- Gives both the individual and the family physician a “care map” to guide treatment for depression or anxiety or both – setting out the latest treatments and knowledge.
- Is confidential in every respect. It is a tool working parents can use to help their family physicians care for them and their children.
- It’s called “feeling better now” and it is coming soon.

I encourage you to inquire about it. It will be available to employers at a nominal price.

### **Early detection first line of defence**

This tool happens upon the scene at precisely the right moment. The reason is this:

- Early detection is absolutely the “first/best” step that employers can take to arrest the insatiable growth in absenteeism and disability which is driven by mental health conditions.
- Early detection is absolutely the “first/best” step to relieve the walking wounded of their burden.
- The walking wounded being defined as those millions of employees impaired by their mental health problems, undiagnosed, untreated and still on the job – often as an act of simple courage or out of fear of losing their job if they talk about it.

### **Hurried, worried and rattled by change**

These are bread winners who are hurried, worried and rattled by change and pervasive job insecurity. Living in quiet desperation, their numbers triple those of the formally disabled.

The impact of their predicament spreads beyond the workplace – and into the health care system itself.

### **Health care cost multipliers**

Individuals suffering an undetected stress-related or mental health condition use the emergency rooms of hospitals and visit their family doctor – three to eight times more than their neighbors.

Some estimates in the U.S. suggest that the earlier resolution of mental health conditions would produce windfall in savings for the health care system – perhaps as much as 50 per cent of the base costs over five to 10 years.

### **Windfall savings**

But even if it were only half that, what a breakthrough that would represent in reducing human suffering and the costs of health care services – costs which could be re-directed into an all-out national strategy of disease prevention.

The early detection and treatment of mental health disorders will cut long-term care costs and reduce disability claims while improving, dramatically, the efficacy and therefore the economics of prescription drugs use.



### **Business agenda for mental health**

Now, all of this said, we know we will not arrest the “unheralded crisis” in mental health through medical means alone. There is an essential business agenda.

On November 14<sup>th</sup>, the Roundtable will unveil that agenda in the form of a “Business Charter for Mental Health and Addictions in the Knowledge Economy.”

To close my remarks this morning, let me describe what this charter will likely say. It will serve three specific goals:

1. The reduction of business and economic costs associated with mental disorders in the labour force;
2. The promotion of productivity and innovation through the promotion of mental health on a large scale;
3. The defeat of social stigma associated with mental health issues.

We will call for management and attitude development programs to help all of us root out stigma in our own approach to mental health issues and, in turn, recognize early symptoms in order to take early and appropriate action with – not against – the employee exhibiting them.

### **Rule out rule**

This is especially so in cases where employee or executive performance has deteriorated, where relationships, for some reason, have waned and output defaulted.

For this, we prescribe what we call a “rule out rule” – which says this:

- Before we punish or impugn a person for performance problems – especially inexplicable ones – we might encourage that person to seek the necessary professional assistance to “rule out” health problems compromising that his or her performance

We call for and will help design benchmarks for defining the likely incidence of depression at any one work site.

We note that in the U.S., 40 per cent of all EAP referrals in several leading companies related to symptoms of depression.

We call for and will help design dollar value standards of healthy work climates bearing upon the outlooks, stamina and mental agility of the people working there.

We plead with co-workers, supervisors, managers and executives to effect – immediately – an e-mail ceasefire in offices across Canada.

Information overload and the emerging 24/7 work cycle – with e-mail at the centre of the crisis are – if I might get technical for a moment – driving a lot of us crazy.

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 too much to do at once.

We recommend the over-throw of office politicians, the reversal of behaviours among managers which waste the time of their direct reports and accelerate stress and tension.

We visualize “take home” information packages for executives, managers and employees suffering the effect of mental health problems among family members with no clear path to follow in contending with them.

Longer-term, we visualize the creation of a health index to shape productivity measures of the future. We call for specific anti-burn-out measures and, in time, we hope to offer a CEO hotline.

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.

The new Charter will centre on CEO leadership to galvanize business organizations and to join the roundtable in declaring 2003 Corporate Mental Health Year in Canada.

The Charter will, in that context, advocate:

- Specific targets to improve rates of early detection of mental health disorders – say by 35 to 50 per cent a year starting in 2003 and over the next five years – and to realize hard-core dollar savings in the form of reduced disability claims, reduced absenteeism and downtime.
- Dramatic increases in the use of employee assistance programs as one investment in employee health.
- Graduated return to work protocols specifically for the mentally disabled – complete inventories of emotional work hazards – and progressive employee work/life strategies to reduce absenteeism.
- The reduction of burn-out and depression rates by 15-25 per cent over three years.
- The creation of a research agenda merging the medical and management sciences around the cause and effect of mental disorders and productive work.

- An information campaign to help business people understand that mental disorders and chronic physical conditions – such as cardiovascular disease – can go hand in hand.
- And a national business and economic strategy to cut this country's average rate of absenteeism in half in five years.

### **Human condition of business**

These are concrete ways for business to rein-in the effects of mental disorders on the performance of their people and thus their ability to compete.

We invite employers to make early detection priority one.

We invite employers to participate in a fully-funded study on the return on investments to be gain from chronic illness is concerned – more on that soon.

We urge employers, customers and suppliers to get the facts of what you can accomplish to help your business by supporting employee mental health as a strategic asset.

- Consider Telus – more than \$600,000 annual productivity savings but \$3 million in averted WCB claims through a long-term wellness strategy.
- Consider Hewlett-Packard – employee back-up arrangements to fight burn-out. Morale soared.
- Consider Chrysler in the U.S. – a 22 per cent decline in psychiatric admissions.

A word to Schedule 2 employers specifically.

You must compete in the market place. But you also serve public purposes.

I encourage you to see the early detection and resolution of mental health concerns as an appropriate expression of who you are and what you stand for.

I understand the Cabinet Secretary named a Deputy Minister's Leadership Group to develop the renewal and revitalization of the Ontario Public Service.

In my judgment, such a leadership group might reasonably put employee mental health on their agenda.

Public servants in this province have gone through a difficult time. Cutting the deficit meant cutting thousands of jobs.

The past eight to ten years have been extraordinarily stressful for public servants and some ministries today are seen as the worst not best example of workplace environments polluted by in-house politics, weak leadership and the struggle for personal survival.

The advancement of public service values is a natural platform upon which to advance the principles of good management which inherently promote the emotional well-being of the workforce.

Good people doing great jobs can only happen if that is true on sufficient scale across the public service.

I say to managers and executives in Schedule 2 companies, contact the Roundtable and say, yes, you are interested in the Business Charter on Mental Health and Addictions.

That you will help light the way and you will help promote the new Charter as a valid demonstration of enlightened employer self-interest.

Public and private sector employers face different destinies.

But we share this common truth.

“What we learn, we must teach. What we get, we must give.” (the words of poet Maya Angelou via Oprah Winfrey).

We can, in that light, do what the Secretary of Cabinet envisions. Work together. Teach together, and learn together.

These are powerful weapons with which to defeat mental illness and roll back the rising rates of mental distress at work.

If 2003 – as we will propose – can become the corporate year of mental health in workplaces across this country, and more important, in the hearts of us all, we will see the ultimate effects of a vision gone right.

In my modest opinion, this could emerge as a vivid demonstration of renewal within the public service igniting “a fire which lights the world.”

Having done that, surely you will have thought big, cared deeply, and acted boldly.

Thank you