

BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL
THE GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE
ON ADDICTION AND MENTAL HEALTH (1998-2011)
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Text of Speech
by Bill Wilkerson, Co-Founder,
Global Business and Economic Roundtable
on Addiction and Mental Health

To

The Annual Conference of the International Society
of Certified Employee Benefit Specialists
San Francisco, California,
August 8, 2012,
Plenary Session

Mental Health in the Workplace
“A hurricane of depression, anxiety and other co-occurring
chronic disorders is storming workplace productivity and
employee health across North America and Europe.
Are we ready for this”?

The Depression MATRIX



“There is much that is physical about mental illness, and much that is mental about physical illness’ - American Psychiatric Association

SPECIAL NOTE

As we scan the workplace mental health horizon, we see the resonant contribution of the Great West Life Centre for Mental Health in the Workplace.

Executive Director Mike Schwartz and Program Director Mary Ann Baynton have built an extraordinary and free public resource.

The GWL Centre is a source of tools, strategies and research support with unparalleled employer utility in the advancement of mental health in the workplace. .

The Centre has also proven to be a huge catalyst for change – leading, working on, facilitating and causing innovations often not bearing its name.

An example of this is the national standards for psychologically healthy workplace its in Canada. The Centre was pivotal in launching this historic initiative

And no corporation has made a greater contribution than Great West Life to the Global Business and Economic Roundtable on Addiction on Mental Health

***Roundtable Co-Founder Bill Wilkerson
August 8, 2012***

MENTAL HEALTH IN THE WORKPLACE

Crisis of Co-Morbidity

1. Global Shift

The world is facing a major shift from infectious to non-communicable diseases as the major public health challenge of the next 30 years.

This poses a significant threat to the productive capacity of our workforces.

In this economy, we cannot afford productivity deficits due to chronic health problems. Which, to this audience, means this:

The day has arrived when employee benefit specialists look beyond tactical financial, administrative, policy or formulary measures to manage health care costs.

This approach is obsolete, dangerously so. Several trends have emerged: high prevalence rates of mental disorders in the workforce, high and growing economic costs – and -

Heavy intrusions into the productive capacity of individual companies, and none of these trends will be reversed until:

- We create real incentives for employers to invest in the productive capacity of their people by investing in mental health research and workplaces where mental health can thrive;

- We secure objective criteria for diagnosing mental disorders through blood or saliva tests and brain technology;
- We nail down the common and variable influences of chronic job stress on employee work performance, cognition and overall physical and mental health.
- We understand more fully how the combination of cognitive behavioral and prescription drug therapies can work together;
- Standards focused on the early detection, diagnosis, treatment recovery and return to both health and function are created and unified. Elements include:

Design and management of employee health benefits.
(i.e. improve 50% compliance with Rx dosage scripts)

Performance management (early indicator)

Chronic job stress reduction (offending management practices)

Disability case management (blend recovery/RTW).
(see Roundtable Final Report re 'Employee Renewal' concept)

2. Deep Inroads of Mental Illnesses

Mental disorders reach deeply into the fabric of the national life of the United States and its largest trading partner, Canada.

But adequate access to treatment and care does not. A couple of statistics make this point: it has been estimated that:

- One in four of those living with a mental illness receive care or treatment, and that one in four of that one in four receive guideline-level care.

Meanwhile, the annual prevalence of all forms of mental illness is conventionally estimated to be 20% of our overall populations.

But that number is misleading in one important respect. According to the largest-ever survey of US and Canadian workplaces we commissioned with Great West Life:

- 18-25% of the working populations of each and both countries experiences depression each year.
- This means that the prevalence of this one disorder in the general population is well below half that.
- Demonstrating that the heavy concentration of depression in the working population.
- Combined with that we note:

The early average age of onset of depression, anxiety and substance abuse.

70% of adults diagnosed with depression have lived with their symptoms since childhood.

Depression, anxiety remain scientifically unknown. But the brain-based dynamics, bodily effects and risk factors are better known.

There are major genetic and epigenetic components -- the latter referring to how our experiences in life and work influence how one's genetic disposition is expressed.

Our mental collisions with our personal and working lives are a determinant of onset. One prominent neuroscientist sees depression more like an injury than an illness.

Along those lines, when I speak to military personnel, I tell them PTSD is like a concussion from the inside out – a serious blow to the brain first, then the skull.

Reversing the concussion process,

PTSD is a normal response to an abnormal event - abhorrence, fear, suffering, sustaining tragic or inhumane behaviour and events.

Those who suffer do so not because they lack something but because they have something: conscience, human capacity for pain - often regret over the plight of others -- and heart.

Severe trauma, emotional distress and depression are the closest thing we have to heart break. These medical conditions are embedded in the human condition and human experience.

The next time one wonders if, say, depression is 'really real' – ask yourself, is a migraine headache really real, and what about Parkinson's Disease, autism, Alzheimer's, epilepsy?

Mental disorders are not exclusively - or even mainly - 'mental' at all. These conditions have physical properties, physical origins, physical and psychological effects.

One of the myths of mental illnesses is that this is an invisible, unquantifiable phenomenon. Not so. So-called 'mental' disorders can be photographed via brain imaging technology.

The reason we lack objective criteria with which to diagnose mental disorders is less because we lack the science and more because we lack the investment.

Nonetheless, the day will come when we will have a blood and saliva test for depression, or the risk thereof – an X-Ray in the form of functional MRIs.

Brain imaging technology will, one day, lead to customized treatments. One leading clinician observed: *'We will then actually treat what the patient has where they have it.'*

3. The Great Depression MATRIX

One of the most vivid expressions of the physical properties and impact of mental disorders is this:

The dramatic influence that depression, a brain-based mental disorder, can have on the course and outcome of several major – PHYSICAL – chronic conditions – to wit:

May I refer you to the Great Depression in the FINAL Report of the Global Roundtable (www.mentalhealthroundtable.ca) (and see graphic at the front of this text).

The MATRIX is a vicious cycle of co-morbid chronic conditions that we must and can arrest - for the health of our people and our economies.

The One Trillion Dollar a Year Challenge

The dollar cost impact of mental illnesses currently wipe out about 4% of the gross domestic product of the US, Canada and Europe, each and every year.

This translates into an economic price tag of more than \$1 trillion a year (US) through lost productive capacity in the workforces of NAFTA and Europe.

This \$1 trillion mental health challenge drains \$570 billion a year from the US economy and \$51 billion a year from the Canadian economy.

Even at that, if not the tip of an iceberg, these numbers are certainly incomplete in measuring the economic toll mental illnesses take each year.

And here's why:

The costs associated with the effects of depression and anxiety disorders on the course and outcome of a wide range of major chronic illnesses have yet to be calculated.

Dr. Thomas Insel, Director of the National Institute of Mental Health in Washington, had this to say about that as a theme for my remarks to you this morning.

“The important message for this audience will be understanding the role of mental disorders, like depression, on the outcomes of conditions such as heart disease and diabetes.

“The evidence is increasing that the leading costs of mental illness are in the extra costs of these chronic (physical) problems that become so much worse in people suffering serious mental illness.”

The ‘physical conditions’ with which depression is often co-morbid range from cardiovascular disease, arthritis and chronic pain to cancer, diabetes, asthma and head trauma.

The findings of a new study by the London School of Economics find that:

“Nearly a third of all people with long-term physical conditions have co-morbid mental health problems like depression and anxiety.”

“These mental health conditions raise the costs of physical health care by at least 45% for a wide range of conditions, including cardiovascular disease, diabetes, and COPD at each level of severity.”

This report says untreated mental illnesses add more than £10 billion a year to British health care costs, one-eighth of the UK health care budget.

Applied to North America, this multiplier translates into 12.4B a year (*8% of \$150B/yr) to Canada’s health care bill and upwards of \$150-\$200Billion a year to US health care costs (*8% of \$2.2Trillion).

These numbers are ON TOP OF the economic impact numbers I mentioned earlier –bringing **the still incomplete price tag** of mental disorders to a conservative \$63 Billion a year in Canada and something like \$700B a year in the US.

Cardiovascular Disease and Depression

Meanwhile, ischemic heart disease and depression are on track to become the leading source of work years lost in the world economy through premature death and disability.

This means the world's greatest killer, heart disease, and greatest disabler, depression, are becoming a powerful one-two punch to the jaw of modern productive capacity.

This, in a world economy:

- That puts a premium on brain-based skillsets.
- Where chronic job stress is a major risk factor for both these conditions.
- And, therefore, a significant workplace health and safety hazard in the contemporary workplace.

At the same time:

- Depression and anxiety disorders are growing faster as a component of the global burden of disease than cardiovascular disease.

- Canadian clinical research found that depression increased the risk of a second, sudden fatal heart attack by 500% among first time heart attack victims.
- Those living with depression have four times more cardiovascular disorders and depression is an independent risk factor for stroke among women.

The scope of depression's effects on brain and body health problems has led researchers at Kings College in London, England to conclude that

“Depression can no longer be described as only a brain disorder; it is a series of changes spanning the brain, genes, and the body.”

Diabetes, Eyesight, Cancer and Depression

Depression is also associated with complications of diabetes affecting eyesight and is significantly associated with premature death within the type II diabetes population.

The constituent diseases of the GREAT Depression MATRIX 'zig and zag' from one to another, complicating risk, compounding danger, worsening outcomes:

- The New England Journal of Medicine reports that diabetes raises the risk of dying from cancer by 25%.
- The Canadian Diabetes Association reports that 80% of those with diabetes die from cardiovascular disease.
- Death rates among cancer patients were found to be 39% higher among those actually diagnosed with depression.

- Supportive 'Oncology Magazine' reports that "cancer related depression is associated with faster tumor progression and shortened survival time."

Mental Disorders Shrink Life Expectancy

Dr. Insel says mental illnesses including depression reduce life expectancy by 25 years. Mental illnesses can have the same effect on life expectancy as smoking and even more than obesity.

The former president of the Canadian Psychiatric Association adds this: "Untreated depression will significantly shorten the lives of those living with diabetes or cardiac disease."

Depression kills by complicating the course of major chronic illnesses and conversely, therefore, by solving depression – by treating it more effectively, - by finding a cure -- we will:

- Save lives from heart disease, stroke, cancer and suicide, and reduce not only the health risks of diabetes but the dangers of cardiovascular disease among those living with diabetes.
- Help reduce inflammation and the effects of chronic pain, counter the course of obesity among young adults and adolescents – and --
- Protect future generations of kids against the childhood onset of depression and anxiety – and the risks of suicide.

Suicide: Leading Cause of Violent Death

Suicide is now the leading cause of violent death in the world today. In the United States, you lose more lives to suicide each and every year than you lost in the entire Vietnam War.

The number of Canadians who take their own lives is equivalent to a jumbo jet filled to capacity crashing to the ground –

- Killing all on board,
- Every single month
- Of every single year
- On-going and forever
- Unless we stop it.

This is a global challenge.

Across North America and Europe, each year, 76,000+ individuals call it a day on life. Consider the desperate face of the youngest of the young who make this choice.

In Canada, suicide is the 2nd leading cause of death among kids 11 to 14 years of age and suicides exceed the number of deaths due to murder, traffic accidents, AIDS, and influenza.

The principle risk factors in suicide are so very human:

- Emotional isolation,
- Malignant loss of self-esteem and usefulness,
- The void of joblessness, grievance and rumination.

We believe we could save 31,000 lives from suicide over the next 10 years through a convergence of certain medical, social, economic, community and schools-based initiatives.

4. *The Workforce and their Kids: A Depression Direct Hit*

"Mental disorders are by far the most important illness for people of working age," the London School of Economics declares.

Among people at work, mental illnesses account for nearly half of all disability related work absence in Canada. The Government of Canada's workplace is especially toxic.

Public servants are off work due to diagnosable mental disorders at a rate 300% higher than the general workforce and 48% of all disability claims relate to depression.

Mental illnesses have an increasingly young face. For example: the average age of onset of depression in the United States is age 26, in Canada age 21.

The average age of onset of anxiety disorders in the United States is 15 and in Canada, age 12. The average age of substance abuse is age 18 in both countries.

In the United States, 48% of Americans will experience a mental disorder at some point in their lifetime. This compares to 37% in Canada.

This translates into an annual prevalence rate of 18 to 25% of the American and Canadian workforce – about 3.03 million to 4.3 million Canadian and 25.4 million to 35.3 US managers and workers.

A Great Convergence

There is quite an irony in the story of the rise of mental illness in the present-day world -- an irony of convergence of two powerful trends.

1. *Brain-based economy*: we now live and work in a brain-based economy which puts a new jobs premium on cerebral skills over manual skills.
2. *Brain-based disorders*: we now live and work in an economy where brain-based disorders are the leading cause of workplace disability.

The CEO of Canada's largest bank calls today's brain-based economy "an economy of mental performance where our people are expected to think, be creative, promote good relationships and be innovative."

Canada's former Ambassador to the United States – and co-founder of our Roundtable – says that in today's "brain-based economy," worker mental health is a strategic asset.

The godfather of modern productivity theory, Dr. Michael Porter of Harvard University, says cost and technology have run their course as the source of comparative advantage for business. The definitive source is now people.

So we deduce this: in a brain-based global economy, employee cognition is the ignition of productivity.

The Canadian CEO of one of the world's largest steel manufacturers: *"The minds, not the backs, of my people now do the heavy lifting for this company."*

A Challenge of Asset Management

In this brain-based economy, the business case for mental health is fundamentally a challenge of asset management – the asset being:

- The cognitive capacity, cerebral skillsets, emotional intelligence, resilience and mental health of managers and employees up and down the organizational chart.

The CEO of the future:

Will deem chronic job stress a work hazard just as real as unsafe equipment or air pollution.

And usher in development of a new generation of psychologically healthy workplaces;

The CEO of the future:

Will cultivate management practices that prevent reasonably foreseeable harm to the mental health of employees such as chronic job stress, burnout, embedded frustration.

The CEO of the future:

Will make executives and managers accountable for psychologically healthy workplaces, quantifying/avoiding management-induced psychological risk.

The CEO of the future:

Will purchase products and services from insurance companies and health benefit specialists who demonstrate competence, in promoting mental health in the workplace.

In Canada, new voluntary standards for psychologically healthy workplaces will be unveiled by the Canadian Standards Association and their Quebec counterpart.

By the way, this initiative was fuelled through the creative initiative and funding of the Great West Life Centre for Mental Health in the Workplace. I chair their advisory board.

5. The Health Benefits Business is Headed for Change

One of the most powerful business incentives for employers to invest in psychologically healthy workplaces is the stimulus this will provide for innovation, a cognitive function.

In this context innovation can be positioned as a deliverable of the psychologically healthy workplace and employee mental health as a facilitator of that process.

This essentially defines a new workplace for the future, where brain health and brain skills constitute a new currency for competitiveness – brain capital.

The Roundtable's Final Report captures the point with this equation: 'Brain Health + Brain Health = Brain Capital.'

In this new workplace, managers will learn to motivate cognitive capacities of employees – the new hard skills of a brain-based economy.

Fairness, respect, job clarity, and clear purpose will counter micromanaging, email and texting overload, tension and distrust.

Employers as diverse as police, fire and rescue services, military, universities, corporations, as well as governments and labor union as employers in their own right.

ALL will face demands for psychological change and reinforcement in the workplace of the 21st century brain-based economy.

Therefore, employee health benefits and consulting services are headed for change, potentially becoming channels to cognitive-based innovation and productivity

As such, the benefits package of the future will offer employee (and family) support and educational opportunities and will be a powerful recruitment and retention tool of the near future.

If the goal of benefits advisers is simply to limit the exposure of your clients to the financial burden of health benefits, without dealing with this new set of challenges, you will not compete.

In Summary

For you, the business landscape is now defined by an epidemic of mental disorders across all walks of life and age groups, consuming 4% of our annual gross domestic product. .

Awareness of this problem is growing, but awareness of solutions, less so. Access to qualified care and treatment is inadequate and accurate diagnosis sporadic at best

A number of practical goals through 2022 might include:

- Mental health promotion and protection strategies become common place;
- Science finds the pathway to depression, facilitating the ultimate remission of symptoms. The cure scenario.
- Co-occurring depression and other chronic conditions are now on the radar screen of all medical specialties and primary care physicians.
- Depression screenings are a routine part of the diagnosis and management of diabetes, heart disease etc.
- Psychologically-healthy standards for the workplace are now the norm, reinforcing occupational health and safety standards consistent with the demands of a brain-based economy.

Let me close with these two points:

First, I encourage you to incorporate mental health in the workplace into your ‘Continuing Professional Education Program for Certified Employee Benefits Specialists.’”

This will empower you to focus, like a laser, on the design and management of employee health benefits that protect and sustain productive capacity in the workforce.

Second, I submit to you the era of the ‘pre-existing medical conditions’ in pricing of or employee eligibility for health insurance must be drawn to a close.

Consider this juxtaposition: pre-existing treatments are to be encouraged to counter the economically-costly, disabling and even deadly effects of pre-existing, chronic conditions.

The expanded risk of premature death and disability associated with the Great Depression MATRIX means that pre-existing treatments – starting early in life if need be - are prudent and necessary for millions of employees and families.

So-called ‘pre-existing conditions’ start earlier in life – and may often extends across life – when major chronic conditions are the primary source.

Therefore, as a measure to protect productive capacity – across whole generations let alone the present-day workforce - pre-existing treatment should be encouraged.

The alternative: expensive loss of time on the job and lost of productive capacity, both of which are otherwise avoidable in the pre-existing treatment if pre-existing conditions.

The future insurance model could provide incentives around employee compliance with Rx prescriptions (now about 50%), lifestyle choices and chronic stress reduction.

Needed is a new approach to both protecting and sustaining both income and productivity, which is the essential purpose of group health benefits and disability insurance.

Therefore, to keep employer costs down within and beyond the cost and eligibility structure of health benefits, let's encourage pre-existing treatments not punish pre-existing conditions.

Text available at <http://www.mentalhealthroundtable>.

Other References

Great West Life Assurance Company

- GWL Centre for Mental Health in the Workplace

A NEW Decade of the Brain:

- Brain Canada
- ONE Mind for Research
- CIHR Mental Health Network;
- Brain Health + Brain Skills = Brain Capital

Glenn Close

- Fighting Stigma by **Changing 1 MIND.**

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