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Notes for Remarks

By

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to

***ONTARIO TEACHERS INSURANCE PLAN
BENEFITS WORKSHOP***

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Let me take you back two weeks ago.

Statistics Canada unveiled the results of its first-ever survey on the mental health of Canadians. This is one of more than 20 such surveys being conducted around the world.

The findings affirmed once and for all that the mental health of Canadians is a compelling national concern. Of this, there can be no doubt.

The survey results also had a human face – and, sadly, a young one. This will be of concern to you – the teachers of the young.

The rising rate of mental illness among our children, adolescents and young adults is a cause of consternation and merits our urgent attention.

The survey told us something else. Only a small percentage of people who need treatment for mental illness actually get it.

That is a shame. You might call it a scandal.

For business, a specific worry is this:

The most vulnerable segment of our population is not only our youth but their working parents. The backbone of our future and our economy.

Mental illness is now the leading cause of worker disability and constitutes upwards of 30 to 40 per cent of the disability insurance claims experience being registered among our largest employers.

A trend that is being recorded in education, among teachers. I will come back to this.

In business, meanwhile, in production losses alone, medically diagnosable mental illness costs more than \$11 billion a year.

When you include sub-clinical conditions such as burn-out, the business and economic costs of worker impairment on the job soars to \$33 billion a year.

Individual companies are now taking stock of what these conditions are costing them in operational dollars quarter-to-quarter and year-to year.

For example, one oil producer estimates the cost at \$275 million annually and a steel producer puts it at \$50-\$70 million a year.

These numbers represent not just the cost of insurance or group health coverage. These are operational dollars which means the cost impact of mental health goes straight to the bottom-line.

As a result, one might say that uncontrolled but controllable mental health costs in the labor force represents an unfunded liability for corporate Canada. This cannot be allowed to stand.

Herein rests the mission of the Global Business and Economic Roundtable on Addiction and Mental Health. A word on that.

We are a network not an organization. A voice to business, not a voice for business.

We began our work in 1998. We enjoy an affiliation with the prestigious Centre for Addiction and Mental Health, a top teaching hospital, research centre and World Health Organization Centre of Excellence.

Our friends and supporters include business leaders from nearly every sector, leaders who have decided mental health is a business issue.

We also enjoy the active support of some of the best and brightest clinicians and scientists in this country and beyond. We are grateful for that.

The business case for mental health begins with the words of Nancy Hughes-Anthony, President and CEO of the Canadian Chamber of Commerce:

“Mental health and work is a bottom-line issue. Employers are losing their employees’ time and sometimes their focus. Business has a strategic interest in the mental health of the labor force, period.”

Or the words of Gordon Nixon, President and CEO of the Royal Bank Financial Group:

“Mental illness and addictions have a direct link to the capacity of people to do what we need them to do in an information economy – to think, to be creative, to have productive relationships and to be innovative. All four are vital to our capacity to compete and are key to any organization’s success including RBC Financial Group.”

We have seen a tremendous growth in the science base of understanding of what mental illness is – and is not.

One of Canada’s leading epidemiologists, Dr. Roger Bland of the University of Alberta, has found that depression is increasingly a disease of the young.

There are more depressed adolescents and young adults in Canada than ever before. The recent Stats Can Study echoes that finding.

Mental illness is killing younger adults at a dismaying rate: 37 per cent of deaths in the U.S. are attributable to mood disorders among 25 to 44 year olds. These people are the heart and soul of our workforce.

Mental health conditions are common. But why are they apparently accelerating? One reason is the intensification of workplace stress.

Absenteeism for personal and family reasons – which includes stress – increased nearly three times in the decade ending in 1993.

Long-term disability claims for what the insurance industry calls “mental and nervous conditions” increased by more than 30 per cent between 1992 and 1994.

The average age of onset for depression in this country is 21 years of age. Anxiety, age 12. Addictions, age 18.

Studies have shown a gradual but steady increase in the rate of depression among kids in their mid-teens.

I noted this earlier. But it merits saying again.

Depression is climbing as the source of global workdays lost. But companies where people enjoy working are generally the more profitable. Those same companies usually have “people plans” integrated into their business plan.

Disability can be forecast by the way employees perceive the values the company is operating by.

Profitability stems from revenues minus cost. But the calculation might also be made as a function of productivity minus disability and stress at work.

Think of it this way. Despair (which can be serious depression) costs business more money each year than work stoppages. “No end in sight” deadlines and relentlessly changing operating priorities undermine employee hope and productivity.

Charter For Addiction and Mental Health

The evidence has mounted to establish mental health as a business issue. In that light, the Roundtable introduced the Charter for Addiction and Mental Health in the Global Economy – this, to concentrate our work around these goals.

- One, the prevention of mental disability.

- Two, the substantial reduction of absenteeism and downtime associated with mental illness in the labour force.
- Three, the defeat of stigma and discrimination.

The Charter asks business leaders to do now what we know now – and that is to prevent mental disability through the early detection of mental health problems.

Ninety per cent of the estimated numbers of cases of these conditions go undetected for years, sometimes forever. We must do better than that. A lot better.

We will recommend to business specific measures to bring about the earlier detection and effective treatment of these disorders.

Broadly, we will arm companies with strategies and tools to:

1. Measurably reduce the main sources of workplace stress;
2. Re-assess and, if necessary, revise their disability and group health plans to present a more effective front upon which to reduce the effects and even the incidence of mental illness at work.
3. Train their executives and managers to deal properly with the behavioral symptoms of mental ill health – and to help managers learn the oral communications and listening skills so necessary to assist their colleagues get the help they need when they need it.

Our program calls for CEO Mandates on Mental Health and Safety to galvanize management teams around this issue in their own places of work.

We will spell out a governance role for corporate boards of directors in protecting the viability of their investment in their workforce at a time when that investment is under attack by a significant public health problem which is essentially out of control.

The Charter encourages business leaders to open a new front – the workplace – in an old war – mental illness – and by doing so, create a clear divide between yesterday and tomorrow.

Mind And Body Are One

Cost comparisons between mental illness and other disease categories have only recently been documented. For instance, the cost burden of depression is about the same in the United States as that of heart disease.

That said, the cold dead hand of stigma continues to grip our perceptions of mental illness as a legitimate disease.

Contrary to historic mythology, mental illness is not a function of character. In fact, it has a physical face. A physical reach. A physical touch.

Science now knows that the brain talks to both our nervous and immune systems which, in turn, communicate with each other. The mind and body are one. Consider this:

- Depression can slow the healing of a cut or gash on your arm or leg. It can make us more vulnerable to infectious disease. There is nothing mental or imaginary about that.
- Depression can increase the risk of a fatal heart attack. There is nothing mental or imaginary about that.
- Depression can complicate the recovery from cancer. Depression and thyroid disease are linked.

Yet, despite growing evidence of the impact of mental illness in all our lives, the existing mental healthcare system is really no system at all.

At best, it is a set of services assembled through successive, relatively ad hoc and incremental responses to the needs of Ontarians from every walk of life who face the challenge of living with mental illness.

This “system” is egregiously under-funded, hard to understand, severely fragmented and difficult to access.

Yet, mental health touches every citizen of the province. Mental illness is as physical as a heart attack is emotional. But the subject is steeped in myth and misinformation.

Stigma and discrimination is the number one barrier to recovery

We ask our leaders in government – in fact, in all communities of interest – to develop a better understanding of mental illness.

How many of us know, for example, that only one of seven critical elements needed to support a person’s recovery is medically-based?

A Government Task Force has made scores of specific recommendations clustered around several themes to re-invent the mental health care system of Ontario. But since last December, the response from Government is one of official silence.

Which is regrettable.

Mental health reform is about the stuff of life. In many cases, it is about the simple joys of independent living.

Mental health reform foresees a world where those with serious mental illness routinely, not rarely, live in their own apartments or houses with neighbours all around them.

It contemplates a time where those living with mental illness will routinely, not rarely, engage in meaningful activities which they have chosen for themselves.

It envisions people living with mental illness having good days and bad. As do we all. The defeat of stigma will allow them this normal experience without being punished for it.

Mental health reform in Ontario and Canada means people with mental illness are defined not by their illness, but by who they are – their preferences, their strengths, their capacity to learn and contribute to their society.

Turning to matters closer to home – and school.

One of the most telling consequences of the tension and stress that has invaded your workplace is the rising rates of mental ill health among teachers. Let's examine this.

Studies done for OTIP paint a sobering picture. Mental disorders are the leading source of long-term disability and prescription drug use among teachers in this Province.

That said, mental disorders (as a source of disability) spread much deeper into the health experience of Ontario teachers.

Mental disorders – and specifically depression – are closely allied with the other leading sources of long-term disability among teachers – specifically, cardiovascular disease, digestive disease, infectious disorders, thyroid conditions, blood disease and muscle, joint and bone problems.

Clinical studies in both this country and the United States show that the biology of depression is linked to the biology of these so-called physical health problems.

Mental disorders are as physical as a broken back, as emotional as breast cancer and when co-existing with heart disease, increase the risk of sudden death.

The disabling effects of depression and heart disease combined are greater than that spawned by either condition alone. In other words, a sum greater than its parts.

Untreated mental disorders are costing the Ontario education taxpayer plenty in other ways.

These costs are equivalent to more than 50 teaching positions in one education district alone. Province-wide, the dollar costs of the untreated mental disorders represents hundreds and thousands of teacher positions.

Which poses this intriguing proposition.

Had the Government of Ontario or the Boards of Education across this province invested with foresight in the prevention of mental disability and the promotion of mental health among its teachers, the result would have been cash savings of a magnitude which, if reinvested, could have gone a significant distance in financing –

- Better salaries for teachers, smaller class sizes, adequate time in the school day for teachers to be colleagues, not isolated but interacting in the task of educating our young.

It is speculation on my part – but fair speculation – that isolation in the teachers' work day is a material factor in depression disability days.

Clinically, isolation – one's isolation from ideas, from the community, from your colleagues, from hopefulness and security – can evolve into mental illness – and specifically serious depression.

It is more than possible that the pervasive job stress produced by the education wars have incited a mental health crisis among teachers.

It is more than possible that the employers of teachers – be they technically the boards of education or really the Government of Ontario – abetted by confrontational teacher representatives – have poisoned the workplace of teachers so as to produce in our schools a public health risk of major proportions.

A public health risk triggered by a stockpile of emotional work hazards stemming from toxic stress and a work environment of declining promise.

I said earlier that mental illness is getting younger. Teenage suicides attributable mostly to depression are a principal cause of the death of adolescents and teenagers. I also said that at the same time, it is targeting their parents – and now, clearly, their teachers.

Where does that leave the children?

The majority of those adults who are diagnosed with depression in the 18-44 age groups are most likely to have experienced their first onset of a depressive disorder sometime before the age of 15.

Parents are bringing job stress home by the bushel. Their lives are increasingly hurried and worried and I suggest it is common sense and it is necessary to assume that in this form, job stress for parents may become job stress for kids which they take from home to school – and back again.

In this context, one fears our children are sandwiched between the importation of job stress into their homes and their classroom.

And if the school environment is such that teachers who can take retirement are doing so in record numbers, then how could children not sense that, not pick up on that, not notice or know that, and not take at least some remnants of that distress home to the their stressed out parents.

It also stands to reason that teachers are on the receiving end of the job stress parents encounter. I am told parent consultations are tougher and, generally, more negative without reflecting on the quality of teaching, per se.

Why should we be surprised? We live in a cell phone civilization where the personal touch today is an e-mail with a first name in the first sentence. This is an environment where intuitive nice-ness is more a genetic predisposition than a practiced skill. The time is now to implement a cell phone and email ceasefire.

Society is sharper around the edges these days. Our emotional state and our physical state are lacerated by that.

And to employers - I say with all the emphasis at my command – it is your job – it is our job – to do what is necessary – and what is plausible – which are one and the same – to reduce the known top sources of toxic stress at work.

Or, sooner or later, someone will do it for you – for us. As in the United Kingdom where a Stress Code has been enacted into law to force employers to deal with unreasonable work loads.

I ask employers, do we need laws to force us to what self-interest and plain old fashioned smarts should inspire us to do anyway. Which is to protect and to promote the mental health of our employees, our families, our children.

Certainly in the education system – there is a direct line linking inseparably the best interests of all three.

All Governments as employer oversee some of the most toxic work environments on the planet.

- Horror stories at Toronto City Hall.
- Senior federal executives – the top people in Ottawa – saying that burn-out is burning a hole in the heart of the Canadian civil service. The Ontario Ministry of Health described by one ex-very senior person as a “hell-hole of office politics.”
- Crazy deadlines, too much juggling between home and the office, budget cuts cutting a line through middle management like a scalpel through skin.

- Decision latitudes shrunk. Centralized control. Bad management making people sick.

The OTIP data sheds light on two themes which merit our attention:

One, the growing influence of social isolation teachers seem to be experiencing in their own work place and, two, the loss of control over their work while expectations increase nonetheless..

In sufficient quantities, these can be predictors of depression.

This tells me that the teacher's work day feels relentless. This is a sure sign of living hour-by-hour with things that don't seem to make sense to you and that do not adequately engage your passion and your skills.

Rumination is a predictor of depression – and rumination often flows from a protracted sense of frustration and perceived illogic and unfairness – even injustice – in the conduct of the business – in this case, the business of teaching our kids.

The OTIP data tells me that teachers love their work (teaching) but, in too large numbers, hate their work place.

This is a conflict that can produce ill health.

Bad management makes people sick – and by bad management, I am talking about competence and leadership.

If the boss feels helpless, the organization feels helpless. If policy decisions are taken in the far distance, their meaning fades at the point and time of delivery.

The OTIP data also tells me this. The loss of control over their daily duties has become, for teachers, a health and disability issue.

Low control, high expectations and low reward is the classic chemistry for deleterious work place stress – and, over time, a predictor of depression disability.

The OTIP data suggests this: that the joy of teaching has been sucked out of the classroom for many teachers who –

- Still love to teach but have decided not to –
- Pay for basic supplies out of their own pocket and do so in a spirit of caring for the kids but, still, feel bewitched by the illogic of a system which requires them to do so.

- And who feel like a political football being kicked from one end of the field – or political spectrum to the other.

The OTIP data worries me along these lines:

- Unless the work place environment of teachers changes for the better, unless there is relief from the education wars, then teacher disability and departure rates alike will incrementally grow –
- Unless boards of education and the next Government of Ontario joins in the effort to defeat depression at work –
- Unless they mitigate the health risks of work place stress at school –
- Unless they promote mental health not as fiction but as a fundamental value of the educational work place –
- Unless these and other things happen, the rate of disability linked to the mental health of teachers will grow incrementally and steadily until one foreseeable day it exceeds 50 per cent of the total disability claims experience of the Ontario Teachers Insurance Plan.

My perception is this:

The impact of the education wars has gone beyond a fight over funding – it is now a question, in my judgment, of human rights and professional integrity. The rate of work-related ill health and disability among teachers is scandalous.

This strikes at the heart of what it means to be a teacher. This triggers questions of personal and professional identity among teachers especially the veteran class and the presence of such issues are consistent with the effects of a toxic work place.

This morning, I reviewed my own reaction to this information with the Roundtable's Senior Chairman and Canada's most prominent mental health advocate – Honourable Michael Wilson, formerly, Canada's Minister of Finance.

We agreed that we would do our modest best to get our outrage about these circumstances to business leaders and to the current and next head of Government in this province.

To that end, we will deliver a letter to the current and future Premier and Ministers of both Education and Health appealing for urgent action by government to recognize and to take the steps needed to reduce the work-related health risks facing teachers.

We will call on boards of education and the Government to face-up to the need for a comprehensive mental health management plan for teachers. Large numbers of teachers today work deep in frustration and desperation. Your employer must do its part to relieve those conditions.

Among other things, a mental health management plan for teachers would entail protocols and standards for confidential screening for depression without reference to job performance.

We will ask the Ministers of Education and Health to create a confidential mental health hotline for teachers feeding into your own psychiatric professional staff or to other locations.

If caught early enough, mental health first aid can lead to the mental health equivalent of a pill to control high blood pressure. In effect, a preventative measure.

We will ask parents of children to monitor the signs, if any, of adult job stress re-appearing in the lives and behavior of their children. Kids today are seeing it – inevitably – at home and school day in and day out.

We will ask the new Premier of Ontario to recognize the mental health crisis facing teachers as an unintended consequence of change in the school system but a consequence just the same and one that must be resolved.

Despair – which is depression – costs employers in Ontario more money each year than work stoppages.

The Premier says he will outlaw strikes and lock-outs in education – and I don't really know if he's right or wrong on this. But I know this much. If he does that, but then ignores or perpetuates the awful job stress of teaching in the school system today, he is, in fact, costing not saving the taxpayer money.

A final word.

Whether it is the teachers' work place, or others, I am confident we can reverse what might appear to be an irreversible tide of toxic stress and the health consequences it bestows on us.

We know what the principal sources of job stress is – and it ranges from the struggle to juggle, and too many responsibilities which do not engage the skills for which we were hired – all the way to office politics and the perceived unfairness of what happens around us.

These conditions are within the power of managers, boards and policy-makers to change.

I say this:

- Preventing mental disability is preventing the preventable.
- Successfully treating mental illness is treating the treatable.
- Beating job stress is beating the beatable.

That said, these things cost a lot more than money. They cost a commitment of compassion, common sense, wisdom and the will to act.

Let us all – in education, in business, in public administration - teach and learn from each other about how to improve not just the work place but the way we feel about our work place. This is the real determinant.

Let us relieve the desperation and end the unnecessary suffering. The long-term disability of depression is both. Beyond the LTD numbers which have got our attention are human beings and families and dedicated teachers we need – in the classroom.

To government I say, teaching is not a cost to cut, it is a purpose to serve.

To business I say, the first investment in the human capital of our economy is the investment in the education of our children. Teachers carry that investment for us.

To education leaders I say, yes, your pressures are real – but as employers, so are your obligations to get the toxins out of the teacher's work place.

To us all, I say, let us visualize the healthiest work place we can imagine – and ask ourselves – then others – why can't our work place be like that?

Remember George Bernard Shaw's words:

It is they who ask that simple question – why not – who change the world in the quest of solutions to adversity.

It is they who ask that simple question – why not – who do the good which is within our reach and within us all.

Thank you.