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

Affiliated with the Centre for Addiction and Mental Health

Resident at GPC International
200 King Street West, Suite 1702
Toronto, Ontario M5H 3T4
Direct Line: 416 598-5790
bill.wilkerson@gpcinternational.com

Notes for Remarks

By

Bill Wilkerson

Co-Founder and CEO
Global Business and Economic Roundtable on Addiction and Mental Health

to

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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. The rising rates 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 our youth and 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.

In production losses alone, medically diagnosable mental illness costs business and the economy more than $11 billion a year.

When you include sub-threshold 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. A steel producer puts it at $50-$70 million a year. A large bank, $25-$30 million a year.

These numbers, remember, are not just the cost of insurance or group health coverage. Mainly, these are operational dollars. This means the cost impact of mental health goes straight to the bottom-line.

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

On this point rests the mission of the Global Business and Economic Roundtable on Addiction and Mental Health. A word on the Roundtable's purposes.

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."*

These statements pump blood into the Roundtable's vision to prevent mental disability in the knowledge economy – to pre-empt the day, twenty years hence, or sooner, when unipolar depression and heart disease converge to become the leading source of workdays lost in the global economy.

Let me emphasize one point I want all of you to hear loud and clear.

The business case for mental health stands not in disregard of fundamental business principles but out of respect for them – a doctrine, in effect, of investing in human resources and expecting a fair return on that investment.

Capacity to Think

Mental health has real implications for an information economy that puts a premium on the capacity of people to think, use their head, interpret information, concentrate and be innovative – which, after all, is a thought process.

Mental health constitutes an axis around which revolve large tracts of human health and personal identity.

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

The Canadian Journal of Psychiatry reports higher rates of depression among young people and those born after World War II. Vietnam War veterans suffer serious post-war isolation and high rates of suicide. War has an aftertaste.

Pollster and social scientist, Michael Adams warns about mood shifts which Canadians will experience in the early years of the 21st Century.

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 Stats Can Study echoed that finding.

In Edmonton, Alberta, among both sexes, the cumulative rate of depression among individuals born after 1945 was nine times higher than for those born prior to 1925.

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.

In the U.K., suicide has risen 75 per cent since 1982 among young men between the ages of 15 and 24 years. In that country, suicide is the second most common cause of death for males between 15 and 34. Canadian suicide rates in this age group are also high.

Overall, about 4,000 people kill themselves each year in this country.

Britain responded to this crisis with a set of specific targets to reduce its suicide rate by 15 per cent by the year 2000. And it has made considerable progress. There is no such initiative in this country.

Mental health conditions are common. But why are they apparently accelerating? Among other things, the evidence points to the intensification of workplace stress which, by all accounts, is on the rise.

Statistics Canada tells us that absenteeism for personal and family reasons – which includes stress – increased nearly three times in the decade ending in 1993.

In the mid 90s, insurance reports tell us absenteeism due to illness and injury generally fell by nearly a day a week and total disability claims increased by just 1.6 per cent. That said, long-term disability claims for what the industry calls "mental and nervous conditions" increased by more than 30 per cent between 1992 and 1994.

Conflicted Times

Mental illness is a heartbreaking voice of our times.

For many, we live in a society where the fundamental givens of life – homes, funded retirement, a job after university – have become unanchored for millions.

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.

Notably, the rate of depression escalated in Taiwan as the country went economically from a "hand-out" to a "leg-up." Money can't buy happiness.

Companies where people enjoy working are generally the more profitable. Adam Smith predicted this at the dawn of capitalism. Those same companies usually have "people plans" integrated into their business plan.

Healthy organizations have core values that their employees see as reality not rhetoric. According to one study, a ten per cent rise in employee education can produce nearly that much in productivity gains, while a ten per cent increase in capital stock – which values fixed assets – can't do half that.

Disability, like bad weather, 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, last May, 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 at this time.

The Charter encourages business leaders to get the facts on a complicated subject and use 2003-2004 as the corporate year of mental health – opening a new front in an old war and by doing so, creating a clear dividing line between yesterday and tomorrow.

Mind And Body Are One

Cost comparisons between mental illness and other disease categories have only recently been documented.

"One yardstick for comparison," a Harvard study says, "is that the cost burden from depression is about the same in the United States as that from heart disease."

Broadly, a number of trends are appearing.

- One is the rise in neuro-psychiatric disorders in the world population, especially in consonance with chronic disease.

- A second is the fundamental change in Canadians' health needs.

- A third trend is the shift from communicable to manmade disease, the advent of behaviour as a major source of disease and injury.

- A fourth trend is the growing knowledge of the human brain, pointing to social, environmental and behavioral influences as triggers in the onset of mental illness and suppression of the human immune system.

- The fifth trend is captured by Harvard's exposure of disability as "the" health challenge of the 21st Century.

- A sixth is the expanding knowledge of genetics.

- A seventh is a human rights, privacy and ethics agenda which business must pay very close attention to. Stress reduction has now been codified in law in the United Kingdom. Do we want that here?

Meanwhile, the cold dead hand of stigma grips so many of our perceptions governing public acceptance 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.

Mental Health Reform

The Ontario Government set the course of mental health reform in this province with its landmark strategy, *Making It Happen,* which calls for a mental health system that is "accessible, integrated, comprehensive and accountable."

It then created nine task forces to produce detailed plans of implementation. The Toronto-Peel Task Force was one of them. I served on that.

As a basis for reform, the Government instructed the Task Forces to put consumers first and create an implementation plan for a community-based system of services and supports.

This was music to our ears.

People living with serious mental illness have a right to the same quality of healthcare as anyone else. And they are not receiving it. This must change.

The past cannot be prologue.

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. For consumers and their families, it is a bewildering maze. The entry and referral process is unclear, uncoordinated and repetitive.

The result is often poor service, limited and inconsistent levels of coordination among agencies and hospitals, onerous duplication and painful frustration for individuals or families trying to access help of some kind – not knowing what they need or where to turn. Their search too often becomes one of desperation.

The current level of public investment in this non-system is insufficient. Especially for consumers with complex or unique needs and those who are typically under-served due to age, gender, ethnic origin, culture, language, sexual orientation, poverty, education or even diagnosis.

Barrier To Recovery

Mental health arguably 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, blunting some of the most important instruments of recovery – a welcoming community, a supportive family, a job, a decent place to live and belong, an understanding word or a visit in the afternoon.

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?

The mental health system in Ontario is plagued by shortages of qualified staff and by insufficient use of evidence-based practices. Unbelievably, in this information age, Ontario caregivers lack the resources and the culture of cooperation even to give consumers and their families decent, consistent information.

We now know that people living with mental illness can and do recover. We also know that to support people in their recovery, significant emphasis must be placed on areas that aren't normally thought of when discussing recovery from a physical illness.

In addition to high quality clinical care, consumers need access to a range of community-based supports – help to secure and maintain a safe, affordable place to live, find and keep a good job, return to and stay in school, and re-establish and form new social connections and friends. Without support in these areas, clinical care can have very little impact.

In a way, it is really just common sense – you wouldn't expect someone to successfully battle cancer if they didn't have a comfortable home to live in, the ability to take paid time off work for treatment, and supportive friends and family members to stand by their side and help them fight the good fight. These things are usually just taken for granted.

In our report to the Government, the Task Force makes scores of specific recommendations clustered around several themes:

1. Increased service capacity.

2. Creating and sustaining housing, education, job opportunities, and social connections as key elements of recovery.

3. Dramatic improvements so consumers and families find it easy to access the system, exit and re-enter it as needed.

4. Increasing the skills and capacity of both general and specialized service providers.

5. Giving consumers and their families an influential voice in shaping and running the system.

6. And achieving greater community and societal understanding of mental illness itself. This is an essential building block for future success.

Mental health reform is about the stuff of life, helping those living with serious and persistent mental illness enjoy the rights and responsibilities of full citizenship – and the simple joys of independent living.

Our implementation plan sees a world where those with serious mental illness routinely, not rarely, live in their own apartments or houses with neighbours all around them.

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

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

People with mental illness represent every walk of life. Our implementation plan simply contemplates giving each the opportunity not to be defined by their illness, but by who they are – their preferences, their strengths, their capacity to learn and contribute to their society.

Our plan calls for more than $250 million of new money for the mental health systems in Toronto and Peel alone over five years.

This will ultimately go to building a mental health system where compassion and common sense become affordable and productive alternatives to disorganization and indifference. This is a worthwhile investment for the Province to make.

So far, the Government has signaled its support of our recommendations. The throne speech set out an initial province-wide investment and declared its intention to create a Premier's Council on Mental Health which we recommended as a means to keep the topic front and centre at the political level.

But these statements of interest – as welcome as they are – do not constitute concrete action when that is what is urgently called for.

We have expressed my personal disappointment to the Government on this – and whatever the outcome of the current election, I am determined to keep mental health on the agenda of government in this province.

Let me close my remarks with a comment from the Deputy Chairman of RBC Capital who describes it as a "no brainer" in the decision to invest in employee mental health.

Indeed, investing in our people makes sense. Employer investments in EAPs produce a 4-1 dollar return.

We know that investments in health-sensitive management practices can reduce turn-over by seven to ten per cent a year and improve the earning power and net income of employee and employer alike.

We see Chrysler Corporation achieving 22 per cent reduction in the incidence of mental illness in its labour force through a defined mental health employee benefits

We know business has the means and the money to reduce excessive turn-over rates, insurance premiums, and accident rates. Do we have the will to do so?

By unearthing the so-called unknown costs of mental illness, we can sharpen our competitive edge. We know that too.

Let us take the steps necessary to do these things – to learn and to educate and to end needless suffering among our employees, and their families by treating the treatable and beating the beatable.

Let us look at the healthiest of healthy workplaces and envision our own and ask why not. For it is they who ask this simple question in the quest of solutions to adversity who change the world.

Thank you.

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