



*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](mailto:bill.wilkerson@gpcinternational.com)

**Keynote Address**

**by**

**Bill Wilkerson  
Co-Founder and CEO**

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

**To**

**The World Psychiatric Association Second International Conference on  
The Stigma of Mental Illness  
“Together Against Stigma II: Across the Life Span”**

**Queen’s University, Kingston, Ontario**

**October 9, 2003**

*(Check Against Delivery)*

**Keynote Address**  
by  
**Bill Wilkerson**  
**Co-Founder and CEO**  
**Global Business and Economic Roundtable on Addiction and Mental Health**  
**To**  
**The World Psychiatric Association Second International Conference on**  
**The Stigma of Mental Illness**  
**“Together Against Stigma II: Across the Life Span”**  
**Queen’s University, Kingston, Ontario**  
**October 9, 2003**

I am honored to be here and to share this platform with such distinguished guests – and delighted to see so many friends in the room.

From the CPA, CMHA and Canadian Schizophrenia Society of Canada – to the Institute of Neurosciences, Mental Health and Addictions.

My compliments to the World Psychiatric Association for its tremendous leadership in the battle against stigma.

I also salute the “Open the Door” global program as an innovative and valued contribution to this effort.

At the outset, may I presume to say a word to His Honour, the Lieutenant-Governor.

Your personal support of mental health, your presence this evening and the powerful, persuasive and clear voice you have brought to this subject makes all Ontarians and Canadians very proud. And very grateful. Thank you, Sir.

On this occasion, may I bring to each of you the best wishes of the Roundtable’s Senior Chairman, the Honourable Michael Wilson, who would be here this evening were it not for a previous engagement.

As the former Minister of Finance of Canada and a leading figure in commerce and finance – Mr. Wilson’s advocacy of mental health has had great resonance in business and industry.

His is an agenda of enlightenment.

Dr. Paul Garfinkel, President and CEO of the Centre for Addiction and Mental Health at the University of Toronto is known to many of you. He is the Roundtable’s Co-Chair and he too sends his best regards.

Dr. Garfinkel has been a strong and articulate campaigner in this country against stigma and for an alliance between business and psychiatry to fight this great fight through joint action through common purpose.

I'm pleased to note that the Centre for Addiction and Mental Health is celebrating its 5<sup>th</sup> Anniversary and this milestone will be acknowledged by the Lieutenant-Governor – The Centre's Patron – tomorrow afternoon.

Your Honour, I get to see you twice this week – which for your goodwill may well be too high a price to pay even for you.

Permit me to speak first, to those of you from the scientific and medical community, I wish to say something you hear seldom enough – thank you.

Think about what you do.

You open new frontiers of hope for untold millions who otherwise live – uncertainly – with little hope to spare.

You do this as a matter of normal course. It amazes the rest of us. We are grateful.

To those consumers of mental health services gathered here, permit me, as an employer and business person, to say simply this – you are a shining example of the courage to come back.

Yours is the achievement of recovery – yours is the affirmation of your personal growth and insight – yours is a story of renewed citizenship.

To your families, I say this: my work on a government task force over the past two years, taught me that as caregivers, you deserve not only our admiration, compassion and support.

You deserve a fair share of our tax dollars for the care you provide – as a matter of family love – that government hasn't, can't or won't – as a matter of natural duty.

To those mental health advocates assembled here, permit me to assure you that more and more of us hear what you say and believe what you do –

So take heart – I know you will – always – and don't give up – I know you won't – ever.

To business people – in this room or beyond these four walls – I say as one of you – listen up.

The economic incentives for us to become informed about mental health and addiction issues are strong and growing stronger.

Consider this. In a global economy, innovation is king. It is a wet-stone which sharpens our competitive edge –

It is also a mental function performed by people – and the resource needed to perform this function is the very one under siege by the world crisis in mental health.

Innovation, inarguably, is the feature of business which distinguishes a successful company from a less successful one.

It is also a human cerebral skill – and, in fact, 85 per cent of the new jobs coming on-stream in the North American economy require cerebral not manual skills.

Innovation is a capacity to think and be creative –

It is resilience at work –

In effect, it defines a state of mental health which employers recruit for – it has economic and commercial value.

And innovation defines the global information economy as the 21<sup>st</sup> century economy of mental performance.

This economy of mental performance is a place where the “thought content” of products can have greater cash value than the physical properties housing those products – plastics, steel or aluminum.

In this economy of mental performance, mindsets influence the course and profitability of business.

In this kind of economy, the brains of employees – not their backs – do the heavy lifting of business.

In this kind of economy, “thinking is in” and there is ample incentive for business, therefore, to invest in the capacity of their people to use this (the brain) skillset.

On this proposition rests the Roundtable’s Business Case for Mental Health. The voices who make this case can be heard in this country well beyond this person at this podium.

It is the CEO of the Royal Bank of Canada who says this.

It is the CEO of the Canadian Chamber of Commerce who says this –

The Chairman of Pepsico who says this –

The CEO of a large steel maker who says this –

The CEO of a large real estate company who says this –

The Canadian CEO of IBM who says this –

The Chairman of Alcan – the world's largest aluminum company – who says this –

It is the Chairman of a huge natural resource company – who says this -

The Roundtable is presently conducting a series of CEO strategy meetings to flesh out and execute a concept we call Corporate Leadership in Mental Health.

It focuses squarely on the role corporations must play in arresting the prevalence rates of mental ill health in the labour force; the role corporations must play in preventing mental disability, stigma and suicide especially among men in their middle years.

This is a strategy which aims to mobilize lead corporations in Canada, the U.S. and Europe over the next three years through hard, actionable information on the causes and effects of mental ill health in the labour force.

To this end, the Roundtable has designated 2004-05 The Business Years for Mental Health.

In this strategy for corporate leadership in a field not occupied by business before, we ask business leaders to act now on what we know now.

We now know that men and women in their prime working years are the most vulnerable to mental illness in the labour force.

These breadwinners are the backbone of our economy, the depth of our labour pool and the buying power of a whole generation.

This is a business incentive to act.

We now know that mental illness—and specifically depression – is the leading source of worker disability and, by far, the driving force behind the majority of disability insurance claims in Canadian industry today.

This is a business incentive to act.

We now know that mental ill health is costing businesses in North America more than \$300 billion a year in lost production alone. This is a business incentive to act.

We now know that mental illness and physical chronic disease are closely linked – this, in turn, links the human capital interests of the old and new economies alike.

We now know that bad management practices can and do make people sick. This is an incentive for business to act.

We now know that as an industrialized society, we have become accustomed to emotional distress as a fact of work in modern life. Job stress is counter-productive and very expensive.

This is an incentive for business to act.

We now know that human despair and worker rumination cost business more each year than strikes or product recalls.

Breadwinners are hurried, worried and rattled by the churn of pervasive change in their lives.

These are financial incentives for business to turn the treadmill off.

We now know – by the economic facts, not just the human suffering which has gathered before us – that the mental health of the labour force in the global economy may well be the single greatest, most complex and most compelling issue facing corporations today. Truly, it is the issue of the times.

This is an incentive for business to act.

Michael Wilson wrote to his former colleagues – the finance ministers of the G-20 nations and said this: “The rising tide of undiagnosed and untreated mental illness is draining industrial productivity from the world economy like a slow leak in a ship at sea.”

This is an incentive for business to act.

We now know that mental disorders and physical chronic illness have connections. This implicates dramatically corporate employee health and return-to-work plans.

Where we see corporate leadership internationally in matters such as AIDS and eldercare, so too, should we see corporate leadership in mental health on an international scale.

The Roundtable will seek to do this. We ask the World Psychiatric Association to join us in this quest.

Canada is well-placed to lead in such an endeavour. And, perhaps it is our destiny to do so.

Historically, in the original mental hygiene movement, Canadians were present at the creation of the World Federation for Mental Health.

Historically, Canadians have been present at the creation of new and humane methods of treating mental illness and the world has benefited accordingly.

Canadians are center-stage today in vital new clinical research establishing the links between depression and heart disease – and the gender implications thereof.

This tradition of research and discovery continues at Queen's University and that is a source of great national pride.

The Canadian Armed Forces is showing originality and care in dealing with the higher rates of depression and post-traumatic stress disorders among their men and women on the front-lines in Afghanistan, Rwanda and Bosnia.

Many of those Canadian soldiers are decorated war heroes. Therefore, can it not be said that depression and post traumatic stress are afflictions of the brave.

Let that be known.

Last May 14<sup>th</sup>, Corporate Canada endorsed the Roundtable's Business Charter for Addiction and Mental Health in the Global Economy.

The Charter spells out the context and substance of the goals I described earlier and frames them as our Vision 2020.

These are appropriate, cost-effective strategic corporate goals and will be acted upon as such.

On November 12<sup>th</sup>, we will put some muscle on that vision:

One, we will release the results of the first-ever CEO Survey on Mental Health sponsored by the Bank of Montreal.

Two, we will release a concrete tough guideline on corporate leadership in mental health for corporate boards of directors, CEOs and senior managers.

This guideline will emphasize the importance of healthy work environments and the infusion of this principle into management performance and promotion standards.

This guideline will promote early detection and treatment targets, the elimination of the top ten sources of job stress, education to counter misinformation and financial goals tied to disability prevention.

We will lay out a business-led research and investment agenda to be called the human capitalization of business targeting those same Charter objectives.

I say to all of you in medical research who now see mental health and the workplace as an inviting, even hot prospect for funding. Consult business first in meaningful and substantive ways. Do not import into this fresh work old misconceptions of the workplace and the needs of employers and employees alike.

I am pleased to report Ron Kessler's current landmark study into work and health will be expanded into Canada this year. Dr. Kessler's work is a model of business engagement.

Last year, the Roundtable took a more sanguine step. We unveiled 12 workplace gifts of affirmation for times of stress and anxiety.

In some ways, these gifts are personal and powerful tools to promote mental well-being at work.

Let me close with a short sampling of these workplace gifts. I recommend them to all who work in the company of others.

***The Gift of Clear Expectation*** -- Let us be clear what we expect of others at work and respectfully convey that information.

***The Gift of Job Fulfillment*** -- Let us remember that a pay cheque buys bread for the table. Job fulfillment buys bread for the soul.

***The Gift of Inclusion*** -- More than ever, at work, keep people close and engaged. Don't let email sap human contact from your place of work.

***The Gift of Listening*** -- Give this gift to someone everyday.

***The Gift of Trust*** -- Let your co-workers know you believe in them.

***The Gift of Being Home*** -- In these nervous times, people think about their kids and their families a lot. Respect this.

***The Gift of Fairness*** -- It treats the wounds of life and work.

A final word.

Nothing I have said this evening is earth-shattering or even enough. But I address you with a great sense of confidence and optimism for the subject at hand.

Thanks to the WPA and other such bodies, we know more than we have ever known about mental illness. Treatments work. Lives are recovered.

Great segments of the population are awaking to the simple justice, profound truth and natural consequence of mental health issues as part of the human journey.



This makes me smile. It should give us all enormous hope.

But let that “hope be restless and forever on the wing” because now we must aspire to great leaps forward.

Let us visualize a world where the acceptance and successful treatment of mental illness is routine not rare. Why not a world like that?

Why not a world where suicide is less common and where the eyes of a despairing child never close on tomorrow because she lost hope today.

Let us abide the poet’s words: “Hope is the only tie which keeps the heart from breaking.”

Why not a world where 12-year old kids are not medically anxious but appropriately carefree.

The average age of onset of anxiety disorders in Canada is age 12. We must not, in this matter, let the past be prologue.

Why not a world where mental illness happens – as surely it will – but not at the cost of human dignity.

Why not the world that you foresee at this Conference on Stigma – a “world”, as it was once written “where human understanding is naturally right and has within itself a strength sufficient to arrive at the knowledge of truth.”

Such a world need not be a brave world – in case that is beyond us – think of it simply as a sensible, sane and gloriously human world.

Let us, therefore, in the light of our humility and concern and new-found knowledge, listen to the admonitions of the great George Bernard Shaw and see things as they might be – and ask why not.

Why not a world where we all belong. Surely this is our larger quest.

In God’s name, why not a world like that.

Thank you.