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

Affiliated with the Centre for Addiction and Mental Health

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Highlights of Remarks
By
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To
Ontario Teachers' Federation
Healthy Schools – Healthy Minds Symposium
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I am not alone in coming here today. Senior representatives of the Ontario Chamber of Commerce are here to demonstrate their interest in your important initiative. The presence of Paul Morgan, Stuart Johnston and Ryan Clarke reflects the Ontario Chamber's support of public education.

Not only that, the Ontario Chamber has now joined the Roundtable to play a leadership role in promoting the mental health of the Ontario and Canadian labor force.

Educators aspire to – and achieve excellence.

Next week, two Toronto schools will receive silver medals from the National Quality Institute for their exceptional achievements in serving the children entrusted to them.

Congratulations to Henry Hudson Senior Public School and the R.H. King Academy. This is a very competitive award. These schools deserve all the credit in the world for a job really well done.

Mental Health: Compelling National Concern

Study after study affirms that the mental health of Canadians is a compelling national concern – 20 per cent of our population suffers a mental disorder each year. But only a fifth of that fifth get the medical help they need.

The lack of access to specialized health care for those suffering mental illness in this province – and this country – is a disgrace.

Arguably, for all practical purposes, the Canada Health Act excludes – shuts out – those living with mental illness – and perhaps the most egregious expression of this default is the lack of psychiatric care for adolescent and pre-adolescent children in crisis.

Mental illness – spawned in part by problem job stress – haunts our places of work like polluted air.

Depression is the most common and disabling form of mental illness in the labor force – and constitutes upwards of 30 to 40 per cent of the disability insurance claims experience being registered among our largest employers – the same among teachers.

Having said that, I have just learned that mental health problems represent 70 percent of all teacher disability in one school district in Ottawa.

In the form of industrial production losses, mental illness costs Canada more than $11 billion a year and when we factor in sub-clinical conditions such as burn-out, those costs soar to $33 billion a year.

As a result, individual companies are now taking stock. For example, one oil producer estimates the cost of mental illness in its work force – as a percentage of annual net income – to be $275 million – the price of 11 million barrels of oil a year.

A steel company puts the cost at around $60 million a year. Big numbers. Big problem. And remember: these are production numbers and bottom-line dollars.

We are beginning to get a clearer picture of where, how and why these trends are having their biggest impact. For example, it appears that the predictors of depressive symptoms vary among occupations and workplaces.

In the case of factory workers, for example, health and work performance can deteriorate in the face of minimal control over workload and excessive environmental noise.

Among office workers, health risks associated with role ambiguity and the lack of control over workload and the absence of support from co-workers take their toll.

For teachers, job strain, pervasive uncertainty, the piling-on of expectations, too many bosses but not enough leadership all pose health risks over time.

More generally, isolation and rumination (seething) in the work force can predict depression. Weak management and unclear policy directions sow the seeds of worker distress and downtime.

The Roundtable has published a top ten list of workplace stress and those management practices which are most likely to trigger or aggravate mental health problems among employees. These are posted on our web site. (www.mentalhealthroundtable.ca)

Adult Job Stress on Kids

I speak frequently of the young face of mental illness – and the effects of adult job stress on kids at home and school. It seems to me

It seems to me that we are exposing our children to a kind of second-hand smoke generated by a relentlessly hurried and worried way of life where the struggle to juggle home and job obligations by working parents is sucking spontaneity (for their kids) out of the family experience.

For kids – like adults – home stress and work stress are synergistic – the effects compounded like an emotional interest rate and the root causes assimilated.

The rising rates of mental illness among our children, adolescents and young adults merit our urgent attention. Consider this:

- 37 per cent of deaths in the U.S. are attributable to mood disorders among 25 to 44 year olds. The heart and soul of our workforce.

- The average age of onset for anxiety is age 12; depression, early 20's; substance abuse, late teens.

- *UNICEF tells us that Canada has the third worst record in the world for suicides among adolescents in the 15-19 age range. This is about 10 per cent of all suicides in Canada.

- A third of Canadian suicides happen in Ontario – and nearly one in three occur among children and young people ten years and up (into early adulthood).

- Canadians kids – 18 and 19 years old – kill themselves at a higher rate than U.S. kids.

- US studies tell us that gay youth are two to three times more likely to attempt suicide than "straight" teens – and 30 % of teens who complete suicide are gay or lesbian.

Meanwhile, suicide among children in aboriginal communities is five to six times higher than the national experience. This fact was tabled at the recent First Ministers Health Care Summit.

Suicide rates among young people have increased all over the world. We have reached this tipping point. In North America –

- Suicide is the second leading cause of death among 15-24 year olds next to fatal accidents and –

- Suicide kills more Americans and Canadians -- of all ages -- than homicide, AIDS, and traffic accidents combined.

A cynic might say suicide is a risk of growing up. Well, maybe so, but let's understand this: suicide is preventable, depression is treatable and both merit a place on your healthy schools – healthy minds agenda.

That said, the Ontario Suicide Prevention Network is concerned that schools are not adequately equipped to provide the vigilance and interventions needed – citing a chronic lack of training for teachers, support staff and school board personnel – and saying this:

"Today any number and type of school board staff including school administrators, special educators, guidance teachers, classroom teachers, chaplains, social workers or school psychologists manage suicidal behaviors in schools but lack sufficient training to do so."

School boards who ask or expect teachers to intervene in these matters – as a fiduciary duty – must provide adequate training or run the risk of serious liability if a tragedy ensues.

The Mental Health of Teachers

The mental health of our children is one obvious focus for a healthy schools – healthy minds strategy. The mental health of teachers is another.

Depression is the leading source of long-term disability and prescription drug use among teachers in this Province, a telling consequence – one might speculate – of the tension and stress that has invaded your workplace.

In this light, it is important that school boards and school principals give teachers every opportunity to learn as much as they can about these disorders and how to respond to them – among themselves, among others.

Co-worker support is critical to early detection. Isolating teachers in a classroom might seem efficient and logical but what other workplace is forced to keep its key people out of touch with each as a matter of policy.

There is adequate science now to prove that depressive disorders are closely allied with the other chronic conditions – specifically – cardiovascular disease, digestive disease, infectious disorders, thyroid conditions, blood disease and muscle, joint and bone problems.

Clinical studies here and in the United States link the biology of depression to the biology of these so-called physical health problems. Let's be clear:

Mental disorders are as physical as a broken back and as emotional as breast cancer and when it travels with heart disease, depression increases the risk of sudden death.

Untreated mental disability is adding to Ontario's education bill – the equivalent, I am told, of some 50 teaching positions in one school district alone. Which poses this intriguing proposition.

Investing in the prevention of mental disability and promotion of mental health among teachers will produce substantial cash savings and help fund education priorities such as smaller class sizes.

Kids at risk, teachers at risk are two columns of healthy schools – healthy minds. Promoting and protecting the well-being of administrative and support staff is a third.

Later this year the Roundtable will consult members of the caring professions and those holding service jobs such as fire, rescue, 911, police, air traffic control, military and public utility emergency services.

The purpose: to develop a roadmap for mental health and safety not only for those who serve on the front-lines and in the back office. I hope to present this Roadmap to the annual meeting of the Canadian Association of Chiefs of Police in Vancouver in March.

This sector-specific roadmap into a broader Roadmap for mental health, safety, quality and excellence in workplaces of the 21st century.

I invite you to join this initiative to support the mental health and well-being of your kids, your teachers and your support staff heroes.

I recommend that you forge a "Partnership in Health" unifying school boards, teachers and parents in support of Healthy Schools – Healthy Minds in Ontario – and establish three broad goals:

- Measurably, to arrest and reduce the rising rates and staggering costs of mental ill health among teachers in this province;

- Measurably, to promote the mental health of kids at school and to protect them against the risks of suicide facing their generation;

- Measurably – and creatively – to break the circle of adult job stress surrounding kids at home and school.

Roadmap to Mental Disability Management

I urge you – with urgency and dispatch – make a solid commitment to reach out and to return to the classroom those teachers now on long or short-term disability.

For ideas on this, consult the Roundtable's Roadmap to Mental Disability Management published in July and now posted on our web site at www.mentalhealthroundtable.ca.

The Roadmap identifies five management practices and behaviors which pose a risk to the health of the work force and these are --

1. Imposing unreasonable demands on subordinates and withholding information materially important to them in carrying out their jobs.

2. Refusing to give employees reasonable discretion over the day-to-day means and methods of their work.

3. Failing to credit or acknowledge their contributions and achievements.

4. Creating a treadmill at work – too much to do all at once all the time.

5. Creating perpetuated doubt, employees never sure what's happening around them.

The Roadmap explodes the main myths of mental illness:-

- Myth: Employees suffering depression are damaged goods and can't recover or come back. Wrong on every count. They can, they do and with basic management support, they will.

- Myth: Employees suffering depression and anxiety pose a risk to their co-workers. This is nonsense.

- Myth: Employees suffering mental health problems are unreliable employees. Wrong big-time.

- Myth: most mental health disability insurance claims are fake. Wrong. About 20 per cent involve malingering.

- Myth: mental health problems give employees an excuse for taking time off work. Wrong.

Employees most frequently diagnosed with depression tend to be in the 10^{th} to 12^{th} year of service with the same employer. Most work through their health problems until they crash.

- Myth: depression reflects a weaker disposition.

Wrong –

- Big-time athletes are treated for depression – in their case, a disorder of the strong.

- War heroes suffer depression – rescue pilots – who put their lives in danger every day – suffer depression – in their case, a condition of the brave.

The Roadmap alerts employers to the breeding grounds of burn-out at work – and the pathways to depression:

- A bad match between the demands of an on-going job and the individual's resources and skills to handle those demands.

- Taking serious responsibility without authority, recognition or appreciation.

- Losing or lacking control over the things that need to get done.

- Work and role overload.

- Unclear functional goals as a steady diet.

The Roadmap pictures the faces of problem job stress among middle managers:

1. Growing irritability and impatience, "no end in sight" reactions to even routine requests for information.

2. Inability to stay focused, finishing other people's sentences to "save time," wincing at new ideas (who needs another new idea), being unable to sit still, looking distracted and far away.

3. Staying out of sight, keeping the world at bay, being testy about casual interruptions such as a phone ringing, not looking up when talking to others.

4. Treating the concerns of others about workload and deadlines with contempt and "join the club" sarcasm.

5. "Working at home" to avoid the negative energy of the office;

6. Limiting eye contact with others except to "react," finding it painful to smile openly, your cheeks heavy, a fuzzy feeling behind your eyes.

7. Eventually, physical symptoms of pain and burning, breathing troubles, back problems. Burn-out may migrate to a diagnosable and dangerous medical condition.

The Roadmap sets out key principles in the management of mental disabilities and in doing so --

- Urges employers to halt the migration of employees on short-term disability to long-term disability. STD is the period of recovery.

School administrations and health professionals in the education system by and large lack the ability to track the progress of those teachers off work and on disability.

Well, until you get it, contact your colleagues at home, get a reading from them on their perception of their recovery and the adequacy – in their mind – of the treatment and support they are receiving.

Qualified nurses can act as treatment coaches, one-on-one, empowering the individual with information and encouragement to ask questions if their own instincts and experience suggests that the recovery process, for them, has stalled.

The Roadmap says –

The longer an employee is off work for any reason, the less likely he or she ever comes back: 75 per cent come back after 12 weeks; two per cent after one year.

Contact and communication between the work place and the employee throughout the disability period is key. Isolation deepens depression.

Ironically, the threshold of highest risk in the return to work from mental disability is the point at which the employee is cleared to do just that.

The Roadmap introduces "The Green Chart" – an innovation to collect and house information needed by the physician, case manager, employer and employee to build a RTW plan.

The Roadmap:

- Offers employers a "rule-out-rule" to separate mental health symptoms from garden variety performance and relationship problems.

- Illustrates how employees can help themselves through the personal action plan of one young mother recovering from bipolar disorder.

- Says employers must understand that the employee's recovery and gradual return-to-work must be mutually-reinforcing. These are not absolutely separate and distinct phases.

The Roadmap tells us that the crossover between unrecognized symptoms of a mental disease and performance/relationship problems on-the-job is one of the most complicated features of mental disability management.

Symptoms of mental conditions can be mistaken for a “negative attitude” on the job. This doesn’t happen when an employee has a physical injury such as a broken arm. It is self-evident he or she cannot function 100 per cent.

But with depression and anxiety, nothing is self-evident to managers or co-workers – and while, depression, like other injuries and illnesses, affects the performance of the individual employee, the reasons usually go undetected and unrecognized.

Study after study shows that employees returning to work from mental illness do so successfully when they receive proper treatment, support and the benefit of a fair return to work process.

The return to work from mental illness need not impose unreasonable demands on the employer or prove onerous to either the employer or employee. And in the course of the employee’s recovery and return to work:

- Employers do not need to know the nature of the diagnosis of the disabling illness that is involved in any given case. This information is private and confidential.

- Employers do need to understand, support, and participate in a return-to-work plan which will inevitably involve customized adjustments in tune with the employee’s job and hours of work.

- Employers do need to know that while the employee is coming back, he/she is not 100 per cent and gradual RTW is necessary to help the individual catch-up with things, get up to speed and build tolerance and endurance.

And let’s remember this. teachers who achieve recovery from depression are still teachers who belong in the classroom.

I have talked frequently with one teacher who is ready to return to work according to his physician, who wants to return to teaching and, yet, is going through a belabored and punitive return-to-work experience at the hands of his employer and union.

And be clear on this: unions and employers share equally the duty to accommodate his gradual return to full-time work. In some cases, the human rights of the individual will supercede the provisions of a collective bargaining agreement.

For many of you, the achievement of recovery becomes a learning experience that gives them new insights into human behavior and makes them better teachers.

Schools, uniquely, are a community in their own right – a community where adults and kids live and work together, where family and public interests converge appropriately.

Let this serve as a starting point for your healthy schools- healthy minds strategy – indeed, schools in this province can become a model community where –

- A partnership in health thrives and where mental health, safety and quality each have a natural place in the pursuit of excellence in public education.

John Kenneth Galbraith once wrote that the first test of leadership is “the willingness to confront unequivocally the major anxieties of their people in their time.”

Let this concept shape our commitment to healthy schools – healthy minds for teachers, kids and staff personnel alike.

Let the words of George Bernard Shaw light our way – “there are those who see things as they are and ask why, I see things as they might be and ask why not?”

Why not a school system where the promotion and protection of human health is a defining feature of public education in the 21st century.

Why not indeed.

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