

## Introduction

### WHAT THE PLAN IS

The *2006 Business and Economic Plan for Mental Health and Productivity* is a history. It is also a map for directing us how to implement a plan for dealing with mental illness when it manifests itself in the workplace.

It is the story of how literally hundreds of experts, business people, government people and individuals, who are concerned about mental illnesses in the workplace, have shared their knowledge and expertise to develop a persuasive conversation about what must be accomplished in changing the way we deal with mental illness in the workplace.

As a result, this paper explores rationale and ethical and corporate responsibilities. It also sets out a framework for defining the problem and the principled systems for action. What remains is to continue to implement these creative solutions and to evaluate and refine their implication so that the effects of workplace mental illnesses are mitigated.

Since 1998, Canada has been home to the development of a business and economic strategy to promote mental health and reduce the disabling effects of depression, anxiety disorders and substance abuse.

Canada has the knowledge and tools to significantly improve our prevention, recognition, treatment and reintegration strategies in relation to employees with psychiatric disabilities.

Therefore, this document defines, in depth, the problems and solutions associated with mental illness as well as comorbid conditions in a knowledge-based economy.

This document travels from general facts to specific interventions. It calls for a re-shaping of workplace practices in a brain-based economy so that employees are treated like the assets that they are.

This information is a compilation of the work that has been accomplished, since its inception, by the Global Business and Economic Roundtable on Addiction and Mental Health. It includes the facts and rationale for intervention in the problem of dealing with workplace mental health and illness.

After the introductions of the subject, the paper is divided into four parts that will help you decide which section might interest you.

Part I is concerned with the rationale for dealing with the issue, Part II defines the problem and Part III explores a model for action.

Part IV is action central. There are 11 modules. The modules are really roadmaps delineating strategies at each level of an organization. They point out the necessity of board level knowledge regarding corporate responsibility, personal and cost impacts, and productivity implications. They aim at the necessity of CEO commitment and leadership regarding implementation of the plan.

Management policies are framed to deal with education and training regarding awareness and stigma and workplace hazards, the complexities of disability management, and ultimately with the successful reintegration of the employee to the workplace.

A model for articulation between workplace, employee and health care is also offered and the legal implications, human rights and mental health are discussed with real precision.

Finally, links are made to the National Quality Institute Healthy Workplace Strategy and although much progress has been made, much is left to be done. Therefore, the Plan identifies further issues for study and resolution.

## **OVERVIEW**

### **1. THE STAKES**

Mental illnesses are big news touching tens of millions of lives and costing tens of billions of dollars in Canada alone.

Conservatively, we estimate that 7.5 million Canadians – each year, every year – actually suffer depression, anxiety, substance abuse or another mental disorder.

That's one in four. When you extend that number to family members, friends and co-workers, virtually no Canadian is excluded from the effects of mental disorders.

Yet, we continue to struggle to engage governments, other institutions and many, many individuals in the belief that the subject merits our serious attention. That said, we are making good progress.

For employers, economists, public policymakers and hard-working bread-winners, mental illnesses have an especially important characteristic. These conditions are concentrated among men and women in their prime working years.

When untreated mental disorders rise to the threshold of disability, they rob Canada of productivity and buying power – depressive disorders especially so.

For example, families with disabilities at home see their purchasing power drop by an estimated 60%. Depression and anxiety disorders take people off the job more than any other medical condition.