

**GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE
ON ADDICTION AND MENTAL HEALTH**

The Roundtable is affiliated with the Centre for Addiction and Mental Health

Resident at GPC International

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NOTES FOR REMARKS

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TO

**55TH ANNUAL MEETING
OF THE CANADIAN LIFE INSURANCE
MEDICAL OFFICERS ASSOCIATION**

CHATEAU FRONTENAC, QUEBEC CITY

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Notes for Remarks
By
Bill Wilkerson
Global Business and Economic Roundtable
on Addiction and Mental Health
To
55TH Annual Meeting of the Canadian Life Insurance
Medical Officers Association
Chateau Frontenac, Quebec City
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First, a word on the Roundtable.

The Business and Economic Roundtable on Mental Health aims to make mental health issues more intelligible to business.

We aim to make the case for sound business and economic investments in the mental health of the labour force and consumer population of the new economy.

The Roundtable does not advocate any political viewpoint, or special interest.

It brings together a wide range of senior people from business, medicine, education, psychology and research in a very powerful way. And only 30 days ago, the Roundtable took up residence at GPC Canada, an outstanding international public and government affairs consulting firm who has made mental health a “social marketing priority” in 2000 – 2001. We are very proud of the new association.

After only a year or so, the Roundtable is attracting interest not only across this country but in Europe and the United States.

Which is appropriate --- mental health is a global issue and therefore, a global economic issue.

Harvard University and the World Bank say world mental health faces an “unheralded crisis.” Mental disorders afflict a global population the size of the United States.

Consider the following:

- Depression alone is the greatest source of disability in the world and in Canada --- representing 14 per cent of all forms of disability in this country, higher than the world average.

- Worker disability --- dominated by stress-related and psychiatric disorders --- is the biggest health challenge business faces through cash-out-of-pocket and the tax dollars we pay out for primary and supplementary health services alike. A fact few of us are even aware of.
- Over the next 20 years, in rich economies like Canada, depression will become the leading cause of workdays lost --- through disability and premature death. Heart disease will be number two. *(In the less developed economies, notably, the ranking is reversed.)*
- In that same period of time, depression will disable more people than aids, cancer and cardiovascular disease combined.

(In fact, as a proportion of the disease burden borne by the global economy, depression afflicts as many people --- and is growing faster --- than cardiovascular disease.)

- Mental disorders are costing businesses in North America about \$80 billion (US) annually in lost productivity. About two thirds of that is depression.
- Research --- much of it Canadian --- tells us that heart patients with clinical depression are five times more likely to die suddenly from a second heart attack within six months of the first.
- Twenty per cent of Canadians --- one in five --- will sustain a diagnosable mental health problem this year.
- But in the case of depression, the vast majority --- about 75 per cent --- will be neither diagnosed nor treated and, among the one-in-four who are diagnosed, three-quarters of those are treated improperly or inadequately.
- People suffering mental disorders use the healthcare system for other services four to five times more often than people without a mental health problem.
- This suggests that improving the rate of diagnosis and successful treatment could have a beneficial effect on healthcare costs and help relieve the budget constraints we now feel in this sector.

The time to begin paying attention to these trends --- for plain business reasons --- is now.

In this new machine age --- this age of computers and knowledge workers in all sectors and not just high-tech --- we are seeing the birth of a new economy which puts a high premium on ideas, innovation, and service.

Investors are putting billions of dollars into stocks which reflect concepts and ideas --- the real time output of mental processes and functions.

Just look at the Nasdaq if you need evidence of the dollar value of emotional behaviour.

For the first time in trading memory, as high-tech stock values soared, the Chairman of the U.S. Federal Reserve Board openly expressed concern about the economic effects of emotional behaviour en mass.

Business isn't all cold facts, figures and bottom-lines.

Innovation will indisputably drive corporate success in the information economy. This is a mental process. Its most precious collateral is mental health.

Thinking is in. The economy of mental performance has dawned.

At the same time, business organizations face intense pressures. For all of us, the heat's on. Change is everywhere.

Computer technology has --- for many --- ushered in the 24-hour workday.

Work overload, stockpiling deadlines and mountains of email and voicemail messages are the stuff of workplace stress in the new economy.

Society has become hurried, worried and rattled by change.

Road rage, air rage, work rage. All of these are part of today's language.

In the midst of a great economic boom, we are becoming an angrier society. Certainly one that is more stressed out.

In an information economy, one wonders if we are becoming more informed or simply more opinionated through self-absorption.

We see an irony running through the new economy and the paradox of this great prosperity.

On the one hand, global corporations are depending more than ever on the mental powers, resiliency and performance of their people.

On the other hand, psychiatric disorders are escalating worldwide and this has powerful industrial implications.

The mental capacity of people --- not their arms and legs --- will do the "heavy lifting" in the information economy. This defines the economy of mental performance.

Yet, our collective mental capacity --- our mental health --- is under unprecedented attack from a complicated mix of social, economic, biological and genetic forces.

The stress invasion is hurting business.

Stress-related disability insurance claims are on the rise in North America. Stress can trigger depression and mental disability.

In Canada, the average rate of claims for long-term disability payments climbed 33 per cent per 1,000 employees between 1981 and 1994.

Is the mental health component of this well-defined?

No. But it's there.

For evidence of that, we can look south of the border where stress-related disabilities have more than doubled from 6 to 13 per cent of all forms of workplace disability.

We know, of course, the mind and body are connected and this is an important fact to register with business people --- we need concrete evidence of less concrete concepts.

In sports, physical accomplishments depend upon mental preparation.

Researchers today are now looking at the connection between stress and the recovery rates of cancer victims.

As you know full well, the nervous and immune systems interact. Mental distress can be caused by biological events and can make us vulnerable to physical disease.

The brain and body --- the mind and our physical selves --- are part of an elegant human ecology.

We, the laity and even some in your profession, need to learn and understand this in order to demystify mental health issues, explode the myths and beat the stigma that has dogged this topic one generation to the next.

I said earlier 20 per cent of the Canadian population will experience a mental disorder this year.

When you consider the impact of this statistic on their families and co-workers, the prevalence of mental problems directly touches the bulk of our population at any given time.

This is tragically true where our kids are concerned.

The face of depression is getting younger --- in 40 per cent of the cases, the onset of depression occurs among 20-year-olds. The average age is only 27.

Thirteen teenagers out of every 100,000 in this country between the ages of 15 to 19 --- are committing suicide --- a running rate higher than the U.S. experience.

Across the board in Canada, suicides kill three times as many people as AIDS.

Suicides among native Canadian teenagers are five to six times more frequent than among non-aboriginal kids. Another dimension of our troubled aboriginal legacy in Canada.

Where do these destructive instincts come from? They come from the effects of mental illness, yes --- but that's only part of the story.

They are also shaped by social disadvantage and childhood adversity.

We have read an awful lot about the U.N. praising Canada as a desirable place to live and to emigrate.

We have heard and read less about the U.N. citing Canada for the third worst record for suicides among teenagers 15 – 19 years of age.

Across North America, suicides among people in that age group are the leading cause of death next to fatal car accidents.

According to findings by the Business and Economic Roundtable on Mental Health, the visual media --- in fiction or journalism --- can have a major influence on the outlook and interpretation of violence and death by troubled young people.

Being allowed to visualize how killing happens on almost a daily basis may lead to a "I can do that" view of how killing works, how easy and decisive it looks as a means of resolving grievances.

In Canada, we have now tasted the bitter pill of schoolyard shootings. We see drug use among kids going back up to 1970s levels and the number of students hooked on alcohol doubling since 1997.

It is inarguable the wear and tear of mental and emotional problems on our communities, our businesses, our families, our lives merits our attention in a way not chronicled before.

But what can we do?

For starters, I say to my friends in business, get acquainted with the facts --- how the costs of mental illness and the asset value of mental health affect the bottom-line of your business --- how, in this information economy, healthy, resilient emotions have dollar value and preserve human worth.

I believe business must have a mental health agenda. You as medical officers, have a role to play in forging that agenda and i will come back to that in a moment.

In the era of mental performance, the “brain drain” is not about losing top talent to the U.S., it is about millions of talented people losing the positive energy of mental well-being and being drained by the destructive forces of depression, distraction and despair.

I believe we must:

- De-stress today’s workplace;
- Understand --- and act on --- the pressures which technological change and the speed of life places on people at work;
- Help insurers and the so-called “payers” of healthcare get a surer grasp on the means to effectively manage the disability of mental disorders;
- Let us all let government know there are good economic reasons to increase research spending in mental health.

The subject is currently an orphan in this respect – getting less than two per cent of the total medical dollars in this country.

- Be creative in developing human resource policies that are aimed squarely at protecting and enhancing mental performance in an economy which will demand just that;
- Get your senior executive team and even your board of directors briefed on the business performance implications of this subject.

The evidence is mountain-high that mental health issues belong on the front burner of a very hot debate --- the future of healthcare.

Yet they aren’t.

One of the reasons is stigma – stereotyping – wildly inaccurate and misplaced personal fears among many of us, about the threat of violence among persons with mental disorders.

On this very point – research shows that while there is a very modest elevation in violence among people with mental illnesses --- in fact, risks of violence are higher for reasons of age and gender than one's history of mental illness.

Only last week, the headline of one Toronto newspaper screamed that the suspect in a crime of violence was “a former mental patient.”

The implication of the headline reinforced the stereotype while the story beneath it only mentioned this individual's neurological condition (as it turned out) without linking it factually to the crime he was suspected of committing.

Studies tell us that psychiatric labels, even in the absence of aberrant behavior, contribute to stigma.

Stigma is not just an undesirable portrayal of mental health issues. It is a physical barrier to the detection and diagnosis of these disorders.

The “one-in-four” rates of detection and effective treatment I mentioned earlier testify to this.

The battle against stigma must be taken where one might least expect it.

Leading medical practitioners and educators tell me it is as much of a battle among physicians and medical students because they tend to share the same stereotypes in their perception of mental illnesses and those afflicted by them.

To you, and to me, both of us being pro-physician, this is unacceptable. It deters detection of such disorders, defers or pre-empts diagnosis and treatment and, by definition it prolongs suffering.

As human beings --- whatever our professional training --- we seem driven to draw differences between ourselves and other people. And those suffering mental disorders, we conclude, must be different not in their illness but in their character or behaviour. otherwise, they wouldn't be so afflicted.

When terror, dread, fear, discomfort or the simple lack of knowledge colour our perception of others, the differences we draw can be cruel, destructive and, worse, uninformed.

This is the stuff of the ancients. Yet it persists in a society which moves closer daily to solving some of the greatest mysteries of life and the universe in which we live.

Only four years ago, some insurance companies continued to officially discriminate against the mentally ill.

In a landmark Supreme Court of Canada case in Saskatchewan, a woman was disabled by a mental disorder, was off work and on long-term disability and was in hospital.

While there, her disability insurance benefits continued. Once released, they were cut off --- this, incredibly, because her institutionalization established the criteria of her continued eligibility.

The Supreme Court ruled the practice discriminatory, because those with physical disabilities remained eligible for their benefits outside hospital while recuperating at home.

Meanwhile, were the insurer's practices simply obsolete or malevolent? Either way, the company suffered its own perceptual disorder of what the reality of mental illness is or isn't.

The insurer, presumably, was confounded by the nature of mental disorders, by the treatment process and the critical even superior role of out-patient care and community family support in the patient's sustainable recovery.

I tell this story not to belittle or criticize the insurance industry at large. I am part of that community and, to be sure, there are examples where the life and health insurance industry has shown leadership in the promotion of mental health.

Rather, I speak to a broader point. This industry must develop a perspective based on knowledge of mental health issues. Like business generally, the insurance sector needs a mental health education agenda.

An example of where this is especially true is in the comorbidity of mental illness and physical chronic diseases as this pertains to:

- Origin and the duration of human disability;
- To the complexity, lengths and risks of treatment and recovery;
- And to the pace and timing of the sufferer's return to work.

The insurance industry needs --- at the levels of claims management --- to know more about the medical science of mental health and working with this association, the Business and Economic Roundtable on Mental Health is willing to help design and produce information which could be used for this purpose.

The industry needs to develop a knowledge base about the expanding universe of neuroscience and its illumination of the origins of behaviour.

Armed with this knowledge in practical and operation terms, the insurance industry conceivably could emerge as a leader in efforts to defeat the defeatable --- depression and schizophrenia, the scourge elements of mental illness.

Conclusion

Mental disability and stress-induced health problems are clearly the principal “work and health” challenge facing the labour force, employers and the consumer population of the early 21st century.

Let us be clear: in terms of workdays lost, depression alone will disable more people over the next 20 years than cancer, AIDS and violent acts combined. This is a business issue. An economic issue. An insurance issue.

Let us be clear: it is the disabling effects of mental illness and not heart disease which pose the greatest claims cost threat to insurers and the employers, employees and families who pay the premiums.

But combined, depression and heart disease represent a particularly vicious example of dangerous and often little understood comorbidity.

Let us be clear: the cost burden of disease in Canada, and the world today, is, by far, economic in nature. It is not the cost of the healthcare system itself.

In this country, the economic cost of disease exceeds the total annual dollar cost of the entire healthcare system by 20 per cent a year.

Let us be clear: the costs of delivering general medical services multiply because of the prevalence of undiagnosed addictions and mental health problems.

Estimates show that persons suffering diagnosed and undiagnosed mental disorders use hospital emergency wards and other medical services four-to-five times more than persons without such disorders.

Yet, by and large, the health professions and both the payers and users of the healthcare system are not sufficiently well-grounded in the facts of mental illness to recognize or even suspect its presence when a sufferer of a mental disorder displays a seemingly unrelated physical symptom.

Which is why the number of people occupying hospital beds with undiagnosed addictions and mental health problems in Ontario alone is maybe as high as one-third of the total hospital patient population.

Surely we must change this.

In this context, I turn to this association and ask you to do two things:

Firstly, I encourage this association to join the Business and Economic Roundtable on Mental Health in our upcoming “2020 series” aimed at reducing the prevalence of mental disorders through earlier detection, through information and awareness, and through education, knowledge and positive action.

The series will aim to bring together the Roundtable associates --- business, universities, teaching hospitals, medical leaders, psychologists and, we hope, the “payer” community -- insurance and government --- in a concerted effort to head off growth trends in mental illness by promoting mental health, by pushing for new forms of research, and by diminishing the effects of stigma.

This initiative could be customized for the insurance and disability management sector.

Secondly, I ask this association to do what you can to illustrate the positive impact of personal action in this area of health concern.

Specifically, I propose that you use the Roundtable’s “Top Ten Sources of Stress” in any way you can to draw the attention of the management and employer populations you serve to those questions of day-to-day behaviour which can influence the status of our health.

Let me close by reading this “Top Ten” list --- and my apologies to David Letterman.

10. The treadmill syndrome. Too much to do at once, requiring the 24-hour workday.
9. Random interruptions.
8. Doubt. Employees aren’t sure what is happening, where things are headed.
7. Mistrust. Vicious office politics disrupt positive behaviour.
6. Unclear company direction and policies.
5. Career and job ambiguity. Things happen without the employee knowing why.
4. Inconsistent performance management processes. Employees get raises but no reviews or get positive evaluation, but are laid off afterward.
3. Being unappreciated.
2. Lack of two-way communication up and down.

1. Too much or too little to do. The feeling of not contributing and having a lack of control.

A final word.

Emily Dickinson once wrote that if we can “heal the ache” and “mend the life” of just one person then our work is justified.

In this, the rest of us can learn from the creed of the physician upon whom we depend so uniquely in these matters --- let us help, not hurt and on that premise, we can live Dickinson’s verse and justify the work placed before us.

Thank you very much.