



*Affiliated with the Centre for  
Addiction and Mental Health*

Guest Resident at Great-West Life Assurance Company  
200 King Street West, Suite 1400, Toronto, ON M5H 3T4  
Phone: 416 343-5337 or [bill.wilkerson@gwl.ca](mailto:bill.wilkerson@gwl.ca)  
[www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

Text of Speech

By

Bill Wilkerson

Roundtable Co-Founder and CEO

To

The Canadian Pension & Benefits Institute National Conference

Victoria Conference Centre

VICTORIA, B.C.

May 31, 2004



*Affiliated with the Centre for  
Addiction and Mental Health*

Guest Resident at Great-West Life Assurance Company  
200 King Street West, Suite 1400, Toronto, ON M5H 3T4  
Phone: 416 343-5337 or bill.wilkerson@gwl.ca  
[www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

Text of Speech By  
Roundtable Co-Founder and CEO Bill Wilkerson  
To The Canadian Pension & Benefits Institute National Conference  
Victoria Conference Centre  
VICTORIA, B.C.  
May 31, 2004

I talk to business people about mental health issues nose-to-nose not heart-to-heart. The business case for mental health must be made on business and economic grounds.

Recently, the Roundtable sought and got high-level corporate support for a business strategy called “corporate leadership in mental health – from awareness to action.” A strategy, which merits our urgent attention.

Here’s why.

- In a single day in this country, 10-15 per cent of Canadians suffer mental illness. That’s three to four million people.
- In a single year, 20-25 per cent of Canadians suffer mental illness. That’s six or seven million people.
- In a single generation, nearly 40 per cent of Canadians suffer mental illness. That’s 10-12 million people based on current population numbers.

Mental health problems affect all of us in every walk of life. How often, though, when we hear about people suffering mental illness do we really stop and ask – who are these people – where are they?

The answer is simple. They are us. They are here.

### **Prime Working Years**

Mental illness today is massing among men and women in their prime working years – and their children.

The average age of onset of anxiety disorders in this country is age 12. The average age of onset of depression is age 21. The average age of onset of substance disorders is age 18.

Fewer than one-in-five of those Canadians will seek or receive the treatment they need when they need it. Millions sick. Only thousands treated. This is a national disgrace.

By 2020, serious depression and heart disease are projected to be the leading causes of work days lost in the global economy.

In lost business production alone, the Roundtable estimates that mental ill health in the labor force costs this country about \$33 billion a year. This does not include the costs of treatment and health care.

That equates to about three per cent of our national economy and six per cent of our national debt. Meanwhile, a number of companies have begun to develop their own numbers.

One steel maker estimates that mental illness in its work force costs the company more than \$60 million a year. One oil company pegs it at \$300 million a year in lost oil production – or 11 million barrels a year. One big bank, \$30 to \$40 million a year.

Further, more than a third of all the disability insurance claims being recorded by our largest insurers relate to mental health problems –

And get this – only 10 per cent of those claims involve suspected malingering. Ninety per cent are authentic. Another myth bites the dust.

Beyond cost, there are strategic implications.

We live and work today in an economy of mental performance where mental health has tangible, functional value to business.

We live and work in an economy where we routinely ask people at every level of the company to be Innovative and creative. In short, to think.

The President and CEO of the Royal Bank, Gordon Nixon – a Roundtable member – says these exact attributes are “vital to the ability of companies to compete.”

### **Job Stress: Business Issue #1 – John Hunkin, CIBC President and CEO**

Travel back with me. It is 1993. The information economy gives birth to the economy of networks and inter-connection. Microsoft grows with almost no physical assets. Human capital becomes the principal asset of business. More quickly assembled. More quickly cut.

The financial markets – moving data around the world in seconds – demand more immediate returns – the work place intensifies – larger public companies increasingly think short term.

An era of mass lay-offs ensues – moving human capital around – job security is lost – a software civilization is born – people drown in e-mails and voice-mails and pervasive change.

Business leaders manage. Managers cope. Business accepts mass cuts in jobs as the norm – even at the hint of a downturn. A generation of stressed-out executives, managers and workers is thus born.

Too much to do? Join the club. Not sure what's expected of you? Do your best. Can't hack it? Too bad. The struggle to juggle becomes a daily event for millions of breadwinners – life's become a treadmill for one and all.

A beleaguered one-word reply – “busy” – to the question “how ya doing?” – becomes an anthem of the times.

Since 1993, work place stress has enveloped Canada like air pollution. Emotional work hazards have become industry's principal health and safety concern.

CIBC CEO John Hunkin, in fact, says job stress is the number one issue facing business today. Not number three. Not number two. But number one. We must act to meet it head-on.

Some kinds of problem stress are especially dangerous to human health. The kind, for instance, that employees take home – drawn probably by a sense of unfairness or drift or isolation at work.

Rumination and seething at night about what happened at work during the day is a predictor of depression and a greater risk to the cardiac health of Canadians than smoking.

As the nineties gave way to the 21<sup>st</sup> century, we faced this reality. Bad management not only makes companies sick. It makes people sick.

### **Known Toxic Practices**

The Roundtable has identified four management practices which are most likely to aggravate or precipitate mental health problems at work. These are:

- the imposition of unreasonable demands on subordinates
- withholding information that is materially important to them to carry out their jobs
- refusing to give employees reasonable discretion over the day-to-day means and methods of their own work
- failing to credit or acknowledge the contributions and achievements of employees

We have also isolated the leading sources of problem stress at work. And these are:

- Rejecting “out of hand” employee work load and deadline concerns
- Creating a treadmill effect in the allocation of work priorities
- Pushing unnecessarily tight deadlines as a force-feeding performance management technique
- Talking directly to direct reports only when there’s a problem. (This is management by exception gone off track)
- Promoting an “email only” culture of one-on-one communication
- Jumping to conclusions that individual performance problems are attitudinal not health-based
- Managers changing priorities without notice or reason
- Tolerating a culture of ambiguity or confusion which distorts the employment contract on three levels:
  - job expectations (not understood)
  - job definition (inherently changed)
  - job outcomes (unclear, unrecognized, unrecognizable)

The concept that bad health ensues from the environment we live in, by the conditions of work we experience and by the way we treat each other is not new news.

Three centuries ago, Adam Smith – the father of capitalism – wrote that land owners who kept their workers well-fed, well-treated and healthy would get the best results.

A hundred years ago, Thomas Edison forecast that one day the main job of physicians would be to protect us from ourselves to prevent disease.

In fact, since the modern era began, job stress has been implicated in over half of the incidence of death and disease among workers in the industrialized world.

### **Disability: A Business Issue**

From this emerges a major public health issue: human disability. Problem stress is common to the biggest killer and biggest disabler known to humankind – heart disease and depression.

And these conditions are closely linked.

In 1995 Harvard University projected that depression and heart disease would disable more people by 2020 than wars, traffic accidents and AIDS combined.

By definition, disability is an economic issue, a business issue. The leading cause of disability – by far – is depression – a disorder with physical properties, a physical event centred in the brain – and in an economy where 85 per cent of the new jobs coming on stream require cerebral not manual skills.

Mental illness is not a fringe issue for business in this country. In fact, despair costs business more each year than work stoppages or product recalls.

Yet, for employers, the symptoms of the mental health crisis afflicting our labor force go beyond the desperation and depression many of our employees experience in their daily lives.

As an industrialized society, we have become hardened to emotional distress for growing numbers of people – even in good times – as a “natural” implication of doing business in a highly-competitive global economy.

We have become all-too-accustomed to work place stress that is too pervasive, too widespread and often very toxic.

We have become accustomed to mass lay-offs and perpetual downsizing as the first not last alternative for companies in dealing with cost or competitive problems.

Ironically, companies who use downsizing to achieve their bottom-line goals in fact do less well than their competitors who use top-line growth to realize shareholder value.

Yet, we live in a “cuts culture” and as a result, millions of Canadians live their daily lives hurried, worried and rattled by the risks of sudden change.

We are used to the effects of irrationality in our financial markets – something Federal Reserve chairman Alan Greenspan has cited as a major economic challenge for corporations who become trapped in what Michael Porter calls a destructive netherland of hyper-competition where financial engineering takes over running the business.

The result is an environment hostile to the everyday health of the workforce.

But out of these challenges arises an opportunity. The workplace is now a natural setting in which to educate individuals about mental illness –

- To promote good mental health practices –
- To provide tools for recognition and early identification of mental health problems –
- To separate the facts about mental illness from the mythology.

Myth and misinformation is the number one barrier to treatment and recovery. For generations, our compassion and common sense have been frozen stiff by the cold stare of stigma.

This is hugely important because the most supportive instruments of recovery that we have are a welcoming community, supportive family, a job, a decent place to live and belong, an understanding word or a visit in the afternoon.

Yet, the mythology of mental illness holds –

- That people living with serious mental illness cannot recover. This is untrue.
- That they are unable to work. Also untrue. And yet 85 per cent of those living with serious mental illness are unemployed.
- That they are helpless. Spectacularly untrue.

### **Research Agenda**

We now know that people living with mental illness can and do recover. And where this fact can really make a difference is in the workplace. But we need to know more.

We need research on the impact of stress in the work place on mental illness and addiction. This needs to be linked to a study of how changes in management and other work place practices can reduce stress.

Finally we need to understand better the cost/benefit balance of these changes so we can demonstrate to management and shareholders that there is a clear bottom line payoff from these efforts.

We must equip corporations with the knowledge to measure the return on their investment in the health and well-being of their employees.

We must see the link between recovery and return-to-work and integrate these concepts at the heart of our future approach to disability management.

For research in this area to summon corporate funding, on a broad base, it must demonstrate how absenteeism and productivity loss can be reduced on a continuing basis.

Business must understand the factors which affect the migration of employee stress and burn-out to depression – and what we can do about it. What are the influences of gender, age, occupation or geography on the prevention and management of mental disability?

Why do younger men and women employees who go on mental disability, never return in such high numbers?

What is behind the phenomenon of men and women with longer company service – in, say, their 10<sup>th</sup> or 12<sup>th</sup> year of employment with the same company – apparently being more vulnerable to depression than employees with fewer years of service? What can we do to alter this course of events?

How can managers facilitate the earlier detection of mental disorders among the people reporting to them?

What form of integrated mental health service system – public and private – is best suited for an economy where cognition, mental performance and innovation keep business competitive?

People with mental illness do recover, get back to their jobs, get well, and stay well. Their story can have a happy ending.

### **CEO Leadership**

Dismantling the main sources of job stress is a major feature of mental disability prevention and management.

One practical benefit of doing so is the company's enhanced ability to recruit and retain talent and improve operational results by reducing time-loss and wage replacement expense. This came out loud and clear in the Roundtable's CEO survey on mental health.

The survey produced a remarkable insight into the views of business leaders on this tough, complicated subject.

CEOs say that they, themselves, must champion good mental health and promote it among other CEOs who are customers, competitors, both or neither.

CEOs say that they, themselves, should take the steps to ensure that:

- Managers and supervisors in their companies receive the training and the tools they need both to identify symptoms of mental distress among employees.
- Make funding and time available for managers and supervisors to attend courses and access written materials that will help them about employee mental health issues.
- CEOs should hold themselves responsible for reducing stigma.

One CEO put it this way:

*“Employees need to understand that depression is caused by a faulty brain bio-chemistry and not a failing of character.”*

### **Action Plan**

As part of its Action Plan in 2004-05, the Roundtable itself will undertake to promote and partially fund research.

The products of the research will be objective evidence that could help employers, employees, insurance companies and disability managers define better practices in this area and use their available resources more effectively.

We are embarking on three projects:

One, the Roundtable is joining the Harvard Health and Work Performances project. This work will help business understand the return on investing in the early detection, referral and treatment of depression.

The second is an analysis of insurance drug-claims data, coupled with data on lost time at work, short-term disability and long-term disability.

This will help us understand more clearly what the effect of more appropriate and closer-to-optimal drug treatment might be on return-to-work and the ability to stop the progression from short-term disability to long-term disability.

The third is a survey of companies in Canada and the U.S. for anecdotal information about success in managing mental disability and the return-to-work of distressed employees. Lessons taught. Lessons learned. Shared among businesses.

We are calling this effort the Roundtable's "research and return on investment initiative" Research is important in all these matters. But we must also do now what we know now.

The Roundtable will publish guidelines to help working parents manage the health of their suicidal adolescent children. For this and other acutely sensitive issues, the workplace – the intranet – can become an awfully important information center.

The rate of teenage suicide in this country is a national disgrace – third worst in the world. In fact, next to car accidents, suicide is the leading cause of death among children 11 to 15 years of age.

On June 25<sup>th</sup>, the Roundtable will publish guidelines for employers and employees to navigate the difficult process of returning to work from mental illness.

In February, the Roundtable released Board of Director Guidelines for Mental Health and Safety to urge boards to put employee health – and employee mental health – on their agenda.

These guidelines were endorsed by the chairman of the board of Torstar Corporation – who led the initiative – as well as the Chairmen of the Royal Bank and Alcan Corporation – not to mention the CEOs of both the RBC and CIBC.

This summer we will release CEO Guidelines for Mental Health and Safety top assist chief executives mobilize and direct their companies to tackle the issues associated with employee mental health as a prudent business activity.

### **Explosive Human Rights Issue**

I mentioned earlier our theme – Corporate Leadership in Mental Health – which guides us in the designated business years for mental health – 2004-05.

I also said earlier that business has no choice but to step up and meet the mental health crisis in our labor force. One reason is this.

In the United States, the United Kingdom, Quebec and via a body of law emerging in every province right across this country, the courts and governments are beginning to write new rules to fight problem stress at work and protect the legal rights of those living with mental illness.

Mental health and mental illness are quietly emerging as an explosive human rights issue. The U.S. is moving toward new and significant human rights protections with regard to the access to health care for the mentally ill.

While some worry about the dangers of two-tier health care in this country, I remind them that in mental health, we haven't yet reached the first tier. For the mentally ill, we have a no-tier healthcare system.

As we consider the great task ahead, I am drawn to the powerful meditation of George Bernard Shaw to guide us.

He wrote that “some people see things as they are, and ask why. I see things as they might be, and ask why not.” Why not a world where the acceptance and proper treatment of mental illness is routine not rare.

The former CEO of Syncrude, Eric Newell, reflected on the challenge this way:

"How do we identify the trigger of depression? How do we tell if someone is depressed if they can't or don't want to tell us about it? What if they don't know they're depressed? Or fear that admitting it will result in reprisal?"

"Well, compassion should guide our answers and our actions. We are human beings after all. If we have the capacity to alleviate suffering, then I believe it is incumbent upon us to do the right thing."

But he added this: “If that's not motivation enough, then there is the bottom line. Just as every physical injury carries with it identifiable, unwanted and, to my mind, fully preventable business costs, we have a self-interest in restoring productivity to its highest possible level if it is being constrained by a mental illness.”

For nearly eight years, I have worked on mental health issues. My ground zero was knowing nothing about them. I have moved beyond that.

I have also moved beyond the notion that mental illness is unnatural. It is natural - just as being born is natural, just as dying is natural, just as getting sick from the flu bug is natural - not pleasant - but natural.

In these eight years, I have come to recognize two bottom lines in business. One is net income. The shareholder perspective. The other is net effect. More broadly, the stakeholder concerns.

Embedded in this other bottom line are some very great powers. The power of your workforce not just being productive but knowing they are trusted to be productive. The power of your workforce not just being accountable to get things done, but trusted to get things done.

The power of loyalty shared between employer and employee. And the power of coming back. We all love comeback stories. And so let us all help write the stories of those who have the courage to come back to work from mental illness.

Theirs is a great story. One worth living. One worth telling.

Thank you.