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**BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL**  
***FINAL REPORT OF THE GLOBAL BUSINESS AND ECONOMIC  
ROUNDTABLE ON ADDICTION AND MENTAL HEALTH***

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Text of Address by  
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On Addiction and Mental Health  
to  
Washington State Fire Chiefs and  
Washington State Council of Firefighters  
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November 13, 2012

**DOUSING THE FLAMES  
OF CHRONIC JOB STRESS and MENTAL ILLNESS  
IN THE WORKPLACE OF FIREFIGHTERS**

## The Depression MATRIX



***Text of Remarks by Bill Wilkerson, Co-Founder,  
Global Business and Economic Roundtable on Addiction and Mental Health  
to  
Washington Fire Chiefs and Washington State Council of Firefighters,  
November 13, 2012***

First, permit me to compliment the Washington Fire Chiefs and the Washington State Council of Firefighters for coming together in this Forum and for putting mental health in the workplace on your agenda. I am most grateful.

This morning, I propose to scan mental health and mental illness in the contemporary workplace of all sectors and job types – and then zero in on the issues facing Fire Chiefs, firefighters and their families.

In so doing, I will recommend to you a Partnership for Mental Health in the Workplace of Firefighters – a Partnership that will save lives, save money and strengthen your already formidable commitment to public and community service.

**Deep Inroads of Mental Illnesses**

There are few challenges facing all employers and employees and their representatives than the escalating rates of mental illness and suicide. Mental disorders reach deeply into the fabric of working life right across the United States.

The same is true of Canada, Europe and beyond. But adequate access to treatment and care – in response to this crisis - is much less apparent. Only one in four of those living with a mental illness receive any kind of care or treatment – and –

Only one in four of that one in four receives guideline-level care – and among US firefighters, the percentages appear even smaller.

Meanwhile, the annual prevalence of all forms of mental illness is conventionally estimated to be 20% of our overall populations. But in working populations, depression has reached record levels. Now 18-25% of working people suffer depression each year.

That annual rate, however, doubles prevalence is expressed across the generations. -- 40%+ of all Americans live with depression or anxiety some or most of their lives.

I say ‘some or most’ of their lives for this reason: 70% of adults diagnosed with depression have lived with their symptoms since childhood.

Depression and anxiety are the most common and often the more serious forms of mental illness. Their causes remain scientifically unknown. But the brain-based dynamics and bodily effects of these conditions are better known.

Genetics play an important role and more than 20 years ago, brain scientists discovered that our brains are not hard-wired, that brain function is affected by social and economic experience, by environments we live and work in.

Our mental collisions with our experience in life and at work can and do influence the development and onset of mental health problems. One prominent neuroscientist sees depression more like an injury than an illness.

### **Concussion From the Inside Out**

Along those lines, when I speak to military personnel, I tell them PTSD is like a concussion from the inside out – a serious blow to the interior, physical source of emotions in the brain from a negative, even horrific event.

For some, such events are seared into their memory banked, remaining, vivid and distressing forever. The remedy is not to wipe out these memories, but to de-consolidate them so, in time, when recalled, they are less intense, less debilitating.

Scientists are pretty well advanced in developing the means to do this and, in the meantime, cognitive therapies – talk therapies – are the best recourse.

PTSF starts with an incursion within the brain, concussion starts with a serious bump on the exterior of our head, penetrating brain function from the outside in. Thus the notion of PTSD being a concussion from the inside out.

And while this is a manner of perceiving PTSD, that perception is all-important. Those who suffer PTSD do so not because they lack something but because they possess something: conscience, humanity, a capacity to feel pain – including the pain of others.

Yes, President Clinton was right, we can and do ‘feel your pain.’

PTSD, in some cases, might be seen as a broken heart - after all, a broken heart starts in the brain and as such, PTSD is a medical condition embedded in the human condition.

The point is this: PTSD is a normal response to an abnormal event and the US military offers several innovative programs designed to encourage soldiers and their families to seek help when dealing with PTSD and depression.

Certainly the need is there: in 2004, 80% of US combat troops returning from Iraq who participated in a mental health study acknowledged they had problems of this nature. But fewer than half were interested in receiving help.

According to the authors of a new US Army-wide mental health assessment program (RESPECT-Mil), 'the gap between the need for treatment and actually receiving treatment deserves urgent attention.

### **Firefighter Crisis**

As does the mental health challenge ... might we say 'crisis' --- facing fire and rescue services. In preparing for this speech, I examined as much data I could find.

But there wasn't all that much available. But lots of indicators of efforts to do research and to find out what's going on among firefighters in distress.

One in-depth study goes back to 1986 and suggests that more than one third of firefighters experienced significant psychological distress. Not surprising really.

Fast forward to 2009, a joint study by the University of Ottawa and University of Washington found that the prevalence of PTSD among firefighters was 17% and in the general population less than 2%. Not surprising either.

Yet another study says 85% of all firefighters experienced at least one traumatic event in the course of the past year ranging from serious injury to civilian fire fatalities. No mystery in this, given the jib at hand.

But, for perspective, this finding is notable: the prevalence of PTSD among firefighters is on a par with Vietnam War and among World Trade Center first responders, including firefighters, is comparable to PTSD rates among soldiers returning from Afghanistan.

Fighting fires and human disaster at home is, in these terms, very much like fighting a war on foreign soil.

And please hear this:

Now, more than a decade after 9/11, only 28% of fire, rescue and recovery workers continue to have symptoms of depression, 32% show signs of PTSD and nearly half suffer asthma concurrent with at least one mental disorder.

And among the 1,138 (9/11) first responders surveyed for the study that produced those numbers, only 36 -- I repeat, only 36 -- or 3% of the total -- accessed mental health services up to the point being polled on the subject.

## **Suicide: The Leading Cause of Violent Death**

A white paper released last year by members of the Kansas City, Missouri, Fire Department, the University of Missouri and the National Fallen Firefighters Foundation reported this:

***“The American fire service has been rocked in recent years with reports of apparent suicide clusters in large Metro fire Departments. Other public agencies have experienced high-profile suicides in close proximity, sparking a dramatic upsurge in concern for understanding the incidence of suicide among firefighters.”***

Illustrating the point: seven active and retired firefighters took their own lives in Chicago in just 18 months and Chicago Firefighters Union Local 2 took steps to understand what pressures were producing these risks of suicide.

The National Fallen Firefighters Foundation is among those who are seeking to understand the risk factors of suicide.

Men take their own lives 4 times more often than women, and in the Chicago Fire Department, the average age of suicide was 55, the most frequent ages for suicide were 30 and 57. So it is both an early-life, and a mid-life crisis.

Such a long shadow, suicide casts. It is now the leading cause of violent death in the world today. In the US, as many people lose their lives to suicide each and every year than this country lost in the entire Vietnam War.

Suicides exceed the number of deaths due to murder, traffic accidents, AIDS and influenza each year in your country and mine and the principal risk factors in suicide are so very human:

- Emotional isolation,
- Malignant loss of self-esteem and usefulness, and
- The void of joblessness, grievance and rumination.

Canada’s House of Commons recently gave second reading to a bill creating a ‘national framework for suicide prevention.

### **Are mental disorders really ‘mental?’**

Earlier I referred to the physical properties of PTSD. We need to understand the implications of this. Mental conditions are not strictly, or even mostly MENTAL but have physical properties, origins, symptoms and, both physical and psychological effects.

Why does that matter. Well, the physics of mental illness helps remove the topic from the ethereal realm of speculation, stigmatization, shaming and self-absorption, as if mental disorders were voluntarily ascribed to as a device, and should be shook off.

Question: does internal bleeding happen? Of course. Is it visible to the naked eye? No, it is not. Does a concussion happen, and does mood change as a result. Well, the same goes for PTSD.

So I ask you: Is PTSD a physical or mental wound?

Is a severe burn a physical or mental wound?

Is a heart attack a physical or mental event?

Well, the fact is on one level or another, all are both.

Interesting isn't it, that chronic stress is a known risk factor for the onset of cardiovascular disease and both heart attack and stroke –

It is a known risk factor for the onset of depression, diabetes, asthma, arthritis and other forms of chronic illness.

Chronic stress is, essentially, the flooding the the human body and brain with hormones produced in excess and the physical manifestations of that are very common to us all – breathing can be hampered, we sweat, get dizzy and so on.

When stress invades our individual corporal system, the brain reacts indigenously and may produce the sensations of anxiety and fear and worry, and if prolonged, over time, with certain genetic predispositions in play, this can evolve into a medical illness.

The American Psychiatric Association says ***“there is much that is physical about mental disorders and much that is mental about physical disorders.”***

One of the myths of mental illnesses is that this is an invisible, unquantifiable, subjective, phenomenon. Not so. So-called 'mental' disorders can be photographed via brain imaging technology.

One of the most vivid expressions of the physical properties and impact of mental disorders is the effect they can have on the course and outcome of several major – PHYSICAL – chronic conditions of the nature I just mentioned.

## **The Great Depression MATRIX**

To display this dynamic, the Roundtable formulated a model called the Great Depression MATRIX -- a vicious cycle of co-morbid chronic conditions that we must and can arrest. Dr. Thomas Insel, Director of the US National Institute of Mental Health.

***“The evidence is increasing that the leading costs of mental illness are in the extra costs of these chronic (physical) problems that become so much worse in people suffering serious mental illness.”***

The ‘physical conditions’ with which depression often co-occurs range from cardiovascular disease, arthritis and chronic pain to cancer, diabetes, asthma and head trauma. A new study by the London School of Economics tells us this:

***“Nearly a third of all people with long-term physical conditions have co-morbid mental health problems like depression and anxiety.”***

*“These mental health conditions raise the costs of physical health care by at least 45% for a wide range of conditions, including cardiovascular disease, diabetes, and COPD at each level of severity.”*

The dollar costs of mental illnesses – mostly depression, bipolar disorder and anxiety (PTSD is a form of anxiety) wipe out about 4% of the gross domestic product of the US, Canada and Europe, each and every year.

This drains \$570 billion a year from the US economy and \$51 billion a year from the Canadian economy.

### **Great Killer / Great Disabler**

One of the reasons for these costs is the prevalence of mental disorders among men and women in their prime working years – the working populations of this country.

Consider this: the world’s greatest killer, heart disease, and greatest disabler, depression, are en route to becoming the most powerful one-two punch to the jaw of the contemporary workforce, including your own.

Depression and anxiety disorders are growing faster as a component of the global burden of disease than cardiovascular disease.

Those living with depression have four times more cardiovascular disorders and depression is an independent risk factor for stroke among women.



Mental illnesses can have the same effect on life expectancy as smoking and even more than obesity. In fact, mental illnesses, including depression, reduce life expectancy by 25 years.

Depression kills by complicating the course of major chronic illnesses and conversely, therefore, by solving depression – by treating it more effectively – by finding a cure – we will.

- Save lives from heart disease, stroke, cancer and suicide, and reduce not only the health risks of diabetes but the dangers of cardiovascular disease among those living with diabetes.
- Protect future generations of kids against the childhood onset of depression and anxiety – and the risks of suicide.

A serious burn is, of course, one of the nastiest and most profound forms of injury. The Council's Burn Foundation acknowledges the pain, suffering and physical and emotional scarring.

This demonstrates that the brain and the body are interconnected. Cognitive changes can be severe, the Foundation says. These are reactions within the brain triggered by the pain and trauma of burns that affect the body.

One's psychological or emotional state can and will influence the course and outcome of the injury. So, what does the 'physics of mental disorders' tell us?

It tells us that:

- The notion of these conditions as some kind of character weakness is foolish.
- It tells us that the macho mania of just 'sucking it up' is pure nonsense.
- And by indulging in this 'lunacy' (to use a term), we risk the lives of colleagues and comrades, sons and daughters, husbands and wives.

Therefore, taking all this into account, what can you do? Recognize and work on these key realities:

Every single person born into this world carries the genetic risk of mental illness. None are immune. This is fundamentally, part of the human experience.

And when these conditions materialize, that individual is not crazy or lazy or hard to get along with, they are going through what blind genetic luck prevents most of us from going through.

Mental disorders are not primarily a condition of the old – the so-called aging population – they are primarily a condition of active people in their early mid years, early adulthood and early adolescence.

These conditions have a young face. In the US, the average age of onset of depression, anxiety and substance abuse are early twenties, early teens and late teens.

In Canada, the average age of onset of anxiety disorders is age 12. We are producing children more anxious. Increased rates of suicide and obesity are tied to this trend.

Chronic job stress – embedded frustration, rumination, the risk of joblessness and human isolation – is a principal risk factor for depression, anxiety and other chronic conditions including those which may co-occur with mental illness.

**In this light, therefore, the Fire Chief of the future:**

Will deem chronic job stress a work hazard and ensure their officers and managers are trained in a set of new hard skills to manage the kind of distress I have just mentioned – the kind not always bound up in the indigenous risk of the job itself.

These New Hard Skills include the deployment and use of fairness, respect, job clarity and clear purpose to counter micromanaging, email and texting overload, tension and distrust.

**The Fire Chief of the future will:**

- Train officers to handle firefighters' distress responsibly, calmly, kindly, to guard the minds of firefighters at work – the most powerful firefighting weapon you have.

**The Fire Chief of the Future will:**

- Train and develop your people to use positive motivation, empathetic leadership and the principle of peer support within.
- Ensure employee and family needs are met through user-friendly and straightforward policies and practices relating to critical incidents, duty-related injuries, physical and mental illness and bereavement.
- Build networks of qualified care and treatment of trauma-related disorders and depression.
- Build decompression programs for firefighters who are back to work but struggling with the aftermath of PTSD.

**The Fire Chief of the future will:**

- Open firefighter workplaces to voluntary participation in clinical research. Learn how to identify signs of PTSD and depression early and get officers and firefighters into treatment fast.
- Fund, train and mandate internal peer and family support networks to work with professional EAP providers. This will save lives.

**The Fire Chief of the future will:**

- Ensure that human resources practitioners have the right attitude and the relevant competence to oversee early interventions and return to work practices involving depression and anxiety disorders.

**The Fire Chief of the future must make these SIX Key Commitments to manage mental health in the workplace:**

- i. Champion mental health in the workplace of firefighters **and do not** drift from that role. And this must include specific suicide prevention strategies.
- ii. Build on your commitment to on-the-job safety by incorporating mental health and safety into this construct.
- iii. Give your people every chance to learn about the topic, and its relevance to them and their families.
- iv. Do everything you can to say it's OK to talk about these subjects openly.
- v. Articulate and enforce a policy of zero tolerance toward stigma and discrimination either systemic or episodic in nature.
- vi. Critically engage your employees and employee representatives in every step towards building a psychologically-healthy workplace.

Can Fire Chiefs do all this? Sure, but not alone.

Therefore, I urge the Washington Fire Chiefs and the State Council to decide – to decide **here**, to decide **now** – to form a **Fire and Rescue Partnership in Workplace Mental Health**.

Such a 'Partnership' would emphasize education and training for officers and rank-and-file fire service members, and administrative staff, to manage more effectively mental health problems in their own ranks.

The Partnership will reflect the fact that firefighters, like all breadwinners in the community, face the risks of emotional distress and mental injury or disorders and it is important to your own people to know that they are not alone in this regard.

As employers, Fire Services have a moral and legal duty to care about the health and wellbeing of your front-line service members and office staff.

Your state and country as a whole will benefit from such a Fire and Rescue Partnership for Workplace Mental Health. The reason is this. People look up to you.

You put your lives at risk as part of your everyday job. If, facing such physical and mental dangers routinely, think mental health is important, *'maybe we should too.'*

A Fire and Rescue Partnership for Workplace Mental Health will train firefighters to become effective, articulate advocates and practitioners for suicide prevention not only in the fire service but the community.

There are plenty of resources to turn to in building such a remarkable capability. You will save lives.

You can also draw on the progressive work and innovation of the US and Canadian military in this field, and I will happy to do the introductions.

One of the most enlightened US military leaders is General Peter Chiarelli, just retired Vice-Chief of Staff for the US Army. General Chiarelli is headquartered right here in Washington State, in Seattle, as the President and CEO of One Mind for Research.

His Co-chairs are former Congressman Patrick Kennedy, son of the late Senator Ted Kennedy, and Garen Staglin, a business leader and philanthropist from Napa Valley, California.

This distinguished group has embarked upon a 10-year campaign to solve mental illnesses and other brain disorders and injuries. Priority one – brain trauma – a matter of consequence to this audience.

In 2008, my Roundtable convened a – well, 'roundtable' – on 'mental health in the workplace of heroes' – and we brought together senior figures from the military, police, and fire and rescue.

This in a four-part series called the US/Canada Forum on Mental Health and Productivity summoned by the Ambassadors to the United States and Canada jointly in Washington, Ottawa, Boston and Toronto. Consuls-General also took part.

In short, diplomatic leadership for advancing mental health in these extraordinary workplaces largely because of the ironclad logic of doing so for those who put themselves on the line for the rest of us.

Conceivable, a Partnership within fire services could engage leaders from other fields of public service which personal risk to life and limb is a 'given.' I encourage you to think about that.

Resources for launching this Partnership are readily available on-line, many of them free of cost. Many are located at a web site called Strategies for Workplace Mental Health produced by the Great West Life Centre for Mental Health in the Workplace.

A wonderful start-up tool called 'Guarding Minds at Work' is available there to guide your assessment of mental health in the workplace of firefighters

### **Healthy Workplace Model**

The Partnership of which I speak this morning will design and foster its own model of a psychologically healthy workplace for firefighters built not brick by brick but attitude-by-attitude using the NEW HARD SKILLS of management I mentioned a moment ago.

Here is the contrast you will draw:

### **THE NEW FIREFIGHTERS' WORKPLACE**

#### **Healthy**

Fairness  
Respect  
Recognition  
Appreciation Job Clarity  
Reasonable Demands  
Involvement  
Control over work  
Common purpose

#### **Unhealthy**

Frustration  
Distrust  
Anxiety  
Fear  
Tension  
Low morale  
Low Commitment  
Bad Stress

## **National Interest in Your Partnership**

This very special Partnership will begin here in the State of Washington but could inspire firefighter groups across the country to follow your lead.

Perhaps, a National Fire and Rescue Partnership for Workplace Mental Health could emerge, leading to international links and possibilities -- a Partnership through which Fire Chiefs and officers and comrades will:

- State clearly and publicly your commitment to the promotion and protection of the mental health of firefighters and other first responders.
- Forge, sign, publish and celebrate a Charter for the Mental and Spiritual Health of Firefighters to enshrine your vision and inspire adherents.

This Partnership will also open up two very unique opportunities. One is the energy and resolve of individual firefighters to do individual, and very special things.

In Canada, a remarkable firefighter named Scott Chisholm, from Thunder Bay in Northern Ontario, has attracted national attention and support with an initiative called 'Collateral Damage' – helping family survivors of suicide talk about their experience.

Scott is having an impact, but, still, it is very tough going. Suicide prevention is not a popular cause. Simply, it is a profoundly necessary cause.

Scott needs to hear from you. Bring him here. His presentations are motivating and informative. He is driven by an inner strength that must be sustained.

Let him know you know. Let him know you care.

Firefighters across North America should be supporting this individual with money, with people, with time and with the kind of energy firefighters uniquely deliver to the common good.

The second opportunity this Partnership might open up relates to the young and especially vulnerable in our community. To our children.

I recall, when I was a kid, nothing was a bigger deal than visiting the fire hall, trying on a pair of boots, helping wash and polish the fire trucks, standing next to those gentle giants in the fire hall, and hoping my friends would come along and see me there.

Well, I bet that still holds true today. Firefighters – to be crass about it – have the brightest and best public image of any public servant, or any group for that matter.

And if you were to go into schools to talk about mental health and mental illness, and about suicide and looking out for each other –

If firefighters became a symbol, advocate and educator of how to save lives from suicide, especially reaching out to kids – and remember, suicide is the leading cause of death for 11-14 year-olds – oh my, what good you would do, the lives you would save.

### **So What's Next?**

Now, maybe this Partnership idea sounds okay but after the speech - what then? So here's my suggestion—

I am here for the balance of today, and I would be most willing to sit with a core group of you to sort out what this kind of Partnership would look like and might achieve.

I would be happy to serve as a mentor of sorts to help you get some momentum behind this concept if it appeals to you enough to take that first step. And in considering **that**, let us remember **this**:

The Partnership's basic goal is to save lives, save money, and prevent the disabling effects of depression/ PTSD.

The lives that this Partnership will save will be from within the fire hall family, and the families of firefighters themselves.

But that's not all; you will gain insight into how emotional dimensions of human behavior affect physical health and safety - physical performance and physical and emotional resilience – value-added for the rigorous training you do for the job you do. .

And you will gain new insight into how you -- on-the-job -- on the front lines -- can bind the emotional wounds of those going through a disaster or trauma.

I say none of this lacking an appreciation of who **you already are** and what **you already do** - just the opposite – for that is the rock solid foundation upon which a Fire and Rescue Partnership for Workplace Mental Health would be built.

So, I am here to help get this started if you will have me.

And as has been written and said so many times, every long journey begins with a single step.

Let's take that step. Of this I can promise you: once started, you will nit stop. This concept, in your hands, will reach beyond today well into tomorrow and all the tomorrows to come.

To the Fire Chiefs of Washington State – to the Washington State Council for Fire Fighters – I say this: make this PARTNERSHIP a joint commitment to each other.

Work on it together. Use this forum as laboratory to research, develop and test ideas on moving forward. This is an opportunity for unity where it counts to the maximum.

And longer-term, there is this: the power of legacy.

A Fire and Rescue Partnership for Workplace Mental Health Mental will, in your hands, emerge and endure as an expression of your generation of firefighters – ably – honorably -- compassionately -- lovingly -- in service of the next.

God bless you, and thank you.

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