

**GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE  
ON ADDICTION AND MENTAL HEALTH**  
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***“Mental Health: The Ultimate Productivity Weapon  
In The Post-September 11<sup>th</sup> Economy”***

**TEXT OF SPEECH**

**BY**

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CO-FOUNDER AND CEO**

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

**AND**

**SENIOR COUNSEL, GPC INTERNATIONAL**

**TO**

**2<sup>ND</sup> ANNUAL NATIONAL SYMPOSIUM  
NATIONAL INSTITUTE OF DISABILITY MANAGEMENT AND RESEARCH**

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By  
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Co-Founder And CEO  
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Senior Counsel, GPC International  
To  
2<sup>nd</sup> Annual National Symposium  
National Institute Of Disability Management And Research  
Ottawa, Ontario  
October 18, 2001**

***“Mental Health: The Ultimate Productivity Weapon  
In The Post-September 11<sup>th</sup> Economy”***

The Global Business and Economic Roundtable on Addiction and Mental Health is a network not an organization. It is voluntary and non-profit and supports the deployment of business capital in the war on another kind of terrorism sweeping the world – mental illness.

*Our Aims are:*

- To develop and promote management practices to defend business investment in people as mental health disorders rise.
- To defeat the stigmatization of mental illness.
- To promote worldwide efforts to prevent depression and heart disease from becoming the leading sources of workdays lost in the global economy by 2020.

The Roundtable was founded in 1998. Up to now, we have been mostly Canadian-based, but will expand internationally this year and next.

Our associates consist of:

- Board chairs, chief and senior executives representing financial, real estate, natural resource and manufacturing companies with \$100's of billions of assets in Canada, U.S. and other parts of the world.
- Scientific, medical and health professionals representing leading universities, health care centres and teaching hospitals.

- More than 85 associates so far.

We are proud to enjoy affiliations with GPC International, one of the world's leading communications and public affairs firms, the Centre for Addiction and Mental Health, based in Toronto, Canada, one of only four WHO centres of excellence, the Canadian Chamber of Commerce and Industrial Accident Prevention Association of Ontario.

Honorable Michael Wilson, former Minister of Finance of Canada, now President and Chief Executive Officer of Brinson Canada Co. is our Senior Chairman.

Tim Price, Chairman of the Board Trilon Financial Corporation, part of Brascan Ltd. is our Co-Founder and Chairman;

Paul Garfinkel, MD, President and CEO, Centre for Addiction and Mental Health, is our Co-Chairman; and

Marten deVries, MD, founding director of Centre for Collaboration in Public Mental Health, University of Maastricht, the Netherlands, former president and Secretary-General, World Federation for Mental Health is our Co-Chairman for Europe.

I'm pleased that the Roundtable's scientific adviser, Dr. Martin Shain is a presenter at this conference as is another close associate of ours – Dr. Noel Kerin, a distinguished occupational physician-consultant.

Quality people all.

I have been asked to discuss disability from a business perspective.

Anyone interested in the text of my remarks can get it via the Roundtable's website at: [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

### ***Mental Disability And The Achievement of Recovery***

Workplace accommodation of human disability is an important expression of the values of a free society. Workplace accommodation is not about turning things upside down so a disabled person can show up for work, it is about a reasonable adjustment between one set of realities – the work to be done – and another set of realities – the manner in which one individual will go about doing that work.

I want to start my remarks with a statement of the obvious. Canadians with disabilities are not damaged goods. They are achievers of a rare sort.

The achievement of recovery from – and the living with – the disabling effects of illness, injury or accident of birth qualifies – it doesn't disqualify – a person to do good, productive and exceptional work. And getting done obstacles or not.

### **Recovery Is Always A “Work-in-Progress”**

I recall one time visiting a psychiatric hospital and one of the patients who was about to be discharged had one major concern. Would her employer – when she returned to work – understand how much she achieved in overcoming her illness and her so-called disability?

And she had achieved a lot.

- An understanding of what her illness – depression – was and wasn't.
- An understanding of what it took to get healthy including new insights into herself and her work habits.
- An understanding that her recovery necessitated certain behavioral changes, recognizing – and acting on – those kinds of stress that, in her case, were likely to trigger a relapse. Stress is a very individual experience.

This achiever, when she went back to work, was clearer than ever in her own mind what work meant to her as a person and how it had to mesh – not conflict – with the rest of her life including her family.

For her, the achievement of recovery was not an epiphany. It was a strategy. Returning to work, she was greater than the sum of her parts. And she knew well enough that the achievement of recovery, like all successes, was a constant work-in-progress, transient if not tended to, elusive if not kept track of.

In many ways, she was ready not just to return to work, but to become even more effective than before, even within certain limits prescribed for her . . . not just as productive but more so . . . not less responsible but more responsible . . . not damaged goods but a valued property.

But would her employer – and her immediate supervisor – see things that way? This was her worry. Just as it is the worry of others who travel the same road.

### **Opening a New Front In An Old War**

Clinical depression is the greatest source of disability in Canada and the world today. It represents about 14 per cent of all disability in this country, slightly higher than the world average.

For purposes of my remarks today, I will refer to the formally disabled – those on short and long-term disability – but also to the “walking wounded” – the wide swath of working people suffering diagnosed and undiagnosed emotional and stress-related disorders which impair their capacity to function but function they do.

The low rates of detection, diagnosis and treatment of mental health problems in this country is disgraceful. For example, only 6.5 per cent of the total projected number of people suffering depression – 3 million in all – receive adequate treatment. This, at the dawn of the 21<sup>st</sup> century.

The Roundtable calls for concerted efforts by employers, health professionals and government to take the steps necessary to establish the workplace as a prime venue for the early detection of depression and anxiety disorders which represent probably 80-90 per cent of all mental health problems in this country.

First, though, let’s review the scale of challenge we face in confronting mental disability as a public health crisis, as a major business and economic issue and as a source of misery and pain for at least 20 per cent of our national population – and their families, friends and co-workers.

### **Depression: Greatest Source of Disability**

Consider the following as perspective on the subject:

- Depression, in its severity, is rated, as a source of disability and impairment, on a par with blindness and paraplegia. Schizophrenia is akin to quadriplegia for these purposes.
- The average number of workdays lost to one case of depression is about forty or \$10,000 per absent employee for wage replacements and the company’s share of drug therapies under a group health benefit plan.
- Depression is projected to be the leading source of work years lost through disability and premature death in developed economies by the year 2020, with ischemic heart disease number two. The order is reversed in less developed countries.
- Depression has a 15 per cent mortality rate. It is, by far, the leading source of suicide. Consider:
  - *The number of people who kill themselves every year in this country because of a disorder that is treatable and beatable 80 per cent of the time is on the order of 10 jumbo jets going down almost every month of the year – killing all aboard.*

- *Canada has the third highest rate of teenage suicide in the world and suicide is the second leading cause of death in this country for 11 to 15 year olds.*
- *Fifty thousand young Americans lost their lives in the far-off jungles of Vietnam. In that same period of time – 1964 to 1973 – 100,000 young Americans lost their lives to suicide at home.*
- The heart of the clinically depressed sleeps frightfully and sometimes not at all. The disorder is linked to arrhythmia.
- A heart patient who develops depression has a five times greater chance of a second, fatal heart attack within six months of the first. Depression is believed to cause blood clotting.
- Depression attacks the immune system, making the sufferer more vulnerable to infectious disease.
- This disorder has the capacity to slow recovery from cancer.

### **14 Per Cent Of Canadian Profits**

The Business and Economic Roundtable on Addiction and Mental Health wishes to help open a new front in an old war by making the business case for mental health. Depression costs the North American economy an estimated \$60 billion (US). In NAFTA and the European community economies, the number soars to nearly \$300 billion (US) a year.

Most of these costs materialize in the form of economic loss. Mental disability is mostly a business cost and not a healthcare cost borne through public taxation.

In Canada alone, the Roundtable estimates that all forms of mental illness costs the country \$16 billion a year which represents just about 14 per cent of the net operating revenue of all Canadian businesses combined.

About half those costs take the form of lost opportunity costs – a censorship, in fact, of innovative thinking and value-added attributed to the thought content of products and services needed for companies to compete in the information economy of mental performance.

### **11 Million Barrels Of Oil Lost Through Mental Health Problems**

At Syncrude Canada, CEO Eric Newell measures productivity in the form of the production of barrels of oil per employee. He estimates that the impact of mental illness

translates in his company into the loss of 11 million barrels of oil production a year or \$200 million of annual revenue.

At the Royal Bank Financial Group, more than a third of all short-term disability stems from mental health issues and that rate is the “new norm” for large employers. It is not the exception.

The Roundtable foresees the percentage of disability insurance and group health claims related to mental health climbing to more than 60 per cent of the total number of claims administered through business-employee plans over the next three to five years.

### **“A Very Serious Economic Crisis” – Former Finance Minister**

Let the word go out --

- *Honourable Michael Wilson, our former Minister of Finance and Senior Chairman of the Business Roundtable – “this is a public health crisis, no doubt about that – but it is also a very serious economic crisis.”*
- *Tim Price – “depression is a business problem we better get our arms around.”*
- *Bob Lord, Chairman of the Canadian Institute of Chartered Accountants, and a founding member of the Roundtable – “mental health disorders represent the greatest business and public health challenge of the 21<sup>st</sup> century. We must understand that. And in a hurry.”*
- *Hershell Ezrin, Chairman and CEO of GPC International and first Roundtable business affiliate – “we believe business must advance the cause of mental health for business reasons ... it is good for our customers, our suppliers and our employees whose wellbeing we are fundamentally interested in.”*

### **Saving Health Care Dollars**

And let those voices be heard by those concerned about the cost of healthcare in this country. For it is estimated that persons suffering mental health disorders use the health care system three to five times more frequently than others. By reducing this multiplier effect – through improved detection, diagnosis and treatment – we are destined to save the healthcare system itself tens of millions of dollars a year.

U.S. estimates suggest that if behavioral disorders were reduced by even 10 to 15 per cent, the healthcare system in that country would enjoy windfall savings in the ballpark of 30 to 40 per cent of the total. More than 70 per cent of all healthcare costs in America are driven by the effects of the disease and injury directly attributable to human behavior, not acts of God.

Consider this:

Harvard reports mental health disorders will disable more people over the next 20 years than traffic accidents, AIDS and war combined. (This is one war on terrorism long overdue.)

- Stress and mental health-related complaints represent nearly half of all visits to family physicians in Ontario. The heavy utilization of emergency wards is undoubtedly influenced by these same factors.
- The head of the Addiction Medicine Unit at Homewood Health Centre in Guelph, Ontario, estimates that one-third of all the hospital beds in Ontario are occupied by drug addicts and alcoholics not being treated for their disorder.

Despite all the evidence, the subject of mental health – in strategic terms – is on the primary agenda of no government in Canada. Which is a pity. We must change that.

### **Remarkable Initiatives In Ontario**

The new front in an old war centres on our places of work, our reasons for work, our need for work. Employment is no longer just the job we go to, it is the community we belong to.

Employers and employees have a strong incentive to better understand these matters and the workplace is an appropriate venue through which to improve detection and treatment rates.

That said, employers lack the know-how and tools to deal with mental illness in the workplace and there is very little guidance available to help businesses create a workplace that sustains or helps to restore mental health.

In this context, I wish to report on a remarkable project launched by the Ontario Ministry of Citizenship, the Canadian Mental Health Association in Ontario and the Roundtable.

It is called *Mental Health Works*

- A project to provide employers, employees and labour with information about the impact of productivity losses from mental illness in the workplace;
- And specific advice and tools to help improve that picture.

*Mental Health Works* is founded on the belief that raising awareness about mental health issues in the workplace will benefit employers and employees alike.

Over the next two years, *Mental Health Works* will develop strategies, a public awareness plan, and resources and tools that are directly applicable to the Canadian workplace.

Research and strategies will focus on as many varieties of workplace settings as possible: office, retail, service industries and factories, urban and rural.

Pilot testing and evaluation of these tools will be conducted on site by participating businesses.

The project will be officially announced at the CMHA Conference next week, and as a matter of fact, Miriam Ticoll, the Project Director is here with us today.

Bringing together business, labour and government in the fight against mental illness through the workplace is a first.

Stay tuned.

### **12 Steps To A Business Plan For Depression**

Meanwhile, the Roundtable has proposed and published “12-steps to a business plan to defeat depression.” The objectives of 12 steps are to:

- Sustain business performance in the face of known and projected rates of mental disability.
- Produce the value-added “thought content” of products and services essential to competing in an era of mass customization.

These 12 steps call for:

1. CEO leadership as critical step one;
2. Financial targets for reducing the effects of depression on productive output;
3. Efforts to improve the detection rate of depression from 6.5% to 35-50%;
4. Reforming Employee Assistance Plans to target depression at work;
5. Producing an inventory of emotional work hazards at work and correcting them;
6. Rooting out office politics;
7. Eliminating the “treadmill” effect of the workload spread among people at various levels of the organization and giving employees a sense of control over their work. This includes their liberation from the treachery of e-mail;

8. Maximum clarity for employees when priorities change;
9. Eliminating the isolation some employees experience because of poor communications;
10. Establishing policies to foster work-life balance among employees;
11. Providing encouragement and emotional rewards for employees day-to-day;
12. Targeting the ravages of “burn-out” at every level of the company – described by one of the world’s largest insurance companies as “America’s newest epidemic.”

### **Mental Health: The Ultimate Productivity Weapon**

The business case for mental health is really being made by the times in which we live.

### **Skillsets And Mindsets**

The war for talent in the early 21<sup>st</sup> century will be a war for skillsets and mindsets adapted for, and to the knowledge-based economy. It will accentuate training and development, it will emphasize human relations over labor relations.

The private sector and the public sector will compete for new talent from the same pools of labor emerging from universities, colleges and life generally.

Competitors will look for the invaluable source of “thought content” in the labor markets of the near and mid-term future and in doing so will put a premium on:

- Mindsets, mental resiliency, and the capacity to innovate and cooperate;
- Creativity and flexibility and the ability of job candidates to live with, and adjust to change and even ambiguity as a normal feature of life at work during the extended transition the world is now navigating from an industrial-based economy to an information-based economy.

We must fashion a comprehensive approach to use business capital – “in the self-interest of business “ – to fight what the Harvard School of Public Health, World Bank and World Health Organization call “an unheralded crisis in world mental health.”

In doing so, let us, in business, heed Federal Reserve Board Chairman Greenspan’s warnings about “irrationality” and “unforgiving capitalism.” Which may be shaping reactive, short-term business decisions which compromise our investment in our people.

### *Culture of Downsizing*

When emotional and irrational behavior in the stock markets wield such a great influence on business decision-making – as they do in today’s pressure-cooker business and economic environment – those decisions will themselves become emotional and irrational in their own right.

This produces even greater long-term doubt and uncertainty for the nation’s breadwinners who are already hurried, worried and rattled by change.

The culture of downsizing which has taken root this past 10 years or so is a taxing and expensive proposition for business. Downsizings take months to plan and organize. And are announced often to “deliver a message” to investors in defense of share value. They cost millions for any sizeable employer.

And, ironically, as recent history teaches, companies who achieved bottom-line results by this means principally do less well with investors – in terms of share value – than competitors who drive profitability through positive growth in revenues.

By freeze-framing the option of making mass job cuts in apprehension of market forces business could use that energy to search out growth strategies and **mobilize** not **sideline** the people they have already invested millions in.

The fact that the world is experiencing unprecedented rates of depression and anxiety among employees in the work place and consumers in the market place has “jarring relevance” to business.

More than at any time in the world’s industrial history, “business is fundamentally dependent on the capacity of the labor force to think – to think clearly, concentrate, be creative and alert ... the very powers now under attack.”

When the world entered the so-called information economy, innovation and information became king.

Innovation is a human mental process. Information is a dead asset unless people communicate, interpret and use it for commercial purposes.

The economy of mental performance was born with the advent of the information age and in this economy:

- Business pays a premium for mindsets as well as skillsets.

- Human capital is defined by human motivation, knowledge and perspective, judgment, the ability to communicate, share ideas and foster productive relationships at work.

### **Minds Do The Heavy Lifting**

I mentioned earlier the value-added of “thought content” across all products and services.

In the automotive sector, for example – where new cars are no longer re-designed but “re-thought” -- thought content has as much or more dollar value than the steel which houses the cars and trucks coming off the assembly line.

In this environment the minds of workers – not their backs, arms or legs – do the heavy lifting for business.

Yet, these very mental powers are under attack by the economic and social tyranny of an “unheralded crisis in world mental health” and as a result:

- As the era of homeland danger unfolds, pervasive job insecurity, economic uncertainty and weak or ambiguous corporate leadership will weaken this core strength of business.

In its own commercial self-interest, business can defend its investment in human capital and the collateral of mental health by:

- Showing leadership in the in the war against mental illness;
- Reducing chronic levels of toxic stress in today’s work place;
- Ridding the modern work place of a pervasive sense of unfairness experienced by huge numbers of people at every level of organizations competing in the market economy.

The Roundtable calls for a force of knowledge and information plus planning and strategy through a business-led coalition of medical scientists, universities, government agencies and national mental health groups to head off what we call “the 2020 scenario”.

The Harvard/World Bank projection of depression and heart disease becoming the leading sources of workdays lost in the global economy through disability and premature death by 2020.

Our clear target must be to prevent that preventable 2020 scenario with a global, business mental health strategy the Roundtable calls “Vision 2020.”

## **Financial Targets and Windfall Savings**

Vision 2020 will, among other things:

- Establish the work place as a primary venue for the early detection, diagnosis and treatment of depressive and anxiety disorders and the addictions that often accompany them.

The Roundtable calls for financial incentives to target and reduce running rates of depression, anxiety, addictions and violence in today's workplace – let's call these stress buster bonuses for executives and managers who reduce toxic work place stress.

Our earlier analysis estimates that businesses in Canada and the U.S. could experience windfall savings in the neighborhood of \$70-\$80 billion over the next five years in wage replacement and prescription drug costs alone by:

1. Improving the detection and treatment rates of depression from 6.5 per cent to 35.0 per cent of the total number of cases which are estimated to materialize each year;
2. Investments in employee health services and referral systems which link mental health professionals to the work place in more effective ways;
3. Reforming employee and family assistance plans by customizing them for mental health purposes.
4. Installing staged return-to-work protocols for employees absent from depression and anxiety disorders – protocols not related to specific diagnoses, held confidential and not labeled for the purposes intended.

Vision 2020 Foresees:

- Company-wide managerial and supervisor training to help front-line personnel manage effectively certain kinds of human behavior and the symptoms they may represent.
- Executive, managerial and supervisory performance evaluation systems which target specifically the capacity and performance of managers to promote fairness in the work place.
- Email cease-fires. Electronic information overload is “driving us crazy.” Office protocols which regulate the excessive use of emails and vice-mails, which roll back the emerging 24-hour work day.

- Promotion of the healthy and productive use of the Internet at work. The Internet has become – evidence suggests – a source of addictive behavior similar to that triggered by the excessive use of drugs and alcohol.
- Indices to promote healthy productivity standards. Call centres are a priority.
- Special emotional protections against organizational abuse or indifference for a number of jobs especially vulnerable to emotional distress including nurses, teachers, truck drivers and call centre operators.

### **Personal Apprehensions**

That said, we now live in extraordinarily tense times. As the war on terrorism spreads, we are witness to the spread of a very personal kind of apprehension.

Special times call for a special brand of leadership in business today.

We must be diligent in recognizing that employees may take the time necessary to “put family first.”

We must be diligent in ensuring the company has an emergency preparedness plan and employees know about it.

In this environment, business must chronicle and eliminate emotional work hazards which predict lateness, absenteeism and mental distress.

We must take the necessary steps, in these times, to temper the corrosive effects of office politics. Which isolate people from others in their midst.

### **“Quality of Life” Management Practices**

In the post-September 11<sup>th</sup> world, we need business-savvy “quality of life” management practices. Counter these principal sources of deleterious stress:

- The treadmill syndrome at work. Too much to do at once.
- Workplace cultures where random interruptions are the norm and where self-doubt prevails. More than ever, employees need to know what their job is and perceive they have the time to do it.
- Unclear company policies and direction. I repeat: more than ever people need to know who they are, where they stand.
- Workplace cultures exhibiting a lack of appreciation, perceived or real, day-to-day. More than ever, people need to know they matter.

- Workplace cultures where there is a lack of two-way communication up-and-down and among peers. More than ever, people need to know what is happening around them, where the company is going.

In the present environment of apprehended danger, places of work must become fully-outfitted centres of information in the management of personal anger (one the one hand) and employee distrust (on the other). The risks of taunting one employee unto another where racial differences may exist are more pronounced.

Places of work must become centres of information in the management of parental anxiety relevant to the fears of their children and elderly dependents in the face of television movie and Internet imagery flowing from the war on terrorism.

Broadly, in society, let the needs of the very young and the very old be a barometer of our wisdom in calming a society in which hundreds of millions of everyday people are hurried, worried and rattled by change.

The early capitalist Adam Smith – no bleeding heart – recognized at the dawn of America’s free enterprise system that healthy workers – justly-treaded people – were more likely to do good work. Let his words be heard today.

Having heard from Adam Smith, now let us hear from Emily Dickenson who wrote: “If I heal one ache, my life is justified.”

If each of us – in these times – can heal one ache, the world will be a better place for all who otherwise suffer alone.

Thank you.

- 30 -