

WILSON + WILKERSON 2011

BRAIN HEALTH
+
BRAIN SKILLS =
BRAIN CAPITAL

FINAL REPORT

Global Business and Economic
Roundtable on Addiction and
Mental Health 2011

GREY PAPER

NEW Workplace of the 21st
Century – toward a productivity
revolution through mental
health & innovation

Roundtable Final Report Executive Summary

This report has many authors. Scientists, clinicians, family members, employers and employees – hundreds of people and more who have guided the Roundtable over the years and, therefore, have guided us in writing this Report.

We interviewed some of the world’s top clinicians and neuroscientists specifically for this Report and are grateful for their unparalleled expertise. Our principal recommendations are drawn from the Roundtable’s 4-part US/Canada Forum on Mental Health and Productivity in Washington, Ottawa, Boston and Toronto.

This is not a scientific report, it is a report about science. It is not a business report, it is a report about business. It is not a research report, it is a report about research as a pragmatic tool to find answers to the complex problems of depression in the workforce.

All along, our role has been to translate, interpret, seek-out and study scientific data from the world’s great research institutions and leading scientists and to learn from the real-life workplace experience of employees in jobs ranging from the retail and manufacturing sectors to the military and police.

We have no power except that of persuasion to make our recommendations happen. We will publicize this report, distribute it widely and encourage business, government and science to come together to achieve a big but plausible goal: finding a cure for depression.

Getting Here, Going There

We have reached a point where talking about finding a cure for one of the most significant forms of mental illness is plausible and acceptable to many scientists, funding organizations and leaders in other fields. As co-author Michael Wilson says ‘we’ve come a long way, baby.’ Indeed we have.

The International Action Plan set out in this report draws on what the Roundtable has learned, found, done and advocated for more than a decade.

To determine what we can realistically say about the momentum created, doors opened, and the Roundtable we canvassed a large number of supporters. This is what they told us:

Highlights of Roundtable ‘Deliverables’

- Original concept: mental health in the workplace.
- Original strategy: brain health, brain skills in a brain-based economy.
- Credible ‘business case’ for mental health in the workplace.
- Strong voice to business not for business.
- Securing place for mental health in the corporate boardroom and executive suite.
- CEO summits, first-ever CEO survey on mental health.
- CEOs taking real action.
- Canadian insurance industry guidelines for mental health in the workplace.
- ‘Great West Life Centre for Mental Health in the Workplace’.
- On-going national and international speaking tour on mental health in the workplace.
- High level US/Canada Forum for mental health and productivity.
- Profile for mental health in the workplaces of teachers, nurses, police, military, fire and rescue.
- Several tools and programs for employers.
- Unprecedented, large scale public opinion research focused on employees in Canada and US.
- Dramatically higher profile for mental health in the news media as a business issue.

Priorities (and concerns) Going Forward

- ‘No going back’ – we must maintain the momentum.
- Boards of directors must embrace mental health as a governance matter.
- CEO leadership must grow across international borders.
- A ‘Breakthrough Business Case’ for decisive workplace-based research must take hold.
- Mental health must be enshrined in occupational health and safety rules and standards.
- The ‘asset value’ of employees on disability leave must be protected.
- Scientists, business must develop common language and shared goals.
- Research capacity to fund and find a cure for depression must grow.
- National standards for psychologically-healthy workplaces must be adopted.
- Employers must push for better mental healthcare for children.
- Workplaces must become venues to prevent suicide.
- Joint community/workplace-based models of treatment and support must broaden access to care.
- Governments as employers in their right must engage.
- Concerns:
 - Productivity gains exclusively through job cuts.*
 - Meager advances in new treatments.*
 - Harsh work environments prevail.*
 - Hyper-connected workplace compounds anxiety levels.*
 - National system reform efforts in Canada and us run out of gas.*

In Search of a Cure

We cannot address all of the priorities and concerns noted above, but we have a base upon which to embark on an international effort to lessen the grip of depression on so many lives.

And by taking the long view of what society as a whole needs to do to reduce the social and economic effects of mental disorders, we feel comfortable openly using a four-letter word not often heard in mental health circles – the word ‘cure.’

This Report is a clarion call for leaders in the three countries where we suggest the initiative proposed here be launched – US, UK and Canada – to come together and stimulate a revolution in productivity through mental health and innovation in a **NEW NeuroEconomic Workplace**. This **NEW Workplace** will fuel and nourish employee wellbeing and productive capacity.

Most new jobs today demand cerebral not manual skills defining what we call a brain-based economy where brain-based mental disorders are the leading causes of workplace disability.

This Report visualizes this revolution in productivity stemming from investments that promote mental health as a means to stimulate innovation on a major scale. In this light, workplace innovation becomes the principal deliverable of investments in the brain-based mental health of working populations.

Depression is concentrated among men and women in their prime working years. The landmark Global Burden of Disease Study foresees depression and ischemic heart disease becoming the leading cause of work years lost through disability and premature death.

No Health Without Mental Health

In the workplace, *'there can be no health without mental health.'* These are the words of the World Health Organization, a suitable mantra for the initiatives proposed here and a real incentive for employer action to defend their investments in their own people.

Finding a cure for depression, in our judgment, qualifies as a strategic business and economic objective in light of the asset value that can now be ascribed to cerebral skill sets and the cognitive capacity of working people.

A cure for mental disorders is a stated objective of the largest government mental health funding agency in the world, the US National Institute of Mental Health. The same goal guides NARSAD, the largest private charity for mental health research in the US.

The 1st US/Canada Forum in Washington in 2007 achieved a consensus among leaders of business and science in declaring that the goal of finding a cure for mental illnesses was a prudent and powerful incentive to attract broader public support and new funding sources for mental health research.

A European Community report in 2005 declared that mental health is a logical and preferred instrument to achieve social goals. Especially, one would think, in the face of grave financial uncertainty which will grip the world for years to come.

Constellation of Issues

This report sets out a constellation of issues that stubbornly resonate from what Harvard researchers call an 'unheralded world mental health crisis.' This constellation represents a universal agenda for broad international action.

Some of the propellants of the insurgency of mental illness across the globe are found in major international trends unfolding over the past decade; these influential trends include:

- Infectious disease is giving way to chronic non-infectious disorders as the world's principal public health concern.
- Life expectancy is giving way to disability as the principal component of the global burden of disease with depression and anxiety as major contributors to disability.
- Depression not only has disabling but lethal consequences through suicide, cardiovascular disease and 'excess deaths' among those living with diabetes.
- Depression wields a powerful influence on the course and outcome of co-occurring chronic conditions, all of which are susceptible to workplace stress.
- Workplace depression now afflicts 18-25% of employees and the annual prevalence of all mental disorders has risen to 25% in the US and a reported 30% in Europe, according to US Centre for Disease Control, EEC and Roundtable data.
- The spread of depression and anxiety disorders exacts an economic toll of \$1 trillion a year in the European Community and North American Free Trade Area combined based on 4% of GDP.

The Great Depression MATRIX

The Roundtable's first public event in 1998 focused on the connections between depression and heart disease. The objective was to promote employer understanding of the links between our greatest disabler, depression and greatest killer, heart disease.

This is a consistent message delivered by the Roundtable from then to now. We expand on that proposition in this Report. Depression is a common disabling and deadly form of mental illness that influences the course and outcome of a roster of chronic conditions beyond cardiovascular disease.

The vast implications of this for the health, wellbeing and productive capacity of hundreds of millions of people in the free market economies (and elsewhere) means that finding a cure for depression is a moral and economic imperative for society and its leaders.

The forward-looking portion of this report is called the ‘Grey Paper’ and proposes strategies to protect the ‘grey matter’ of our employees and their children from the debilitating and deadly effects of the brain-based and body-wide disorder we call depression.

International Action Plan

This report’s Grey Paper calls for:

An ‘**International Public/Private Partnership of Employers and Science**’ to fund and find a cure for depression and to end the era of psycho-social work hazards emerging as a major occupational health risk.

The Partnership will consist initially of global corporations as well as governments, unions and NGOs as employers in their own right, drawn from UK, US and Canada.

The partnership will build a \$10 Billion investment plan to finance this decade-long, 3-country, workplace-based research, education and prevention campaign.

The Designation of 2012–2022 as the ‘The Decade of the Brain in the Workplace’ to galvanize business and public awareness of this campaign and to seek applications of the ground breaking discoveries of the 1990s ‘Decade of the Brain’.

‘The Decade of the Brain in the Workplace’ will focus on the transfer of known and new brain knowledge into clinical practice and workplace applications.

A start-up roster of 30 workplaces in three countries – us, UK and Canada – will serve as ‘pilots’ for an integrated workplace-based brain, genetic, clinical and organizational research regime to find a pathway to depression through its links with chronic illnesses.

And

A new approach to promote the funding and design of depression research publicized and conducted as a means to:

- Save lives from heart disease and stroke.
- Prevent suicide.
- Prevent depression/heart disease from becoming the leading causes of work years lost by 2020.
- Reduce cardiovascular risks among those living with diabetes;
- Improve the outcome for diabetes itself.
- Prevent depression from impacting negatively on the prognosis for some cancers.
- Reduce the health risks associated with obesity.
- Lessen the grip of chronic pain on millions of people.
- Protect gains in life expectancy. (Severe mental disorders can shorten life spans by 25 years.)
- Prevent onset of depression and anxiety in childhood and adolescence.
- Reduce economic losses and restore productive capacity in the workplace.
- Sustain psychologically-healthy workplace standards (now in development).
- Promote innovative and resilient workforces.

And

Building the business case for and treatment excellence through accelerated investments in and deployment of:

- Bio-markers (blood, saliva, other) for diagnosing depression.
- Brain imaging technology to customize treatments of depression.
- Screening tools for routine use by primary care physicians and clinicians specializing in heart, stroke, diabetes, pain, cancer, obesity, respiratory, bone and other conditions.

And

Building a workplace-based suicide prevention model to educate employees and families, and provide crisis avoidance training to managers, disability case managers, occupational health and safety physicians and personnel;

Workplaces will work with community groups such as schools and sports leagues, and sponsor the mobilization of youth through a Peace Corps to prevent adolescent suicides.

Suicide prevention must have targets. In Canada, we propose reducing the annual number of suicides from 4,000 to 1,000 by 2022, and in so doing, save 31,000 lives over a decade. This would also mean preventing 150,000 to 200,000 suicide attempts and self-inflicted injuries.

And

Building from the workplace a business case for new investments in children's mental health as a logical extension of employer investments in employee and family assistance programs.

Mental health care is scattered in most countries and the 'rule of thumb' is that such care is inadequate or non-existent. This is unconscionable.

A business case will justify investments in children's mental health on economic grounds and will promote access to specialized care networks

for children through a new generation of workplace-based, anxiety and depression-focused employee and family assistance plans.

And

Pilot projects for new national standards for psychologically-healthy workplaces. We call this the **NEW NeuroEconomic Workplace** where CEO leadership is the first imperative.

No amount of science will change the way workplaces function without executive leadership and a willingness to adapt. Therefore, the Report proposes the rapid infusion of psychologically-healthy workplace policies and practices.

Mental Health and Innovation

At the heart of this model is employers learning how to make innovation thrive in a brain-based economy, foster the cognitive capacity of their employees, and adopt the equation that **'brain health + brain skills = brain capital'** as a practical business formulation.

The **NEW Workplace** will require a 'modern model of leadership' where **CEOs** recognize the link between a healthy culture /environment and healthy employees and take an investment approach to employee health benefits and to reforms needed to create psychologically-healthy workplaces.

The **NEW CEO** will bring mental disabilities from 30%–40% of their total disability experience down to 10% and implement strategies to ensure that long-term disabilities due to depression are virtually obsolete. Employees on disability are affirmed, consistently, as assets with continuing value.

In the **NEW Workplace**, disability case management will be anchored by an 'Employee Asset Renewal Process' which progresses from illness/disability, through symptom-remission, to recovery of functional health and gradual return to work – all as a form of asset protection.

A Clearinghouse of Depression Research

The international action plan proposed in this report must embrace the latest internet-based technology for active public engagement. The pace of technology innovation and change will continue unabated, and may even accelerate.

To keep up with relevant developments in the treatment and cure of depression Dr. Gary Woodill, co-author of the companion volume to this Report, advocates for the creation of a web-based clearinghouse of new information to alert researchers and practitioners when information first becomes available.

Information, gathered through a monthly environmental scan of research literature as it is published – or as it shows up on blogs, magazines, conferences and student work – will always be current. Professionals in the field can be both users and contributors to such an information source, as well as rate the importance of items as they are posted.

Such a ‘crowdsourced’ resource on depression would be invaluable and an efficient way to keep up with new research. Automatic tools could create a weekly newsletter of all new items posted, or users could search a database of topics.

Maintaining a clearinghouse of information on depression requires a few staff to keep it up to date, but could be of value to thousands of professionals worldwide.

Avoiding Trouble Ahead

Tom Insel, Director of the US National Institute for Mental Health, speaks of a lack of progress in adapting brain scientific discoveries into new methods of care. The Canadian Institutes of Health Research is concerned that Canada may lag other nations in the translation of scientific evidence needed to inform clinical, health care decisions.

The Chief Medical Officer for Canada, Dr. David Butler-Jones, says chronic illnesses are the principal public health challenge facing Canada and the world. Depression is part of this. Demands on primary care are unavoidable, and predictable.

Yet also emerging, are challenges to Canada’s capacity to develop and transfer the scientific evidence needed by clinicians to manage these very same issues. The Grey Paper will speak to these issues. In Canada’s case, the country may awaken in the next few years to a severe structural flaw in its capacity to predict, let alone manage, the stormy weather ahead.

This Report is not a final word. It is an attempt to stimulate a lot of new discussion about the future role of mental health in the workplace as a defined, authentic business asset. We hope our proposals serve the purposes of the unified engagement of employers and science in a critical common cause.

The time has come to attract the next generation of leaders to take the steps needed to wrestle to the ground those questions which stand between society, the economy and victories over mental illnesses – victories at long last and, some day, once and for all.

Expert Interviews

Exclusive interviews with, and input from, world-renowned scientists was an important part of the research done for this report. Our thanks to all who shared their knowledge with the Roundtable.

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Former Senior Chairman of the Roundtable, served as Canada's Ambassador to the United States and as Canada's Finance Minister. Mr. Wilson is currently Chairman of Barclay's Capital Canada Inc., building on his distinguished career in business, finance and government service. Mr. Wilson is a winner of several national awards for his work in the mental health field.



Bill Wilkerson

Roundtable Co-Founder, Chairman, President and CEO, won several national awards for his Roundtable work. His business career spanned senior positions with major corporations, major league sports, health care and the arts where he served as CEO of the Toronto Symphony Orchestra during a financial crisis. Mr. Wilkerson was named mental health adviser to the Royal Canadian Mounted Police.

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