

DISCUSSION PAPER
BY BILL WILKERSON, EXECUTIVE CHAIRMAN
MENTAL HEALTH INTERNATIONAL and
CO-FOUNDER, GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE
ON ADDICTION AND MENTAL HEALTH
TO
2013 TRUSTEES AND ADMINISTRATOR INSTITUTES
INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS
SAN FRANCISCO, CALIFORNIA
JUNE 26, 2013

MENTAL HEALTH IN THE WORKPLACE

Three major trends are having a profound influence on the scale and substance of the burden of disease borne by the US and its major trading partners. And thus the future challenges and opportunities awaiting the employee benefits industry and employers broadly.

I will examine each of these trends.

1. Rise of Depression Amid Global Shift to Non-Communicable Disorders

The world is facing a major shift from infectious to non-communicable diseases - as the major public health challenge that will confront employers, employees and their families, health care providers and, of course, the benefits community in all its manifestations.

This shift is setting the stage for a broader-than-ever surge of chronic disorders many of which are concentrated among men and women in their prime working and earning years, thus taking an economic toll at the production and consumption end of the free market system.

At the heart of that shift is the advent of depression as the leading cause of disability insurance claims in Canada part and, I suspect, at or near the top of the claims experience here.

In fact, while 30-40% of claims are attributable to depression as a primary diagnosis, we estimate that up to 75% of long-term disability among employees displays depression as a secondary diagnosis and the primary barrier to a healthy return to work.

The treachery of employee isolation away from work for protracted periods.

Among the three trends I am describing, the influence of depression duly present in each. This, we must awaken to and coming to terms with the issues related to mental health in the work place – for employers and their advisers – is not an alternative to consider, it is a fact to face.

A fact that reaches into our future and into the fabric of our national life. Depression, a brain-based condition with body-wide effects, and, increasingly, a younger person's disease.

The annual prevalence of all forms of mental illness is conventionally estimated to be 20% of our overall populations. But that number is misleading.

According to the largest-ever survey of US and Canadian workplaces commissioned by the Roundtable and Great West Life, a progressive and innovative leader in advancing the cause of mental health in the workplace, found that:

- 18-25% of the working populations of each and both countries experiences depression each year. This demonstrates that depression is heavily concentrated in the working population.

Let us also note this: the average age of onset of depression is age 21; substance abuse is age 18; anxiety is age 12 in Canada and age 14 here. Anxiety, anxiety and substance abuse and 70% of adults diagnosed with depression have lived with their symptoms since childhood.

The causes of depression, anxiety remain scientifically or precisely unknown. But the brain-based dynamics, bodily effects and risk factors are becoming well-known.

For example, there are major genetic and epigenetic components -- the latter refers to how our experiences in life and work influence how one's genetic disposition is expressed. Therefore, our mental collisions with our personal and working lives are a determinant of onset.

One prominent neuroscientist sees depression more like an injury than an illness. When I speak to military personnel, I tell them PTSD is like a concussion from the inside out – a serious blow to the brain first, then the skull. A concussion or traumatic brain injury is just the opposite.

PTSD: broken heart and damaged brain

PTSD is a normal response to an abnormal event - abhorrence, fear, suffering sustained in the face of threatening, tragic or inhumane behaviour and events.

Those who suffer do so not because they lack something but because they have something: a heart that is broken by and a brain that is damaged by what they witnessed or experienced – evidence of a capacity for pain, often on behalf of others, and a conscience thus offended.

Severe trauma, emotional distress and depression are the closest physical/neural things we have to the poetry and metaphor of heart break. These medical conditions are embedded in the human condition and human experience.

The next time one wonders if, say, depression is ‘really real’ – ask yourself, is a migraine headache really real, and what about Parkinson’s Disease, autism, Alzheimer’s, epilepsy?



*There is much that is physical about mental illness, and much that is mental about physical illness’ –
American Psychiatric Association*

Mental disorders are not exclusively – or even mainly – ‘mental’ at all. These conditions have physical properties, physical origins, physical and psychological effects.

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

The reason we lack objective criteria with which to diagnose mental disorders is less because we lack the science and more because we lack the investment.

Nonetheless, the day will come when we will have a blood and saliva test for depression, or the risk thereof – an x-ray in the form of functional MRIs.

Brain imaging technology will, one day, lead to customized treatments. One leading clinician observed: *"We will then actually treat what the patient has where they have it."*

2. THE GREAT DEPRESSION MATRIX: *Disabling and Deadly Co-Occurrence of Depression and Chronic Disorders*

The second major trend – the first being the shift to non-communicable disorders --- is our expanded clinic understanding of the sometimes devastating links between major depression and other high-profile chronic disorders heretofore not routinely tested for mental illnesses.

We call this the Great Depression MATRIX. A word on that:

- Mental disorders are not exclusively – or even mainly – 'mental'
- This Depression MATRIX is one of the most vivid expressions of the physical properties and impact of mental disorders.

Depression, a brain-based mental disorder, with much influence in the "EXECUTIVE" SPHERE OR WORKPLACE PART OF OUR BRAIN can have a material and sometimes negative effect on the course and outcome of several major – PHYSICAL – chronic conditions.

Let's review that proposition and what it means to this audience. But, first, a quick side-trip.

Economic Impact: Wipes Out 4% of GDP

Mental illnesses currently wipe out about four per cent of the gross domestic product of the US, Canada and Europe, each and every year through lost work time (not including, though, lost buying power).

This four per cent of GDP translates into an economic price tag of more than \$1 trillion a year (US) through lost productive capacity in the workforces of NAFTA and Europe combined.

This \$1 trillion mental health challenge drains \$570 billion a year from the US economy and \$51 billion a year from the Canadian economy.

That said, if not the tip of an iceberg, these numbers are certainly incomplete in measuring the full economic toll that mental illnesses take each year. And here's why: the cost of the GREAT Depression MATRIX:

While, the costs associated with the effects of depression on the course and outcome of a wide range of major chronic illnesses have yet to be nailed down, Dr. Thomas Insel, Director of the National Institute of Mental Health in Washington, says this:

"The important message for you this audience" he wrote me about you," will be understanding the role of mental disorders, like depression, on the outcomes of conditions such as heart disease and diabetes".

"The evidence is increasing, he says, "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 is often co-morbid range from cardiovascular disease, arthritis and chronic pain to cancer, diabetes, asthma and head trauma.

The London School of Economics finds that: *"Nearly a third of all people with long-term physical conditions have co-morbid mental health problems like depression and anxiety."*

Adding: "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."

This report says untreated mental illnesses add more than £10 billion a year to British health care costs, one-eighth of the UK health care budget.

Applied to North America, this multiplier translates into 12.4B a year (*8% of \$150B/yr.) to Canada's health care bill and upwards of \$150-\$200B a year to US health care costs (*8% of \$2.2Trillion).

These numbers are ON TOP OF the economic impact numbers I mentioned earlier – bringing **the still incomplete price tag** of mental disorders to a conservative \$63 Billion a year in Canada and something like \$700B a year in the US.

Cardiovascular Disease and Depression

Meanwhile, ischemic heart disease and depression are on track to become the leading source of work years lost in the world economy through premature death and disability.

This means the world's greatest killer, heart disease, and greatest disabler, depression, are becoming a powerful one-two punch to the jaw of modern productive capacity.

This, in a world economy:

- That puts a premium on brain-based skillsets.
- Where chronic job stress is a major risk factor for both these conditions.
- And, therefore, a significant workplace health and safety hazard in the contemporary workplace.

At the same time:

- Depression and anxiety disorders are growing faster as a component of the global burden of disease than cardiovascular disease.
- Canadian clinical research found that depression increased the risk of a second, sudden fatal heart attack by 500% among first time heart attack victims.
- Those living with depression have four times more cardiovascular disorders and depression is an independent risk factor for stroke among women.

The scope of depression's effects on brain and body health problems has led researchers at Kings College in London, England to conclude that

"Depression can no longer be described as only a brain disorder; it is a series of changes spanning the brain, genes, and the body."

Diabetes, Eyesight, Cancer and Depression

Depression is also associated with complications of diabetes affecting eyesight and is significantly associated with premature death within the type II diabetes population.

The constituent diseases of the GREAT Depression MATRIX 'zig and zag' from one to another, complicating risk, compounding danger, worsening outcomes:

- The New England Journal of Medicine reports that diabetes raises the risk of dying from cancer by 25%.
- The Canadian Diabetes Association reports that 80% of those with diabetes die from cardiovascular disease.
- Death rates among cancer patients were found to be 39% higher among those actually diagnosed with depression.
- Supportive 'Oncology Magazine' reports that "cancer related depression is associated with faster tumor progression and shortened survival time."

Mental Disorders Shrink Life Expectancy

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

The former president of the Canadian Psychiatric Association adds this: "Untreated depression will significantly shorten the lives of those living with diabetes or cardiac disease."

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.
- Help reduce inflammation and the effects of chronic pain, counter the course of obesity among young adults and adolescents – and --
- Protect future generations of kids against the childhood onset of depression and anxiety – and the risks of suicide.

Suicide: Leading Cause of Violent Death

Suicide is now the leading cause of violent death in the world today. In the United States, you lose more lives to suicide each and every year than you lost in the entire Vietnam War.

The number of Canadians who take their own lives is equivalent to a jumbo jet filled to capacity crashing to the ground –

- Killing all on board,
- Every single month
- Of every single year
- On-going and forever
- Unless we stop it.

This is a global challenge.

Across North America and Europe, each year, 76,000+ individuals call it a day on life. Consider the desperate face of the youngest of the young who make this choice.

In Canada, suicide is the 2nd leading cause of death among kids 11 to 14 years of age and suicides exceed the number of deaths due to murder, traffic accidents, AIDS, and influenza.

The principal risk factors in suicide are so very human:

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

We believe we could save 31,000 lives from suicide over the next 10 years through a convergence of certain medical, social, economic, community and schools-based initiatives.

Most Important Illness for Working Age People

“Mental disorders are by far the most important illness for people of working age,” the London School of Economics declares, accounting for nearly half of all disability related work absence in Canada. The Government of Canada’s workplace is especially toxic.

Public servants are off work due to diagnosable mental disorders at a rate 300% higher than the general workforce and 48% of all disability claims relate to depression.

Mental illnesses have an increasingly young face. For example: the average age of onset of depression in the United States is age 26, in Canada age 21.

The average age of onset of anxiety disorders in the United States is 15 and in Canada, age 12. The average age of substance abuse is age 18 in both countries.

In the United States, 48% of Americans will experience a mental disorder at some point in their lifetime. This compares to 37% in Canada.

This translates into an annual prevalence rate of 18 to 25% of the American and Canadian workforce – about 3.03 million to 4.3 million Canadian and 25.4 million to 35.3 US managers and workers.

3. CONVERGENCE: Brain-Based Economy AND Brain-Based MENTAL Disabilities

One trend: the RISE OF DEPRESSION AMID a shift in the global burden of disease from communicable to non-communicable disease. A second trend: the impact of depression on the course of other chronic disorders. And, now a third trend: the convergence of:

1. *The advent of a brain-based economy*: we now live and work in a brain-based economy in which new jobs put a premium across the board on cerebral skills over manual skills.

and

2. The advent of a brain-based disorder as fastest-growing cause of workplace disabilities and this, at a time where human cognition is the ignition of comparative and
3. Competitive advantage in the free market economy. .

Workplace Mental Health: A Challenge of Asset Management

The CEO of Canada's largest bank calls today's brain-based economy "an economy of mental performance where our people are expected to think, be creative, promote good relationships and be innovative."

Canada's former Ambassador to the United States – and co-founder of our Roundtable – says that in today's "brain-based economy," worker mental health is a strategic asset.

The godfather of modern productivity theory, Dr. Michael Porter of Harvard University, says cost and technology have run their course as the source of comparative advantage for business. The definitive source is now people.

The Canadian CEO of one of the world's largest steel manufacturers: *"The minds, not the backs, of my people now do the heavy lifting for this company."*

In this brain-based economy, the business case for mental health is fundamentally a challenge of asset management – the asset being: the cognitive capacity, cerebral skillsets, emotional intelligence, resilience and mental health of executives, managers and employees alike.

One of the most powerful business incentives for employers to invest in psychologically healthy workplaces is the stimulus this will provide for innovation, a cognitive function. Innovation is a deliverable of the psychologically healthy workplace – a NEW Workplace of the 21st century. ,

A NEW workplace where 'BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL' is the new framework within which employee engagement, health and employee health benefits are fostered, designed, deployed and sustained as contributing sources of competitive advantage.

In this NEW workplace, managers will learn to motivate the cognitive capacities and emotional engagement of their direct reports. Therefore, they – we -- will have to know what both are.

And that insight will define and sharpen the new hard skills of management in a brain-based economy: the promulgation and practice of fairness, respect, job clarity, and clear purpose to counter micromanaging, distrust and embedded employee frustration. Where it exists.

Therefore, employee health benefits and consulting services are headed for change, potentially a new channel to cognitive-based innovation and productivity, an investment in the business of the organization not just a cost of doing business

As such, the benefits package of the future will offer employee (and family) support and educational opportunities and will be a powerful recruitment and retention tool of the near future.

What will be obsolete in this new environment: benefits advisers simply trying to limit the exposure of their clients to the financial "burden" of health benefits. Employers must be encouraged and helped to think more broadly. That is the role of benefit plan design and advice.

For the benefits field, the business landscape is now defined by a virtual epidemic of mental disorders across all walks of life and age groups principally in the labor force, consuming annually 4% of our annual gross domestic product. .

Awareness of this problem is growing, but awareness of solutions, less so. Access to qualified care and treatment is inadequate and accurate diagnosis sporadic at best.

It is no longer viable strategy to try to cut the costs of psychological distress or mental disorders in the workplace by foolishly limiting access to needed care because, beyond the month or two ahead, that is the most productive route to long-term cost management.

This, by reducing employee absence from work and on the job downtime due to depression. The fact is this: employers have no excuse and frankly no reason to fear the costs of the care and treatment of depression, anxiety and other forms of mental illnesses.

Adequate care is available it simply isn't easily accessible – certainly not in my country anyway. Let us remember: depression is a brain-based disorder with physical effects on key organs and can deepen the illness originally attributed to something else. Let me close with these two points:

First, I encourage you to incorporate mental health in the workplace into your 'Continuing education programs. There is afoot in the benefits industry a slow-to-awaken, almost benign sense of mental disorders as something beyond management, not quite real and calculable.

Well, the facts – the scientific evidence -- the clinical experience mounting around the world – simply paint a different picture and none of us should allow ourselves to reside in the delusional and dangerous comfort of benign ignorance and ill-informed assumptions.

Becoming well-informed on this topic will empower you to focus, like a laser, on the stewardship and administration of insurance, pension and health benefit plans that ultimately will protect and sustain productive capacity in the workforce.

My second closing point:

I submit to you that the era of the 'pre-existing medical conditions' in pricing employee health benefits or limiting access through eligibility criteria.

As the era of chronicity takes hold of the burden of disease among working people, by simple arithmetic, more and more employees, as the years pass, will require on-going 'meds' and lifestyle arrangements that contain and remit symptoms of something they will live with for life.

This is the nature of chronic disorders. And when we consider the complicating influences of depressive disorders on the course of co-occurring chronic disorders, then surely we see the need for a new thinking about the rules, customs and qualities of employee health benefits.

For this reason: the expanded risk of premature death and disability associated with the Great Depression MATRIX means that pre-existing treatments must be openly recognized, and managed not dodged or excluded from plan designs.

Refer: billwilkerson@sympatico.ca 905-885-1751

Text available at www.mentalhealthroundtable.