

**BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL**  
*THE GLOBAL BUSINESS AND ECONOMIC ROUNDTABLE  
ON ADDICTION AND MENTAL HEALTH (1998-2011)*

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*Text of Keynote Address  
by Bill Wilkerson, Co-Founder,  
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on Addiction and Mental Health*

*To*

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## The Depression MATRIX



I am delighted to be here this morning. I have had the pleasure over the past couple of years of working with the Public Service Alliance of Canada, members of the RCMP and Canadian military, Canadian Police Association and others whose voices for employees are heard and respected. This is a distinct honor.

Honorable Michael Wilson and I launched the Global Business and Economic Roundtable in 1998 – and from then, to the Roundtable’s Final Report in 2011 – and to this day – we were and are a voice to business not a voice for business.

We were – we are – a voice ‘to not for’ employers. We have been – we are - – a voice ‘not for but to’ public sector employers - hospitals, universities, municipalities, the federal and provincial governments as employers in their own right.

In fact, one of our earliest initiatives in 1998-99 was creation of the Mayors’ National Initiative on Mental Health in the Workplace – and we signed up mayors in municipalities larger and small to participate.

I have spoken out frequently on mental health issues facing teachers, nurses, publicly-funded daycare workers, lawyers in the private and public sector, even judges. The list could go on.

I say all this to underscore two things:

First, neither the Roundtable is - a mouthpiece for employers generally and corporations in particular. For many large private and public sector employers, we are blunt critics of unhealthy work environments they preside over.

The second reason flows from the first. That is, the Roundtable’s and my independence-- no alliances, loyalties or tender feelings to protect re the self-interest, territory, or prerogative of any corporation, union, advocacy group or employer.

I appreciate many in this audience are not employees of the federal government. You work for other public sector organizations. Might I also say this:

While my comments might either address certain issues relating to the Government of Canada workplace, or seem to, I want you to know that the Roundtable’s public sector focus has not been limited to that perspective. Not at all.

In fact, I hope my remarks are just as relevant to the departments and agencies of the provinces, municipalities, and institutions whose funding comes principally from government.

All I offer is mutual respect, the facts as best I can marshal them, homework behind any statement I make and my share of honest screw-up’s.

On that, Eddie Gillis has duly noted – for my benefit, of course - some recent comments I made in the Ottawa Citizen that he found not well-informed. Just the same, Eddie invited me to come here this morning, and I am pleased he did.

Oh yea, one other piece of business.

(Insert French)

This morning, I propose to talk about workplace mental health in the context of new findings, new trends and new opportunities concerning our working population broadly and then I will zero-in on implications for government employees.

From the outset, in 1997-98, The Roundtable saw signs of a gathering storm of economic cost and human distress.

1. The convergence of two mega-trends: one, an economy where most new jobs demanded cerebral skills and the other, brain-based disorders as the leading cause of workplace disability – specifically, unipolar serious depression.
2. The increasing prevalence and productivity costs of depression and anxiety in the labour force and a sharp rise of disability due to these conditions.
3. The heavy concentration of depression and anxiety among men and women in their prime working years – the ‘demographic of vulnerability’ just noted.
4. The risks facing young Canadians in the 15-24 years range. This is the future of the country’s labour pool and consumer population. Their buying power represents about two-thirds of our economy.
5. Lack of a mental health care ‘system’ in Canada or, apparently, anywhere in the world.
6. The multiplier effect on health care costs. Those living with depression using physician services, drug therapies and hospital services anywhere from 4 to 6 to 16 times normal use. This is the treachery of ‘physical’ symptoms masking the underlying disorder.
7. The invasive effects of stigma. We found that employees with depression, more often than not, were the working wounded, year after year, not knowing what ailed them, afraid to ask, afraid to tell.
8. Pharmacy claims for mental disorders outpaced all other categories of group drug by 33%, representing more than 21% of all drug plan claims and 10% of all costs.
9. Broader understanding of the physical properties of mental illnesses. These conditions are borne of physical dynamics between the physical world and psychology of the individuals involved.
10. The social dimensions of mental illness, a telling insight into the rise of depression came in the WHO Year 2000 Bulletin from Dr. David Goldbloom, Chairman of the Mental Health Commission of Canada, who wrote.

*“Depression has reached epidemic levels possibly as a result of the breakdown of the family and the commercialization of everything”.*

This suggests that depression is not only a symptom of the ill, but a sign of the times – chronic job stress fuelling employees’ struggle to juggle work and home obligations.

In fact, society seems to be struggling to breathe. People are not working longer hours but feel overwhelmed.

Anyone driving on the 401 from Kingston to Windsor will experience a social order turning in on itself – chronic tailgating, lane-hopping, excessive speeds, dangerous driving, breathless passing – a microcosmic display of a hurried and worried society.

The world is facing an even more complex shift from infectious to non-communicable diseases as the major public health challenge of the next 30 years.

Mental disorders reach deeply into the fabric of our national life. But adequate access to treatment and care does not. A certain statistic makes this point.

- Only one in four of those living with a mental illness receive adequate care or treatment.

Meanwhile, the annual prevalence of all forms of mental illness is conventionally estimated to be 20% of our overall populations.

But that number is misleading in one important respect. According to the largest-ever survey of US and Canadian workplaces commissioned by Great West Life:

- 18-25% of the working populations of each and both countries experiences depression each year.
- Depression and anxiety disorders are still concentrated in the working population.

The young face of mental illness:

- The early average age of onset of depression, anxiety and substance abuse.
- 70% of adults diagnosed with depression have lived with their symptoms since childhood.

The sources of depression, anxiety remain scientifically unknown. But the brain-based dynamics, bodily effects and risk factors are better known.

There are major genetic and epigenetic components -- the latter referring to how our experiences in life and work influence how one’s genetic disposition is expressed.

We have mental collisions with our personal and working lives and these are one determinant of onset. In fact, one prominent neuroscientist sees depression more like an injury than an illness.

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 they are an invisible, unquantifiable 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 this:

Depression, a brain-based mental disorder, can have a dramatic impact on the course and outcome of several major – PHYSICAL – chronic conditions.

The 'physical conditions' with which co-occurring depression bears upon range from cardiovascular disease, arthritis and chronic pain to cancer, diabetes, asthma and head trauma.

Canadian clinical research has established that depression increases (among hospital heart patients) the risk of a second, sudden fatal heart attack by 500%.

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

A new study by 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.”*

*“These mental health conditions raise the costs of treating cardiovascular disease, diabetes, and COPD by 45%.*

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.

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

The constituent diseases of the GREAT Depression MATRIX 'zig and zag' from one to another:

- Diabetes raises the risk of dying from cancer by 25%.
- 80% of those with diabetes die from cardiovascular disease.
- Death rates among cancer patients are 39% higher among those with depression.
- In fact, cancer related depression is associated with faster tumor progression and shortened survival time.

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

While depression kills by complicating the course of major chronic illnesses and conversely, 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.

We will reduce the dangers of cardiovascular disease among those living with diabetes.

We will help reduce inflammation and the effects of chronic pain, counter the course of obesity among young adults and adolescents.

We will protect future generations of kids against the childhood onset of depression and anxiety – and - we will reduce the risks of suicide for kids and grown-ups alike.

This business of preventing suicide is, now, more than ever, all important. Suicide is now the leading cause of violent death in the world today.

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.

That is, nearly 4,000 Canadians a year

This is a cold statistic animated by 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.

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

Meanwhile, 17,500 Canadians were admitted to hospital in 2010 for self-inflicted injuries and combined with 4,000 in Canada who completed this very sad task, the annual suicide burden of nearly 21,000 individuals who have given up on life.

"Mental disorders are by far the most important illness for people of working age," the London School of Economics declares.

Among people at work, mental illnesses account 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 in the federal workplace are due to depression.

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 managers and employees up and down the organizational chart.

Does the federal government have a psychologically healthy workplace? Here's how to tell:

One question to ask: are management practices in the federal government protecting or jeopardizing 30 years of gains in physical health and safety against the incursion of a new era of 'psycho-social risks' manifest mostly in:

- Chronic job stress
- Embedded frustration
- And pervasive uncertainty on a large scale

Other questions to determine the fact of whether the government workplace is psychologically healthy:

- Are organizational objectives and expectations well understood by employees?
- Are employees given discretion over and the tools for doing the work asked of them?
- Are employees encouraged to 'whistle blow' on workplace practices that abuse emotional wellbeing and mental resilience, and therefore, output?
- Can culture of resilience replace cultures of angst and tension?
- Are commitments to fostering job fulfillment an evident part of the employment contract?



- Do corporate values put a premium on trust and fairness?
- Are employees encouraged and trained to understand their role and place in the big picture of the organization and its future?
- Do policies put work/life balance on the 'to do' list of every executive, manager and employee?

The largest-ever Canadian employee survey about workplace mental health and mental illness, and specifically, depression, was commissioned by the Great West Life Centre for Mental Health in the Workplace, and conducted by Ipsos-Reid in 2007 and 2012.

This two-phased research – reaching more than 12,000 managers and employees – one third of them in the public sector – shed light on the most penetrating forms of chronic job stress - isolation, futility and churn.

We can see in '**isolation**' the experience of managers and employees who feel especially vulnerable in their job, cut off from the team and the future, made to feel uniquely-expendable (a few steps short of feeling rather useless generally).

We can see in '**futility**' what the dictionary says: *pointlessness*. In the workplace, this is fading or lost purpose, the chances of making one's voice heard or one's work really count are gone with the wind.

'**Churn**' suggests that the workplace is a 'whirling dirvish' on one hand but going nowhere on the other – perpetually shifting priorities, 'hurry up and wait' management styles, arbitrary choices by management.

Isolation, futility and churn constitute a state of mind individually and, on a larger scale, collectively in the workforce, and converge to embed employee frustration, generate rumination or seething and demolish trust as a condition of work.

Extended, emotional isolation, embedded frustration and rumination are predictors of clinical depression, and can invade the health of the working population like a super flu bug.

At a time of severe economic uncertainty, the choices that employers make – even necessary choices – must be carried out in a manner that:

- Reflects human decency;
- Nourishes human dignity;
- Recognizes the purpose and value of work done.
- Protects all public employees against public stigmatization.

That last point is acutely relevant to “civil servants’ as the public refers to these hard-working people. Has the Government of Canada stigmatized its own employees? The answer must be yes.

This happens when job cuts are announced as ‘good’ news for the country instead of painful adjustments to painful realities. The ‘cuts’ are made in a tone and fashion that “plays to” negative, public stereotypes of “civil servants.”

Case in point: as a concept, ‘affected employee’ letters can be an important tool to protect employees’ rights to be clear about what’s happening.

But when ‘affected employee’ letters are sent to very large numbers of employees when decisions about who stays and goes are months away, this is a good idea has gone bad – a healthy concept has become diseased.

This approach to managing the ‘cuts’ corrupts the integrity of the employment contract by putting all employees – those who stay and those who go – into untenable positions of gross uncertainty - one unto the other.

This creates an arbitrary line between what the future means for some and not for others while rendering uncertain who will be on what side of that line and imposing on all the work demands of the status

### **‘Affected letter disease’**

This syndrome attacks employees’ self-worth, concern for their families, their need to know, their idea of fairness, their trust in the employer, and their appetite to do good work that makes a difference.

Therefore, when these letters descend, employees and their representatives might consider a ‘response and support’ plan’ aimed squarely at protecting certain employee emotional wellbeing.

Employee representatives might emphasize peer support, group discussion, direct replies to each letter that comes in, and ensure that federal employees know, that they have a voice that will be spoken if not heard.

Employees can be given tips and support to respond to – not merely absorb – each ‘affected letter’ as it comes in.

The employee group might gather, talk about it, root for each other, affirm the value each one has to the entire group (talk about that out loud).

This very serious occasion might become a moment for mutual affirmation and support. Financial and emotional counseling should be offered explicitly even it that means supplementing existing EAP.

Employee representatives are in a strong position to challenge this particular practice as inappropriate and unsound for the promotion, protection and maintenance of ‘mental health in the workplace’ of federal public servants.

“Affected Letter Disease” has the earmarks of an insidious kind of pressure that can eat away long-term at the morale and good health of federal employees on a larger scale.

In that light, ‘Affected Letter Disease’ arguably is a public health risk to the workplace of the federal government and to the employees laboring there. Certainly, at a time of great pain for many, it is cruel and unusual form of management.

The federal government spends hundreds of billions a year on public health, medical research, health care services, employee health benefits and disability insurance and then proceeds to contradict that investment by running a workplace where nearly just half of all employees off work due to illness or injury are disabled by depression.

The Mental Health Commission plans to bring forward standards for psychologically healthy workplaces. The federal government paid for this, and for the Commission itself.

The Public Health Agency has informed Canadians on the rise of chronic disorders as public health issue one in Canada. The federal government paid for this and, of course, for the Agency overall.

One way or another, federal monies have been used to help Canadians become more informed about the advent of non-infectious and chronic conditions as a defining health question of the 21<sup>st</sup> century.

So, on one level, the federal government seems to ‘get it’ about the mental health crisis facing this country, on another – very close to home – it is blind to its complicity – as an employer - in generating the kinds of health risks that contribute to the crisis in the first place.

Chronic job stress is a bona fide workplace health hazard today, no more so than in the federal workplace and other public sector workplaces.

In the federal public workplace, we see garish evidence of pervasive uncertainty, employee isolation, injurious human interaction and bloodless bureaucratic rigidity.

Let me pause here.

Three summers ago, I interviewed a core group of deputy ministers. All recognized the need for a federal workplace mental health strategy. None saw a clear path to getting it done.

I have spoken to senior government officials about the renewal of the public service, and found on a human scale – one by one – they saw this as desirable, logical and necessary thing to do so, but few saw a clear path to getting it done.

In the past two years, *pro bono*, I have worked with individual federal employees, sometimes in party with a union, and a manager, to work out problems of getting that employee back to work having been sidelined by depression or anxiety.

On that scale, things could get done and did.

I do not for a moment believe the federal public service is populated by people who try to be perverse in the way they handle employee-related matters. I see a workforce made up of hard working people who want to do a good job.

I also see a workplace where the senior executives, in their own way, are just as frustrated as the people reporting to them by the way things are done.

I see a lack of faith, lack of trust, lack of hope rooted in the work environment of the federal government, and other public workplaces at other levels of government.

I see federal public servants who need to be re-connected with something positive and meaningful. As a result, the exit package takes on a real appeal. Just to get out of there.

In this light, I see the management and stewardship of public administration in this country slide from being something we were proud of to something we should be afraid of because it is claiming the wellbeing of people employed there.

Through the slow grind of layered, anti-common sense, and bloodless administrative evolution of federal workplace practices, do we now see a psychopathic bureaucracy in charge?

By this, I don't mean a bureaucracy of psychopaths –but a runaway 'system' of handling human affairs in a less than humanizing. This round of e cuts is being handled in a manner that contradicts the ethical standards many senior public servants in Canada actively represent.

Maybe "AI" is running the place (evil computer featured in the classic film, '2001, a Space Odyssey.') If he is, he must be stopped.

In the federal workplace, managers must learn to motivate not disintegrate the cognitive capacities of employees and learn how to exercise fairness and common sense when carrying out the very difficult decisions of expensive job cuts.

By any measure, lay-offs should be conducted with a clear regard for human dignity, decency and a right to know. Dragging out this process out in this way is bad for both those who lose their jobs and those who remain behind.

It could be different. Let me close by talking about that.

George Bernard Shaw once memorably wrote that some see the world as it is, and ask why- I see the world as it might be and say why not. Let's follow the great man's lead.

Can we not see in the future, a federal workplace – a public sector workplace – that is psychologically healthy and psychologically safe?

We can, and we will, if the Government of Canada - the country's largest employer - is the first in line to pilot the new national standards for psychologically healthy workplaces soon to be introduced by the Mental Health Commission of Canada.

### **Guarding Minds At Work for the Federal Government**

In so doing, the Government of Canada - our largest employer – will commit itself to guarding the minds of its employees at work and use the tool now on-line called 'Guarding Minds at Work' to draw a blueprint to achieve the following goals:

- 1. By 2020, reduce the rate of short or long-term -term disabilities from 48% of its total disability within the public service to virtually zero.**

Depression and some anxiety is the principal cause of mental disabilities in the federal workforce. It is treatable and beatable but this calls for early intervention fueled by managerial compassion and co-worker peer support.

That said, the President of the Treasury Board and Minister of Health will have to work together to improve the quality of treatment of depression not only for their own employees but all Canadians. A win/win for Canada.

- 2. Mandate all federal agencies to target and achieve this same goal by 2020, with milestones reported on 2016, 2018, and 2020.**

This must include Canadian Forces, the RCMP (currently carrying an unfunded liability exceeding \$80M/year due to the number of its members off duty sick) the Canadian National Intelligence Service and all Crown Corporations.

These agencies will welcome the clarity of purpose and budgetary incentives that an initiative of this nature will inevitably demand. New spending? Not through existing programs but through an independent human capital investment account.

If the Government exercised the foresight to manage its spending of tax dollars on employee health as a portfolio of cash in and cash out, a new structure could be created to establish direct savings that will accrue across the entire spectrum of employee benefits.

Categories of savings within the federal complex would include:

Reduce salary continuance pay-outs as disability rates come down;

More efficacious use of group drug plans in the treatment of stress-related conditions including depression and anxiety.

Non-compliance of prescriptions among federal employees tops 50% of all scripts written for them by treating physicians.

One reason for that is that the use of prescription drugs for treating depression often requires changes in dosage and drug type, and if these aren't done, the employee withdraws. This process must be – and can be – better managed.

Once again, by resolving such problems for federal employees, by incenting other employers to do the same, we will gradually but surely improve then quality of depression care and treatment for all Canadians as new standards take hold.

**3. Embark upon a new management philosophy, ethos and skill set for federal executives and managers focused on employee mental health and emotional wellness.**

The Government of Canada spends tens of millions on training each year, maybe more. But are executives and managers ready for the 21<sup>st</sup> century.

In a global economy which puts a premium on innovation – a cognitive skill – and productive relationships – a cognitive and emotional asset – a slate of NEW HARD SKILLS are called for.

These skills: empathy, handling employee emotions in an informed, sensitive manner, motivating people to use their cognitive capacity and creativity, matching real skills to real work, delivering job fulfillment as part of the employment deal.

**4. By 2020, reduce the annual toll of suicides among all federal employees to virtually zero.**

Each year, 4000 Canadians inside and outside government employ take their own lives. By taking bold steps to protect its own people, the Government of Canada can then call upon institutions in every walk of life to follow suit.

Thus, what we badly need in this country, a National Suicide Prevention Strategy aimed, overall, at cutting the annual suicide rate in half by 2020 -- and then reducing it incrementally 200 lives a year for the next 10 years.

This will ultimately save more than 20,000 Canadian lives over ten years, and prevent more than 200,000 injuries due to suicide attempts.

On both levels – within the federal workforce and the population overall – this would fulfill the purposes, serve the intent of the motion just passed by Parliament to establish a ‘Framework’ for suicide prevention in Canada.

This is that Framework. And I would add this. It should be the Minister of Labor who assumes carriage of the Framework in partnership with the President of the Treasury Board.

Labor Canada simply has more experience and credibility in the design and implementation of public measures to promote and protect the safety of Canadians. The Public Health Agency of Canada would advise.

**5. Managing Major Change Strategically and Sensibly**

(2020 VISION FOR GOVERNMENT AS EMPLOYER – BILL YET TO DO)

END OF CURRENT DRAFT

George Bernard Shaw has encouraged us to see the world as it might be and ask why not – so why not, in time, a new federal work place set out in - but lost – the original vision of public service renewal.

For example, when the national standards for psychologically healthy workplaces are published by the Mental Health Commission, why could not the federal workplace – the workplaces of public employees right across Canada – become laboratories and centres of excellence and innovation for piloting these standards?

Could not, over the next five years, the federal workplace – and public sector workplaces everywhere – illustrate ‘leadership by example’ in building a new and durable model for psychological health and safety?

Why could not the government workplace be the one that finds the answer to modern-day chronic job stress instead of serving as a uniquely-productive source of it?