

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

*The Roundtable is affiliated with the Centre for Addiction and Mental Health  
Resident at GPC International*

**200 King Street West \* Suite 1702 \* Box 21 \* Toronto \* Ontario \* Canada \* M5H 3T4  
Phone: 416 598-0055 \* Fax: 416 598-3811 \* Email: [bill.wilkerson@gpcinternational.com](mailto:bill.wilkerson@gpcinternational.com)**

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*Bill Wilkerson, Co-Founder and CEO*

*Donna Montgomery, Administrator*

**THE UNHERALDED BUSINESS CRISIS IN CANADA**  
*Depression at Work*

**An Information Paper for Business, incorporating  
“12 Steps to A Business Plan to Defeat Depression”**

**By**

Honourable Michael Wilson, Roundtable Honorary Chairman  
Vice-Chairman, RBC Dominion Securities

Dr. Russell T. Joffe, Roundtable Founding Member  
Dean, Faculty of Health Sciences, McMaster University

Bill Wilkerson, Roundtable Co-Founder and President  
Senior Counsel, GPC Canada

With Introduction By

Colum Bastable, Roundtable Founding Member  
McMaster University Board of Governors  
President and CEO, Royal LePage Ltd.

July 20, 2000

*“The Unheralded Business Crisis – Depression at Work” is being published as the first installment in the “GPC 2020 Series on Mental Health And The Economy” – a series of commentaries, essays, interviews and analyses of mental health for distribution among corporations in the global business community.*

*GPC Canada is the official residence and social marketing representative of the  
Business and Economic Roundtable on Mental Health*

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*Depression at Work*

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## INTRODUCTION

By

**Colum Bastable, Roundtable Founding Member  
President and CEO, Royal LePage Ltd.**

When the Roundtable was formed two years ago, many of us were from Missouri.

We had to be convinced that mental health issues deserved to have a distinctive place on the corporate agenda.

For one, I don't need more convincing. Others reading this paper, I suspect, will feel the same.

My message, therefore, to my friends and colleagues in business – and especially the CEO community – is to get to know this issue in meaningful terms and to act on that knowledge. Your business, your customers, your employees, your community will all benefit.

*Colum Bastable  
President and CEO  
Royal LePage Ltd.*

## **EXECUTIVE SUMMARY**

### **THE UNHERALDED BUSINESS CRISIS** *Depression at Work* **and** *12 Steps to A Business Plan to Defeat Depression*

This paper is not definitive.

It is, we believe, a first attempt to consolidate known data into a comprehensive outline for action by business.

That being the case, if we have missed topics, or ideas, the Roundtable will publish them next time. Following is an executive summary of what this report says:

#### ***1. Depression: Low Rates Of Diagnosis And Treatment:***

- Three million (est.) Canadians suffer the disease. Only 187,500 (est.) are both diagnosed and properly treated. That's slightly more than six per cent.
- Depression is distributed within the Canadian labor force of 14 million at the same 10 per cent rate, meaning about 1.4 million working Canadians have the disease.
- Depression costs the NAFTA economy (Canada and U.S. only) \$60 billion (US) a year. More than half of that in lost productivity.
- Depression is growing. It is getting younger (age 20 in 40 per cent of cases, 27 overall).

#### ***2. Depression At Work***

- Canadian business can play an instrumental role in reducing the effects of depression. It is in their self-interest to do so.
- The workplace is an effective venue for early detection and treatment referrals – and given the “community nature” of the workplace for most people, it is emerging as the best venue for this purpose.
- With depression rates rising, stress increasing and change continuing to intensify, business can and must take meaningful steps to reduce the effects of this invasive disease on executive and employees.

- Mental performance will drive corporate success in the information economy. Innovation, a mental function, is key to competitiveness.
- Meanwhile, depression and stress disorders at work are driving disability rates – they are more than 30 per cent of all disability recorded at three of Canada’s best known corporations.
- In fact, mental health claims are the fastest growing category of disability costs in Canada, overtaking cardiovascular disease.
- The economic costs of mental illness (all forms) in Canada today are the equivalent of nearly 14 per cent of corporate Canada’s net operating profits and about 3 per cent of the country’s national debt.

### ***3. Early Detection Key To Curbing These Trends***

- Early detection is key to arresting the rising costs and curbing the harmful effects of depression at work.
- Depression is seldom dealt with at home. Workplace is an important venue for early detection and treatment referral.
- The first two to three months are critical to successful treatment and preventing the disease from becoming chronic. Still, for 15 per cent of all those suffering depression, it becomes a lifelong health challenge. Short-term disability due to depression can become long-term after six months.

### ***4. Treatment Malaise***

- Inadequate treatment of depression is a huge problem often centred on misuse and mis-prescribing of prescription drugs – the pivotal treatment mode.
- The incidence of improper treatment produces an army of “walking wounded” employees – partly disabled and increasingly unproductive.
- Wrong or partial treatments contribute significantly to the vicious recidivism of the disease.

### ***5. Depression Dominant***

- Depressive disorders account for more than half of all medical plan dollars paid for mental health problems in the U.S. and represent 30 – 40 per cent of all mental illness in Canada.

- Disability from all sources represents anywhere from four to 12 per cent of payroll costs in Canada. Since 1994, the industry average of disability as a percentage of payroll has grown dramatically:
  - 100 per cent growth in the case of short and long-term disability;
  - 40 per cent growth in workers' compensation charges to business;
  - And, 55 per cent growth across all categories of disability-related absences.

## ***6. Productivity Issues***

- The inference is obvious and compelling. Unchecked mental health disorders, especially depression, are driving business costs up through accelerated disability and absenteeism.
- Mental health issues also fit into the country's productivity debate.
- Canada's productivity problems are tied more to micro management issues per company than the broader effects of public fiscal or monetary policy.
- Over the past decade, labor productivity and hours worked have collapsed into a terrific imbalance. Canadians are working longer and harder, but not more productively.
- In 1999, for example, hours worked by employees in Canada grew by more than three per cent a year while labor productivity nudged up at 1.5 per cent.
- In 1998, the number of hours worked by Canadians increased six times the rate of growth in labor productivity.
- This imbalance reflects the outcome of a decade of downsizings and restructurings – a fact emboldened by U.S. findings showing that companies which downsized the most were productive the least.
- Through the same decade, depression and stress-related disorders grew at comparable rates.

## ***7. Innovation: A Mental Process***

- In the information economy, industrial innovation is, by definition, a mental process vested by way of human capital.
- Human capital is people and the human mind, not our arms and legs, which will do the heavy lifting in the global information economy in order for business to become more competitive. In the 21<sup>st</sup> century, innovation will drive corporate performance.

- When human capital is distressed by human depression, corporate results through innovation are compromised accordingly. Defeating depression is a corporate priority.

#### ***8. Depression: Mostly Business Costs***

- Half to two-thirds of the dollar cost of depression takes the form of lowered productivity, replacement costs and disability payments.
- For instance, a company employing 1,000 people will have cases of depression but only 25 will be diagnosed and only six receive proper treatment.

#### ***9. Major Savings Possible***

- Nonetheless, for those six, thanks to their access to treatments, the employer saves about \$10,000 per employee a year in prescription drug and average wage replacement costs alone. Or \$60,000 overall.
- If the detection, diagnosis and treatment rates were improved from six to 12 individuals, the savings double to \$120,000 a year.
- If the detection rate doubled again from 12 to 25, the annual savings approach \$250,000 a year.
- If the detection/diagnosis/proper treatment rates reached 75 of those original 100 known cases, the employer saves about \$750,000. The simple math is telling.

#### ***10. Savings Even Greater***

- Companies with 10,000 employees are governed by the estimated 10 per cent prevalence rates which means 1,000 of their employees suffer the disease. By improving detection/treatment rates dramatically from the current base of 62 cases to, say, 500 could save that company \$5.0 million dollars a year.
- Over five years, given the stubborn prevalence rates of depression, thus keeping the baseline numbers consistent, the total cash dollar savings at the higher end of the improved detection rates can reach a range of \$3.8 million to \$25 million for companies within 1,000 to 10,000 employee range.
- Taken across the entire labor force, these savings for companies this size become \$4.2 billion to \$7.0 billion.

## 12 STEPS TO A BUSINESS PLAN TO DEFEAT DEPRESSION

**The Business and Economic Roundtable on Mental Health urges corporate leaders to consider a CEO-led business plan for depression and offers here 12 steps to arrive at a comprehensive “defeat depression” strategy.**

### *Step One: CEO Briefing On Depression*

- Comprehensive briefing for the Chief Executive Officer on the impact of depression at work.
- Galvanize the organization’s executives and managers to “get on top” of depression as a business issue.
- Empower the CEO and his/her leadership team with information to set detection and financial targets associated with reducing the effects of depression inside the organization.

### *Step Two: Target Depression Financially*

- Annual targets to reduce the effects of depression at work through early detection, specifically: 35 to 50 per cent annual improvement in the combined rates of detection, diagnoses and proper treatment of current employees known to suffer this disease compared to the current rates of 6.25 per cent.
- Target per employee annual savings of \$10,000 through prescription drug and wage replacement costs. Additional gains would be realized through productivity improvements, probably well in excess of the savings noted here.

### *Step Three: EAP And Group Health Plan Reforms*

The Roundtable calls for:

- Management training for managers/executives at all levels to play a fundamental role in the early identification of a troubled employee.
- Written policies to support managers in this role to overcome the sensitivities of dealing with such matters, recognizing the very real concerns of privacy and personal department involved.
- The redesign of present day EAP (employee assistance plans) and group health plans to target and reduce the effects of depression (and its comorbid partners, i.e., heart disease) at work.



- Dramatic improvements on current low rates of employee utilization of EAPs (7 – 10 per cent) to 25-35 per cent, in order to help achieve the detection rate targets noted earlier.
- Arming EAP professionals and medical directors with state of the art information on depression at work. Remarkably, this does not exist in very meaningful ways at present.
- Employee education and screening modules to increase early access through the workplace to appropriate care for depression.
- Education and internal communication initiatives aimed specifically at awareness-building among managers to help them recognize and act on signs of depression in others. (We are not asking managers to diagnose medical conditions but to recognize the signs that something may be wrong.)
- Specific education initiatives customized to top management. Their leadership is essential.
- Establishing benchmarks for current depression rates in the company to found the detection improvement process. The findings can be stunning. For example:
  - Depression recently accounted for 40 per cent of all EAP referrals at one company in one year.
  - 30 per cent of employees on one company survey indicated symptoms of depression.
  - And in a third case, a company found the running rate of depression at 17 per cent among women and nine per cent among men in one year.

***Step Four: Dollar Value Of Healthy Work Climates***

- Establish organizational and employee health as “twin priorities” among managers in business.
- Survey employees to identify stress which threatens individual health.
- Interrupt the treadmill effect plaguing employees with too many priorities and too much to do at once.
- Combat distrust, disrespect, autocratic management styles and too-repetitive tasks – all contribute to stress-related health problems.

***Step Five: E-Mail Enslavement***

- New protocols to reduce the “overload” frustration and aggravation associated with the exaggerated and random use of e-mails.
- Studies to nail down the efficiencies of both e-mails and voice-mails in their current use.
- Maximum use of e-mail filters.
- “Restricted delivery” rules for e-mail, limiting messages to business-only purposes and in certain hours no access at all in order to reduce the overload crisis.
- E-mail and voice mail culture training to reduce stress and overuse of this technology at the expense of human contact.

***Step Six: Depression And Return-To-Work Strategies***

- Create disability management and return to work strategies which address the recovery issues associated with depression.
- Introduce formal protocols into employee health programs setting out the specific rules for return-to-work planning around depression.
- Establish modified work programs to facilitate the re-entry of employees recovering depression-based disability absence.

***Step Seven: Knowing About The Physics Of Depression***

- Education of managers, HR executives and health professionals on connections between depression and heart disease, stroke, immune system problems and other chronic physical disorders.

***Step Eight: Inventory Of Emotional Work Hazards***

- Create inventory of emotional work hazards which put the employee and organizational health at risk. Develop an organizational action plan.
- Confront and eliminate the practice of office politics. This malignant behavior as a predictor of absenteeism and mental distress among those subjected to it.
- Train managers to stop wasting the time of their direct reports because of unclear expectations and confused priorities. It causes enormous stress.

### ***Step Nine: Work / Life Strategies***

- Work / life imbalances depress the productivity of more than a third of the employee population in the U.S. Similar proportions exist in Canada.
- Create policies to protect work/life balance among employees. The incentive: absences due to employee eldercare obligations run into the hundreds of millions of dollars a year.
- Enact specific policies, including flexible work hours, home care services, workplace daycare and eldercare services.
- Aim, via these policies to:
  - Reduce absenteeism
  - Attract / keep most talented people.

### ***Step Ten: “Rule Out Rule”***

- Deploy a process to be offered by the Business and Economic Roundtable on Mental Health to differentiate between employee performance problems stemming from depression and those attributable to plain work deterioration or failure. This is critical to “saving” good employees and protecting the employer’s investment in them.

### ***Step Eleven: Health-Based Productivity***

- Create health index to monitor the status of organizational health in the company – which, invariably is an indicator of individual health and performance.
- Shift from pure volume/quantitative measures of productivity to “Quality of Life” measures and forge a blended standard of productivity which reflects both.

### ***Step Twelve: Transformation Policies – Defeating Stress and Depression***

- Aim to reduce disability rates by 15 – 25 per cent a year by targeting mental health issues.
- Aim to dramatically improve EAP usage by employees, reflecting current-need in stress and depression.
- Eliminate the top ten sources of stress. (Listed at the end of this paper.)
- Reduce burnout rates through specific job and work climate strategies.

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**A. THE ECONOMY OF MENTAL PERFORMANCE**  
*As Moore’s Law Fades Stress Will Grow*

In the next few years, as the information economy moves beyond the era of Moore’s Law to a new generation of high speed information processing and pressure, business must play a prominent role in the early detection of human depression to avoid a prolonged health-based productivity depression culminating in 2020.

The stress invasion of the workplace will accelerate beyond this decade as the computer chip is made even smaller, as information and time are further compressed and as change becomes unimaginably even more intense than it is today.

Stress and depression are linked.

It is clear that the business and the health professions must come together as a unified force to develop medical and non-medical strategies to:

- Blunt the human health impact of society’s head-long rush deeper into cyberspace;
- And, to help head off Harvard University’s projection of unipolar depression reaching epochal levels by 2020 to become the greatest source of workdays lost through disability and premature death in the world’s developed economies.

The projected second greatest source of workdays lost, behind depression, is ischemic heart disease – and notably, depression and cardiac disease have been linked by landmark research in Canada.

The stage is set, therefore, for prudent action by business to become 21<sup>st</sup> century depression-busters as a matter of enlightened and economic self-interest.

### **Ten Per Cent of Canadians**

Estimates put the number of Canadians who suffer depressive episodes in any 12-month period in the neighborhood of three million, 10 per cent of the population, mostly women – but at the same time:

- Only one-in-four of those cases – 750,000 – are being detected and diagnosed;
- And even fewer – 187,500 – are being properly treated.

This spectacular gap between the prevalence and detection of depression, an otherwise treatable disease – there is an 80 per cent success rate in treating depression – is contributing to the massive \$60 billion annual price-tag in North America for the direct and indirect (productivity) costs associated with this disease state. And by far the bulk of these costs relate to lost productivity – more than half, probably closer to two-thirds.

### **Business Leadership**

Depression is growing in absolute terms, is getting younger (27 is the average age of onset, 20 in forty per cent of the cases) and is by far already the chief cause of all disability in Canada and around the world (14 per cent and 12 per cent of the total).

These trends must be curbed. Early detection is the key. Depression is seldom confronted in the home among family members. Therefore, the workplace is an appropriate setting in which to fashion a slate of early detection strategies which will save lives and save money – big time.

The workplace today for the vast majority of employees is not only the job they go to, but also the most important (to them) community they belong to.

We urge business to take up this challenge as a health and economic imperative.

### **Stress Invasion**

A window of opportunity has been thrust open – an opportunity to capitalize on growing public awareness of stress and emotional problems in the workplace as a “jumping off” point to rein-in stress and its byproducts, including, in many instances, disabling depression.

The stress invasion of workplaces is far reaching. Stress can be a carrier of depression, almost like an airborne virus striking those most susceptible to it.

Unabated and sure to intensify, the stress invasion will influence patterns of growth in depression upward. Clearly, the invasion must be turned back.

The proposition set out in this paper is that we can take meaningful steps – here and now – to reduce the effects of depression on the executive leaders and employee populations of business organizations and, consequently, on the financial and competitive performance of those companies – particularly so because innovative capacity, a mental function, is today a crucial determinant of corporate competitive success.

### **Attack Secondary Effects**

The causes of depression are not well known. As a result, primary prevention – that is, preventing the onset of the disease – is very difficult. Secondary strategies become valuable, therefore, to reduce the harm caused by cases that already exist.

That said, our capacity to fight the disease is compromised by the very low rates of early detection, low rates of successful treatment and high rates of recurrence through the lifetime of the person suffering the disease.

Two broad strategies are called for:

- Public education – most people and many physicians don't know what the disease is or how it looks and feels. We must de-stigmatize depression and achieve earlier detection;
- More effective treatment of the disease. The vast majority of cases (even when there is a diagnosis of some kind) are badly-treated with low outcomes of success – this, when, in fact, 80 per cent of the known cases of depression, if properly treated, enjoy successful outcomes.

### **Physician Training Needed**

Physician training is needed to improve treatment ratios with real emphasis – among physicians and patients alike – on how to use prescription drugs, treat depression, observe compliance standards, and avoid complications.

### **EAP Reforms**

Employee Assistance Programs (EAPs) have grown in number as a means of providing employees with help to deal with health-related problems. But at the same time, in Canada and the U.S., employees seldom turn to EAPs to deal with highly sensitive (in their mind) health issues because of a fear of this information making its way into their personnel record.

Rightly or wrongly this fear exists and it is a big reason why EAP utilization rates are so low – about seven per cent in Canada among employees who have access to them and slightly higher in the U.S.

### **Referrals Ineffectual**

Further, EAPs generally are not equipped with the means to diagnose or treat clinical depression although they can act as a referral station to get employees into the hands of qualified physicians. The degree to which this actually happens, in most EAPs, is low to very low.

### **Screening The Disease**

For example, depression screening programs (often computer-based) – while useful within limits – by and large are not carried out with physician involvement and there’s no clear evidence the current generation of these programs will have much value in curtailing actual incidence or prevalence rates of depression.

The medical model (*physician/psychiatrist-led treatment*) – while not the “be all and end all” in managing depression – is important because of the significance of prescription drugs in managing this disease and in fighting chronicity.

Clearly though, alone this model, like all others, is inadequate to confront the prevalence issues surrounding depression. Thus the importance of business action to increase early detection and, de facto, reduce the harmful effects of depression at work.

### **Early Detection At Work**

The workplace is an important setting for early detection because the symptoms of depression often appear quite vividly in a context where the undiagnosed employee is called upon to interact with others and may fail to do so effectively or productively.

The employee may function poorly at work, will be absent a lot, late for meetings, develop relationship problems, start drinking heavily and generally undergo a performance decline which may appear to superiors and colleagues as both sudden and unexplained in more conventional HR-related terms.

In striving for improved earlier detection rates, and using the work setting as an instrumental venue, certain “time frames” governing the progress of the disease must be noted:

- The first two to three months of the disease are critical to successful treatment. Thus the importance of early detection.

- One year is usually needed to manage the first episode through its “natural course,” although spontaneous remission may occur in six to nine months.

### **15 Per Cent – Lifelong**

Nonetheless, for 15 per cent of all depression patients, recurrence and chronicity occur as a lifelong health challenge.

Like all chronic diseases, recurrence begets more depressive episodes which, in turn, beget greater risks of recurrence. A vicious circle. Early detection is the key to preventing this circle from forming in the first place.

At the same time, distressingly, inadequate treatment of this disease is a huge problem. It dramatically increases recurrence rates and shortens remission periods.

### **Inadequate Treatment**

Improper prescribing by physicians or failure by patients to comply with the prescription itself is the front-bumper of this problem.

Wrong dosage – too low, wrong duration, or stopping too soon – all contribute to the vicious recidivism of this disease.

### **Walking Wounded**

Wrong or partial treatment of depressed personnel invades the workplace because, under these circumstances, the depressed employees may be half-functional while believing they are receiving the proper treatment but sensing that things are not right.

This is truly a case of the walking-wounded whose capacity can undermine the spirit and effectiveness of co-workers who are forced to pick up the slack for reasons they attribute naturally, but wrongly, to “attitude or behavior” on the part of the partly-disabled.

### **Short To Long Term Disability**

Within the labor force, depression-induced short-term disability (STD) can make a transition to entrenched long-term disability (LTD) after six months. This heralds a dimmer outlook for that person’s “return-to-function” at previous levels of proficiency.

Nonetheless, most of those with a job who are diagnosed with depression and who are treated properly – the vast minority of all those suffering depression, we are reminded – recover successfully as out-patients and work at their job throughout their treatment period.



### **Family Breakdown**

As noted, depressive symptoms are seldom “acted on” in the family setting and this may be one reason depression is one of the most common causes of marital breakdown. Here again, we are witnesses to the tragedy of low/no detection of this otherwise treatable disease.

### **B. DOLLAR VALUE OF HUMAN EMOTION**

The returns to be realized on an investment in human capital assets (people) – both distressed and “in the pink” – should be calculated with the same precision as those realized on investments in other capital assets such as plant and equipment. One comparable aspect of these two equations is downtime and its costly negative impact on production schedules and productivity overall. In dispassionate terms, work hours and days lost among new economy employees can be likened in the old economy to a breakdown in distressed but vital capital investment in plant and equipment.

### **Protect Human Assets**

The business goal is to rehabilitate distressed and vital capital investments, not abandon them especially when those assets are hard to replace. In the case of human capital and the widening war for skilled talent, this logic holds.

The emerging labor force will be characterized by “in demand” skill-sets and mindsets required for the technology-driven information global economy. Therefore, they constitute a vital business asset.

Earlier statements in this paper pointed to the gap between the detection and prevalence of depression in our society. This is expensive for business.

For example, studies in the U.S. – which we must use here as a base upon which to develop stress projections – tell us that employees who are diagnosed with depression and receive and comply with appropriate medication will save their employer an average 11 days a year in prevented absenteeism.

Those 11 days per employee translate, according to research, into employer savings of \$1,026 a year in prescription drug costs relative to that one employee.

Fairly, one could easily increase that number 10 times in dollar savings per employee per year – (we know stress disability claims average \$10,000 - \$15,000 [US], for example) – to include savings on wage replacement charges.

### **Growing Faster Than Heart Disease**

In this context, consider the following:

- Prescription drug costs are the fastest-growing component in the healthcare system, growing about 15 per cent a year. Faster even than physician charges.
- This reflects prescribing and utilization rates and it is logical to assume that a number of drugs are being employed non-specifically to treat generalized complaints among employees/patients concerning sleep, stress, anxiety and other byproducts of the stressful world of work in which they live.
- These drug costs are not tracked effectively by employers and therefore the cause and effects of climbing prescription drug utilization rates and charges remain imprecisely understood or not understood at all.
- According to Manulife Financial Group, mental health claims is the fastest-growing category of disability costs in Canada and, specifically, psychiatric claims – primarily depression – are rising at the fastest rate, overtaking cardiovascular disease.
- In fact, depression is growing faster than cardiovascular disease globally.
- Meanwhile, depression has invaded workforces and workplaces with a real ferocity, with an estimated 10 per cent of the labor force contracting the disorder. In 1999 figures, the full and part-time labor force of the country was 14 million, translating, according to estimates into 1.4 million clinically depressed employees and executives at any given time.
- Meanwhile in the vast majority of cases, appropriate medications are:
  1. Not prescribed at all.
  2. Not complied with properly.
- The magnificent irony in this, seen in optimistic terms, represents a huge opportunity for business.

### **Significant Dollar Savings**

- For example, in a company employing 1,000 people, predictably 100 of those employees are suffering a depression at any given time – but only 25 are being diagnosed and only about six of these are receiving proper treatment.

- Conservative assumptions are possible via U.S. studies and Roundtable calculations:
  - The average annual savings realized by the employer as a result of the proper treatment of those six employees are about \$10,000 per employee per year for prescription and average wage replacement costs, or \$60,000 all-in for those six people alone on a yearly basis.
- That same employer of 1,000 people has the opportunity for even greater savings if the detection, diagnosis and treatment rates were improved, say, 100 per cent, from six to 12 of the 100 cases of depression that predictably exist within the company. The savings number doubles – nearly \$120,000 a year relative to those 12 people.
- On this premise, if the detection rate doubled again to 25, the aggregate annual savings for that employer escalate exponentially – now approaching \$250,000 a year.
- If the detection/diagnosis/proper treatment rates were to reach 75 of those original 100 known cases of this very treatable disease, the savings increase proportionately. This single employer of 1,000 begins to feel the gusts of a decent windfall at the bottom-line. Probably in the order of three-quarters of a million dollars a year.

### *Exponential Growth*

- For big employers – those, say, with 10,000 employees – the prevalence rates of detected and undetected cases of depression are proportionately the same magnitude.
- For instance, a company with 10,000 employees houses 1,000 people suffering depression at any given time with the same miserable one-in-four compounded rates of detection and proper treatment.
- By improving the number of employees who are diagnosed and treated properly for depression from an estimated 62 of 1,000 (the current estimate) to 500, the larger employer realizes annual savings – based on conservative \$5,000 to \$10,000 per employee savings estimates – approximating \$2.5 million to \$5 million in the drug, sick leave and wage replacement cost categories.

- Extended over five years, given the stubborn prevalence rates of depression, the savings attached to early detection will continue:
  - From \$3.8 million for employers of 1,000 at the higher rates of early detection, to \$12.5 - \$25 million for employers of 10,000, also at the higher early detection rates in the categories noted here. This represents only part of the picture. Productivity is not considered for our purposes here. And it is a big-ticket item.

Note: The \$5,000 to \$10,000 per employee savings are based on Yale University research concerning days and dollars saved through optimum compliance with prescription drugs by employees in treatment, and other studies concerning wage replacement and sick leave costs per employee. We believe we arrived at a simple and conservative calculation for the purposes of this report.

### ***C. MENTAL HEALTH: A BUSINESS ISSUE***

Depressive disorders account for more than half of all medical plan dollars paid for mental health problems in the U.S. and represent 30 – 40 per cent of all mental illness in Canada.

The signs that mental health is a business issue are plentiful.

Among at least two of Canada's biggest employers and most famous corporate names, addiction and mental health problems are not just growing as a source of absenteeism and short-term disability, they have become the main source – exceeding 30 per cent of the total in both categories at both companies.

#### **Payroll Measure**

Disability from all sources represents anywhere from four to 12 per cent of payroll costs in Canada. Since 1994, the industry average of disability as a percentage of payroll has grown dramatically:

- 100 per cent in the case of short and long-term disability;
- 40 per cent in workers' compensation charges to business; and
- 55 per cent across all categories of disability-related absences.

The inference is obvious and compelling. Unchecked mental health disorders, especially depression, are driving business costs up through accelerated disability and absenteeism.

### *A National Productivity Issue*

Mental health issues also fit into the country's productivity debate. For instance, productivity in Canada – *“the measure of an economy's efficiency . . . and an important underpinning to the country's standard of living (Globe and Mail, May 2, 2000)”* – is lagging the U.S. Why?

This paper doesn't suggest the state of our population's mental health answers that question – Canada and the U.S. are about the same in mental illness prevalence rates – but beyond that we do suggest the matter deserves consideration.

In particular:

- Management studies say that Canada's productivity problems are tied more to micro-management issues per company than the broader effects of public fiscal or monetary policy.
- At the same time, Statistics Canada reveals that over the past decade, labor productivity and hours worked have collapsed into a terrific imbalance. The former growing slightly. The latter growing mightily.
- In 1999, for example, hours worked by employees in Canada grew by more than three per cent a year while labor productivity nudged up at 1.5 per cent. Canadians are working longer and harder, but not more productively.
- This imbalance began to occur in the early 1990s. By 1997, hours worked grew by nearly three per cent, slightly more than productivity – but in 1998, the shoe of imbalance fell very heavily. The number of hours worked by Canadians increased six times the rate of growth in labor productivity.
- There's little doubt that this imbalance reflects the outcome of a decade of downsizings and restructurings – a fact emboldened by U.S. findings showing that companies that downsized the most were productive the least.
- Through the same decade, Canadian studies showed depression growing and getting younger as a fact of our national life.

### *“Martin Says”*

Finance Minister Paul Martin says the U.S. is more productive than Canada because of the vast amounts of capital being invested in that country's high technology sector. He also says Canada's “economic culture has got to be turned to innovation.”

All true enough. The fact is, though, to do that requires an investment in human capital and its underlying strength as a source of innovation and creativity – human mental health and emotional resiliency – on a scale that we, as Canadians, have never contemplated.

### **Innovation: A Mental Process**

In the information economy, industrial innovation is, by definition, a mental process vested by way of human capital.

### **Mind Will Do Heavy Lifting**

Human capital is people – and it is the human mind, not our arms and legs which will do the heavy lifting in the global information economy in the quest of business to become more competitive and productive through innovation.

In the 21<sup>st</sup> century, innovation will drive corporate performance.

There is sufficient anecdotal and statistical evidence to show that when human capital is distressed by human depression, corporate results through innovation are compromised accordingly. Clearly, then, defeating depression is, at face value, a corporate priority.

### **Impacting Corporate Canada's Profitability**

And there are plenty of incentives to encourage business people to see it that way.

Here are a few more:

- As noted earlier, half to two-thirds of the dollar cost of depression takes the form of lowered productivity, replacement costs and disability payments.
- A case example: in the United States, psychiatric hospital admissions of Chrysler employees actually went down 12 per cent one year over another, and their length of stay in mental hospitals dropped 22 per cent, due to that company's efforts to achieve higher rates of earlier detection through better psychiatric health benefit programs and greater success in matching diagnosis and treatment methods.

### **13.4 Per Cent of Canada's Operating Profits**

- Eight billion dollars a year is the current estimated annual cost for lost productivity caused by mental illness in Canada. But this figure does not include addictions or physical health problems associated with mental health problems.

And even at that, Health Canada says this estimate is understated. The Roundtable agrees.

- Neither does this estimate take into account the lost opportunity costs in business associated with the absence of productive and creative workers.
- Nor does it:
  - Take into account the direct cost of training replacement workers.
  - Take into account the disruption of corporate continuity or team oriented tasks.
  - Take into account the unclassified one-or-two day absences that are colloquially referred to as “mental health days,” but for reasons caused by stigma or the fact that we just didn’t know what was wrong with us, we said we had a cold or the flu when we called in sick.
- To put that into perspective, at Royal Bank Financial Group mental illness and addictions, two related afflictions, represent 31 per cent of short-term absenteeism.
- Looking at these figures in another light. If these eight billion dollars were combined with the unrecorded direct and indirect costs to the economy, the impact, conservatively but realistically, would add up to 16 billion dollars a year – representing an amount equal to 2.8 per cent of the federal government’s net debt, (*\$936 Billion*) or 13.4 per cent of the annual operating profits of Canadian enterprises (*\$29.7 Billion per Qx4= \$118.8 Billion*).

#### ***D. 12 STEPS TO A BUSINESS PLAN FOR DEPRESSION AT WORK***

##### ***Introductory Comment***

The Business and Economic Roundtable on Mental Health calls upon corporate leaders – primarily CEOs – to turn their attention to the effects of depression at work – and take action to create and act on a business plan to reduce the effects of depression, according to specific targets which we believe business can realistically set.

And the leadership for an initiative in this area must begin at the top.

The influence and example of CEOs are critical.

At present, company leaders are often removed from the hard facts of employee health as they bear upon company costs and performance. We suggest this must change. The stakes for business are too high not to.

The Roundtable will distribute the following recommendations among business associations and corporations and provide what assistance we can to help organizations customize them to their own specifications.

No one size fits all in this area of concern.

***Step One: CEO Briefing  
Do Your Homework***

We urge corporate leaders to require a comprehensive briefing for the Chief Executive Officer on the impact of depression at work and this will have two profoundly important effects:

One, it will galvanize the organization's executives and managers to "get on top" of depression as a business issue.

*There is a terrific vacuum of information and knowledge in the higher reaches of business on the dollar and performance implications of this highly prevalent disorder.*

Two, it will empower the CEO and his/her leadership team with information to set detection and financial targets associated with reducing the effects of depression inside the organization.

***The Business and Economic Roundtable on Mental Health is prepared to assist corporations in undertaking this overdue mission.***

***Step Two: Target Depression Financially***

The Roundtable urges business leaders to set:

- An annual target to reduce the effects of depression at work through early detection; and
- Effective treatment and dollar targets for savings realized from the process.

More specifically, we recommend:

- A 35 per cent annual improvement in the detection and treatment rates of the disease among current employees, compared to the sorrowful current rate estimated at 6.25 per cent of the labor force, taking into account both detection, diagnosis and proper treatment combined. We call upon industry sectors – through national associations -- to:



- Create a sector-specific information base upon which to set these targets and create a test consortium of willing corporations to attack depression in these terms.

Further, we urge:

- Business to plan the costs and returns on investments in distressed human capital over more than one annual fiscal year.
- The accounting profession to contribute with advice on how to achieve the above. It will require new thinking.

*This contrasts current accounting practices that treat human resources as an annual expense and fixed capital (buildings and equipment) as an investment spread over several years. This approach gives business tax incentives to invest in things, but not in people.*

***Step Three: Investigate The Mental Health Service Capacity of Corporate Health And EAP Plans; Service Reforms Needed***

We urge business leaders to:

- Establish EAP and supplementary health benefits plans as vehicles to target and reduce the effects of depression at work. That capacity does not currently exist. And it is needed if the depression epidemic is to be stalled and eventually resolved.
- Probe the reasons for current low rates of employee utilization of EAPs when the prevalence of depression at work is so high. There are employee trust issues involved.
- Set EAP utilization targets in the 20 - 25 per cent range – compared to 7-10 per cent now – to force feed the search for solutions to the low detection rates of depression at work. The objective is not to generate new demand but to meet existing need.
- Challenge conventional wisdom built into most existing group health plans about what foretells the presence of mental anxiety and depression in the labor force. Organizational health can contribute positively and negatively to employee health.
- Probe how the company's benefit and prescription drug plans specifically will help achieve a 35 per cent improvement in the detection of depression within the company's labor force. Prescription drug use is a barometer of mental health problems but seldom used as such.

- Examine very closely patterns in employee utilization of prescription drugs and establish annual five to seven per cent cost-reduction targets – without limiting employee access to group health plans. This will necessitate strategies to detect and diagnose employee mental health problems early due to the relevance of drugs in treating these conditions if the savings in drug costs, as noted earlier, are to be realized.
- Survey health benefit consultants and providers to determine their knowledge of mental health in the work place – specifically as it pertains to the effects and challenges of depression. This expertise is necessary and claims within this industry sector that they possess it must be challenged and verified. We have our doubts.
- Institute a depression return-on-investment strategy that demonstrates health improvements among employees over time.

***Step Four: Organizational Health Strategies (I):  
The Dollar Value of Healthy Work Climates***

We urge business leaders to:

- Make employee and organizational health “twin priorities” among senior managers of the company.
- Survey employees to identify those strains of stress which pose a risk to employee health, such as the “treadmill” syndrome (employees sensing they have too much to do at once) which, when combined with other pressures, can lead to mental disability.
- Identify and reform management practices that produce harmful stress and contribute to depression at work. This does happen. In fact, absenteeism and disability rates can be predicted by the prevalence of:
  1. Distrust at work.
  2. Displays of disrespect among peers and job superiors.
  3. Lack of employee understanding about the company’s strategic direction and the day-to-day priorities of their own boss. Senior and less senior employees can drown emotionally in this kind of ambiguity. It clouds what is expected of them in the midst of such confusion.
  4. Autocratic management styles, repetitive tasks, too much or too little to do.

These are work climate issues. They are also mirrors and triggers of mental health problems inside the workplace.

The bottom line for business leaders to consider:

- Stress-related disorders including depression stem from more than an individual's state of health or emotional predisposition.
- Work climates contribute significantly and high standards of organizational health – healthy work climates – are necessary to sustain individual health at work.

***Step Five: Organizational Health Strategies (II)***  
***E-Mail / V-Mail Enslavement And Isolation***

In the two years since the advent of the Roundtable, perhaps no single issue resonated so forcefully across such a wide range of people in all ranks of business than the build-up of frustration with electronic and voice-mail.

The technology is not the villain.

The way it is used by people is the villain.

The attitude it fosters is the villain.

The absorption of people by machines is the villain – often replacing personal contact with electronic contact and eliminating, as a result, tone of voice, body language, facial expression and attentive, two-way listening – all of which are proven critical elements of communication and understanding between and among people.

There are risks in the present culture of office technology:

***One, E-mail and its enslavement qualities.***

Among the principal causes of stress is a prolonged sense, among employees, of constant catch-up, interruption and distraction. Over time, such stress can trigger mental distress that may further evolve to a medical condition among some.

Individuals experience this kind of stress when they are forced to spend hours upon hours digging through electronic messages – some trivial and some relevant to their work – which build-up overnight, during the day or even through the lunch break.

E-mail, in this form, contributes to the creation of the 24-hour work day, it inhibits efficiency and almost becomes a “leash” which employees are tied to whenever they leave the office for a short time or overnight – this, because of the sheer volume, variety and disparity of E-mail messages they must contend with on return.

**Two, frustration with voice-mail and its diminishment of the phone for transactional purposes.**

The frustration stems from “never” being able to get anyone on the phone. The annoyance of playing telephone tag electronically.

Also, callers who leave abrupt or incomplete messages. Callers who leave long and rambling messages. Off-hour voice-mail messages to avoid direct contact. Calls being forwarded to a person who’s not there either.

**Three, computer addictions.**

Aside from the self-inflicted wounds just noted, there is evidence that overuse of computers – the Internet, specifically – produces symptoms akin to those observed among persons addicted to alcohol, drugs or gambling.

A Roundtable associate, McLean Hospital in Boston, the psychiatric affiliate of Harvard University, has opened a department specializing in treating these new-age conditions.

This is a trend relevant to business. According to McLean studies, these conditions preponderantly – or at least, frequently -- play out at work. They can lead to and may be born of depression, just like depression is comorbid with other, more familiar addictions.

***New Protocols Called For***

In this context, therefore, the Roundtable urges business leaders:

- To evaluate the effects of e-mail and voice-mail utilization on the efficiency and “quality of life” in their organizations – seeking not to uproot the technology, but guide its usage in healthier and more effective ways.
- To survey employees on this issue to determine how e-mail and voice-mail utilization patterns – and behaviors – affect their ability to do their job.
- We further recommend that business give consideration to new protocols governing the use of e-mails as a matter of business policy with a view to reducing the aggravation, frustration and ultimate stress-levels they are currently generating in companies across Canada.

**These new protocols might, in part, have the following characteristics:**

- Maximum use of existing technology filters at workstations, giving employees some measure of control, although this will not stem the flood.
- Introduction of “restricted delivery” periods for e-mails limited to business urgent and necessary matters. In some companies, these restricted periods might extend across the entire workday.
- Prohibitions of e-mail deliveries in off-hours. This is no different than not calling someone at home at night unless it is absolutely necessary.
- “E-mail Culture Training” to equip co-workers with the writing composition skills and insights to use the e-mail more efficiently and selectively without adding to the “relentless load” factor now present in most work places.

Similar protocol measures are called for with regard to voice-mail. In both cases, valuable technology is being wielded by people to frustrate other people. This can contribute to serious stress-related conditions and, with other pressures, can evolve into morale, absenteeism and productivity problems.

***Step Six: Mental Disability and Return-To-Work  
“Depression is Different”***

Given the dollars involved in mental disability, we advise business leaders:

- To devise strategies within their companies to set out, clearly, how employees who are on short or long term disability – and suffering mental health disorders – will receive appropriate rehabilitation, recovery and return-to-work support.

The current generation of corporate disability management plans, by and large, neglect this issue or at least tend to it ineffectively. Consider the following:

1. Work must be seen as part of the recovery process in depression cases.
2. Most of those returning from depression-induced disability must re-enter the work place on a gradual basis.
3. More aggressive “return to work” strategies employed in recovery from soft tissue injury, for example, are not necessarily replicable for mental health concerns.

4. The reason is this: studies show that a person recovering from depression may exhibit a willingness and ability to return to work before the depression itself is sufficiently wrestled to the ground. Returning to work too soon, therefore, can hasten a relapse.
5. On the other hand, productive activity is important to the recovery process. Disability management programs must be equipped – through the knowledge and experience of the people running them -- to recognize and sustain this delicate balance. Business leaders will serve their companies well to ensure this capability is in place.

***Step Seven: The Physics Of Depression  
“Business Must Know It Exists”***

One of the Roundtable’s objectives is to inform business leaders of the links between depression and major physical disease, and also the biological dimensions of depression. This helps inform the health and disability strategies which corporations embrace.

This understanding is a valuable component of the early detection of depression and other mental disorders.

We encourage business leaders to summon their human resource executives and health professional staff to report on the known and suspected connections between depression and physical disorders including cardiovascular disease. Consider the following:

- Depression among heart patients increases five times the odds of a second fatal heart attack inside six months of the first.
- A high level of depression in men increases the risk of a first stroke by 56 per cent and in women, 85 per cent.
- Depression compromises the body’s immune system.
- Anxiety disorders – next to depression, the most prolific mental health disorder – are often so concrete that the person experiencing them will go to the hospital emergency room experiencing severe pain. Panic disorders may mimic a heart attack, and are often misdiagnosed accordingly.
- Depression itself has physical properties, reflecting a biochemical event in the brain.

The physical properties of mental disorders are important to recognize as a basis for understanding the dynamics of such problems and shaping return-to-work strategies for disabled cardiac or depressed employees with these complications in mind.

### ***Step Eight: Emotional Work Hazards The Pollution Of Office Politics***

We recommend that business create an inventory of what might be described as emotional health hazards at work and specifically target office politics which, studies show, can have a corrosive effect on employee and executive well-being.

We recommend that business:

- Determine in concrete and clear terms what motivates their employees to want to come to work and, conversely, what keeps them away.

Lateness and, eventually, absenteeism are predictors of mental distress or disengagement. These matters can be probed empathetically and used as a means to signal emotional issues which may, if left untended, require professional attention.

- Determine in concrete and clear terms if chronic customer service problems can be traced to emotional distress among employees.

Studies show that employees who enjoy their work will create customer satisfaction. Meanwhile, job/attitude problems – contrary to simply a sign of negative thinking or behavior – are sometimes a clue to underlying health issues especially when they materialize in otherwise effective employees.

- Determine in concrete and clear terms evidence of the following known hazards to mental health at work –
  1. A culture which tolerates constant interruptions from one person to the next. And by supervisors among their subordinates.
  2. Time wastage, including managers who waste employee time by way of unclear instructions or confused priorities.
  3. Employees who keep taking on more and more work. Their desire not to say no, to be a team player, to believe the work must get done – all positive features of behavior in many instances – can underline their resilience and mental health.

#### ***Office Politics***

Experienced “office politicians” – who manipulate information and facts to position themselves in favourable light, often at the expense of others – are often driven by massive self-absorption on their part or by fear which, in their mind, justifies the means to an end.

Organizations that encourage this kind of behavior by promoting or rewarding the wrong people are usually suffering the symptoms of a “sick system” producing a lot of innocent victims who can develop pathologies themselves, according to studies at the Royal Ottawa Hospital.

We recommend that business leaders:

- Examine their company culture for evidence of employee dissatisfaction produced by the practice of office politics.
- Foster environments that do not reward a form of behavior that pollutes the potential of many other employees and is a predictor of stress-related absenteeism, even disability.

***Step Nine: Work / Life Imbalance  
Early Detection Of Potential Depression***

It is clear that the number of employees now in the workplace who must work and care for their children or elderly parents, or both, has grown markedly. Estimates put the number in the realm of 62 per cent of all employees. On top of that, more than half of all married couples both work and more than one-fourth of all working parents have responsibilities to care for an aging relative.

Further, more than a third of all employees surveyed feel their productivity has declined because of childcare problems and more than half of the absenteeism in the U.S., for example, can be traced to family-related problems.

In fact, business costs in the U.S. for absenteeism due to eldercare obligations among employees have been priced at \$900 million (US) a year. The aggregate cost of eldercare in lost productivity is \$11 billion (US) a year in that country.

Corporations in Canada and the U.S. are turning to work-life balance issues as an investment in the future of the company. Therefore, we urge business leaders to enact life/work balance policies (many do) as a mental health support initiative. Policies of this nature can range from:

- Flexible work-hours to mid-day departure times to meet family needs;
- Home care services as an employee health benefit;
- On-site services (meal preparations, dry cleaning, pharmaceutical) to reduce the hassle for employees who face these kinds of deadlines day-in and day-out en route to/from work;
- Workplace daycare and elder care services.



Clearly we urge business to weigh these issues in the following light. Work/Life balance strategies provably:

- Reduce disability-related absences from work;
- Attract and retain the most talented people;
- Contribute to both revenue and profitability;
- And beyond relieving employee stress, create a bond between employer and employee, a partnership with benefits flowing both ways.

***Step Ten: “Rule Out Rule”***

A person suffering depression – often a top performer, loyal employee and good friend among job peers and supervisors alike – may exhibit behaviors that mimic bad or negative attitudes. But it is the symptoms of their disease and not their attitude toward the job which is confronting their co-workers and even customers.

Our failure to draw a distinction between illness and attitude (for want of a better phrase) can cost an employee their job and the company an otherwise valuable asset in which it has a significant investment.

But how can we tell the difference when work relationships are strained by that individual’s failure to meet their obligations, proneness to anger, or inability to concentrate or communicate appropriately?

We recommend a new concept being introduced by the Roundtable called the “Rule Out Rule” in order to unmask the effects of depression in those cases where it mimics plain work failure.

In effect, we are suggesting:

- When an employee is performing badly, especially where this contradicts past performance, introduce the “Rule Out Rule” to rule out (or, as the case may be, rule in) health problems as the source of performance deterioration.

This process will be defined and published by the Roundtable in detail, but generally, it involves:

1. Training of supervisors, managers and executives to ask questions of an employee which respect their privacy while helping them to consider a health consultation before performance issues are reviewed in more conventional terms.

2. Creating mechanisms for referrals to internal professional staff or external health professionals in order to screen the individual for symptoms of depression, anxiety or other conditions.
3. Deferring the “performance review” process until this health review is complete.
4. Preserving the confidentiality of the matter at all costs.
5. Setting into place a process to receive the health-review report from the employee (orally or otherwise, as they may wish), and should a health concern emerge, accommodating that concern by way of work schedule and other arrangements.

In effect, this is an asset protection program. And it meets head-on one of the most significant business costs of them all – employee turnover – as well as offsetting the productivity costs which, by then, will already begin to accumulate.

***Step Eleven: Health-Based Productivity Measures In  
The Economy Of Mental Performance***

It is estimated that the “downtime cost” of depression in the U.S. is 172 million person-years based on conservative six-month prevalence rates of the disease – with impairment ranging from absenteeism to basic performance and interpersonal problems to poor overall functioning and, ultimately, incapacity to work at all.

The insidious part of the disease propels this astounding figure. It infiltrates product quality and customer relationships. We urge business to consider opportunities to introduce models of health-based productivity measurers as an instrument for success in the information economy – the economy of mental performance.

Such models would embrace:

1. Formulation of a health index to indicate the status of the company’s organizational health. Where standard measures indicate the company is productive on the basis of a unit output and cost, the health index would track organizational health. A blended productivity rate would then be considered to assess the company’s health in quantitative production and quality of life.
2. Specific to call centres and high volume service units, an introduction of customer service points (relative to problem-solving and customer satisfaction) as a balance to calls-per-employee-per-hour. Again, the goal is to merge quantity and quality in pinpointing productivity levels.

3. The resolution of anomalies as in the case of one retailer, whose most productive outlets were those with a low score of organizational health. The employee stress arising from the conflict is enormous. In effect, health-based productivity models will:
  - Shift the company from pure volume/quantitative measures to employee-based qualitative measures.
  - Redefine what productivity is and isn't.
  - Establish clearly the impact of stress on output, not just as an intrinsic, hidden or downtime cost – which permeates the workplace today – but an explicit, correctable, avoidable depressant on productivity.

**Stress that creates disease is not an unavoidable cost of doing business. It is an unacceptable cost of doing business.**

*Step Twelve: Transformation Policies  
Defeating Stress and Depression*

We urge business leaders to:

- Set a standard for reducing disability rates year-to-year over the next five years of 15-25 per cent. By targeting mental health issues, you will achieve this objective.
- Establish a Health Mission for the company supported by specific steps to reduce the prevalence of depression at work to seven per cent (down from 10) and support the achievement of depression, early detection and treatment rate improvements to 35 per cent a year (up from 6.5 per cent).
- Establish a two-year plan to remedy the top 10 sources of stress including the creation of benchmarks to guide this process. (The “Top Ten” are listed at the end of this paper).
- Establish internal communications as a major health-based productivity weapon. Isolation breeds depression. This condition, among employees, can be induced by little / no / untimely information on matters critical to them.  
  
“When an employee needs to know, saying I don't know is better than saying nothing.”
- Tackle stress-related problems affecting employee performance on a three-year cycle. Employee performance predicts company performance three years in advance, according to Bank of Montreal studies.

- Target burnout -- a key priority in the transformation from an industrial economy to an information economy. Burnout is a product of extended pressure. It builds gradually, when:
  - The job is a bad match between demand and the resources/skills of the individual;
  - Individuals take on serious responsibility without authority, garnering little or no recognition or appreciation along the way;
  - Employees lose or lack control over things getting done;
  - There is work overload;
  - The employer or the function lack clear goals;
  - There is constant fire-fighting;
  - Employees lose private time.

We urge business to:

- Raise awareness of the burnout threat among managers; and
- Provide structure, support and information to combat it.

### **Postscript**

**These 12 Steps are part of a regime needed to transform places of work from sources of stress and related disorders to venues for health replenishment.**

**We call for a new construct blending management principles and medical science to produce a powerful new tool for the economy of mental performance.**

**BUSINESS AND ECONOMIC ROUNDTABLE ON MENTAL HEALTH**  
**TOP 10 SOURCES OF WORKPLACE STRESS**  
*(with apologies to David Letterman)*

10. The treadmill syndrome. Too much to do at once, requiring the 24-hour workday.
9. Random interruptions.
8. Doubt. Employees aren't sure what is happening, where things are headed.
7. Mistrust. Vicious office politics disrupt positive behavior.
6. Unclear company direction and policies.
5. Career and job ambiguity. Things happen without the employee knowing why.
4. Inconsistent performance management processes. Employees get raises but no reviews or get positive evaluation, but are laid off afterward.
3. Being unappreciated.
2. Lack of two-way communication up and down.
1. Too much or too little to do. The feeling of not contributing and having a lack of control.

*Refer: Bill Wilkerson*

*President, Business and Economic Roundtable on Mental Health*

*Phone: (416) 598-0055 (Ext. 271) Fax: (416) 598-3811*