

PIVOT



Named
BEST MAGAZINE
by the National
Magazine
Awards: B2B

MARCH/APRIL 2020

The Quiet Crisis



Millions suffer from mental health issues in silence.
One CPA decided to speak up.



**ETHICAL INVESTING:
PAYDAY OR PITTANCE?**

**NEW THRILLS
AT NO FRILLS**

**FIXING CANADA'S
RECYCLING SYSTEM**

My depression was so acute I tried to resign as a partner at KPMG. Eleven years later, I became the firm's first ever chief mental health officer. This is my story.

UNBROKEN

BY DENIS TROTTIER
AS TOLD TO LARA ZARUM

PHOTOGRAPHS BY ALEXI HOBBS

On a chilly October morning in 2006, I found myself in a familiar place: sitting in my car in the office parking garage, crying. For months, I'd struggled to eat or sleep. Nothing brought me joy. I felt like I was drowning. *Today is the day*, I told myself, unconvincingly. *Today you're going to walk into that office and feel normal again.*

For 20 years, I had built a career at KPMG. By 2006, I was a partner, heading up the Ottawa KPMG Enterprise private company practice. I worked with amazing clients. I had a loving wife, Yolande, and two beautiful children. I had no financial troubles, no addictions—no obvious precursor to depression that had dogged me for years. I'd already taken two leaves of absence in the past four years. Each time, I'd returned to work positive that my dark days were behind me. Now, I felt hopeless.

When I dragged myself into the office that day, I didn't know that 11 years later I'd be named the chief mental health officer for KPMG in Canada, the first position of its kind in the country. I couldn't think 11 years in the future; I could barely contemplate the next 11 hours. All I could think about was that I was letting my team down. I took a deep breath and knocked on my office managing partner's door. Enough was enough. I had to resign.





Mental health was a taboo subject when I was growing up in northern Ontario in the 1960s, in Larder Lake, a small town that was once part of the gold mining capital of Canada. No one discussed it, at least not seriously. When a kid at school acted up, the teachers would threaten to send them to North Bay—there was a psychiatric hospital there, a scary place for “crazy” people. Of course, I now know that people with mental illnesses are not “crazy” and that illness does not discriminate—it can impact all of us.

If anyone in my family suffered from mental health issues, I never knew about it. I was a happy, healthy kid. We went fishing, rode motorbikes and snowmobiles. My parents owned a small chain of IGA grocery stores, and when I was 12 I started to lend a hand sorting coupons. By high school, I was helping with the bookkeeping. Business was in my blood. On rainy days, my older brother and I would set up two adding machines and play “office.”

When I got a bit older, I started volunteering for the town’s emergency response team. If someone called 911, we would be first on the scene—it took an ambulance half an hour to reach the town, and our role was to get the victim ready for movement to save time. When I think back on that experience, it feels like essential training for the role I now play at KPMG.

My older brother was being groomed to take over the family business, and I ended up studying for my accounting designation at Carleton University. In Ottawa, I met Yolande, who had also grown up in northern Ontario and was studying early childhood education. In the summer before my final year, I took a chance and showed up in the lobby of Peat Marwick—the “P” and “M” in KPMG—and asked to meet the HR partner. A young-looking partner named Marc Brûlé came out to see me. The gambit paid off, and by Christmas of my fourth year, I had a job lined up on the audit team. Marc was a true mentor to me and remains a close friend to this day.

Yolande and I were married three years later, in 1989. I spent the next decade working tirelessly to bring new business to the firm. We had a baby, then another. I was promoted to partner in

1998. Everything was developing just as I’d hoped for. And then depression hit.

Yolande probably noticed it before I did. She could feel me tossing and turning in bed at night. My appetite shrank, and my social calendar suddenly filled me with dread. I was still ticking all the boxes—going to the dinners and galas, shaking hands, nodding through meetings—but I felt like I was sleepwalking.

At the time, I probably just chalked it up to stress, told myself that it’s normal for partners to feel extra pressure. I figured I just needed a break.

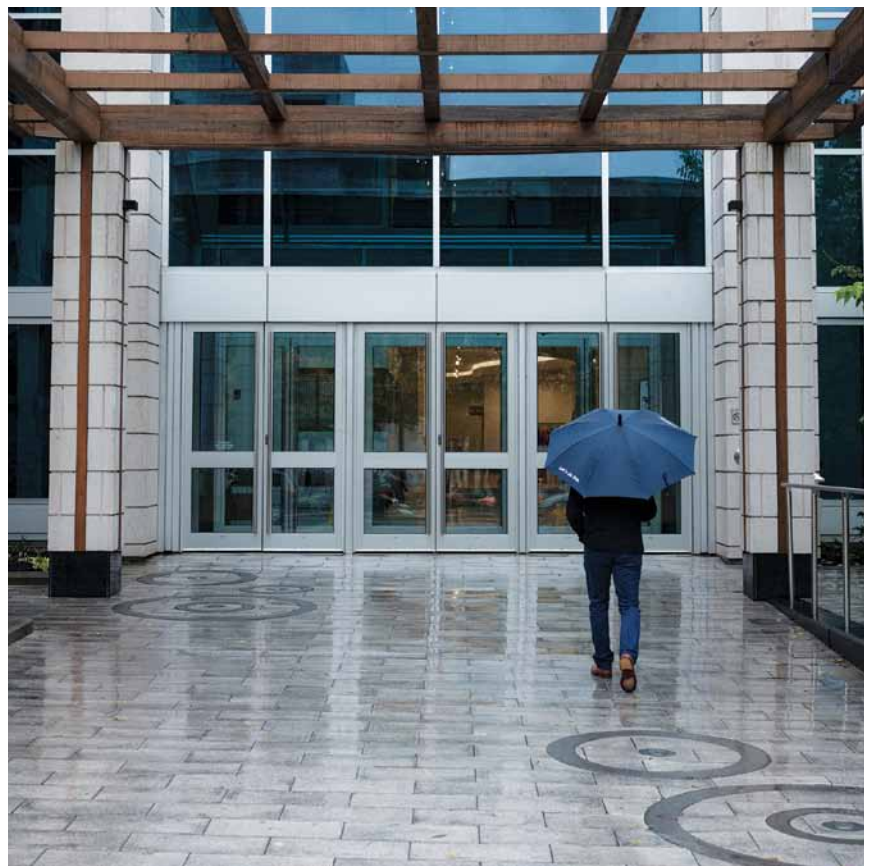
I come from a culture that is best described as “suck it up.” Like most people of their generation, my parents never talked about mental health; that language would have been totally foreign to me. So I tried to push my feelings down and get on with it. I remember one day I volunteered to dress in a bear costume and go around the office collecting money for United Way. That was a very sad bear. I was digging so deep to figure this out on my own, and the effort drained me.

After that day, I knew I needed help. I was in the risk business, and my reputation was on the line—I didn’t want to screw anything up for my clients. So I dragged myself to my Employee and Family Assistance Program (EFAP) provider, Morneau Shepell. Even though

they had an office right next to ours, I was so afraid that a colleague or client would see me that I drove 20 minutes out of my way to the Gatineau location.

I travelled to Gatineau four or five times before I finally took two months off in May 2002. I used vacation days; I still didn’t want anyone to know what was going on. I didn’t want to be perceived as weak, and I feared that if my fellow partners knew how I was feeling, I’d lose my job. I returned to work in July, but by November, boom—the sucker punch of depression hit me again. I was off for three months that time, and I had to go on short-term disability leave.

It’s hard to describe the pain of clinical depression to someone who hasn’t experienced it. It can be even harder to explain the shame, the self-stigma. If you’ve lost a child or been through a divorce, you can at least trace your feelings back to a concrete event. But the source of my struggle was a mystery to me, and that made it hard to accept. My family doctor could see that the medication he had prescribed wasn’t working, and he referred me to a wonderful psychiatrist, Dr. Carol Husband. I was also in the care of Dr. Bernie Gosevitz, our KPMG executive doctor. With their support, I went back to work, but it turned out my illness hadn’t gone away; it was just dormant, a sleeping dog lying in wait.



Depression manifests itself in different ways for different people. For me, it was tears. I would cry in my car upon arriving at work, or in my office with the door closed. The same symptoms would manifest themselves away from work as well. Nothing made me happy anymore. I was always a high-energy person—friends used to call me the Energizer bunny. Seeing me in this state was a shock to them.

I felt worse than ever before, partly because I had already been through this twice; why was this still happening? In fact, research indicates that if you've had one depressive episode, there's a 50 per cent chance you'll have another; if you've had two, the chance of relapse rises to 80 per cent. The odds were against me.

I come from a culture that is best described as “suck it up.” So I pushed my feelings down.

And so, on that cold October day in 2006, I approached the office managing partner, Bob Wener. I'm sure he could see that I'd been crying, my eyes red and raw. “I don't think I can do this,” I told him. “I think this is enough.”

But Bob wouldn't accept my resignation. “No, Denis,” he said. “We're going to help you get through this.” I was overwhelmed—I'd been given a second chance. The next 13 months would be a bumpy ride.

The first few months of my long-term leave were hell because I felt guilty—I was letting my team and family down. I had a lot of panic attacks. I'd feel fidgety and anxious, unable to stop crying. The same thought would run through my head: I'm going to lose my job. Frantic, agitated—nothing made sense. “I feel like I'm going crazy,” I told Yolande.

My illness hit Yolande hard; not only was she forced to bear witness to my suffering, she had to put on a brave face for the kids, now 12 and 15. I'd be having a panic attack in the bedroom and she'd be making them an after-school snack,

pretending everything was fine. She was my voice of reason, urging me to go outside and exercise, pleading with me to be patient, reminding me of an upcoming doctor's appointment—those always felt like life rafts, something solid to hang onto in the maelstrom of my illness.

A lot of people don't understand why someone with a mental illness would need to be off work for so long. It's simple: medication for depression can take months to work effectively. There was a lot of trial and error. One medication wouldn't work; another might, but would come with horrific side effects: drowsiness, dizziness when I stood up, upset stomach and, worst of all, sweating top to bottom out of the blue. Dr. Husband eventually sent me to the Royal's Institute of Mental Health Research group, where another doctor worked with me to find the right combination of medications—a long process. I wasn't off for 13 months for nothing.

I tried everything—journaling, meditation. I'm a very social person; anyone who knows me might wonder, “How the hell could Denis spend a whole day doing silent meditation?” Desperation, that's how. A big part of my recovery was community service. I volunteered with the Snowsuit Fund of Ottawa, which donates snowsuits to kids who can't afford them. I needed something to do, and community work reminded me of all I had to be thankful for. It felt good to be useful.

On bad days, I'd reach out to Bob. We'd meet for coffee, or sit on a park bench and chat. He was a prime example of how to support a friend going through a bout of depression. People are always giving advice, but Bob understood that wasn't what I needed from him. He was just there for me, caring in a non-judgmental way.

I got better through a combination of cognitive behavioural therapy, medication and an amazing circle of care. I must have been a difficult patient; as a partner in an accounting firm, I was used to schedules and timelines. There were days when I was sure I was ready to go back to work, but my doctors would encourage me to wait just a little longer, to be sure.

The return to work is very hard—as supporters in the workplace, we have to remind ourselves that the person is not “broken” and that their return is part of their ongoing recovery period. When

I did finally go back, my administrative assistant did something I now recommend for others in my capacity as chief mental health officer: she took all the emails that had languished in my inbox over the past 13 months and dragged them into a folder, which I promptly ignored. Returning to work after a mental health leave can be overwhelming enough without the added pressure of unanswered emails, most of which are probably irrelevant by the time you've had a chance to open them.

Sitting in my office on that first day back, I felt like myself again. For the first time in a long time, I was looking forward to whatever came next.

In 2013, to my surprise, Yolande and I won one of the Royal Ottawa Foundation for Mental Health's annual Inspiration Awards, recognizing our efforts to break the stigma surrounding mental health in the corporate world. We were touched—but then we were asked to give a speech at the awards gala, a nerve-racking prospect. Did we really want the whole Ottawa business community to know that Denis Trotter, Mr. KPMG Enterprise, has suffered from depression? But we knew we could make a difference for people suffering in silence. Afterwards, the feedback we got from attendees was overwhelmingly positive, and I began speaking about my experience at KPMG offices across the country. In 2014, I joined KPMG's executive inclusion and diversity council, a diverse group of 24 leaders from across the country, and took the lead on mental health. I also joined the board of the Canadian Mental Health Association.

In 2017, I gave my six months' notice that I was going to retire early. Yolande told me she wanted to spend more time with me. I decided to say yes before she changed her mind. A few months later, Mary Lou Maher, our global head of inclusion and diversity, called me and said, “We've got a board meeting tomorrow. I'm going to be proposing that we make you our first ever CMHO.” I said, “CMH what?” She said, “Chief mental health officer.” I probably said something like, “What the hell is that? And does it exist?” And the answer was, “No, it doesn't exist.” I knew Yolande would be supportive. I said yes on the spot.

It's been over two years since I stepped into that role, and I can honestly say I've never done anything so rewarding. Your clients rarely hug you for doing a great audit. But now, not a week goes by where I don't feel like I was able to make a difference in someone's life. One of the first things I did was participate in a review of our mental health benefits package. This led to the firm introducing a \$2,000 benefit for employees and their dependants to use for a wide range of mental health services. I spend most of my time visiting and giving presentations to team members at all levels in KPMG offices across Canada. My job as I see it is to break the stigma surrounding mental health and to open boardroom doors—to make sure that our employees know that mental health is health, that nobody has to suffer in silence and that asking for help is the first step to recovery.

My ultimate goal is for mental illness to be treated just the same as a physical illness like cancer. We celebrate cancer survivors; we take their pain seriously. You can't cure yourself of cancer, and in many respects, you can't cure yourself of a mental illness without getting professional help.

In the years since I took my leave of absence, I've witnessed a sea change in the general public's attitude toward mental health. There's wider acknowledgment of the fact that mental illness can affect anyone. The younger generations, people in their 20s and early 30s—talking about mental health is practically in their DNA, embedded in their everyday language. In November, I led a series of discussion panels on creating a meaningful mental health culture in five B.C. communities. I witnessed various community voices like city officials, the Chamber of Commerce, hospitals and private companies come together to talk about mental health and make plans to follow up with concrete actions. That gives me hope.

Depression is something I'll be sensitive to for the rest of my life. But I realize that I've been extremely lucky. As a partner at KPMG, I had a level of support and security that many workers do not. We need to put systems in place to ensure that anyone who is suffering gets the time and help they need, without judgment or repercussion. When I was at my lowest

point, my colleagues wouldn't let me give up. Corporate leaders need to do the same for their workers, at every level.

Many organizations are waiting to put in the perfect mental health program, but the truth is, there is no such thing. Mental wellness is not a "program"—organizations of any size can have an immediate impact with often very little cost. Just reach out to your local Canadian Mental Health Association and ask them to come in and do a seminar, educate your teams on your EFAP benefits, host a lunch and learn—the list goes on. The return on investment figure often quoted for companies who have been focusing on mental health for a number of years is about \$4 saved for every \$1 invested.

People always ask me, "What is the number one thing you do to care for your personal mental health?" That's an easy one. My motto is "me, family, work." It's okay to put your oxygen mask on first. I always ensure that I have some me time so that I can be at the top of my game as a husband, dad and on the work front. Working with our CEO Elio Luongo has been easy, since we share the same attitude around mental wellness. Tone at the top is so critical in this area.

As a Fellow CPA, my hope is that by sharing my lived experience, I will have helped more professionals suffering in silence. A world where we can talk openly about mental health while standing at the water cooler is within reach. I see proof of that every day. ♦

EVERYBODY HURTS

Mental health issues affect millions worldwide. Companies, and countries, need to act fast to preserve our most valuable resource: people.

BY MICAH TOUB

Two summers ago, Becky Wilson was driving back to Toronto after a week-end away when she started to feel light-headed, and noticed her heart was racing for no discernible reason. Worried she was about to faint, she pulled over to the side of the highway and called her parents to come pick her up.

Wilson, a CPA and then an associate at PwC, had experienced depression and anxiety on and off since high school, but this was her first panic attack. Her mother, who'd had one herself when she was younger, suggested it may have been brought on by stress.

After a night's sleep, Wilson set out to the office Monday morning. "And then I had a panic attack on the subway," the 26-year-old, now a senior associate, remembers. "I made it to work and tried to spend the morning there, but ultimately had to go home."

When things didn't get better after a week, Wilson decided to speak to her work coach, the person at the firm assigned to help her plan her career and look out for her well-being. "I remember saying to her, 'I hope this doesn't make me look bad.'" Wilson

was especially worried because she'd just been put on an important project.

Wilson's coach reassured her that during this time, she wouldn't allow anyone to express criticism of Wilson's performance that was directly connected to her mental health issues. She also brought in a PwC partner who's known as a champion for well-being at the firm. "They said, 'What do you need in order to be successful? We want you to be here.'"

The compassionate reception that Wilson experienced isn't always the case, however—and that gap in support has proven to be a destructive force for workers and economies across the globe. The World Health Organization estimates that one in four people worldwide will suffer from a mental health disorder at some point in their lives, and that the global economy loses about US\$1 trillion a year in productivity due to depression and anxiety.

And yet governments are not adequately investing in prevention and treatment. In a 2018 report, the medical journal *The Lancet* estimated the cost of our "collective failure to respond to this global health crisis" will have reached US\$16 trillion in the period between 2010 and 2030—and that 13.5 million deaths could be avoided each year if the crisis were properly addressed.

According to Toronto's Centre for Addiction and Mental Health, about 500,000 Canadians miss work each week due to a mental health illness. As those numbers pile up week after week—and the unattended problems lead to longer-term disability claims—health care costs and lost productivity add up to a \$51-billion-a-year burden to the economy. Meanwhile, more than 4,000 Canadians die each year from suicide.

In Ontario, about 10 per cent of the burden of disease is related to mental illness, yet it only accounts for seven per cent of the province's health care budget—a shortfall of almost \$1.5 billion.

Like PwC, many companies in Canada did the math and realized that the human value of supporting employees struggling with mental health issues also yields economic benefits. A recent Deloitte study found that, among Canadian companies that had implemented mental health programs, the median annual ROI was \$1.62 for each dollar invested.

The longer the program was in effect, the higher that return.

Last year, a survey of 251 accountants conducted by the Chartered Accountants' Benevolent Association—which provides support to accountants in England and Wales—found that one in three respondents feels stress on a daily basis. And indeed, the high-pressure nature of the job makes it especially important for every CPA to keep an eye on their well-being—whether they believe they have a mental health issue or not.



Becky Wilson

"We all experience mental health issues in some way," says Ed Mantler, vice-president of programs and priorities at the Mental Health Commission of Canada (MHCC). "People often think you're either perfectly fine or you have a diagnosable illness, but there's a continuum."

Mantler suggests taking proactive, preventative measures—getting enough sleep, eating a healthy diet and exercising regularly. While he adds that going to work is among the list of things that can actually improve our state of mind—"it can give us a sense of purpose and a regular feeling of accomplishment"—our jobs can also sometimes exacerbate underlying problems.

He points to the National Standard of Canada for Psychological Health and Safety in the Workplace, launched in 2013 by the MHCC in partnership with the Canadian Standards Association Group, as a useful guide for employers and staff to understand what helps and hurts. The Standard, which professional accountants helped develop, discusses everything from the most effective wellness policies and benefits to more subtle things like the importance of an employee knowing what is expected of them at work, and an understanding of how their

role contributes to the company's mission.

For those who are in the midst of a pressing mental health concern, Mantler suggests contacting your local branch of the Canadian Mental Health Association, and to check if your company has an employee assistance program. "One place you can always start is with your family physician," he adds.

Of course, making the move to find help can be easier said than done. "Many people tell us that the stigma around mental health illnesses is as bad or worse than the symptoms themselves," says Mantler. Early intervention is important, but according to Mantler, only 30 per cent of people reach out for help early on—and it can take some people many years or decades to seek assistance. He hopes that as workplace well-being is increasingly discussed at more companies, people will be more comfortable speaking about their own mental health.

One in four people worldwide will suffer from a mental health disorder at some point

In Wilson's case, she was able to get six free sessions with a counsellor through Morneau Shepell, which administers PwC's employee assistance program. The program then connected her with a psychiatrist. As she adjusted to the medications that help ease her anxiety and depression, she kept her team updated when she was having an off day. Now, if she's had a run of long hours on a high-stress project, she makes sure to take a day off, if possible, once the deadline has passed.

Wilson, who has become one of two Greater Toronto Area leads in PwC's Differently Abled Wellness Network (DAWN), encourages her colleagues to speak up if they're in trouble. Far from hampering her career prospects, she says being open has helped her to be productive. "I just feel like I can come to work and be more of myself," she says. "It's one less thing to worry about, and that lets me focus on my job." ♦