

Mental Health and the Occupational Health and Safety Framework in Europe: Challenges and opportunities

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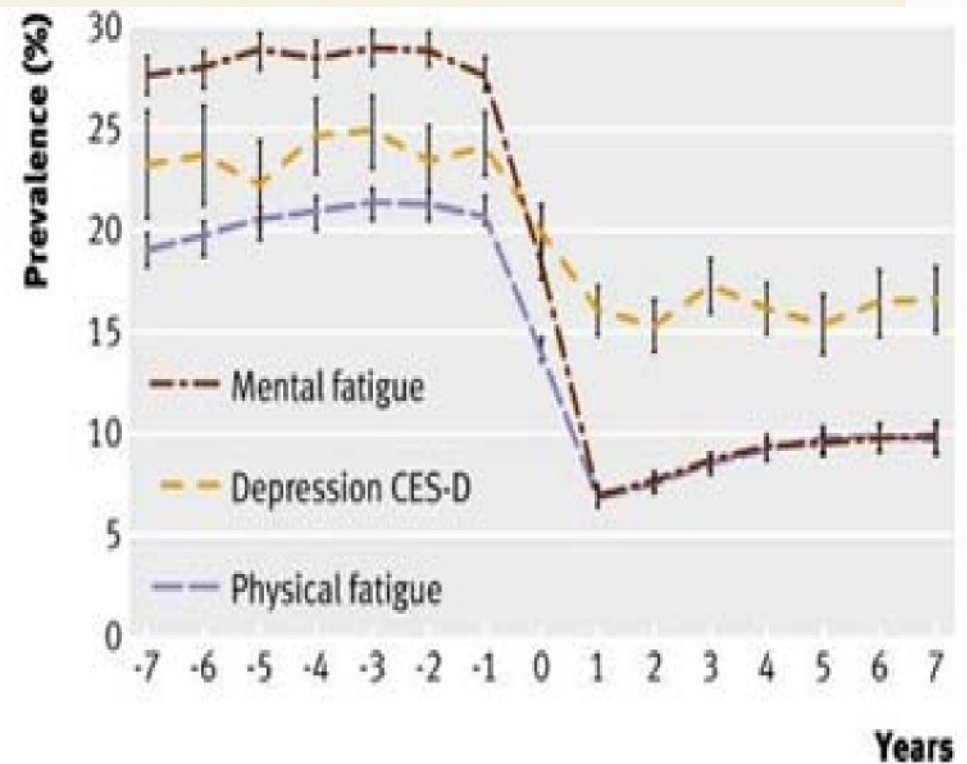
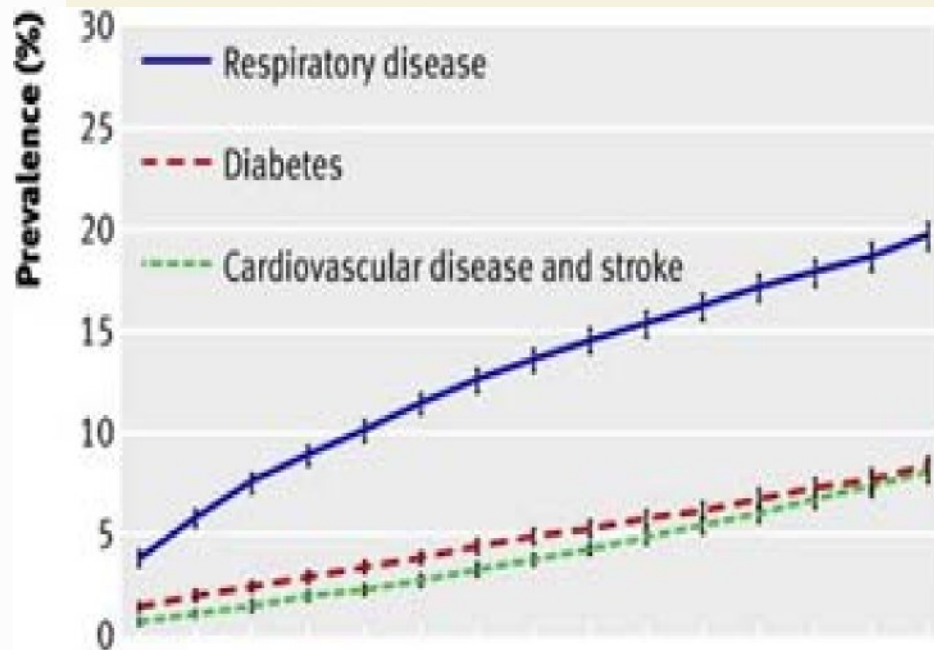


- **Mental health** describes a level of psychological well-being or the absence of a mental disorder
- Probably the most well-known definition of mental health is that of the World Health Organization (WHO) that defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community
- The definition of mental health as the absence of mental health disorders is a more conservative one
- This presentation adopts a more inclusive definition of mental health as a state of psychological well-being with a focus on the workplace

Individual level

- In 2005, and again in 2010, every 4th participant of the EWCS believed that their health is at risk due to work-related stress (Eurofound, 2012)
- Using the mental well-being index (WHO-5) by the World Health Organization as a measure of emotional and psychological well-being, 23% of workers in Europe report low levels of well-being and should be assessed for depression and 6% are likely to suffer from depression
- Depression: odds ratios vary between 1.2 and 4.6 for those experiencing work-related stress
- Proportion of workforce in Europe that may be living with a mental health problem at any one time range from one in five (OECD, 2012) to two in five (Wittchen et al., 2011), with a lifetime risk of at least two in five (OECD, 2012)

Retirement event associated with improvement in fatigue and depressive symptoms (GAZEL study)





Organizational level

- Direct and indirect effect of a poor psychosocial work environment on absenteeism, presenteeism, productivity, job satisfaction, and intention to quit
- Suboptimal performance that may lead to accidents and to other quality problems and reduced productivity
- Each case of stress-related ill health leads to an average of 30.9 working days lost (Mental Health Foundation, 2007)

Societal level

- Studies suggest that between 50% and 60% of all lost working days have some link with work-related stress (EU-OSHA, 2000)
- UK Labour Force Survey: self-reported work-related stress, depression or anxiety account for an estimated 11.4 million lost working days in Britain in 2008/09 (HSE, 2010) - 43% of all disability benefits for the period 2008 to 2012 were due to mental and behavioural disorders (DWP, 2013)
- ‘Social cost’ of just job strain in France amounts to at least 2-3 billion euros, taking into account health care expenditure, spending related to absenteeism, people giving up work, and premature deaths (Trontin et al., 2010)
- Matrix (2013): the total costs of work-related depression alone in the EU27 are nearly €620 billion per year

Psychosocial hazards...

- Are aspects of work organization, design and management that have the potential of causing harm to health, safety and well-being and of negatively affecting organizational performance and societal prosperity
- Include issues such as work demands, the availability of organizational support, rewards, and interpersonal relationships, including issues such as harassment and bullying in the workplace

Policy framework - Law

- Directive 89/391/EEC plus other Directives in areas of Workplace requirements, Display Screen Equipment, Manual handling of loads, Working time, Discrimination, Equal Treatment for men and women, Maternity and related issues, Young people at work, Informing and consulting employees, Restructuring
- Some recognition of mental ill health issues under Occupational Disease List system: Denmark (PTSD), Romania (psychoneurosis caused by long-term care of psychopathic people in psychiatric units)
- Recognition under complementary system: Belgium, Denmark (other than PTSD), Italy, France, Hungary, Sweden, Spain
- Recognition as occupational accident: Possibility in several countries

Policy framework – Voluntary approaches

- Framework Agreement on Work-related Stress, 2004
- Framework Agreement on Harassment and Violence at Work, 2007
- Framework Agreement on Inclusive Labour Markets, 2010
- The European Pact for Mental Health
- SLIC campaign on psychosocial risks (2012)
- EU-OSHA campaigns
- EN ISO 10075-1: 1991; EN ISO 10075-2: 1996 Ergonomic principles related to work-load
- Several pieces of guidance: e.g. BSI (2011): PAS1010: Guidance standard on the management of psychosocial risks in the workplace

Differences and Challenges

- Diverse picture across Europe
- Several data sources at EU level (but not at member state level) but not good enough use of data and evidence
- Interesting 'policy mix' across member states
- However, limited evaluation of what works and under what conditions
- Differences in social security systems
- Still limited sharing of good practices
- Still poor understanding of psychosocial risks, bias and lack of comprehensive approach



Conclusions

- Better level of knowledge and evidence
- Agreements and associated action
- Diversity of approaches

But:

- Poor integration with strategic approach at business and policy levels
- Lack of clarity in policy and practice
- Limited perspective based on economic considerations
- Data still paints a poor picture

What next? Necessary actions

- Critical evaluation of current state of the art, inc. policy framework
- Clarification of understanding and further awareness raising
- Better use of data
- Need for innovation in thinking and acting
- PROGRESS project
 - Review and recommendations on way forward
 - Guidance development to clarify policy relevance and good practices



Thank you!

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