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At the CPME Board Meeting in Prague on 14 March 2009, CPME adopted the following document "**Mental Health in workplace settings: Fit and healthy at work**" (CPME 2009/024 final EN/Fr)" (referring to CPME 2009/024 EN/Fr)

Mental Health in workplace settings "Fit and healthy at work"

CPME Position Paper

Introduction

On the 13th of June 2008 the European Commission organised a Conference in Brussels to mark the importance of mental health in Europe. Member states together with the Commission agreed on a Pact for Mental Health. Also, a number of consensus papers were presented:

1. Depression and suicide
 2. Youth and education
 3. Mental Health in workplace settings
 4. Mental Health in the elderly
5. Also: combat stigma and social exclusion

In this paper the subject of mental health in workplace settings will be addressed.

A healthy working environment (or organisation)

In case of a healthy and well organised working environment employees are enabled to use their potential to the full. In such an environment there is a value based culture and management expresses an active and visible policy. Line management demonstrates an inspiring and stimulating management style and communication is clear on goals, results and changes. Employees work in a "safe" working environment and there is a healthy work-life balance

All this leads to a number of benefits such as high employee morale, high quality, higher productivity and a better competitive position. At the same time labour turn over will decrease, accident rates will be lower, there will be less occupational diseases and last but not least absenteeism levels will be lower.

Unfortunately, this is not common practice. A few data from the consensus paper Mental Health in workplace settings:

- In the UK 40 % of incapacity compensation costs is related to mental health disorders.



- In the Netherlands 35% of absenteeism rates is due to psychological problems
- In Austria there has been a dramatic rise of absenteeism because of mental health problems
- In Germany "poor" mental health has been "the" reason for early retirement in 1996. In 2003 retirement age due to mental health problems was 48 years.

Also we see a lot of financial losses:

- 3-5 %(up to 10%) of companies' turnover
 - Productivity loss (absenteeism and early retirement) in the EU 25 (including Norway, Iceland and Switzerland): 136 Billion (99.3 linked to depression and anxiety)
 - Also indirect costs: replacement, education
 - "presenteeism" (employees are at work , but don't perform optimally)
 - Loss of reputation
- Also loss in GDP (Gross Domestic Product) in countries: 3-5%

There are reasons to believe that one of the leading factors in the process leading to poor mental health in organisations is the changing world of work. The following elements can be expected to play a role:

- Mergers and reorganisations
- Globalisation
- Demographic changes
- Stress
- Intimidation
- E-mail terror
- Violence in the workplace

Other important fields that call for concern are drug dependence such as alcohol abuse that can have a demoralising and destabilising effect in organisations. Also intimate personal relationships and the mental health of physically disabled or mentally handicapped should be taken into account. Also the work-life balance and family life is an important factor in the relationship in work and Mental Health.

All these threads can lead to:

- Fatigue
- Overstrain
- Depression
- Anxiety
- Absenteeism

Therefore: action is paramount.

The challenge

Since it is also expected that mental health disorders will be the main cause for incapacity for work in 2020 (which is a little over 10 years from now) it is clear that



mental health will be one of the most important subjects to address in the field of workplace health.

What action can be taken?

There is support from the European Commission. The strategy for health and safety at work 2007-2012 calls for a more preventive culture with priority for mental health in the workplace. Also agreements on work related stress and violence and harassment at work (2004, 2007) offer support.

DG SANCO (European Commission) has the focus on mental health through the Pact for mental health and the consensus papers on the different subjects (depression and suicide, youth and education, mental health in workplace settings and mental health in the elderly). Also combating stigma and social exclusion is of importance in this respect.

Taking a closer look at the consensus paper "Mental health in workplace settings" it is important to state the following elements and points of interests:

- See work as fundamental part of quality of life and well-being
- Interest for government (social security)
- Interest for employers (loss of productivity)
- Interest for employees (self-confidence and quality of life)
- Combating stigma and social exclusion

Action can be based on the following frame:

- Organisation level and individual level
- Effective dialogue and partnership
- Safeguard confidentiality of employees
- Facilitate SMEs
- Mental Health as part of corporate policy

From intervention to prevention

Of course it is important first of all to recognize and identify employees that suffer from mental disorders, either in early stages or when absent from work. Dedicated intervention programs with counselling or other support programs and active rehabilitation is of the greatest importance and should be in place. This also implies sufficient and adequately trained OH staff, including physicians and nurses as well as organisational experts and psychologists. Next to these measures prevention programs are to be installed on both the organisational level as on the individual level. These programs should focus on the creation of working conditions in which employees can work in a healthy fashion and in which they are stimulated to live an active and healthy life. On the individual level it is important to stimulate self consciousness and coping behaviour through adequate training facilities (see also below)

Role of professionals and stakeholders

Occupational physicians (OPs) should play an important role in advising both organisations and individuals. The occupational physician is a doctor who is an expert in the relationship between work and health; he or she is an expert in recognizing work related diseases and knows about prevention, diagnosis and treatment.



He or she is also an organisational advisor, who speaks and understands the "language" of the organisation, gives tailor-made advice, is acting pro actively (goes beyond the law) and acts both in the boardroom and on the shopfloor. Finally the occupational physician is a partner in health, not just a fire-fighter.

All this means that the OP should be "ready" for "new" diseases (anxiety, depression, overstrain) and tailor-made advice should include understanding of stressors in organisations, assessment of these stressors and action plans to improve the working climate. Important in this respect is influencing leadership behaviour. OPs should seek cooperation with other experts such as organisational experts.

It is important to work in multidisciplinary teams, to use existing examples of success and to develop practical tools and share good practices. The organisational expert should play a role in leadership training of managers and in training of individuals on self-consciousness and coping.

Other stakeholders

There is also an active role for employers and for trade unions to take their responsibility in this important domain and to take the necessary steps in stimulating improvement and to facilitate organisations and companies (SMEs in particular) to take the necessary measures. An awareness program would accelerate and enhance results.

Prevention

So, in terms of prevention the focus should be on the organisation and at the same time on the individual employee.

For the organisation this means that there should be an understanding how organisational factors that are within control either enhance or hinder individual well-being and business results, also understand what the organisational stressors are and how to deal with them and finally that attention should be given to leadership behaviours.

Individuals should live a healthy and active life, there should be attention for self-consciousness and coping and there should be a good work-life balance.

Training and coaching of management is important as driver for business and performance, as vital source for competitive advantage and as a fundament for organisational change. Also a positive attitude towards employees and improvement of individual coping mechanisms are important aspects of leadership.

The resulting positive working climate demonstrates:

- Commitment of management
- Clear communication on goals, results and changes
- A "safe" working environment
- Employees that can use their potential to the full
- A healthy work-life balance

In conclusion

Having a healthy working environment in place with the right preventive measures and the commitment of all parties concerned we can expect to see a drop in work related mental health problems, a drop in absenteeism due to mental health disorders, a drop



in accident related to work rates, an increase in self-confidence and employee morale in work populations and employees who are healthy and fit. CPME wants to call upon all relevant stakeholders (experts, governments, employer organisations and trade unions) to take the necessary steps in entering new pathways in rising awareness for the subject and stimulate training both at the organisational and at the individual level. Only in this way it is possible to change attitudes and behaviour in organisations.