



On 5 April 2014, the CPME Board adopted the ' CPME Policy on Mental Health at the Workplace – from the perspective of a practising physician' (CPME 2013/098 FINAL)

CPME Policy on Mental Health at the Workplace – from the perspective of a practising physician

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Contents

Introduction	page 1
Stressors at the workplace	page 2
Organisation	page 3
Training of employees and management	page 3
Role of experts	page 4
Prevention, Diagnosis, Treatment and Rehabilitation	page 4

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Introduction

Work environments are changing as the world economic crisis and globalisation, together with the intensification of work, have an imprint on job profiles and work requirements. The effect of these changes translates into higher levels of anxiety and stress that endangers health and reduce work efficiency and overall performance. Changes in the nature of work also interacts with changes at home, such as growing numbers of one-parent households and increased need for care of older relatives, thereby creating pressures on families. Maintaining and improving health and well-being in the face of these trends will be a major challenge.

The numbers of working days lost through absenteeism due to mental health complaints are alarming all over Europe, but even more of course are the soaring suicide rates¹ since the beginning of the economic crisis.

¹ Chang S. et al. (2013). *Impact of 2008 global economic crisis on suicide: time trend study in 54 countries*. British Medical Journal 2013; 347:f5239. Retrieved April 2014: <http://www.bmj.com/content/347/bmj.f5239>;



In the UK, 40% of incapacity compensation costs are related to mental health². In the Netherlands, 35% of absenteeism rates are due to psychological problems. In Austria and in Germany, there has been a dramatic rise of absenteeism because of mental disorders over the last two years. An average sick leave due to depression lasts around 39 days in Germany. All European data and studies confirm that mental health problems cause a significant burden, both on health and on the economy. There is obviously a pressing need for action.

It must be clear that mental health problems including depression occur in all (including well organised) enterprises, and that they do not exclusively have a work-related origin. The lack of work-life balance and imbalances in private life can also lead to work incapacity. Moreover, cultural differences between countries and within countries lead to differences in behaviour and outcome.

Depression has major adverse effects on mental health capital and well-being. Its symptoms may directly or indirectly lead to reduced productivity or 'presenteeism' (due to lack of concentration and slowed functioning), impaired social functioning (due to social withdrawal and reduced communication ability), and death. These consequences, combined with loss of confidence and reduced self-esteem associated with depression, can lead to further impairment in work functioning and disturbed relationships with work colleagues and family members.

The number of enterprises across Europe setting up activities for the promotion of mental health and prevention has increased significantly during the last decade. Reasons include the high cost of sick leave and short-term absenteeism, growing recognition of the relationship between human capital/resources and business outcomes, concerns (in some countries) about the potential legal consequences of failure to tackle stress and, in practical terms, existing structures for occupational health and health and safety requirements in the workplace which facilitate the delivery of mental health promotion activities.

Stressors at the workplace

Stressors at the workplace are well known; among others, the following factors have been identified as main stressors at the workplace impacting mental health³:

- Excessive- and insufficient workload
- Uncertainty regarding employment situation or stability of position
- Lack of information
- Too short deadlines
- Lack of clear task setting

Barr B. et al. (2012). *Suicides associated with the 2008-10 economic recession in England: time trend analysis*. British Medical Journal 2012; 345:e5142. Retrieved April 2014: <http://www.bmj.com/content/345/bmj.e5142>

² Royal College of Psychiatrists. (2013). *Mental Health and Work*. Retrieved April 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212266/hwwb-mental-health-and-work.pdf

³ Colligan T.W. and Higgins E.M. (2005). *Workplace Stress: Etiology and Consequences*. Journal of Workplace Behavioral Health, Vol. 21(2) 2005: 89-97.



- Lack of appreciation v. disproportionate reprimands
- No access to complaint mechanisms
- Bad atmosphere at workplace
- Isolation
- Harassment
- Chemical/toxic harms
- Lack of opportunity for advancement
- High responsibility v. low insight into decision-making
- Incongruence of personal capabilities and job demands

Organisation

In light of these stressors, it is important to look at the organisational aspect of workplaces. Here, a number of conditions must be taken into account.

It is important that a balance between workforce and workload exists.

Offering resources is of paramount importance, in the perspective of mental health. Three of the most important resources are:

1. Social support by management and colleagues; four types of support can be distinguished: emotional support, instrumental support (giving concrete help), information support and appreciative support (feedback on performance).
2. Growth and development are important for all employees, varying from education (improving cognitive knowledge) to a more social context (learning from colleagues).
3. Autonomy giving the worker the opportunity to decide as much as feasible when, where and how he or she is doing the work.

Training of employees and management

Creating an organisational environment which promotes mental health, crucially depends on the individuals who form part of that organisation and on their action. A very important aspect of dealing with working conditions to prevent mental health problems is the information and training of employees and managing staff. It is important to train coping behaviour, developing skills in order to be able to handle stress factors at work. It is a way of realising a better performance in situations with high work pressure, and achieving a higher level of resilience. At the same time it is important to train the management level on recognising mental health in employees and enabling them to show interest and offer qualified support where necessary.



Role of experts

It is important to stress the role of the different experts in the domain. The occupational physician should play an important role in advising both organisations and individuals. He or she is a doctor who is an expert in the relation between work and health and in recognising 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, and acts proactively both in the board room and on the shop floor. The occupational physician is a committed partner in health and not just a 'fire-fighter'. Other experts such as general practitioners, psychiatrists, psychologists, social workers and other experts can play an important role in counselling and training.

Prevention, Diagnosis, Treatment and Rehabilitation

In order to shape effective policies to promote mental health at the workplace, both at governmental as well as organisational level, decision-makers must take leadership and develop a comprehensive strategy.

To guide the elaboration of such policies, CPME recommends an approach which addresses prevention, diagnosis and treatment as well as rehabilitation and return-to-work measures.

Prevention

Prevention refers to the delivery of an intervention to an entire work group in order to eliminate or control individual and organisational risk factors, and thereby reduce the likelihood that individuals will develop mental disorders. Disease prevention allows for significant savings in cost and suffering by averting the occurrence of a disorder, rather than intervening after it has developed. Prevention typically involves cost-efficient actions that can realistically be applied across a large number of people, such as campaigns to educate groups about depression or programmes that make self-help materials easily available. One alternative approach to make prevention even more cost-effective is to focus efforts on high-risk groups who are especially vulnerable to the development of mental disorders and for whom a focused effort will likely yield significant benefit.

Prevention programmes are to be installed both at organisational and individual levels. They should focus on the creation of working conditions in which employees can work in a healthy fashion, and in which they are also stimulated to live an active and healthy life. There is a need for practical guidance, for models of good practices, and for mental health promotion on individual, organisational and group level. Small and medium-sized enterprises may lack the resources to implement interventions to address psychosocial problems and need practical support.

Diagnosis



It is important to recognise and identify employees that suffer from mental health disorders and/or depression, already in early stages, and also when absent from work. It must be noted that the signs of mental health disorders are often not recognised in the everyday life, or then only when severe symptoms appear. Occupational physicians, general practitioners and other physicians must therefore be supported in diagnosing mental ill health and prescribing the treatment best-suited to the individual patient.

Treatment

Dedicated intervention programmes with counselling or other support systems and active rehabilitation are of the greatest importance and should be implemented. It is also important that the employer stays in touch with the employee at all times through the process of diminished performance, and to offer support where necessary.

Rehabilitation and 'Return to Work'

Initiatives in this area are important elements in the treatment of mental disorders, as soon as treatment and recovery are under way. Work does increase self-esteem and quality of life. To assess what a person is able to do, as opposed to focussing on what he or she cannot do – ability vs. disability – , a functional capacity evaluation tool can be used. It is possible in this way to look for an adapted workplace in the first stages of recovery, and a match can be realised between workload or job demands and the functional capacity of an individual.

In all situations where an occupational physician is asked to be part of an employee selection process (pre-employment assessment or when returning from sick leave), it is of great importance to underline that the occupational physician plays a role specifically in assessing the functional capacity of an individual, but is not responsible for placement in an organisation or function.

CPME welcomes all initiatives taken on this basis and calls on national medical associations to engage in the development of policies to promote mental health at the workplace.