



WHO European Ministerial Conference on Mental Health

Facing the Challenges, Building Solutions

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Mental health and working life

“The mental health of a company’s employees can have an important impact on business performance in the same way as does the industrial relations climate or inadequate training.”
(Howard Davies, Director General, Confederation of British Industry)

Facing the challenges

The changing world of work

The workplace is one of the key environments that affect our physical and mental health. Working life is undergoing considerable and continuous change. Teleworking, increased use of information and communication technology, and the expansion of the service sector are some examples of changing work patterns. Other changes include the increase in self-regulated and team work, and changes in employment patterns (downsizing, outsourcing, subcontracting and globalization) (1). New management forms such as just-in-time delivery and lean organizations pose higher demands for worker flexibility in terms of number and functions of skills, shift work and unsocial hours (2). Superimposed on these new patterns is the effect of ageing and the increased participation of women and immigrants in the European workforce (1). All these changes in working life represent new challenges to mental health and well-being.

How does work affect mental health?

Work can have both positive and negative effects on mental health.

The effects of work on mental health are complex. On the one hand, work is a source of personal satisfaction and accomplishment, interpersonal contacts and financial security, and these are all prerequisites

for good mental health. Lack of work or unemployment, on the other, can have negative effects on our mental well-being. Those who become unemployed are twice as likely to have increased depressive symptoms and be diagnosed with clinical depression as those who remain employed (3). When work is poorly organized and when risks at the workplace have not been properly addressed, work can also have negative effects on our mental health and well-being.

Work-related stress is the response people may have when presented with work demands and

The most widespread negative effect of work on mental health is stress.

pressures that are not matched to their knowledge and skills and which challenge their ability to cope. Stress-related hazards can be found in the job content, workload and pace of work, the organization of working time, the level of participation and control in decision-making. Most of the causes of stress concern the way work is designed and the way in which organizations are managed. Other sources of stress can be career development, status and pay, the role of the individual in the organization, interpersonal relationships, the organizational culture and the home-work interface (4).

Stress affects different people in different ways. It can cause violence at work or addictive behaviours (smoking, alcohol and drug abuse, sexual promiscuity, gambling, addiction to modern

technology). Stress can lead to psychological problems such as irritation, inability to concentrate, difficulty to make decisions or sleeping disorders. Long-term stress or traumatic events at work can cause mental illness (anxiety and depression) resulting in absence from work and preventing the worker from being able to work again. In the United Kingdom, psychiatric illness is the third most common cause of long spells of sick leave for women and the fourth for men. Depressed workers take between 1.5 and 3.2 days more short-term sickness absence per year than other workers and lose about 20% of their productivity (5). Work-related stress is also associated with physical diseases and health problems, such as myocardial infarction, high blood pressure, ulcers, headache, neck and back pain, skin rashes and low resistance to infections (3).

Stress can affect organizations by causing high rates of absenteeism and staff turnover, disciplinary problems and unsafe working practices, as well as low commitment to work, poor performance, tension and conflicts between colleagues. In addition, stress damages the image of the organization, both among its workers and externally, and increases the liability to legal claims and actions by stressed workers (4).

Another phenomenon present in many workplaces is psychological harassment. It is caused by deterioration of interpersonal relations and organizational dysfunctions. One of the most widespread forms of workplace harassment is 'mobbing' (or bullying). This is repeated, unreasonable behaviour directed towards an employee, or group of employees, that creates a risk to health and safety. Mobbing involves a misuse or abuse of power where the targets may have difficulty in defending themselves (6). Some examples of mobbing are exclusion, gossiping, humiliation, instigation of colleagues against victim, ridicule, sexual harassment, spreading false information, threats of violence, and verbal abuse (7).

How big is the problem?

Work-related stress affects about one third of the workforce in the EU.

160 million workers report working at very high

A survey carried out in 2000 in the 15 Member States of the European Union (EU) found that more than half of the

workers report working at very high speeds (56%) or to tight deadlines (60%) for at least one quarter of their time. More than one third have no influence on task order; 40% report having monotonous work.

These work-related stressors are likely to contribute to the health problems reported by the workers: 15% of the working population in the EU in 2000 complained of headache, 23% of neck and shoulder pains, 23% of fatigue, 28% of stress and 33% of backache. Almost one in ten workers reported being subjected to intimidation at the workplace (8). A recent international survey among key stakeholders in the new EU Member States and the candidate countries revealed that almost 90% of the respondents stated that in their countries stress is considered as a cause of disease, and that stress and mobbing result from poor work organization (9).

Data from the individual Member States are disturbing. In Austria, 1.2 million workers reported suffering from work-related stress associated with time pressure. In Denmark, 8% of employees reported being 'often' emotionally exhausted. In Germany, 98% of works councils claimed that stress and pressure of work had increased in recent years and 85% cited longer working hours. In Spain, 32% of workers described their work as stressful. In Sweden, 9 out of 10 white-collar workers reported working against the clock in their daily tasks, and 40% skip lunch breaks (10).

How much does it cost?

In the 15 Member States of the pre-2004 EU, the cost of stress at work and the related mental health problems is estimated to be on average between 3% and 4% of gross national product, amounting to €265 billion annually (11). Studies estimate that work-related stress alone costs the businesses and governments of those countries about €20 billion in absenteeism and related health costs, in addition to the price of lower productivity, higher staff turnover and reduced ability to innovate (12).

In the United Kingdom in 2000, one in five workers was 'extremely' or 'very' stressed as result of occupational factors. Stress-related diseases are responsible for the loss of 6.5 million working days each year in the United Kingdom, costing employers around €571 million and society as whole as much as €5.7 billion. In Sweden in 1999, 14% of the 15 000 workers on long-term

sick leave said the reason was stress and mental strain. The total cost of sick leave to the state in 1999 was €2.7 billion. In the Netherlands in 1998, mental disorders were the main cause of incapacity (32%) and the cost of work-related psychological illness is estimated to be €2.26 million a year (10).

Are all equally affected?

What difference will be made by the Action Plan to be agreed in Helsinki?

Not everybody is at the same risk of work-related stress. Certain groups of workers (younger and older workers, women,

ethnic minorities, migrant workers and immigrants) are more vulnerable to stress than others. Workers in companies which have undergone major change, such as takeover, or which have introduced new management are also at a higher risk of stress (12).

Psychological harassment at the workplace is also related to social inequalities and discrimination based on individual traits and background. It is most frequent in public administration and defence (14%), followed by education and health, hotels and restaurants, and transport and communications (12%). Agriculture and fishing, and utilities supply were the sectors with the lowest frequency of workplace harassment (3%) (8).

What are the challenges for health systems?

The above-mentioned figures suggest that work-related stress and psychosocial risks cause a serious burden of ill-health and economic and social costs. Health policies, systems and services need to respond adequately to this challenge. Until now, most of the policies and services designed to prevent and eliminate health risks at the workplace were primarily directed at physical risks and largely ignored psychosocial risks and the effects of work on mental health.

As a result, in many Member States, work-related mental health problems are not addressed by the occupational health and safety legislation. The existing occupational health services, which support employers and workers in assessing the risks at the workplace, do not have enough trained personnel and tools to develop efficient preventive

measures to mitigate psychosocial risks at work. Besides that, very few European workers (less than 15%) have access to such services. People suffering from mental ill-health face discrimination at the workplace and various barriers in finding a job or returning to work after being sick.

Building solutions

The WHO Mental Health Action Plan for Europe highlights the importance of interventions at the workplace to improve mental health. To improve work-related mental health, national governments, agencies and employers can undertake measures to minimize the effects of work-related stress and other psychosocial risks on the health of the working population and to improve the access to work and the social inclusion of people with mental health problems.

Such measures will include incorporating mental health aspects into national policies, legislation, and programmes dealing with occupational health and safety and into corporate management strategies. It is also important that all workers, and particularly those at high risk, have access to occupational health services which can develop effective measures to protect mental health.

Capacities for protection and promotion of mental health at work should be developed through risk assessment and management of stress and psychosocial factors, training of personnel and awareness raising. Work-related mental health should be monitored, through the development of appropriate indicators and instruments.

National, sectoral and enterprise policies need to be developed and implemented to eliminate stigma in employment practices associated with mental ill health and to stimulate measures for the reintegration, rehabilitation and vocational training of people suffering from mental ill health and for adaptation of workplaces and working practices to their special needs.

Some examples

Good practice in the area of mental health at work includes measures taken at national and at enterprise level.

Measures at national level

Several Member States have already included mental health aspects in their national legislation on occupational health and safety. This provides a solid basis for protection and promotion of mental health at the workplace.

Work Environment Act, Sweden
“Working conditions shall be adapted to people’s differing physical and mental capabilities. The employee shall be given the opportunity to participate in the design of his own work situation... Technologies, work organization and job content shall be designed in such a way that the employee is not subjected to physical strain or mental stress that may lead to illness or accidents... Closely controlled or restricted conditions of work shall be avoided or limited. Efforts shall be made to ensure that work provides opportunities for variety, social contact and cooperation, as well as coherence between different tasks.”

No matter how good, the legislation will only work if properly implemented. For example, the Danish Working Environment Authority (Arbejdstilsynet) includes psychologists as inspectors in areas where workers have complained about symptoms of stress due to high workloads, time pressure and lack of prevention and emergency plans in institutions with violence and threats. Repetitive work and psychosocial problems are among the priorities of the 2002–2005 governmental programme on health and safety at work (13).

Measures at enterprise level

Whatever the original cause of mental health problems, employers and managers are faced with the following major issues as they attempt to address the mental health needs of their employees:

- recognition and acceptance of mental health as a legitimate concern of the organization;
- effective implementation of the country’s antidiscrimination provisions;
- preventive, treatment and rehabilitation programmes that address employees’ mental health needs.

The Mental Health Trust, which provides services to a large area in Britain, realized that the stress-related illnesses of its own employees account for 20% of sickness absenteeism. Therefore, the Trust introduced an anti-stress pilot programme in order to reduce the anxiety and tension of its employees. The programme included: a stress management group; a listening group for representatives of employees; an organizational stress workshop; and the establishment of action groups. As a result, the proportion of sickness absence due to stress was reduced by 3%(3).

Good practice in implementing interventions to improve mental health at the workplace should:

- include an early detection (early warning) system;
- involve the participants in the whole project management;
- be integrated into management philosophy;
- include different levels of interventions, i.e. the individual, the social environment and working conditions (5).

Measures by social partners

Trade unions are natural partners in interventions to reduce work-related stress and to promote mental health at the workplace. In Belgium, for example, one federation of trade unions carried out a large-scale cross-sectoral study to identify the basic causes for stress. The German metalworkers’ union has been running a vigorous campaign with the telling title “The company: a place of crime – psychological loads – a terror for the soul”. In some countries – notably Belgium, Denmark, Germany, Sweden and the United Kingdom – stress is included in collective agreements between the trade unions and employers (10).

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¹ All web sites accessed 17 November 2004

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