



MENTAL HEALTH IN LABOUR POLICIES

Key messages

- Good mental health is essential for maintaining a sufficient and productive workforce. Mental health and wellbeing promotion in the workplace has health, social and productivity benefits.
- A comprehensive policy of mental health at work includes workplace mental health promotion as well as assessment of psychosocial risk factors.
- Solutions include the creation of healthy and friendly workplaces that promote mental health by good and safe working conditions, a healthy management style that potentiates positive mental health and wellbeing, good possibilities for work-family reconciliation, access to stress management programmes, and extension of occupational health and safety activities to mental health promotion.
- Support and assistance to workers experiencing mental health problems should be provided at the workplace by collaboration between management and occupational safety and health agents.
- Positive work affiliation in times of sickness should be maintained by implementing part-time sickness absence as an alternative to full sickness absence.

What is mental health?

Embedded in socioeconomic and environmental frameworks, mental health is not just the absence of illness. Mental health is a state of well-being in which every individual realises their 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.

Importance of mental health in labour policies

Poor mental health is strongly linked to lost productivity due to high levels of presenteeism, absenteeism and early retirement. The workplace environment is a key setting for mental health promotion and the prevention of mental disorders in the adult population, as the majority of this group spends large amounts of their time at work. At its best, the work place provides the individual with a sense of identity and self-respect, meaning in life, mastery, belonging, social support and participation.

Which are the benefits of incorporating mental health in labour policies?

Mental health and wellbeing promotion and mental disorder prevention are effective and cost-effective means of improving workforce mental health and productivity. Workers with good mental health have higher lifetime productivity and wellbeing. Family friendly workplaces will reduce the family burden and allow for an increase in birth rates. Stress management and measures to prevent a high demand and low control environment, will avoid ill-health consequences.

Recommendations

- Prioritisation of psychosocial risk identification by occupational health and safety.
- Raising awareness in enterprises of the potential benefits of mental health promotion and disorder prevention.
- Implementation of early intervention and inclusion programmes for employees with mental health problems.
- Promotion of positive work affiliation by implementing graded sickness absence as an alternative to full sickness absence.
- Implementation of intersectoral collaboration and training in mental health promotion and disorder prevention.
- Dissemination of good practices supporting mental health of employees.
- Legislation development to promote family friendly workplaces.

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More information on the EU Joint Action for Mental Health and Wellbeing by the DG SANTE and Member States can be found at www.mentalhealthandwellbeing.eu



Facts

- Several studies show positive results of mental health initiatives in the workplace. There is now sound evidence that mental distress, particularly depression, may be prevented through workplace interventions. Nine out of ten economic analyses set in the workplace report favourable outcomes.
- 5% of the working-age population has a severe mental health condition.
- 15% of the working-age population is affected by a common mental health condition.
- 1 in 2 people will experience mental ill-health at some point in their life.
- The direct and indirect costs of mental ill-health can exceed 4% of GDP.
- People with mental ill-health experience higher rates of unemployment, are poorer than the general population, have more absences from work, and also suffer more from “presenteeism” i.e. reduced productivity at work.
- Common conditions like depression and anxiety are often highly treatable, but many people with a mental health condition do not receive the treatment they need.

Positive mental health and well-being is a key factor for social cohesion, economic progress and sustainable development in the EU



Example of a good practice to foster intersectoral collaboration

Prevention of dropout from the labour marked by promoting part-time sickness absence as an alternative to full sickness absence (Finland and Norway)

Participation in daily activities like employment or education is generally good for mental health. However, during illness many employees completely leave employment on sickness absence for weeks or even months at a time. Sickness absence may well be necessary due to illness and impaired function, but the evidence base for sickness absence as “treatment” is limited. However, evidence highlighting harmfulness of long-term sickness absence is increasing, including risk of unemployment and long-term welfare dependency. Lack of activity during long-term sickness absence may also reduce self-efficacy and change roles as well as identity. Social isolation and a lack of daily routines are potentially harmful for overall mental health. Part-time sickness absence on the other hand, may in many cases be a preferred alternative to full sickness absence, reducing side-effects of sickness absence, and enabling the health benefits of activity.

A policy promoting part-time sickness absence as an alternative to full sickness absence has been implemented in Norway and Finland with generally promising results. Comprising of close collaboration between the four parties below, this process is dependent on both ability and attitudes:

1. The legislation and the social security administration paying for sickness absence, must allow for – and even promote – part-time sickness absence.
2. General practitioners (GPs) certify most sickness absence, and thus they must be in favour of part-time sickness absence.
3. Employers must accommodate part-time sickness absence as an alternative to full sickness absence. This may in some cases be welcome, as key personnel are thus not entirely unavailable, although in other cases, it may be burdensome to accommodate part-time sickness absence, for example in shift allocation and work routines.
4. Employees must also accept part-time sickness absence as an alternative to full sickness absence, and trust that some employment during illness is generally healthy.

The promotion of part-time sickness absence was politically supported, and enforced by policy campaigns and formal collaboration between unions for employees and business organisations.

Part-time sickness absence is an easily available intervention, which comes at a very low cost. Thus, it has great potential in terms of cost effectiveness. An on-going follow-up indicates that the beneficial effects of part-time sickness absence is strongest in patients who are on sick leave for a mental disorder.

Further readings

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