Mental Health

in the workplace

Introduction

executive summaries

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INTRODUCTION

Preface

Everyone has the right to decent and productive work in conditions of freedom, equity, security, and human dignity. For people with mental health problems, achieving this right is particularly challenging. The International Labour Organisation's (ILO) mandate on disability issues is laid down in the ILO Convention concerning Vocational Rehabilitation and Employment of Disabled Persons No. 159 (1983), which establishes the principle of equal treatment and employment for workers with disabilities. The convention defines a disabled person as an individual whose prospects of securing, retaining, and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or *mental impairment*.

The International Labour Organisation's mandate on disability issues is laid down in the ILO Convention concerning Vocational Rehabilitation and Employment of Disabled Persons No. 159 (1983), which establishes the principle of equal treatment and employment for workers with disabilities.

For decades the ILO has been advocating equal employment opportunities and setting up effective preventive and vocational rehabilitation programmes for people with disabilities. More recently, the importance of specifically addressing the employment of people with mental health difficulties has been acknowledged. Employees' mental health problems and their impact on enterprise productivity and medical costs are critical human resource issues. Increasingly, trade unions and employers' organisations and government policy makers are realising that the social and economic costs of mental health problems in the workplace cannot be ignored. The ILO's Target Groups Unit, in the Infocus[1] Programme on Skills, Knowledge, and Employability, focuses on the human resource needs of vulnerable groups, including individuals with mental health difficulties, and promotes the inclusion of persons with mental health difficulties and physical disabilities into mainstream training and employment. The ILO's occupational safety and health programmes, Safe Work and Conditions of Work, complement these activities by dealing with issues of occupational safety and health and working conditions.

This summary and the situation analyses resulting from the project "Mental health in the workplace" highlight the importance of decent work in enhancing the economic and social integration of people with mental health difficulties. They analyse the scope and impact of mental health problems in the labour markets in five countries, Finland, Germany, Poland, the United Kingdom, and the United States, and describe what has been done so far to advance and advocate for employment for people with mental health difficulties.

Introduction

Mental health and disability

Mental health difficulties can affect an individual's functional and working capacity in numerous ways. Depending on an individual's age at the onset of a mental health problem, his or her working capacity can be significantly reduced. In the workplace, this can lead to absenteeism, require sick leave, and reduce productivity. Long-term mental health difficulties are, according to a WHO report, one of the three leading causes of disability, along with cardiovascular disease and musculo-skele-

tal disorders, and they are a major reason for granting disability pensions in several countries. The United Nations estimates that 25% of the entire population is adversely affected in one way or another as a result of disabilities.[2]

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Mental health problems do not just affect the individual. They impact the entire community. The cost of excluding people with mental health difficulties from an active role in community life is high. Exclusion often leads to diminished productivity and losses in human potential. The cost of mental health problems, and of other disabilities, has three components:[3]

- the direct cost of welfare services and treatment, including the costs of disability benefits, travel, access to services, medication etc;
- the indirect cost to those who are not directly affected such as caregivers ;
- the opportunity costs of income foregone due to incapacity.

People with mental health difficulties face environmental, institutional and attitudinal barriers in finding mainstream employment or returning to work and retaining jobs after treatment. Attitudinal barriers and social exclusion are often the hardest obstacles to overcome and usually are associated with feelings of shame, fear, and rejection.[4]

Stigma surrounds people with mental health difficulties, and the recovery process is often misunderstood. Stigmatisation can negatively affect the success of vocational efforts. For example, it has been reported that many professional workers who either resign a job or take a medical leave related to a mental illness episode, such as depression, experience difficulty maintaining a stigma-free relationship with their employers. Those returning to the same work environment find that performance and behavioural difficulties, which initially interrupted their work, have altered their employers' and co-workers' perception of their professional abilities.[5]

Mental health problems do not just affect the individual. They impact the entire community. They can impose a heavy burden in terms of social exclusion, stigmatisation, and economic costs for people with mental health difficulties and their families.

It is clear that mental health problems can impose a heavy burden in terms of social exclusion, stigmatisation, and economic costs for people with mental health difficulties and their families. Unfortunately, the future burden is likely to grow over time as a result of the ageing of the population and stresses resulting from social problems and unrest, including violence, conflict, and natural disasters.[6] In many countries, however, policy makers and service providers have recognised the need to take steps to prevent problems from arising and to respond more effectively to the growing need for mental health care services.

Using the workplace to prevent, identify, and provide solutions for referral and rehabilitation

The workplace is an appropriate environment in which to educate individuals and raise their awareness about mental health difficulties and target mental health problems and prevent them from developing. Promotion of good mental health practices can be part of human resource management policy, and occupational health care services can play an important role in early recognition and identification of mental health difficulties in the workplace. This does not, however, ignore the multidimensional nature of effective mental health services or the mutiplicity of factors contributing to an individual's mental health.

The development of mental health problems is complicated, and often there is no single or identifiable cause. Nonetheless, there are risk factors that may trigger mental health problems in certain people, including heredity, negative life events, certain medications, diseases or illnesses, and work-related stress. Ultimately, whatever the causal factors, the high prevalence

of mental health problems among employees makes them a pressing issue in their own right.[7] Some mental health problems require clinical care and monitoring as well as special consideration for the integration or re-integration of the individual into the labour market.

It is important to recognise that minimising work-related stressors and promoting good mental health through workplace policies can help prevent mental health problems from developing. In terms of job retention and return to work after sick leave, most individuals will recover from mental health difficulties completely, and in due course, return to work as before.[8] Depression, for instance, may be prevented in many cases, and if it strikes, may be successfully treated in 80% of all cases.[9] People recovering from depression, which is recognised and given the appropriate medical treatment, may only require limited time or adjustment before returning to work.

Promotion of mental health in the workplace is all the more relevant in the context of a nearly universal market economy in which the pace of economic activities is fast, contractual relationships start and terminate at short notice, and international competition is intensified. While globalisation has opened up new opportunities for powerful and dynamic development and growth of the world economy, it does not benefit every person or region in the world equally. The key elements that globalisation has brought are increasing automation, rapid implementation of information technology, and the need for more flexible and responsive work methods. Workers worldwide confront, as never before, an array of new organisational structures and processes which can affect their mental health. These include downsizing, layoffs, mergers, contingent employment, and increased work load. To guarantee the best results in international competition, it is in the interest of employers to provide their employees with decent working conditions.[10]

Workers confront an array of new organisational structures and processes which can affect their mental health. To guarantee the best results in international competition, it is in the interest of employers to provide their employees with decent working conditions.

The purpose of the situation analyses

The purpose of the situation analyses is to provide an in-depth review of the scope and impact of mental health difficulties in the workplace in Finland, Germany, Poland, the UK, and the USA.[11] The countries were selected because they represent different types of welfare systems and vary in terms of legislation, health care, and approaches to mental health issues. The UK and the USA emphasise the individual's rights, and their approach stems from strong anti-discrimination legislation. Finland and Germany provide examples of countries with a long history of mainstreaming, whereas Poland is just developing its approach to mental health issues. Germany and the UK have also been active in the effort, spearheaded by Finland, to address mental health issues in the European Union.

The situation analyses highlight Finland, Germany, Poland, the UK, and the USA, five countries which vary in terms of welfare systems, legislation, health care, and approaches to mental health issues.

These situation analyses address issues such as workplace productivity, loss of income, health-care and social security costs, and access to mental health services and provide examples of employer practices. An essential objective of the situation analyses is to provide information that governmental agencies, unions, and employers' organisations can use to create educational materials and design programmes to promote mental health, prevent problems from occurring, and develop rehabilitation services.

Methodology

The analyses are based on a thorough literature review, including documents from government agencies, employees' and employers' organisations, and NGOs, as well as interviews with key informants. The analyses are not intended as comprehensive assessments that address all issues per-

tinent to mental health in the selected countries, but they provide an overall review of the situation. Each situational analysis examines the following areas:

Mental health at the national level: common knowledge, individuals' access to information; work and unemployment; policy and legislative framework; the economic burden of mental illness;

The role of government and social partners: key governmental agencies and their role; implementing law and policy; the role of workers', employers', and non-governmental organizations and noted academic institutions;

Employer practices in the workplace: examples of enterprise prevention policies and programmes; work -family issues and their impact on productivity.

Overview

The literature reviews provide an overview of mental health issues in the workplace in Finland, Germany, Poland, UK, and USA. They demonstrate both significant differences and similarities between the countries in how mental health issues are addressed in the context of competitive employment. The legislative, political, social, and economic differences provide the framework for the design and delivery of health care, including mental health services, and the way mental health issues are addressed in the workplace. Moreover, the general labour market situation varies in the five countries, with differing needs and resources to respond to those needs. For instance, the United States and the United Kingdom currently enjoy low unemployment rates, whereas unemployment has been, and still remains, a persistent problem in continental Europe. Because of the economic recession of the early 1990s, job insecurity has been a pressing issue, particularly, in Finland and Poland. Union membership also varies greatly among the counties.

In all five countries the incidence of mental health problems and the costs related to them have risen during the past decade. The increase in the incidence of depression, in particular, is alarming. At any given time, its is estimated that approximately 20% of the adult population have a mental health problem.

Similarities and differences across the five countries

Size of the problem

In all five countries the incidence of mental health problems and the costs related to them have risen during the past decade. The increase in the incidence of depression, in particular, is alarming. However, as the Finnish and German reviews note, the figures do not necessarily reflect an absolute increase. Changes in the diagnostic system, more open attitudes, and improved diagnoses and recognition may contribute to the increase in diagnosed mental health problems. However, at any given time, it is estimated that approximately 20% of the adult population have a mental health problem.

Less severe mental health problems which may trigger depression are also common. In Finland over 50% of the workforce experience some kind of stress related symptoms, such as anxiety, depressive feelings, physical pain, social exclusion, and sleep disorders. Poland has recently begun to study the correlation between work stress and health status, with a view to developing preventive programs, particularly for people in high stress jobs such as firemen, policemen, and ambulance service workers. Both the German and Finnish studies identify job insecurity, time pressure, and lack of opportunity for career development as potential stress indicators in the workplace. The issues of stress, burnout, and prevention have also been under scrutiny

in the UK and the USA. In the USA, 40% of workers report their job to be very or extremely stressful. In all five reports, the effects of job stress are ranked among the most common work-related health problems.

Work-related stress

The Finnish, German, and Polish analyses note the impact of the significant economic and social changes which took place in the labour markets and society during the 1990s on employees' wellbeing. The possible relationship between unemployment and mental health problems has been a common concern. The German report identifies overemphasis on the outcomes, blurring boundaries between work and the private domain, overload, unpredictability of work requirements, and neglect of safety and health protection at work as the main negative side effects of recent changes in the labour market. The analyses recognise, however, that there were also positive developments during the 1990s, such as decrease in monotony, greater autonomy at work, and increased group work and co-operation. In the case of Poland, the transformation of the socio-economic system has fostered positive values such as pluralism, democracy, and freedom, but it also introduced new problems such as unemployment, growing rates of poverty and crime, and a decreasing sense of security. In the UK and the USA, the labour markets have been more stable with respect to unemployment, although they have been affected by the globalisation process.

The Finnish, German, and Polish analyses note the impact of the significant economic and social changes which took place in the labour markets and society during the 1990s on employees' well-being.

Costs associated with mental health problems

As already mentioned, the costs associated with mental health difficulties are a common concern in all five countries. Governments, employers, employees, insurance companies, and society as a whole bear their share of direct (sick pay, benefits, social security, medical treatments) and indirect costs (loss of productivity and potential output and low morale related to mental health problems). It is easier to quantify costs related to mental health in the USA than in the European economies. In Europe a greater burden is still met by welfare and health services and other government agencies, whereas in the USA employers are directly responsible for employee costs. However, since the methods of evaluation, concepts, and indicators for mental health vary from country to country, it is very difficult to provide any comparable and reliable data concerning either the occurrence of mental health disorders or the costs related to them.

The costs associated with mental health difficulties are a common concern in all five countries.

In the member states of the European Union the cost of mental health problems is estimated to be on average 3 to 4 % of GNP. In the USA, the estimates for national spending on depression range from $30 to $44 billion, with approximately 200 million days lost from work each year. A UK governmental agency, the Health and Safety Executive, estimates that mental health problems are the second largest category of occupational ill health after muscular-skeletal disorders, resulting in five to six million working days lost annually. In Finland and in Germany, growing social security costs are of great concern. In both countries early retirement due to mental health difficulties, in particular depression, has been increasing, and mental health difficulties are the most common cause of disability pensions. The Polish situation analysis points out the high costs associated with mental health difficulties but, due to lack of data, it is not able to provide exact figures.

Legislation

It should be emphasised that legislation and the implementation of policies or laws are at the root of national differences in dealing with mental health issues. Generally, the United Kingdom and the United States share

a common approach with respect to anti-discrimination legislation, whereas Finland and Germany emphasise the importance of a preventative approach. Poland is developing its approach and seems to be following the EU countries. In the UK and the US, the introduction of employment disability anti-discrimination legislation, such as the Americans with Disabilities Act (ADA) of 1990 and the British Disability Discrimination Act (DDA) of 1995, has obliged employers to mainstream people with disabilities into the labour force. Both laws make it unlawful for an employer to discriminate against people with mental health problems and set requirements with respect to employment of people with disabilities.

Legislation and the implementation of policies or laws are at the root of national differences in dealing with mental health issues.

In Finland, Germany, and Poland, where this strong legal impetus is missing, the approach to mental health issues in the workplace stems more from the perspective of stress prevention and healthy work organisation. Finland does not have over-arching anti-discrimination legislation or a quota-system. In German legislation, people with disabilities are covered by several Acts, including the Severely Disabled Persons Act, which sets a 6% quota for the employment of people with disabilities by public and private companies with minimum workforces of 16 people. German and Finnish legislation puts physically, mentally, and psychologically disabled persons on an equal basis. However, in both countries this leads to unequal treatment, because most of the rehabilitation measures are geared to the needs of people with physical disabilities.

Polish legislation, passed in 1994, specifically addresses mental health concerns. According to the Mental Health Act, mental health is a fundamental human value and the protection of rights of people with mental disorders is an obligation of the State. The Act proclaims, among other things, "...mental health protection shall consist in the promotion of mental health and the prevention of mental disorders." The Polish situation analysis, however, points out that some of the provisions of the Mental Health Act, particularly as it concerns employment and rehabilitation, have not been implemented. This is partly because the socio-economic changes in Poland have affected general employment opportunities and the resources necessary to promote and implement new legislation. In Finland, Germany, and Poland, mental health problems are often seen as disabling only when they are so severe that they prevent a person from obtaining or maintaining employment. In the UK, and in particular in the USA, less severe mental health problems are more likely to be seen as a disability if they interfere with daily living and work. This reflects the emphasis of each country's legislative framework.

In general, there is a lack of parity in resources provided for mental health versus physical health. This is particularly evident in rehabilitation services, which traditionally have been more prevalent for physical disabilities.

Access to services

The reports state that access to mental health services is often limited and not comprehensive. There is a lack of parity in resources provided for mental health versus physical health. This is particularly evident in rehabilitation services, which traditionally have been more prevalent for physical disabilities. Several reports also note that often general practitioners, not specialised services, deal with people with mental health problems. For instance, in the UK, 80 % of the people diagnosed with depression are treated entirely within the primary health care services, and it has been estimated that approximately 40 % of all the visits to primary health care are due to the most common mental health difficulties. The countries are also concerned about low detection rates, which indicate that mental health problems are often underreported and underestimated. Stigma associated with mental health issues and use of mental health care services still exists in all five countries. Stigma may prevent the person suffering from a mental health problem from seeking treatment, and ultimately, can lead to unnecessarily severe and costly problems.

Finland provides an example of an extensive occupational health care service system that reaches 90 % of the workforce. Occupational health care services are also responsible for providing rehabilitation services for employees. Mental health issues have not traditionally belonged to the domain of occupational health care services, but their importance to employees' work ability has been recognised, and more attention and resources have been devoted to them. In the USA and the UK, where the occupational health care services operate on a different basis, Employee Assistance Programmes (EAP) are becoming a more common and popular means to provide counselling and confidential information. EAP services are independent of but financed by employers.

The role of government and the social partners

Governments play an important role in formulating policies that affect labour market developments and health care and social services. All the situation analyses identify various national agencies and bodies that contribute to the issues related to mental health in the workplace. For instance, in the USA, the National Institute on Disability and Rehabilitation Research and the Center for Mental Health Services have been promoting the ADA and providing technical advice resulting in implementation. A recent UK government White Paper recognises mental health difficulties as a major cause of ill health, disability, and early mortality in the UK and gives priority to development of extensive mental health care services. A Finnish governmental agency, the National Research and Development Centre for Welfare and Health (STAKES), has been an active advocate for mental health issues in the European Union. In Germany, the government is committed to equal opportunities. However, as the German review notes, legal regulations, institutions, and services cannot always do more than provide the framework for integration.

Governments play an important role in formulating policies that affect labour market developments and health care and social services.

The reviews acknowledge the importance of collaboration between workers' and employers' organizations in addressing mental health issues. The Finnish and German reports illustrate employers' and workers' interest in tackling issues such as mobbing, time pressure, stress, and impact of technology as they relate to employee's work ability. In the UK both the employers and workers are campaigning against work-related stress and have participated in discussions concerning the development of DDA. The USA employers and workers have shown interest in preventing violence in the workplace, advocating for mental health benefits, and providing information concerning accommodations, ADA, recruitment etc. The Polish report describes a lack of interest on the part of both workers and employers in advancing the employment of people with mental health problems.

The collaboration between workers' and employers' organizations is important in addressing mental health issues in all the five countries.

In all the five countries non-governmental organisations (NGOs) play a vital role in raising awareness of mental health issues, disseminating information, providing services, and reducing stigma surrounding mental health issues. NGOs have organized successful national campaigns and programmes to create awareness of mental health issues such as depression (USA, UK), suicide (Finland) and mental health promotion in the workplace (Poland). It is generally acknowledged that open communication and co-operation between NGOs, government agencies, and employees' and employers' organizations is important in guaranteeing good services for people with mental health problems.

Non-governmental organisations are vital in raising awareness of mental health issues, disseminating information, providing services, and reducing stigma surrounding mental health problems.

Each report identifies academic institutions that are engaged in research on mental health related issues in the workplace. It is generally recognised, however, that the current knowledge base is not complete despite enormous advances during the last decade in research on the identification, causes, and treatment of mental disorders. This is particularly evident in regards to the impact of work as a precipitating factor in the onset of depression or other mental health problems.

EMPLOYERS' PRACTICES IN THE WORKPLACE

As the reports recognises, mental health difficulties are a significant cause of illness and disability in the working population. Though it is difficult to quantify the impact of work on an individual's mental health (e.g. personal identity, self esteem, social recognition), the workplace is one of the key environments that affects our mental well being and health. Minimising work-related mental health risks and stress in the workplace can significantly reduce the risk of an employee developing mental health difficulties. Yet, as the US report states, traditionally, typical worksite health promotion programmes have overlooked mental health issues. During the last ten years, however, there has been a growing acknowledgement and awareness of the role of work in promoting or hindering mental wellness and its corollary, mental illness, and many employers are actively promoting mental health in the workplace. However, mental health problems are not the exclusive responsibility of employers and can not be addressed in the workplace alone.

During the last ten years, there has been an increasing acknowledgement of the role of work in promoting or hindering mental wellness and its corollary, mental illness, and many employers are actively promoting mental health in the workplace.

In the United States, employers are increasingly willing to invest in educating their workforces about mental health issues. Employers have expressed their concern over the rising health care costs and lost productivity due to mental health problems. Moreover, the increased visibility of the disability rights' movement and the impact of the introduction of anti-discriminatory legislation have encouraged employers to take action. Today, approximately 40 % to 60 % of worksites with more than 50 employees offer some type of mental health programme, including stress management programmes. A continuum of efforts to address mental health problems in the workplace includes employee education about health promotion and disease prevention; management training; and employee assistance programmes; benefit design and administration; and information management and integration of corporate health related services.

In Finland, occupational health care is promoting work ability with the support of the government as well as employers' and workers' organisations. Often the activities target issues such as the work environment (e.g. enhancing occupational safety and ergonomics); management and the organisation of work (e.g. better job design, good communication, clear goals, and independence at work); learning opportunities (e.g. improving occupational skills and team work skills or promoting independent study); and health promotion (e.g. healthy life style, substance abuse prevention, and physical activities). These activities do not directly address mental health issues but are essential in terms of reducing stress and creating a "healthy work organisation."

In Germany, mental health difficulties in the workplace are addressed within the framework of "corporate health promotion" which encompasses a wide range of joint measures taken by the employers, employees, and society to improve health and wellness in the workplace. The measures aim to improve work organization and working conditions, promote employees' active participation, and reinforce their competence. The social partners actively support corporate health promotion and see it as a way of reducing absenteeism and costs related to absenteeism. Corporate health promotion measures addressing stress prevention in the workplace target both the individual (health education, relaxation procedures and training, role-playing) and work design and organizational issues. In terms of work design and organizational issues, Germany has developed a specific, systematic procedure called the "health circle," which brings together all the relevant stakeholders to identify problems and hazards in the work environment and to develop solutions. Studies on health circles and their implementation point to the high acceptance, efficiency, and popularity of the procedure.

In the United Kingdom, the Health and Safety Executive recommends that a mental health policy should be an integral part of any organisation's health and safety policy. Some large companies, such as Marks and Spencer, Astra, Zeneca, and The Boots Company, have developed policies which have addressed mental health issues in the workplace. Analysis of these policies has defined certain key elements of good practice in relation to promoting mental well-being at work in the UK. The most fundamental step for organizations is to recognise and accept that mental health is an important issue. Introduction of a mental health policy embodies the organisation's commitment to mental health. It is important to provide information on existing stress levels and mental ill health within the organisation, and to elaborate on ways in which organisational structures and functions may be contributing factors. The process of analysing the current situation helps to identify areas and goals for intervention via a mental health policy and to target the specific needs of the organisation. A mental health policy in the workplace can promote mental well-being, reduce the stigma associated with mental ill health, and provide assistance to employees suffering from stress or more serious mental health problems.

The Polish situation analysis notes the lack of information concerning workplace policies and programmes on prevention of mental health problems or promotion of mental health in the workplace. If such programmes take place at all, they are sporadic efforts undertaken at the local level. Some employers have, however, been more active in establishing stress prevention programmes. The Institute of Polish Occupational Medicine is piloting a stress management programme involving the police force, and evaluating the effectiveness of individual and organisational approaches to stress management. In general, health promotion is a relatively new concept in Polish corporate culture and has not generated much interest among Polish companies, partly due to the variable and weak financial conditions. However, the interest in mental health issues is rising.

Conclusions

In conclusion there is a growing awareness of the social and economic costs of mental health difficulties and, in particular, of depression in all five countries examined in this study. Various governmental agencies, employees' and employers' organisations and NGOs are taking steps to address the growing needs of people experiencing mental health problems. Company policies are moving in new directions and employers are showing an interest in reducing costs related to absenteeism, improving their productivity, and fulfilling their social responsibility toward their employees. The increased concern about stress in the workplace has prompted a more open attitude towards mental health issues and the growth of preventive programmes in the workplace.

However, a broad, co-ordinated approach covering prevention, promotion, and rehabilitation still needs to be developed. Much has to be achieved to move from policy to concrete practices in promoting mental health in the workplace. In particular, the importance of rehabilitation and of specific rehabilitation programmes, which have proven effective, demand increased recognition.

Hopefully, these reviews will assist government agencies and employers' and workers' organisations in developing policy and enterprise-specific programmes which address the prevention of mental health problems and the promotion of good mental health and rehabilitation. The International Labour Organisation, for its part, will continue to develop guidelines for mental health promotion in the workplace.

There is a growing awareness of the social and economic costs of mental health difficulties and, in particular, of depression in all five countries examined in this study. However, much has to be achieved to move from policy to concrete practices in promoting mental health in the workplace.

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GLOSSARY

The definitions and terms related to mental health are evolving and still subject to much debate. Terms are often used interchangeably, which can be confusing as well as inaccurate. It is therefore useful to attempt to define the vocabulary of mental health and to make distinctions. Specific countries use different terminology to refer to the same issue. In the five situation analyses of mental health in the workplace, the reports have remained faithful to the terminology used by the mental health community in each country. This glossary therefore includes definitions of these nation- specific terms. The following definitions and terminology are based on current usage by such organizations as the WHO and ILO, participating countries in the situational analyses, and the European Union.

This glossary is conceptually oriented and will give the reader the familiarity with the vocabulary of mental health, which is necessary to fully understand the situation analyses.

MENTAL HEALTH: Though many elements of mental health may be identifiable, the term is not easy to define. The meaning of being mentally healthy is subject to many interpretations rooted in value judgements, which may vary across cultures. Mental health should not be seen as the absence of illness, but more to do with a form of subjective well-being, when individuals feel that they are coping, fairly in control of their lives, able to face challenges, and take on responsibility. Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity specific to the individual's culture.[1]

MENTAL HEALTH PROBLEMS: The vast majority of mental health problems are relatively mild, though distressing to the person at the time, and if recognized can be alleviated by support and perhaps some professional help. Work and home life need not be too adversely affected if the appropriate help is obtained.[2] In the situation analyses, the terms mental health problems and mental health difficulties are used interchangeably.

MENTAL ILLNESS: Mental illness refers collectively to all diagnosable mental health problems which become "clinical," that is where a degree of professional intervention and treatment is required. Generally, the term refers to more serious problems, rather than, for example, a mild episode of depression or anxiety requiring temporary help.

The major psychotic illnesses, such as endogenous depression, schizophrenia, and manic depressive psychosis, would fall in this category and would be seen less often in the workplace.[3] Mental illness is sometimes referred to as *psychiatric disability*.[4] This term is used primarily in the United States.

MENTAL DISORDERS: Mental disorders are health conditions characterized by alterations in thinking, mood or behaviour (or some combination thereof) associated with distress and /or impaired functioning. Mental disorders are associated with increased mortality rates. The risk of death among individuals with a mental disorder is several times higher than in the population as a whole.[5]

DEPRESSION: Depression is an example of a mental disorder largely marked by alterations in mood as well as loss of interest in activities previously enjoyed. It affects more women than men, by a ratio of about 2 to 1. It is projected that up to 340 million people will suffer from depression in the near future. The risk of suicide is high amongst those suffering from depression. Yearly, over 800,000 deaths attributable to suicide are recorded worldwide:The majority of suicides are due to depression.[6]

There is a great deal of information about the different types, causes and treatments of depression. However, it is important to realize that depression is not simple. There are different types and different degrees of each type. There is a high degree of variation among people with depression in terms of symptoms, course of illness, and response to treatment, all indicating the complexity and interacting causes of this illness. The most common form of depression is chronic unipolar depression (clinical depression). This category of depression has been frequently discussed and written about in the popular media in recent years, primarily due to new modalities of treatment.

Other types of depression recognized at this time are:
- Acute Situational Depression
- Dysthymia
- Bipolar Depression (manic depressive disorder)
- Seasonal Affective Disorder (SAD)
- Post Partum Depression
- Depression secondary to other diseases or drugs.

MENTAL HEALTH PROMOTION: Mental health promotion is a multidimensional concept that implies the creation of individual, social, and environmental conditions, which enable optimal overall psychological development. It is especially focussed, among other concerns, on personal autonomy, adaptability, and ability to cope with stressors, self-confidence, social skills, social responsibility, and tolerance. Prevention of mental disorders could be one of its outcomes.[7]

MENTAL HEALTH PREVENTION: Prevention is based on specific knowledge about causal relationships between an illness and risk factors. Prevention results in measurable outcomes. Within the context of the workplace, prevention is concerned with taking action to reduce or eliminate stressors. *Prevention* and *promotion* are overlapping and related activities. Promotion can be simultaneously preventative and vice versa.[8]

POST TRAUMATIC STRESS DISORDER: PTSD or post-traumatic stress disorder can occur as an acute disorder soon after a trauma or have a delayed onset in which symptoms occur more than 6 months after the trauma. It can occur at any age and can follow a natural disaster such as flood or fire or a man-made disaster such as war, imprisonment, assault, or rape.

REHABILITATION: A process aimed at enabling persons with disabilities to regain and maintain their optimal physical, sensory, intellectual, psychiatric, and/ or social functional levels, by providing them with tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/ or restore functions or compensate for the loss or absence of a function or for a functional limitation. The rehabilitation process does not involve initial medical care. It includes a wide range of measures and activities from more basic and general rehabilitation to goal-oriented activities, for instance vocational rehabilitation.[9]

STRESS: Stress is defined as a nonspecific response of the body to any demand made upon it which results in symptoms such as rise in the blood pressure, release of hormones, quickness of breathe, tightening of muscles, perspiration, and increased cardiac activity. Stress is not necessarily negative. Some stress keeps us motivated and alert, while to little stress can create problems. However, too much stress can trigger problems with mental and physical health, particularly over a prolonged period of time.[10]

JOB STRESS: Job stress can be defined as the harmful physical and emotional response that occurs when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury. Long - term exposure to job stress has been linked to an increased risk of musculoskeletal disorders, *depression,* and *job burnout,* and may contribute to a range of debilitating diseases, ranging from cardiovascular disease to cancer. Stressful working conditions also may interfere with an employee's ability to work safely, contributing to work injuries and illnesses. In

the workplace of the 1990s, the most highly ranked and frequently reported organisational stressors are potential job loss, technological innovation, change, and ineffective top management. At the work unit level, work overload, poor supervision, and inadequate training are the top-ranking *stressors*.[11]

The following are specific examples that may lead to *job stress*:[12]

The design of tasks. Heavy workload, infrequent rests breaks, long work hours and shiftwork; hectic and routine tasks that have little inherent meaning, do not utilize workers' skills and provide little sense of control.

Management style. Lack of participation by workers in decision-making, poor communication in the organization, lack of family-friendly policies.

Interpersonal relationships. Poor social environment and lack of support or help from coworkers and supervisors.

Work roles. Conflicting to uncertain job expectations, too much responsibility, too many "hats to wear."

Career concerns. Job insecurity and lack of opportunity for growth, advancement or promotion; rapid changes for which workers are unprepared.

Environmental conditions. Unpleasant or dangerous physical conditions such as crowding, noise, air pollution, or ergonomic problems.

BURNOUT: This term is used most frequently in Finland to refer to job stressors and the resulting mental health problems that may occur. It is defined as a three-dimensional syndrome, characterized by energy depletion (exhaustion), increased mental distance from one's job (cynicism) and reduced professional efficacy.[13]

MENTAL STRAIN: This term is used in the German situational analysis to refer to psychological stress that impacts everybody in all realms of life.

WORK ABILITY: Individuals' work ability is based on their, physical, psychological and social capacity and professional competence, the work itself, the work environment, and the work organization. This term is often used in Finland in the world of work.

JOB INSECURITY: Job insecurity can be defined as perceived powerlessness to maintain desired continuity in a threatened job situation or as a concern about the future of one's job.[14]

STIGMA: Stigma can be defined as a mark of shame, disgrace, or disapproval, which results in an individual being shunned or rejected by others. The stigma associated with all forms of mental illness is strong but generally increases the more an individual's behavior differs from that of the 'norm.'[15]

INTELLECTUAL DISABILITY: This disability is defined by a person's capacity to learn and by what they can or cannot do for themselves. People with this disability are identified by low scores on intelligence tests and sometimes by their poor social competence.[16] The term mental retardation is also used to refer to a person with an intellectual disability and is the most common term used in the situation analyses.

DISABILITY MANAGEMENT: The process of effectively dealing with employees who become disabled is referred to as "disability management." Disability management means using services, people, and materials to (i) minimize the impact and cost of disability to the employer and the employee and (ii) encourage return to work of an employee with disabilities.[17] It should be noted that the term "disability management" is not commonly used, despite the fact that practices understood to be within the scope of disability management processes are now taking place within enterprises of all sizes worldwide.[18]

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FINLAND

Population: 5.2 million GDP per capita: 20,100 (est. 1998) Unemployment: 12% (est. 1998)

During the past decades, the occurrence of diagnosed mental health disorders, and of depression in particular, has risen markedly in Finland. Currently, mental health disorders are the group of diseases which lead most frequently to disability. The prevalence of burnout and stress, which was studied for the first time in 1997 in conjunction with macro-level developments in the world of work, is alarmingly high in the Finnish labour force. Some 50 % of Finns report some symptoms, and 7 % suffer from severe burnout. There are many reasons for the increase in the incidence of mental health disorders, including changes in the diagnostic system, improved recognition, the economic recession of the early 1990s, and high unemployment. Awareness of the scope of the problems and their impact on productivity has also risen, and the occupational health care providers and employers are demonstrating their willingness to address the issue in the workplace. Mental health is part of the concept of *work ability* that has been a concern to governments, employees and employers, particularly during the past decade.

This situation analysis provides an overview of mental health issues in the world of work in Finland. Three topics are examined in depth. They are: Mental health at the national level; The role of government and social partners; and Managing mental health issues in the workplace.

Mental health at the national level

In Finland, the incidence of diagnosed mental health disorders has risen, but so has awareness of the problem and society's willingness to address it.

Mental health at the national level begins with an overview of the prevalence of mental disorders, stress, and burnout in Finland, with an emphasis on work-related problems. The recession of the 1990s brought many changes to Finnish society and the Finnish labour market, such as high unemployment, job insecurity, short-term contracts, and time pressure. Several studies have connected the high prevalence of stress, burnout, and depression to changes taking place in the labour market. However, so far epidemiological studies are limited

The situation analysis notes the increased economic burden related to mental health problems. In 1994, the total cost of mental health disorders to society in Finland was calculated as 2 % of GNP, with depression accounting for about half that cost. Mental health disorders are the leading cause of disability pensions. In the realm of work, mental health problems may reduce a person's work ability and result in lowered productivity and increased levels of absenteeism. They are therefore responsible for economic losses to both employees and employers. However, their total human and social impact on individuals and their families cannot be quantified.

The report examines individuals' access to mental health care services in detail. Both the municipal health care system, which covers all residents of Finland, and the occupational health care system provide extensive services and cover mental health care. However, the economic downturn of the early 1990s, which brought pressure to cut costs, resulted in fundamental changes in the Finnish health care system, particularly in the realm of mental health care. The number of inpatient beds was reduced dramatically. The new role and responsibilities of outpatient care are evolving, but

the quantity and quality of services vary according to the municipality, and there are gaps between needs and available services.

In Finland, the occupational health care services reach some 90% of the workforce. Despite scarce resources, they are starting to address mental health issues, and rehabilitation services for people with mental health problems are beginning to evolve.

In Finland, the occupational health care services reach some 90% of the workforce. However, they are short of the resources and trained personnel necessary to address mental health care needs. Mental health care is also a relatively new area in the occupational health care system. Since the legislative reform of 1991, the occupational health care services have been required to provide rehabilitation services to maintain employees' work ability, including their mental health. Despite scarce resources, the occupational health care services are starting to address mental health issues, and rehabilitation services for people with mental health problems are beginning to evolve.

In terms of legislation, mental health disorders are considered disabilities. A disabled person is defined in accordance with ILO convention no. 159 on vocational rehabilitation and training of people with disabilities. However, Finland does not have overarching anti-discrimination legislation or a quota system for people with disabilities, who are covered under mainstream legislation. The law does, however, guarantee access to the required specialised services. The situation analysis briefly reviews some of the central legislation on working conditions and employment of people with mental health problems. It also describes rehabilitation legislation and the role of occupational health care services in providing early rehabilitative interventions.

The role of government and social partners

The Ministries of Labour and Health and Social Affairs are vital in advancing good working conditions, improving and maintaining the work ability of the Finnish labour force, and providing mental health care services, occupational health care services, and rehabilitation. The Ministry of Labour runs workplace programmes that address issues conducive to employees' wellbeing and the quality of working life. The National Research and Development Centre for Welfare and Health (STAKES), an affiliate of the Ministry of Health and Social Affairs, runs several successful nationwide programmes targeting suicide and depression.

Government, employees' and employers' organisations, and NGOs are working together to promote work ability in the Finnish workplace.

Central employees' organisations also actively promote wellbeing and work ability in the work place. Programmes have addressed issues such as working hours, mobbing, and stress. Employees' and employers' organisations and relevant non-governmental agencies are joining the Finnish Government in developing means to promote work ability in the workplace.

Several academic institutions and research centres are studying mental health issues in the workplace. Among others, the report highlights the Finnish Institute of Occupational Health, which is the biggest organisation in Finland working in the area of occupational health care.

Managing mental health issues in the workplace

Most Finnish employees are able to participate in workplace programmes which maintain work ability. These are often organised jointly by employers and occupational health care services. They usually address issues such as employees' physical health, management, workplace atmosphere, and occupational safety, which are all important to a supportive and healthy work environment. Both employers and employees are satisfied with activities maintaining work ability, and employers see them as cost effective. Occasionally, however, the programmes lack continuity and focus on narrow sub-components of workability, without making the activi-

ties an integral and comprehensive aspect of human resource policy.

Work ability programmes often do not address mental health issues directly, even though mental health is recognised as an essential part of work ability. Because of the high incidence of burnout in Finland, there is a recognised need to make mental health a more important focus of work maintenance programmes and to improve early rehabilitation services in the workplace for people with mental health problems. Integrating rehabilitation services into the workplace would also be likely to reduce the stigma attached to the use of specialised services.

In Finland, the political climate and infrastructure favor the culture of mental health promotion which is evolving in the workplace.

Conclusion

This situation analysis concludes that Finland has actively started to address mental health issues, both at the national and international levels. Awareness of the extent of the problems and their consequences is rising. The political climate and infrastructure (extensive occupational health care services, high rate of unionisation, and legislative framework) are favourable to mental health promotion, prevention of mental health problems, and the development of efficient rehabilitation services. "The culture of mental health promotion" is evolving in the workplace: the Finnish concept of work ability is not just about promoting employees' physical health but also about mental health in healthy work organisations.

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GERMANY

Population: 82.1 million
GDP per capita: $22,100 (est. 1998)
Unemployment: 10.6% (est. 1998)

Mental health at the national level

In Germany, since the mid 1980s employees have experienced an increase in stress related to both physical and mental working conditions. This is due mainly to rationalisation and the rapid introduction of technology, which took place in the industrial and service sectors. New activities and workplaces, a greater emphasis on group work, "just-in-time" and "lean production," and a change in the division of labour due to outsourcing are having a significant effect on job-related stress. On the positive side, these changes have reduced monotony, increased cooperation, and led to greater autonomy and decision-making ability through group work and more highly skilled tasks. Nonetheless, stress due to time pressure and deadlines and demands in terms of quality, quantity, and greater flexibility is increasing. Many companies, however, recognise that they will only make appreciable gains in productivity by creating a motivated and committed workforce. The future level of work stress will therefore vary according to the economic sector, the economic situation, the level of rationalisation, the corporate philosophy of the company, and the objectives of trade union representatives.

Since the mid 1980s, job-related stress has increased in Germany.

The lack of information makes it difficult to perform a statistical analysis in Germany regarding all types of disabilities, including disabilities due to mental health disorders. There are no details on the correlation between mental health disability and type of employment, incidence of unemployment, or rehabilitation. Therefore, only limited epidemiological information is available on the incidence and prevalence of mental illnesses or disabilities. Studies show that more than half of all depressive disorders are still not recognised by physicians. Improvement in the training of medical personnel, especially general practitioners, is therefore urgently needed. The main focus of this training should be diagnosis and suicide prevention. Mental health disorders display high prevalence rates. Although the level of research in psychology provides favourable conditions for the development of suitable prevention measures, there have, to date, only been a limited number of implemented and tested prevention programmes. Moreover, only a few research programmes have addressed the development and evaluation of disorder-specific prevention programmes which can be applied in practice

Legislation and policy

Under German law, people with physical and mental health disabilities are treated alike.

Under German law, the term "disabled person" covers anyone affected by a functional limitation originating from a physical, mental, or emotional state, which deviates from the norm for a person of that age and is not temporary. This reflects the three stages of the WHO definition of disablement: impairment, disability, and handicap. Germany treats mental health disability and physical disability alike. There is no separate set of laws and/or separate consideration for people with mental health disabilities.

In Germany, the number of severely disabled people of working age is increasing while employment opportunities are decreasing. Consequently, theunemployment rate for this group is rising. Medical, professional, and

social rehabilitation is carried out by a large variety of agencies and institutions within the framework of the German social security system. The involvement of so many agencies and institutions allows specific preventive activities and the development of defined policies and services. However, the co-ordination of services needs to be improved to avoid inconsistency, difficulties in identifying the appropriate agency, and delays in the delivery of services. Over the past few decades, self-help groups and organisations for the disabled have made an essential contribution to social policy and have provided flexible, individualised help and support to people with disabilities. NGOs are also responsible for large areas of state-financed "professional" rehabilitation

Work incapacity due to mental health disorders now accounts for 5.9 % of all work days lost.

The economic burden of mental illness

On average depression-related work incapacity lasts about two and a half times longer than incapacity due to other illnesses. Depressive disorders account for a considerable portion of premature retirements. In 1995 depressive disorders were responsible for approximately 6.3% of the 297,164 early retirements. The average retirement age was between 50 and 54. Work incapacity due to mental health disorders now accounts for 5.9 % of all days workdays lost. In the 1980s, mental health disorders were still considered of secondary importance in the old Federal States. Today, they are the sixth leading cause of absenteeism. While there is evidence of a downward trend in most other large illness groups, the rate of mental health disorders is growing. This is partly connected to a change in diagnostic criteria. Mental health disorders constitute the third most important diagnostic group in hospitals, accounting for 11 % of treatment days. In 1995, approximately 1% of all registered hospital cases (approximately 159,000 cases) were attributed to depressive disorders. The cost of this in-patient treatment is estimated to be 2 billion DM per year. In 1995, individuals with depression represented 3.3% of the 900,973 rehabilitation treatments paid for by pension insurance. Both direct and indirect costs of medical treatment, such as production losses due to absenteeism, should be included in calculating the total cost of illness. For 1997, based on statistics for employed persons (excluding the self-employed) and gross income from employment, the Federal Institute for Occupational Safety and Health determined that the annual volume of production lost because of illness-related absenteeism came to 89.5 billion DM. According to this estimate, mental health disorders represent costs of 5.2 billion DM.

Corporate health promotion, which uses a variety of approaches to improve health in the workplace, is becoming a higher priority in Germany, as it is in the rest of the Europe.

Managing mental health in the workplace

In Germany, health care in the workplace, including prevention of illness and the rehabilitation of disabled persons, is undertaken through a comprehensive and differentiated social insurance system, which includes unemployment insurance, statutory health insurance, and statutory accident insurance. Both the social partners and the institutions responsible for health and safety in the workplace are active in the area of workplace stress. Corporate health promotion, which uses a variety of approaches to improve health in the workplace, is becoming a higher priority in Germany, as it is in the rest of the Europe. Successful stress prevention programmes have been underway for many years. Stress reduction programs have been designed which include relaxation procedures, role playing, and behavioural training to increase self-confidence and improve interpersonal skills.

POLAND

Population: 38.6 million
GDP per capita: $6,800 (est.1998)
Unemployment: 10% (est. 1998)

During the 1990s, major political changes took place in Poland, and the country has been going through a major socio-economic transformation. This has had serious ramifications for the labour market and for the mental wellbeing of people in the workplace. On the positive side, pluralism, democracy, and freedom entered all spheres of public life including labour. On the negative side, poverty, unemployment, and crime increased in Poland, and the sense of security in everyday life decreased, impacting mental health. During the same years, reforms in the mental health care system, which were long overdue, started coming to fruition. After two decades of effort, the country developed its first Mental Health Programme in 1992, and finally passed the Mental Health Act in 1994. These were major steps in creating a framework for meeting the needs of people suffering from mental health disorders, preventing mental illness, and promoting mental health.

Legislation and policy

The Mental Health Act, which was amended in 1997 and 1999, establishes legal protection of human rights for people with mental health disorders. Under the Act, the State, local authorities and a variety of other institutions are responsible for the care and protection of persons with mental health disorders; the promotion of mental health; and the development of a legal and social environment in which persons with mental health disorders can live in the family and the community.

In Poland, the Mental Health Programme, passed in 1992, and the Mental Health Act of 1994 were major steps in creating a framework for meeting the needs of people with mental health disorders, preventing mental illness, and promoting mental health.

The goal of the Mental Health Programme is to shift the care of people with mental health disorders from large, geographically isolated institutions to community-based facilities and programs. As amended in 1999, the programme assumes the co-operation of labour and social agencies, educational institutions, and NGOs in furthering this end. The revised programme emphasises implementing prevention and promotion programmes; preparing the mental health care system to cope with Poland's new socio-economic conditions; and developing more workplaces and job opportunities for people with mental health disorders.

Prevalence of mental health disorders

In terms of diagnosing mental health disorders, the ICD-10 international classification was introduced in Poland in 1997. Since then the epidemiological data has been comparable with data from other countries. The Institute of Psychiatry and Neurology in Warsaw collects and publishes yearly statistics on mental health. The data indicates that growing numbers of people, especially patients suffering from depressive disorders, are receiving mental health care in outpatient and inpatient facilities. This trend can be related to Poland's socio-economic transformation and the concomitant rise in unemployment and crime, the decreasing sense of security in the workplace, and anxiety over the decline in living standards.

Mental health and working conditions

Until the 1990s no research or analysis had been done on the relationship between mental health and working conditions. Recently, a number of surveys have taken place. They focused on:

- the relationship between somatic and depressive symptoms and stressful working conditions;
- the occurrence of post-traumatic stress disorder as a psychological consequence of traumatic events in the workplace;
- the rise in absenteeism due to mental health disorders during the period of socio-economic transformation;
- the impact of unemployment on mental health status, e.g. the fear of job loss, the correlation between unemployment and depressive symptoms, and the consumption of psychoactive substances;
- the increase in suicide rates during the years of economic transformation.

Existing guidelines on stress management and educational initiatives in the area of mental health are often based on experience in other countries, which is not relevant to Poland's transition situation. Though occupational medicine practitioners are responsible for prevention of mental health disorders, these are not governed by any detailed legal mandates, and so appropriate interventions are not taking place. There is no information on workplace policies or programmes of primary prevention in Poland. In 1997 the National Centre of Workplace Health Promotion was established in the Institute of Occupational Medicine in Lódz, but mental health promotion is not one of its specific targets.

Over the past decade, Poland has acquired a legislative framework in which to begin meeting the needs of people with mental health disorders in the workplace. Both awareness of their problems and the will to address them are growing.

Mental health and employment

There are very few jobs for people with mental health disorders. This is a factor of the difficult situation in the labour market and of the lack of funds to support workers in need of special accommodations. There are no governmental or non-governmental facilities to provide people with mental health disorders with the training and skills they need to gain access to the open labour market. Neither employers' organisations nor trade unions have made the employment and retention of people with mental health disorders a priority. There is reason to hope that non-governmental organisations, such as the Coalition for Mental Health, will play an increasingly important role in changing the way people with mental heath disorders are cared for and in improving their lives and working conditions

Conclusion

In conclusion, over the past decade, Poland has acquired a legislative framework in which to begin meeting the needs of people with mental health disorders in the workplace. However, much remains to be done to translate principles into practice. Until recently, working conditions for people with mental health disorders and the relationship between working conditions and mental health have not been a high priority for the government, employers, or Polish society as a whole. However, awareness of the problems of people with mental health disorders in the workplace and the will to address them are growing. The time is therefore right for new initiatives to improve the situation. They include:

- research on the consequences of Poland's socio-economic transformation and working conditions on mental health;
- legislative initiatives which mandate working conditions to protect mental health and workplace accommodations for persons with mental health disorders;
- development of mental health promotion programmes.

UNITED KINGDOM

Population: 59.1 million GDP per capita: $21,200 (est. 1998) Unemployment: 7.5% (est. 1998)

Mental health disorders are a leading cause of illness and disability in the United Kingdom and carry a high cost in terms of financial losses. This situation analysis provides an overview of mental health issues with respect to the world of work in the UK. Its main focus is on the population currently in mainstream employment but facing mental health difficulties. However, it is important to recognise that only 12 % of people with diagnosed mental health problems are actively participating in the open labour market in the UK.

The analysis looks at three areas in depth: Mental health at the national level examines the scope of mental health problems in the workplace and relevant legislation and policies. The role of government and social partners elaborates on the roles of employers' and workers' organisations, NGOs, and academic institutions. Managing mental health issues in the workplace provides examples of steps undertaken in the British workplace to address employees' mental health.

Mental health at the national level

Mental health at the national level begins by examining the prevalence of mental health problems in the United Kingdom. The great majority of those affected by mental health problems are in the working-age population, between ages 16 and 64. Each year, nearly 3 out of every 10 employees experience mental health problems. Numerous studies on stress confirm that work-related stress and the illness it causes are common. The self-reported occurrence of anxiety and depression ranges from 15 % to 30% of the working population. Depression, in particular, is a common problem: At any given time one in every 20 working-aged Britons is experiencing major depression.

In the UK, mental illness accounts for 14 % of certified sickness absences, and employees rank stress, depression, and anxiety as the second most common work-related illnesses after musculoskeletal illnesses.

The situation analysis recognises the impact of mental health problems on employees, employers, and society at large. Fourteen per cent of UK National Health Service (NHS) inpatient costs and 23 % NHS pharmaceutical costs are due to mental illness. Mental illness accounts for 14 % of certified sickness absences in the UK, translating into an annual loss of approximately 80 million working days. In a survey on most common work-related illnesses, employees ranked stress, depression, and anxiety as the second most common work-related illnesses after musculoskeletal illnesses. Each year, mental illness accounts for £3.7 million in direct costs in terms of working days lost. The Confederation of British Industry has estimated the costs of certified sickness absence and other direct productivity losses due to stress and mental health at £5.3 billion annually.

The situation analysis also provides an overview of individuals' access to health care services and information on mental health problems. In the UK, 80 % of people diagnosed with depression are treated entirely within primary health care. It has been estimated that approximately 40 % of all primary health care visits are due to common mental health disorders. Occupational health care has not traditionally played a significant role in the British health care system. Over 75 % of firms in the UK do not provide occupational health care services other than the statutory requirement of first aid. In terms of access to information, various agencies have

organised awareness-raising campaigns on mental health issues jointly or alone. Several of these campaigns have targeted mental health in the workplace. There are also programmes aimed at raising awareness of depression and its treatment among general practitioners. Currently mental health care services are undergoing major changes and are being given priority within the national health care programme.

UK law requires that all employees and job applicants be treated fairly, and the Disability Discrimination Act (1995) outlaws discrimination against persons with disabilities, including people with long-term mental illness.

Legislation in the UK defines the responsibilities of employers in relation to safety and health in the workplace and requires them to treat all employees and job applicants fairly. The Disability Discrimination Act (1995) outlaws discrimination against persons with disabilities, including people with long-term mental illness. Employers are obliged to make reasonable adjustments to the work environment or working arrangements to match the individual needs of an employee. The Mental Health Act (1983) is currently under review.

The role of government and the social partners

During the 1990s, the British Government actively addressed mental health issues. In the early 1990s the Department of Health brought together an interagency group, including representatives from employees' and employers' organisations, to address mental health issues in the workplace. These activities resulted in conferences, publications, and leaflets. More recently, a 1999 White Paper, "Saving Lives: Our Healthier Nation," targeted mental health problems as one of the five major health problems to be tackled in the UK. The White Paper recognises mental health problems as a major cause of ill health, disability, and early mortality in the UK. These findings have been taken seriously, and mental health is one of the first new National Service Frameworks to be implemented since April 2000. In addition, in 1999, the Ministries for Public Health and for Safety and Health launched a "Healthy Workplace Initiative", and the Health and Safety executive has published guidelines on mental health, stress, and work.

A 1999 government White Paper identifies mental health problems as one of the five major health problems to be tackled in the UK, and ministries and agencies are responding with new initiatives.

In the UK, employees' and employers' organisations play an active role in mental health issues. This situation analysis notes that the Trade Union Congress (TUC) and the Confederation of British Industry (CBI) have been actively involved in interagency activities on mental health and work and have also dealt with the issue of stress among their members. The CBI has published a "Managers' Toolkit on Management of Mental Well Being" for distribution to its members. The Employers Forum on Disability has published several leaflets providing information on practical issues related to mental health difficulties and other disabilities (e.g., accommodations and stress prevention) and policy and the legislative framework in the UK.

The situation analysis also introduces non-governmental organisations working on mental health and employment-related issues, such as MIND and Mental Health Media. They have both recently published guidelines and information packages concerning mental health issues and work. NGOs play an important role in advocating employment of people with disabilities and providing information on the implementation of the Disability Discrimination Act in the UK.

Several British academic institutes are conducting research on mental health problems and the world of work. Some of them, such as Manchester University, the Royal College of Psychiatrists, and Nottingham University, are discussed in this report.

Managing mental health issues in the workplace

A UK governmental agency, the Health and Safety Executive recommends that a mental health policy be an integral part of any organisation's health and safety policy. Some companies, such as Marks and Spencer, have already developed mental health policies for the workplace. Analysis of the existing policies has defined certain key elements of good practice in relation to promoting mental well being at work in the UK. The most fundamental step for organisations is to recognise and accept that mental health is an important issue and show commitment to mental health promotion. The first step is to provide information on existing levels of stress and mental ill health within the organisation and the ways in which organisational structure and function may be contributing to these levels. Analysing the current situation helps to identify specific areas and objectives on which to base an effective mental health policy which responds to an organisation's needs. A mental health policy in the workplace can promote mental well being, reduce the stigma associated with mental ill health, and provide assistance to employees suffering from stress or more serious mental health problems.

Conclusion

In conclusion, the United Kingdom's general response during the last ten years regarding mental health issues has been proactive. This situation analysis clearly illustrates how the various social partners, the government, advocates from the NGOs, and employees' organisations, have sought to prioritise and address mental health concerns, and in particular, the impact of workplace stress on mental health. Moreover, recent events in the UK indicate that there is a move to strengthen the implementation and enforcement of the Disability Discrimination Act of 1995. With active encouragement and guidance from social partners, employers of every size are recognising increasingly that the mental health of employees is a company concern.

During the last ten years, the UK's general response regarding mental health issues has been proactive. The government and the social partners are are making it a priority to address mental health concerns.

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UNITED STATES

Population: 272.6 million
GDP per capita: $31,500 (est.1998)
Unemployment: 4.5% (est.1998)

Clinical depression is one of the most common illnesses affecting working adults. Yearly, approximately one in ten adults experiences a depressive disorder in the U.S. Depression is a workplace health issue that significantly impacts the bottom line. In this situational analysis, the literature showed that depression-related illnesses predominated in prevalence and cost over other traditional occupational health issues, such as substance disorders. It is estimated that depression costs the nation between $30 and $44 billion with approximately 200 million lost workdays each year. Employers assume much of this financial burden associated with depression, both in direct treatment costs and through absenteeism, reduced productivity, and more frequent work-related accidents. However, it is important to note that the treatment success rate for depression is high, ranging from 65% to 80%. Although this report focuses on examining the impact of depression, it is often assessed within the context of overall mental health or psychiatric problems. This is due, in large part, to the nature of the data which does not always distinguish between depression and overall mental health problems, particularly in terms of policy and legislative framework.

The situational analysis examines three major areas: Mental health at the national level, The role of government and social partners, and Managing mental health in the workplace.

Mental health at the national level begins with a discussion of the evolution of the disability rights movement in the U.S. Historically, the disability rights movement has consisted primarily of people with physical disabilities. Because the disability rights movement has a significant impact on current public policy and social awareness, mental health advocacy and awareness must be viewed within its overall context. One of the key themes in this situational analysis is that while stigma and discrimination affect the lives of all people with disabilities, people with mental health problems suffer from some of their harshest manifestations.

In the US, during the 1990s, there was a substantial increase in awareness, attention, and targeted action regarding mental illness and depression, in particular.

The report notes that during the 1990s there was a substantial increase in awareness, attention, and targeted action regarding mental illness and depression, in particular. This is due in large part to specific organisations and campaigns. Although goals and activities may differ and vary, they all promote the importance of employment or some meaningful activity for people with mental health problems. There are a number of negative myths regarding the impact of mental illness on the workplace, for example that mentally ill and mentally restored employees tend to be second rate workers. In fact, employers who have hired these individuals report that they are higher than average in attendance and punctuality and as good or better than other employees in motivation, quality of work, and job tenure. It is hoped that, with increased awareness of the causes and treatment of mental health problems, these myths will abet over time.

Work is at the very core of contemporary life for most people, providing financial security, personal identity, and an opportunity to make a meaningful contribution to community life. Although a review of studies on the mental and physical health effects of unemployment and the ways in which unemployment causes adverse health outcomes suggests a complex rela-

tionship, cross sectional and longitudinal studies have consistently found poorer psychological health in unemployed compared with employed individuals.

The situational analysis noted that the U.S. government is taking action to increase employment opportunities for people with disabilities, including psychiatric disabilities. U.S. President Clinton recently created a task force to coordinate a national policy for increasing employment opportunities and issued an executive order, in June 1999, to expand hiring opportunities for people with psychiatric disabilities.

The Americans with Disabilities Act (1990), which outlaws discrimination against people with disabilities in nearly every domain of public life, including employment, represents a watershed in the history of the disability rights movement in the U.S.

In addition to task forces and executive orders, there is a group of laws which reflect national policy and provide the legislative framework for effectively managing the impact of depressive disorders (and other mental health problems) on the workplace. These laws do not focus specifically on depression but operate within the larger framework of all disabilities.

The situation analysis highlights: The Americans with Disabilities Act of 1990 (ADA); the Family and Medical Leave Act of 1993 (FMLA); health insurance parity laws in mental health services and state workers' compensation laws. The Americans with Disabilities Act represents a watershed in the history of the disability rights movement in the U.S. It is one of the most significant employment laws in U.S. history. The ADA outlaws discrimination against people with disabilities in nearly every domain of public life, including employment, transportation, communication, and recreational activities.

Although, major laws and regulations applicable to businesses and employers can create problems in compliance, the literature indicates that, generally, employers and society benefit from these laws and regulations.

The role of government and the social partners examines the implementation of law and policy by government agencies; the role of workers', employers', and non-governmental organisations and selected noted academic institutions in the area of employment and psychiatric disabilities. Success and implementation of the laws that reflect national policy and provide the legislative framework for effectively managing the impact of depressive disorders on the workplace depend on numerous individuals and organisations. It was not the purpose of this situational analysis to provide a comprehensive description and assessment of every agency, organisation, or institution involved in these activities. Selected key agencies, groups, and institutions were highlighted with illustrations of how important it is for all social partners to work together for greater effectiveness.

The U.S. federal government plays a critical role in interpreting, translating, and implementing the ADA. There are a number of primary government agencies and offices actively involved in enforcement, technical assistance, research, and dissemination of information for all mental health disorders and/or psychiatric disabilities. Through their various activities, these agencies and offices offer support on mental health issues in the workplace to both employers and employees. Some of their activities specific to depression and employment are subsumed under the larger framework of psychiatric disabilities and local community support. The agencies profiled were: The US Equal Employment Opportunity Commission (EEOC); the National Institute on Disability and Rehabilitation Research; the Center for Mental Health Services; the National Institute of Mental Health, President's Committee for the Employment of People with Disabilities; and the National Institute of Occupational Safety and Health. Numerous examples were provided of how each agency operates with respect to mental

health concerns and employment. For example, one of the key functions of the EEOC is to provide enforcement guidance for the ADA. As the situational analysis illustrates, the impact for the employer and employee of EEOC rulings on mental health claims for depressive disorders has been significant. The National Institute of Mental Health (NIMH) programs have helped sensitise the nation to the serious public health implications of unrecognised and untreated depression. One of the most successful initiatives sponsored by NIMH has been D/ART (Depression Awareness, Recognition and Treatment Program)

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D/ART has been successful in de-stigmatising and creating general public awareness regarding etiology, intervention, and treatment of depressive disorders. D/ART also spurred increased receptiveness of employers to recognising the impact of depression on costs and performance. D/ART was reconfigured as the National Worksite Program, which works almost exclusively with employers and organisations handling employment issues.

In terms of workers' organisations, literature from unions, such as the broad-based AFL-CIO, illustrates their involvement in advocating for workers with disabilities. Although most union advocacy has been associated with physical disabilities, there has been a growing recognition of mental health issues, particularly the impact of workplace violence on the mental health of employees.

Although there are numerous employers' organisations, two stand out in terms of their work on employment and mental health issues as well as their partnerships with government agencies. They are the Washington Business Group on Health and the National Business and Disability Council.

Non-governmental organisations are vital in raising awareness of mental health issues and advocating for people with psychiatric disabilities. The situational analysis points out that there are perhaps thousands of consumer and professional groups representing the interests of individuals with psychiatric disabilities. The report highlights several national organisations which have been vital in raising awareness of mental health issues, eliminating stigma and discrimination, and advocating for appropriate legislation and the availability of jobs.

The US has numerous academic institutions that conduct research, organise conferences, and disseminate information on mental health, as well as provide mental health services. These institutions often work closely with a government agency or agencies, perhaps funding a particular research study or conference.

Managing mental heath in the workplace examines work-family issues and their impact on productivity; employee education for mental health promotion, and mental illness prevention and provides illustrations of corporate experiences and innovations.

An overriding theme throughout this situational analysis is that employers of all sizes are beginning to recognise that depressive disorders often constitute their single highest mental health (medical) and disability cost. A large percentage of employers understand the relationship between health and productivity and are improving their management strategies by developing and implementing programs supportive of work/family/life issues, such as flextime, part-time schedules, child care benefits, personal leave, wellness-health programs, and family counselling. Innovative employers have developed practices in conjunction with their health and human resource systems for managing both the direct and indirect costs and con-

In the US, employers of all sizes are beginning to recognise that depressive disorders often constitute their single highest mental health (medical) and disability cost. A large number of employers understand the relationship between health and productivity and are improving their management strategies by developing and implementing programs supportive of work/family/life issues.

sequences of mental health problems in general and of depressive disorders in particular. These employers are encouraging early recognition, appropriate and cost-effective care management, work accommodations, and timely return to work. This is especially evident with larger employers (over 1,000 employees), who are more apt to have the resources in terms of time, staff, and capital.

In the United States, as in Finland, Poland, Germany, and the UK, the increasing pressure to be competitive in a global economy is leading to a greater incidence of depression and work induced stress.

Conclusion

The situational analysis concludes that as the United States evolves towards a more information based economy, there is growing pressure placed on a company's workers to provide a competitive edge through increased productivity. It is therefore not surprising that more and more cases of disability are related to developing chronic conditions such as depression and work-induced stress.

NOTES

INTRODUCTION

1. The Infocus programme is an international focus programme.

2. Disability, Poverty, and Development: Issues Paper. Dept. For International Development. UK Feb. 2000. pp.4-9.

3. Ibid.

4. Ibid., p.8.

5. Overview of Mental Illness in the Workplace. PRS Disability Management, Inc. Virginia: USA 1998.

6. Op.cit. Disability, Poverty and Development. pp. 8-9.

7. Jenkins, R.: Mental Health at Work - Why is it so under-researched? *Occupational Medicine*, 1993 (43) pp. 65-67.

8. Royal College of Psychiatrists, op.cit., p.2.

9. Dr. Fred Goodwin, Director, US National Institute of Mental Health, in press release of National Mental Health Association, 2.12.93.

10. Your Voice at Work. Global report under the Follow-Up to the ILO Declaration on Fundamental Principles and Rights at Work. 2000. International Labour Office.

11. A grant from the Eli Lilly and Company Foundation was secured to conduct the situation analyses.

GLOSSARY

1. WHO *Programme on Mental Health*. 1998, http://www.who.int; WHO. *Mental Health,* Fact Sheet 130.August 1996; *Mental Health: A Report of the Surgeon General*. U.S.N.

2. ibid. and *The Undefined and Hidden Burden of Mental Health Problems,* WHO Fact Sheet 218, April 1999.

3. *Mental Health: A Report of the Surgeon General*. op.cit.

4. Sim, Foo Gaik: *Integrating Women and Girls with Disabilities into Mainstream Vocational Training: A Practical Guide*, ILO, 1999.

5. *Introduction to mental health issues in the EU*. STAKES. Finland 1999. *Mental Disorders in Primary Care: A WHO Educational Package*. WHO. 1998 (Reference tool for symptoms and diagnoses).

6. *Five Common and Disabling Mental and Neurological Problems*. www.who.int, Jan. 2000. *Mental Health,* WHO.

7. Hosman, C.M.H, Jane-Llopis,: E. *Effective Mental Health Promotion and Mental Disorders Prevention*, European International Union for Health Promotion and Education, 1999.

8. Pender, N.J: *Health Promotion in Nursing Practice.* pp. 51-57, Appleton&Lange, 1996. Clemens and Jane-Llopis, op.cit.

9. UN Standard Rule; Code of Practice: Management of Disability Related Issues

unpublished, ILO.

10. Pender: op. cit., pp. 124 and pp. 235-237.

11. Liam, Vivien: *Moderating the effects of work-based support on the relationship between job insecurity and its consequences*. Work and Stress, 1997 Vol.11 (3), pp. 231- 266.

12. U.S. National Institute for Occupational Safety and Health (NIOSH). *Stress At Work,* prepared by a NIOSH Working Group, 1998. http://www.cdc.gov/niosh

13. Kalimo, R.: *The Challenge of damaging work and stress for human resources. The case of Finland*. The Finnish Institute of Occupational Health. In print.

14. Liam: op.cit.

15. *The Undefined and Hidden Burden of Mental Health Problems*. WHO Fact Sheet No. 218, April 1999.

16. Sim: op. cit., p. 12.

17. Frierson, J.: *Employer's Guide to The American With Disabilities Act*. BNA Washington D.C. 1995. p. 317.

18. Code of Practice: Management of Disability-Related Issues in the Workplace. ILO, unpublished.