



# Organizational Approach to Mental Health Problems & Work

# HOW IMPORTANT ARE MHPs?

## WHO, 2002

- 154 Mio People suffered depression
- 25 Mio People suffered schizophrenia
- 91 Mio People were affected by alcohol abuse
- 15 Mio People were affected by drugs abuse
- 24 Mio People suffered from Alzheimer and other dementias (6.600 Mio people in the World, 1 out of 20)
  
- About 880.000 die by suicide every year
  
- MHPs are associated to chronic conditions (cancer, heart attacks, diabetes, HIV...)

# HOW IMPORTANT ARE MHPs?

Sample: 19.883 sick-leave processes (2001-06)

- MHPs are the 4th reason for sick-leave at work, after musculo-esqueletal, respiratory and digestive health problems
- 3,55% of sick-leave certificates are founded on MHPs
- But they are the 2nd reason for lost working days, representing 8,70% of the LWDs for sick-leave
- These processes are long-term absenteeism processes, with an average length of 96,73 days

# WHICH ARE THE MOST FREQUENT MHPs?

- **Anxiety: chronic fear, tension and panic attacks**
- **Dementia: anxiety and confusion**
- **Depression**
- **Eating disorders (anorexia, bulimia)**
- **Substances abuse: alcohol, drugs, gambling**
- **Manic-depressive illness**
- **Psychosis**
- **Schizophrenia**
- **Personality and adaptative disorders**
- **Burn-out: related to professionals dealing with people (“helping people” professions)**
- **Harasement at work: mobbing; sexual harassment**
- **“Stress at work”: inadequate response to stressors**

# WHAT ARE THE CONSEQUENCES OF MHPs (1)?

*WHO: Fact Sheet n° 218, Nov-2001*

- **Lost production from premature deaths caused by suicide (equal or greater than road traffic accidents)**
- **Lost production from people with MHPs unable to work, in the short, medium or long term (GM Spain, 1,5 Mio €per year)**
- **Lost productivity from family members caring for mentally-ill persons**
- **Reduced productivity (and quality) from people being ill while at work**
- **Cost of accidents by people with MHPs (traffic, at work, home)**
- **Cost for Social Security systems (medical, sick-leave compensation, psychosomatic syndromes)**

# WHAT ARE THE CONSEQUENCES OF MHPs (2)?

*WHO: Fact Sheet n° 218, Nov-2001*

## *The undefined burden*

Economic and social burden for families, communities and countries. Obviously substantial but not efficiently measured, due to lack of data and difficulties in measuring and evaluating

## *The hidden burden*

Associated to violations of human rights and freedoms

# WHAT ARE THE CONSEQUENCES OF MHPs (3)?

WHO: Fact Sheet nº 218, Nov-2001

## Stigmatized people

- Unemployment (heading to crime, alienation)
- Rejected by social environment
- Isolation and humiliation
- Denied equal participation in family, society events

# WHICH ARE THE “DRIVERS” TO MHPs?

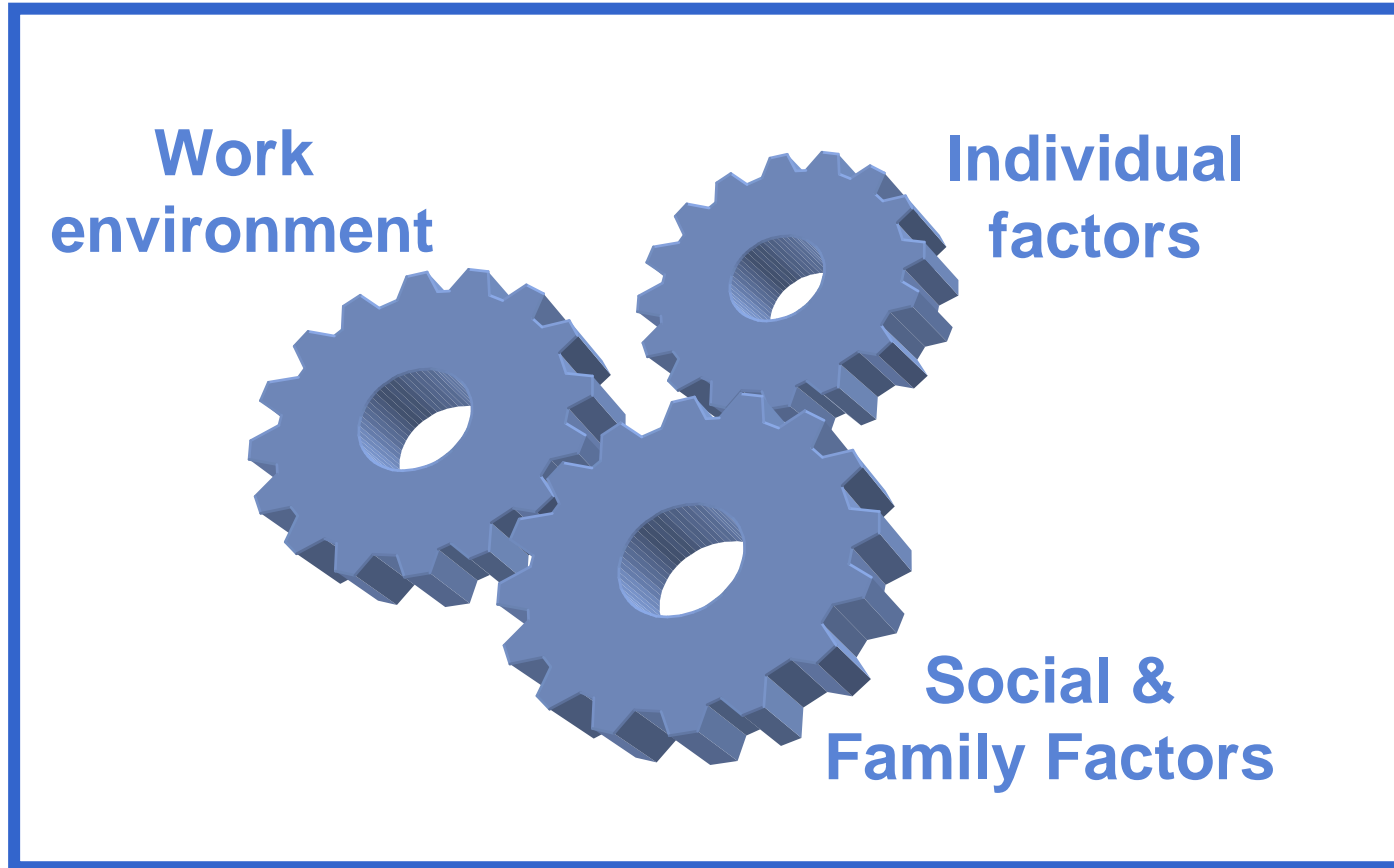
## SOCIAL “DRIVERS”

- Developed countries life-style
- Accelerated changes, no time to get used
- Crisis of values
- Crisis os social welfare models

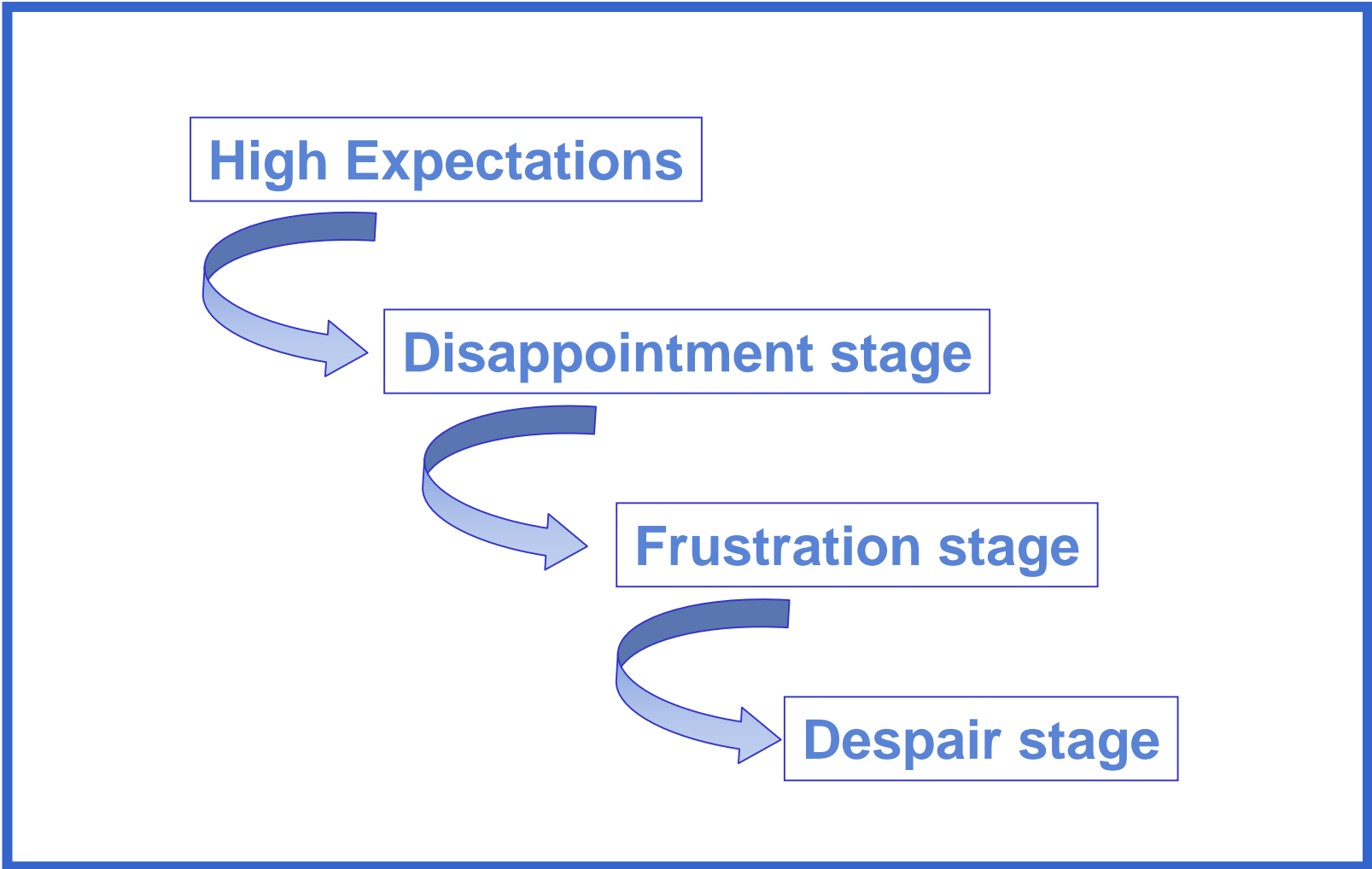
## WORK-RELATED “DRIVERS”

- More uncertainty: Globalization, business trasplant to developing countries, agresive markets
- Taylorism model
- Change from big demand to big offer: competitiveness

# WORK-RELATED OR PERSONAL-SOCIAL?



# BURN-OUT STEPS



# HARASSEMENT (MOBBING)

**Working condition where there is verbal or physical hostile behaviour towards a person, on a lengthy and regular basis**

- **Among peers**
- **From subordinates to superiors**
- **From superior to subordinate**

# ORGANIZATIONAL APPROACH TO MHPs

## HOW TO MEASURE UP THE PROBLEM?

### MEDICAL INFORMATION

- Sick-leave certificates
- Visits to GPs or Occupational Health physicians
- Oriented questionnaires

### RISK ASSESSMENT AT WORK

- Questionnaires
- Objective methods

# ORGANIZATIONAL APPROACH TO MHPs

- **PROACTIVE APPROACH**
  - Risk assessment at work
  - Organizational tools
- **REACTIVE APPROACH**
  - Reactive programs

# ORGANIZATIONAL PROACTIVE APPROACH

## RISK ASSESSMENT AT WORK

### Variables of the Organization

- Information
- Participation
- Communication from company
- Work environment
- Professional career
- Leadership style

### Variables of the Task

- Attention demand
- Communication to others
- Task content
- Control of task outcome
- Training

# RISK ASSESSMENT AT WORK

**Value**

**Communication**

Possibilities that they arrange the workers to be related and to interchange information with his superior ones and companions in the occasion of its tasks

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**Type select:**

There are communication channels with superiors, workmates or subordinates, and information has been given of the same	SI	Periodicity and contents of the communication allow to carry out the tasks in a proper and safe manner	SI	There is information on the progress of work.	SI	It is possible to speak with workmates during work hours.	SI	Very adequate
			NO				NO	Adequate
	NO							Suficiente
								Very inadequate

# RISK ASSESSMENT AT WORK

**Value**

**Participation**

Capacity to take part or to think on the referring subjects to the organization of the work and prevention of labor risks

Art 18 Ley 31/1995

**Type select:**

There are participation channels, means or systems	SI	Information has been given on how to use the participation channels	SI	Results are applied and/or rewarded	SI	Information on the results of the participation	SI	Very adequate
			NO		NO		NO	Adequate
								Sufficiente
								Inadequate
	NO							Very inadequate

# RISK ASSESSMENT AT WORK

Position: XXXX

Nº	Workers
1	Worker

 Add

 Modify

 Delete

 Print  
Questionnaire

## Risk factors

Risks factors	%	Probability Level
Noise	0,00	Very adequate
Iluminacion	50,00	Suficiente
Temperature	75,00	Inadequate
Communication	50,00	Suficiente
Career plan	50,00	Suficiente
Participation	25,00	Adequate

Risk factor	%	Probability Level
Role ambiguity and conflict	25,00	Adequate
Attention / time pressure	0,00	Very adequate
Training	25,00	Adequate
Task content	75,00	Inadequate
Available resources	25,00	Adequate
Night shift	0,00	Very adequate

## Consequences grade



## Probability Level

33,33 Adequate

 Return

 Graphics

 Inform

## Risk Level



# ORGANIZATIONAL APPROACH TO MHPs

## ORGANIZATIONAL TOOLS

- Information to employees
  - Clear definition of roles and responsibilities
  - Candid information to employees
  - Objective assessment process
- Participation tools
  - Suggestions programs
  - Other participation tools
- Enrich Job Content
  - Job rotation
  - Training
  - Professional career

# ORGANIZATIONAL APPROACH TO MHPs

## REACTIVE APPROACH

- Social worker service
- Clinic psychologist service
- Family therapy programs
- Employees Assistance Programs (EAPs)
- Rehabilitation / Relocation programs
- Self-help groups

# ORGANIZATIONAL APPROACH TO MHPs

## SOCIAL WORKER SERVICES

- “Gate” to other programs
- Link between Unions, workers and occupational physicians
- Link between company and workers’ families
- Expert in Social Security processes
- Curricular skills for other programs

# ORGANIZATIONAL APPROACH TO MHPs

## CLINIC PSYCHOLOGIST SERVICE

- Expert in MHPs
- Knowledge of company
- Link with National Health Services professionals and outside colleagues
- Expert in MHPs therapy technics to cope with stress and other MHPs at work
- Gate to other services
- Experts in primary prevention, “A” personality early detection, premorbid personality
- Teaching to cope with stressors

# ORGANIZATIONAL APPROACH TO MHPs

## FAMILY THERAPY PROGRAMS (1)

### Goal

Provide advice and support to employees for family problems resolution

### Methodology

Train the employee and relatives on social tools that will help them to develop skills to overcome personal and family conflicts

### Procedure

Family therapy sessions with the employee and relatives, conducted by two professionals experts in family guidance

# ORGANIZATIONAL APPROACH TO MHPs

## FAMILY THERAPY PROGRAMS (2)

### Scope of the program

- Family and married life problems
- Children / Youngsters problems
- Problems with parents
- Loss of relatives
- Balance family-work
- Dealing with illnesses within the family
- Separation / divorce

# ORGANIZATIONAL APPROACH TO MHPs

## FAMILY THERAPY PROGRAMS (3)

### FRAMEWORK

- ◆ CONFIDENCIALITY
- ◆ VOLUNTARY
- ◆ FREE (NO COST FOR EMPL.)

### BASIC TEAM

- ◆ NURSE
- ◆ SOCIAL WORKER
- ◆ Both trained in psychosocial risk and family therapy

# ORGANIZATIONAL APPROACH TO MHPs

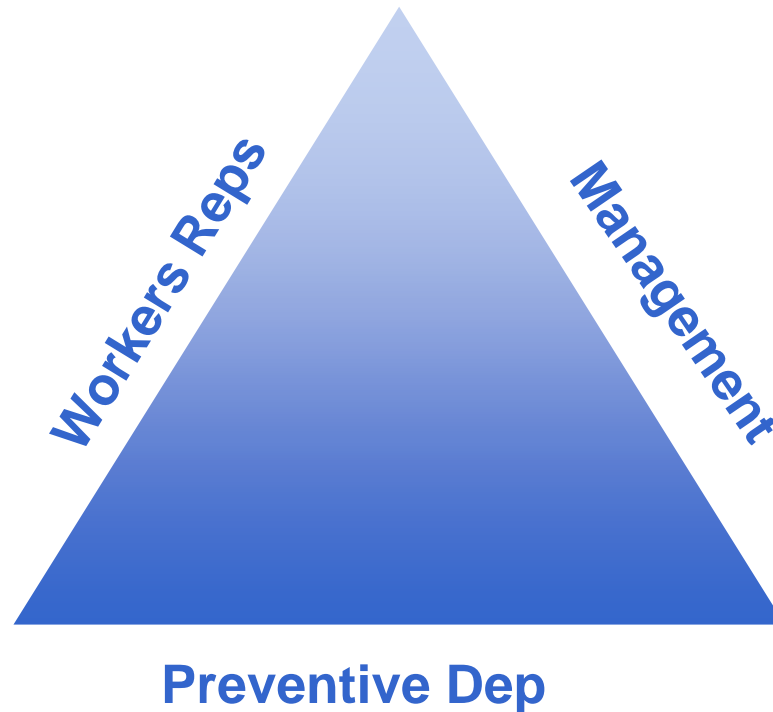
## FAMILY THERAPY PROGRAMS (4)

### Benefits

- Decrease psychosomatic absenteeism
- Less risk of chronic MHPs derived of these conflicts
- Improvement on working atmosphere
- Decrease risk of work-accidents and traffic accidents
- Less turn-over of these employees
- Better working outcome

# ORGANIZATIONAL APPROACH TO MHPs

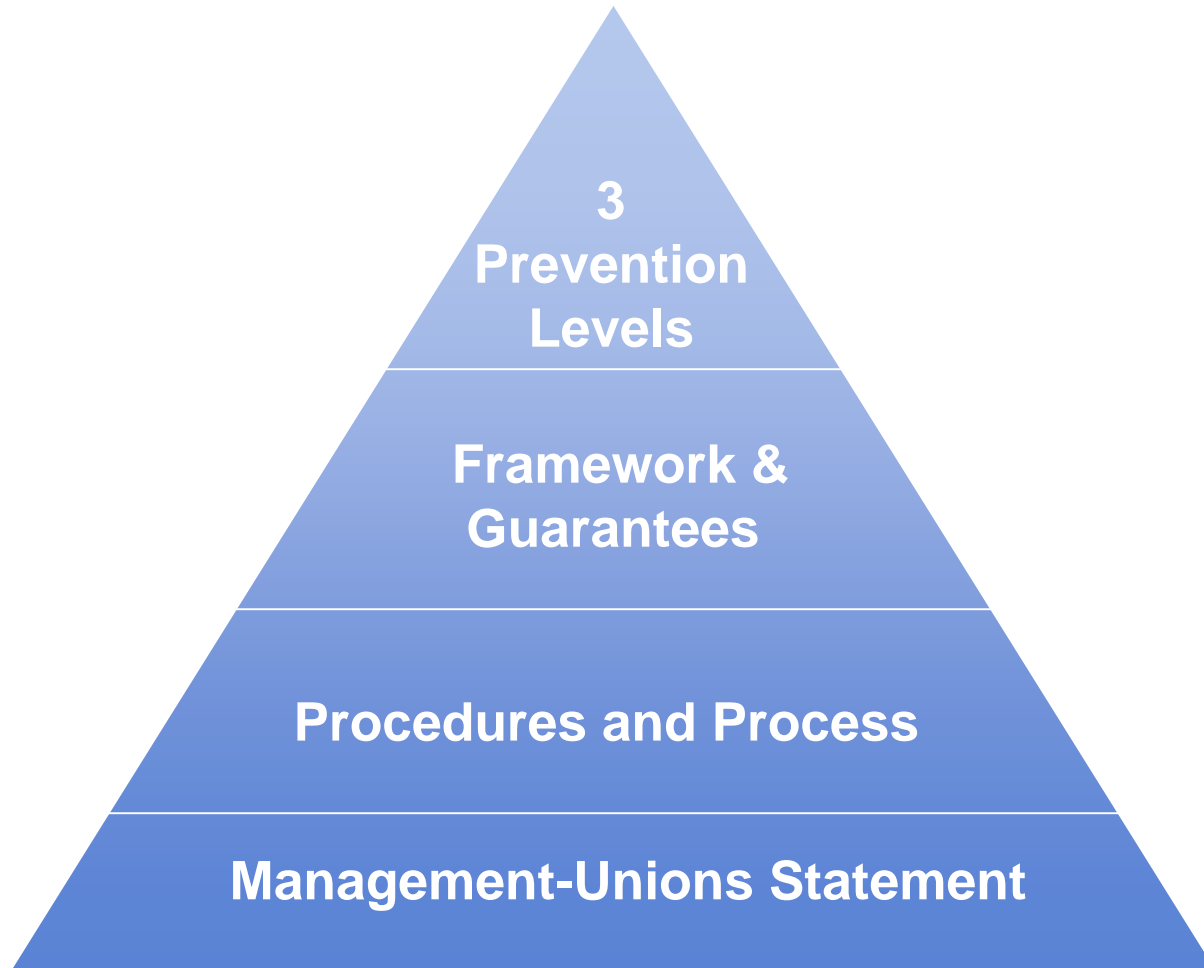
## EMPLOYEES ASSISTANCE PROGRAMS (1)



Outside Specialized Treatment Institutions

# ORGANIZATIONAL APPROACH TO MHPs

## EMPLOYEES ASSISTANCE PROGRAMS (2)



# ORGANIZATIONAL APPROACH TO MHPs

## EMPLOYEES ASSISTANCE PROGRAMS (3)

### FRAMEWORK

- ◆ CONFIDENCIALITY
- ◆ VOLUNTARY
- ◆ TREATMENT CONTRACT

### BASIC TEAM

- ◆ OCCUP PHYSICIAN
- ◆ NURSE
- ◆ SOCIAL WORKER

# **ORGANIZATIONAL APPROACH TO MHPs**

## **EMPLOYEES ASSISTANCE PROGRAMS (4)**

### **KEY FOUNDATIONS**

- **Involvement of Central Health & Safety Committee**
- **Family environment, key aspect in the treatment**
- **Management support, supervision and Unions involvement**
- **Included in the GM Spain Collective Agreement**

# ORGANIZATIONAL APPROACH TO MHPs

## REHABILITATION / RELOCATION PROGRAMS

- Very useful tool when used appropriately
  - EAPs employees
  - Stigmatized employees
- Relocation is not the solution of MHPs
- Involvement of Team members
- Always assess working stress “drivers” in the new job

# ORGANIZATIONAL APPROACH TO MHPs

## OTHER PROGRAMS

- **Self-help groups**
- **Contracts with outside expert professionals and entities**
- **Fitness centers**
- **Educational programs**

# SUMMARY

- **MHPs, major concern for companies and society**
- **Multiple interacting “drivers”: individual, social, family and laboral**
- **Multidisciplinary approach**
- **Involvement of Governments, companies, NHSs and Occupational Health Societies**
- **Unless clear commitment of all society levels, could become pest of 21<sup>st</sup> century**

# THANKS FOR YOUR ATTENTION

