

# Teaching Management of Mental Health Problems

## Zaragoza

6, 7 and 8 September



# WHAT & WHY?

**What Competencies  
a Fully Qualified  
Occupational Physician  
should have regarding  
management  
of MHP at work?**

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# WHAT & WHY?

**Occupational medicine  
contributes to good  
management to healthy  
enterprises, which is an  
essential element of the  
national public health system**

# WHAT & WHY?

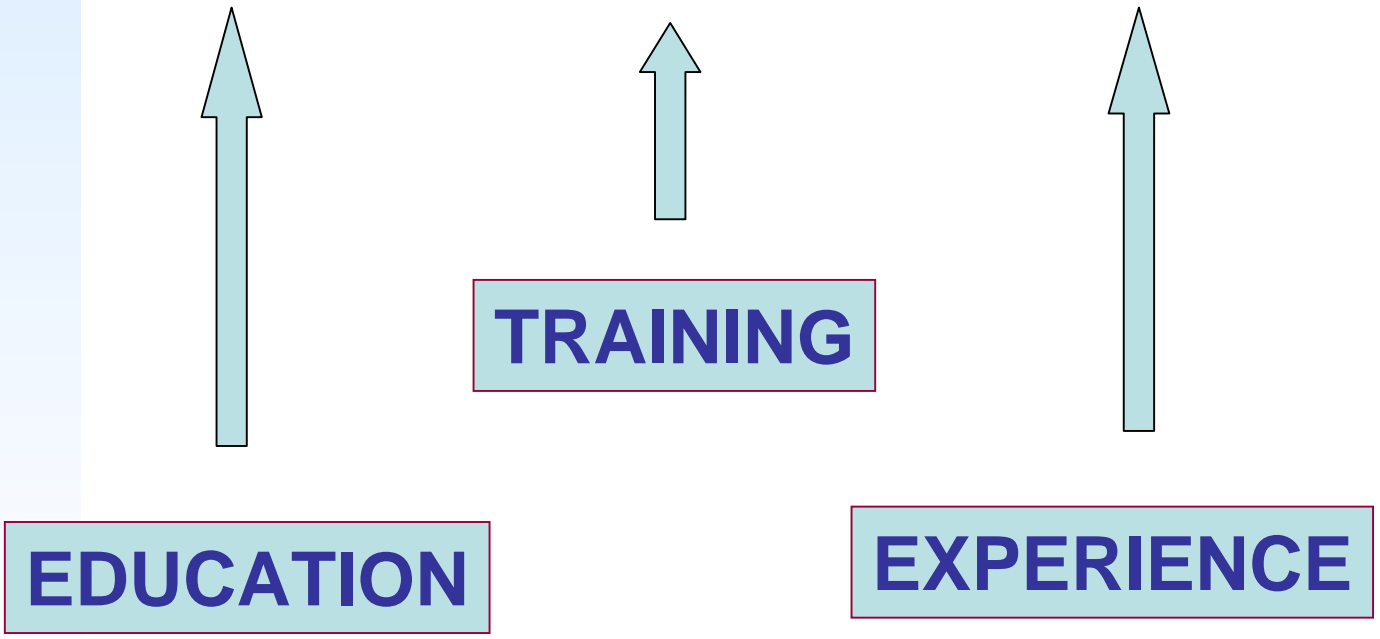
**The occupational physician plays a part in reducing the incidence of diseases and injuries, alleviating suffering and promoting and protecting people's health**

# WHAT & WHY?

If the occupational physician is to make a maximum contribution to employees' working ability and health and safety at work, there must be proper arrangements in place to ensure they are **competent**

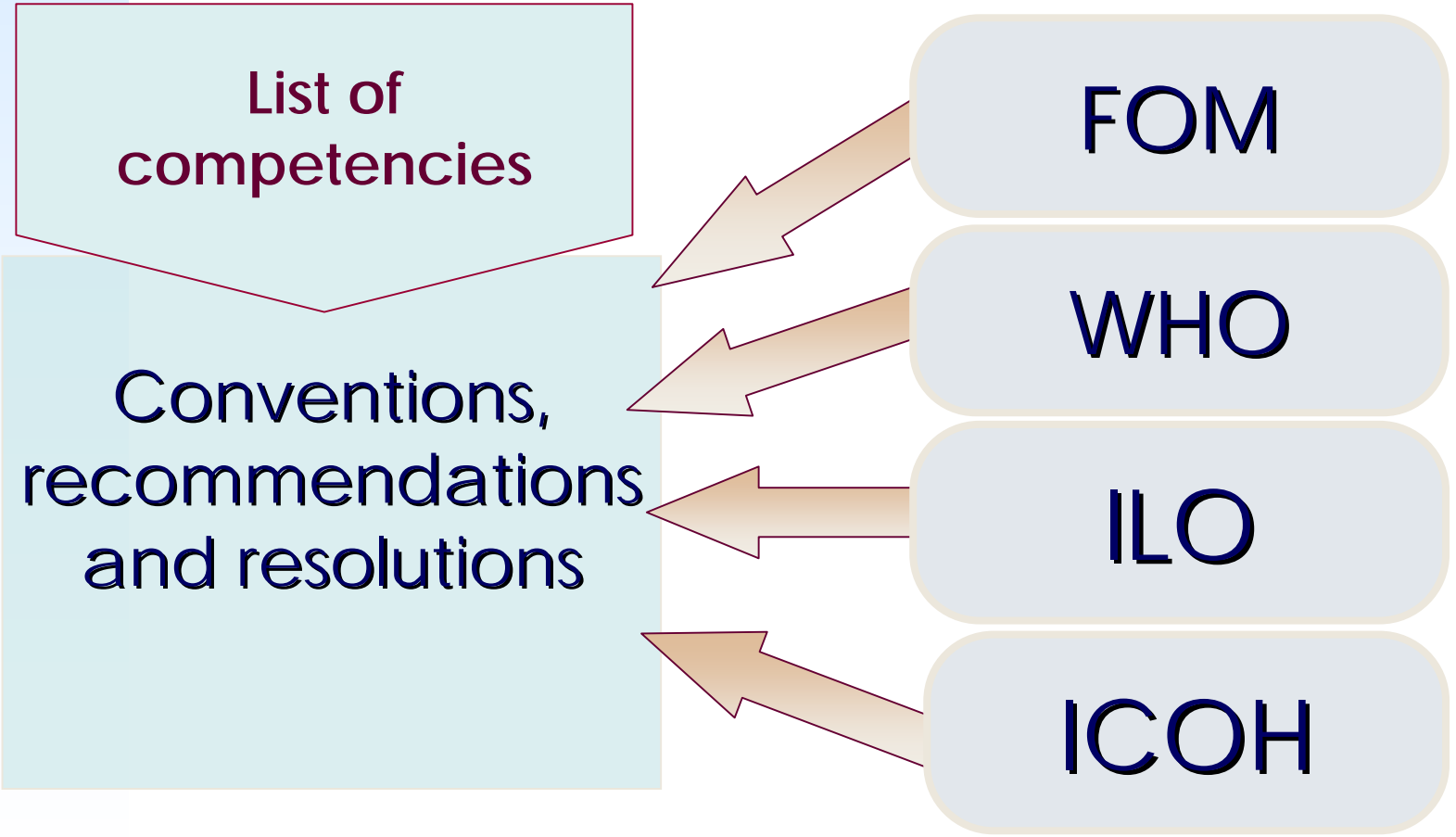
# WHAT & WHY?

## Professional Competence



# WHAT & WHY?

## Recent Years



# WHAT ?

## European Directives

- European Directive 89/391/EEC-  
framework for regulation of Health  
and Safety (Competent Persons)
- European Directive 93/16/EEC-  
facilitates the free movement of  
doctors and the mutual recognition  
of their diplomas, certificates and  
formal qualifications

# WHAT ?

## **Glasgow Conference on Core Competences, 1997**

1. Describes and assesses the training needs and models of training of occupational physicians across Europe
2. Identifies differing practices, assessment methodologies and duration of training between countries and the variability of emphasis within individual countries
3. Defines and assesses the competencies required of occupational physicians across Europe

# WHAT ?



Occupational  
Medicine  
in Europe:  
Scope and  
Competencies



WHO European Centre for Environment and Health, Bilthoven

## Editors

Ewan MacDonald, Boguslaw Baranski, Jane Wilford

# WHO publication

# WHAT ?

- This document has been adopted by the UEMS
- Used as a guideline for defining the curriculum used in the training of occupational physicians across Europe
- Used by many of the countries seeking EU membership in order to harmonise their training

# WHAT ?

- **WHAT** are the competencies occupational physicians need in order to tackle occupational mental problems in clients and organizations?

# WHAT ?

- **WHAT** are the basic competencies for the OP, and when should s/he delegate or refer to other experts?

# WHAT ?

## MORNING SESSION

- Differences within countries
  - Changing concepts of work and health and a changing view on their relationship
  - From industrial economy to service economy

BROAD FIELD

# WHAT ?

## MORNING SESSION

- Globalization
- Immigration
- Changing relation between employer and employee
- Mental Health Promotion.... Well-being... Good functioning

**BROAD FIELD**

# WHAT ?

- All medical practitioners are faced with constant changes in clinical practice.
- This is particularly true in OM which has seen a significant decline in classical industrial diseases in recent decades and the emergence of a spectrum of health conditions which reflect both changes in technology and a greater awareness of the role of psychosocial factors.
- This all implies a knowledge base for specialist training which is proactive in addressing these needs.

# WHAT & WHY?

The occupational  
physician is an  
expert adviser

# WHAT & WHY?

**Sometimes part of the enterprise's senior management team who is able to assist in planning and reestructuring the work process with regards to health and safety, legal requirements, human resources and good business practice**

# WHAT & WHY?

**S/he may work as part of an integrated multidisciplinary occupational health and safety service, or may have access to multidisciplinary colleagues in such a way as to enable him/her to give appropriate advice in the related fields of health and safety**

# WHAT & WHY?

COOPERATION AND  
MULTIPROFESSIONAL  
APPROACH

WHY ?

# Mental Health Problems ?

# WHY ?

Mental Health Problems  
have become the 2nd cause after  
musculoskeletal complaints of

**Sick  
Leave**

**Low  
Productivity**

# WHY ?

## Cost of MHP at Work

***Significant*** for individuals  
and organizations

In the member states of the EU the cost of mental health problems is estimated to be on average 3 to 4 % of the GNP, including cost of treatment and losses associated with sickness and low productivity

# WHY ?

## Cost of MHP at Work

***Significant* for individuals  
and organizations**

**In the UK it has been estimated that 91 million working days are lost each year due to mental health problems**

Gray, 1999

# WHY ?

## Cost of MHP at Work

***Significant*** for individuals  
and organizations

**In the USA, the estimates for national spending on depression range from \$30 to \$44 billion, with approximately 200 million working days lost each year**

ILO, 2000

# WHY ?

Prevalence of common mental health problems

MHP are widespread, not exclusive to any specific group, they are found in people of all countries and cultures

# WHY ?

Prevalence of common mental health problems

It is estimated that between **one in four** and **one in six** of the working population has *common mental health problems* at any one time

Goldber and Huxley, 1992; Singleton et al, 2001

# WHY ?

Prevalence of common mental health problems

Conditions such as depression and mixed anxiety are relatively common and are the most frequent mental problem in both men and women at work

Goldber and Huxley, 1992; Singleton et al, 2001

# WHY ?

Prevalence of common mental health problems

In contrast, only **one in two hundred** adults experience ***probable psychotic disorder*** in any given year and only 1% of the population suffer *schizophrenia* at some point of their lives (similar for *bi-polar disorder*)

# WHY ?

## Prevalence of common mental health problems

- **The ILO** makes a distinction between mental health problems and mental illness
- **The National Service Framework for Mental Health** (1999) distinguishes between severe mental health problems and other forms of mental ill health based in their incidence and prevalence

# WHY ?

Prevalence of common mental health problems

**Common MHP are defined as those that:**

1. Occur most frequently and are more prevalent
2. Are mostly successfully treated in primary rather than in secondary care settings
3. Are least disabling in terms of stigmatising attitudes and discriminatory behaviour

# WHY ?

**Between 15 and 20% of employees will experience some form of mental health difficulty during their working lives, with depression representing the largest percentage of this problem**

The UK Department of Health (1996)  
and the Confederation of British Industry (1999)

# WHY ?

In a company of 1000 employees, between 200 and 300 people may suffer from depression and anxiety over the course of a thirty-year working life and one suicide may occur per decade

The UK Department of Health (1996)  
and the Confederation of British Industry (1999)

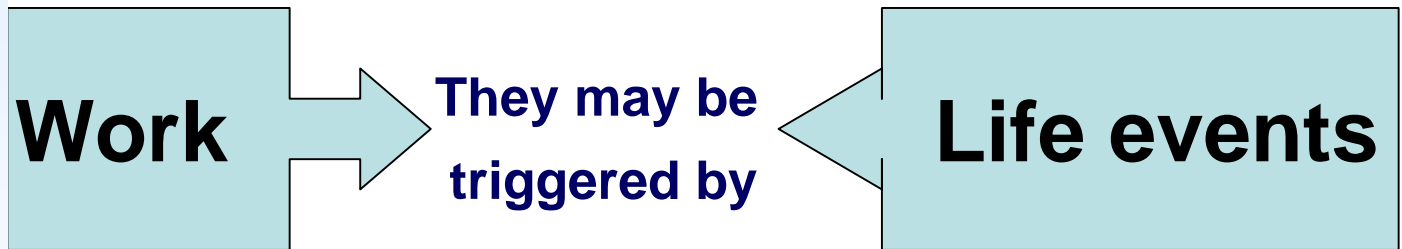
# WHY ?

WHO estimates that by year  
2020 neuro-psychiatric  
conditions will account for 15%  
of disability worldwide

WHO,2001

# WHY ?

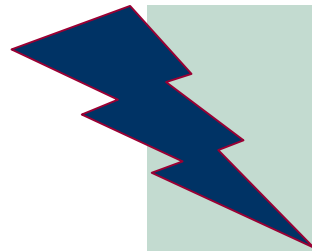
Mental Health problems stem from a multiplicity of causes



Duration and severity are determined by a number of factors other than the immediate cause

# WHY ?

Certain occupations are at greater risk of mental ill health than others



Higher incidence of  
Work-Related  
Mental Illness

(Stansfield et al 2003)

Teachers  
Nurses  
Social Workers  
Probation Officers  
Police Officers  
Armed Forces  
Medical Practitioners

# WHY ?

Certain occupations are at greater risk of mental ill health than others

High levels of job demands combined with lack of long term security and particularly high emotional demands in working with people

Teachers  
Nurses  
Social Workers  
Probation Officers  
Police Officers  
Armed Forces  
Medical Practitioners

# WHY ?

Actual Context or Circumstances



Teachers  
Nurses  
Social Workers  
Probation Officers  
Police Officers  
Armed Forces  
Medical Practitioners

# WHY ?

## Context of Increasing Violence

**Martínez-Jarreta B, Gascón S, Santed MA, Goicoechea J.** *Medico-legal analysis of aggression towards health professionals. An approach to a silent reality and its consequences on health.*  
**Med Clin (Bar) 2007;128/8:307-10.**

Nearly 70%  
Non Physical  
Aggression

11%  
Physical Aggression

## Results and discussion

(Martínez-Jarreta et al, 2007)

### Physical Violence

Likert Scale

Psychiatric  
Symptoms

$X^2=2,132$   
 $P=0,977$

Depression

$X^2=0,765$   
 $P=0,943$

Anxiety

$X^2=0,943$   
 $P=0,918$

PTSD Criteria

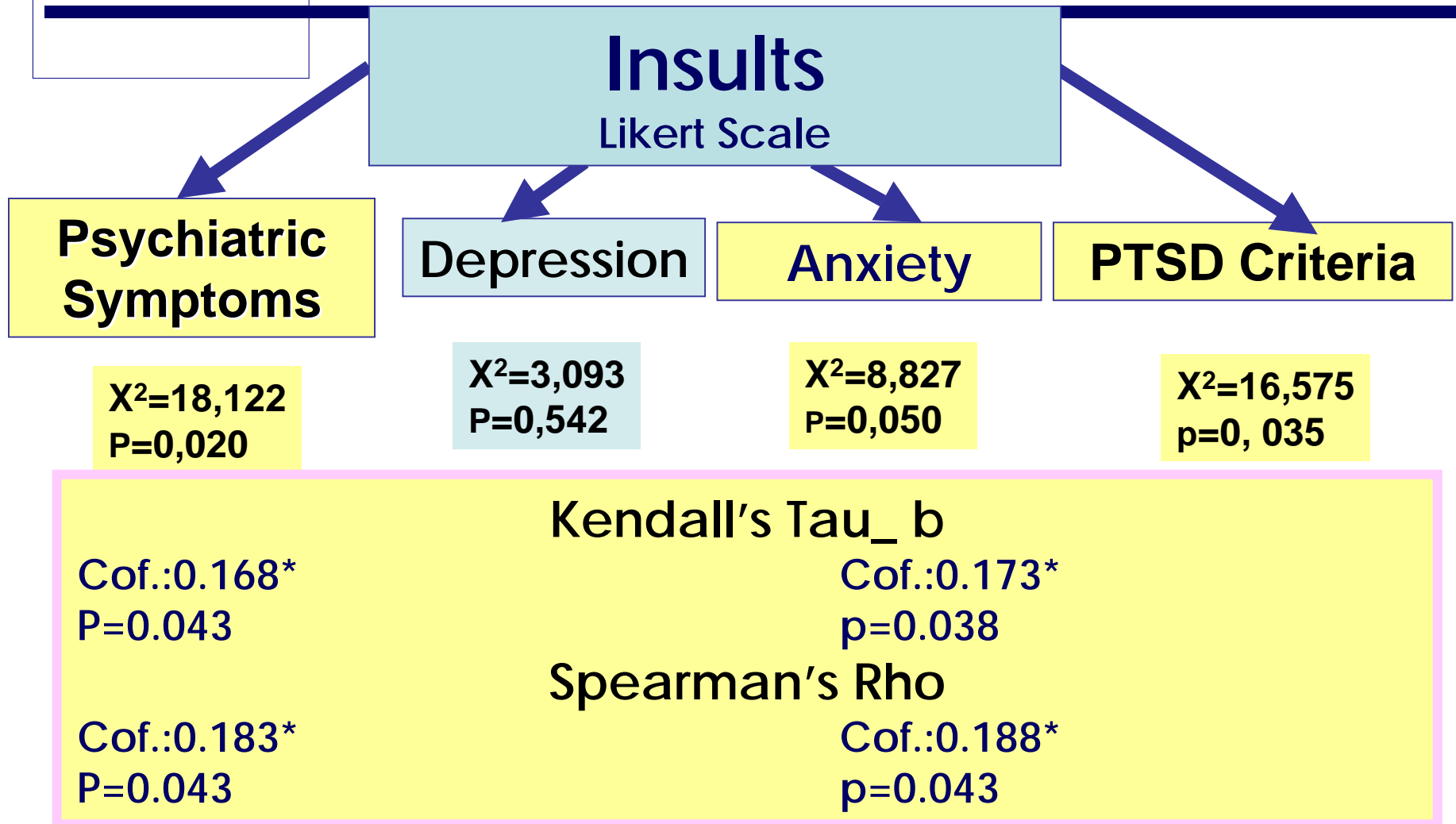
$X^2=0,943$   
 $p=0,846$

Kendall's Tau\_b

Spearman's Rho

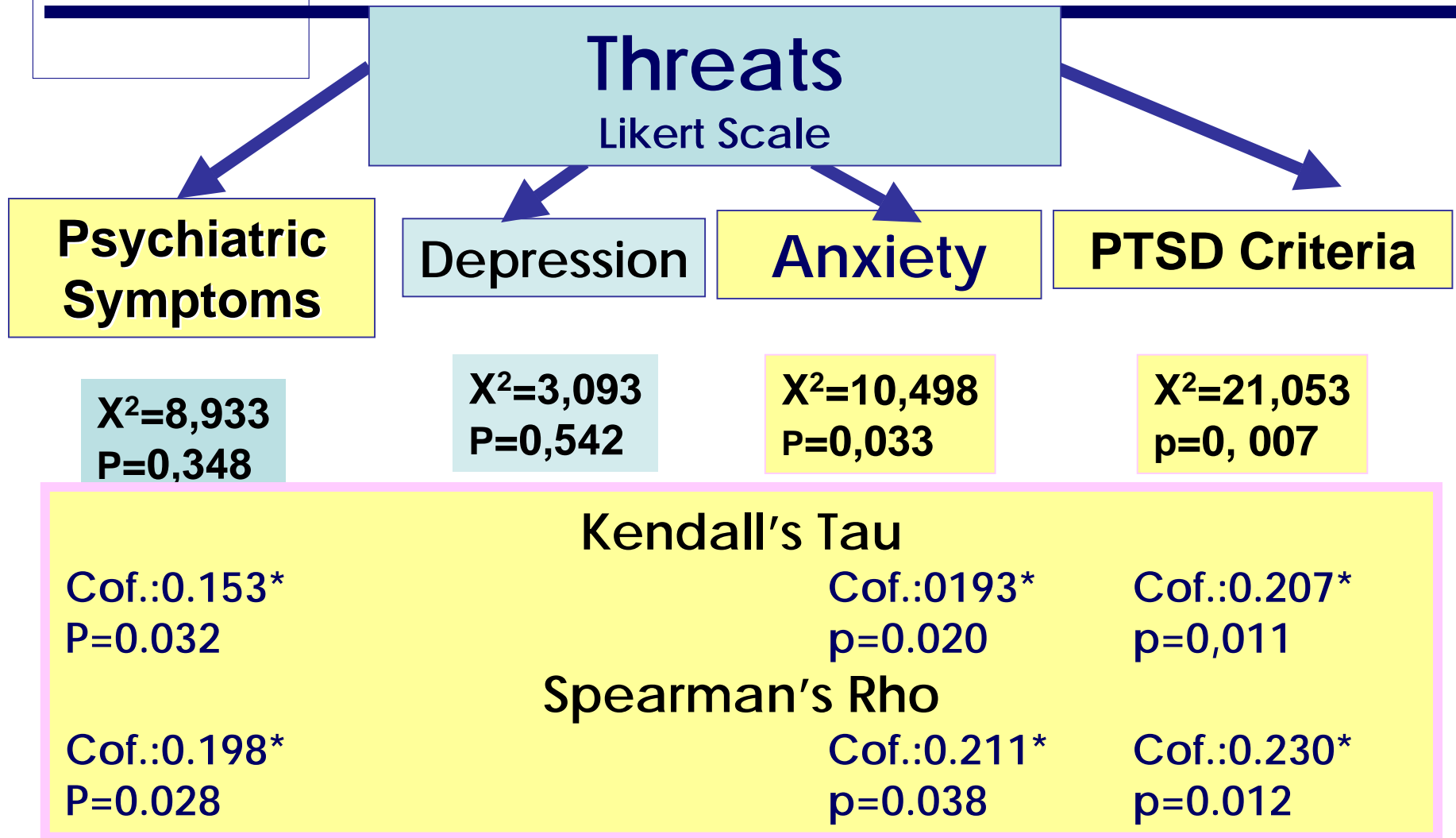
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(Martínez-Jarreta et al, 2007)



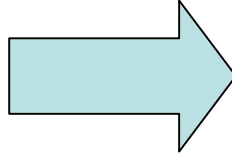
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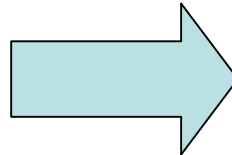
**WORK**



**Health & Psychological  
well-being**

# WHY ?

**WORK**



**Health & Psychological well-being**

**Some demands**



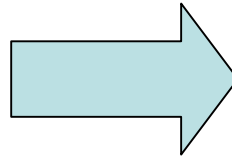
**Energizing Responses**

**Typical Stressors**  
Job demand-job control  
Burnout  
Effort-Reward imbalance  
Violation of the psychological contract, etc.

**in certain context**  
**with certain individuals**

# WHY ?

**WORK**



**Health & Psychological well-being**

**Some demands**



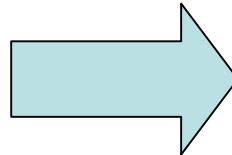
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**with certain individuals**

# WHY ?

**WORK**



**Health & Psychological  
well-being**

Interventions could  
focus on:

- ***Features of the work environment***
- ***Individual-situation***
- ***A combination of both***

**in certain context**

**with certain individuals**

# Which competences?

## *Management of Mental Health Problems*

<b>Diagnosis</b>		
<b>Treatment (management)</b>		
<b>Prevention</b>		

**We consider these six fields for the Summer School**

# WHAT ?

- **WHAT** are the core competences in this field, and when should the OP delegate or refer to other experts?

7th EASOM SUMMER  
SCHOOL

DISCUSSION

# Teaching Management of Mental Health Problems

## Zaragoza

6, 7 and 8 September



# 7th EASOM SUMMER SCHOOL

# 7th EASOM SUMMER SCHOOL

# WHY ?

Occupational Physician  
advises on sources of :

- Work-related stress
- Mental ill health
- On good management
- Human resources  
practices

To  
eliminate  
Adverse  
Mental  
Health  
Effects

# WHY ?

## Prevalence of common mental health problems

Mental ill health is a contested concept and the language used to describe it varies widely. For the purposes of management of MHP at work normally is chosen to use the term *common mental health problems*, rather than *mild to moderate mental ill health*

# WHY ?

Prevalence of common mental health problems

People experiencing common mental health problems, as well as their families, physicians and employers, are most likely to use terms such as anxiety or depression (nerves) to articulate this set of health problems. None of this terminology applies to major depressive illnesses.