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Mental Health at Work: Risks and Promises

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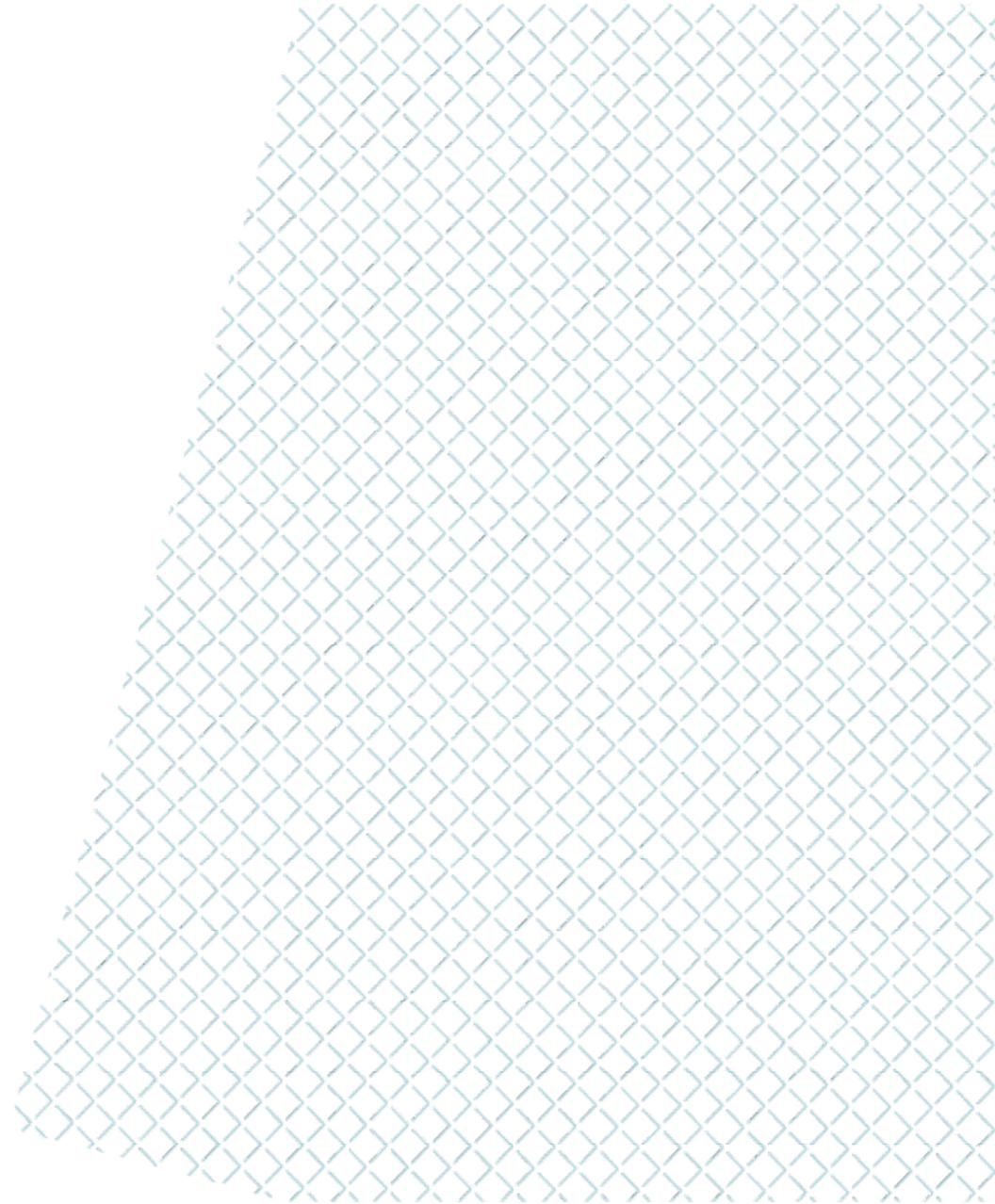
Leading Reform Summit 2018, Queensland Mental Health Commission
Brisbane, November 21st- 22nd 2018.

The burden of mental health problems

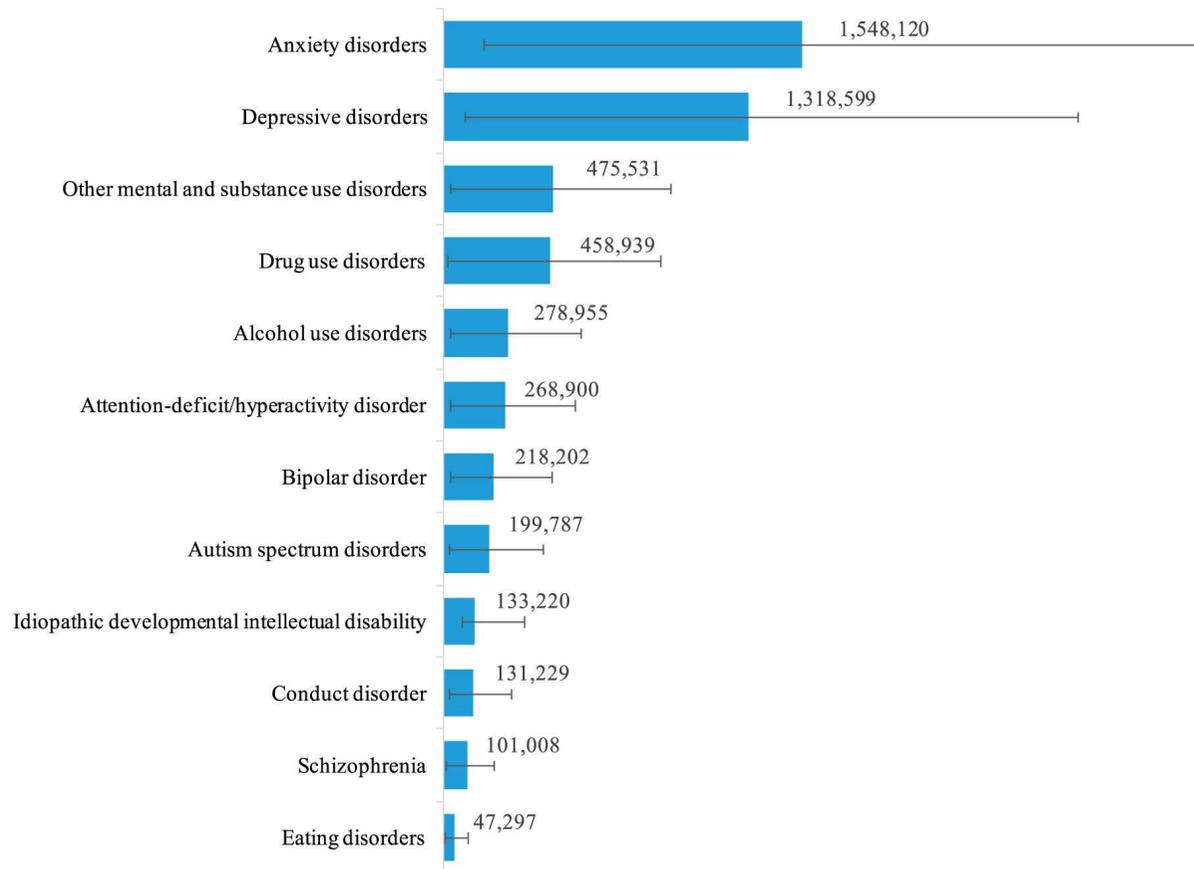Figure 1. Number of prevalent cases and 95% UIs by each mental and substance use disorder in 2015 in Australia.

"*Greater attention should be paid to prevention (Jorm et al., 2017), focusing on the risk factors and predictors of MSDs [Mental and substance use disorders] and the broader societal factors that can influence prevalence and burden.*"

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What does work have to do with mental health problems?

Mental health problems are common in the employed population

An American study found that out of a total sample of 35,847 working people:

- 12% had a mild mental disorder; 4.4% had a moderate mental disorder, and; 4.9% had a serious mental disorder
- 21% of the sample had a mental health problem

Up to 60% of people who die by suicide are employed at the time of death in Australia

- Risks most concentrated in construction laborer jobs, technician/skilled tradespersons, manufacturing, and farmers

Luciano, et al., The employment status of people with mental illness: National survey data from 2009 and 2010. Psychiatr Serv. 2014 Oct 1; 65(10): 1201–1209.
Milner et al., Economically inactive, unemployed and employed suicides in Australia by age and sex over a 10-year period: what was the impact of the 2007 economic recession? Int J Epidemiol. 2014;43(5):1500-7

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Suicide in the construction industry

Age standardised suicide rates for Australian construction vs non-construction workers (per 100,000 persons)

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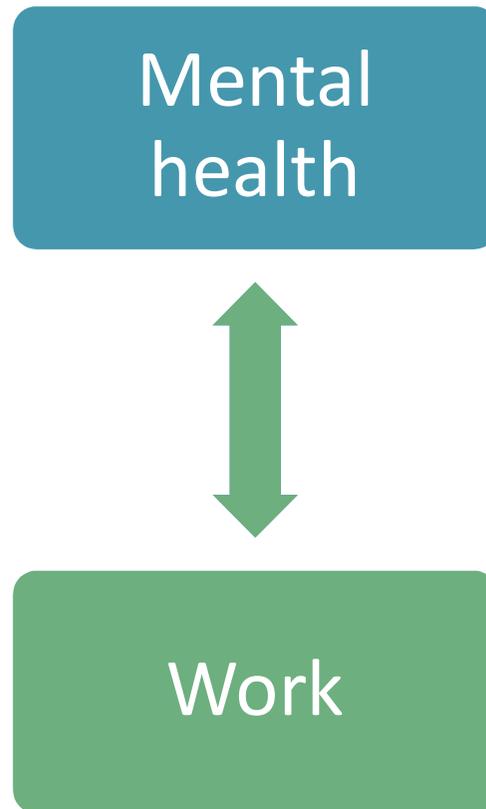
Psychosocial job stressors

"Aspects of work design, organisation or context that may cause psychological or physical harm"

LaMontagne et al., 2010 Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers. Advances in Mental Health 9(1), 17-35

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Job demands

Job insecurity

Social support

Long working hours

Bullying

Effort-Reward Imbalance

Job strain (low control/high demands)

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Prevalence of psychosocial job stressors in 2016
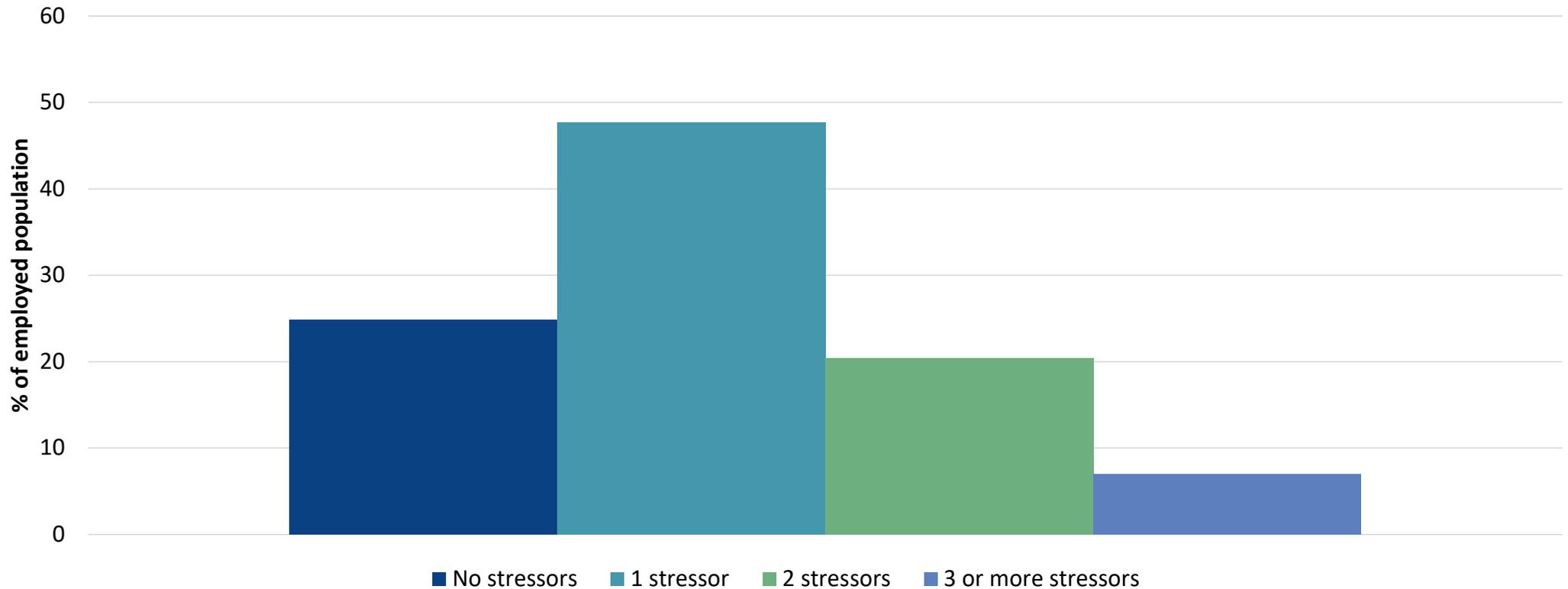
Notes: Evidence from the Household Income Labour Dynamics in Australia Survey

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Psychosocial job stressors and mental health

There is good evidence that psychosocial job stressors are associated with a range of mental and physical health outcomes

Netterstrøm, Bo, et al. The relation between work-related psychosocial factors and the development of depression. Epidemiologic reviews 30.1 (2008): 118-132.

Kivimäki, Mika, et al. Work stress in the etiology of coronary heart disease—a meta-analysis. Scandinavian journal of work, environment & health (2006): 431-442.
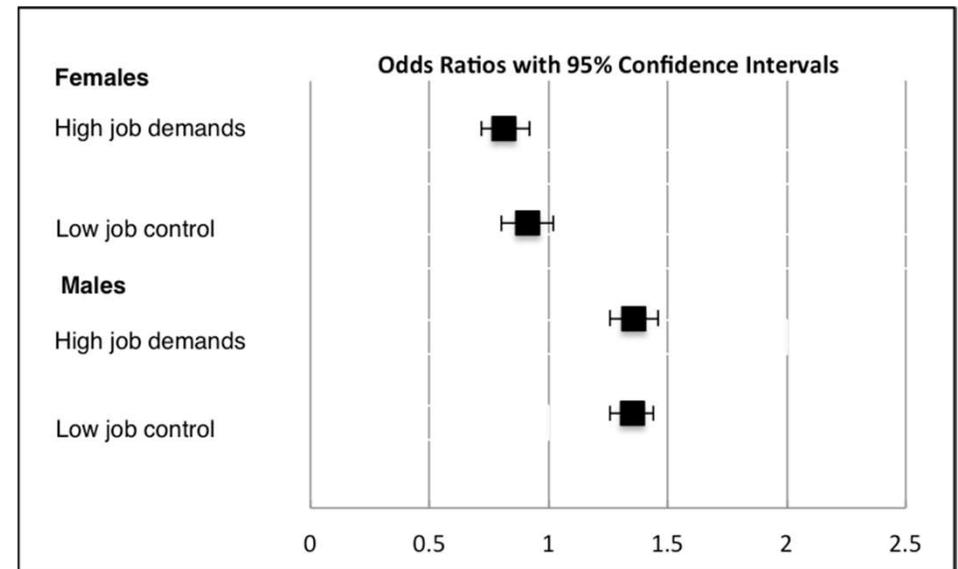
Nieuwenhuijsen, K., D. Bruinvels, and M. Frings-Dresen. Psychosocial work environment and stress-related disorders, a systematic review. Occupational medicine 60.4 (2010): 277-286.

Madsen IEH, et al., Job strain as a risk factor for clinical depression: systematic review and meta-analysis with additional individual participant data. Psychological Medicine (2017), 47, 1342–1356

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Psychosocial job stressors and suicide

- A review across 22 studies found that:
  - Those who were exposed to job stressors had a <mark>1.16</mark> odds of suicide ideation (95% CI 1.13 to 1.19) compared to those who were not exposed to these stressors.
  - Those who were exposed to job stressors had a <mark>1.17</mark> odds of suicide death (95% CI 1.03 to 1.34) compared to those who were not exposed to these stressors.

Odds Ratios with 95% Confidence Intervals

Females
High job demands
Low job control
Males
High job demands
Low job control

0   0.5   1   1.5   2   2.5

Milner et al., 2018. Psychosocial job stressors and suicidality: a meta-analysis and systematic review. Occup Environ Med. 75(4):245-253
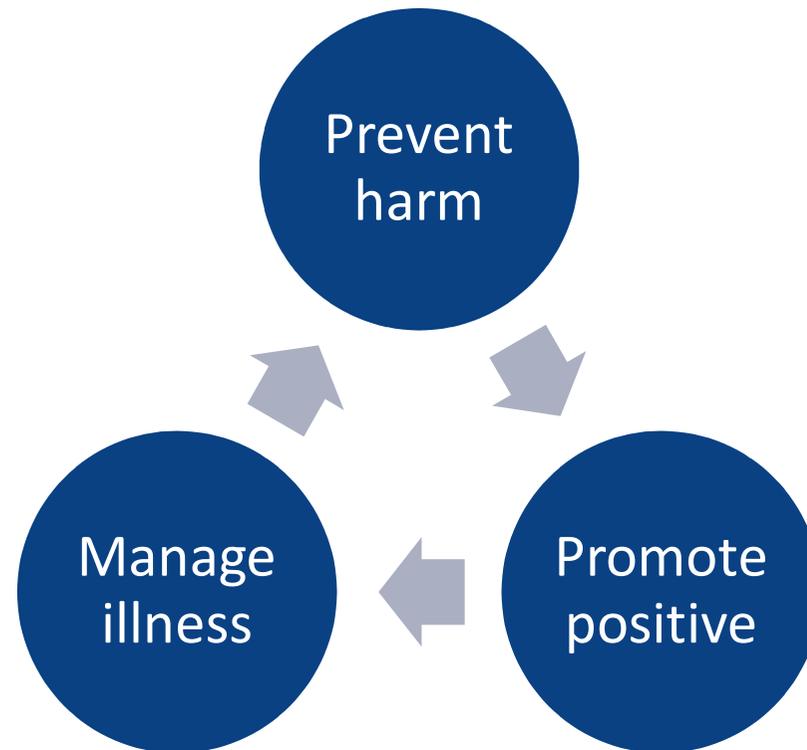
Milner et al., 2017. Low Control and High Demands at Work as Risk Factors for Suicide: An Australian National Population-Level Case-Control Study. Psychosom Med. 2017 Apr;79(3):358-364

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What can the workplace do?

# The Integrated approach: Three basic principals

1. Promoting the Positive:

- Complete health (WHO 1948), complete mental health (WHO 2004)

"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

- Asks people to focus on the positive aspects of their work:
  - Social support; sense of a "job well done"; meaningfulness.

- Introduce a focus on the positive, through:
  - Leadership;
  - Connectedness;
  - Policies and Practices, and;
  - Organisational Culture and Capabilities.

Promote positive

Prevent harm

Manage illness

Integrated approach

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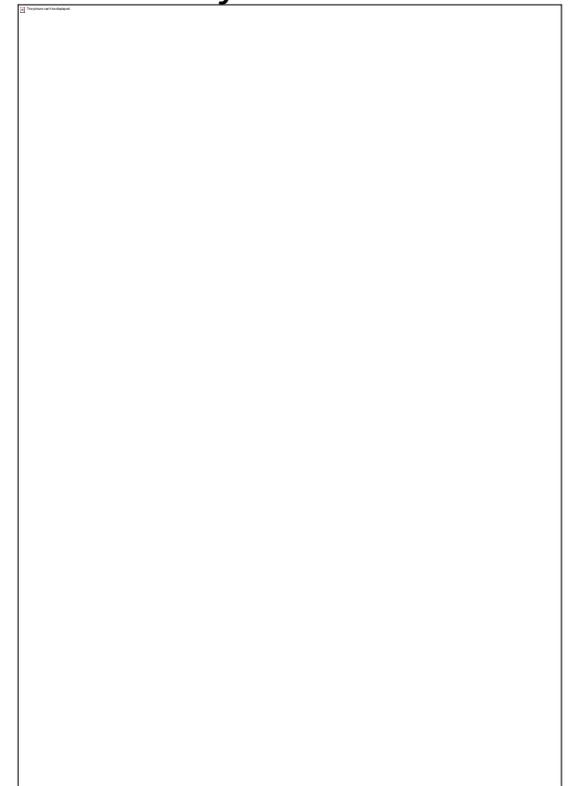
Evidence

Where are the evaluations that suggest that these reduce mental health problems?

- Review of positive psychological interventions in organisations

(Meyers et al 2013):

  - 15 studies;
  - enhance employee wellbeing;
  - mixed evidence of enhanced performance, and;
  - some evidence of alleviation of stress, depression, burnout, anxiety
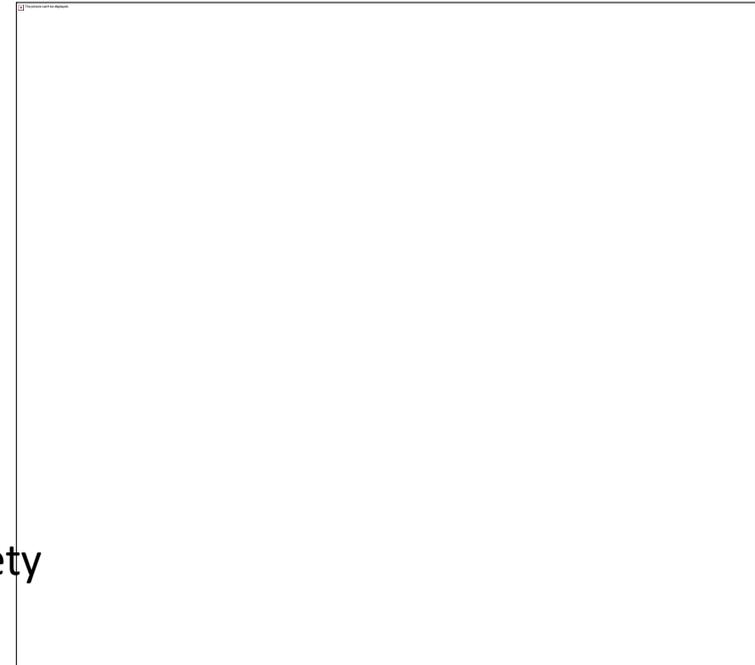
Meyers et al (2013). The added value of the positive: A literature review of positive psychology interventions in Organizations. European Journal of Work and Organizational Psychology,22:5, 618-632

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# 2. Management of mental illness in the workplace
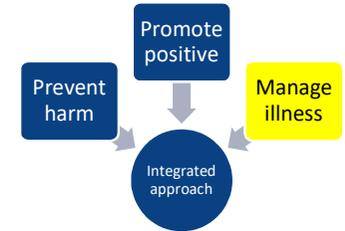
- Mental health literacy includes:
  - the ability to recognise specific disorders;
  - knowing how to seek mental health information;
  - knowledge of risk factors and causes, of self-treatments, and;
  - of professional help available; and attitudes that promote recognition and appropriate help-seeking (Jorm 1997)

- There are a range of programs available :
  - Mental Health First Aid (international)
  - beyondblue: national workplace program (Australia, from 2004)
  - R U OK Day (suicide prevention)

Jorm et al., Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. Med J Aust 1997; 166 (4): 182.

Evidence of Effectiveness in the workplace?

Prevent harm

Promote positive

Manage illness

Integrated approach
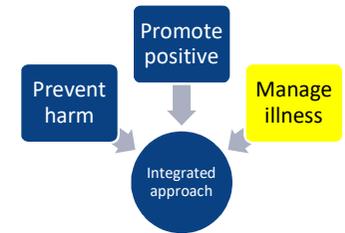
" …results indicate that a range of different depression prevention programs produce small but overall positive effects in the workplace."
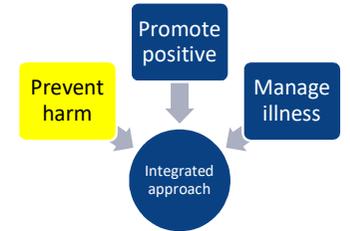
(Tan et al., 2014)

"There was only a very small effect of the intervention on employee well-being and little effect on sickness absence"(Stansfeld et al., 2015)

Stansfeld et al., Pilot study of a cluster randomised trial of a guided e-learning health promotion intervention for managers based on management standards for the improvement of employee well-being and reduction of sickness absence: GEM Study. *BMJ Open* 2015;**5:**e007981.
Tan et al., Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace. BMC Medicine 201 12:74 https://doi.org/10.1186/1741-7015-12-74

3. Reduce work-related risk factors

Job demands	Job insecurity	Social support
Long working hours	Bullying	Effort-Reward Imbalance
	Job strain (low control/high demands)	

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Content and quality of workplace guidelines developed to prevent mental health problems: results from a systematic review

by Mette Andersen Nexø, PhD,[1] Josefine Vejlby Kristensen, MA,[2] Majbritt Thorhauge Grønvad, MA,[2] Jesper Kristiansen, PhD,[2] Otto Melchior Poulsen, PhD [2]

Objectives A wide range of guidelines have been developed to prevent work-related mental health problems (MHP), but little is known about the quality of such guidelines. We systematically reviewed the content and quality of workplace guidelines aiming to prevent, detect, and/or manage work-related MHP.

Methods We conducted systematic online and database searches (MEDLINE; Web of Science; PsychNET; occupational safety and health databases) to identify guidelines. Eligibility criteria included guidelines recommending primary, secondary, or tertiary preventive interventions to be implemented at the workplace by employers, employees or organizational staff. A minimum of minimum three independent reviewers assessed the quality of guidelines using the Guidelines for Research and Evaluation (AGREE II). Guidelines rated ≥65% with regards to domain I, II, and III were considered to be of good developmental quality.

Results Seventeen guidelines were quality assessed. Guidelines mainly targeted employers: eight guidelines recommended primary preventive interventions (eg, reduction of psychosocial hazards by risk management procedures), three recommended tertiary (eg, stay at work or return to work procedures for management), and six recommended a combination of primary, secondary and tertiary interventions (eg, facilitate return to work by increasing mental health literacy of all staff and coordination of sick-listed employees). Four guidelines had developed recommendations of good quality, but the evidence of two guidelines was outdated and studies documenting the effect of implementation were not yet available.

Conclusions Few guidelines have been developed with sufficient rigor to help employers prevent or manage work-related MHP and evidence of their effectiveness remains scarce.

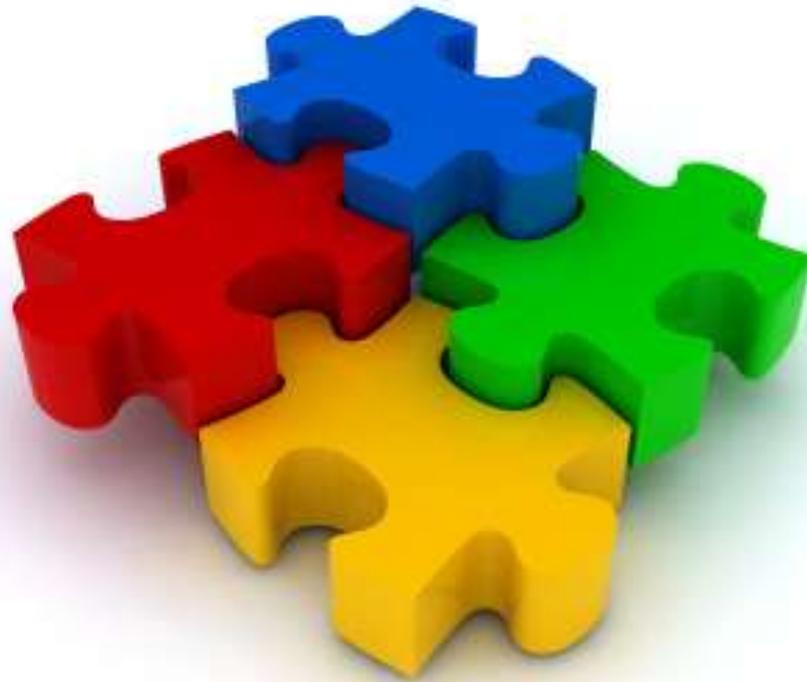#LeadingReformQld @AllisonMilner2

If we know what to do, why isn't it working?

1. No one workplace is like another

2. It needs to be genuine

3. It needs to be sustained

4. It needs to be evaluated

5. It requires employers to change their way of operating

6. AND…..

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It needs to be integrated

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What is missing from the Integrated Approach

Summary report:

MENTAL HEALTH IN THE CONSTRUCTION INDUSTRY

Dr Allison Milner, Dr Phillip Law
University of Melbourne
Thursday, 1st June 2017

Reduce harmful exposures in the workplace

Promote positive aspects of work

Provide mental health and suicide prevention literacy

Facilitate early intervention and treatment

Provide return to work and ongoing support
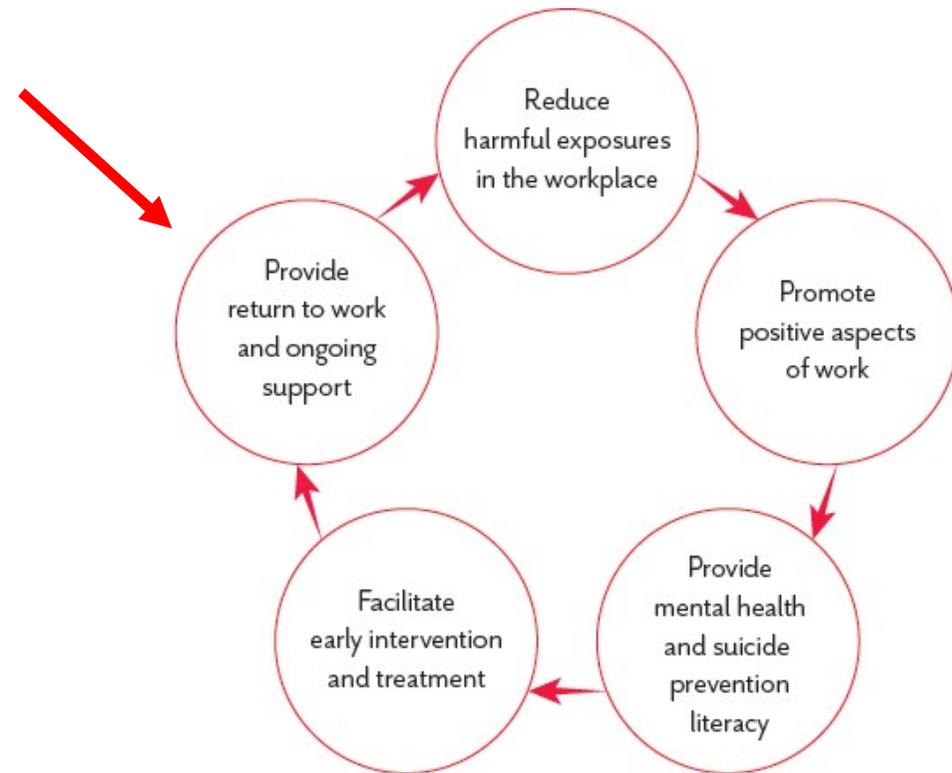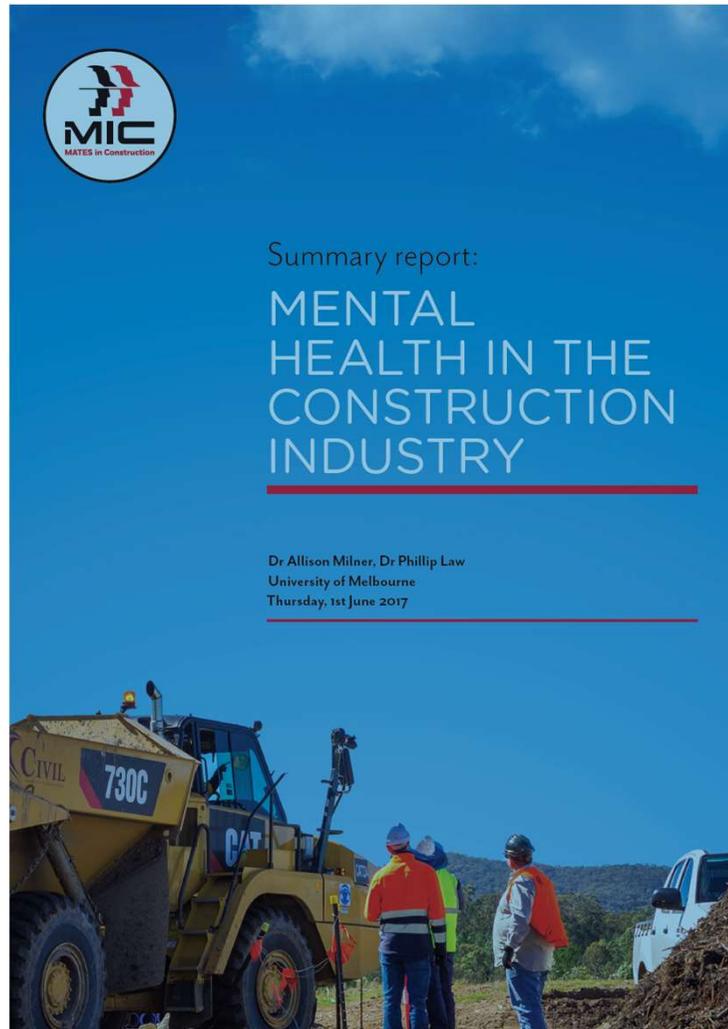
Figure 4. Best practice strategies to address mental health in the workplace

My thoughts on a way forward

Ground up – ground down approach

Best practice

Tailoring

Evaluation

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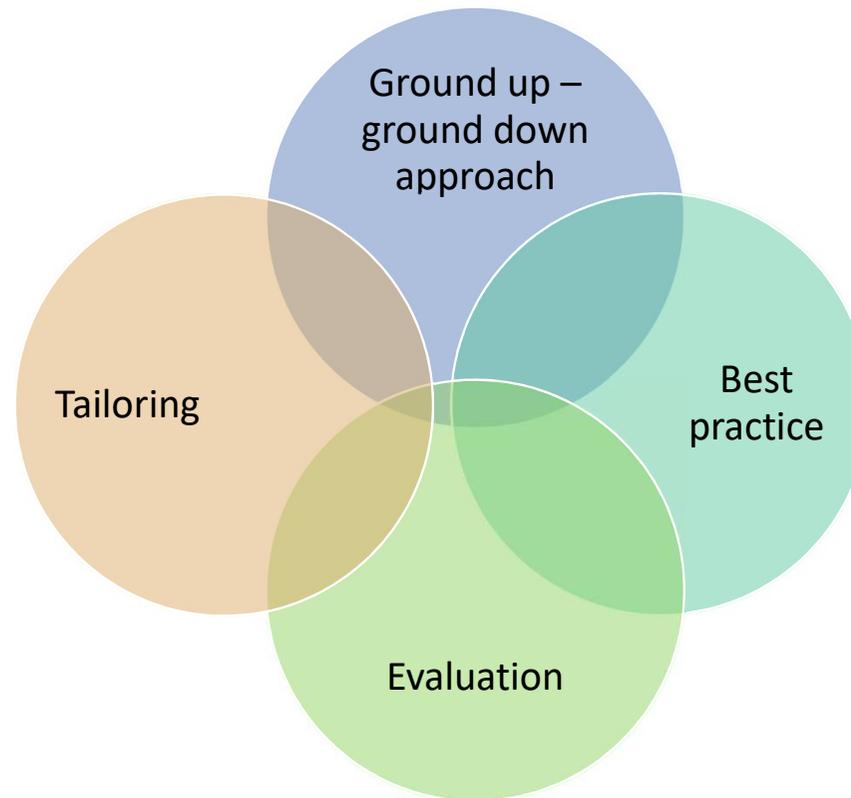
Reducing the burden of mental health problems requires buy in from a range of stakeholders

Employers, government, industry representatives, unions, workers and their families, and the health care system

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Thank you for having me

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