

The European Platform on Health and Social Equity (PHASE) is an advocacy and action oriented body for EuroHealthNet participants and a wider range of partners from relevant fields in public, private and voluntary sectors willing and able to work on addressing the wider determinants of health. PHASE aims to directly support and actively contribute to the EU policy framework for social investment and innovation by bringing new ideas to bear on areas of specific added value with regards to tackling social inequalities in health.

Our *Policy Précis* provide an easy-to-read analysis of a key policy area, outlining where progress can be made to address social and health inequities in Europe. The aim is to inform and help to improve international, national and local policies and practices within and beyond health systems, in order to promote better health and well-being for all.

This series of summaries is updated and expanded with full references online at www.eurohealthnet.eu

An estimated one in five people of working age experience a mental disorder; the general lifetime prevalence is twice as high. A majority of people with mental disorders are in work. They tend to stay employed, but either take sick leave more often or find their performance is negatively affected. The median age for mental health problems is 15; disorders are linked to low school performance and absence, which naturally impacts on work prospects, particularly for women and people from lower social economic groups. Mental health and wellbeing remains a neglected area in health policy in many countries due to stigmas, low awareness and under-treatment (50-70% of affected people do not receive treatment) with resulting high social and economic costs.¹

While better quality and comparable data is needed, evidence shows that employment and working environments are key factors which influence mental health. Work can be a protective factor but may also contribute to or trigger certain disorders. Stress at work is considered one of the most frequent reasons for absence. It is estimated



that about 50-60% of all working days can be linked to stress and psychosocial risks, which makes it the second most reported work-related health problem in Europe. The estimated costs of decreased

mental health at work due to productivity lost (including sick-leave and absenteeism) have been estimated at €136 Billion.²

A good quality job, motivating working environment and effective management all play important roles in both physical and mental health of the employees, which need integrated approaches. For example, low income impacts on health through deprivation, influencing behaviours, re-

silience and stressful experiences. Studies show that low income can have long-lasting negative effects across generations. Adverse working conditions such as physically over-demanding work, physical or chemical hazards, shift work and irregular working hours affect health and well-being of workers. Psychosocial and socio-emotional work factors such as insecure employment or stressful working environment also have a negative impact on health.³ The link between ill-health and unemployment is established – conversely work, especially in a good, mental health promoting work environment, can have a health enhancing function.⁴

For organizations and the economy

The consequences of a health adverse working environment for an organisation are just as devastating. A bad working environment leads to poor overall performance, to increased absenteeism as well as presenteeism, increased rates of accidents and injuries, as well as early retirement.⁵

Management and leadership for mental health promotion at work

As stress is such an important factor in affecting health, it is crucial to investigate the factors which support people in dealing with stressful working conditions. There is a growing number of evidence that leadership style plays an important role in mental health promotion at work. It can strongly affect employees' well-being and work satisfaction. Depending on the leadership behaviour, it can promote or harm mental health of employees.⁶ Research found out that certain leadership styles are positively associated with health promoting effects. As an example, the basic component of transformational leadership with contingent reward, which are charisma or idealized influence, intellectual stimulation and individual consideration (which means taking the needs and concerns of the individual into account) and clear relation to goal setting and rewards seem to have a positive effect on mental health.

¹ <http://www.oecd.org/els/health-systems/Focus-on-Health-Making-Mental-Health-Count.pdf>

² http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/mental-health-and-work_9789264124523-en#page1

³ http://socialwelfare.bl.uk/subject-areas/services-client-groups/adults-mental-health/centreformentalhealth/128610mental_health_inequalities_paper.pdf

⁴ http://www3.weforum.org/docs/WEF_HE_WorkplaceWellnessAlliance_Report_2013.pdf

⁵ http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/mental-health-and-work_9789264124523-en#page1

⁶ Siegrist, J., Employment arrangements, work conditions and health inequalities, report on new evidence on health inequality reduction.

Contingent reward means the clarification of expectations by the leader and the setting up of constructive transactions for meeting these expectations. Contingent reward recognizes good performance and rewards it.⁷ Support, empowerment and a high quality relationship between leaders and their employees at work lead to higher well-being, less burn out, less stress and therefore to less psychosomatic complaints. These positive attributes of a good leadership can prevent the development of stress symptoms from work and therefore promote mental well-being of the workforce.⁸ Lack of these positive health promoting elements as well as the failure of managers to clarify goals, responsibilities and decisions cause role ambiguity and lead to high frustration and stress. Nowadays as the importance of leadership is recognized more, 'health promotion at work' programmes focus also on leadership and management as health enhancing factors of an organization or company.

Adverse work environment and inequalities – the link

Adverse work conditions are unevenly distributed within the population and they are strongly related to the social gradient. Not only do the more socially disadvantaged groups work more often in manual jobs which expose

them to physical or chemical hazards but lower socioeconomic groups are also more likely to work in adverse psychosocial work environment.⁹ Especially the aspects "low control at work" (job strain) and "low reward" (effort-imbalance model) follow the social gradient, affecting the more disadvantaged social groups most frequently. The social gradient of effort-imbalance and low control is found to be consistent.⁶

Therefore interventions to tackle adverse working conditions are needed which are not only applied throughout the whole workforce but also ones that target the work environment of lower socioeconomic groups specifically. Especially the targeted interventions can be particularly useful in reducing the social gradient and thus helping in reduction of health and social inequalities.

The overall EU 2020 objectives¹⁰ for smart, sustainable and inclusive growth can only be fully achieved with a population which has high levels of physical and mental health and wellbeing. Health promoting working environments which are sensitive to the needs of the individuals can make a big contribution in the achievement of these ambitious objectives.

The Situation

World Health Organization for Europe - Mental health Action Plan (2013-2020)

The mental health action plan of WHO Europe operates within the overall Health 2020 strategic plan and is endorsed by all states. It emphasizes the contribution of mental wellbeing to work and states four major objectives: more effective leadership and governance; provision of mental and social care services in community based settings, the implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research. The plan recognizes the importance of work and work environments for mental health and advises to promote work participation and return to work programmes for those affected by mental and psychosocial disorders. The action plan also encourages the promotion of safe and supportive working conditions with a focus on organizational improvements, training on mental health for managers, the provision of stress management programmes and workplace wellness courses as well as tackling stigmatisation and discrimination.¹¹

The EU Mental Health Pact

The EU Mental Health Pact between participating Member States and the EC was established from 2008, following an EC consultative process on possible strategies in 2005 in which EuroHealthNet played a leading part. European Council Conclusions were adopted in 2011, which recognised the specific workplace related thematic approach within the Pact, which had been considered at a Presidency Conference in Berlin that year. Ministers par-

ticularly urged States and the EC to "Support activities (e.g. training programmes) that enable professionals and managers particularly in healthcare, social care, and workplaces to deal with matters concerning mental well-being and mental disorders"¹²

The various reports and co-funded projects which have been undertaken are set out via:

http://ec.europa.eu/health/mental_health/policy/statements/index_en.htm

The EU Strategy for Health and Safety at work 2014–2020

The EC has published plans to take forward its existing strategic approach to health and safety in the workplace to 2020. The document states that the need to address work-related sick leave is still unacceptably high. A Eurobarometer Survey lists stress as one of the main occupational risk for workers (53%). Therefore the document advises to pay specific attention to addressing the impact of changes in work organization in terms of physical and mental health. One of the actions recommended from 2014 is to identify and disseminate good practice on preventing mental health problems at work which should be done by the specialist EU agency EU- OSHA.

There is funding available by the European Social Fund (ESF) to support different actions, amongst them actions to promote measures for a healthy environment and mental well-being at work. This action can be linked to the investment priority on active and healthy ageing. There are synergies with other policy areas.¹³

7 Zwingmann, I. & Co. Is transformational leadership healthy for employees?

8 David Rock, Booz & co. Managing with the brain in mind;

Zwingmann, I. & Co. Is transformational leadership healthy for employees?

9 http://www.ucl.ac.uk/whitehallIII/pdf/Whitehallbooklet_1_.pdf

10 http://ec.europa.eu/europe2020/index_en.htm

11 http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf?ua=1

12 http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/122389.pdf

13 <http://ec.europa.eu/social/main.jsp?catId=151>

Setting an example

In 2011 the European Agency for Health & Safety at Work produced a Good Practice Report on mental health in workplaces, with numerous examples.

https://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace_TEWE11004ENN

Two highlighted examples are:

Denmark (Hedensted Kommune)

The Hedensted Kommune employee policy goal is to promote mental health by treating everyone fairly. The *life stage policy* describes issues of work and balance; its objective is to show the importance of flexibility, confidence and trust in finding solutions and showing the need for individual support without strict rules.

The *health and environmental policy* contends that trust and satisfaction as well as cooperation can be created by a safe working environment based on 5 themes:

Good relations; a healthy workplace; a stimulating workplace, a safe workplace and human resource management. The emphasis is on social responsibility. Since the policy implementation, staff turnover and sickness absence dropped below the national public sector average.¹⁴

Hungary: Magyar Telecommunications Company

To raise performance levels and reduce absenteeism Magyar Telecommunications has developed a prize winning mental and physical health promotion programme. Based on the belief that balanced workers perform better it implemented an equal opportunity plan including information to employees on work-life balance; provision of an employee assistance programme; choices between telework, short term and flexible hours; interactive dialogues on health topics; provision of parental and family support programme including nursery placement and summer camps for children.¹⁵

Pathways to progress

EuroHealthNet works in collaborating partnerships with state authorities and numerous organisations active on improving health, wellbeing, inclusion and equity. Two other networks co-funded from EU programmes with whom EuroHealthNet have worked on mental health and workplaces are:

The European Network for Mental health promotion which operates an online portal with resources and information:

<http://www.mentalhealthpromotion.net/>

The European Network for Workplace Health Promotion which operates EU co-funded projects and knowledge building:

<http://www.enwhp.org/>

EU Joint Action (JA) on Mental Health and Well-being



EuroHealthNet is a Collaborating partner of the Action, which aims at building a framework for action in mental health policy at the European level. The funding for this JA comes from the European Union in the framework of the Public Health Programme. The JA includes a focus on mental health promotion in workplaces, the development of actions against depression and suicide and implementation of e-health approaches, development of community-based and socially inclusive mental health care and the promotion of the integration of mental health in all policies.¹⁶

EU - OSHA - Healthy workplaces Campaign 2014-15 "Healthy workplaces manage stress"

EuroHealthNet is a partner in this important campaign organized by the European Agency for Safety and Health at work (EU – OSHA). The goal is to raise awareness and provide tools to tackle the challenge of stressful work environments. The campaign has three main objectives: to raise awareness of the growing problem of work-related stress; to provide and promote the use of simple, practical tools for guidance for managing risks and stress; and to highlight positive effects of managing psychosocial risks and stress, including the business case. The campaign raises the awareness of stress and the link to health and performance and to the costs which are created, it addresses stress at work and its causes, it promotes stress management and the importance of good leadership and it provides guidance and tools for organizations to manage psychosocial risks.¹⁷



There remains a lack of a specific awareness on the link between social inequalities and risk factors at work. The distribution not only of unemployment but also of health adverse employment is socially patterned. The evidence and pathways for action are included in the 2013 Report

¹⁴ https://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace_TEWE11004ENN

¹⁵ https://osha.europa.eu/en/publications/reports/mental-health-promotion-workplace_TEWE11004ENN

¹⁶ <http://www.mentalhealthandwellbeing.eu/>

¹⁷ <https://www.healthy-workplaces.eu/en>



of WHO Review on the Social Determinants of Health:
<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region-final-report>

EuroHealthNet co-ordinates a study co-funded by the EU FP7 research programme on the main structural drivers of social determinants of health, called DRIVERS (2012-2015). A major study has been carried out on work and

employment related issues, includes psychosocial factors. The latest evidence and recommendations are at:
<http://health-gradient.eu/employment/>

EuroHealthNet has participated in a study co-funded by the EU PROGRESS programme called Working for Equity in Health (2012). Its reports are available here:
<http://www.hapi.org.uk/what-we-do/working-for-equity-in-health/publications/>

Contacts

Please visit our website eurohealthnet.eu/policy/publications for an electronic version of this Policy Précis includ-

ing sources, further links and additional Policy Précis in this series.

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