

Mental Health and Work

Position statement

Implications for public health

For people of working age, being employed is generally better for physical and mental health than being unemployed.¹

However, depression, anxiety and stress now account for more days lost from work than any other single cause, and many people ascribe these mental health problems to their past or present working conditions. As many as 1 in 6 of all working individuals report that their job is 'very' or 'extremely' stressful.²

Depression and anxiety may also arise from personal and family stresses, but will still impact on performance at work and sickness absence.

Utilising the workplace as a setting for promoting good mental health not only helps to protect the mental (and physical) wellbeing of a workforce, but makes good business sense. Many employers are unaware of the scale of this issue and of what they might do to address it.³

Scale of the issue

Latest figures show that 43% of total days lost from work are due to stress, depression or anxiety (see Table 1). The Labour Force Survey 2005/06 found that as many as 420,000 people self-reported that they were suffering from stress, depression or anxiety caused or made worse by their current or past work, of whom 195,000 first became aware of their condition during that 12-month period.⁴

In 2005/06, an estimated 10.5 million working days were lost, yet in a recent survey of 500 companies, 45% of employers thought that none of their employees would be suffering from any form of mental ill health.³

Cost to society and the economy

It has been estimated that the total economic cost of these common mental health problems is around £25bn, made up of £13bn in lost output and pay for time off sick; carers' time £4bn, and public services expenditure on mental health of £8bn.

The tax payer bears £11bn of these costs plus a further £10bn in payments to people on benefits as a result of mental health problems.⁵

Despite this, 80% of directors say their company has no policy to deal with stress and mental ill health in the workplace, and only 3% believe they have an effective policy.³

People off work with mental health conditions are particularly likely to experience stigma and discrimination on trying to return to their previous workplace, or to get a new job: only 37% of employers say they would consider employing someone with a mental health problem.⁶

PUBLICATIONS

Creating a healthy workplace
From: www.fph.org.uk

Tackling stress: the management standards approach
From: www.hse.gov.uk

Action on stigma: promoting mental health, ending discrimination at work
From: www.dh.gov.uk

Line Managers' Resource Pack
From: www.shift.org.uk/employers



FACULTY OF PUBLIC HEALTH

FPH is the leading professional body for public health specialists in the UK. It aims to promote and protect the health of the population, and improve health services by maintaining professional and educational standards, advocating on key public health issues, and providing practical information and guidance for public health professionals.

Time Period	Days lost p.a. stress, depression, anxiety (thousands)	Days lost p.a.: all illness (thousands)	% due to stress, depression, anxiety
2000/02	12919	31752	41%
2003/04	12803	29766	43%
2004/05	12820	28404	45%
2005/06	10537	24319	43%

Table 1: Days lost from work in Great Britain (Source: Labour Force Survey⁴)

What needs to happen?

There is review evidence for the following interventions:⁷

- for employees who are not showing any signs of problems: management action to identify and reduce organisational causes of stress in the workplace; stress management interventions such as teaching problem-solving skills, exercise and relaxation;
- for people at risk through their job role or for other reasons: programmes focused on personal support, individual social skills and coping skills training;
- for staff experiencing common mental health problems: brief (up to eight weeks) individual therapy (especially cognitive behavioural therapy).

Concerted action is needed to ensure that:

- there is increased awareness, particularly amongst employers, of the significant impact of common mental health problems;
- employers are aware of their statutory responsibilities under the Health and Safety at Work Act 1974 and the Disability Discrimination Act 1995;
- employers undertake a risk assessment for work-related stress using the Health and Safety Executive (HSE) guidance Tackling Stress: the Management Standards Approach (see 'Publications');
- employers consult with employees and their representatives to identify problem areas and make a commitment to take action in partnership;
- employers develop an action plan to reduce stress in the workplace. HSE have produced an example plan and stress policy (see: www.hse.gov.uk);
- employers are aware of those groups who may be particularly subject to bullying and harassment in the workplace (eg. women in a predominantly male workplace; men in a predominantly female workplace; ethnic minority groups; lesbian, gay, bisexual or transgendered people; people with physical or mental disabilities), and have in place good equal opportunities policies, anti-discriminatory practices, and clear routes for reporting problems and seeking redress;
- stigma and discrimination against people with mental health problems, especially amongst employers, are eradicated (see 'Publications', *Action on Stigma*);
- employers reduce the problems encountered by people with mental health difficulties by raising awareness and understanding of mental health issues amongst the rest of the workforce;
- training resources for employers and managers on tackling stress in the workplace and managing people with mental health difficulties are well publicised and made easily accessible (eg. see: www.samaritans.org/training, www.shift.org.uk/employers);
- GPs and occupational health staff support rehabilitation by arranging brief individual therapy, especially cognitive behaviour therapy (either face-to-face or via computer-aided software).
- adequate provision of psychological therapies, including in particular cognitive behavioural therapy, is commissioned by NHS commissioners and/or employers.

POTENTIAL PARTNERS

National

- Commission for Equality & Human Rights
- Health and Safety Executive
- Confederation of British Industry
- Engineering Employers Federation
- Institute of Directors
- Federation of Small Businesses
- Trades Union Congress

- Royal College of Psychiatrists
- Royal College of General Practitioners
- Royal College of Nursing
- Faculty of Occupational Medicine
- NHS Confederation
- Local Government Association
- Mental Health Voluntary Organisations (eg. MIND, ReThink, Samaritans, Mental Health Foundation, Sainsbury Centre for Mental Health, Mental Health Media)

Local

- Major local employers (including NHS organisations and local authorities)
- Local organisations involving employers (eg. Chamber of Commerce, Rotary)
- Occupational health colleagues in public and private sector organisations
- Local deaneries and others involved in NHS staff training
- Union representatives
- Local branches of voluntary organisations (Samaritans, MIND, ReThink)

What is FPH doing about mental health?

The Faculty of Public Health (FPH) works in partnership with other organisations, including the Faculty of Occupational Medicine (FOM) and the National Institute for Mental Health in England to raise awareness of mental health issues. It has produced, jointly with FOM, a guide – *Creating a Healthy Workplace* – for occupational safety and health professionals, and employers which includes a chapter on mental wellbeing and minimising stress. FPH also has a Mental Health Working Group which brings together public health specialists working in a range of government and NHS settings to promote public mental health and wellbeing.

REFERENCES

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2. Health & Safety Commission. 2006. *Health and safety statistics 2005/06.* Suffolk: HSE.
3. Shaw Trust 2006 *Mental health: the last workforce taboo.* Wiltshire: Shaw Trust.
4. Health & Safety Executive. 2007. *Self-reported work-related illness and workplace injuries in 2005/06: results from the Labour Force Survey.* Suffolk: HSE.
5. Layard R. 2004 *Mental Health: Britain's Biggest Social Problem.* London: Prime Minister's Strategy Unit.
6. Bunt K. et al 2001 *Recruiting Benefit Claimants:a survey of employers in ONE pilot areas.* DWP Research Report 139. London: DWP.
7. British Occupational Health Research Foundation. 2005. *Workplace interventions for people with common mental health problems: evidence review and recommendations.* London: BOHRF.