



Summary

- Mental health and stress
- Gender profiles
- Work pressures in uncertain times
- The Healthy Working Lives mental health programme





Mental health conditions Gender differences

- Women more likely to receive treatment for mental health condition (depression and/or anxiety) than
- Men more likely to have an alcohol or drugs related problem than women
- Suicide rates in men are three times higher than women
- Whilst some evidence for biological factors, social factors key





Stress - Costs to business

- Increased absenteeism 50-60% of all absences linked to stress (1)
- Absences tend to be longer than those arising from other causes (2)
- Presenteeism and performance workers turning up for work when unable to function effectively costs employers twice that of absence (3)
- Increased accident and injury rates. Stress at work can lead to five times more accidents (4)
- About a fifth of staff turnover is related to stress at work (5)
- Work-related stress may contribute to increased rates of early retirement, particularly in white-collar workers (6).





Understanding mental health

People with mental health problems can be divided into three broad groups

- Poor mental health: At any one time, one sixth of the working age
 population experience symptoms associated with poor mental health such
 as sleep problems, fatigue, irritability and worry that do not meet criteria for
 a diagnosis of a mental health condition but which can affect a person's
 ability to function adequately
- 2. Common mental health conditions: A further one sixth of the working age population have symptoms that by virtue of their nature, severity and duration do meet diagnostic criteria. The commonest of these disorders are depression, anxiety or a mix of the two. Most fully recover and are at no greater risk of having the condition again.
- Persistent mental illness: About 1 2% of the population will have a mental illness, such as schizophrenia, bipolar disorder or severe depression, which requires more intensive, and often continuing, treatment and care during their lifetime





Increasing understanding of importance of good mental health

- Mental health, Wellbeing, Emotional welfare and Psychological health
- Good mental health characterised by the ability to:
 - □ Learn
 - □ Feel, express and manage emotions
 - □ Form good relationships
 - ☐ Cope with and manage change and uncertainty
- We all have mental health, likely to fluctuate as does physical health
- Starting to measure personal wellbeing as predictor of health





Gender differences Work-related stress

- Female prevalence of work-related stress greater than males (consistently over time)
- Males have significantly higher rates in 2013/14 than 2011/12. Females remain statistically unchanged
- The 45-54 age group has the highest incidence rate for males and females and has done for over 10 years

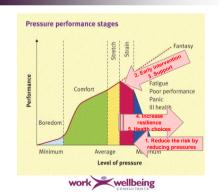




Work in an uncertain future

- Demands: reduced resources, increased hours / jobs due to work and personal economic pressures, reduced training opportunities
- Control: job insecurity, lack of adequate consultation, reduced flexible working
- Support: reduced feedback, peer and managerial support due to time pressures
- Relationships: reduced face to face contact, increased reliance on technology for communication
- Role: changing or expanding roles
- Change: downsizing, restructure, uncertainty,







Reducing stress and related ill health

A clear and evidence based wellbeing strategy should:

- 1. Manage risks
 - □ Legal obligation to manage risks
- 2. Ensure early intervention
 - □ Case management
- 3. A supportive culture
 - ☐ Managerial support
 - □ Employee responsibilities
- 4. Build personal resilience
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- ☐ To cope better with pressure / adverse events
- 5. Encourage healthy lifestyle choices



How to approach gender inequalities

Learning from work on mental health in older workers (2011)

Recommendations:

Some additional advice for older workers may be beneficial and phased retirement had positive impact

However, main conclusion was to focus on good practice interventions to improve the quality of work and the work environment for all work wellbeing

12



Healthy Working Lives

- Health needs: Employee Wellbeing Survey
- Risk management: Work Positive Stress
 Risk Management Tool
- Support: Mentally Healthy Workplace Training
- Resilience: Awareness and action planning
- Healthy lifestyle choices wellbeing



Targeted support

- SMEs
- Low paid workers
 - □ For example: Care home staff wellbeing programme pilot





References

- (1) 'Research on work-related stress', European Agency for Safety and Health at Work, 2000.
- (2) Health and Safety Executive, 2009–10. Available at: www.hse.gov.uk/statistics/causdis/stress/
- (3) The 2007 Sainsbury Centre for Mental Health report, Mental Health at Work: Developing the business case
- (4) European Foundation for the Improvement of Living and Working Conditions, 2007
- (5) CIPD (2008) Annual Recruitment, Retention and Turnover survey
- (6) The Austrian employee health monitor survey, Chamber of Labour of the province of Upper Austria (AK OÖ) and the Austrian institute for empirical social studies (IFES), Vienna, 2009.
- (7) Office of national statistics (various)







Key messages

- Work is good for health
- Work to be done in increasing the understanding of links between stress and performance and stress and safety performance
- Awareness generally of prevalence of mental health and accurate understanding of stress is still sometimes poor
- Psychosocial risk management still not viewed in same light as other hazards in the workplace
- Taking steps to create good work and a good work environment for all employees will help to reduce some of the gender as well as other inequalities



15