

# Mental Health Problems and Occupational Medicine Teaching in France

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SUICIDES AU TRAVAIL :  
UN MORT PAR JOUR



# Mental health problems at work in France

- In summer, French media « discover » suicides at worksite really exist ! :
  - July 2007 : 6<sup>th</sup> suicide at Mulhouse Peugeot Citroën car industry since beginning of this year of whom 3 at worksite.
  - 3 employees of Renault Guyancourt committed suicide within 4 months
  - 3 employees of Chinon nuclear power station committed suicide within a year
- 300 to 400 work related suicides are estimated yearly in France (out of 12000 suicides) but probably under estimated
- Face to this « epidemic », the government wishes to place psychosocial risks prevention at the same level as MSDs and professional cancers.

# Work related-Stress and psycho-social risks in France

- **In 2002 Roquelaure\* led a survey using a representative sample of 1495 employees so as to have an exposure cartography regarding main work stress factors.**
  - 17 % are exposed to a high psychological work demands and a weak decisional latitude, « job-strain » situation according to the Karasek model
  - 7 % were exposed to a situation of « job strain » with low social support
- **SUMER 2003 survey \*\* using a representative sample of nearly 50,000 employees shows:**
  - A progression of organisational constraints compared to previous study (SUMER 1994)
  - Over 50 % employees must quickly react to external requests, 25 % employees are under constant work pressure by hierarchy, much more data control, more work constantly in urgency, more interruptions etc.
- **Mental health disorders at work are the 2<sup>nd</sup> cause for work disability after MSDs**

\* ROQUELAURE Y et coll. Exposition au stress psychosocial chez les salariés des Pays de Loire en 2002. *L'Encéphale*, 2007, 33, 160-168

\*\* ARNAUDO B., MAGAUD-CAMUS I., SANDRET N., et coll. Exposition aux risques et aux pénibilités du travail de 1994 à 2003. *Premiers résultats de l'enquête SUMER 2003*

# Violence and Moral Harassment at work

- **Since 2002 in France, exists a law regarding moral harassment (MH)**
  - Labour & penal codes (1 year imprisonment & 15,000 €fine)
- **Poor data regarding French employees globally :**
  - European survey on working conditions in 2005\*: 9 % surveyed subjects in France report having been submitted to intimidation or MH at work versus 5 % in average for all countries surveyed.
  - Survey led by 143 occupational physicians\*\* concerning 7698 employees in 2006 show MH annual prevalence of 10 %.
  - 25 % employees in contact with the public subject to aggression at work, at least verbal (SUMER 2003)
  - No statistics regarding legal procedures or MH recognised by law

\* PARENT-THIRION A. et coll. *Fourth European working conditions survey. Fondation européenne pour l'amélioration des conditions de vie et de travail, 2007, 134 p.*

\*\*NIEDHAMMER I. « développement et validation de la version française du « Leymann Inventory of Psychological Terror ». ADEREST mars 2006

# Employers' obligations regarding psycho social risks

- Mandatory by law (*L 230-2 of Labour Code*), the employer must:
  - **Do overall professional risks assessment including psycho-social ones and take prevention measures**
  - **Preserve not only workers' physical health but also psychological**

# Recognition of work related mental health disorders as Occupational Diseases

- Recognition possible but difficult
- Mental health disorders are not included in any **occupational diseases (OD) chart**
- The complementary system to the chart allows recognition if disease entails disability over 25 %
- It is the **Regional Committee for OD Recognition that statutes on each individual case**
- Direct & essential work relation is required and this proof must be brought by the victim
- 29 cases recognised in 2004 but in constant progression (out of nearly 50,000 MP compensated)
- Possibility of **work injury recognition** in case of acute stress, aggression with mental post-traumatic consequences or work suicide

# Recent evolutions of French Occupational Health Organisation

- Implementation of **multidisciplinarity** in occupational health services as from 2002 . In the past French system relied essentially on occupational health physicians, other professionals can now intervene
- **New decree regulating occupational health in 2004**
- Priority is given to occupational risks **prevention** & to re enforcement of occupational health physicians' action within work environment.
- New definition of medical time regarding occupational health practitioner
  - Minimum of 150 ½ days yearly dedicated to working stations' survey & field occupational health risks prevention in enterprises
  - Mandatory medical examinations switch from one to two years for workers not subject to particular risks

# Other Multidisciplinary Professionals

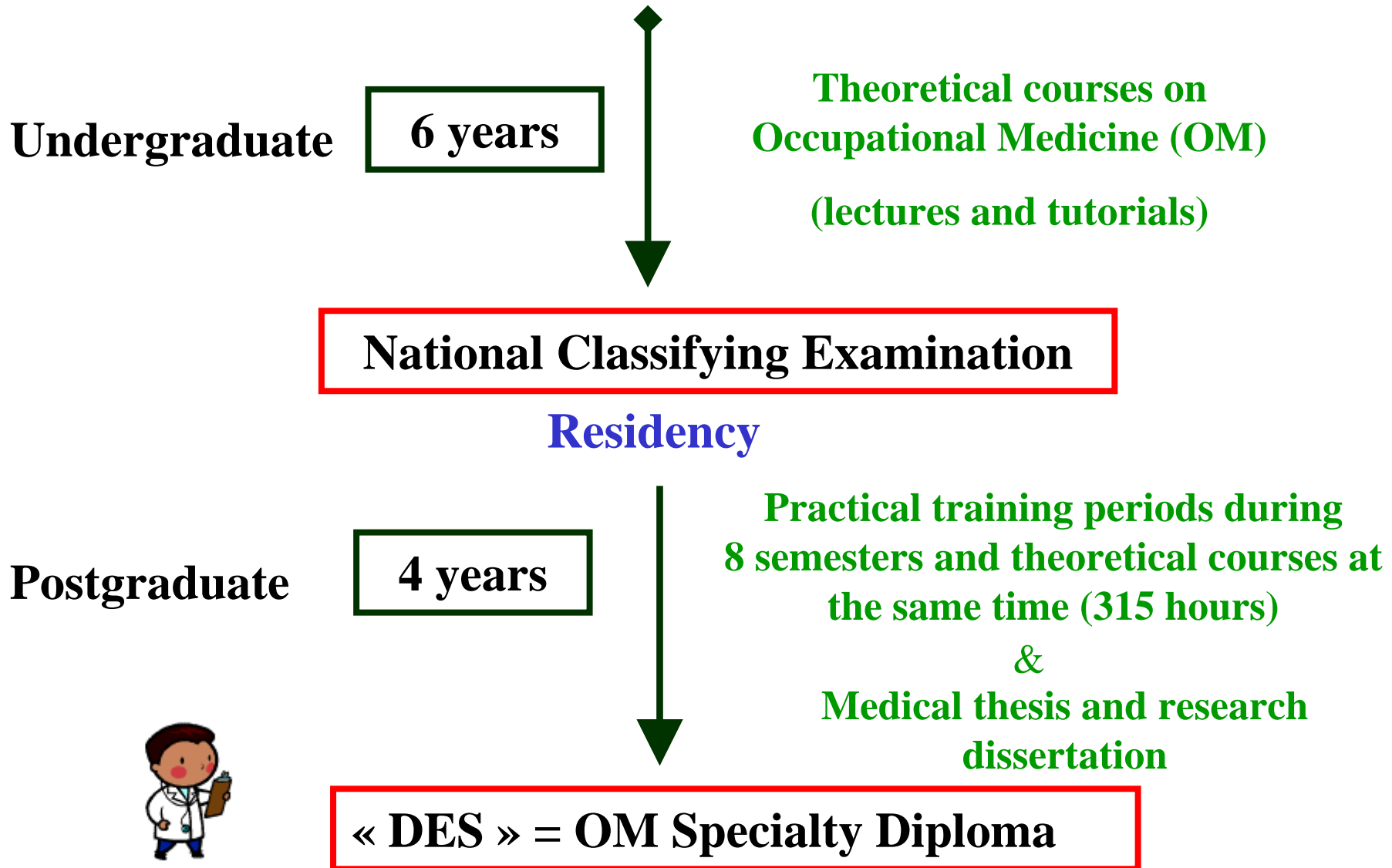
- 7300 specialized Occupational Medicine Physicians
- OH Nurses, essentially in big enterprises (mandatory if > 200 workers), around 6000 state registered nurses
- IPRPs : « Intervenants en Prévention des Risques Professionnels » (intervenors in occupational risks prevention)
  - Over 500 persons or organisms are habilitated (concern physical persons in 75 % cases)
  - These so named IPRPs are more often attached to big enterprises or to OH group service enterprises
  - > 80 % are safety technicians, industrial hygienists, safety engineers, toxicologists ...
  - **Few occupational ergonomists & psychologists (less than 10 %)**



# Occupational Health Physicians' training organisation in France

- Institutes/Departments/ Units of Occupational Medicine in **27 University Hospitals**
- In charge of :
  - Teaching and training
  - Research
  - Occupational health clinical activities
    - Clinics of Occupational Diseases and work ability
    - OH Services for Health Care Workers, Universities' personnel.....
- The National College of OM Teachers  
72 members including 27 professors

# Occupational Health Physicians' training



# Occupational Medicine teaching for undergraduates

- Programme : OM organisation, OHP's missions, introduction to occupational risks, working injuries & industrial diseases
- **Organisational & psycho-social risks health consequences are discussed but rapidly**
- A survey led by the National College of OM Teachers \* concerning 38 faculties of medicine shows that this teaching lasted on average 9.1 hours ( $\pm 4.4$ ). 30 % of medical students finish their studies without having followed any teaching in OM, thus not aware of mental health problems at work
- In Strasbourg, teaching is composed of 4 hours of classical teaching & 16 hours group work teaching & evidence based teaching using clinical cases

\* Gehanno JF, Choudat D, Caillard JF. Enseignement de la médecine du travail en deuxième cycle des études médicales en France. *Archives des Maladies Professionnelles et de l'Environnement* 2005;66(4):313-7

# New Occupational Medicine training programme for postgraduates

French College of Occupational Medicine Teachers

Working Group \*

- Designing a new programme including/developing new items with 3 main issues for student learning:
  - **Knowledge** → «know what »
  - **Competence** → «know how to do or to be »
  - **Experience** → « Know what has be done »
- Discussion with stakeholders (6 focus groups) before approval

\* Gehanno JF, Weber J, Conso F, Sobaszek A, Cantineau A, Sibert L, Caillard JF. Détermination des besoins éducatifs des futurs médecins du travail par une méthode de groupes nominaux. 2007, AMP (in press)

# New OM training programme for postgraduates

- **Objectives** : define expected competences thus determine teaching requirements for future OHPs including all professional groups concerned. First list of competences was elaborated on basis of research done in Europe (MacDonald\*, Reetoo\*\*)
- This list was submitted to different groups such as : OHPs, OHP trainees, OH group service directors, employers, workers' representatives. Each group was piloted by an Occupational Medicine Professor
- 6 meetings with a consensual approach helped to polish and complete our list which finally includes 219 items
- Thanks to this approach, **organisational & psycho - social factors and mental health effects were clearly included in the programme**
- The new curriculum will be implemented in september 2007

\*MacDonald EB, Elder A, Ide C, eds. *Requirements for occupational medicine training in Europe: the competencies*. Glasgow: University of Glasgow; 1998.

\*\*Reetoo KN, Harrington JM, Macdonald EB. *Required competencies of occupational physicians: a Delphi survey of UK customers*. *Occup Environ Med* 2005;62:406-13.

# Integration of Occupational Health problems in Occupational Medicine theoretical teaching

- **Module 3 « occupational risks »**
  - Principles of work psychology
  - Principles of psychosocial & organisational risks exposure measurement
  - Time & work: chronobiology, shift work; temporal constraints
  - Occupational diseases : mental health disorders, violence, harassment at work ...
  - Organisational & psycho-social risks prevention & management
- **Module 4 « Evaluation & promotion of work ability – work maintenance »**
  - Clinical evaluation of physical & psychological functional capacities.

Teaching is done within groups of OHP trainees at inter regional level more in the shape of tutorials with discussion, exchanges with outside contributors, practical cases, distant learning etc....

# Residency practical training

8 semesters

4 semesters of specific training courses in OM

4 semesters of clinical training courses with following choice

- Clinical periods in Occupational Diseases Departments of University Hospitals
- Health Care Workers Services
- Medical Work Inspection
- Enterprise or group service enterprises OH Services

**140 residents**  
**/year**

Pneumology  
Dermatology  
Rheumatology  
Psychiatry  
Internal Medicine  
Legal Medicine  
Etc...

# Field practical training

- **Six months clinical training course in psychiatry is strongly advised**
- During training periods done in this speciality, residents can work in enterprise with a tutor, perform workplace surveys, workers' health surveillance, research work etc.
- **In the Hospital Occupational disease department:** The OHP trainee attends consultations with a senior OHP. In Strasbourg, multidisciplinary consultations with a psychiatrist.
  - OHP trainee trains towards handling these patients, doing diagnostic process, work ability, socio-professional management measures etc.
  - Cases seen are again discussed during regular staff meetings with all residents thus creating interesting exchanges from concrete situations.



# Difficulties

- Taking account of work related psycho-social and organisational factors analysis is **complex**
- Mental health effects are multifactorial and varied, work relation **difficult** to establish
- Occupational health professionals' training is still **too limited** on these aspects, often **not adapted** to enterprises & workers' real needs.
- Place of the **binomial OHP-OHN** is essential in mental health related aspects, psychologists' integration in occupational health teams in France is still of rare occurrence
- Medical demographic evolution is unfavorable in the coming years. The existing **important OHP shortage** will unfortunately get worst

# Thank you !



# OH Services' organisation

- 7 300 OH Physicians
- 10 000 staff members (assistants, secretaries, nurses, technicians, engineers, ergonomists, psychologists ...)
- 350 OH group service enterprises following 14 million workers
- 900 OH autonomous enterprise services following 1.5 million workers
- Occupational Health Services are organised and financed by employers

