

Teaching Management of Mental Health Problems

Zaragoza

6, 7 and 8 September



WHAT & WHY?

**What Competencies
a Fully Qualified
Occupational Physician
should have regarding
management
of MHP at work?**

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WHAT & WHY?

Occupational medicine contributes to good management to healthy enterprises, which is an essential element of the national public health system

WHAT & WHY?

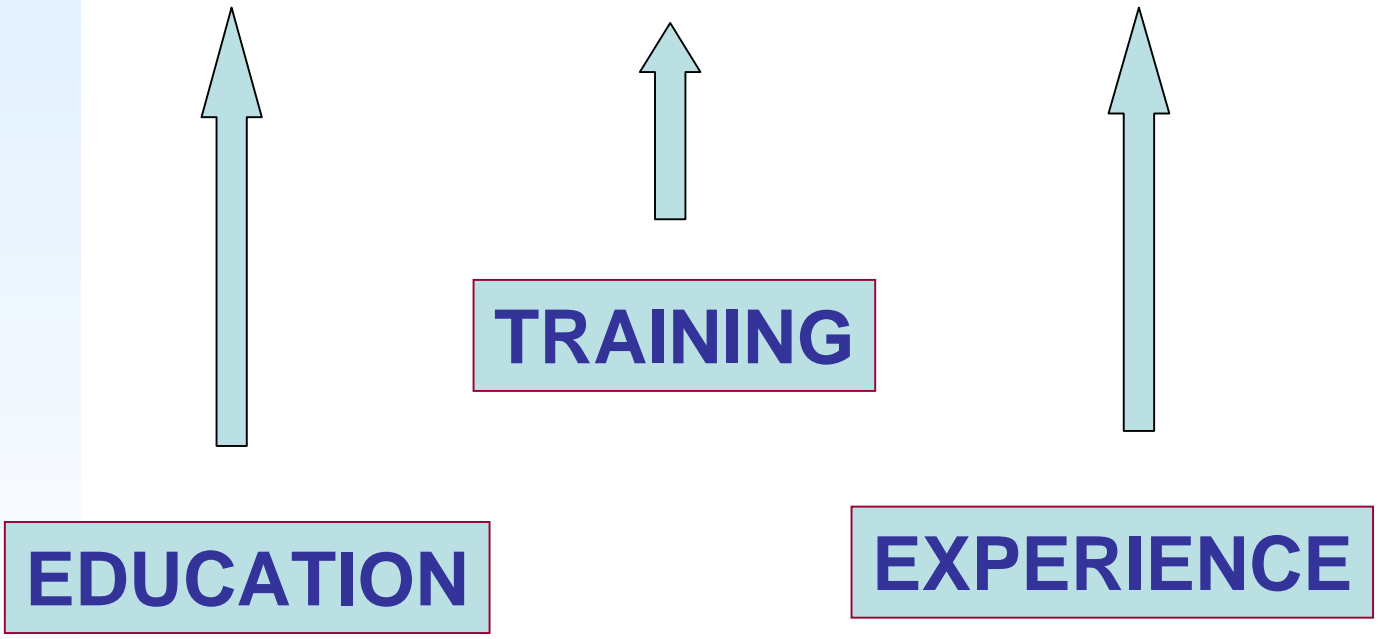
The occupational physician plays a part in reducing the incidence of diseases and injuries, alleviating suffering and promoting and protecting people's health

WHAT & WHY?

If the occupational physician is to make a maximum contribution to employees' working ability and health and safety at work, there must be proper arrangements in place to ensure they are **competent**

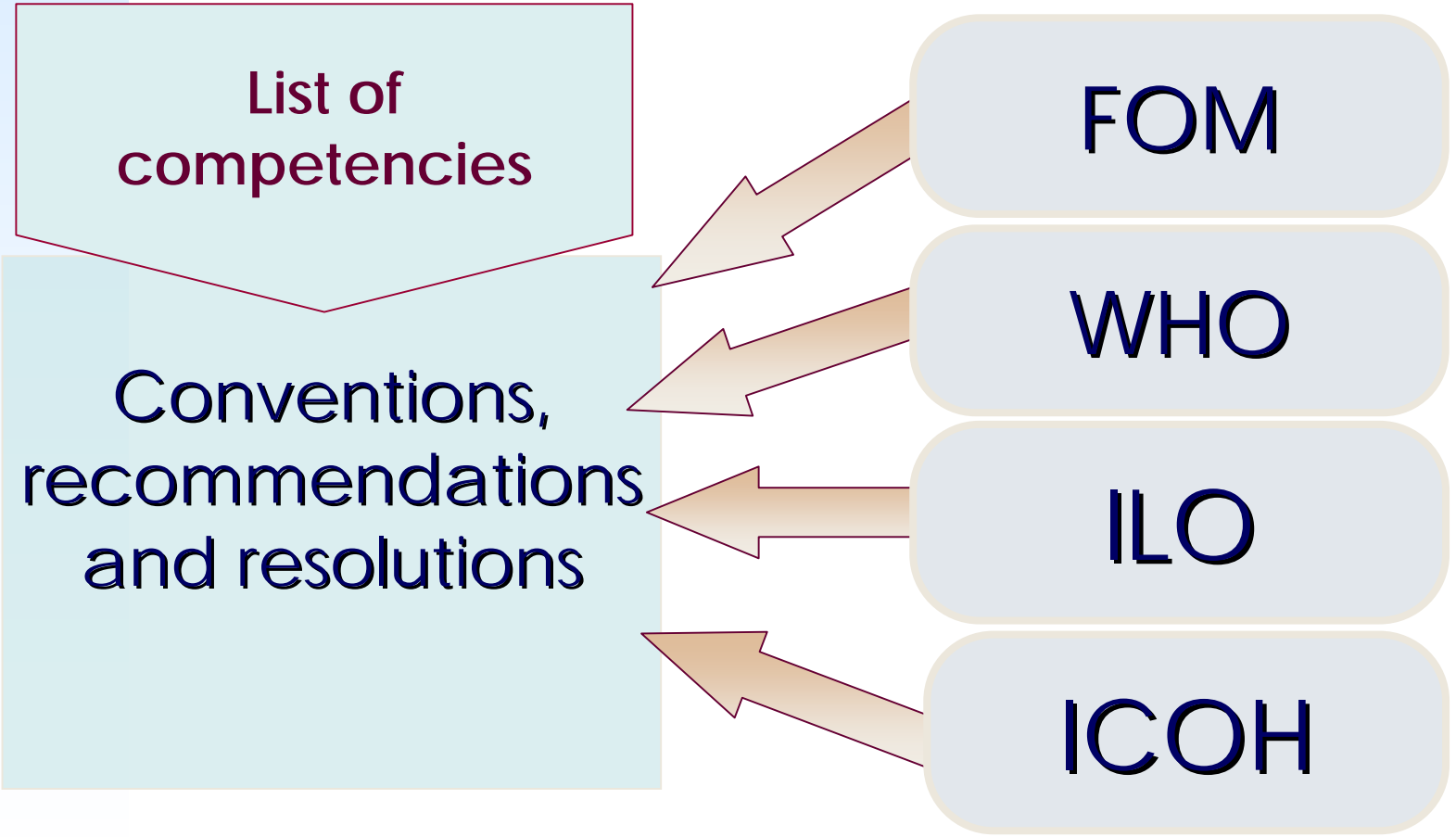
WHAT & WHY?

Professional Competence



WHAT & WHY?

Recent Years



WHAT ?

European Directives

- European Directive 89/391/EEC-
framework for regulation of Health
and Safety (Competent Persons)
- European Directive 93/16/EEC-
facilitates the free movement of
doctors and the mutual recognition
of their diplomas, certificates and
formal qualifications

WHAT ?

Glasgow Conference on Core Competences, 1997

1. Describes and assesses the training needs and models of training of occupational physicians across Europe
2. Identifies differing practices, assessment methodologies and duration of training between countries and the variability of emphasis within individual countries
3. Defines and assesses the competencies required of occupational physicians across Europe

WHAT ?



Occupational
Medicine
in Europe:
Scope and
Competencies



WHO European Centre for Environment and Health, Bilthoven

Editors

Ewan MacDonald, Boguslaw Baranski, Jane Wilford

WHO publication

WHAT ?

- This document has been adopted by the UEMS
- Used as a guideline for defining the curriculum used in the training of occupational physicians across Europe
- Used by many of the countries seeking EU membership in order to harmonise their training

WHAT ?

- **WHAT** are the competencies occupational physicians need in order to tackle occupational mental problems in clients and organizations?

WHAT ?

- **WHAT** are the basic competencies for the OP, and when should s/he delegate or refer to other experts?

WHAT ?

MORNING SESSION

- Differences within countries
 - Changing concepts of work and health and a changing view on their relationship
 - From industrial economy to service economy

BROAD FIELD

WHAT ?

MORNING SESSION

- Globalization
- Immigration
- Changing relation between employer and employee
- Mental Health Promotion.... Well-being... Good functioning

BROAD FIELD

WHAT ?

- All medical practitioners are faced with constant changes in clinical practice.
- This is particularly true in OM which has seen a significant decline in classical industrial diseases in recent decades and the emergence of a spectrum of health conditions which reflect both changes in technology and a greater awareness of the role of psychosocial factors.
- This all implies a knowledge base for specialist training which is proactive in addressing these needs.

WHAT & WHY?

The occupational
physician is an
expert adviser

WHAT & WHY?

Sometimes part of the enterprise's senior management team who is able to assist in planning and reestructuring the work process with regards to health and safety, legal requirements, human resources and good business practice

WHAT & WHY?

S/he may work as part of an integrated multidisciplinary occupational health and safety service, or may have access to multidisciplinary colleagues in such a way as to enable him/her to give appropriate advice in the related fields of health and safety

WHAT & WHY?

COOPERATION AND
MULTIPROFESSIONAL
APPROACH

WHY ?

Mental Health Problems ?

WHY ?

Mental Health Problems
have become the 2nd cause after
musculoskeletal complaints of

**Sick
Leave**

**Low
Productivity**

WHY ?

Cost of MHP at Work

Significant for individuals
and organizations

In the member states of the EU the cost of mental health problems is estimated to be on average 3 to 4 % of the GNP, including cost of treatment and losses associated with sickness and low productivity

WHY ?

Cost of MHP at Work

Significant for individuals
and organizations

In the UK it has been estimated that 91 million working days are lost each year due to mental health problems

Gray, 1999

WHY ?

Cost of MHP at Work

Significant for individuals
and organizations

In the USA, the estimates for national spending on depression range from \$30 to \$44 billion, with approximately 200 million working days lost each year

WHY ?

Prevalence of common mental health problems

MHP are widespread, not exclusive to any specific group, they are found in people of all countries and cultures

WHY ?

Prevalence of common mental health problems

It is estimated that between **one in four** and **one in six** of the working population has *common mental health problems* at any one time

Goldber and Huxley, 1992; Singleton et al, 2001

WHY ?

Prevalence of common mental health problems

Conditions such as depression and mixed anxiety are relatively common and are the most frequent mental problem in both men and women at work

Goldber and Huxley, 1992; Singleton et al, 2001

WHY ?

Prevalence of common mental health problems

In contrast, only **one in two hundred** adults experience ***probable psychotic disorder*** in any given year and only 1% of the population suffer *schizophrenia* at some point of their lives (similar for *bi-polar disorder*)

WHY ?

Prevalence of common mental health problems

- **The ILO** makes a distinction between mental health problems and mental illness
- **The National Service Framework for Mental Health** (1999) distinguishes between severe mental health problems and other forms of mental ill health based in their incidence and prevalence

WHY ?

Prevalence of common mental health problems

Common MHP are defined as those that:

1. Occur most frequently and are more prevalent
2. Are mostly successfully treated in primary rather than in secondary care settings
3. Are least disabling in terms of stigmatising attitudes and discriminatory behaviour

WHY ?

Between 15 and 20% of employees will experience some form of mental health difficulty during their working lives, with depression representing the largest percentage of this problem

The UK Department of Health (1996)
and the Confederation of British Industry (1999)

WHY ?

In a company of 1000 employees,
between 200 and 300 people may
suffer from depression and anxiety
over the course of a thirty-year
working life and one suicide may
occur per decade

The UK Department of Health (1996)
and the Confederation of British Industry (1999)

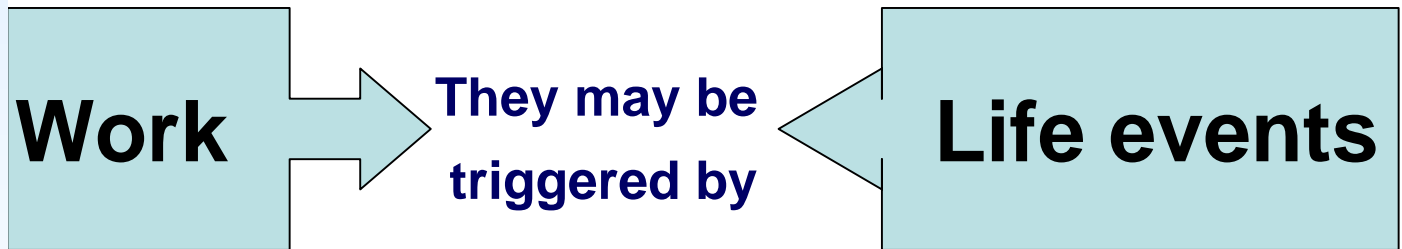
WHY ?

WHO estimates that by year
2020 neuro-psychiatric
conditions will account for 15%
of disability worldwide

WHO,2001

WHY ?

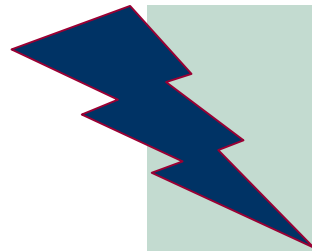
Mental Health problems stem from a multiplicity of causes



Duration and severity are determined by a number of factors other than the immediate cause

WHY ?

Certain occupations are at greater risk of mental ill health than others



Higher incidence of
Work-Related
Mental Illness

(Stansfield et al 2003)

Teachers
Nurses
Social Workers
Probation Officers
Police Officers
Armed Forces
Medical Practitioners

WHY ?

Certain occupations are at greater risk of mental ill health than others

High levels of job demands combined with lack of long term security and particularly high emotional demands in working with people

Teachers
Nurses
Social Workers
Probation Officers
Police Officers
Armed Forces
Medical Practitioners

WHY ?

Actual Context or Circumstances



Teachers
Nurses
Social Workers
Probation Officers
Police Officers
Armed Forces
Medical Practitioners

WHY ?

Context of Increasing Violence

Martínez-Jarreta B, Gascón S, Santed MA, Goicoechea J. *Medico-legal analysis of aggression towards health professionals. An approach to a silent reality and its consequences on health.*
Med Clin (Bar) 2007;128/8:307-10.

Nearly 70%
Non Physical
Aggression

11%
Physical Aggression

Results and discussion

(Martínez-Jarreta et al, 2007)

Physical Violence

Likert Scale

Psychiatric
Symptoms

$X^2=2,132$
 $P=0,977$

Depression

$X^2=0,765$
 $P=0,943$

Anxiety

$X^2=0,943$
 $P=0,918$

PTSD Criteria

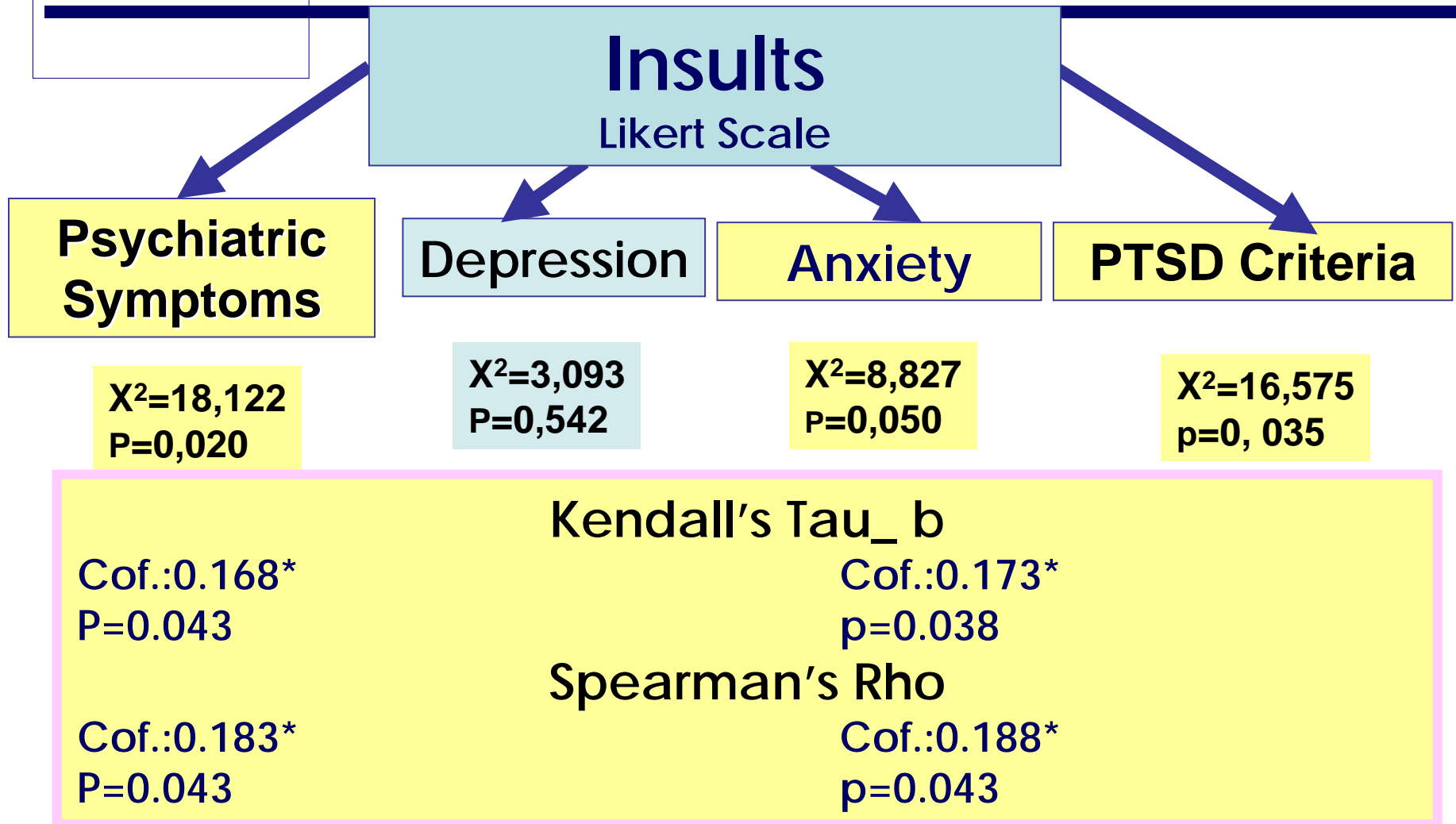
$X^2=0,943$
 $p=0, 846$

Kendall's Tau_b

Spearman's Rho

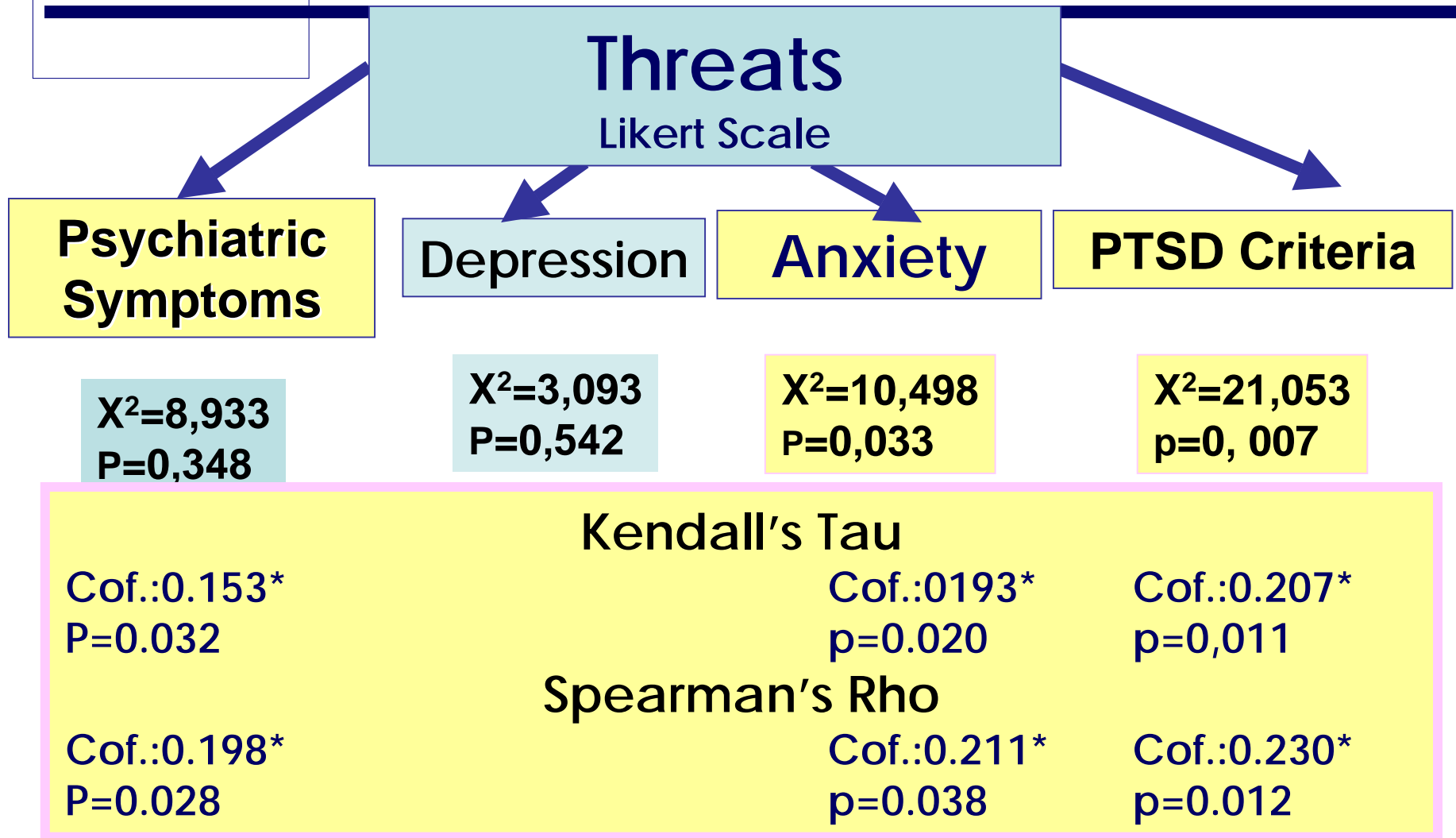
Results and discussion

(Martínez-Jarreta et al, 2007)



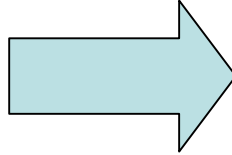
Results and discussion

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WHY ?

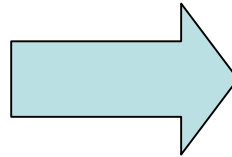
WORK



**Health & Psychological
well-being**

WHY ?

WORK



Health & Psychological well-being

Some demands



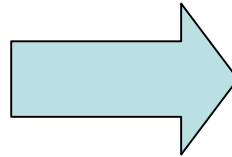
Energizing Responses

Typical Stressors
Job demand-job control
Burnout
Effort-Reward imbalance
Violation of the psychological contract, etc.

in certain context
with certain individuals

WHY ?

WORK



Health & Psychological well-being

Some demands



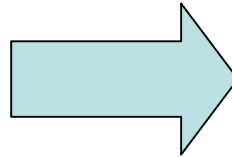
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in certain context
with certain individuals

WHY ?

WORK



**Health & Psychological
well-being**

Interventions could
focus on:

- ***Features of the work environment***
- ***Individual-situation***
- ***A combination of both***

in certain context

with certain individuals

Which competences?

Management of Mental Health Problems

Diagnosis		
Treatment (management)		
Prevention		

We consider these six fields for the Summer School

WHAT ?

- **WHAT** are the core competences in this field, and when should the OP delegate or refer to other experts?

7th EASOM SUMMER
SCHOOL

DISCUSSION

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7th EASOM SUMMER SCHOOL

7th EASOM SUMMER SCHOOL

WHY ?

**Occupational Physician
advises on sources of :**

- Work-related stress
- Mental ill health
- On good management
- Human resources
practices

**To
eliminate
Adverse
Mental
Health
Effects**

WHY ?

Prevalence of common mental health problems

Mental ill health is a contested concept and the language used to describe it varies widely. For the purposes of management of MHP at work normally is chosen to use the term *common mental health problems*, rather than *mild to moderate mental ill health*

WHY ?

Prevalence of common mental health problems

People experiencing common mental health problems, as well as their families, physicians and employers, are most likely to use terms such as anxiety or depression (nerves) to articulate this set of health problems. None of this terminology applies to major depressive illnesses.