Work and Mental Health

Comparative Study Quebec - Catalonia

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EXECUTIVE SUMMARY

There is a substantial increase in mental health related problems at work both in Europe and North America. The Macro aspects of this study reveal the following:

The framework document on Health and Workplace security of the European Community was adopted in 1989; a year later, it was found that 28% of workers felt stressed which resulted in expenditures estimated at 20 billion dollars. Stress was felt to impact most aspects of health and morbidity related to work. The 2003-2008 Community Action Program in Public Heath defines various social determinants. Stress, violence, depression and anxiety, are the second most important health related work problem in the European Community.

The OCDE felt that mental health represents 25% of invalidity costs in the European Union.

WHO has come to the conclusion that mental health at work is a key element of a country's mental health policy and has adopted a Global Plan of Action 2008-2012. Mental Health Europe and the European Network for the promotion of health (including mental health) in the workplace are very active.

In the North American context, mention is made that in 2000, major depression for workers cost 83.2 billion dollars of which 51.1 million went for replacement costs.

It is felt that invalidity rather than life expectancy will become the foremost health problem of the XXI Century. The 2007 Ipsos-Reid Survey in the US and Canada revealed high incidence rates for depression as well as the ubiquity of stigma.

In Quebec, data from the ESC1.2 Inquiry found that 10% of adults had “consulted” for a mental health reason in the last year. The impact of one’s revenue, prior mental health problems, alcoholism, comorbidity and stigma are presented.
Employee Assistance Programs are widely available: their true effectiveness is difficult to assess on account of confidentiality issues.

The Quebec Government 2005-20012 Mental Health Action Plan focusses on the development of a full Primary Mental Health Care approach. The typical trajectory of a worker with a mental health problem involves a diagnosis and, ideally, treatment from one’s family physician. It is noted that 25% of the population does not have a family doctor and that the majority of GP’s working in mental health are paid on a fee for service; the characteristics of those doing mental health are presented.

In Spain, Law 31/1995 on the prevention of professional risk looks at the sources of various risks, including psychosocial ones, often involved in mental health problems,
In Spain, every citizen has a family physician.

Catalonia has developed its own Catalan Institute of Medical Evaluation to define the main elements of the Government Strategies 2009-2012 on Health and Work security
A 2008 study reveals that costs related to depression represent 0.38 of GDP.
Mention should be made of the existence of 467 Mental Health Centers throughout Spain; they provide “second” line mental health services to children and adults.

The Micro part i.e. the comparison between the two participating Institutes reveal that with respect to the mental health of their employees, the two entities have extensive programs of intervention based principally on prevention.

In Montreal, while the Board of Director has adopted proactive policies for the health and mental health of its employees, it is the Department of Human resources that has undertaken most initiatives to create a stimulating work environment including interactive communications and the offer of a great number of “products” often developed with the input of employees. The Institute should soon receive the Government approved designation of “Institution in good Health”. All components of the Program functioning are described.

The Gerona Institute (IAS) has manpower roughly equivalent to that of the Douglas, both in numbers and repartition. The main components of its employee related programs are similar to those in Montreal, focussing on communications, training and many prevention oriented activities. The Department of Human resources ‘Program on risk prevention and management is the local application of Law31/1995. The Prevention services is an interdisciplinary group of Professionals (a physician, a nurse, 2 managers). The program develops policies and coordinates prevention programs. It evaluates both physical and psychological risks, and offers first level care to employees and will intervene with the employee’s manager as need be.

The main difference found between the two Institutes rest with the fact that the % of absenteeism linked to a mental health problem is 27% in Montreal and 9% in Gerona. We believe that the two figures cannot be compared because , in Montreal, the HRD gets the medical diagnosis on the absenteeism form whereas, such is not the case in Gerona where that information is not available (it goes to a Central Government Agency); only a minority on employees will admit to a mental health problem to the Risk prevention team. Moreover, in Montreal, the costs incurred by the employee’s absence are charged directly to the Institute’s budget, but in Gerona these costs are borne by a central agency and not the Institute, with the exception of the first few weeks. We remain however convinced that the existence and functioning of the Risk Prevention team in Gerona undoubtedly plays a role in the fact that the incidence rates mentioned are lower in Gerona.

Recommendations are proposed to further investigate the costs of mental health problems in the workplace, the exact nature of the role of the primary health care network, including family physician, the impact of their mode of remuneration, the importance of a having a well-developed and identified secondary mental health care level.