Workplace related mental health problems – risks and prevention

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Keywords

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After interviewing hundreds of American workers from shop floor to top floor, the social anthropologist Studs Terkel, concluded that "work, is by its very nature, about violence—to the spirit as well as to the body. It is about ulcers as well as accidents, about shouting matches as well as fistfights, about nervous breakdown as well as kicking the dog around. It is above all (or beneath all), about daily humiliations. To survive the day is triumph enough for the walking wounded amongst the great many of us" (33).

Workplaces are diverse. They vary in size, type of activity, whether they are in the public or private sector and in the cultural traditions of the employees. However despite these differences work remains an essential feature of most people's adult life: it has personal, economic and social value. During recent decades, the nature of work has undergone profound changes across Europe (63). Fewer jobs are defined by physical demands and more by mental and emotional demands. Other changes include the centrality of computer based information processing, part

time and flexible working, job instability and insecurity, forced mobility, forced early retirement and changes in the composition of the labour market e.g. the growing proportion of women and older people (63,26). Although the strength of evidence on the relationship between different workplace psycho-social risk factors and health varies, a social gradient of health according to occupation has been demonstrated for all cause mortality, coronary heart disease, psychiatric disorders (especially depression) and chronic bronchitis (64). Around 25% of the social gradient in men and 35% in women are accounted for by psychosocial characteristics (North et al 1993 cited in 27).

At times stress is being referred to either as the risk factors (stressors), or as the mental and bodily reactions to the risk factors (strain) or as the psychosocial consequences of these reactions (stress-related outcomes). To avoid confusion it is, however, important to reserve the concept of stress to the second use, the reactions of an individual to the risk factors.

According to NIOSH (65), „job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury".

It is implied in the European Commission's definition that work-related stress is: „a pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organisation and work environment... Stress is caused by poor match between us and our work, by conflicts between our roles at work and outside it, and by not having a reasonable degree of control over our own work and our own life." (13).

Stress results from a mismatch between the demands and pressures on the person, on the one hand, and their knowledge and abilities, on the other. It challenges their ability to cope with work. This includes not only situations where the pressures of work exceed the worker's ability to cope but also where the worker's knowledge and abilities are not sufficiently utilized and that is a problem for them.

Throughout the twentieth century, stress models have varied in terms of their definition of 'stress', their emphasis on physiological and psychological factors, and their description of the relationship between the individual and their environment.

Different concepts have tried to explain the causes of stress and how stress can be overcome by the individual:

- The stress – strain model of the work sciences which is concretized in the DIN EN ISO 10075 (66). In this norm the word stress is not mentioned. In this norm mental workload include all external factors influencing the strain of the worker. This model is the basic model of the German Work Sciences.
- The Job –Demand – Control model of Karasek (67). Karasek defines jobs and their associated stress levels by their particular demand-control combination. Karasek's High Demand-Low Control Model defines high stress, unhealthy jobs as those with low control and high demand conditions. Low control conditions include deskilled labour and reduced decision making autonomy. Employees in this position are not given the leeway to make decisions regarding their work or work environment. They also do not have the opportunity to learn new skills on the job or problem solve. High demand conditions include inadequate time to meet job demands and excessive workload. When asked about their workload, employees in high demand situations often say, „I work very fast and/or hard," and, „There is not enough time to get the job done."
- The transactional Stress Modell (68). The Transactional Model of Stress and Coping is a framework for evaluating the processes of coping with stressful events. Stressful experiences are construed as person-environment transactions. These transactions depend on the impact of the external stressor. This is mediated by firstly the person's appraisal of the stressor and secondly on the social and cultural resources at his or her disposal. When faced with a stressor, a person evaluates the potential threat (primary appraisal). Primary appraisal is a person's judgment about the significance of an event as stressful, positive, controllable, challenging or irrelevant. Facing a stressor, the second appraisal follows, which is an assessment of people's coping resources and options. Secondary appraisals address what one can do about the situation. Actual coping efforts aimed at regulation of the problem give rise to outcomes of the coping process.
- Siegrist (69,35) proposes a model (Reward Imbalance Model) of gratification crises to explain negative effects on health. When high performance is reciprocated with low gratification (income, reward/support, status) he predicts high risk of health deterioration. This model claims an exchange of expectations and obligations with rewards.
- The Job Demands Resource Model (JD-R) was developed in an attempt to overcome some of the limitations that characterize earlier research models in the field of work psychology, including the Job Demands Control Model (67) and the Effort Reward Imbalance Model (69). One of the drawbacks of these earlier models is their focus upon negative aspects of work (e.g., excessive workload, insufficient rewards) and negative consequences of work (e.g., strain, physical health problems). The JD-R model, in contrast, adopts a more positive view. Along with the negative aspects of work, this model examines positive job characteristics and studies

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their health-enhancing effects. Furthermore, whereas the older models consider only a limited number of job characteristics, the JD-R model assumes a broad variety of work aspects to relate to employees' well-being (6). According to JD-R scholars, job characteristics can be aggregated into two broad higher- order categories: job demands and job resources.

All the models have strengths and weaknesses. There is an extensive literature on the relationship between all aspects of working life and health and a growing evidence base on the importance of psycho-social factors in the workplace (19, 25, 27, 28, 39, 35). Although none of the European member states has specific regulations on work related stress, all countries' general legal frameworks refer to psychosocial risk factors that may cause or exacerbate work related stress. In some countries, the legal provisions go further than the Framework Directive by specifying the need for employers to act against such factors. This is the case in Belgium, Germany, Netherlands, Sweden and Denmark. In the UK, stress management standards are recommended, rather than mandatory, although case law has upheld „addressing stress" as part of the general duty of care within health and safety legislation (14).

Reactions to the same psychosocial exposures may vary between individuals. A person's background, motivation, experience, skills and knowledge on the one hand and the support and encouragement from managers, supervisors and colleagues on the other, all play an important role (4). For example, over commitment and a high need for approval influence people's perception of job demand and their own coping resources (27). Some people can cope with high demands and high levels of psychosocial risk factors, while others cannot. It is always the subjective evaluation of the situation that is decisive for stress reaction. This means that it is not possible from the situation alone to determine stress reactions without reference to the context, the individual and their group. Problems outside of work can also contribute to stress, eg. relationship problems and financial pressures. Non-work problems can make it difficult for people to cope with the pressures of work, and their performance at work may suffer. A death or sickness in the family, a temporary setback or other personal problems may exacerbate the situation and influence the way people cope with work pressures.

However, this is also the case for many other work environmental exposures. While stressors may exert their effects on individuals and have specific manifestations, there are a number of factors that are common across individuals and have been established as known sources and causes of stress and stress related illness at work.

The most significant of these are:

- High demand/low control (67)
- Lack of control and poor decision making latitude (40)
- Low social support (2)
- Effort and reward imbalance (40,64)
- Monotony (41)
- Poor communication and information (3)
- Unclear/ ambiguous instructions and role, unclear organisational and personal goals (18, 15,24)
- Lack of participation (9)
- Emotionally distressing human services work (for example health care, teaching) (5,4)
- Job insecurity ()
- Time pressure (17,34)
- Bullying (42), harassment (31) and violence
- Organisational change (19)

It is theoretically and empirically supported that the risk of stress is increased in a work environment characterised of:

- Few resources: low control over work, low skill discretion, low decision authority.
- Unsuitable demands: too high and too low demands at work – especially the combination of low control and high demands or repetitiveness and monotonous work.
- Few social resources: low social support from colleagues and management, role conflicts, low social community.
- Low predictability: job insecurity, low feedback from supervisors, lack of information.
- Low levels of reward: imbalance between efforts and rewards.

The same exposures are known to increase the risk of bullying at work, and simultaneously, both bullying and violence can cause stress. Social support is a modifying factor, so that for example the impact of high demand/low control is greater where social support in the workplace is absent (16). Poor social support at work predicts both psychological morbidity and more brief periods of psychiatric absenteeism (32).

As mentioned before, being employed means having an additional role in life. Different social roles (at work and outside) can impose various and conflicting expectations from the social environment. This can be experienced as a challenge, and also as stress, indicative of potential harm to one's physical and mental health. Exposed to stressors, resulting from suboptimal physical, organisational or psychosocial working conditions, all of us experience some kind of arousal (13).

The nature of the arousal depends on the stressor's characteristics, so on its intensity, durability, frequency of occurrence, predictability, controllability and personal importance. The arousal might be an acute and temporary emotional reaction, a mood that continues for a longer

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period or it might even end up in mental illnesses like anxiety and depression, especially when the stressors are persistent (4). It might also cause behavioural reactions, sometimes negative ones like smoking or seeking comfort in alcohol or other substance abuse. Sometimes aggressive, violent or other types of antisocial behaviour (e.g. quarrels with colleagues) may be the outlet chosen. Especially at work warning signs like not turning up or being tardy, working slowly, making mistakes more often or working too hard sometimes, should be taken seriously. Illness or even death due to illness or suicide might also be a consequence. Another type of reactions are cognitive, for example decrease of capacity to learn or to concentrate or being scatterbrained. Finally the last type of reactions might be physiologically like for example increased irregular heart rate, muscular tension with subsequent pain (back, neck or head) or increased blood pressure. These reactions may lead to hypertension or myocardial infarction.

The psychological-emotional, behavioural, cognitive and physiological reaction mechanisms (for example mental ill health) are determined by the combined effects of occupational stressors, (the stimuli resulting from) their appraisal and the psychobiological background of each individual. These determinants may lead to precursors of mental ill health (for example burnout) and to mental ill health itself. There are a lot of different pathways leading to mental ill health. The number of cases of mental ill health is dramatically increasing.

The scope of stress at work

Work-related stress is a growing concern for employees and employers in the European Union. About a quarter of those employed in Europe are exposed to job strain (between 13% in Sweden and 43% in Greece) (71). Work-related stress has been associated with a number of other ill-health outcomes, such as cardiovascular disease (for example 70), musculoskeletal disorders, particularly back problems, and neck–shoulder–arm–wrist–hand problems (so-called repetitive strain injuries, RSI, as well as absence from work (71).

Stress levels are also reported to vary according to occupation, with a number of occupations classified as comparatively high risk for stress. These occupations include teacher, nurse, doctor, bus driver, traffic warden and police officer. It is interesting to note that some occupations include stressors (for example, doctors and nurses who are likely to be in contact with sick people). These stressors, combined with organisational factors (for instance, whether they have time to deal properly with their patients, whether they have support to help them deal with the emotional impact of working with people who are suffering), can result in different work situations leading to more or less stress. (71)

The findings show that developments over time give some cause for concern. The subjective indicator of work intensity, which describes workers' experience of high demands, reveals an overall increase in work intensity in most European countries over the past two decades. Although this increase appears to have slowed down since 2005, 62% of workers in the fifth EWCS report (European Working Conditions Survey) (71) working to tight deadlines (at least a quarter of the time) and 59% report working at high speed (at least a quarter of the time). Similarly, the proportion of workers whose pace of work is determined by three or more external factors (such as the speed of a machine, client demands, manager, etc.) has increased over the past 20 years, though this increase seems to have levelled off since 2005. Nevertheless, the fact that a substantial proportion of workers is affected raises questions about the sustainability of their jobs. This concern is particularly important given that Europe is faced with the challenge of an ageing workforce and the current policy focus aims to keep workers active for longer.

It is thought that these work-related causes of stress have contributed to current illnesses: 13% of workers complain of headaches, 17% of muscular pains, 30% of back pains, 20% of fatigue and every fourth of stress. Furthermore, 45% claim they carry out monotonous tasks, and 50%, short repetitive tasks. Furthermore, studies in the EU and beyond suggest that between 50% and 60% of all lost working days are related to stress (71).

More and more employees in Europe are confronted with the permanent change of their organizations.

Changing Organizations

Restructuring is taking place in every competing organization and therefore affects all European societies. Restructuring is understood to mean organizational change that is much more significant than commonplace changes. Restructuring affects at least a whole organizational sector or an entire company rather than peripheral alterations to a business. These can manifest themselves in the forms of closure, downsizing, outsourcing, offshoring, sub-contracting, merging, delocalization, internal job mobility or other complex internal reorganizations. Besides or through its effects on employment, restructuring also has a vast impact on the health of employees, organizations and communities (72). Moreover, health is a central aspect that feeds back into company employment and productivity. Thus, maintaining health is a central challenge for all

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actors within the processes of restructuring and it is this often neglected aspect of organizational transitions.

The most prevalent notion of restructuring remains that of a crisis which puts current working conditions and indeed employment at stake. Indeed, restructuring has to be seen as the outcome of a process by which the governance of an organization comes to admit and recognizes that something has to be changed. Along this process, it has to be established not only what has to be done, but also what did not lead to a successful outcome and who was responsible for it. Thus it determines who will guide the restructuring process. This is not a matter of pure, rational decision making, but often it is perceived as a "social war". It implies to setting up strategies, building up power alliances, preparing tactics, finding scapegoats, battling, winning and losing, cheating, and diffusing false or partial information. The main reasons why communication processes seem so confusing before and during restructuring – and practices like mobbing are often adopted – are rooted in such power struggles. On top of the challenges and struggles due to the changes in the organizational routines itself, this causes uncertainty and irritation at all organizational levels even when jobs might in fact be less insecure than perceived. The health aspect of restructuring can be considered as central because health itself is a crucial part of employment and likewise being relevant for the future performance of companies. Not only those who fall out of the company after restructuring can form a health burden for society in the future but also those who remain and develop increased health problems will produce higher costs for the health system of which the health insurances are only one part (72).

It is quite clear, then, that restructuring processes that involve job loss may have detrimental effects on those that have been dismissed or outsourced. Another aspect often overlooked, is that those workers that get to keep their jobs may not always be considered the lucky ones from a health perspective. There's increasing evidence of the existence of what has above been labelled 'layoff survivor sickness' Some workers that remain experience feelings of guilt ("Why was I spared?") and some experience continued uncertainty ("Will I be out next?"). Employees in a post restructuring context may be wary about the future direction of the organization and may experience a decline in trust.

Mental ill health at work

Mental ill health at work has a huge and obvious impact on the public health status of European citizens as well as on the whole economy. Some of the most important findings are:

- In the European Union estimated three to four percent of the gross national product (GNP) is spent on mental health problems (11).
- Psychiatric illness is found to be the 3rd most common cause for long spells of sick leave (> 7 days) for women and the 4th for men (38).
- Depressed workers have between 1.5 and 3.2 days more short-term sickness absence per year than other workers (20).
- People with mental health problems seem more likely to go to work but require greater effort to maintain their working capacity (8).
- It is estimated that depressed workers loose about 20 percent of their on-the-job productivity, caused by poor concentration, lack of self-confidence, apathy or the like (12).
- Comparing depressive and non-depressive employees shows that the depressive ones were 70% more "expensive" in terms of their medical costs than the non-depressive ones (23).
- The indirect costs of the "generalised anxiety disorder", which arises from labour turnover, substance abuse, working time lost, chronic loss of efficiency or failure frequency exceed the direct expenses of interventions such as medical and psychotherapeutic treatments.
- Social support can be either a potential moderator or independent risk variable to mental health. Poor social support at work predicts both psychological morbidity and more brief periods of psychiatric absenteeism (32).
- Anger, depression and work stress are highly related to job satisfaction.
- The work-family conflict is positively related to clinically significant diagnoses of mood, anxiety, and substance dependence disorders (10).
- Related to anger and depression is an enhanced risk for coronary heart disease (22).

One crucial dilemma is that often the relation between psychiatric disorders and co-morbidity is underestimated. Often depression is an underlying problem that triggers secondary problems, for example low back pain, cancer, cardiac conditions, muscular-skeletal disorders and pain syndromes

The case of depression and working conditions

Depression is a common illness. At some point in their life, around 1 in every 5 women and 1 in every 10 men will suffer from depression. At any given time, 1 in every 20 adults is experiencing a serious 'major' depression. A similar number will have a less serious depression. Naturally,

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problems that are common in the general population are common in people at work. In any one year about 3 in every 10 employees will have a mental health problem, and depression is one of the most common. It is not just distressing for the person involved. It makes them less productive at work and is responsible for high rates of sick-leave, accidents and staff turnover. Moreover, untreated depression can result in some other adverse consequences, like secondary alcohol/drug-use disorders, marital disruption, increased cardiovascular morbidity/mortality and suicidal behaviour. Depression is associated with significant impairment of work ability on self-report measures (45–47) .

Although there is little evidence that poor working conditions can directly cause depressive illness, undue pressure and stress at work can combine with other problems, such as difficulties at home or recent unhappy events, and contribute to the development of depression.

Someone suffering from depression can start to behave out of character, both at home and at work. Other workers or employers may notice that someone is:

- Working slowly
- Making mistakes more often
- Unable to concentrate
- Forgetful
- Late for work or meetings
- Not turning up
- Getting into disputes and arguments with colleagues
- Unable to delegate tasks
- Working, or trying to work, much too hard

Work, therefore, has a largely beneficial impact on mental health, but there are circumstances in which it can be less helpful. There are several areas to consider:

Situations: Depression is often triggered by difficult life situations that the person finds stressful or even devastating. If attempts to cope with the situation by improving or accepting it are not successful, the person may begin to feel overwhelmed and hopeless.20 Such situations may occur in specific domains of the individual's home or work life; however, any

Thinking patterns: Everyone is affected differently by outside events, depending on how we interpret or make sense of those events. These interpretations determine how events are experienced.

Emotional reactions: Depression initially involves feelings of discouragement and sadness, often triggered by unsuccessful attempts to cope with difficult life situations.

Physiological patterns: Depression is often accompanied by a variety of physical symptoms, and neurochemical dysfunction is likely to be an important causal factor.

Behavioural responses: Depressed people often reduce their general activity level because they experience a pervasive sense of fatigue, their activities no longer yield rewards, and they lack motivation. Systematic surveys of the U.S. workforce find that 6–7% meet diagnostic criteria for minor or major depression at any given time, and another 2.4% show some depressive symptomatology (48) . Other studies used a broader definition of depression and are consistent in finding 13% of workers to report a troublesome level of depression(49,50). In a community survey, 18% of the working population reported missing work or cutting back on workload because of depressive symptoms (46).

A number of studies have examined the relationship between features of the workplace and employee depression. It is clear that certain kinds of workplace stress are associated with higher frequency of depressive symptoms in employees (52,53,54). In particular, there is a relationship between "job strain" (high levels of job demand accompanied by low levels of control over workload) and depressive symptoms (55,56). Job strain is intensified if workers lack social support, feel socially isolated, or have poor relationships with supervisors and co-workers (57) . Workers also experience job strain when they perceive an imbalance between effort and reward, with a combination of high effort and low reward leading to psychological strain (58). Similar outcomes result from incongruence between employee and organizational needs, values and goals. It has It has been theorized that that organizational culture can affect the quality of worklife and health of employees through its influence on management systems, organizational structures, and behaviours (59).

The Canadian National Population Health Survey found that self-reported work stress (limited control over work, high psychological demands, job insecurity, and lack of social support in the workplace) was linked to the occurrence of major depression (60). A study in France followed 12 000 working individuals over an extended time period and found that high levels of psychological demand, a low degree of control over work decisions, and lack of workplace social support predicted the subsequent development of depressive symptoms (61).

Workplace stress has been related to depressive symptoms in each of the following occupational groups:

- Blue-collar workers. Minimal control over workload, interpersonal conflict in the workplace, and excessive environmental noise are linked to depressive symptoms in factory workers
- White-collar workers. Ambiguity of role expectations, work pressure, lack of control over work, and lack of social support at work predict depressive symptoms in this working population. Job strain has been related to depressive symptoms in teachers.
- Caring professions. Several studies have demonstrated a relationship between job strain and onset of depressive

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symptoms in physicians. Similar findings have been obtained in studies of other healthcare workers, with indicators of job strain like increased levels of job demand, lack of social support in the workplace and lack of control related to depressive symptoms (62).

A problem relates to the role that symptoms play in depression. The goal of early detection is to identify disorders in the pre symptomatic stage. This is usually most successful when the condition has a relatively long pre symptomatic stage, there are good objective confirmatory diagnostic tests and the symptoms often occur only at an advanced stage. In a sense depression has none of these three characteristics. It is diagnosed essentially on clinical grounds, the early stages are associated with symptoms (often nonspecific), and the „pre symptomatic“ stage (even if there is one) is not necessarily prolonged, at least relative to other conditions.

Promotion of Prevention

In 1989, the EU Framework Directive (89/391/EEC) set a framework for a holistic approach to health at work, considering both psychological and physical well-being as part of preventative occupational health and safety. EU legislation on health and safety at work is significant because it has a direct impact on working conditions within all Member States. In this context a lot of individual oriented, organisational oriented and other context oriented preventive approaches are available.

The starting point in terms of legislation is the Framework Directive 89/391, under which all employers have a legal obligation to protect the occupational safety and health of workers, a duty which also applies to problems of work-related stress on the basis of the general principles of prevention:

- avoiding risks;
- evaluating the risks which cannot be avoided;
- combating risks at source;
- adapting the work to the individual;
- developing a coherent overall prevention policy which covers technology, organisation of work, working conditions , social relationships and the influence of factors related to the working environment

These principles are transposed in the national legislation of all member states. Employers have an obligation to manage work-related stress, through the Framework Directive 89/391/EEC. This Directive and the legislation it needs at Member State level, place work-related stress firmly within the legal domain of occupational safety and health.

Work-related stress is preventable, and action to reduce it can be very cost-effective. Each workplace is different, and work practices and solutions to problems must be matched to particular situations by carrying out a risk assessment. Nevertheless, psychosocial risks are rarely unique, and similar solutions can be adopted across various sectors and sizes of enterprises, and Member States. Examples of good practice in managing workplace stress are there to be used. On the website of the European Agency for OSH a lot of models of good practice are available (73).

Risk assessment for stress involves the same basic principles and processes as for other workplace hazards – identifying hazards, deciding what action needs to be taken, communicating the results of the assessment, and reviewing it at appropriate intervals. Including workers and their representatives in the process is crucial to success. There are several toolboxes available offering tools (74) to help enterprises and organisations assess their risks. The choice of method will depend on workplace conditions, for example the number of workers, the type of work activities and equipment, the particular features of the workplace and any specific risks.

The most common risk assessment tools are checklists, which are a useful tool to help identify hazards. Other kinds of risk assessment tools include: guides, guidance documents, handbooks, brochures, questionnaires, and "interactive tools" (free interactive software, including downloadable applications which are usually sector-specific) (74).

The social partners in Europe have also agreed on joint actions. Following consultation with the European Commission, the EU social partners concluded an agreement in October 2004 aimed at raising awareness of work-related stress among employers, workers and their representatives. The agreement also provides a framework to identify and prevent or manage stress, and sets out employer and worker responsibilities. It states that although the individual is well adapted to cope with short-term exposure to pressure, which can be considered as positive, people have greater difficulty in coping with prolonged exposure to intensive pressure. And Member States have produced their own practical guidelines and preventive tools on stress, violence and other psychosocial risks. There also international standards how to design workplaces in a decent way.

A new and important way of prevention is to focus on mental health promotion (74). Mental health promotion is 'the process of enhancing protective factors that contribute to good mental health'. Many scientific studies have proven that skills and attributes related to positive mental health lead to positive outcomes, such as better

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physical health and quality of life, economic well-being and personal dignity (1, 74).

Good mental health is important, since it allows persons to develop in many ways –emotionally, psychologically, intellectually and socially. It also benefits the places where people live and work, leading to social development and economic growth. Good mental health reflects the interaction between individuals and their environment, so factors such as biological and early childhood development, as well as social support and self esteem are important. Education, employment, income and housing also play a crucial role in maintaining good mental health. Universal prevention refers to the delivery of an intervention to an entire work group in order to eliminate or control individual and organizational risk factors, and thereby reduce the likelihood that individuals will develop depression. With regard to prevention of depression in the workplace, the most relevant interventions have been carried out under the name of "stress management," involving programs aimed at reducing the impact of job stress by changing factors related to job structure or employee coping.

„Stress management" has tended to target individuals rather than organisations. But the key to preventing work-related stress and psychosocial risks lies with the organisation and management of work. The most important stress management standard is from Health Safety Executive in England (76). Programmes must be targeted both on the organisational as on the individual level. It is important to create working conditions in which people work in a "safe" environment. Training and coaching of management is of paramount importance. At employee level it is vital to stimulate self-consciousness and coping behaviour. Benefits can be expected from realizing a positive working atmosphere.

Effective measures in preventing work-related stress include (76):

- allowing enough time for workers to perform their tasks;
- providing clear job descriptions;
- rewarding workers for good performance;
- enabling workers to make complaints and have them taken seriously;
- giving workers control over their work;
- minimising physical risks;
- allowing workers to take part in decisions that affect them;
- match workloads to the capabilities and resources of each worker;
- designing tasks to be stimulating;
- defining work roles and responsibilities clearly;
- providing opportunities for social interaction, and
- avoiding ambiguity in matters of job security and career development.

Overall, the research literature supports the effectiveness of stress management programs that teach stress-coping skills to employees as a means to reduce also depressive symptoms. Although these studies do not actually demonstrate reduction of diagnosed depressive disorders, there is some evidence that reducing depressive symptomatology helps to prevent the later onset of depressive disorders.

The number of enterprises across Europe setting up activities for promotion and prevention of mental (ill) health has increased significantly during the last decade. Reasons include the high cost of sick leave and short-term absenteeism, growing recognition of the relationship between human capital/resources and business outcomes (1, 74, 75), concerns (in some countries) about the potential legal consequences of failure to tackle stress and, in practical terms, existing structures for occupational health and health and safety requirements in the workplace which facilitate the delivery of mental health promotion activities.

The basic principles of good practice established by ENWHP (75) include the need to link workplace health with relevant enterprise policies and ensure that it becomes part of daily practice (integration) involve the employees within the planning, implementation and evaluation of workplace health action (participation) seek to improve the quality of working life and conditions as well as focusing on the behaviour of the individual employee (a balanced approach) ensure that any action is based on an analysis of the health requirements and needs of the various stakeholders within enterprises and is part of continuous improvement (need-based) (75).

While these principles also apply to mental health promotion at work, this is often not declared explicitly enough. Interventions targeting psychosocial issues in the workplace can be divided into three categories: increasing individual resources to cope with or tackle stress; improving relationships, social support, the person-environment fit or autonomy e.g. decision making latitude and, at the organisational level, changes in the organisational culture, structure, physical and environmental factors. For example in the case of interventions to reduce violence, preventive actions might include training, organisation of work and design of the workplace.

A European wide analysis of good practice in mental health promotion (1) suggests that while approaches vary considerably, projects can be broadly classified according to the level of intervention:

- individual level: for example improvement of coping skills to prevent stress and burnout, empowerment in order to be able to manage transition periods and interpersonal relationships,

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- social environment: creation of social supportive structures (corporate culture), development of policies against bullying or moral harassment
- working conditions: for example reduction of risk-factors, design of workplaces, work organisation (for example supportive structures for women combining work and children-care)

Conflict of interest

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