MENTAL HEALTH IN THE WORKPLACE
The Role of Changes in the Workplace Environment

OECD Expert Meeting
MENTAL HEALTH, DISABILITY AND WORK
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PhD/Senior researcher
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Severe mental illnesses
Strategy: Supported Employment, IPC etc
Unmet service needs, especially local services

Entry & Exit from the labour market

Depression, psychological distress

Labour market

Strategies to prevent exit or to re-enter are not well developed
Reduce demand, increase control and support?
Too general to be of great practical use?

Entry

Severe mental illnesses
Strategy: Supported Employment, IPC etc
Unmet service needs, especially local services

www.oecd.org/els/disability
Exit from the labour market

Depression, psychological distress

Labour market

Focus: work places, industries and sectors
Intention: Expanding the scope

Main question:

- Do we believe that the same factors cause mental problems for a teacher and for a worker in Information & communication industry?
  - If we do, individual focus is the right one
  - If not, industry specific or occupational group specific factors should be identified and one should develop strategies based on this information (sector-, industry- or occupational group- specific means)

- Norwegian register data is an appropriate source to look at industry variation

www.oecd.org/els/disability
The Norwegian Sick-pay Scheme

- 100% sick pay compensation from the first day
- Patients may self-certify for the first 3 (8) days of illness
- To receive sick-pay a ICPC-2 code is needed 4 days+
- The employer compensates a worker’s pay during the first 16 days
- The state provides compensation for the rest of the sick leave period, which may run up to 52 weeks
- All doctor-certified absences due to a person's own illness are registered in a national database (few with unspecified diagnoses)
- This register is or may be linked to several other registers: education, socio economic background, family history, income information, the cancer register, soon health services use, etc.
  - Has been done to study sick-leave
  - Not to a great extent to study sick-leave due to mental health problems
  - Individual focus

Approach:

- Use the sick-leave register combined with the Employee register and look at diagnoses (or ICPC codes) and industry differences
- Refunded days from National Insurance (to employer), i.e. spells 16 days+
- We do not know much from before about the industry level variation in mental problems
- This is work in progress, but the potential for more knowledge is good
- Not missing data in diagnoses but missing industry codes (has to do with the agreement between the The Norwegian Labour and Welfare Administration and Statistics Norway)
- Descriptive approach first
**Euros per day**

**Psychological problems as part of total diagnoses in refunded sickness absence**

*Real increases or due to changes in the sick-listing practice?*
*Not clear negative trends in WE, measuring problems, industry specific challenges that needs to be identified?*
Psychological: Cases, days and costs (% of total p-diagnoses)

- **Depressive disorder**: 37
- **Acute stress reaction**: 15
- **Psychological symptom/compl Other**: 8
- **Feeling depressed**: 6
- **Anxiety disorder/anxiety state**: 5
- **Sleep disturbance**: 2
- **Affective psychosis**: 2
- **Neuraesthesia/surmenage**: 2
- **Feeling anxious/nervous/tense**: 2
- **Psychological disorders, other**: 2
- **Post-traumatic stress disorder**: 2
- **Phobia/compulsive disorder**: 1
- **Chronic alcohol abuse**: 1
- **Hyperkinetic disorder**: 1
- **Schizophrenia**: 1
- **Memory disturbance**: 1
- **Phase of life problem adult**: 1
- **Drug abuse**: 1
- **Other P-diagnoses**: 1

Days per case

- **Acute stress reaction**: 37
- **Sleep disturbance**: 25
- **Phase of life problem adult**: 20
- **Feeling depressed**: 15
- **Psychological symptom/compl Other**: 15
- **Feeling anxious/nervous/tense**: 10
- **Total P-diagnoses**: 9
- **Neuraesthesia/surmenage**: 9
- **Chronic alcohol abuse**: 9
- **Psychological disorders, other**: 9
- **Depressive disorder**: 9
- **Other P-diagnoses**: 9
- **Anxiety disorder/anxiety state**: 9
- **Post-traumatic stress disorder**: 9
- **Phobia/compulsive disorder**: 9
- **Affective psychosis**: 9
- **Schizophrenia**: 9
- **Drug abuse**: 9
- **Memory disturbance**: 9
- **Hyperkinetic disorder**: 9
**Coding**  
*(following Nystuen et al, 2001)*

<table>
<thead>
<tr>
<th>Not included</th>
<th>(0.2% of all sick-days lost to mental problems)</th>
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</thead>
<tbody>
<tr>
<td>P05</td>
<td>Senility, feeling/behaving old</td>
</tr>
<tr>
<td>P11</td>
<td>Eating problem in child</td>
</tr>
<tr>
<td>P13</td>
<td>Encopresis/bowel training problem</td>
</tr>
<tr>
<td>P22</td>
<td>Child behaviour symptom/complaint</td>
</tr>
<tr>
<td>P23</td>
<td>Adolescent behav. Symptom/complt.</td>
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<tr>
<td>P24</td>
<td>Specific learning problem</td>
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<tr>
<td>P70</td>
<td>Dementia</td>
</tr>
<tr>
<td>P71</td>
<td>Organic psychosis other</td>
</tr>
<tr>
<td>P85</td>
<td>Mental retardation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>(8 % of all sick-days lost to mental problems)</th>
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<tbody>
<tr>
<td>P01</td>
<td>Feeling anxious/nervous/tense</td>
</tr>
<tr>
<td>P74</td>
<td>Anxiety disorder/anxiety state</td>
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</table>

<table>
<thead>
<tr>
<th>Neurotic conditions</th>
<th>(25 % of all sick-days lost to mental problems)</th>
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<tbody>
<tr>
<td>P04</td>
<td>Feeling/behaving irritable/angry</td>
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<tr>
<td>P06</td>
<td>Sleep disturbance</td>
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<tr>
<td>P07</td>
<td>Sexual desire reduced</td>
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<tr>
<td>P09</td>
<td>Sexual preference concern</td>
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<tr>
<td>P20</td>
<td>Memory disturbance</td>
</tr>
<tr>
<td>P28</td>
<td>Limited function/disability (p)</td>
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<tr>
<td>P29</td>
<td>Psychological symptom/complt other</td>
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<tr>
<td>P75</td>
<td>Somatization disorder</td>
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<tr>
<td>P78</td>
<td>Neuraesthesia/surmenage</td>
</tr>
<tr>
<td>P79</td>
<td>Phobia/compulsive disorder</td>
</tr>
<tr>
<td>P80</td>
<td>Personality disorder</td>
</tr>
<tr>
<td>P81</td>
<td>Hyperkinetic disorder</td>
</tr>
<tr>
<td>P82</td>
<td>Post-traumatic stress disorder</td>
</tr>
<tr>
<td>P86</td>
<td>Anorexia nervosa/bulimia</td>
</tr>
<tr>
<td>P89</td>
<td>Psychological disorders, other</td>
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</table>
### Depression conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Feeling depressed</td>
<td>44%</td>
</tr>
<tr>
<td>Depressive disorder</td>
<td></td>
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<tr>
<td>Suicide/suicide attempt</td>
<td></td>
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<tr>
<td>Acute stress reaction</td>
<td>19%</td>
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<tr>
<td>Chronic alcohol abuse</td>
<td>1%</td>
</tr>
<tr>
<td>Acute alcohol abuse</td>
<td></td>
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<tr>
<td>Tobacco abuse</td>
<td></td>
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<tr>
<td>Medication abuse</td>
<td></td>
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<tr>
<td>Drug abuse</td>
<td></td>
</tr>
<tr>
<td>Psychosis</td>
<td>3%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
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<tr>
<td>Affective psychosis</td>
<td></td>
</tr>
<tr>
<td>Psychosis NOS/other</td>
<td></td>
</tr>
</tbody>
</table>

### Crisis reactions

- Acute stress reaction: 19%

### Chemical dependence

- Chronic alcohol abuse: 1%

### Psychoses

- Schizophrenia: 3%
- Affective psychosis: 3%
- Psychosis NOS/other: 3%

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**Sick days mental problems 2009**

- Depression conditions: 44%
- Neurotic conditions: 25%
- Anxiety: 8%
- Crisis reactions: 19%
- Chemical dependence: 1%
- Psychoses: 3%
Sick days due to mental problems
Grouped

Look at the largest single codes:
87% of all refunded sick days due to mental problems in 2009
22% of all refunded sick days in 2009

www.oecd.org/els/disability
Percent of refunded sick-leave days by industry

Preliminary – missing industry codes

Percent of sick days (16+) due to psychological problems 2009*

*missing industry codes on many cases
Type of mental problem by industry
% of all sick days (16+) due to mental problems

- Anxiety
- Neurotic conditions
- Depression conditions
- Crisis reactions
- Chemical dependence
- Psychoses

www.oecd.org/els/disability
The way ahead

- There are variations in long-term sickness absence due to mental problems between industries, very little knowledge available to act upon.
- Get complete data (all sick-leave cases will be linked to an industry code (4 digit NACE code), closer to the occupational level.
- Create another dataset based on workplace identification (firm specific data: size, location, economic conditions etc).
- Focus on the psychological codes in detail, but include other diagnoses at a higher level.
- Identify high risk work-places and study the causes with other methods.
- If all researchers opt for the "state-of-the-art" evidence, important information from more descriptive analyses may be lost.
- A single track-focus at the individual level is not sufficient when studying mental health problems in the workforce.