

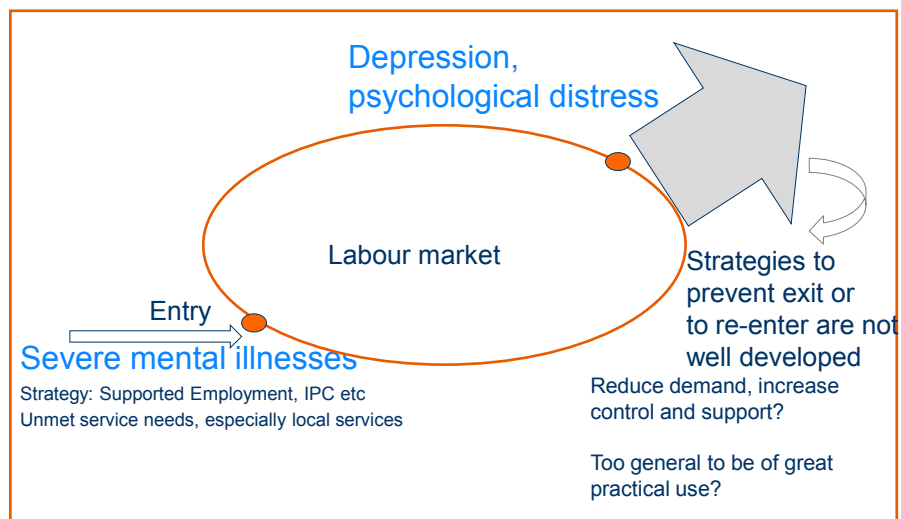
MENTAL HEALTH IN THE WORKPLACE

The Role of Changes in the Workplace Environment

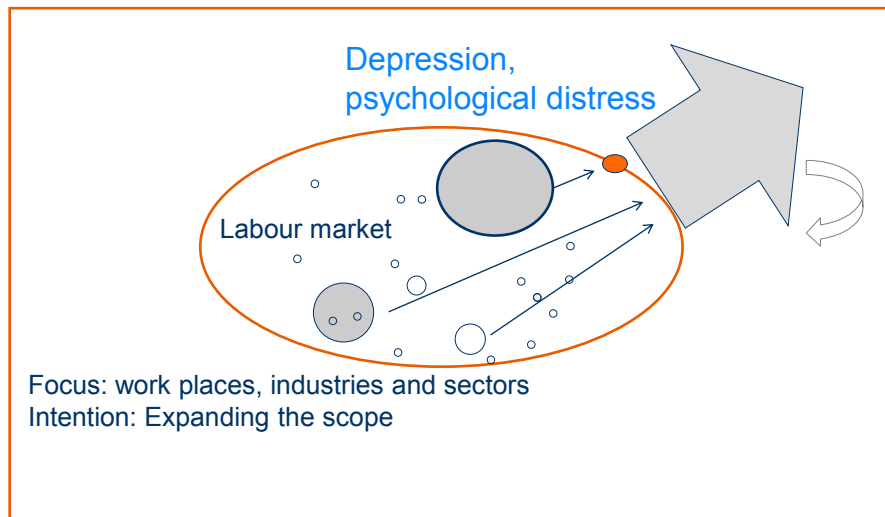
OECD Expert Meeting
MENTAL HEALTH, DISABILITY AND WORK
Paris, 26-28 April 2010

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Entry & Exit from the labour market



Exit from the labour market



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

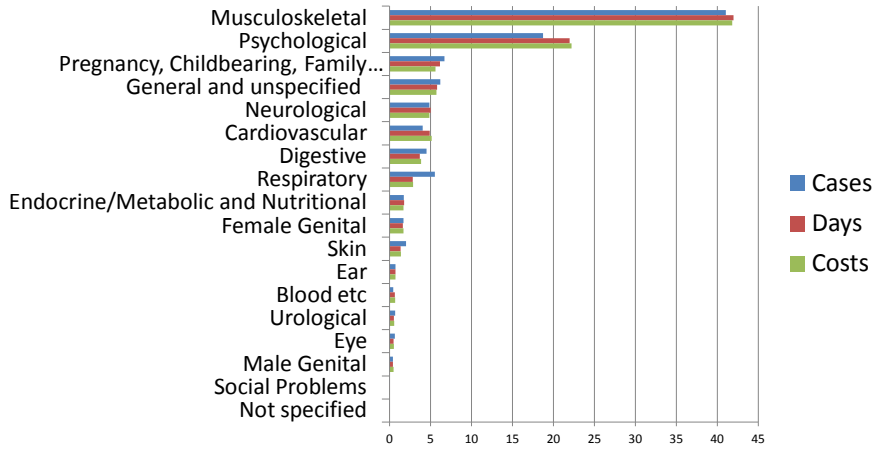
The Norwegian Sick-pay Scheme

- 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

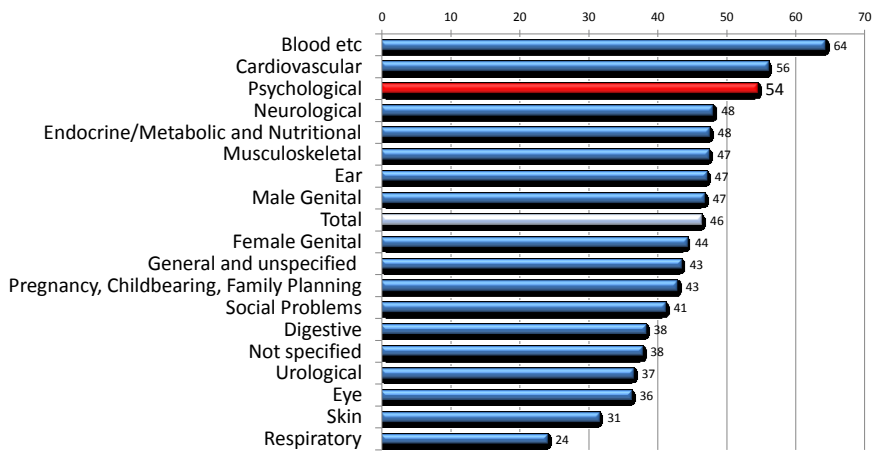
Approach:

- 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

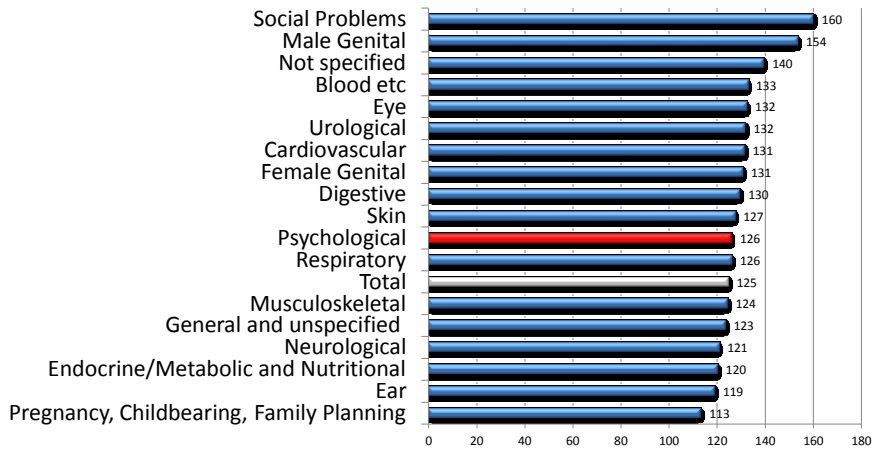
Percent of total cases, days and costs (Year: 2009)



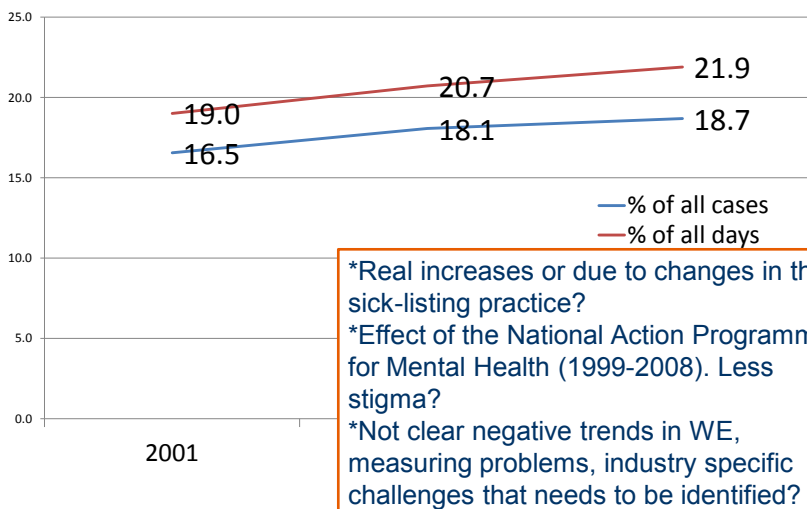
Days per case



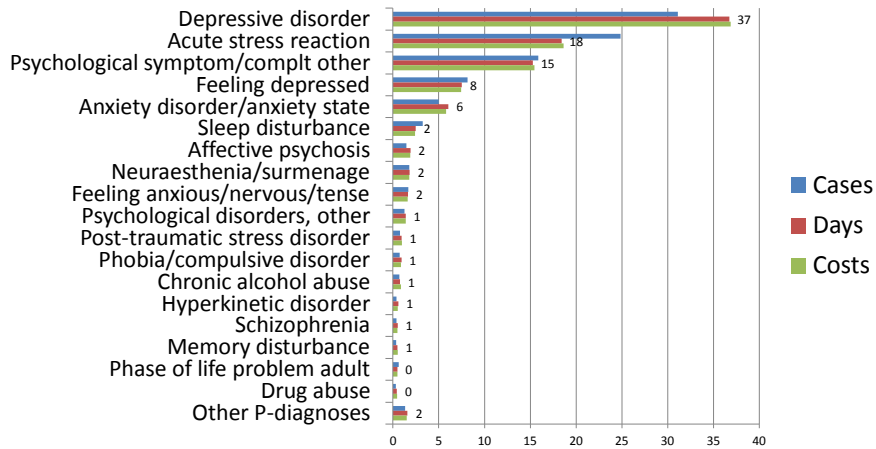
Euros per day



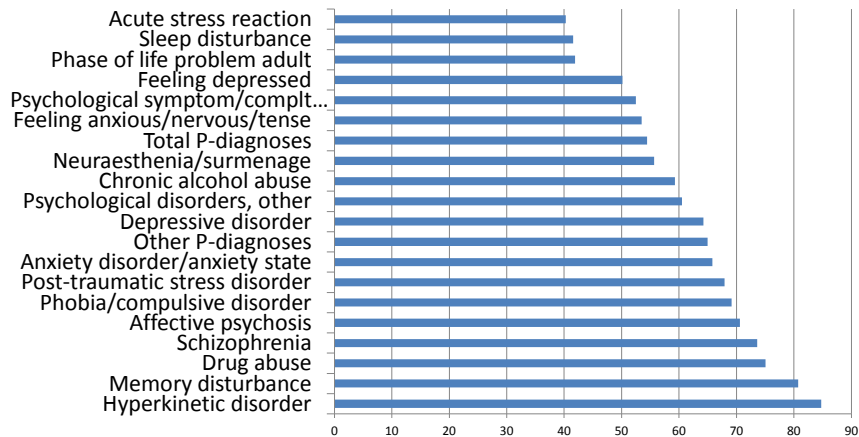
Psychological problems as part of total diagnoses in refunded sickness absence



Psychological: Cases, days and costs (% of total p-diagnoses)



Days per case



Coding

(following Nystuen et al, 2001)

Not included (0,2% of all sick-days lost to mental problems)

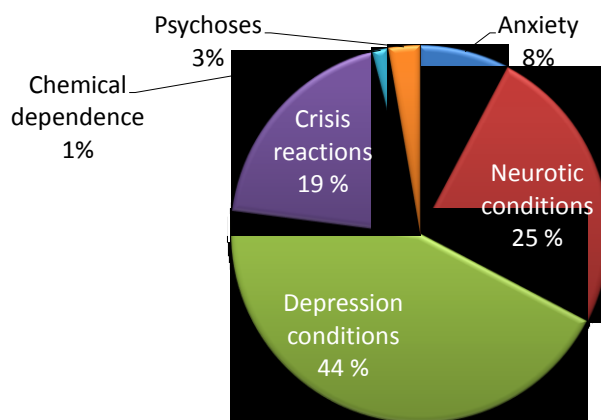
P05	Senility, feeling/behaving old
P11	Eating problem in child
P13	Encopresis/bowel training problem
P22	Child behaviour symptom/complaint
P23	Adolescent behav. Symptom/compl.
P24	Specific learning problem
P70	Dementia
P71	Organic psychosis other
P85	Mental retardation

Anxiety (8 % of all sick-days lost to mental problems)

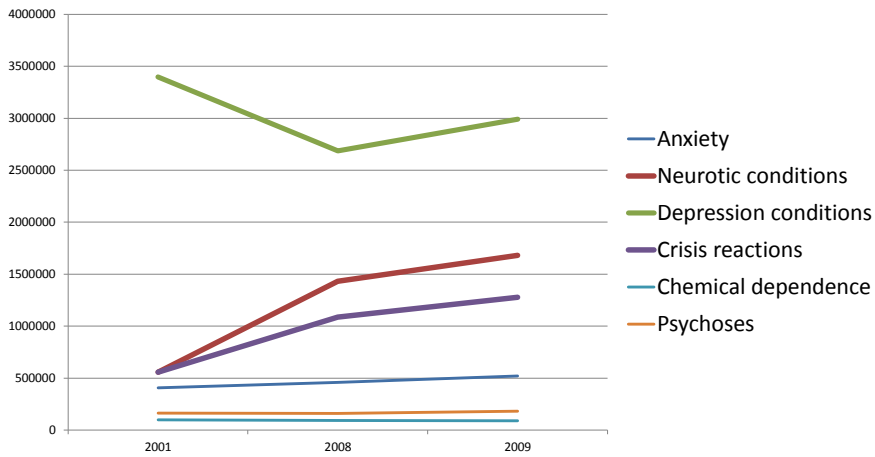
P01	Feeling anxious/nervous/tense
P74	Anxiety disorder/anxiety state
Neurotic conditions (25 % of all sick-days lost to mental problems)	
P04	Feeling/behaving irritable/angry
P06	Sleep disturbance
P07	Sexual desire reduced
P08	Sexual fulfilment reduced
P09	Sexual preference concern
P10	Stammering/stuttering/tic
P20	Memory disturbance
P27	Fear of mental disorder
P28	Limited function/disability (p)
P29	Psychological symptom/complnt other
P75	Somatization disorder
P78	Neuraesthesia/surmenage
P79	Phobia/compulsive disorder
P80	Personality disorder
P81	Hyperkinetic disorder
P82	Post-traumatic stress disorder
P86	Anorexia nervosa/bulimia
P99	Psychological disorders, other

Depression conditions	44 %
P03	Feeling depressed
P76	Depressive disorder
P77	Suicide/suicide attempt
Crisis reactions	19 %
P02	Acute stress reaction
P25	Phase of life problem adult
Chemical dependence	1 %
P15	Chronic alcohol abuse
P16	Acute alcohol abuse
P17	Tobacco abuse
P18	Medication abuse
P19	Drug abuse
Psychoses	3 %
P72	Schizophrenia
P73	Affective psychosis
P98	Psychosis NOS/other

Sick days mental problems 2009

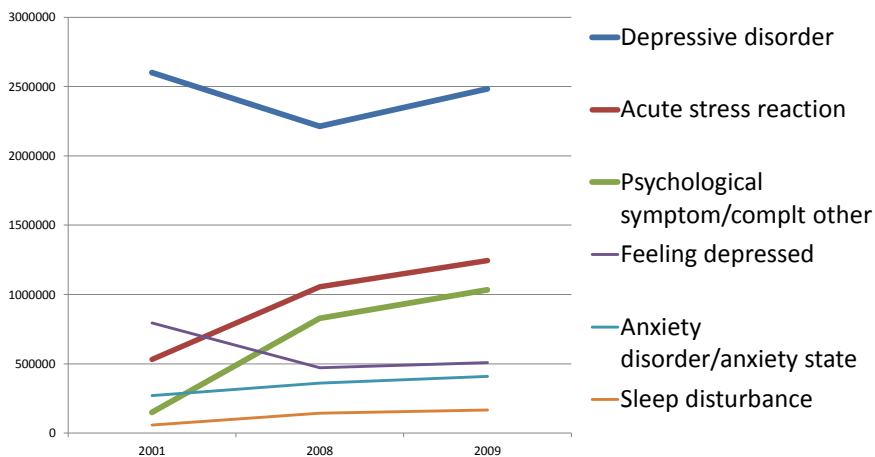


Sick days due to mental problems Grouped



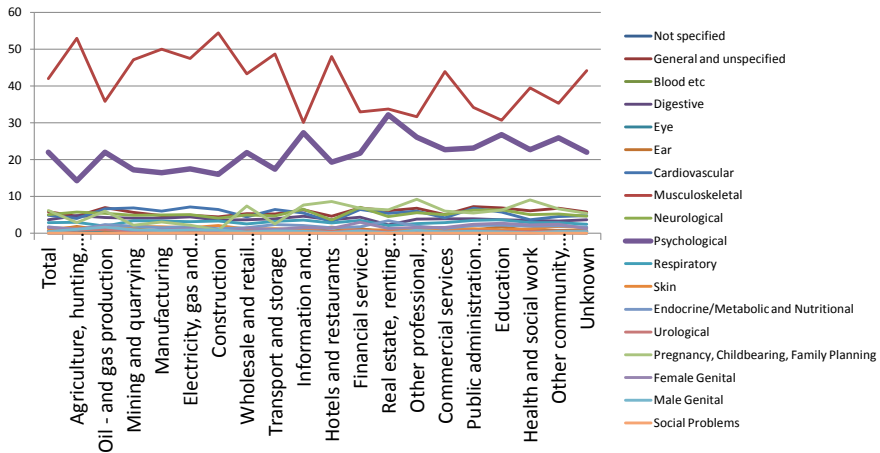
Look at the largest single codes:

87% of all refunded sick days due to mental problems in 2009
22% of all refunded sick days in 2009

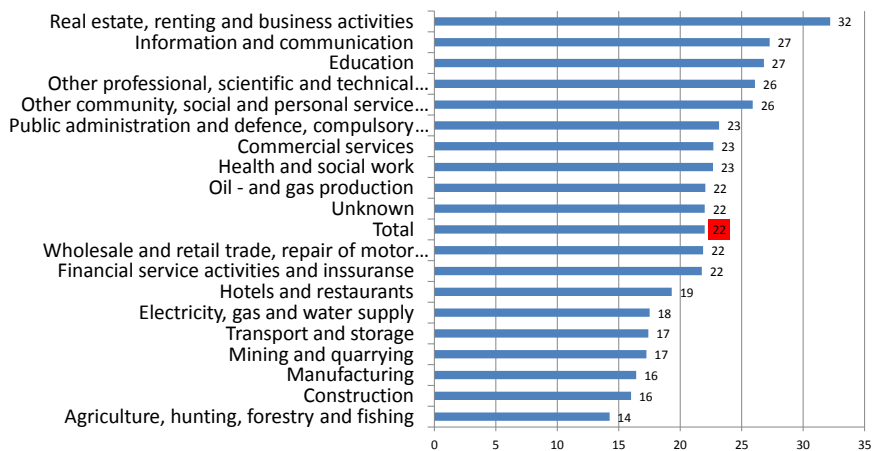


Percent of refunded sick-leave days by industry

Preliminary – missing industry codes



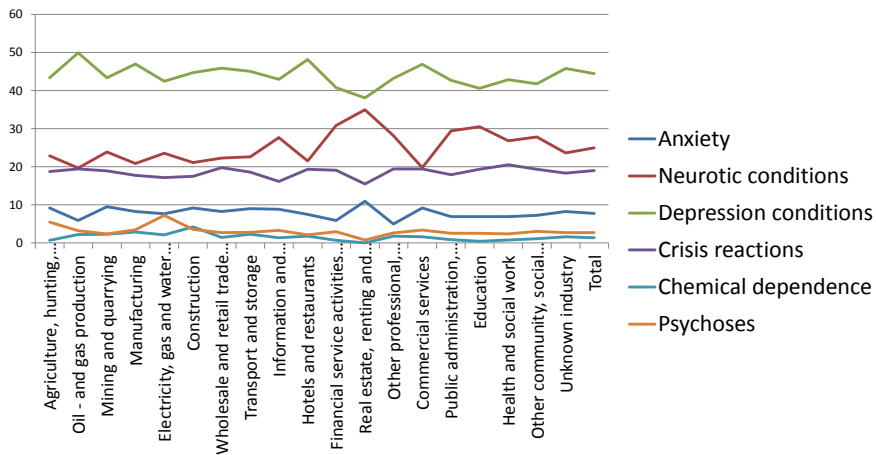
Percent of sick days (16+) due to psychological problems 2009*



*missing industry codes on many cases

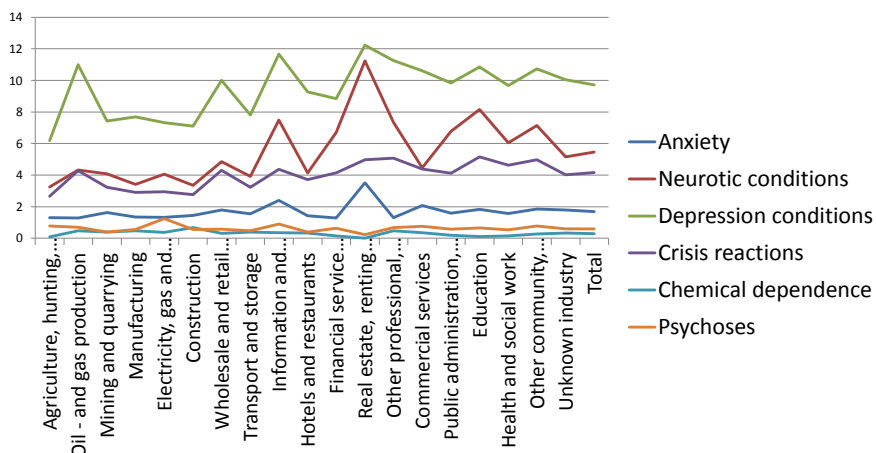
Type of mental problem by industry

% of all sick days (16+) due to mental problems



Type of mental problem by industry

% of all sick days (16+)



The way ahead

- There are variation 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 work force