

Pathologies psychiques et travail en Europe
Mental diseases and work in Europe

**Initial report¹ on the items discussed at the
European conference organized by EUROGIP on 24 March 2016 (Paris)**

1. What are we speaking about?

- **Maxime BELLEGO**, Ph. D in Psychology and Clinical Psychologist, Teacher in the Faculties of Medicine of Paris, Director of the Mediterranean Division at Conseil & Recherche, Co-creator of the “Individu, travail et organisation” (Individual, Work and Organisation) educational programme at Ecole Centrale de Marseille, France
- **Patrick LÉGERON**, Psychiatrist, Founder of Cabinet Stimulus, co-author of the “Nasse / Légeron” Report on psychosocial risks submitted to the French government in 2008 and co-editor of the National Academy of Medicine 's report on job burn-out, France

Work is the cause of numerous mental disorders and ill-being at work clearly exists. According to the International Labour Organization (ILO) and the World Health Organization (WHO), the leading occupational health hazard is now stress.

We now have tools for measuring these factors, especially stress.

However, the problem concerns the definitions of work-related mental disorders.

Regarding burnout, the concept originated in the social and non-medical environment. As the Académie nationale de Médecine mentioned in its report published in February, burnout cannot be considered as a disease. Moreover, if this were merely a clinical debate, the question of definitions would have been solved long ago, as M. Bellego emphasized.

Apart from the medical debate, there is also the issue of organizational dysfunctions. Companies are now setting themselves progress targets, but without changing their organizational model. And yet, there has never been as much talk about work organization as at present.

It seems important to create a common language for companies and occupational medicine services, for the issues of well-being and psychosocial risks (PSRs). There must be a pooling of skills and expertise.

P. Légeron calls for the setting up of an independent organization, involving the Ministries of Labour and Health, and research facilities. Because although many areas of research are explored, there is insufficient research on the relationship with work.

In France, the culture of suffering prevails over that of well-being, and the culture of compensation prevails over that of prevention, so that we are lagging behind on these subjects compared with other countries. We should also emphasize the problem of managers having very little training in human management.

¹ The proceedings will published in June 2016

2. What recognition of work-related mental illnesses in Europe?

- Denmark: **Jane HANSEN**, Head of Division, Centre for Occupational Diseases, National Board of Industrial Injuries (Arbejdsskadestyrelsen)
- Finland: **Jussi KAUMA**, General Director, Finnish Worker's Compensation Centre (TVK)
- France: **Marine JEANTET**, Occupational Risks Director, National Health Insurance Fund for Employees (CNAMTS)
- Italy: **Marta CLEMENTE**, Head of Legal Medicine Sector and of Social Insurance, Central medical Department, National Institute for Insurance against Accidents at Work (INAIL)
- Sweden: **Monica SVANHOLM**, Senior Manager, Swedish Social Insurance Agency (Försäkringskassan)

Work-related mental disorders are recognized mainly as occupational injuries, and more seldom as occupational diseases. This can be explained by their multifactorial nature and the issue of objectivization of the link between the illness and work.

Some national insurance organizations (Finland) do not recognize mental disorders as occupational diseases at all; others, such as Italy, Denmark, France and Sweden, are developing a possibility of recognition. Review of this diversity of situations and approaches:

- **Denmark:** Denmark is the only country to have registered a mental illness - post-traumatic stress - on its list of occupational diseases. This syndrome is recognized in most of the other countries as an occupational injury. For other mental illnesses, a scientific committee examines claims for recognition of their occupational nature on a case-by-case basis, and about 4% of cases are recognized.
- **Sweden:** Sweden has no list of occupational diseases. The recognition system is based on proof of the link between the illness and occupational exposure, and a case-by-case approach based on a field survey to demonstrate the direct link with work. In practice, many cases of mental illness have been recognized in the past few decades. Between 2013 and 2015, 243 new cases were recognized.
- **Finland:** In Finland, recognition of the occupational nature of a mental illness comes up against a legal impossibility: the legislation defines an occupational disease as a disease essentially caused by physical, chemical or biological agents at work. However, the sufferer from a mental illness can receive compensation for this as an occupational injury.
- **Italy:** In Italy, the national insurance organization tries to allow for the working conditions, which resulted in the situation. In 2003, a scientific committee described in detail a list of the situations encountered most frequently (marginalization of occupational activity, reduction of qualifications, lack of access to information) which can lead to this type of dysfunction and directly affect workers' mental health.
- **France:** In France, recognition is based on the analysis of cases by the regional committees for recognition of occupational diseases ("CRRMP"s). Practically one out of two cases (46%) results in recognition. This rate has been stable for the past ten years, as well as the severity of the cases examined, but it applies to a growing number of cases (which have doubled in three years). The current subjects of debate are the elimination of the minimum foreseeable disability rate necessary to file a case with the CRRMP. Introducing a difference for this type of diseases compared with others would pose a problem of fairness. The real lever on which it is possible to act is above all prevention.

3. The Community framework regarding risk prevention and mental health at work.

- Dr **Jorge COSTA-DAVID**, Principal Administrator, Health, Safety and Hygiene at Work Unit, General Directorate Employment, Social Affairs and Inclusion, European Commission
- Dr **Malgorzata MILCZAREK**, Project Manager expert on psychosocial risks, European Agency for Safety and Health at Work (EU-OSHA)
- Dr **Gregor BREUCKER**, Division Manager, Department of Health Promotion, BKK Federal Association, Germany, Coordinator of the European Joint Action on mental health at work

J. Costa-David gave a reminder that emerging risks are among the priorities noted in the New European Strategic Framework on Health and Safety at Work (2014-2020). However, emerging diseases do not appear on the European list of occupational diseases. This is because it is hard to define the link with occupational exposure and it is not the Commission's role to define the framework within which they can be recognized and compensated.

There are very diverse realities from one European country to another and the subject does not lend itself to specific binding legislation. Not to mention the fact that the framework directive (89/391) relating to occupational risk prevention covers psychosocial risks, in particular within the framework of risk assessment.

The European Commission has conducted specific initiatives in the past few years: publication of reports and documents which assist with interpretation of this framework directive in the light of psychosocial risks at work.

At present, there is a real issue of scientific expertise. Should leadership be given to a sort of scientific committee which could be supported by the Commission?

M. Milczarek described the 2014-2015 campaign on PSRs and work-related stress conducted by the European Agency for Safety and Health at Work (EU-OSHA). This campaign was launched based on the observation that the issue of stress is not only important for workers, but it also represents real economic costs and businesses need support to manage PSRs.

The Agency's goal was to deal with work-related stress as an issue of collective work organization, and not as an individual issue, and to approach it from the risk factor viewpoint rather than from the treatment viewpoint.

The campaign ended with a ceremony to present awards to certain businesses for their good practices. The list of awards is very encouraging, because companies of all sizes and from all sectors received awards.

According to G. Breucker, the challenges which became clear during the European Joint Action on "Mental Health at Work" are as follows: How to adapt our systems to have more companies take part in promoting good practices? How to reduce shortcomings in the case management system for mental health? How to improve support mechanisms?

The working group made several recommendations to the European Commission's Directorate General for Health and Consumer Protection, which initiated the joint action. Note, in particular, that it is time to improve the cooperation and synergies between health and work, fields that are too separate, and dedicated authorities which do not cooperate sufficiently in many countries.

4. Social dialogue in France

- **Jean-François NATON**, Employee representative (CGT trade union), vice-chairman of the Occupational Injury and Disease Commission and the French national research and safety institute INRS, member of the Economic, Social and Environmental Council and the standing committee of the Steering Committee on Working Conditions (COCT), France
- **Dr Pierre THILLAUD**, Employer representative (CGPME), member of the Occupational Injury and Disease Commission, member of the Board of Directors of EUROGIP and of French national research and safety institute INRS, and member of the standing committee of the Steering Committee on Working Conditions (COCT), France

The CGT trade union and CGPME employers' union converge on the same approach, stressing the importance of prevention in this area, in addition to compensation. They reiterated that the social partners in the Steering Committee on Working Conditions ("Conseil d'Orientation sur les Conditions de Travail" - COCT) had unanimously adopted a guide to assist with the prevention of job burnout. They also emphasized that the five trade union confederations and three employers' organizations in France were unanimous proponents of a "health" and "prevention" approach in the Workplace Health Plan (PST3) which represents a major factor of transformation. Emphasizing the need to emerge from the compensation approach alone, they observed that the budget allocated to prevention was too small in France.

5. Promoting mental health at work: various approaches

- **Véronique CRUTZEN**, Adviser to the Directorate General on Humanization of Work in the Federal Public Service (SPF) for Employment, Labour and Social Consultation, Belgium
- **Aline BOSLE**, Health and Safety Management - Projects and Organization, SEAT, Spain
- **Andreas TAUTZ**, Chief Medical Officer, Corporate Health Management Germany, Deutsche Post DHL Group, Germany
- **René MARBACH**, Director, Caisse d'assurance retraite et de la santé au travail (Retirement and Occupational Health Insurance Fund) Alsace-Moselle, France
- **Christine LOOS**, General Director, Psya Asistencia, Spain
- **Patrick DUMOULIN**, General Director, Institut Great Place to Work® France

Belgium: In 2014, the law relating to well-being at work was amended to include a scientific definition of PSRs and accentuate its prevention aspect. It provides for the employer being assisted by a work safety service to perform risk assessment. Internally, a system of resource persons has been created.

Spain: Risk analysis is compulsory, but often it does not apply to PSRs. SEAT committed itself to a truly investigative approach via a questionnaire sent to its 12,000 employees to understand their problems. At the same time, working groups were set up to be able to respond. With a very satisfactory response rate to the questionnaires (more than 75%), it was possible to initiate various measures, although it is hard to implement measures when they require substantial human and financial resources, which may be lacking.

France: Another example of this risk analysis approach is illustrated by the merger of the regional pension funds (CRAVs) and regional health insurance funds (CRAMs) into a single Fund, CARSAT Alsace-Moselle, in 2012. The employees were consulted and invited to take part in brainstorming groups on well-being and PSRs to support this change. Reports were used for a presentation to the management, which is to produce a concrete action plan appropriate for the various sectors, with volunteer personnel.

Germany: Mental health in the workplace has been a focus of DHL group's strategy for some years now. The group considers that a good company needs employees in good health, especially to be able to manage often stressful situations related to delivery times. In particular, the group has developed an electronic learning tool on mental health, in cooperation with a university and the Ministry of Labour, to help managers understand what is their scope of responsibility in this area. Another initiative consists in rewarding employees' contribution to improvement of the workplace and working conditions.

Also in **France**, there are companies where it is pleasant to work, as proved by the ranking published by the Great Place to Work® Institute. The companies cited belong to diverse sectors and are not necessarily large groups.

The common goal of the various approaches which have been described is to ensure that the momentum created will be sustainable. To achieve this, three conditions seem essential:

- A favourable environment (if a lot of companies do so, that encourages the others to also do so);
- Heightened awareness and a commitment by the top manager;
- Motivation of all the players in the company (through transparent communication and monitoring over time).