

PSYCHOLOGICAL HEALTH AT WORK

There is no doubt that the 21st century has brought a tidal wave for managers of psychological problems among their employees. ‘Work related stress’ as a reason for absence on a GP certificate is now probably the most common reason given for an absence followed closely by low back pain.

The issue is a complex one. It is no coincidence that an increase in psychological issues presenting in the workplace runs parallel with a demanding economic climate, downsizing, improved productivity, reduction in manning levels, changes in working practice and the development of IT solutions. In short, asking employees to work harder, faster, more flexibly and to juggle more balls at once, possibly with less supervision, or with less support from colleagues, are factors that cannot be ignored.

In addition, the world outside the workplace has also changed rapidly in the last six years. Communities are very different, financial pressures have increased, community support and family support in particular has changed significantly. Parenting is now extremely demanding. If there are two parents in a household, both may work placing significant issues on both parents to juggle their time appropriately. In single parent households, pressures are immense to manage childcare issues alongside maintaining an income for the family, etc.

‘Stress’ is a term used by the media, by employees and by General Practitioners. ‘Stress’ is not a medical term. There is no medical definition for ‘stress’. It is an engineering term, but has entered common usage in the same way as ‘RSI’; again another term that has no specific definition medically.

Specialist doctors, both psychiatrists and occupational physicians, talk instead of reactive “anxiety and depression”. Anxiety or depression never occur individually. They are two sides of the same coin. Some people are more depressed than they are anxious, other people are more anxious than they are depressed.

It is a normal response to life events to feel anxious before exams or a driving test, the birth of a child, an interview or any other important life challenge. Feeling anxious is in fact a protective mechanism. The challenge for doctors is to determine when symptoms of anxiety become unnatural, sustained and abnormal and start affecting the individual’s psychological health. The same is true of depression. We are allowed to be blue and down, disappointed or tearful. We are all allowed to react to adverse events within our lives, bereavement, disappointments, job loss,

difficult children, financial issues, etc. Again the challenge for doctors is to determine when such symptoms become illness. There are a number of useful psychological tools, usually in the form of questionnaires, that can score symptoms and assist occupational physicians to determine when such symptoms are a natural response to life events and when they are illness behaviour.

In addition, it is evident that some individuals have a personality which makes them vulnerable to anxiety and depressive symptoms. These illnesses can run in families and the symptoms are often intermittent and long standing.

A further complication for managers and employers is the fact that many employees bring emotional fragility and psychological pressures from their domestic lives into the workplace. The workplace is in many cases not the original cause of such issues but results in being the final straw or the final scenario that triggers an individual's illness and therefore gets blamed as the main protagonist.

An employee will consult their General Practitioner, the General Practitioner's opinion cannot be considered to be objective as the General Practitioner must always be considered the patient or employees advocate and will only receive their patient's view or interpretation of events. The diagnosis of 'work related stress' on a doctor's note (Med3 certificate) is not set in tablets of stone and can be challenged by employers.

Common questions asked of Occupational Health doctors by managers, centre on the 'reasonableness' of an employee's actions, or response, in certain situations. Unfortunately, occupational health doctors and nurses are not a judge and jury and cannot pronounce on what is reasonable. We can, however, give managers useful information with regards to the appropriateness of a diagnosis, the treatment plan that is available and some idea of prognosis and the potential for an employee to return to the workplace. There is no doubt that some employees use their doctor's certificate as a way of avoiding uncomfortable workplace situations and legitimising periods of absence that may in fact be for other reasons.

For example, an employee may have been disciplined by a manager for an entirely reasonable reason. The employee becomes angry and resentful against his employer (a natural response) and under the UK system, is able to justify a period of absence as part of this reaction with the diagnosis of 'work related stress'. Part of this response may be, not to comply with entirely reasonable requests to attend meetings, or to reply to telephone calls from line management. The line manager, on the other hand, is extremely concerned that an allegation of intimidation, or victimisation of a vulnerable 'ill' employee may be made against them and therefore managers tend to be very reluctant to pursue individuals. A situation that some employees exploit to their own advantage.

Occupational health services such as Preventative Healthcare, can provide managers with useful proactive information with regards to employee health issues, that allow managers to be confident in their management of employee health issues,



particularly psychological issues. This enables employees to be treated in a fair and consistent manner and also allows managers to progress particular issues for the benefit of the employing organisation and other employees within that organisation.

Current figures indicate that between 15% and 20% of employees are likely to have psychological problems of some kind caused by work/life issues. UK government figures indicate that 91 million days are currently lost each year due to mental health issues. Current evidence suggests that most psychological health issues suffered by employees are relatively mild and are dealt with by General Practitioners. Rarely are specialists involved, such as psychiatrists. Severe psychological health issues, such as manic depression or schizophrenia, affect only between 1% and 3% of the working population. Anxiety and depression, however, affect between 1 in 6 and 1 in 4 employees.

It is very important that all employees, whether suffering from mild psychological issues or severe psychological issues, are able to access the appropriate medical treatment quickly. Unfortunately, such services in the NHS are increasingly in demand and there are significant waiting times for specialist help. Family doctors however, can provide medication, which is rarely the complete answer, but is part of the treatment and supports “talking therapies” such as cognitive behavioural therapy (CBT), allowing such therapy to be more effective.

CBT, in conjunction with physical exercise, is now recognised as the best remedy for psychological problems, particularly mild ones. This type of programme can be used in conjunction with educational techniques to provide employees with a better understanding of how their body responds to psychological pressures. How they can manage these psychological pressures and how they can arm themselves, in order to avoid such psychological pressures in the future.

A recent review by the International Labour Organisation showed that in Finland, Germany, Poland and the United States, the level of psychological problems among workers and the related costs to employers over the last 10 years, has risen at a similar rate to that in the UK. The epidemic of psychological illness, as seen in the work place, is not just a UK issue.

It is important that managers are confident that they are able to deal with psychological issues suffered by employees in the same way that they are able to deal with physical ones. Training for supervisors and managers in ways of identifying psychological issues early in employees and supporting employees within the workplace is extremely important. Providing managers with the appropriate skills to allow them to be confident in managing such issues, both from the employee’s perspective and from the employing organisation’s perspective is key to retaining staff and rehabilitating staff early.

Preventative Healthcare is able to advise line managers on issues regarding particular employees, assisting them in being able to tease out the actual reasons for the absence and how an employee’s return to work can be best managed.



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Preventative Healthcare is also able to advise employing organisations with regards to management training in order to attempt to prevent psychological issues within the workplace, to retain those staff at risk and to rehabilitate employees if they are absent from work due to psychological issues.

Further information is available on our web site www.phcohealth.com or from Jane Puncher on 01622 775285 or j.puncher@phcohealth.co.uk

