

A Series

Mental Health at Work

...From Defining to Solving the Problem

SCOPE OF THE

PROBLEM

How Workplace **STRESS** IS SHOWN



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Chair in
Occupational Health
and Safety Management



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Note: In this document, the masculine form applies to women as well as men, wherever applicable.

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WORK DEFINES US!

Work is a very important part of our lives. Have you ever noticed that when people meet someone for the first time, once they have introduced themselves, they usually ask the other person what he does for a living? It's easy to understand why. **One-third of our life is spent at work**, and this does not even count the time we spend commuting, working overtime and thinking about work after we go home.

Work is more than just a way to support oneself financially. It has become a psychological necessity: it is through work that we can express our potential, demonstrate our skills, excel, define our identity and do something useful for ourselves and for others. Work is also a chance to establish relationships and these relationships – with supervisors and colleagues – are what generally determine the atmosphere at work.



The emergence of WORK-RELATED MENTAL HEALTH PROBLEMS

While many people develop self-confidence and a feeling of accomplishment through work, it can be a source of stress and discontent for others. The combination of employer requirements and the demands of modern life are a growing burden for individuals. Workers increasingly complain about having **sleep disorders or various other problems** for which there seems to be no effective medication. Some admit to having **problems concentrating and maintaining their attention**, while others say they are **tired and burned out**. Individuals complain about **irritability and conflicts** with colleagues or supervisors, while some workers **isolate themselves and stop participating in social activities**. All these phenomena are related to workplace stress, which is increasingly becoming a central concern for organizations and individuals.

It is estimated that one in five Canadians experiences a mental health problem at some point during their life.¹

The CONSEQUENCES OF STRESS FOR ORGANIZATIONS

Apart from having serious consequences for mental and physical health, the impact of stress is obvious in organizations. Among other things, stress is responsible for higher rates of **absenteeism, staff turnover and lower productivity**, and the **direct and indirect costs** of this can be considerable.

The Conseil du patronat du Québec [Quebec employers' association] estimated in 1995 that Quebec businesses lost at least \$6.5 billion because of absenteeism.²

COSTS OF STRESS	
DIRECT COSTS	INDIRECT COSTS
<ul style="list-style-type: none"> ● Occasional absence ● Short-term disability ● Long-term disability ● Medication ● Paramedical costs 	<ul style="list-style-type: none"> ● Salaries for replacement staff ● Training costs for replacement staff ● Reduced productivity ● Increased turnover of staff ● Presenteeism ● Deterioration of the atmosphere at work ● Unhappy workers ● Overtime

Presenteeism refers to a condition when an individual who suffers from a health problem (mental or physical) remains at work, even though his efficiency and performance are reduced.

In 1994 and in 2000, 34% of Canadian workers cited too many work demands or hours as their main source of workplace stress.³

In Canada, the direct cost of absenteeism has increased since 1997 and now accounts for 7.1% of payroll costs. When indirect costs are added (overtime, replacements, reduction in productivity, etc.), the bill for mental health problems is estimated to account for 17% of the total wage bill.

THE SITUATION IN CANADA

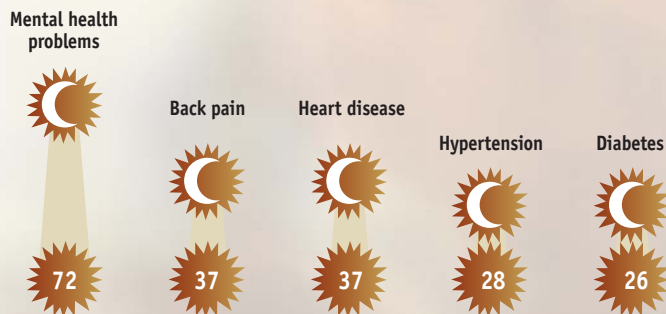
In Canada, absenteeism has been rising continuously for the last ten years (Ranno, 2000; Groupe-Conseil Aon, 1998; Aventis, 2001; Watson Wyatt Worldwide, 2001). It is estimated that 7% of Canadians are absent from work for reasons related to mental health problems and that 50% of them are absent for more than 13 days (Perez and Wilkerson, 1998). Thus, in the last two decades, problems related to workplace stress have increased considerably and today constitute one of the major problems faced by organizations. Indeed, Statistics Canada (2003) indicates that 12% of Canadians aged 15 to 64 suffer from a psychological disorder. Moreover, this phenomenon can be expected to grow given that the World Health Organization (WHO) predicts that by 2020 major depression will be the primary cause of disability in the developed countries.

According to a survey of 281 Canadian organizations (700 000 employees) by Watson Wyatt Worldwide (2001), the direct costs of absenteeism have increased since 1997 and currently represent 7.1% of the wage bill. If the indirect costs (overtime, replacements, decreased productivity, etc.) are added to the direct costs, the total cost of mental health problems comes to 17% of the wage bill.

In Canada, the economic impact of work-related mental health problems is estimated to be \$14.4 billion annually.⁴ According to a recent corporate opinion poll conducted in 2000, of the 1056 people participating in private group insurance programs, 62% of respondents said that they were **very stressed** at work. This poll also examined the effect of stress on the respondents and found that 64% claimed to be **irritable** or **worried**. Some also noted that they suffered from **insomnia** (42%) and 21% reported that they were **sick more often**.⁵ Stress-related absenteeism is estimated to cost Canadian employers approximately \$3.5 billion every year.⁶

AVERAGE NUMBER OF WORKDAYS LOST FOR SHORT-TERM DISABILITY

While certain health problems require that employees be off work for several days, what distinguishes mental health problems in particular is the significant number of workdays lost, as illustrated in the following table.⁷

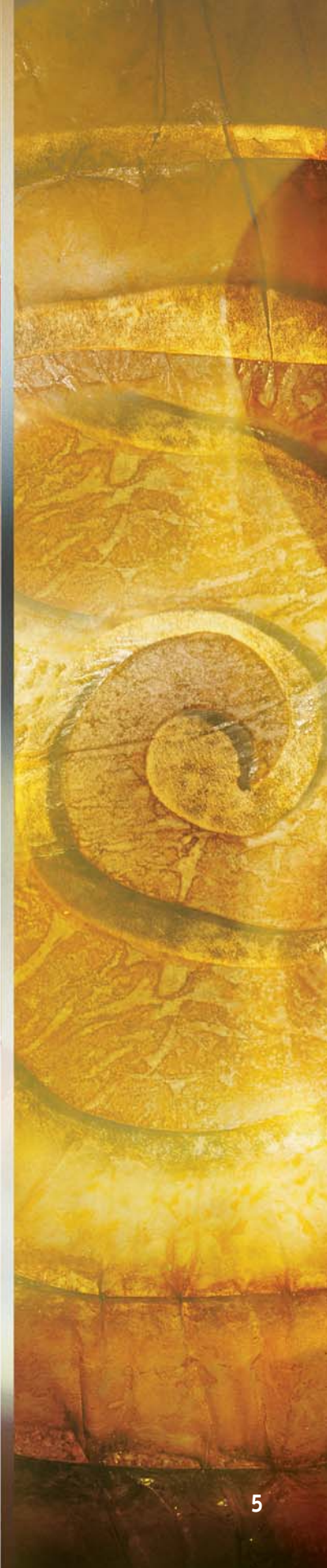




THE SITUATION IN EUROPE AND THE UNITED STATES

In 2000, nearly one in three European workers (about 41 million people) claimed to be affected by stress. Following musculoskeletal disorders, this is the second most common occupational health problem. Stress is responsible for 50% to 60% of all workdays lost and costs EU member states more than 20 billion euros every year,⁸ not counting the human suffering and reduced economic performance caused by such stress.

In the United States, the average amount of working time lost due to stress rose by 36% between 1995 and 1998.⁹ Of the 550 million or so workdays lost annually, it is estimated that 54% are stress related.¹⁰ The costs to U.S. business of the absenteeism, reduced productivity, compensation paid, insurance premiums and medical expenses related to stress are approximately \$150 billion per year.¹¹ Finally, the average duration of leave due to stress is four times greater than the amount of leave resulting from occupational injuries and industrial disease.¹²





A FEW SOBERING FACTS

IN CANADA, DURING THE 10-YEAR PERIOD BETWEEN 1991 AND 2001:¹³

- *The average work week increased from 42 hours to 45 hours.*
- *The number of workers expressing high levels of job satisfaction dropped from 62% to 45%.*
- *The percentage of workers with high levels of commitment to their employer dropped from 66% in 1991 to 50% by 2001.*
- *The number of workers reporting high levels of job stress doubled.*



ENEMY NUMBER 1: STRESS

Stress is something that we all experience. But what exactly is it? Any event that changes our lifestyle can generate stress, including events at work, in our personal life or family life. **Depending on how we perceive the event in question**, stress can arise from either joyous or sad events. If the event is perceived as a challenge we can meet, our reaction will be positive, and will often be seen as a source of stimulation, motivation and energy. However, if we don't think we have the necessary resources to meet the challenge, the outcome is likely to be quite different. Accordingly, occupational stress generally occurs when demands relating to work exceed the employee's resources and ability to cope.^{14, 15} As a result, various negative reactions may occur, be they **physical, psychological or behavioural**.^{16, 17}

PHYSICAL REACTIONS

When someone feels they do not have the capacity to deal with a situation, the whole body may react. This may be manifested in **muscular tension** or **gastrointestinal disorders**, though it may also result in **sleep disorders** or **dermatological diseases, weight problems** or **increased blood pressure** or **cholesterol levels**.

PSYCHOLOGICAL REACTIONS

Psychologically, the individual may feel **frustrated, impatient, anxious** or **irritable**. If the situation is not addressed, the individual may become **unmotivated, depressed** and **apathetic**.

BEHAVIOURAL REACTIONS

Behavioural changes have also been noted. Workers may increasingly be **absent** from their jobs, may have an increased tendency to consume more **alcohol** or take more **drugs**, and their **productivity may diminish**. Some may even consider quitting their jobs.

Occupational stress occurs when the demands of work exceed the individual's capacity and resources to adequately cope with them.

REACTIONS CAUSED BY JOB STRESS

PHYSICAL	PSYCHOLOGICAL	BEHAVIOURAL
● Migraines	● Depression	● Absenteeism
● Sleep disorders	● Discouragement	● Drug abuse and dependency
● Muscular tension	● Boredom	● Excessive consumption of medicine
● Weight disorders	● Anxiety	● Sexual disorders
● Gastrointestinal disorders	● Memory loss	● Impatience
● Increased blood pressure	● Dissatisfaction	● Aggressiveness
● Allergies	● Frustration	● Eating disorders
● Increased cholesterol rate	● Irritability	● Diminished creativity and initiative
● Dermatological disorders	● Discouragement	● Problems with interpersonal relationships
	● Pessimism	● Frequent mood swings
		● Superficial relationships
		● Lower tolerance of frustrations
		● Disinterest
		● Isolation

LIFE EVENTS THAT CAN CAUSE **STRESS**



Death of spouse
Separation
Divorce
Injury or disease
Marriage
Being laid off
Remarrying
Retirement
Pregnancy
Sexual problems
Children leaving home
Great personal success
Change in living conditions
Moving
Change in sleep habits

Source : Scale Holmes-Rahe.

SOME TIPS FOR COPING WITH STRESS

- Learn to identify the signs your body is giving you (increased heart rate, clammy hands, difficulties in concentrating, etc.) as this will help you do what is necessary to reduce stress.
- Learn to identify what increases your stress; by acting on the causes of stress, you can better control it.
- Learn to delegate – don't shoulder all responsibilities on your own.
- Establish a list of priorities as this will help you to better manage your time.
- Suggest changes at work, talk about irritating situations with your colleagues and supervisor, and try to find solutions that are mutually acceptable.
- Develop a good support network and recognize that help is sometimes necessary to get through hard times.
- Participate in leisure activities. Apart from helping you relax, such activities will help "recharge your batteries."
- Exercise. In addition to the obvious health benefits, exercise will help you sleep better.
- Reduce your consumption of stimulating foods and beverages such as coffee, tea, chocolate, soft drinks, sugar or alcohol.

CONSEQUENCES OF WORK-RELATED STRESS ON INDIVIDUALS

It is easy to understand how the reactions noted earlier can be harbingers of more serious problems. If feelings of **job stress are intense, prolonged or frequent**, one may become more vulnerable to various psychological disorders, the most common of which are **mood disorders, anxiety, post-traumatic stress** and **adjustment disorders**.

A word of caution. The disorders and symptoms presented below are intended solely for information purposes. Under no circumstances should they be used to self-diagnose. Proper diagnoses should only be made by doctors.

MOOD AND AFFECTIVE DISORDERS

We all experience challenging times during our lives, whether bereavement, separation or divorce. Such events can affect us deeply and cause sadness or discouragement. For most people, such phases last a relatively short time and there is little risk of developing a prolonged mood disorder. However, if such feelings persist, they may cause more serious problems. Only a doctor can decide the point at which mood swings may actually turn into a mood disorder.

Depending on the symptoms observed, mood disorders can be broken down into **two kinds: unipolar depression** and **bipolar disorders**.

Unipolar depression

Unipolar depression – also referred to as a deep depression, major depressive disorder or clinical depression – is characterized by a **consistent depressed mood**. Contrary to a temporary depression, which is a normal reaction to some of life's events, unipolar depression is a state of profound distress: the individual is persistently sad, has no interest in anything and takes no pleasure in performing usual activities. The individual will also have various symptoms such as reduced energy levels, sleep and eating disorders, difficulties concentrating, feelings of guilt and discouragement, and in some cases, suicidal thoughts. Such feelings continue throughout the day and occur almost daily for two or more weeks.

Depression is an illness that must be taken seriously. It is therefore very important to consult a doctor as soon as the first symptoms appear.

Bipolar disorder

A person suffering from bipolar disorder (formerly called manic depression) has **alternating periods of depression** (melancholy) and **mania** (euphoria and overexcitement). Manic periods are characterized by an exaggerated feeling of well-being, energy and self-confidence along with symptoms such as increased self-esteem, reduced need for sleep, irritability, and the wish to talk constantly. An individual with bipolar disorder experiences major mood swings that are out of proportion with actual events. Accumulated stress may cause depression as well as mania.

In Canada, it is estimated that the annual cost of depression exceeds \$12 billion.¹⁸

Three million Canadians will be affected by depression at some point in their life.¹⁹

The World Health Organization (WHO) predicts that by 2020 major depression will be the primary cause of disability in the developed countries.

One worker in 10 is at risk of being hospitalized or unemployed because of a mental health problem.^{20, 21, 22}

About 25% of the Canadian population will experience an anxiety disorder during their lifetime.²³

SYMPTOMS OF DEPRESSION

- Depressed mood (feeling “in the dumps,” irritability, wanting to cry)
- Loss of interest or pleasure in doing usual activities
- Loss or increase in weight/appetite
- Sleep disorders (insomnia or hypersomnia)
- Agitation or a loss of energy
- A feeling of worthlessness or guilt
- Excessive worrying
- Difficulty in thinking, concentrating or making decisions
- Thoughts about death and suicide

SYMPTOMS OF MANIA

- Increase in self-esteem or exaggerated self-confidence
- Diminished need to sleep (for example, feeling rested after only three hours of sleep)
- Increased need to talk
- Impression that thoughts are going by too fast
- Difficulty paying attention to only one thing at a time
- Increased activities (for example, social, professional, school or sexual)
- Engagement in activities that may be harmful to the person or to others (for example, irrational spending or selling)

ANXIETY DISORDERS

Anxiety is a normal emotion and is indeed necessary in various situations. However, when excessive, persistent or uncontrollable, it may become a disorder. Therefore, it is essential to make proper distinctions between **fear**, **normal anxiety**, and what is called **pathological anxiety**.

Fear is a response to a **threat or danger that really exists**. It is normal, for instance, to be afraid if a dangerous driver is speeding toward you. On the other hand, **anxiety** is an unpleasant inner state that appears when a **danger or a threat is anticipated**, such as what is often felt when going to an interview for a job you really want or when waiting for the results of an important medical test.

Generalized anxiety DISORDER

When anxiety increases to the point where it prevents people from functioning at work, in their family or social life, it may be considered pathological. People with generalized anxiety disorders become **excessively worried** when confronted with events that are generally part of everyday life. They have an **exaggerated level of anxiety**, are fraught with **numerous fears**, and generally find it difficult to control their worries. Over a period of six months, these individuals will experience at least three of the following symptoms:

SYMPTOMS OF ANXIETY

- Agitated, feeling “boosted”
- Dizzy spells
- Fatigue
- Irritability
- Chest pain
- Muscle cramps
- Palpitations
- Difficulty in concentrating or loss of memory
- Sleep disorders (difficulty in falling asleep, agitated sleep)
- Thoughts of death



Panic DISORDER

The victims of a panic attack will experience fear or ***intense malaise***. They will generally feel that they are choking, will have palpitations, will be flushed with heat, may shiver, tremble, have chest pains, perspire or feel they are going to faint. At that point, many people may feel they are having a heart attack. Panic attacks begin suddenly and generally reach their height within **10 minutes or less**. When panic attacks are repeated and occur suddenly, a person is said to suffer from a panic disorder.

POST-TRAUMATIC STRESS DISORDERS

Post-traumatic stress disorders may affect anyone who has been **victim of or witness to a traumatic event** such as a violent assault, an armed robbery or a hostage taking. Because everyone reacts differently to such events, some people will have no after-effects while others will experience **flashbacks** or **repeated nightmares**. It is also possible that such people will have difficulty concentrating, may experience insomnia, may be irritable or have periodic bouts of raging anger. In addition, such people will try to avoid people, situations, places or conversations that remind them of the traumatic event and will be overly alert, as if they feared another such incident.



In Canada, it is estimated that 30% of adults will have a panic attack at least once in their life.²⁴



ADJUSTMENT DISORDERS

Certain people cannot easily cope with some of the events life throws at them. For example, a divorce or a layoff may have enormous consequences and provoke an extreme reaction in some people. Sometimes they are **not able to resume their usual activities** or perform tasks that previously seemed to be second nature. If a person is unable to resume a normal life after three months and continues to suffer such negative consequences, they are said to be suffering from an adjustment disorder.

Burnout

Burnout is a phenomenon that is difficult to define and understand though it generally develops within a ***process that involves an individual and his work environment***. Burnout diagnostic is not acknowledged as a mental disorder; instead, it is seen as an adjustment disorder.

Burnout happens gradually. It develops in ***four stages*** that occur fairly rapidly depending on the individual's tolerance for stress. The first stage is ***idealism***, whereby the individual has a high level of energy and is full of great ambitions, ideals and high goals. Such individuals are totally devoted to the organization that employs them, even if the work is extremely demanding and the conditions in which it is performed are not easy.

The second stage is a ***plateau***. This is where the individual realizes that in spite of constant effort, results do not meet expectations and the organization always expects more. Efforts are not acknowledged and as a result, the individual will push themselves harder and often work evenings and on weekends to meet expectations.

The next stage is ***disillusionment***. The individual is tired and disappointed, the organization's expectations are disproportionate, and there is still no acknowledgement for the work done. It feels like there is no way to win and the individual often becomes impatient, irritable or cynical. Some will start taking stimulants to perform and sleeping pills to sleep during this frustrating period.

The final stage is total ***demoralization***. At this point, these individuals lose all interest in their work, have used up all their energy reserves, feel totally discouraged, and are unable to work. This stage is burnout...

SYMPTOMS OF BURNOUT

PHYSICAL	EMOTIONAL	MENTAL
<ul style="list-style-type: none"> ● Generalized fatigue ● Digestive disorders ● Nausea ● Back pain ● Skin problems ● Headaches ● Persistent viral infections ● Hormone imbalance ● Insomnia ● Hypertension ● Muscular stiffness ● Loss of weight 	<ul style="list-style-type: none"> ● Irritability ● Cynicism ● Impatience ● Negativism ● Discouragement ● Reduced self-esteem ● Feelings of incompetence ● Guilt ● Aversion to work ● Anxiety ● Chip on the shoulder ● Reduced ability to communicate ● Feelings of abandonment ● Mistrust ● Anger ● Aggressiveness 	<ul style="list-style-type: none"> ● Loss of memory ● Absent-mindedness ● Impossible to perform simple tasks such as mental calculations ● Altered judgment ● Indecision ● Feelings of confusion ● Difficulty concentrating

SOME UNMISTAKABLE SIGNS OF MENTAL HEALTH PROBLEMS

- I sleep less or more than usual.
- I feel tired when I wake up in the morning.
- It is hard for me to get through my workday.
- My workday never seems to end.
- My appetite has decreased.
- I am always worried or preoccupied.
- I work harder and harder while accomplishing less and less.
- I feel on edge at work.
- I feel exhausted at the end of a day's work.
- I often feel inexplicably sad and discouraged.
- I have all kinds of physical ailments (for example, physical pain, headaches, and never-ending colds).
- I feel like I'm "at the end of my rope."
- I am very irritable and I get angry fast.
- It is difficult for me to unwind.
- Nothing seems to be interesting or pleasant.
- I have difficulty communicating with others.

QUIZ

TRUE OR FALSE? IDENTIFY THE MYTHS ABOUT MENTAL HEALTH AT WORK:

TRUE FALSE

1. Only those who are weak and vulnerable have work-related mental health problems.
2. An individual who had a mental health problem at work normally cannot return to work.
3. Work-related mental health problems are caused by personal factors and are not due to work.
4. A work-related mental health problem is the same as a mental impairment.



Answers

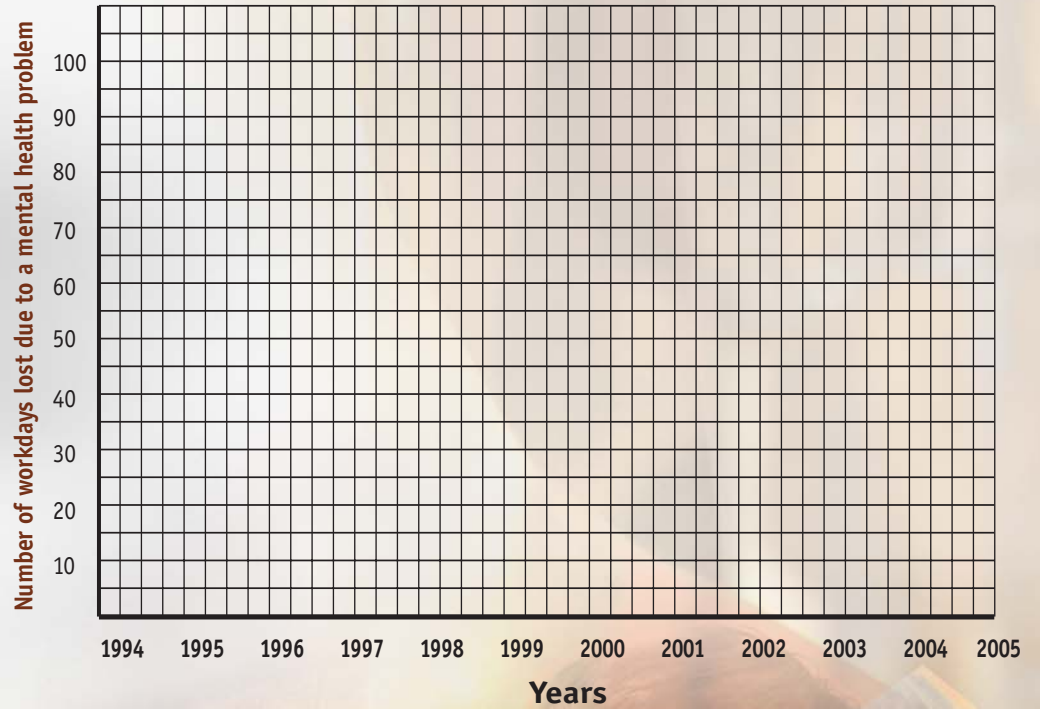
1. False. Because mental health problems may be caused by work, everyone who works is liable to experience such problems during their life.
2. False. Numerous studies show that someone who has suffered a work-related mental health problem does not lose his competency. This individual should normally be able to return to work.
3. False. The research has demonstrated conclusively that many problems result from the organizational environment and working conditions.
4. False. Intellectual impairment, especially characterized by intellectual limitations, are present at birth. Work-related mental health problems are distinguished by emotional problems, thought and perception disorders and can occur at any age.

The **NEXT STEP**...

Occupational **stress** and its **consequences** for **individuals** and **organizations** are now well-known. The next step involves identifying the various sources of stress within an organization, and the personal characteristics that may make some people more vulnerable to stress than others. These themes are dealt with in Booklet 2, entitled “What Causes the Problem? The Sources of Workplace Stress”.

TASK

Instructions: For each of the years in the table below, indicate the number of workdays that were lost in your organization due to mental health problems by drawing a point on the graph. Then, connect the points. The resulting line will indicate the trend in absenteeism due to mental health problems.



USEFUL *INTERNET* SITES

(Links active on June 2005)

Accommodation Fact Sheet

Job Accommodations for People with Depression
<http://janweb.icdi.wvu.edu/media/employmentdepfact.doc>

Addressing Psychosocial Problems at Work (SOLVE)

<http://www.ilo.org/public/english/protection/safework/whpwb/solve/index.htm>

Canadian Health Network

http://www.canadian-health-network.ca/2sante_mentale.html

Canadian Network for Mood and Anxiety Treatments

<http://www.canmat.org>

Center for Psychiatric Rehabilitation

Sargent College of Health and Rehabilitation Sciences
Boston University
<http://www.bu.edu/cpr/jobschool/>

Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP)

<http://www.clipp.ca>

Chair in occupational health and safety management (Université Laval)

<http://cgsst.fsa.ulaval.ca>

Clinical Practice Guidelines for the Treatment of Depressive Disorders

http://www.cpa-apc.org/Publications/Clinical_Guidelines/depression/clinicalGuidelinesDepression.asp

European Agency for Safety and Health at Work

<http://agency.osha.eu.int/publications/factsheets>

Health Canada

http://www.hc-sc.gc.ca/english/lifestyles/mental_health.html
http://www.hc-sc.gc.ca/hppb/mentalhealth/sevice_systems.htm

Health & Safety Executive

Management standards for stress
<http://www.hse.gov.uk/stress/standards/index.htm>

Human Resources and Skills Development Canada (HRSDC)

<http://www.hrsdc.gc.ca>

International Council of Nurses

http://www.icn.ch/matters_stressf.htm

Industrial Accident Prevention Association (IAPA)

<http://www.iapa.on.ca>

Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST)

<http://www.irsst.qc.ca>

Job Accommodation Network's Searchable Online Accommodation Resource

<http://www.jan.wvu.edu/soar/psych.html>

Medline Plus Health Information

National Library of Medicine and the National Institutes of Health
<http://www.nlm.nih.gov/medlineplus/mentalhealth.html>

National Alliance for the Mentally Ill (Information about illnesses)

<http://www.nami.org>

National Institute of Mental Health

<http://www.nimh.nih.gov>

National Institute for Occupational Safety and Health (NIOSH)

Stress at work
<http://www.cdc.gov/niosh/stresswk.html>

World Health Organization (WHO)

http://www.who.int/health_topics/mental_health/en

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