

NEW WAYS TO MENTAL HEALTH AT WORK – THE CONTRIBUTION OF THIS CONFERENCE

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www.epso.gu.se/newways

Mental health?

“a state of well-being
in which the individual realizes his or her
own abilities,
can cope with the normal stresses of life,
can work productively and fruitfully,
and is able to make a contribution to his or
her community”

Promoting mental health, WHO 2004





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**MENTAL HEALTH.....
Associated with positive emotions
and positive and well functioning?**

Promoting mental health, WHO 2004





Toward a new definition of mental health

Galderisi et al, 2015

- Dynamic state of internal equilibrium
 - Use abilities in harmony with universal value of society (*work*)
- Basic cognitive and social skills
- Modulate emotions, empathize with other
- Cope with adverse life events (*at work*)
- Function in social roles (*professional roles*)



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Equilibrium

– likevekt, jämvikt, ligevægt, tasapaino, jafnvægi





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NORDIC COUNTRIES:

MEN: 76 – 88 %

WOMEN: 73 – 83 %

EU-15

MEN: 80%

WOMEN: 66-67%

The Swedish labour force
participation, 2016

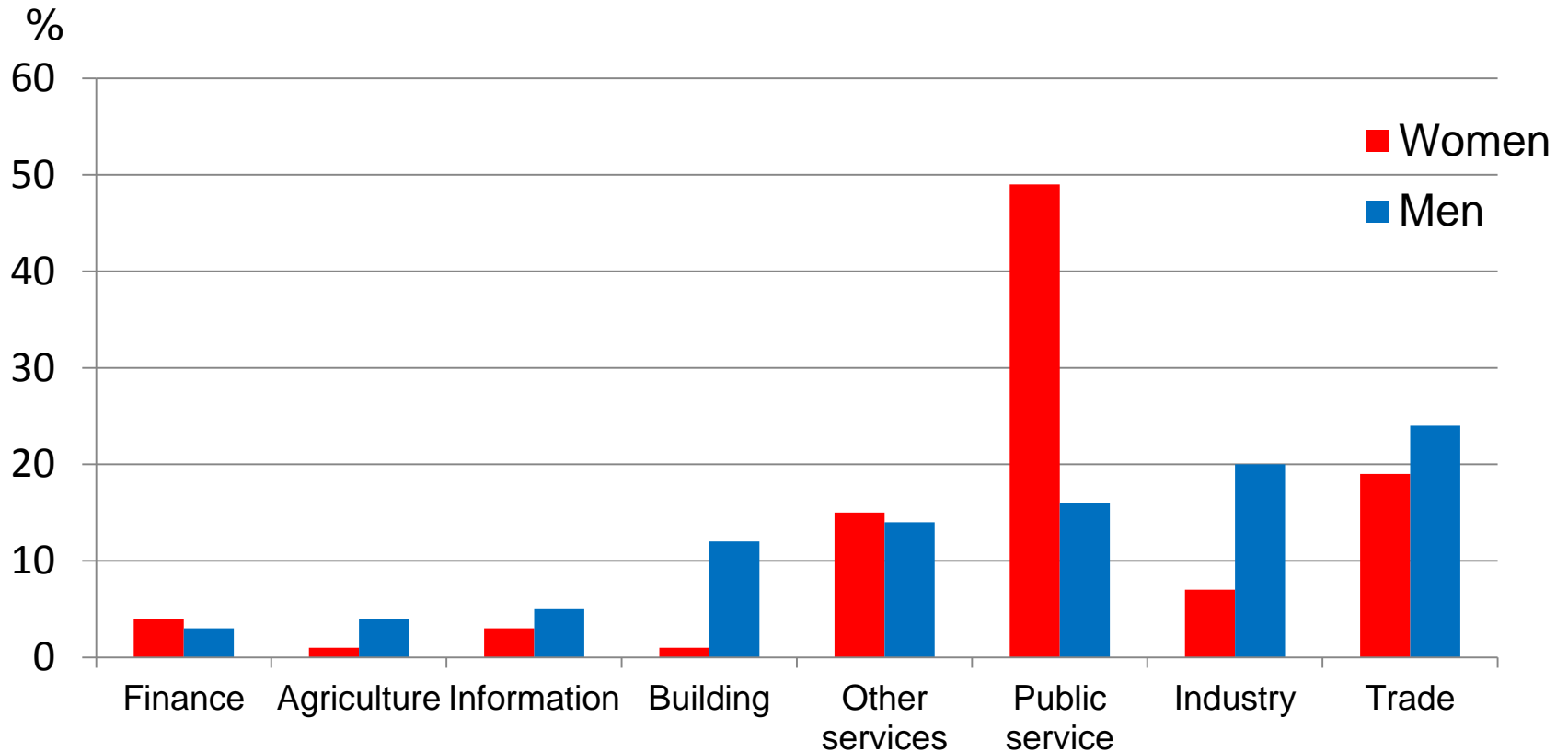
WOMEN: 82,5 %

MEN: 88,5 %





Where do women and men in the Nordic countries work?





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When does the sick-leave and rehabilitation process start?





NOT
AT
WORK

**At work
and
healthy**

**Work
instability**

**Reduced
health
- affected
work
capacity**

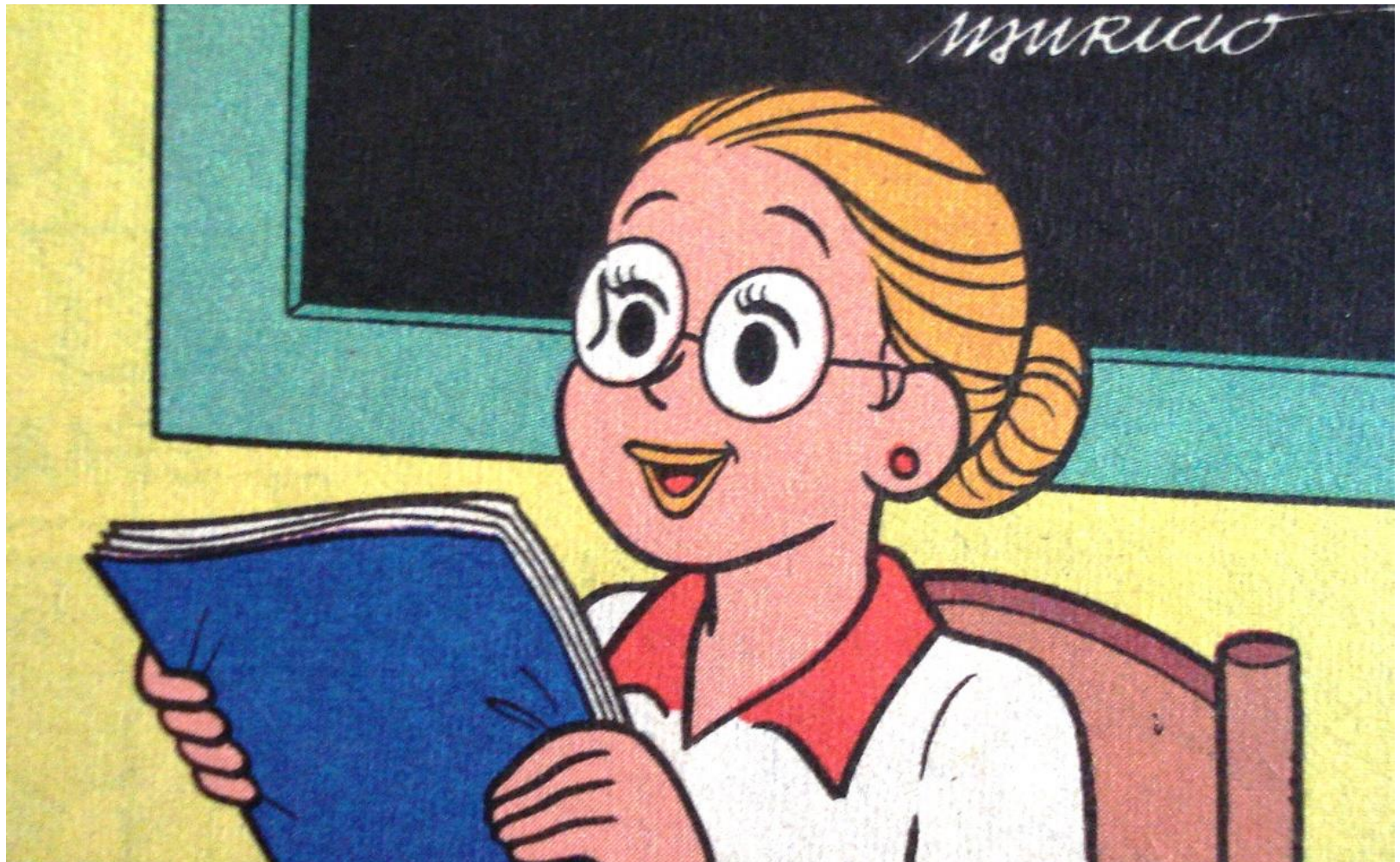
SA

RTW



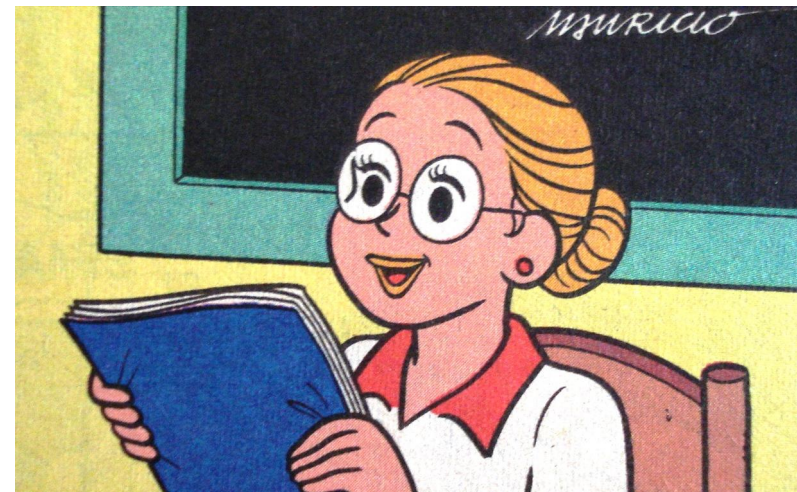


My conference study



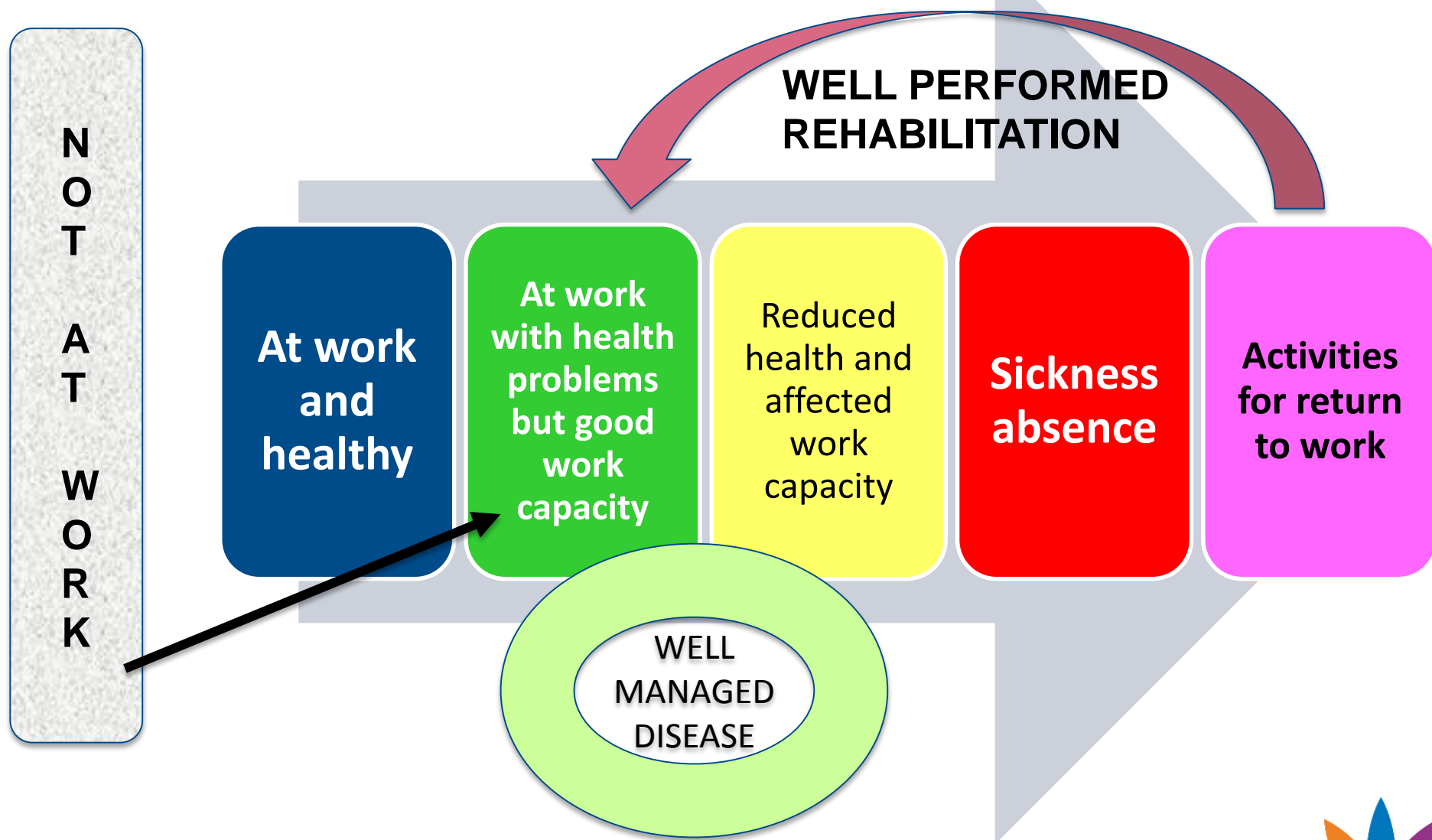
The questions

- Main concern?
- Arena in focus?
- Prevention or promotion?
- Generic health or specific diagnostic groups?
- Gender perspective?





The sick-leave and rehabilitation process



Few mentioned prevention and even fewer promotion



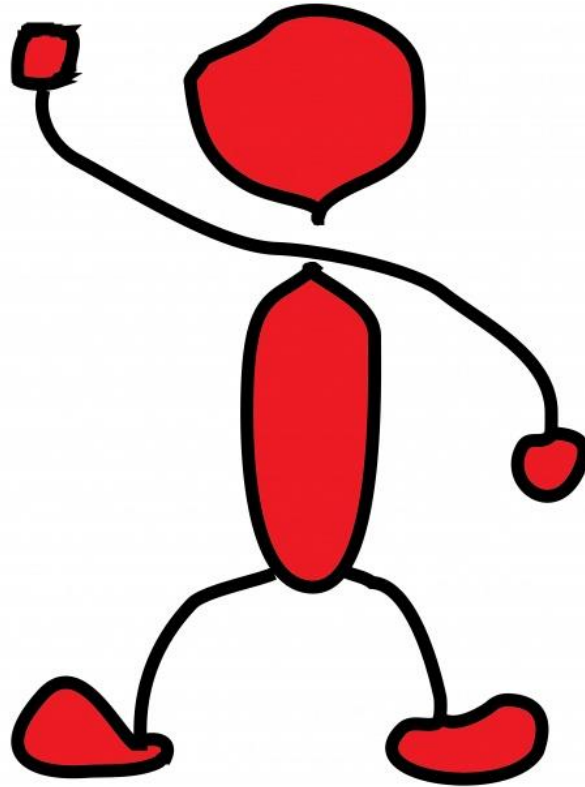


Work promotes mental health!

- good opportunities to control
- fair treatment

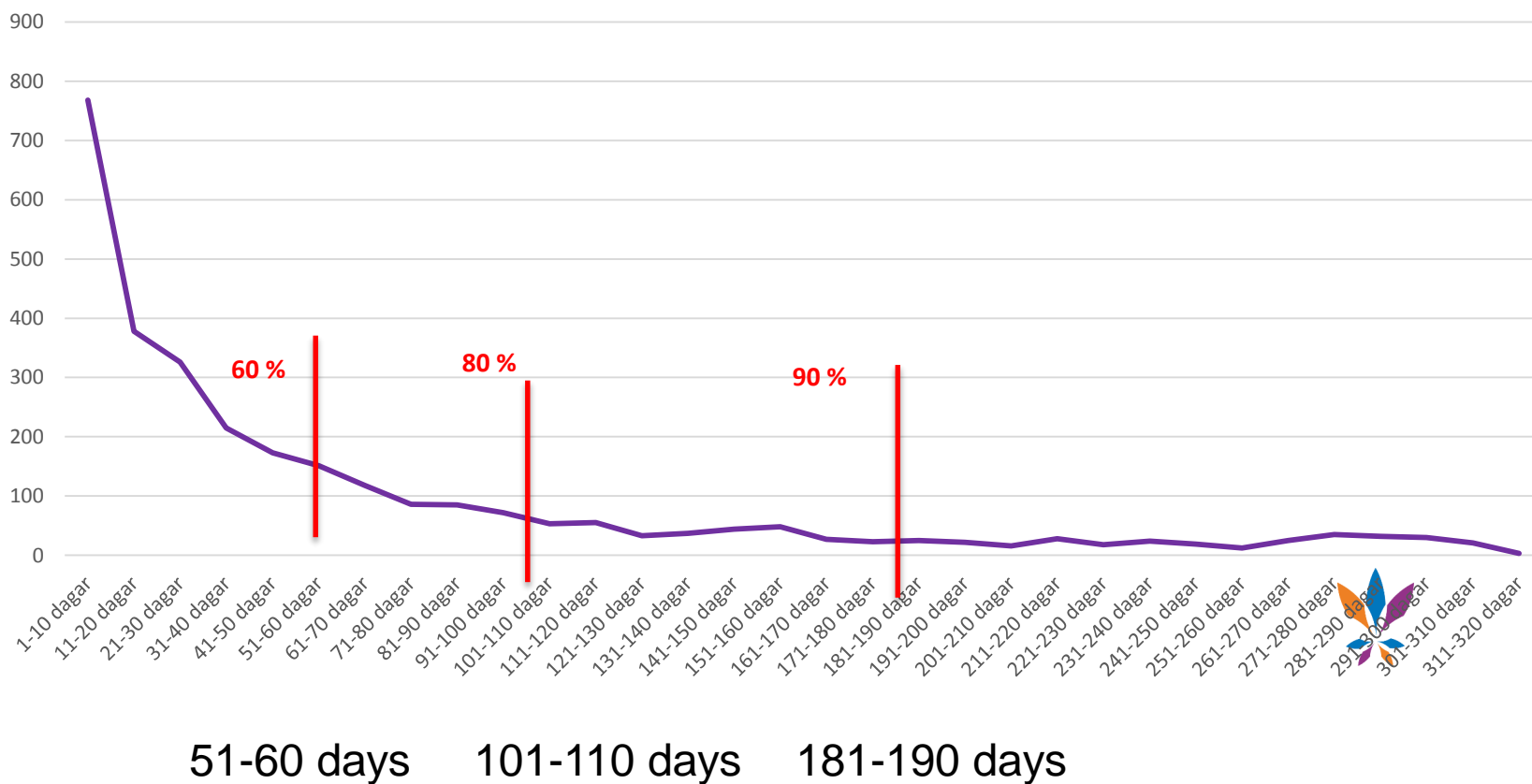


DIAGNOSIS VS FUNCTION VS WORK CAPACITY



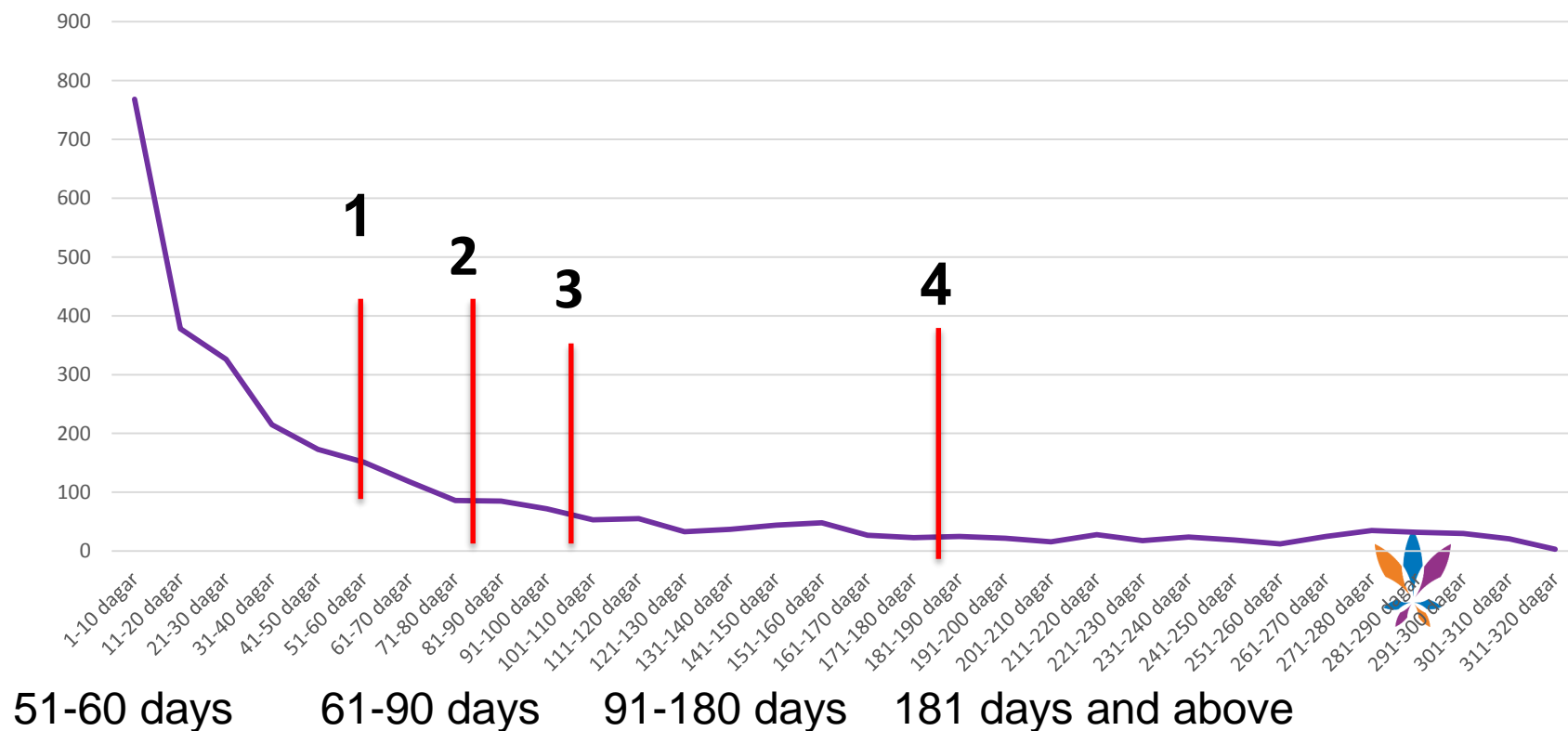


Number of days of sick-leave in spells longer than 14 days in 2008 (n=3002)



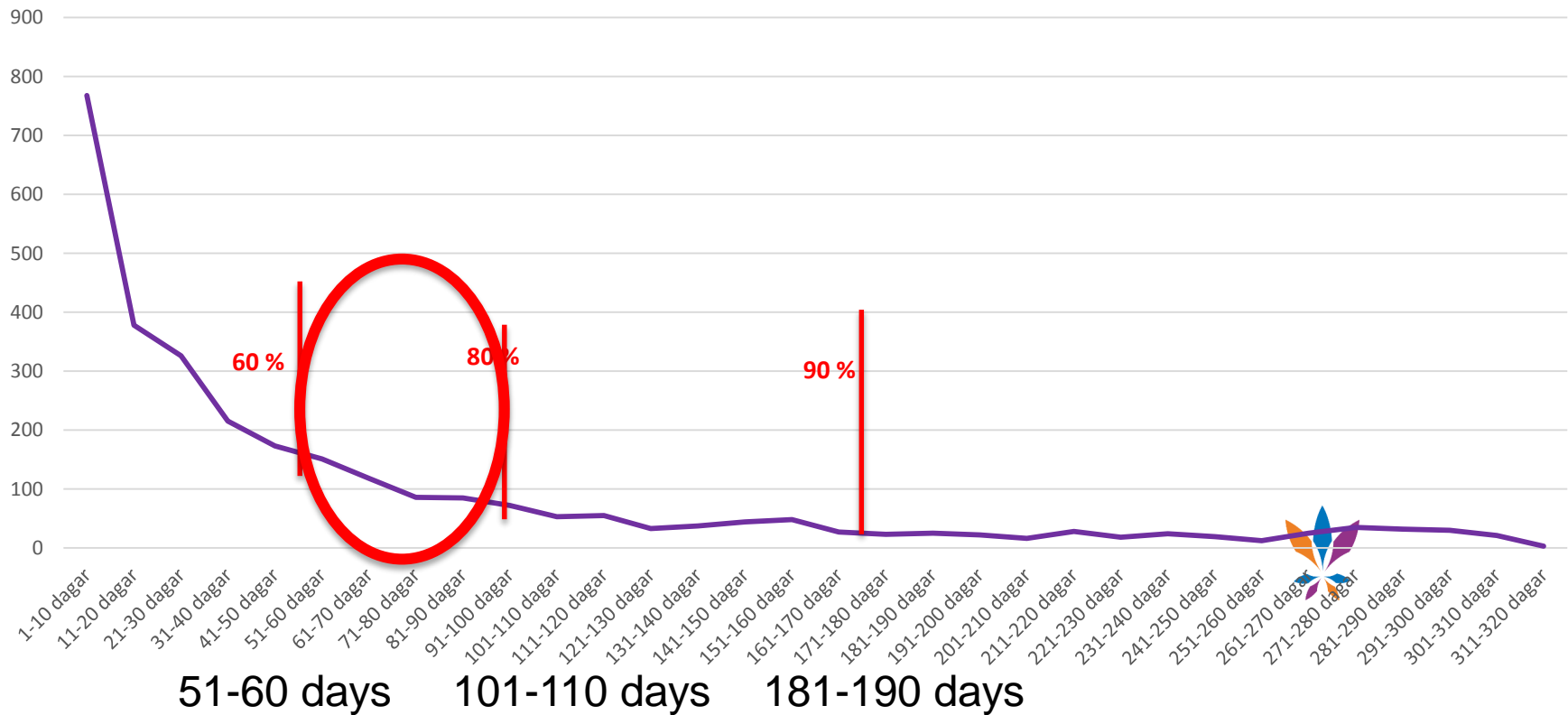


When is the right time to intervene?



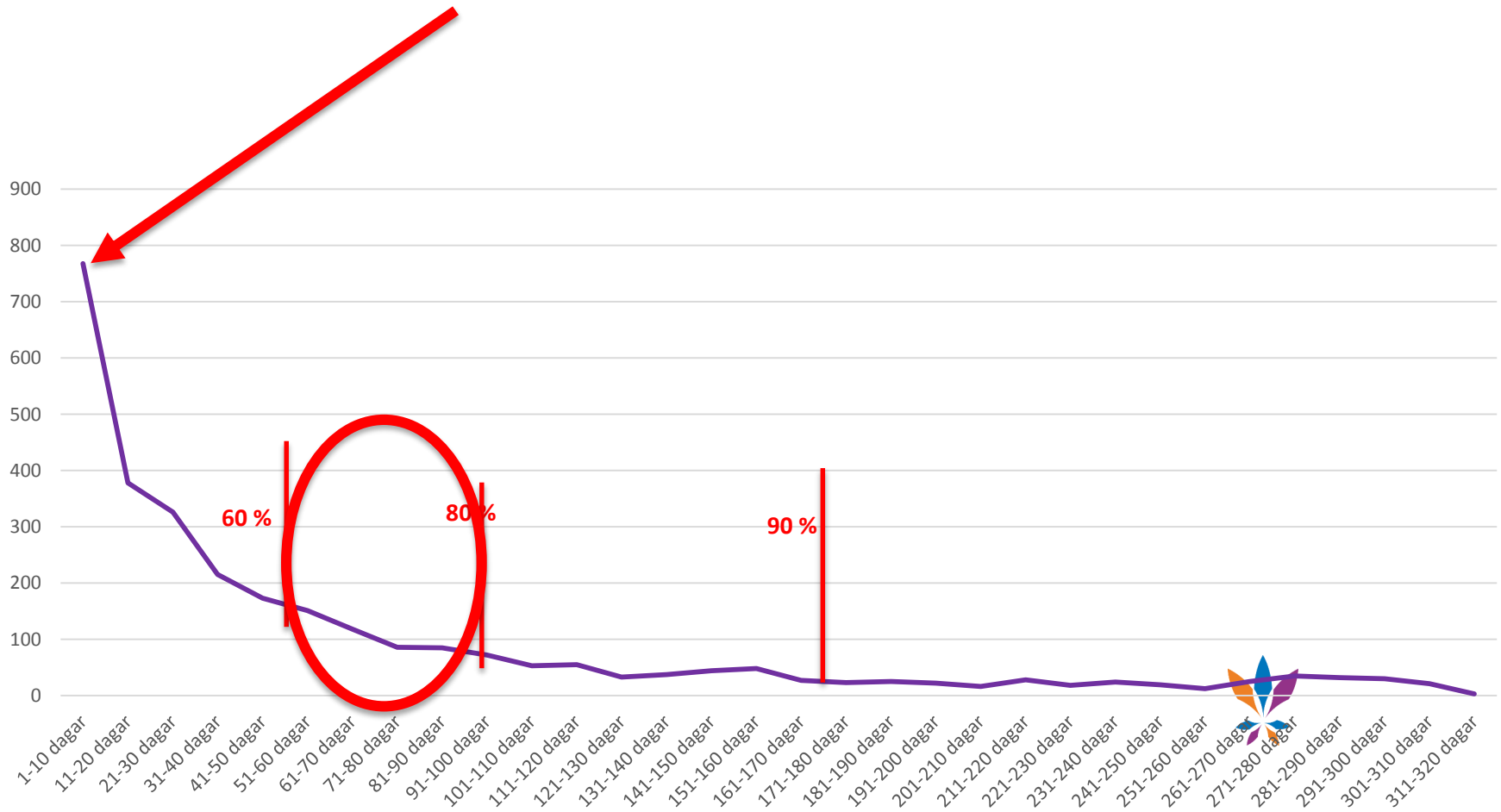


My suggestion! Not evidence based!!





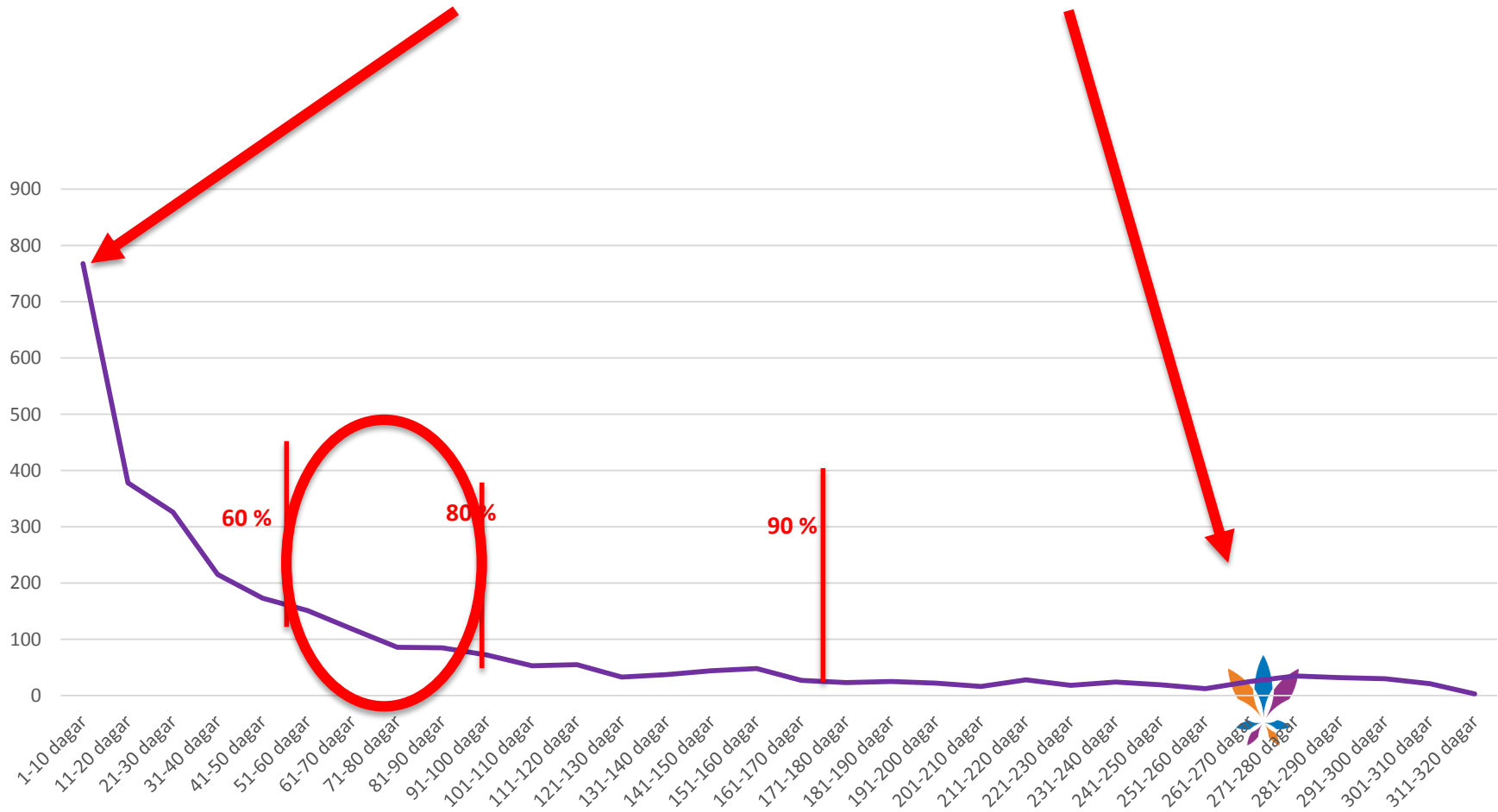
Early intervention





Early intervention

Late intervention





Health care side effects.....

- "Medicalisation"
- "Sick-role identification"





Agency

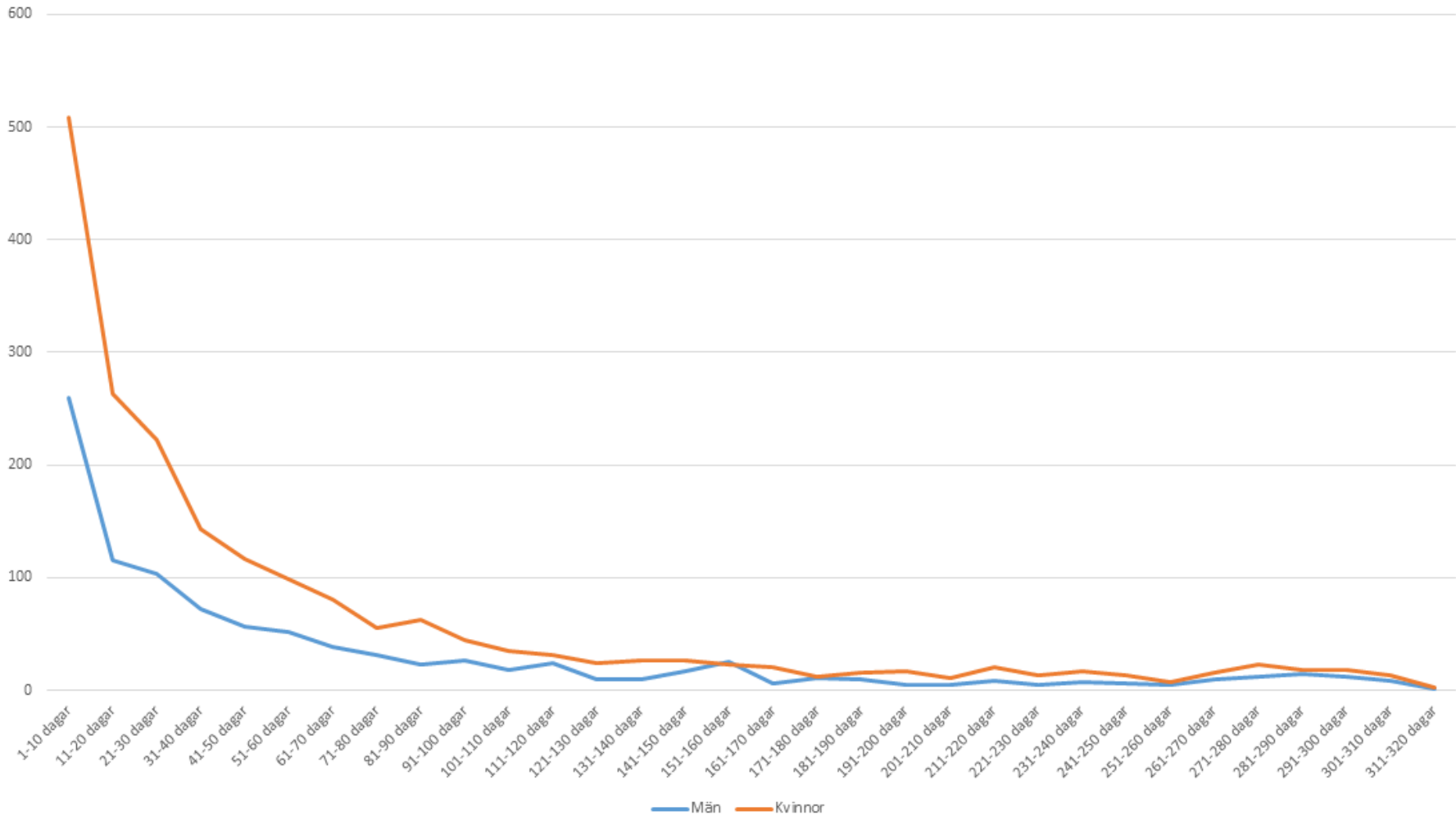
- Human will and capacity to make independent decisions in her own life.
 - To be an agent and active
- The social context can promote or hinder "agency"
 - Structural difficulties
- CMD can influence "agency".
 - Health professionals' communication regarding the symptoms can strengthen (or weakening) "agency"



GENDER?

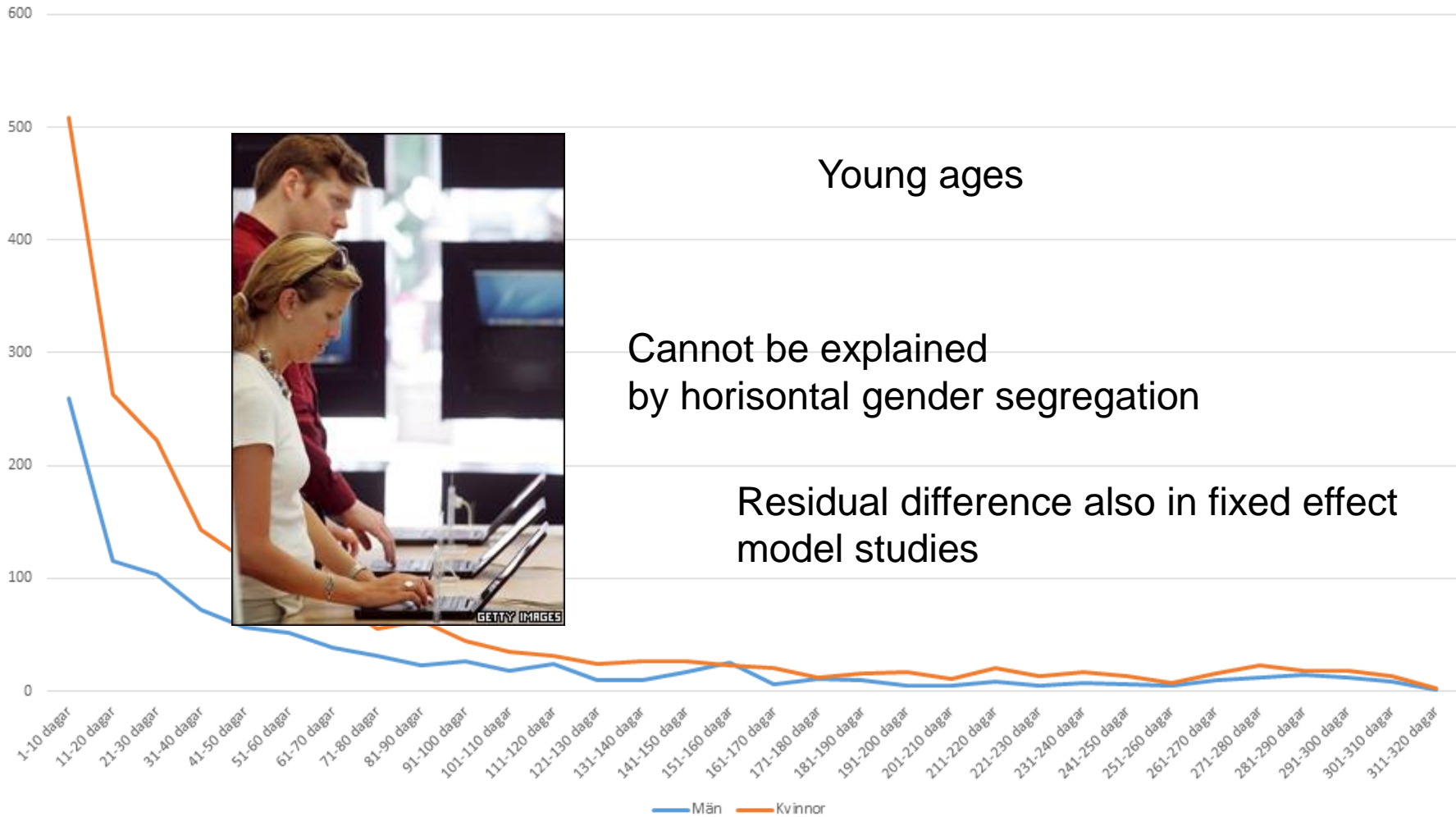


Frekvens av antal dagar av sjukskrivning år 2008 uppdelat på män (n=1005) och kvinnor (n=1997)





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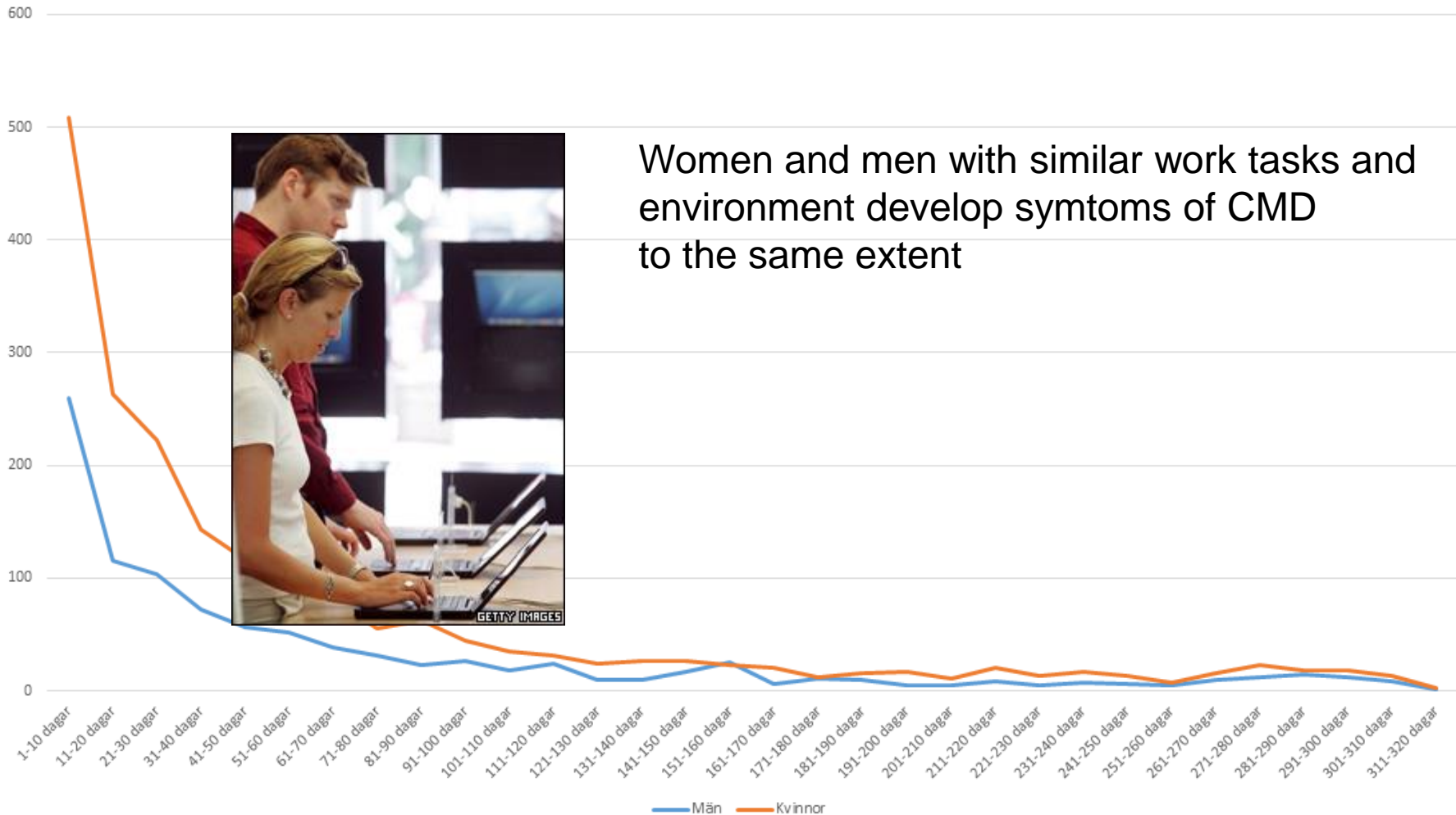


Relative risk for sickness absence among municipality employees, women in Helsinki, n=36 395, 2004 – 2007

Men reference 1.0	Self certified sick-leave	≥ 4 days	>2 weeks	> 60 days
Baseline	1.54	1.63	1.53	1.30
Occupation	1.27	1.41	1.36	1.12
Work place	1.36	1.59	1.41	1.19
Occupation and work place	1.25	1.42	1.35	1.14 (ns)



Frekvens av antal dagar av sjukskrivning år 2008 uppdelat på män (n=1005) och kvinnor (n=1997)





More women than men are in situations that increase the risk of CMD and associated risk of absence from work





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Equilibrium

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We do not know the exact time to intervene

Test the middle range

To much too early might increase the risk
of longer time to RTW

Test a “less is more” approach

Work selection is gendered

**Selection to work situations with increased risk
of CMD/SA**

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*Identification
Treatment
Support*



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