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Realising the health benefits of work – An evidence update 2015 - archived

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depression and improves general mental health. A systematic review conducted by van der Noordt and colleagues found that employment was a significant protective factor for improving general mental health and reducing the risk of depression (Figure 1).²² Likewise, employment prevents psychiatric morbidity as employed people were shown to have lower psychiatric morbidity scores.

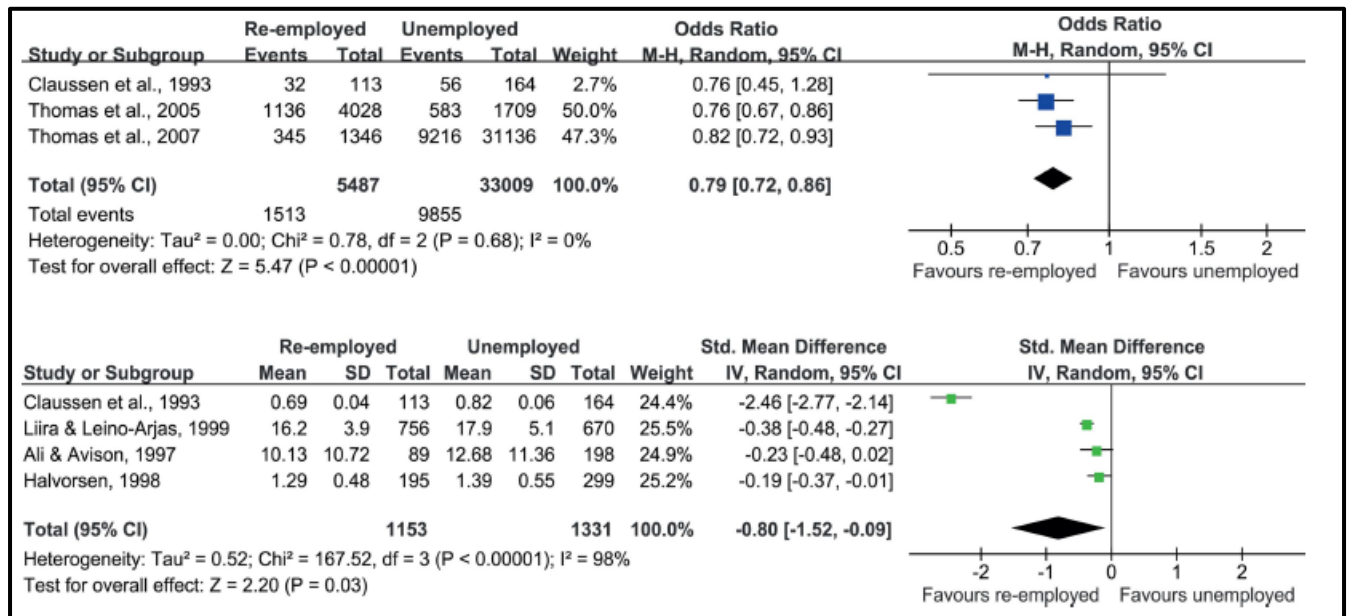


Figure 1: Forest plots show that re-employment reduces the risk of psychological distress and leads to lower psychological distress scores on various scales (Reproduced from van der Noordt et al. 2014).

The effect of 'good work' on mental health outcomes

The AFOEM's companion statement, *What is Good Work?* describes good work as "balancing the interests of individuals, employers and society in order to deliver performance, engagement and fairness."²³ The health benefits of employment are dependent on the quality of the job. Job quality can be defined as whether employees have autonomy, control and task discretion.²⁴ There are two dimensions to job quality which impact on both health and life expectancy – the conditions of employment (i.e. full-time, part-time and casual work) and the nature of the working environment.²⁵

Globalisation has played a considerable role in changing workplace conditions, such as the casualization of the workplace, short-term agency work, outsourcing of tasks by employers to such agencies and the reduction in job security, which has an effect on employee psychological health and job satisfaction.²⁶ There are two ways in which globalising labour markets have contributed to the rise in psychological illness, burnout and eventual job dissatisfaction amongst employees:

- 1) employees are more likely to face higher job demands, which results in employees having to deal with the rise in psychological and emotional demands, and conflict in roles; and

²² van der Noordt, M., IJzelenberg, H., Droomers, M & Proper, I.K (2014) Health effects of employment: a systematic review of prospective studies. *Occupational and Environmental Medicine*. Vol 17: 730-736

²³ Op. cit. (*What is Good Work?*, AFOEM 2013)

²⁴ Coats, D & Lehki, R (2008) 'Good Work': Job quality in a changing economy. The Work Foundation http://www.theworkfoundation.com/assets/docs/publications/197_good_work_final2.pdf (Accessed on 30/6/2015)

²⁵ Ibid.

²⁶ Idris, M.A., Dollard, M.F and Winefield, A.H (2011) The effect of globalisation on employee psychological health and job satisfaction in Malaysian workplaces. *Journal of Occupational Health*. Vol 53: 447-454.

- 2) highly competitive conditions reduces supervisor and collegial support, as well as employees' sense of decision authority.²⁷

The WHO's 2008 Social Determinants of Health Report found studies showing that

- 1) temporary workers have shorter life expectancies compared to those with permanent roles,
- 2) poor mental health outcomes are associated with unstable employment arrangements; and
- 3) employees who believe their work is insecure experience significant detrimental effects on their mental health.²⁸

Work relevant stress is costly for employees' health and work productivity. Dollard and colleagues found that from all causes, it costs Australian employers \$8 billion per annum due to sickness absence and presenteeism, and \$693 million per annum of this is a result of job strain, incivility and bullying in the workplace.²⁹ The cost of unemployment benefits in contrast is \$6.1 billion per annum in the 2010-2011 Financial Year.³⁰

Previous studies demonstrate that transitions to poor quality jobs were associated with greater decline in mental health than transitions to unemployment or remaining unemployed.³¹ Interestingly, transitions from unemployment to the poorest psychosocial quality jobs were equivalent in effect on employees' mental health as remaining unemployed (Figure 2).³²

²⁷ Ibid.

²⁸ Op. cit. (WHO, 2008)

²⁹ Dollard, M., Bailey, T., McLinton, S., Richards, P., McTernan, W., Taylor, A., and Bond, S (2012) The Australian Workplace Barometer: report on psychosocial safety climate and worker health in Australia. Safe Work Australia. <http://www.safeworkaustralia.gov.au/sites/swa/about/Publications/Documents/748/The-Australian-Workplace-Barometer-report.pdf> (Accessed on 19/8/2015)

³⁰ AIHW (Australian Institute of Health and Welfare) 2013. Australia's Welfare 2013.

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544564> (Accessed 27/10/15)

³¹ Butterworth, P., Leach, L.S., McManus, S & Stansfeld, S.A (2013) Common mental disorders, unemployment and psychosocial job quality: is a poor job better than no job at all? Psychological Medicine. Vol 43: 1763-1772

³² Ibid.

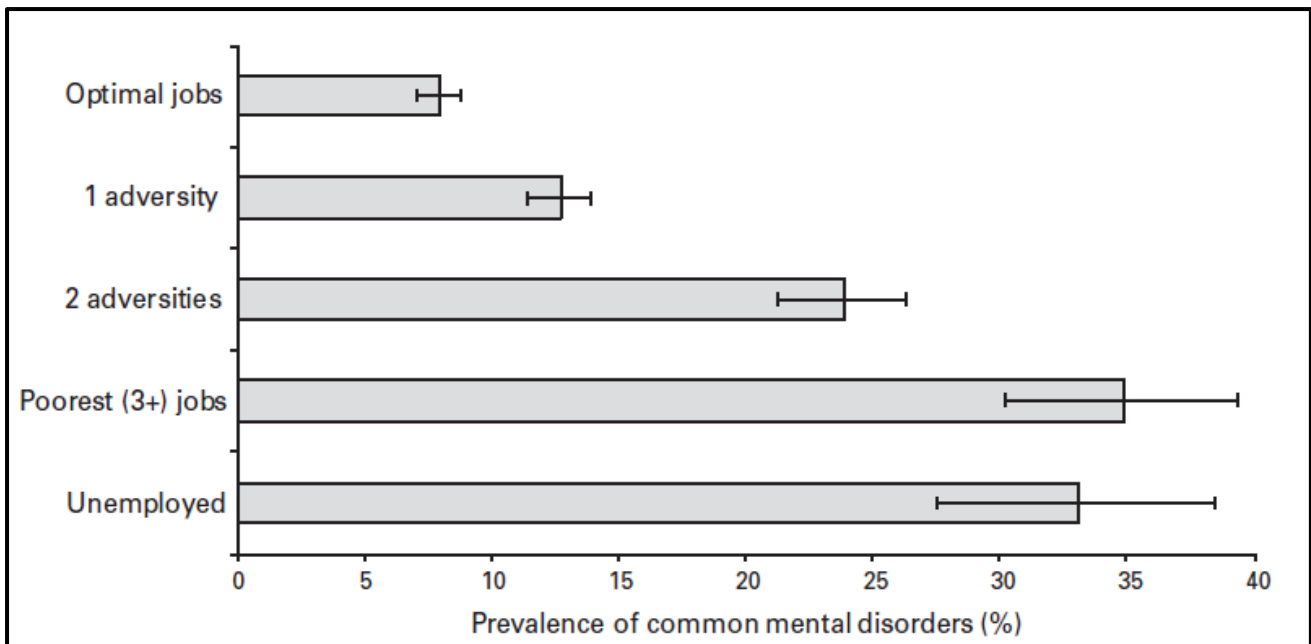


Figure 2: A higher prevalence of common mental disorders was seen amongst employed persons with poor quality jobs (Reproduced from Butterworth, P et al. 2013).

A systematic review conducted by Rueda and colleagues found no evidence of an increase in psychological distress at follow up for continually unemployed participants.³³ The mental health benefits of work are gained from good quality jobs. The poorest quality of work is comparable to unemployment as a risk factor for poor mental health.³⁴

Previous Australian studies highlighted a clear linear relationship which exists between job quality and mental health where the number of psychosocial job adversities and levels of depression and anxiety increased. Amongst employed people living with HIV, adverse psychosocial factors such as job insecurity, psychological demands, and decision authority were associated with depressive symptoms.³⁵

Role of Employers in managing mental ill-health

The link between treatment for improving mental health and employment is strong, since being in work substantially reduces the duration of treatment. This is especially relevant in providing mental health care.³⁶ It is worthwhile incorporating employment support into the treatment plan for people suffering from mild to moderate levels of mental illness. The OECD Report (2015) recommends providing mental health training and support for line managers so that they are better equipped to identify mental health problems and address problematic behaviour in employees at an early stage.³⁷ Implementing this kind of workplace policy leads to less conflict between line managers and

³³ Rueda, S, PhD., Cambers, L, MSW., Wilson, M, PhD., Michael, C, PhD., Rouke, S.B, PhD., Bayoumi, A, MD, MSc., Raboud, J, PhD and John Lavis, PhD. Association of returning to work with better health in working-aged adults: A systematic review. American Journal of Public Health 2012; Vol 102, No. 3

³⁴ Op. cit. (Butterworth et al, 2013)

³⁵ Rueda, S., Smith, P., Bekele, T., O'Brien, K., Husbands, W., Li, A., Jose-Boerbridge, M., Mittman, N., Rachlis, A., Conyers, L., Boomer, K.B., Rourke, S.B & ECHO Study Team (2015) Is any job better than no job? Labor market experiences and depressive symptoms in people living with HIV. AIDS Care, 27(7): 907-915.

³⁶ Op. cit. (OECD Report, 2015)

³⁷ Op. cit. (OECD Report, 2015)

employees and encourages more effective use of workplace process when line managers use shared decision-making styles.³⁸

Concluding remarks

This update of the evidence indicates the importance of the value of 'good' work due to its positive effect on employees' mental health. The increased use of the 'fit note' certificate by GPs may encourage injured employees to return to the workplace, as the evidence supports re-employment as an important component in the rehabilitation process.³⁹ Guidelines and protocols need to be developed to improve GPs and other health professionals' management of mental health claims.⁴⁰ Further training is a step forward to promoting and implementing the use of the 'fit note' certificate. Training should focus on employers and insurance agents communicating effectively, and GPs properly assessing mental health claims and clinical management of mental illness.⁴¹

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³⁸ Op. cit. (Wainwright et al. 2013)

³⁹ Pakpoor, J (2015) 'Fit note' is linked to fewer people taking long term sick leave, study finds. BMJ 2015;350:h1024 <http://www.bmj.com/content/350/bmj.h1024> (Accessed on 17/3/15)

⁴⁰ Op. cit. (Brijnath et al. 2014)

⁴¹ Op. cit. (Brijnath et al. 2014)