

Towards attainment of the EU's Lisbon Strategy: addressing the impact of mental health on employment

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To sum up...

- Much workplace mental health promotion **likely to be cost effective**
- But much is still unknown - careful evaluation in partnership with enterprise required
- Some scope to **retrospectively add cost** to effectiveness studies
- Important to think about how economic incentives might be used to encourage investment
- Major benefits to govt if absenteeism and disability payments avoided

Links with European Policy Agenda

- EU goal for economic growth and competitiveness (Lisbon Process)
 - Targets towards **full employment**
 - Mindful of need for **greater social inclusion**
- Sustainability of social welfare systems
- Promotion/ protection of public health
- Occupational safety and health

Two key areas of analysis

- Economic case and policy developments for workplace based mental health promotion;
- Economic impacts and policy response to long term exclusion and permanent withdrawal from labour force

Methods

Semi-systematic review to identify what known about C/E of workplace mental health interventions in Europe

Health and non health databases

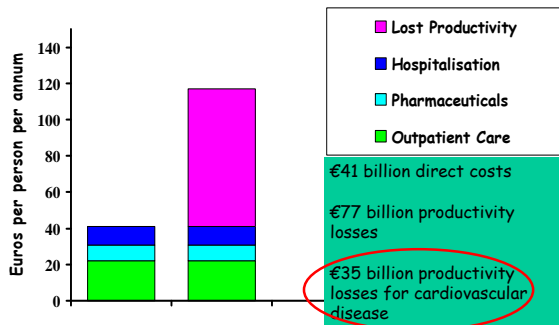
Web search of companies and key sites - ILO, ENWHP, EFLWC

Bespoke questionnaire for MHEEN network to identify additional and future evaluations

Results

- Growing literature on economic impact
- Little academic analysis in Europe of cost effectiveness of interventions
- Largely US based studies of EAPs
- Many targeted primarily at physical health
- But data available suggests that potential to be highly cost effective

Total Costs of Depression in EU



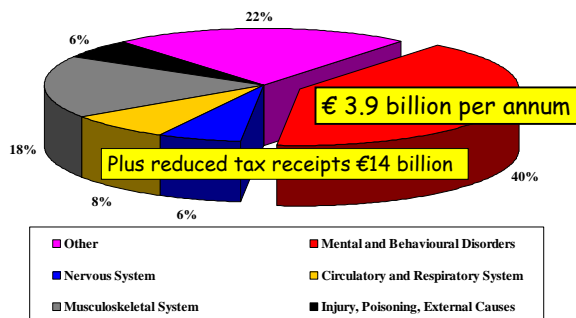
Sobocki et al, J Mental Health Policy & Econ, 2006

Leal et al, European Heart Journal, 2006

Presenteeism

- Significant economic costs associated with 'presenteeism'
 - Five times greater (Kessler 1997)
 - Stewart et al (2002) Major depression associated with 7.2 hours per worker per week of lost productive time, or 86% of total time losses
 - WHO Instrument to measure presenteeism available but only used for migraine in Europe?

Disability Benefits GB 2007



Source: Department of Work and Pensions, 2007

Social Welfare Expenditure

- France - 25% of illness-related social security expenditure due to stress (Bejean & Sultan 2006)
- Finland - 1990 - 2003 disability benefits for mental health problems increased by 93% - 42% of all benefits paid (Jarvisalo 2005)
- Spain - General Workers Union estimate that 50%-60% of sick leave and disability claims due to stress at work
- Netherlands - steady increase over last 30 years. By 2003 - 35% of those leaving work due to MH problems

Econ evolution

- Academic evidence largely from US
- But some European evidence on:
 - Psychological therapy
 - Early identification, management, job modification
 - Physical exercise programmes

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Major caveat: limited information on quality of many company funded evaluations

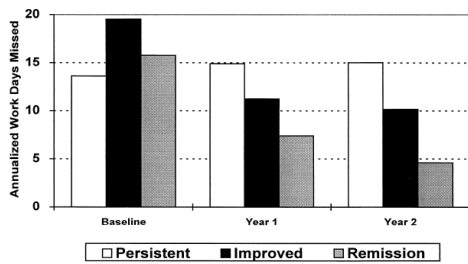
Employee Assistance Programmes

Numerous and long standing literature

McDonnell Douglas EAP helped reduce work loss days by 25% and turnover by 8% of people with mental health problems (Alexander 1990)

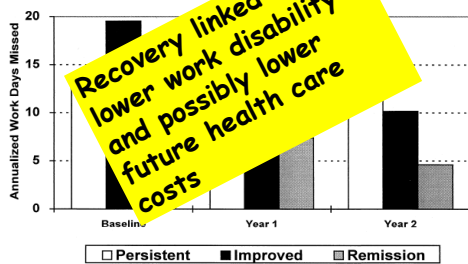
Many other US programmes focusing on health as a whole deemed to be cost effective (Pelletier 2005)

Workplace screening & early treatment



Source: Wang et al, JAMA, 2007

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Early identification at work : Electricite de France

- *APRAND (Action de Prévention des Rechutes des troubles Anxieux et Dépressifs)*
- Early identification of anxiety and depressive disorders in 140,000 employees
- 10% to 20% increased probability of remission/recovery
- Now looking at impact on productivity underway

Source: Goddard et al *European Psychiatry* (2006)

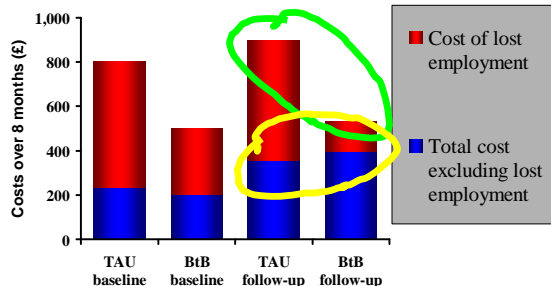
Cost Effectiveness of Computerised CBT for Anxiety and Depression

Design RCT 274 primary care patients (aged 18-75) with depression, mixed anxiety/depression or anxiety disorder; And not currently receiving face-to-face psychological therapy

Interventions 'Beating the blues' (BtB) - 8 sessions of 50 mins of therapy with usual care vs. Treatment as usual (TAU) alone (discussions with GP, referral to counsellor, practice nurse or MH professional, etc)

McCrone et al, *BJPsych*, 2004

BtB Cost Results



McCrone et al, *BJPsych*, 2004



Stress Reduction

CBT designed to help participants understand the effects of stress and establish a healthier approach to work and life. Often also used as part of a graded return to work.

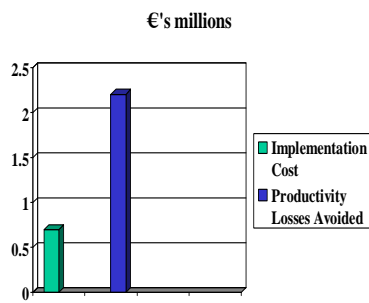
Resulted in absence reduction, savings of £455,000 - a return on investment of 8:1

Evidence of improved productivity and company culture

Source: IDS Human Resources, 2007

Stress Management

- Holistic stress policy at Somerset Council
- Survey to identify triggers
- Guidelines on stress management; restructuring skill mix for workers; counselling



Source: Somerset Council, 2007

Stress Management

(Poelmans 1999)

- Pharmaceutical company - high rates of stress related absence
- Stress management course for those at risk; training of management in identification of stress
- Absenteeism decreased by only 1%
- Net gain €600,000

Planned economic evaluations

Early intervention scheme
(Netherlands)

Costs of absenteeism (Malta)

Mental Health Economic Impact
Assessment , in workplace (Portugal)

NICE review of workplace interventions
(England)

MHEEN, 2007

Challenges in workplace mental health promotion

- Sensitivity to employers/ees of mental health issues
- Differing incentive structures for European employers
i.e. not responsible for health care costs of employees
- Poor co-ordination between EU Occupational Safety and
Health and EU Public Health agencies
- Limited robust evaluation data
- Evaluators may have commercial interest in interventions

Opportunities

- WHO Declaration and Action Plan on Mental
Health
- Sector for action in EC Green Paper
- European Social Partner Framework Agreement
on Stress
- Company initiatives: CSR Europe
- National initiatives: Access to psychological
therapies (England)

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