



LA PANDEMIA SILENCIOSA: ¿QUÉ SE ESTÁ HACIENDO DESDE EL MUNDO LABORAL?

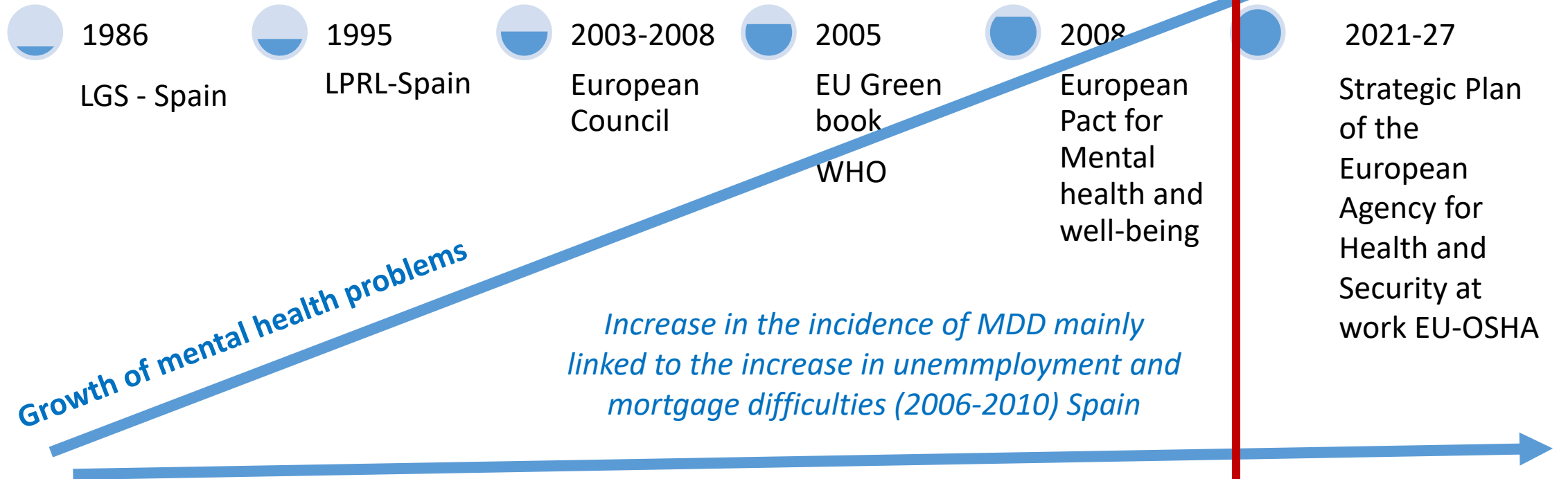
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# The silent pandemic: What is being done by the firms?

## INTRODUCTION



### Some dimensions:

16% of all work-related health problems are described as Stress, Depression or Anxiety – Labor Force Survey (2013)

From 3 to 4% of GDP

Presenteeism: from 23,5 (2016) to 31,6 days (2018) – Sleep matters (2016)

Two psychosocial risks widely recognised, namely 'having to deal with difficult customers, patients, pupils and so on.' (59 %), and 'time pressure' (45 %) – ESENER 2019

**2020:** Working Conditions in the time of Covid-19

## Why Promoting mental health within the workplace?

**Socio-economic arguments** for the promotion of good mental well-being in the labour force:

- Employee performance
- Rates of illness
- Absenteeism
- Accidents
- Staff turnover

EU-OSHA reports €240 billion/per year of which €136 billion/per year = cost of reduced productivity and €104/per year = direct costs such as medical treatment

**Serious consequences for the individual employee**

- Job loss
- Fatigue, impaired concentration and poor memory
- Negative effects on the central nervous and endocrine systems
- Musculoskeletal pain
- Career development

**Serious deviations** in terms of mental health services Demand and Offer

2015-2021:

+18% Psychiatrists  
+25% Consultations

## OBJECTIVE:

Offer a vision of what are doing firms to **promote** and **prevent** occupational risks linked to **mental health**.

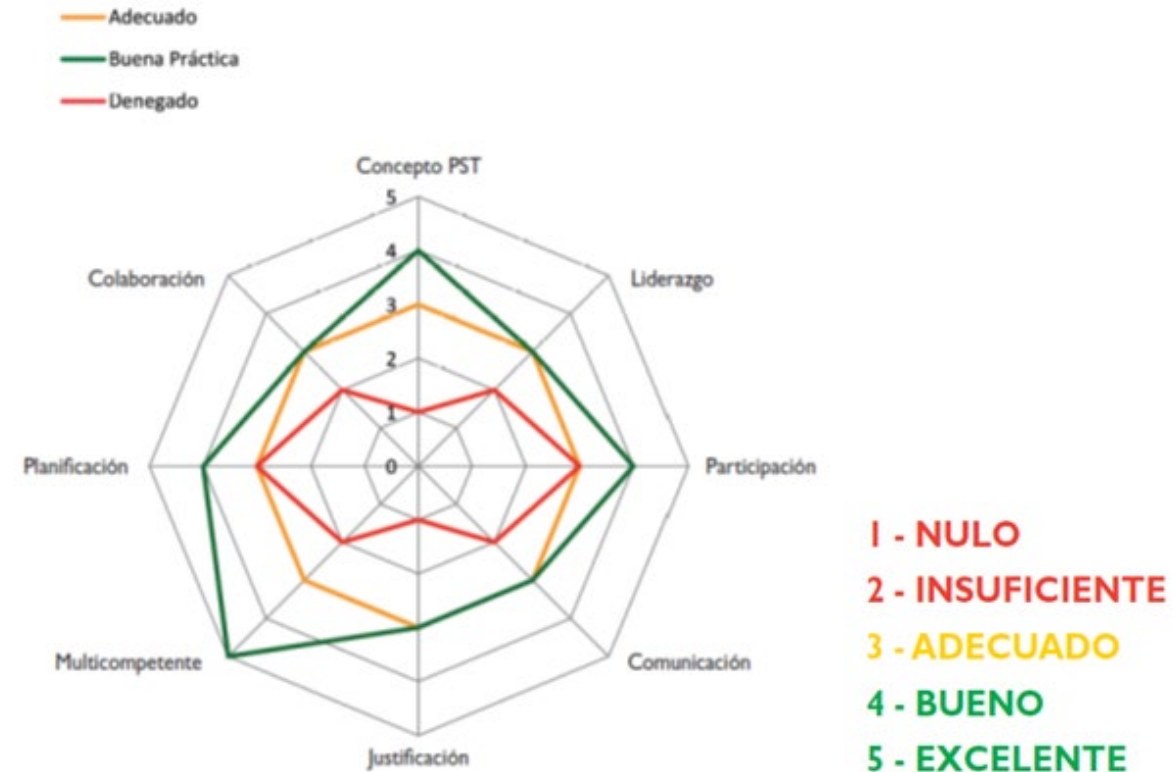
Specifically, between Spanish companies recognized with the “**Good Practices**” seal

How Promoting mental health within the workplace? Situation in Spain by the way of the Spanish Network of healthy companies - REES

**Sample:** all companies with Good Practices seal

From 2015 to 2021

Min. Of 3 in every concept



## METHODOLOGY:

1. Search from the REES website of the documentation delivered by each company
2. Manually extract information related to mental health through the disorders identified in the European Health Survey and literature
3. What population groups do the actions affect?
4. Which kind of health mental action is proposed?
5. Other actions to promote health

**Sample** : 61 companies with Good Practices

**Variables** : *research terms*

Mental health / Anxiety / Depression / Disorder/  
Sleep / Harassment / Violence / Fatigue /  
Concentration / Discrimination / Exclusion / Stress

**Population Groups** : *research terms*

Older workers / Working women / Workers  
reinstated after a long-term leave / Workers at risk  
of exclusion / Families of workers /  
All workers (no distinction)

**Kind of actions**: *research terms*

Intervention / Training / Information and promotion /  
Collaboration / Management of physical and/or  
human resources / Investigation - Research

**Other actions**: Physical Activity / Nutrition / Control of  
addictions / Cholesterol / etc

## HYPOTHESES:

**H1.** The higher level of **preventive culture\*** has the firm, the more inclined it will be to launch health promotion at work and, therefore, the more prepared it will be to assume actions in mental health.

**H2.** The **percentage of women** in the company's workforce influences the actions in mental health promotion.

**H3.** The **location** of the companies influences the actions in mental health.

**H4.** The **legal status** of the company influences the actions in mental health.

**H5.** The **number of actions in health promotion at work focused on physical health** influences the number of actions on mental health.

\*\* approximated by level of labor risks (4 groups) x size of the firm and sales incomes - SABI

# ADJUSTED MODEL TO ASSESS TRENDS IN MENTAL HEALTH:

Pr (WHP In MH)

$$= \alpha + \beta_1 \text{Culture} + \beta_2 \text{women workers} + \beta_3 \text{Location} + \beta_4 \text{Status} + \beta_5 \text{other PST} + \varepsilon$$

Same model is repeated with the target population group of the WHP in MH (6 groups)

and for each type of actions (6 types)

Culture level and number of firms	Size	Sector	% Women	Location	Statuts	Other WHP
[1,10] 12	Micro: 4	Manufacturing: 16 (29.1%)	Mean 34.75	Madrid: 22 (40%)	Public: 4	Mean 4.05
[11,20] 37	Small: 0	Commerce: 8 (14.5%)	S.D. 20.17	Catalonia: 14 (25,5%)	Private: 51	S.D. 1.79
[20,26] 6	Medium: 12	Transport and storage y almacén: 6 (10.9%)	Max. 83%	Valencia 6 (10.9%)		Max. 11
	Large: 39	Information & Communic.+ Holding: 5 (9.1%)	Min. 5%	Basque Country: 5 (9.09%)		Min. 0
		Construction: 4 (7.3%)		Andalusia, Asturias, Galicia: 2 (3.4%)		
		Energy, gas, steam supply: 3 (5.5%)		Castilla y León, La Rioja: 1 (1.82%)		
		Public administration, Defense, Health and social services: 2 (3.6%)				
		Water supply & profesional activities: 1 (1.8%)				

## Main descriptive of the WHP in MH

Year	0	1	2	3	4	Nº of plans	%
2015	5	3	0	0	0	3	4,9
2016	1	3	1	1	0	8	13,1
2017	5	2	0	1	0	5	8,2
2018	4	4	1	2	0	12	19,7
2019	3	2	1	1	0	7	11,5
2020	0	2	1	0	0	4	6,6
2021	0	4	0	2	1	14	23,0
2022	0	2	3	0	0	8	13,1
<b>TOTAL</b>	<b>18</b>	<b>22</b>	<b>14</b>	<b>21</b>	<b>4</b>	<b>61</b>	<b>100,0</b>

### SALUD Y BIENESTAR EN ACCIONA

En ACCIONA promovemos la mejora continua del bienestar en un entorno de trabajo saludable. El Programa de Salud y Bienestar de ACCIONA, nos ayuda a conseguirlo.

#### SALUD LABORAL

La actividad de prevención de riesgos laborales es indispensable para garantizar la seguridad y salud de todas las personas de ACCIONA. Son numerosas las actividades que llevamos a cabo en esta materia y los servicios que ofrecemos para la mejora de la salud.

##### PRL

Nuestro objetivo es crear una auténtica cultura preventiva. Facilitamos folletos informativos específicos para cada puesto de trabajo. Proporcionamos cursos de formación a las personas ACCIONA.

##### Seguridad vial

Sensibilización e información en materia de seguridad vial. Estudio sobre accidentes de tráfico in itinere y en jornada laboral.

##### Reconocimientos médicos

Realizamos reconocimientos anuales a nuestros empleados. Contamos con un servicio médico en nuestras sedes principales.

##### Premios

Nuestro Programa de Salud y Bienestar nos ha hecho merecedores de prestigiosos reconocimientos.

#### Mejoramos nuestro índice de masa corporal

Prevalencia (%) de sobrepeso/obesidad



#### Programa de Igualdad de Oportunidades

Ofrecer a nuestras personas Una Empresa comprometida con la Sociedad gracias a un Programa de Igualdad de Oportunidades cumpliendo ampliamente los requisitos legales, al pasar 1,7 al 3% de personas discapacitadas empleadas en nuestra Delegación.



Salud mental

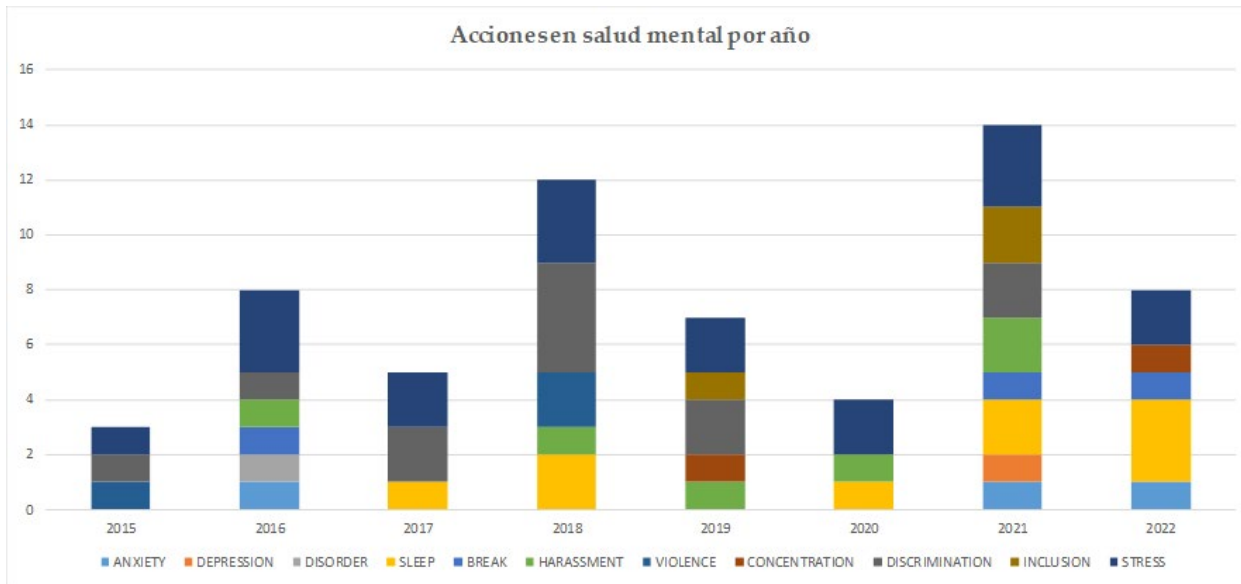


Sesiones



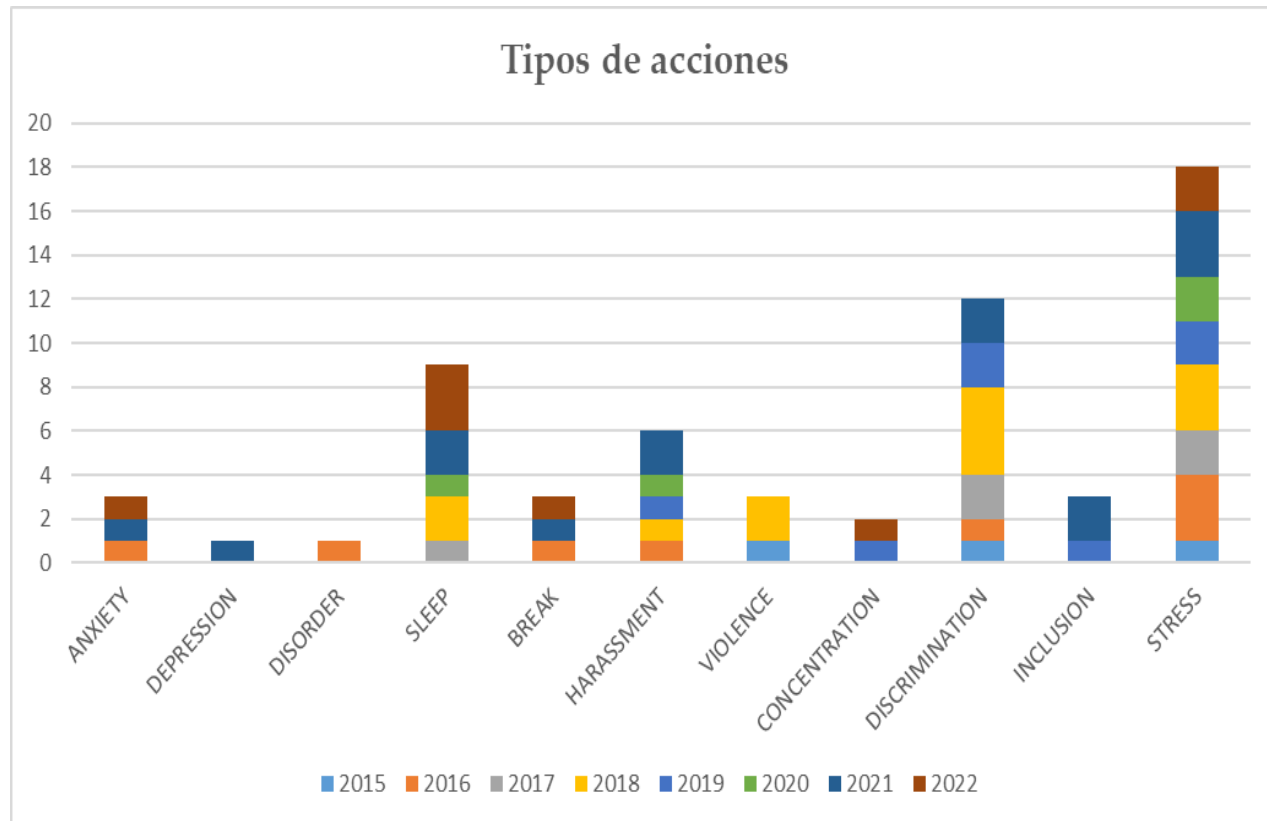
# WHP in MH per year and by types

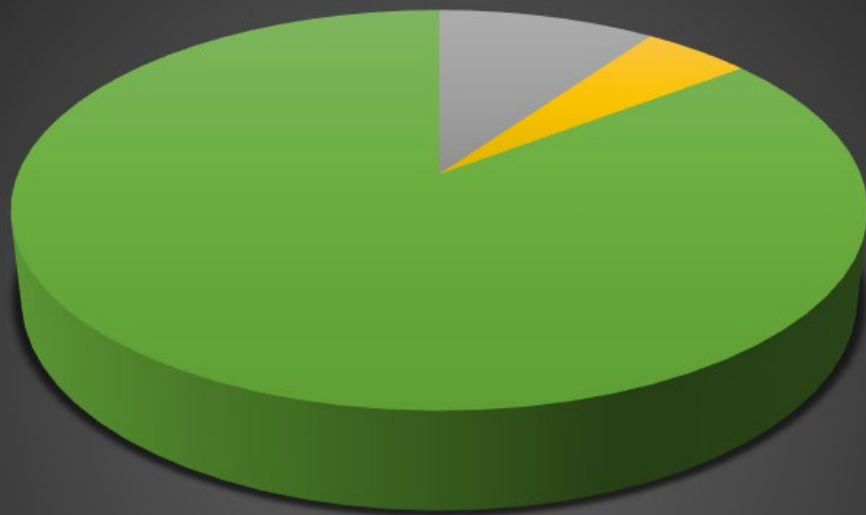
Acciones en salud mental por año



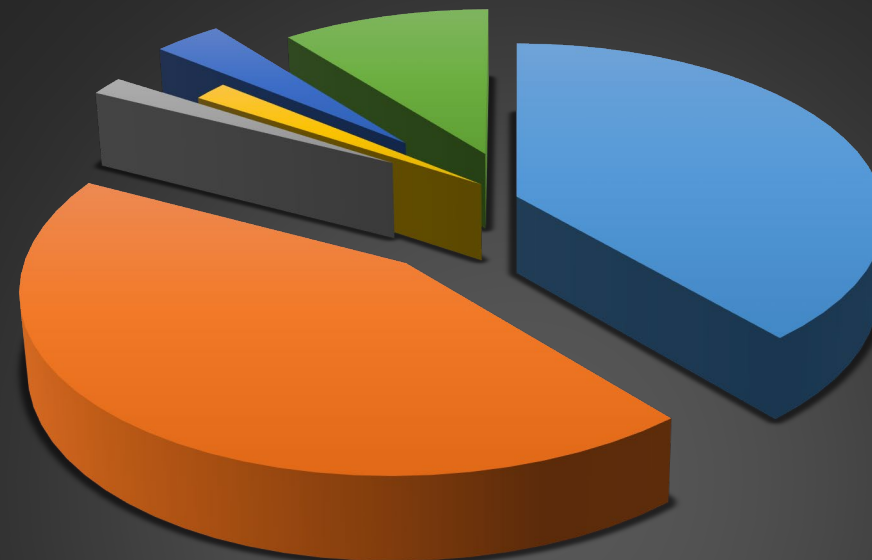
# WHP in MH by types and per year

Tipos de acciones





- Older Workers
- Workers reinstated after a long-term leave
- Families of Workers
- Working Women
- Workers at Risk of Exclusion
- All workers (no distinction)



- Intervention
- Information & promotion
- Management of physical and/or human resources
- Training
- Colaboration
- Research

## ADJUSTED MODEL TO ASSESS TRENDS IN MENTAL HEALTH:

1. 
$$\begin{aligned} & \text{Pr (WHP In MH)} \\ & = \alpha + \beta_1 \text{ Culture} + \beta_2 \text{ women workers} + \beta_3 \text{ Location} + \beta_4 \text{ Status} + \beta_5 \text{ other PST} + \varepsilon \end{aligned}$$

**None** of these variables **influence** the amount or fact of having a mental health plan

2. Same model is repeated with the target **population group** of the WHP in MH (6 groups)

**No determining factor** is observed

## ADJUSTED MODEL TO ASSESS TRENDS IN MENTAL HEALTH:

3. and for each type of **interventions** (6 types)

When the action in mental health is **interventionist**, **all the variables are significant** (p-value at 0.01, except location at 0.05 and nber. of other plans not significant)

Whether or not to get involved in WHP in MH depends on the **percentage of women** on the workforce and **the combination with physical health plans** when the company opts for **training in mental health** (p-value at level 0.1).

- ✓ **No study** seems to have been made of the health promotion plans in Spain recognized by the REES, and **even less those dedicated to mental health**
- ✓ **67.3%** of the companies launched mental health promotion plans between 2015 and 2022
- ✓ By activity sector ( between **four sectors** they reach 66% of the WHP in MH: 23% in the manufacturing industry, 18% in Commerce, 13% in Information and communications and 11.5% in Transportation)
- ✓ By location (mainly in the large industrial poles of the country)
- ✓ By types: mainly “**training**” and “**interventionist**” programs aimed at any type of workers

✓ **Results** mainly **consistent** with:

→ **Learning to manage excess** stress considering the main causes of worsening MH -

**Active Population Survey** 2020 (Time Pressure and Work Overload)

→ Both causes More present in *Information & Communications* and in *Transport &*

*Storage*

→ Potential effect of location and tradition in preventive culture (in return after long-term leave) - Possible Contagious Effect?

✓ **Results** mainly **inconsistent** with:

→ Policies geared towards **women at work**

→ The **decision to promote MH** is **not related with any variable**

considered in the model → **No specific profile of firms**

→ **Health personnel absent** from any MH WHP plan despite they suffer from dealing with patients (32% Active Population Survey)

## ✓ Improvements:

- 1) In-depth interviews
- 2) Incorporate the age as variable
- 3) Incorporate all those companies with recognition in the different regional networks
- 4) Having economic data related to investment and effects, ROI could be calculated
- 5) Generalize from REES a set of indicators to measure the results of the health promotion at work
- 6) Combination with the level of self-perceived health (differences by gender and age)

