

*Approved at the General Assembly in Vienna on 30 September 2023*

## **World Psychiatric Association (WPA) Position Statement: Mental Health in the Workplace 2022 // GA23.10.6**

### **Purpose of Statement**

This Position Statement focuses on the important role that ‘good work’ [defined below] can have on an individual’s mental health. It highlights the role of workplace in fostering positive mental health and prevention of mental health disorders. The Position Statement draws attention to the risks posed by a poor work experience for people with existing mental health problems and provides recommendations to key organisations and individuals who have a role to play in promoting mentally healthy workplaces.

The WPA believes that supporting individuals with mental health disorders in the workplace positively contributes to their recovery, social inclusion, and improved quality of life. Furthermore, occupational environments that foster good mental health are associated with greater social and economic prosperity<sup>i</sup> through healthier more productive workers.

All healthcare professionals should formally consider whether employment is a precipitating and/or maintaining factor in someone’s mental health disorder. Furthermore, clinicians should view being in good work as a key treatment outcome for people who are of working age.

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### **Background**

Mental health problems are a leading cause of work disability and economic loss<sup>ii</sup> across the globe. Access to work is a central concern with significant, negative impacts for a large proportion of people with mental health problems. These include social exclusion, and a lack of meaning to their lives, and the wider effects of poverty on their health and the wellbeing of their families.

Good work is associated with better mental health, yet people with mental health problems are often excluded from the workplace or find themselves in precarious work. Furthermore, poor mental health is associated with absenteeism and presenteeism (reduced occupational functioning). This is a particularly important consideration for those in safety critical roles.<sup>iii</sup> Supporting short- and long-term recovery from mental health conditions often involves addressing the employment, educational and benefits needs of patients. Ensuring that working age adults can find, and remain in, employment requires multiple, diverse stakeholders to work collaboratively with the aim of promoting mentally healthy workplaces and supporting people with mental health problems to access, and remain in, good work.

### **What is good or appropriate work?**

Good work is work which is appropriate to an individual's knowledge, skills, and circumstances, and undertaken in a safe, healthy, and supportive working environment; it promotes good physical and mental health, helps to prevent ill-health, and can play an active part in helping people recover from illness. Good or appropriate work also rewards the individual enhanced self-worth and beneficial effects on social functioning<sup>iv</sup>.

### **Stressors in the workplace**

Workers' mental health may be adversely affected by many types of stressful experiences at work. These can be associated with the context of their work (the demands from it, levels of control or autonomy over it, manager support, role clarity, interpersonal relationships and the impacts from changes at work). Some occupational groups such as healthcare staff, military, emergency services are also routinely exposed to traumatic situations<sup>v</sup>. Stressors that originate outside of the workplace, such as family or relationship difficulties, health problems or bereavement can also impact mental health at work - all sources of stress have the potential to adversely affect someone's mental health. By addressing workplace stressors and supporting people with non-work related stressors, the mental health of working adults can be improved together with the productivity of the organisation.

### **Recommendations**

The following actions by various individual and organizational stakeholders to foster good mental health for people of working age are recommended by the WPA:

#### National and Local Governmental Organisations should

- 1) Require employers to have policies and guidelines in place that address the risks to workers' mental health and promote workplaces that foster good mental health.
- 2) Require employers to make reasonable adjustments so that people with mental health difficulties are able to work.
- 3) Ensure that occupational health capacity is available for timely access to advice for workers with mental health problems that helps them access, remain in or return to good work.

- 4) Make available vocational support services for patients with mental health problems to help them access, remain in, or return to, work.
- 5) Incentivise employers to offer people with mental health disorders (especially chronic or fluctuating conditions) more flexible working arrangements, time off work (short-term disability/sick leave) and access to support services without adversely impacting their employment.

#### Employers should

- 1) Adopt policies and practices which actively assess and manage the risks to mental health at work, with a primary focus on occupational stressors.
- 2) Support people who develop mental health conditions to remain in, or return to, good work.
- 3) Create a culture that encourages early engagement in help-seeking behaviours and lowers barriers to care, including stigma and fear of reprisals in the workplace.
- 4) Enable their staff to access occupationally focused mental healthcare needed to help their staff remain in, or return to, good work.
- 5) Ensure that all managers have the skills, attitudes, behaviours, and confidence to identify potential mental health difficulties in their staff<sup>vi</sup> and are able to guide them towards appropriate support pathways.
- 6) Ensure that workplaces foster a culture of mutual care and enable peer support amongst workers.

#### Healthcare Providers should

- 1) Ensure they have a broad awareness of the nature of someone's work and the risks that it poses to their mental health.
- 2) Understand the close links between the people's mental health and their ability to work. This is especially important when providing care for people with safety critical roles [e.g., vehicle operators, emergency services etc.]
- 3) Ensure that all healthcare staff provide care in a way that helps working age adults to stay in, or return to, good work.
- 4) Ensure that all healthcare staff understand the key role of occupational health services in supporting patients accessing, remaining in, or returning to, good work.
- 5) Ensure that healthcare staff provide care in way which recognises being in good work as a key treatment outcome for working age adults.

## Mental Health Professionals should

- 1) Ask about their patients' work history, including their current work status, current and previous occupational stressors, to understand what role work may have played in contributing to their mental health.
- 2) Recognise that helping their patients to access, remain in, or return to, good work is an important treatment outcome.
- 3) Encourage their healthcare colleagues to recognise the mental health benefits of being in good work and consider work a key treatment outcome for any care provided.
- 4) Advocate for their patients by appropriately communicating with employers, and other involved professionals, to challenge any discrimination or stigma that exists about mental health with the aim of helping their patients to access, remain in, or return to, good work.

### **Specific considerations for mental health professionals**

#### 1) Routine assessment of employment and education history

An employment and education history should be a part of routine clinical assessment for those of working age. This information should be an easily accessible part of patient records and updated regularly. An exploration of the relationship between symptoms, work and education, and the impact of symptoms, and medication, on occupational and social functioning is essential when patients are recovering. Asking about future hopes for work, education and training is key - wanting to return to work is the strongest predictor of a return to work after illness.<sup>vii</sup> Mental health professionals should aim to facilitate a return to good work wherever possible, taking into the account the wishes of the individual and the nature of the work that they do.

#### 2) Define work-related treatment outcomes

It is important that mental health professionals see work, work-related activities and education, as desirable treatment outcomes for all working-age patients. Discrimination against people with mental health problems, in particular severe mental illness, continues to be a major barrier to work. Yet, there is strong evidence that employment support enables people with severe mental illness to return to work. Vocational rehabilitation programs such as Individual Placement and Support have positive employment and health outcomes and strong efforts should be made to ensure all those of working age have access to them.<sup>viii</sup>

#### 3) Address work-related challenges

Work may be the first place that symptoms become unmanageable for people with mental health problems. This is often associated with mistakes, poor performance or a breakdown of relationships at work. It is not unusual for patients to feel a sense of embarrassment, humiliation and reduced confidence. Return to work can be extremely difficult without mental health treatment and occupational support. Ensuring that return to work is a key treatment goal can help, as can appropriate liaison with someone's workplace to ensure that any reasonable adjustments are considered and appropriately implemented. Mental health professionals may need to act as advocates for their patients, with employers or other professionals, to optimise the likelihood that individuals can work safely and effectively.

#### 4) Support patients with employment and disability rights

Mental health professionals need have a working awareness of employment support and disability rights so they can support patients to know their rights in the workplace. People with mental health problems are often marginalised and unaware of available support and disability legislation. Employment support within mental health services offers a key opportunity to support recovery from mental health problems. Employment support embedded within mental health services has been shown to be effective at helping people, even those with considerable barriers, move into work.<sup>ix</sup> Research has demonstrated that employment support is often not offered or available to mental health services users, and that this is even more pronounced for some marginalised groups.<sup>x</sup>

### Summary and Conclusions

Fostering psychologically healthy workplaces requires timely, effective, and ongoing collaboration between key stakeholders. When this is achieved, working age adults can thrive individually with consequential positive impacts for employers, and the economies of the nations in which they work. Whilst national and local governmental organisations and employers have important roles to play, it is also essential that all healthcare staff consider the impact of health on work and work on health in order to provide the most effective care possible for their patients.

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<sup>ii</sup> Chisholm, D., Sweeny, K., Sheehan, P., & Rasmussen, B. (2016). Scaling-up treatment of depression and anxiety: a global return on investment analysis. *The Lancet Psychiatry*. doi:10.1016/S2215-0366(16)30024-4

<sup>iii</sup> Johnston D.A., Harvey S.B., Glozier N., Calvo R.A., Christensen H., Deady M., (2019) The relationship between depression symptoms, absenteeism and presenteeism, *Journal of Affective Disorders*, (256) 536-540, <https://doi.org/10.1016/j.jad.2019.06.041>.

<sup>iv</sup> Black C. (2008) "Working for a healthier tomorrow"

<sup>v</sup> Brooks, S.K., Rubin, G.J. & Greenberg, N. (2018). Traumatic stress within disaster-exposed occupations: overview of the literature and suggestions for the management of traumatic stress in the workplace. *British Medical Bulletin*, 2019 Mar 1;129(1):25-34.

<sup>vi</sup> Greenberg, N., Tarn, M., & Tracy, D. (2022). Lessons from the pandemic: Why having a good understanding of occupational psychiatry is more important now than ever before. *The British Journal of Psychiatry*, 1-2. doi:10.1192/bjp.2022.49

<sup>vii</sup> Summerfield Derek. Metropolitan Police blues: protracted sickness absence, ill health retirement, and the occupational psychiatrist *BMJ* 2011; 342 :d2127

<sup>viii</sup> Frederick D. E., VanderWeele T. J. (2019) [Supported employment: Meta-analysis and review of randomized controlled trials of individual placement and support](https://doi.org/10.1371/journal.pone.0212208). *PLoS ONE* 14(2): e0212208. <https://doi.org/10.1371/journal.pone.0212208>

<sup>ix</sup> Bond, G. R., Drake, R. E., and Campbell, K. (2016). 'Effectiveness of individual placement and support supported employment for young adults'. *Early Intervention in Psychiatry*, 10(4), 300–307.

<sup>x</sup> Bertram, M. & Howard, L. (2006) 'Employment status and occupational care planning for people using mental health services'. *Psychiatric Bulletin* 30, 48-51