

# LIFTING THE DARK CLOUDS

What can Europe do to reduce  
the burden of depression in the workplace?

9<sup>th</sup> December 2015 | Thon EU Hotel | Brussels, Belgium

## Conference Report



Concluding the successful **Year of the Brain 2015**, the **Lifting the Dark Clouds** Conference brought together health and employment experts to debate current and future European Union policy and employers' actions to tackle **depression in the workplace**, the leading cause of workforce disability in Europe.



**Contents**

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|  |       |
|--|-------|
| Introduction                                       | p. 3  |
| Societal impact of depression                      | p. 4  |
| EU role in recognising depression in the workplace | p. 6  |
| Sharing best practice interventions                | p. 8  |
| Conclusions  | p. 10 |

## Introduction and welcome

Everything mankind has achieved, and will ever achieve, is due to the incredible organ that is the brain. In 2011, brain disorders were estimated to cost the European economy almost €800 billion/year – more than is spent on cancer, cardiovascular disease and diabetes mellitus combined. Most of this cost was borne by the wider society, not by healthcare systems, and the total will rise as the population ages. One in 10 people in Europe have a bout of depression each year and, according to the World Health Organization (WHO), depression will soon be the leading global disease.<sup>1</sup>

This conference aimed to:

- ▶ Generate awareness of the increasing burden and impact of brain diseases – especially the impact of depression in the workplace within Europe

- ▶ Showcase best workplace practices to support employees with depression
- ▶ Provide a forum to discuss how EU policy makers, patient organisations, health stakeholders and employers can work together more closely to ensure parity between mental and physical health.



Dr Mary Baker, MBE,  
President of the 'Year of the Brain  
2015', European Brain Council  
UK

1. World Health Organization. Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. Geneva; WHO, 2011 ([http://apps.who.int/gb/ebwha/pdf\\_files/EB130/B130\\_9-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_9-en.pdf)).

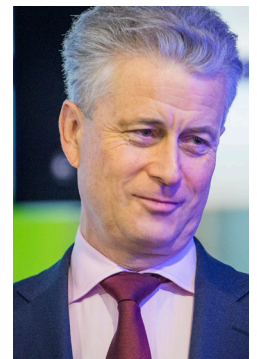
## Progress to prevent depression – let's not just pick up the piece

Future progress in brain research will require the integration of all fields of knowledge, especially the major, convergent fields of cognition, computation, nanotechnology and biotechnology, toward the ultimate goal of improving wellbeing, said Mr Madelin. The fruits of this research must be widely disseminated to ensure the widest societal benefit across all generations and regions. We need to consider all aspects of brain functioning, including physical aspects such as dexterity and emotional functioning, as well as intelligence and creativity. In short, the brain is bigger than merely the brain!

The political willingness to make mental health a bigger issue across Europe is handicapped by stigma. The Joint Action on Mental Health and Wellbeing (2013–2016) and the Year of the Brain have raised the visibility of mental health and now these need to be superseded by urgent action. Promoting mental health and wellbeing appears in the UN Global Goals for Sustainable Development,<sup>2</sup> although it not a specific indicator. Health will be a priority at the World Economic Forum in January 2016 and in April 2016 the World Bank and the WHO will co-host a high-level meeting on mental health. The prioritisation of mental ill health should be aided by projections that, without progress, it will cost

the world US\$16 trillion over the next 20 years.<sup>3</sup> Advocacy is needed to help influence these discussions and to stress the positive aspects of mental wellbeing as well as the unmet needs regarding ill health.

In addition to responding optimally to instances of mental ill health, we must transform organisations to promote fulfilment and wellbeing in the workplace and thereby to prevent depression. We must systematically remove the threat of depression, not simply to pick up the pieces.



Mr Robert Madelin  
Senior Adviser for Innovation,  
European Political Strategy Centre,  
European Commission  
Belgium

2. United Nations. The Global Goals for Sustainable Development, 2015 ([www.un.org/sustainabledevelopment/sustainable-development-goals](http://www.un.org/sustainabledevelopment/sustainable-development-goals)).

3. Bloom DE, et al. The Global Economic Burden of Non-communicable Diseases. Geneva; World Economic Forum, 2011 ([http://www3.weforum.org/docs/WEF\\_Harvard\\_HE\\_GlobalEconomicBurdenNon-CommunicableDiseases\\_2011.pdf](http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNon-CommunicableDiseases_2011.pdf)).

## Setting the scene: the societal impact of depression

According to Prof. David Nutt (Moderator and President of EBC), little has changed in the treatment of depression in recent decades. Although new drugs and psychological approaches have been developed, there has been no revolution or real conceptual shift in management. This meeting is about thinking about new approaches that may include brain science, social science, economics and other fields.



Session Chair: Prof David Nutt,  
President of the European  
Brain Council

## Depression: definition and key facts on the burden of disease



Prof. Gabriel Ivbijaro  
World Federation for  
Mental Health  
UK

At least 350 million people live with depression, the leading cause of disability worldwide. Prof. Ivbijaro explained how a better understanding of depression may help inform actions by individuals, employers and policymakers to help limit its impact in the workplace. For example, depression is more common and disabling in women than in men. Return to work after depression is more likely in people with higher educational achievement, a good income, less co-morbidity, and better general wellbeing, social inclusion and physical activity prior to their illness.

Overall, responses are needed at four levels:

- ▶ Individuals and communities, through health promotion and prevention

- ▶ Health systems, through early recognition of mental health problems and access to health services
- ▶ Non-governmental organisations (NGOs), through advocacy, support and community resilience
- ▶ Governments and employers, through legal frameworks and policies.

Advocacy is vital to address stigma, improve attitudes in the workplace and ensure responsive primary care services. The World Federation for Mental Health works to raise the profile of mental health (<http://worlddignityproject.com>) and World Mental Health Day 2017 will focus on Mental Health in the Workplace.

## Comorbidity of depression and physical illness: a major challenge



Prof. Norman Sartorius  
Former Director of WHO  
Division of Mental Health  
Switzerland

Comorbidity of depression and physical illness fulfils all four definitions of a major public health problem – it is frequent, increasing, severely disabling and treatable. Although depression is commonly co-morbid with other diseases, such as cancer and diabetes, it is only rarely recognised and even less often adequately treated. Indeed, Prof. Sartorius cited a study in which depression was recognised in only 50% of patients treated in specialist diabetes facilities in 15 countries. When comorbid with physical illness mental, health problems can significantly impair the management and outcomes of co-morbid diseases. For example, people treated for depression receive poorer quality of care for their physical illness and, as a result, have far higher rates of complications and associated healthcare costs. Better recognition and treatment of co-morbid depression would improve the efficiency of healthcare provision, reduce complications and premature deaths.

According to Prof. Sartorius, it is often thought that severe physical illness is accompanied by depressive symptoms for which no treatment is necessary because these symptoms will vanish when the physical illness abates. This view, however, leads to neglect of well-defined depressive disorders for which people are not accessing treatment. Migration within and between countries can also confound the problem owing to cultural differences in the expression and recognition of diseases. Moreover, confusion between terms such as disease, illness and sickness can affect the recognition of diseases. In response to a question regarding the importance of health apps, Prof. Sartorius explained that the willingness to use computer-aided therapy varies between cultures and perhaps between age groups. Therefore, while such systems hold promise, they need to be adapted accordingly.

“

*“Depression is frequent and increasing,  
the consequences are grave and we have treatments  
– and yet we are doing very little or nothing”*

Prof. Norman Sartorius

”



## Burden and impact of depression in the workplace

Protecting the wellbeing of employees is essential to economic prosperity in Europe. Depression was estimated to cost European economies €92 billion in 2010.<sup>4</sup> In 2012, one in five surveyed working adults in seven countries had received a diagnosis of depression. Of these, half had taken time off work because of depression – an average of 36 days during their last episode. Even more patients suffer cognitive symptoms that can impair work performance, such as a difficulty in concentrating.

One in four individuals did not tell their employer the reason when they last took time off for depression, most often because of fears that this would put their job at risk or perceptions that their employer would not understand or know how to support or help

them. Crucially, almost one in three surveyed managers said they had no formal support for dealing with depression. On the whole, managers want training, services and better legislation in this area.

More needs to be done via policies and legislation to support and protect both employees and employers and the Expert Platform will shortly publish new surveys to support this (<http://www.expertplatform.eu/about-us>). Asked whether we should be investing more in public health, health promotion and disease prevention, Ms Mustapha agreed and suggested that a difficulty in measuring the benefits of public health initiatives is a principal barrier to further investment.



Ms Amelia Mustapha  
Expert Platform on  
Depression and Founding  
Member of the European  
Depression Association  
UK

4. Oleson J, et al. Eur J  
Neurol 2012;19:155–62.

## Managing depression: a testimony

Mr Kinder described how his career at the UK Treasury was almost cut short by severe depression and anxiety. The key steps in his recovery were the recognition of the problem, in consultation with his general practitioner, and the support of his line manager. After a staged return to work, together with drug treatment and cognitive behavioural therapy, Mr Kinder reported how he adapted his lifestyle and work practices to avoid further episodes. Changes to his work practices include dis-associating his feelings from work achievements, asking for feedback, working to clear objectives and limiting his working hours.

Mr Kinder founded a mental wellbeing network at the UK Treasury, which now comprises one in 10 Treasury employees. Led by its members and supported by senior management, the network works with the human resources department to implement better work systems and to help staff members and line managers via guidance, personal case studies and awareness-building events. According to Mr Kinder, this type of network could work equally well in the private sector providing that the importance of mental wellbeing is recognised, there is a top-down commitment to tackling it, and individuals are willing to share their experience.



Mr David Kinder  
Deputy Director, Workforce,  
Pay and Pensions,  
HM Treasury  
UK



# Recognising depression in the workplace as a key health priority: What can the EU do?



Dr Mary Baker, MBE,  
President of the 'Year of the Brain  
2015', European Brain Council  
UK

5. World Health Organization. The European Mental Health Action Plan 2013–2020. Geneva; WHO, 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf)).

6. Organisation for Economic Co-operation and Development (OECD). Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work. Paris; OECD Publishing, 2015 (<http://dx.doi.org/10.1787/9789264228283-en>).

## The case for a stronger policy response

The EU has a key role in promoting high standards for working conditions and mental health and wellbeing. Some current vehicles provide guidance, e.g. European Strategy on Health and Safety at Work (2014–2020) and the EU Joint Action on Mental Health & Well-being. However, the WHO<sup>5</sup> and the Organisation for Economic Co-operation and Development (OECD)<sup>6</sup> have argued for stronger policy responses on mental health.

Key principles to promoting good mental health at work include:

- ▶ Education to address stigma
- ▶ Recognise and address psycho-social risks, including job insecurity, work intensification and high demand, high emotional load, and poor work-life balance

- ▶ Practical support for employees with depression, e.g. aiding retention at work and facilitating return to work
- ▶ Breaking the silo mentality via intersectoral approach to health, employment and education policies
- ▶ Stakeholder involvement in agenda setting and policy development, including policymakers, healthcare professionals, employees, employers, patients' groups.

To this end, how can EU policies better support early intervention to protect mental health and retain people in the workforce, address and prevent new and emerging psychosocial risks, and promote intersectoral policymaking?

## Debate

Moderator: Mr John Bowis, Former MEP, Honorary President Health First Europe, UK

**What examples exist of companies that have implemented mental health policies in practice?** businesses as simply being smaller versions of big businesses.

**Prof. Stephen Bevan** (*Director, Centre for Workforce Effectiveness, The Work Foundation, UK*) cited the example of British Telecom in the UK. British Telecom has significantly reduced the proportion of sick leave due to mental ill health and improved rates of return to work via a programme that involves manager training, referral pathways and occupational health services. It is now clear that such an investment makes good business sense. Although small and medium-sized companies might not be able to provide services on this scale, there are examples of good practice and the flexible, agile nature of smaller businesses tends to be more conducive to good mental health and hence these companies might be better placed to address mental disorders. One must not think of small

**Are employees and patients consulted effectively with regard to policies? Does the EC's work in this area reflect the patients' values?**

**Mr Paul Arteel** (*Executive Director, Global Alliance of Mental Illness Advocacy Networks (GAMIAN) Europe, Belgium*) stressed the importance of bringing expertise together and investing in patient organisations and self-help groups. Although work is sometimes seen as the cause of mental problems, to most people return to work is the most important indicator of successful care. Stigma remains the principal barrier to return to work and hence the education of employers and managers is essential. Finally, trade unions are vital to improving conditions and supporting return to work.

**Prof. José Miguel Caldas de Almeida**

*(Professor of Psychiatry and Mental Health at the NOVA University of Lisbon Medical School, Portugal)* outlined the EU Joint Action on Mental Health & Well-being, which he is co-ordinating. This Joint Action aims to facilitate collaboration to improve implementation and effectiveness of policies related to mental health. Prof. Caldas de Almeida agreed that, while overcoming disease is key, it must recognise that individuals also want to pursue and improve their professional and social lives.

**What would you like to see happen as a result of EU initiatives? Can mental health be approached via the issue of co-morbidity?**

**Mr Jürgen Scheftlein** *(Policy Officer for Mental Health & Well-being, DG SANTE, EC, Belgium)*

stated that recognising the importance of mental health is vital for health systems and society generally. It is not only about addressing disorders, but improving quality of life while reaching economic and social objectives. The chronic and co-morbid disease agenda is a promising approach and hence mental health issues have been integrated in this agenda. Barriers to this include the 'silo' mentality and limited recognition and prioritisation of mental ill health. As the impact of mental health in the workplace is relatively well recognized, this setting may be a particular area for greater impetus and collaboration on disease promotion and prevention, and treatment capacity.

Prof. Bevan pointed out that that no single policymaking department is responsible for the health of the working population and the EU has limited power to encourage or enforce solutions at national level. As long as these structural, political and legal barriers exist we will systematically underperform in helping people with mental ill health. Mr Scheftlein stressed the role of the EU in sharing best practice, for example by means of the new EU-Compass for Action on Mental Health and Wellbeing, to be launched in 2016, and helping to improve competences.

Dr Baker proposed that mental health should be included in school education to prepare young people for the workforce and to reduce stigma. Other panellists agreed that good examples exist of effective interventions in schools, although the importance of peer-to-peer learning was also noted. Mr Arteel emphasised the importance of disseminating positive messages about depression, for example to portray mental health as an asset, to share opportunities for support, celebrate recovery, and position the workplace as an environment to promote psychosocial well being. Patient groups also have a vital role, e.g. cancer organisations need to raise the issue of depression within the patients they represent.

Mr Bowis concluded that much needs to be done, but at least there is progress toward a better understanding among policymakers of the problem and patients role in the planning of services. Determination is needed to turn this into action.



# Best practices and unmet needs: How can we best work together to target the impact of depression in the workplace?

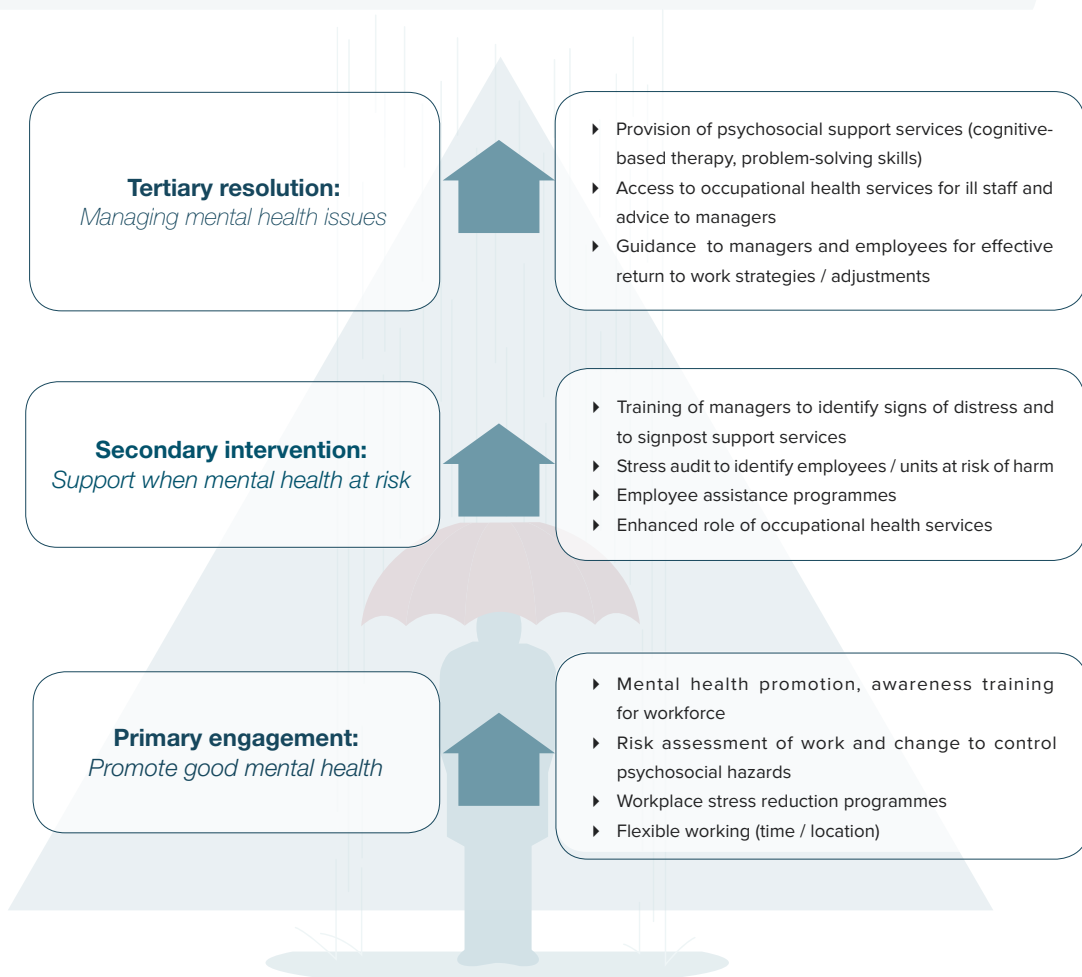
## Introduction

Dr Petr Winkler, Head of Department of Social Psychiatry, Czech National Institute of Mental Health, Czech Republic

Addressing depression in the workplace is a priority for businesses in Europe, according to Dr Winkler. In addition to the tangible costs associated with absenteeism, presenteeism, recruitment and training, there are intangible costs of depression, e.g. worsened decision-making, worsened atmosphere and the loss of social 'capital' and experience when individuals are lost from the workplace. Businesses can benefit in many ways from investments to tackle depression, for example through cost reductions, improved productivity and corporate-social responsibility.

Dr Winkler defined three levels of interventions, namely to promote good mental health, support individuals when mental health is at risk, and managing mental health issues when these occur (Figure). The commitment of senior management is essential to these efforts.

### Tiered approach to preventing, identifying and managing mental health issues





Moderator: Prof. Stephen Bevan, Director, Centre for Workforce Effectiveness, The Work Foundation, UK



**Prof. Bevan** explained that the purpose of this section is to review what we know about successful practices in businesses, how can we work collaboratively to ensure that evidence-based interventions are promoted, expanded and transferred between different settings, and to discuss where are the priority areas for investment.

### What are most impactful interventions and can they be scaled up?

According to **Dr Jorge Costa-David** (*Principal Administrator for Health, Safety & Hygiene at Work, DG EMPL, EC, Belgium*) this is a difficult question because interventions that work in one place might not work elsewhere. The EC commissioned a comprehensive study of mental health policies across Member States<sup>5</sup> that includes specific examples on psychosocial risk assessment, legislation, management standards, national strategies and initiatives by social security organisations. Guidance and an interpretative document are available from the DG EMPL and the European Agency for Safety and Health at Work websites, supporting the provisions of the OSH Framework Directive. Preventative approaches to avoid mental ill health are of the upmost importance and Dr Costa-David suggested that such efforts should also target the unemployed owing to the deleterious effects of unemployment on mental health.

**Mr Kris De Meester** (*Chair, Health & Safety Working Group, BusinessEurope, Belgium*) suggested that businesses should focus their efforts on solutions, such as early detection, treatment and reintegration support. The key question for any business should be: how can we create an organisation where people

are able and willing to do their best work by using their skills and talents and where they are given appropriate, meaningful tasks and enough autonomy to fulfil these, taking account of their individual aspirations. Achieving this will require novel approaches to work, such as 'job crafting', whereby companies hire people for particular contribution and strengths, focusing on outcomes (rather than time) to measure performance, and fostering leadership and environments conducive to individuals producing their best work. Motivation should be based not only on money, but also factors such as competence development, and people should be managed as individuals.

**Mr David Kinder** (*Deputy Director, Workforce, Pay and Pensions, HM Treasury UK*) emphasised the importance of focusing on how workplaces implement policies in practice. To help address high anxiety levels, his network organised an innovative event called 'My Biggest Failure', at which senior managers related instances of failure to encourage openness and acceptance. Other interventions are aimed at empowering staff members to speak up about mental health and supporting line managers to handle these situations. Prof. Bevan noted that a systematic review by the UK National Institute for Clinical Excellence found that interventions targeting line managers are most likely to be effective.

**Dr Vedat Mizrahi** (*Medical & Occupational Health Director-Europe, Unilever, UK*) explained the perspective from a company with 170,000 employees in over 100 countries. The company founder, Lord Lever, established a revolutionary approach to employee wellbeing, providing housing, hospital, schools and cultural centres. The current leadership remains committed to a global →

5. World Health Organization. The European Mental Health Action Plan 2013–2020. Geneva; WHO, 2015 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Action-Plan-2013-2020.pdf)).

7. European Commission, DG Employment, Social Affairs & Inclusion. Evaluation of policy and practice to promote mental health in the workplace in Europe. Final report. 2014 (<http://ec.europa.eu/social/BlobServlet?docId=13871&langId=en>).

8. Johns G. Presenteeism in the workplace: a review and research agenda. *J Organiz Behav* 2010;31:519–42.

employee wellbeing strategy that includes the Lamplighter programme of voluntary health risk assessments, guidance, support and treatment. In 2013, Unilever launched a new mental health and wellbeing standard based on: 1) leadership and management, 2) communication and culture, 3) building resilience and managing pressure, and 4) support. The standard has mandatory components, but also allows for local adaptation. In the UK, the number of days lost to mental ill health were reduced by 25% in the first year after implementation of the strategy, along with improvements in awareness of mental health. The company also employs a new holistic approach to wellbeing, integrating considerations that are mental, physical, emotional and ‘purposeful’ (i.e. aligning the purposes of the employees and the company). According to independent auditors, the Unilever employee programme has delivered a four-fold return on investment in many countries. Dr Mizrahi encouraged all companies to share best practice as a social and public good.

#### What role is there for legislation?

There was general agreement that legislation can be beneficial, but only as part of the solution. Mr Kinder cautioned that legislation that is too complicated or specific can remove the ability of employers to respond to individual circumstances. Moreover, the benefit depends not only on companies being compliant with the law, but the extent to which they promote and translate it into practice. Prof. Bevan also stressed the importance of enforcement of law and the challenges in legislating on some aspects, such as job quality.

From an EC perspective, Dr Costa-David noted the potential scope for manoeuvre when Member States transpose EU Directives on workplace into national law. The EC is currently reviewing its body of legislation on occupational health and safety and revisions may be made. One option might be to amend the Framework Directive, the overarching piece of legislation, to specify that it applies to psychosocial risks as well as other risks.

#### Are there different approaches to managing presenteeism, as compared with absenteeism?

The panel pointed to publications that have addressed presenteeism.<sup>7,8</sup> Kris De Meester pointed out that presenteeism was only an issue when time was the performance indicator. Prof. Bevan cautioned of dangers of mandating people coming to work while ill. This is more likely in people with mental ill health and can be associated with under-consultation for serious medical conditions. Interventions would also be welcome to address the pressure imposed, or self-imposed, through cultures and ‘always on’ technologies that intensify a potentially harmful work-life imbalance. For example, there are examples of companies that de-active their email servers to prevent employees working at weekends.

Prof Bevan concluded on the outstanding obstacle of stigma. In the UK, where there are relatively high levels of information and awareness, a third of surveyed workers have nevertheless said they would not work with someone with mental health illness. Clearly, continued efforts are needed to address this ‘elephant in the room’.



Dr Mary Baker, MBE, President of the ‘Year of the Brain 2015’, European Brain Council UK

## Conference conclusions

Dr Mary Baker, MBE, President of the ‘Year of the Brain 2015’, European Brain Council, UK

Depression is major public health issue – it is frequent, increasing, damaging. The workplace has to be supportive environment for prevention and interventions must take account of local culture and context. Psychosocial risks need to be considered and addressed to prevent mental health problems, with policy enforcement and open communication and support and care. Organisational leadership on this issue is

critical. Perhaps we can learn important lessons from the Netherlands EU Presidency efforts targeting Alzheimer’s disease, recognizing the value of societal efforts to promote care, support and communication, including via schools and the media, and rewarding best practice.



## About us

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The European Brain Council (EBC) is a non-profit organisation gathering patient associations, major brain related societies as well as industries. Established in March 2002, its mission is to promote brain research in order to improve the quality of life of those living with brain disorders in Europe. 165 million Europeans are living with a brain disorder, causing a global cost (direct and indirect) exceeding 800 billion euros for the National Health budgets.

EBC's main action areas are :

- Fostering cooperation with its members organisations
- Promoting dialogue between scientists, industry and society
- Interacting with the European Commission, the European Parliament and other relevant international institutions
- Raising awareness and promoting education on the brain
- Disseminating information about brain research and brain diseases in Europe



**EUROPEAN BRAIN COUNCIL**

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