

Speech to the European Academy of Occupational Health Psychology
15/04/2014 Houses of Parliament

President Iavcoli, ladies and gentlemen, welcome to the House of Commons, and it is a pleasure to be invited here today to speak to the European Academy of Health Psychology, and the many delegates that are here tonight, not just from Europe, but from around the world.

I know from research that nearly all occupational psychology practitioners work for themselves or in small consultancies in addition, many of you work in business schools, large corporations, and governmental institutions. Work and earnings are precarious and unpredictable, as they are for other freelancers.

I'm also aware that occupational psychology is an evidence based practice. Split between practitioners and academics both have an important role to play when it comes to the research and real understanding of health and well being in the work place. The academic research underpins the practice- practicing the theory allows us to see if the theory is applicable across the whole field. This is an important symbiotic relationship.

For many, occupational psychology provides an unbeatable combination of relevance and the challenge to make a practical, evidence-based contribution.

The last five to six years have seen recessions in most parts of the developed world, which have resulted in financial and economic pressures, which in turn have their effect on health and wellbeing in the workplace.

Work from the National Safety Executive (NSE) a few years ago has shown that:

- **175 000** over-7-day absence injuries occurred (NHS study) (2011/12)
- **1.1 million** working people were suffering from a work-related illness (2011/12)
- **27 million** working days were lost due to work-related illness and workplace injury (2011/12)

- Workplace injuries and ill health (excluding cancer) cost society an estimated **£13.8 billion** in 2010/11

“The annual economic costs of sickness absence and worklessness associated with working age ill-health are estimated to be over £100 billion. This is greater than the current annual budget for the NHS and equivalent to the entire GDP of Portugal.” **The Black Report (2008)**

The most prevalent factors that see change in health and wellbeing in a workplace during a recession are the increase of working hours, less money, and a feeling of less job security. Each of these factors has an unprecedented impact on the well being of the individual in the work place.

Working longer hours

Statistics from the Mental Health Foundation

- More than 40% of employees are neglecting other aspects of their life because of work, which may increase their vulnerability to mental health problems
- When working long hours more than a quarter of employees feel depressed (27%), one third feel anxious (34%), and more than half feel irritable (58%).

Less money

Furthermore, the minimum wage in many countries has fallen relative to the average wage in the last 10 years (OECD), widening income inequalities. Hence, many workers have to compensate for the drop in earnings by working more hours or taking on more than one job. Nor has the minimum wage increased to keep up with inflation and the rising cost of living. The minimum wage in the UK has remained unchanged since 2011.

Less job security

A report by the European Working Conditions Observatory

- More than 60% of workers reported increased responsibilities, compared to less than 40% in 2003. Over half of employees (54%) experienced an increase in work pressure in 2009, compared to 34% in 2003. In 2009, a third of workers (34%) said that their job security had decreased in the previous years, compared to a small percentage of just 4% in 2003.
- 56% of employees in both the public and private sectors reported a reduction in staff numbers.
- British workers are feeling less secure and more pressured at work than at any time in the past 20 years, (the Guardian May 2013).
- Across the board, 52% of workers were concerned about loss of job status. Alongside this, just under a third (31%) said they were afraid of unfair treatment at work.

Factors of an ageing population and its impact on health and well being in the workplace

UK House of Commons Library Research Report

- **10 Million** people in the UK are over 65 years old. The latest projections are for 5½ million more elderly people in 20 years time and the number will have nearly doubled to around 19 million by 2050.
- The pensioner population is expected to rise despite the increase in the women's state pension age to 65 between 2010 and 2020 and the increase for both men and women from 65 to 68 between 2024 and 2046. **In 2008 there were 3.2 people of working age for every person of pensionable age. This ratio is projected to fall to 2.8 by 2033.**

People retiring later

Today the average retirement age is around 63 years, but by 2050, when those in their twenties today will be entering retirement, the official retirement age of many countries will be an average of 67 to 68 years, due in part to increased longevity, an ageing

workforce, and receding government benefits. In addition, youth unemployment is at historically high levels. (Aegon Retirement Survey).

Switching of careers

The average worker today stays at each of his or her jobs for 4.4 years, according to the most recent available data from the Bureau of Labour Statistics, but the expected tenure of the workforce's youngest employees is about half that. This trend will grow with the younger generation as switching careers becomes the norm.

UK: existing legislation, proposed legislation, studies, and advice

When Labour was in Government:

In 2005 Labour helped introduce The Health and Safety Executive (HSE) Management Standards for work-related stress. The Management Standards cover the primary sources of stress at work. These include: work demands, control over work, support at work, work relationships, your role, and how organisational change is managed.

Labour also launched the 'Strategy for the Health and Wellbeing of Working Age People' through the Department of Health. As well as commissioning the Black Report in 2008 on health and wellbeing. Not to mention updating the Health and Safety Act in 2008.

Current UK Government Policy:

The introduction of the fit note, which allows GPs to indicate that an individual 'may be fit for work' and suggest a phased return to work and/or job adaptations.

The creation of The Occupational Health Advice Line

The Government has also followed the previous Government's example with Workplace Wellbeing Charter Self Assessment Standards.

EU: existing legislation, proposed legislation, studies, and advice

The EU has been a world leader in this field, the lasting legacy of the Working Time Directive has given workers in all of the 28 EU countries: a right to a limit of an average 48 hours a week, 5.6 weeks paid leave a year, a 20-minute rest break if the working day is longer than six hours, one day off a week, and a limit on the normal working hours of night workers. However, there is still hostility to this in the current Conservative/Liberal Democrat Government.

Through the EU Joint Action on Mental Health and Well-being (February 2013), a 3 year initiative funded by the EU Health Programme, the European Union aims to create a framework for action in mental health policy at the European level. The Action brings together 45 associated and collaborating partners representing 27 EU Member States and associated countries.

Building on the work done under *the European Pact for Mental Health and Well-being* and following the 2011 (Health) EU Council Conclusions on *the European Pact for Mental Health and Well-being*, the Joint Action seeks to address the promotion of mental health at the work place; to improve actions against depression and suicide; and to promote the integration of mental health in all policy areas. EU policies would gain from giving more emphasis on the health aspect of occupational safety through the promotion of mental health and well-being.

This year the European Agency for Safety and Health at Work (EU-OSHA) launched *'The Healthy Workplaces Manage Stress' Campaign 2014–15*. To encourage Europe's enterprises (both private and public) to recognise the need to tackle work-related stress. By doing so, they will be protecting their workers' health and their organisations' productivity.

The European Foundation for the Improvement of Living and Working Conditions (Eurofound) is a tripartite European Union Agency argues that what you should do is to

perform a stress audit and this is doing a primary intervention, because you are doing a diagnosis on the basis of what you find.

Secondary intervention means you are training the individual on areas needing help to cope better. And the tertiary one is when the organisation provides conflict service for individuals who are not coping well.

What more can be done: link between academia and practitioners- real world solutions

Any improvement in work-related support for those who develop health conditions will need to be underpinned by a fundamental change in the widespread perception around fitness for work; namely, that it is inappropriate to be at work unless 100% fit and that being at work normally impedes recovery.

Globalisation, along with the development of regional trading blocs, have seen free movement of labour on a scale never seen before. As occupational health has developed and been seen to be particularly relevant to the developed world, there is a need clearly to look at the implications on the developing world as globalisation develops at a pace. Therefore, there is a key role for the World Health Organisation and the World Trade Organisation to develop standards and models, so that the whole global community can benefit in the longer term.

I hope your conference is a success, and I thank you for listening here to me tonight.

Mark Hendrick

Member of Parliament for Preston

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