Exploring the links between
mental health and work:
The patients experience

GAMIAN-Europe 2013

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Gamian-Europe

Presentation:

GAMIAN-Europe[1] was established in 1998 as a representative coalition of patient organisations. Putting the patient at the centre of all issues of the EU healthcare debate, the organisation aims to bring together and support the development and policy influencing capacity of local, regional and national organizations active in the field of mental health.

Patients can and should play an effective and complementary role in developing positive and pro-active policies and other initiatives with an impact on mental health issues. GAMIAN-Europe, as an informed and effective advocate, is seeking to become a powerful and trusted point of reference for the main EU institutions and other organizations and stakeholders seeking the views of patients.

GAMIAN-Europe's main objectives:

Advocacy

- Act as the voice for patients, both at EU as well as at national level, and demonstrate that this voice is useful as well as indispensable
- Ensure that patients are at the centre of all aspects of healthcare provision
- Work to improve the availability, accessibility, and quality of treatment for all mental health problems

Information and education

- Improve the provision, reliability and quality of information on mental health problems for patients as well as the general public
- Assist in improving the training, education and understanding of mental illness of health and other professionals

Stigma and discrimination

- Increase awareness, knowledge and understanding of mental health problems
- Help reduce stigma, prejudice, and ignorance in relation to mental health problems and fight discrimination

Patient's rights

- Focus on the development and enforcement of rights for persons affected by mental health problems, e.g. access to appropriate treatment

Cooperation, partnerships and capacity building

- Enable patient groups to collaborate with health professionals, policy makers, academics, and industry

GAMIAN-Europe's activities:

In order to reach these aims, GAMIAN-Europe

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[1] *Board of Directors:*
President: Pedro Montellano (Portugal);Immediate Past President: Dolores Gauci (Malta)
Vice-President: Flavio Prata (Italy), Secretary General: Rebecca Müller (Belgium), Treasurer: Hilkka Kärkkäinen (Finland)

Board members: Aikaterini Nomidou (Greece), Aušra Mikulskienė (Lithuania) Bert Aben (Netherlands), John Bowis (United Kingdom), Raluca Nica (Romania),

- provides information and support to member organisations by means of educational seminars, conventions, a regular EU newsletter, handbooks on specific mental illnesses, and an up-to-date and accessible website.
- facilitates an open and inclusive pan-European dialogue among patient organisations and other interested bodies to exchange information and ideas.
- shares experience and examples of good practice to strengthen the role and voice of patient organizations and effective input in EU and national policy development.
- forms active partnerships and cooperation with other stakeholders, e.g. the media, organizations (local, regional, national, European and academic institutions), employers and trade unions, the pharmaceutical industry, government and regulatory bodies and insurers with a view to
  - securing the best possible treatment for patients with a mental illness and at the earliest possible opportunity
  - supporting the development of health/mental health policies which take account of the views of patients

Gamian Questionnaires, a user run initiative

GAMIAN-Europe wishes to contribute to an open and innovative reflection process, in order to advocate the need to address health in a holistic fashion and the development of care and support facilities and services for people with mental health problems.

To this effect, GAMIAN-Europe stimulate international cooperation and awareness raising on important topics , for instance by means of the European Interest Group on Mental Health, Well-being and Brains Disorders, to which GAMIAN-Europe provides the secretariat.

Aiming to speak up for patients, GAMIAN-Europe organizes since 2006 regular consultations of its membership (through national patient associations in most European countries:

Stigma Survey - project developed by GAMIAN Europe in 2006.

In 2006 GAMIAN-Europe undertook an extensive pan-European survey involving twenty countries across geographical Europe with a meaningful spread to involve countries from Eastern, Central, Western, Northern and Southern Europe utilising our extensive organisation's membership in those countries.

In 2010 the questionnaire was submitted again, to see if there has been any evolution in the last 5 years.

The results were presented at the EU conference on stigma in Lisbon (November 2010) and at the MEP interest group (3rd May 2011)

In 2011 a second survey was set up on the physical health problems of people suffering from mental health problems

In 2012 a questionnaire on adherence to treatment was be conducted. The first results were presented in a poster session at the ECNP congress in Vienna October 2012 and the full report at a meeting of the Interets Group of Mental Health, Wellbeing and brain diseases of the Members of the European Parliament on November 5th 2013.

Gamian-Europe and the relation between Mental Health and Work

The PERFORM study (Prospective Epidemiological Research on Functioning Outcomes Related to Major Depressive Disorder) is a 2-year research initiative being conducted across France, the UK, Germany, Spain, and Sweden measuring the impact of depression on daily function and work impairment. Data from the first 1000 subjects studied show that patient-reported cognitive dysfunction is associated with poorer functioning, work productivity, and quality of life. Moreover, other studies have shown that these symptoms frequently harm the interpersonal relationships between friends, family, and colleagues that might otherwise form part of the sufferer's support system during depressive episodes.

These and other published data have helped to describe the burden of depression on the individual, society, and employers. This burden can be reduced with improved diagnosis and effective treatment. There are, unfortunately, many barriers that limit the effectiveness of these interventions, including the very real stigma of depression. Public stigma - how society at large views the condition - and self-stigma, or how individuals cope with their depression and whether and how they seek help, are both formidable barriers that must be overcome. Certainly, removal of stigma from the workplace represents an invaluable mechanism that can be used to reduce the burden of this disease both on those affected by the condition and on the workplace as a whole

The path to achieving change in the workplace

The nature of the relationship between employers and employees provides a framework around which the burden of depression in the workplace, and indeed in society more widely, can be addressed.

Employers will generally have objective measures of staff performance, and may also accumulate feedback on individuals' affect and behaviour through the usual performance appraisal process. Even in companies with relatively unsophisticated (or absent) performance review processes, data on absenteeism are routinely collected. Thus employers can be aware of problems long before a clinician has been consulted.

The environment and working atmosphere within individual organisations can present challenges that employers need to address. Psychosocial stressors in the workplace - for example, pressures to perform, fear of redundancy, poor conflict management - can precipitate depression among vulnerable staff, or exacerbate pre-existing symptoms.

Tackling depression in the workplace requires a holistic approach focused on prevention, early intervention, and treatment. It is clearly in the employer's interest to reduce the burden of depression in the organisation, given its impact on absenteeism and presenteeism. Besides, a growing body of evidence supports the value of treatments in reducing the burden on employers.

But many employers have neither the expertise nor the focus on this issue to improve rates of absenteeism and presenteeism. Recent studies found that nearly 1 in 3 managers within various organisations felt there was no formal support in place for managing staff members who have depression." Almost all managers questioned stated that they would value more support and tools to cope with employees who might be experiencing depressive episodes and called for better policies and legislation to protect employees. [2]

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[2] "Depression in the Workplace, policy recommendations on how to tackle the leading cause of disability worldwide" document edited by Stephen Hughes MEP, in collaboration with Gamian collaborated, 2014

A survey on Mental Health and Workplace.
The Online Questionnaire.

In 2013 GAMIAN-Europe has conducted a survey on the relation between Mental Health and the workplace

For Gamian-Europe it is important to hear from patients what their true experience is.

The main aim of this pan-European survey is to assess patients experience of healthcare systems in different countries. In particular the survey is looking at the interlinks between mental and work and the impact on patient lives.

The results of this survey will be submitted to National and EU policy-makers in the aim to advocate for a better integration of mental health and work to improve health outcomes of people living with mental disorders.

Funding

This study was financed by Lundbeck and Janssen.

Procedure

- The questionnaire was edited by a steering committee of patient representatives[3], academics and policy experts:
- No language barrier: everyone can respond in his or her own language Survey packs ware translated in 22 languages (using forward-back translation approach)
- Survey was put online on the Gamian site and on the Gamian Facebook, Twitter and Linkedin pages Both online and printed version, accessible at the GAMIAN website
- Active from 15th April 2013 until 15th July 2013
- 573 Responses from 22 countries (Q A2)

Old EU (Belgium, Finland, France, Greece, Portugal, Spain, Sweden, The Netherlands, Norway, Luxemburg, Monaco, UK)	**12**
New EU (Croatia[4], Cyprus, Czech Republic, Hungary, Romania, Malta, Lithuania, Slovenia,)	**8**
Europe Not EU (Israel, Turkey)	**2**

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[3] The patient representatives in the steering committee: Rebecca Muller (Belgium), Hilkka Kärkkäinen (Finland) and Pedro Montellano (Portugal)
[4] During this project, Croatia became a (new) member of the EU. This makes a difference with results of previous questionnaires, ware Croatia was a non EU member.

I. Demographic characteristics of the respondents

Which is your gender? (Q A1)

By country

	All	EU 15	EU 13	Europe Non EU
	N=572	N=278	N=271	N=23
Female	53,50%	61,87%	53,87%	39,13%
Male	46,50%	38,13%	46,13%	60,87%

There are no significant differences between male and female respondents

In what year were you born? (Q A3)

	All	EU 15	EU 13	Europe Non EU
Age/year of birth	N=572	N=278	N=271	N=23
18-30 (83-95)	14,16%	8,99%	20,30%	4,35%
31-50 (63-82)	58,39%	58,99%	56,09%	78,26%
51-60 (53-62)	21,85%	24,46%	20,30%	8,70%
61-70 (43-52)	5,07%	6,83%	2,95%	8,70%
70+ (00-43)	0,52%	0,72%	0,37%	0,00%

Specificity: Comparison with overall European population

|	% respondents (n=572)	% Overall EU (Eurostat)
18-30	14,16%	21,33%
31-50	58,39%	35,14%
51-60	21,85%	16,83%
61-70	5,07%	13,39%
70+	0,52%	13,31%

The respondents group is more than average an adult population, youngsters (<30) and older people (>60) are underrepresented

What is your civil status? (Q A4.)

	All	EU 15	EU 13	Europe Non EU
	N=572	N=278	N=271	N=23
Married / Further Marriage	29,02%	28,06%	29,89%	30,43%
Cohabiting Civil / Domestic partnership	8,57%	8,27%	9,23%	4,35%
Single / Unmarried	42,13%	39,21%	43,54%	60,87%
Divorced / Separated	18,88%	22,30%	16,61%	4,35%
Widow	1,40%	2,16%	0,74%	0,00%
Unknown	29,02%	28,06%	29,89%	30,43%

What is the highest level of education that you have completed? (Q A5):
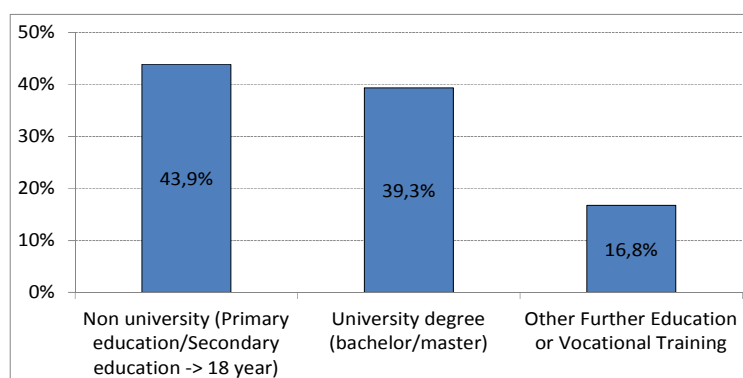

By country

	All	EU 15	EU 13	Europe Non EU
	N=572	N=278	N=271	N=23
Non university (Primary education/Secondary education -> 18 year)	43,88%	36,69%	52,03%	34,78%
University degree (bachelor/master)	39,34%	40,29%	38,38%	39,13%
Other Further Education or Vocational Training	16,78%	23,02%	9,59%	26,09%
(N= 572)	N=278	N=278	N=271	N=23

Specificity: Comparison with overall European population

|	% all respondents (N= 572)	% EU respondents (N= 549)	% Overall EU (Eurostat)
Non University	43,88%	44,26%	77,35 %
University degree (bachelor or master)	39,34%	39,34%	22,65 %
Other	16,78%	16,39%	0,00 %

Do you know what mental health diagnosis your doctor has made in your case? (please check only your primary diagnosis) (Q A7)
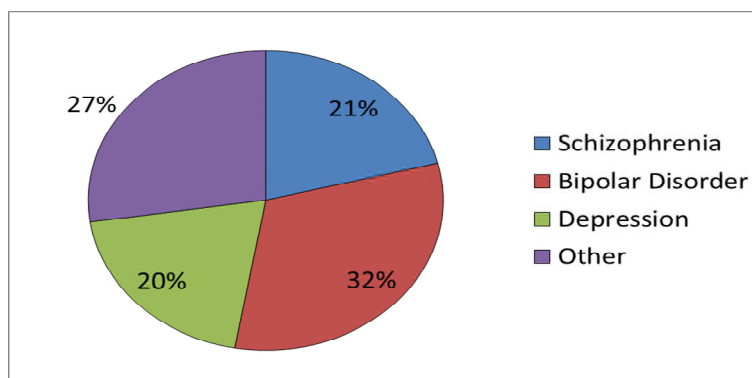
	All	EU 15	EU 13	Europe Non EU
	N=572	N=278	N=271	N=23
Schizophrenia	20,98%	14,75%	24,72%	52,17%
Bipolar Disorder	31,82%	53,24%	10,70%	21,74%
Depression	19,93%	17,27%	24,35%	0,00%
Other	27,27%	14,75%	40,22%	26,09%

It seems that in Eastern Europe (the new EU countries) the diagnosis "Schizophrenia" is the more common diagnosis, and the diagnosis bipolar is not (yet) commonly introduced
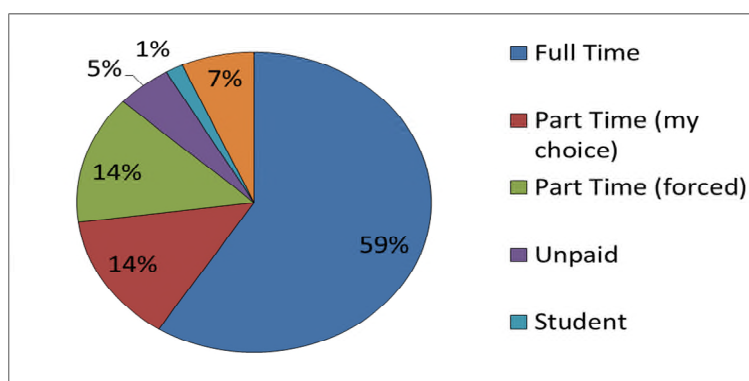
Are you working (Q A9)
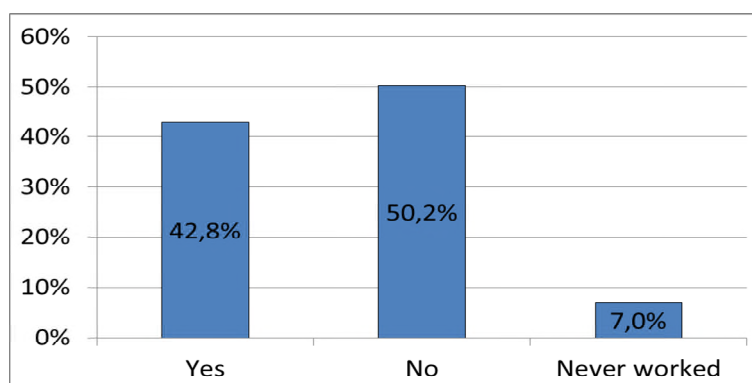
	All	EU 15	EU 13	Europe Non EU
	N=572	N=278	N=271	N=23
Yes	42,83%	42,09%	43,17%	47,83%
No	50,17%	49,28%	50,92%	52,17%
Never worked	6,99%	8,63%	5,90%	0,00%

II. Questions on the working situation of the respondents

If you are working, what is currently your working situation? If you are not working, what was your working situation? (Q B1)

By country

	All	EU 15	EU 13	EU 28	non EU
	N=572	N=278	N=271	N=23	N=572
Full Time	59,04%	57,96%	61,74%	59,79%	43,48%
Part Time (my choice)	13,86%	11,43%	16,52%	13,89%	13,04%
Part Time (forced)	13,86%	15,92%	10,87%	13,47%	21,74%
Unpaid	5,02%	6,94%	2,17%	4,63%	13,04%
Student	1,61%	2,45%	0,43%	1,47%	4,35%
Other	6,63%	5,31%	8,26%	6,74%	4,35%
Number of responses	*N=498*	*N=245*	*N=230*	*N= 475*	*N=23*
No answer	12,94%	11,87%	15,13%	13,48%	0,00%
Full Time	59,04%	57,96%	61,74%	59,79%	43,48%

Which of the following items describes the size of the company you work/worked in? (Q B2)

By country

	All	EU 15	EU 13	EU 28	non EU
	N=572	N=278	N=271	N=549	N=23
Small (1-50)	43,59%	39,68%	48,52%	44,01%	44,01%
Medium (51-250)	21,50%	23,08%	18,14%	20,66%	20,66%
Large (250-)	23,47%	24,29%	23,63%	23,97%	23,97%
Don't know	4,34%	4,45%	4,22%	4,34%	4,34%
N/A	7,10%	8,50%	5,49%	7,02%	7,02%
Number of responses	N=507	N=247	N=237	N= 484	N=23
No answer	14,04%	11,15%	12,55%	11,84%	11,84%

Have you ever taken time off work because of your mental health condition? (Q B3)

By country

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
No	28,88%	23,29%	34,35%	28,60%	34,78%
Prefer not to say	9,96%	5,22%	15,22%	10,02%	8,70%
N/A was not working	3,98%	4,42%	3,91%	4,18%	0,00%
Yes	57,17%	67,07%	46,52%	57,20%	56,52%
Nr of responses	*N= 502*	*N= 249*	*N= 230*	*N= 479*	*N= 23*
No answer	12,24%	10,43%	15,13%	12,75%	0,00%

What is the influence of your working situation on your mental health. (Q B4)
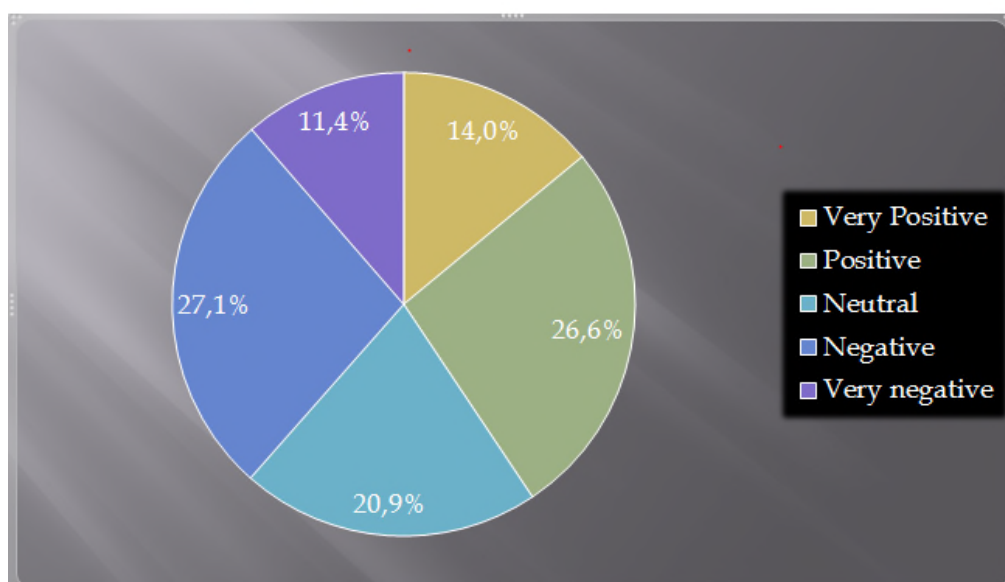
	all	EU 15	EU 13	EU non EU
	N=572	N=278	N=271	N=23
Very Positive	11,78%	14,74%	7,49%	21,74%
Positive	22,36%	27,49%	16,74%	21,74%
Neutral	17,56%	11,16%	25,11%	13,04%
Negative	22,75%	17,93%	28,63%	17,39%
Very negative	9,58%	7,57%	12,33%	4,35%
N/A I don't work	15,97%	21,12%	9,69%	21,74%
Number of responses	*N= 501*	*N= 251*	*N= 227*	*N= 23*
No answer	12,41%	9,71%	16,24%	0,00%

People with psychological problems who are working have (Bond et al., 2001; Bond, 2004):
- higher self esteem
- less psychiatric symptoms
- less social problems
- better quality of life

The last time you experienced mental health problems, how many working days did you have to take off from work because of your mental health condition? Please write the total number of days below. (Q B5)

By country

	all	EU 15	EU 13	EU non EU
	N=572	N=278	N=271	N=23
No	17,89%	15,00%	19,65%	31,25%
1 - 09	18,16%	17,22%	18,50%	25,00%
10- 29	17,34%	17,22%	17,34%	18,75%
30 - 99	32,25%	28,89%	36,99%	18,75%
100 - 199	5,96%	9,44%	2,89%	0,00%
200 -299	1,08%	2,22%	0,00%	0,00%
300 and more	7,32%	10,00%	4,62%	6,25%
Number of responses	*N= 369*	*N= 180*	*N= 173*	*N= 16*
No answer	35,49%	35,25%	36,16%	30,43%

The last time you had a mental illness, how was your productivity at work affected? In terms of productivity, please consider the amount of work you were able to complete, how much time it took you to complete work, and the accuracy or quality of your work. (Q B6.)
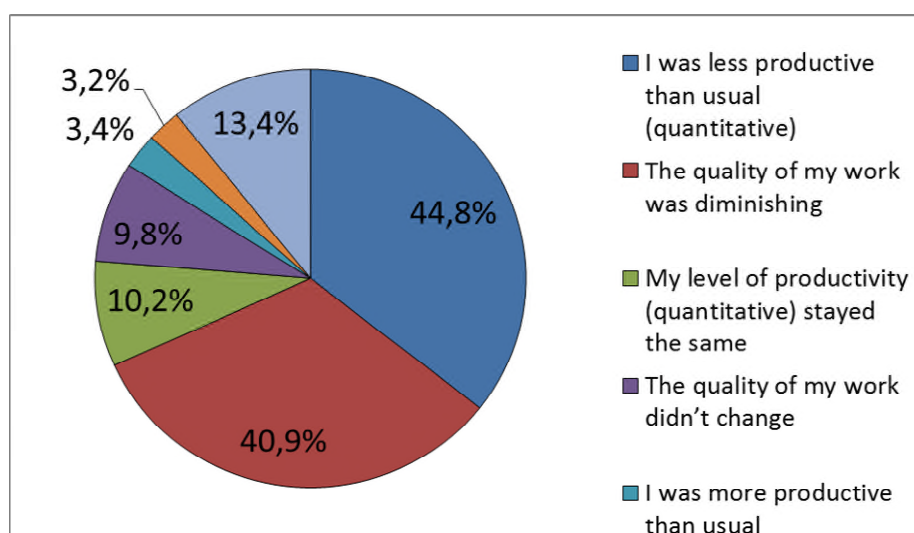
	all	EU 15	EU 13	EU non EU
	N=572	N=278	N=271	N=23
I was less productive than usual (quantitative)	44,77%	46,91%	42,15%	52,17%
The quality of my work was diminishing	40,91%	44,33%	37,67%	43,48%
My level of productivity (quantitative) stayed the same	10,23%	7,22%	13,90%	0,00%
The quality of my work didn't change	9,77%	10,82%	9,42%	4,35%
I was more productive than usual	3,41%	6,19%	0,90%	4,35%
The quality of my work improved	3,18%	1,03%	5,38%	0,00%
Don't know	13,41%	16,49%	12,11%	0,00%
Number of responses	*N= 440*	*N= 194*	*N= 223*	*N= 23*
No answer	23,08%	30,22%	17,71%	0,00%

<u>Consider the quality of their work less diminishing</u>: people living alone, people with the diagnosis of schizophrenia and members of patients associations.

<u>Consider the quality of their work more diminishing</u>: people with the diagnosis of bipolar and people working part time

Most research:
- Mental disorders ~ increased numbers of disability days and absenteeism (e.g. Kessler and Frank , 1997) => lower productivity

Comparison productivity => mental disorders and physical health problems (Dewa & Lin, 2000)
- Physical health problems: more "total disability days" (completely unable to function normally)
- Mental health problems: more "partial days" (partial unable to function normally) and "extra effort days" (function normally only with extreme effort)

If you currently do not work, how long have you been without work due to your mental health condition? (Q B7).

By country

	all	EU 15	EU 13	EU 28	non EU
	N=572	N=278	N=271	549	N=23
Less than a month	8,46%	10,14%	7,63%	8,98%	0,00%
Between one and six months	13,60%	9,42%	19,49%	14,06%	6,25%
Between six months and a year	10,66%	9,42%	12,71%	10,94%	6,25%
More than a year	67,28%	71,01%	60,17%	66,02%	87,50%
Number of responses	*272*	*138*	*118*	*256*	*16*
No answer	52,45%	50,36%	56,46%	53,37%	30,43%

Young people (-30) have a shorter period out of work than the 30/60 group
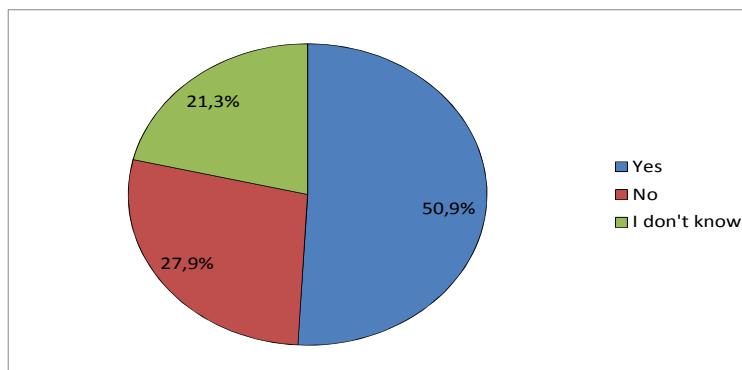
Non university group and people with diagnosis of schizophrenia have more long (+1year) periods out of work, people with diagnosis of depression less

Gamian Europe   "*Links between mental health and work*"   page: 16
This project was financially supported by an educational grant from Janssen Pharmaceutica and from Lundbeck

III. QUESTION FOR THOSE THAT ARE NOT WORKING

Do you want to get (back) to work? (Q C1)

By country

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
Yes	50,86%	49,12%	52,73%	50,89%	50,00%
No	27,87%	33,92%	21,82%	27,98%	25,00%
I don't know	21,26%	16,96%	25,45%	21,13%	25,00%
Number of responses	*348*	*171*	*165*	*336*	*12*
No answer	39,16%	38,49%	39,11%	38,80%	47,83%

Young people (-30) want to get to work more than adults people (30-60), older people (+60) lost hope…

How do you consider your situation? (Q C2)

Not working is considered as temporary situation, "I want to get back to work":
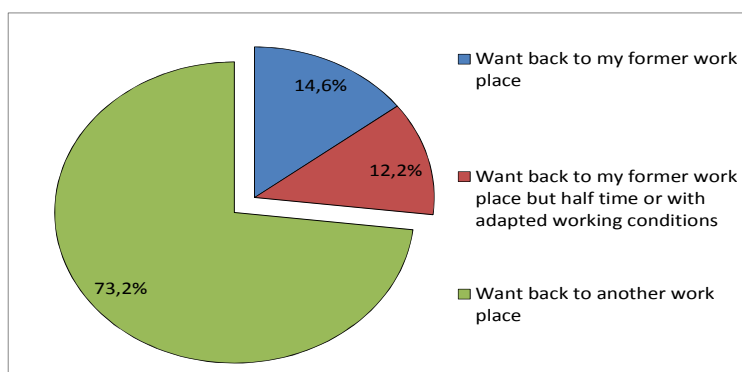
By country

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
Happy	24,48%	29,24%	19,23%	24,46%	25,00%
Not happy	39,23%	38,60%	39,74%	39,14%	41,67%
Want back to my former work place	5,31%	1,75%	9,62%	5,50%	0,00%
Want back to my former work place but half time or with adapted working conditions	4,42%	3,51%	5,77%	4,59%	0,00%
Want back to another work place	26,55%	26,90%	25,64%	26,30%	33,33%
Number of responses	*N= 339*	*N= 171*	*N= 156*	*N= 327*	*N= 12*
No answer	40,73%	38,49%	42,44%	40,44%	47,83%

Are not happy with the situation: More young people (-30), more people with diagnosis of bipolar and more people having worked in small companies are unhappy, respondents working in medium and large companies and older people (+60) have accepted the situation.

The preference to go to another place to work is more relevant with young (-30) and higher educated respondents and with people with diagnosis bipolar.

What are the barriers/thresholds preventing you to get (back) to work (in general)? Multiple answers possible (Q C3)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
Financial, in case of relapse I could lose my current allowances	16,26%	33,53%	16,56%	25,38%	25,00%
My health care team objects to my getting back to work	10,96%	20,00%	14,01%	17,13%	16,67%
My family objects to my getting back to work	6,05%	8,24%	10,83%	9,48%	8,33%
I fear relapse if I get back to work (in general)	22,87%	38,24%	32,48%	35,47%	41,67%
My symptoms make it impossible for me to work (in general)	26,65%	42,94%	40,13%	41,59%	41,67%
Other	17,20%	24,12%	30,57%	27,22%	16,67%
Number of responses	*N= 529*	*N= 170*	*N= 157*	*N= 327*	*N= 12*
No answer	40,73%	38,85%	42,07%	40,44%	47,83%

Male respondents and people with diagnosis schizophrenia are more considered with financial problems, less with family involvement and fear of symptoms

Respondent with diagnosis of depression have most problems with health care team objecting them to go back to work

More young people and female respondents fear relapse, and consider their symptoms as a barrier

Respondents living alone fear more financial problems and have less problems with relapse and symptoms

Less educated respondents fear more relapse

What are the barriers/thresholds preventing you to get (back) to your former workplace)? Multiple answers possible (Q C4)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
My symptoms make it impossible for me to get back to my former work	28,64%	34,97%	38,82%	36,83%	50,00%
I fear relapse if I get back to my former work	18,78%	28,83%	20,39%	24,76%	16,67%
My former employer doesn't want me back	15,73%	26,38%	13,82%	20,32%	25,00%
My former colleagues don't want me back	4,46%	6,13%	5,92%	6,03%	0,00%
Other	32,39%	42,94%	41,45%	42,22%	41,67%
Number of responses	*N= 426*	*N= 163*	*N= 152*	*N= 315*	*N= 12*
No answer	57,51%	41,37%	43,91%	42,62%	47,83%

Symptoms and the fear of relapse are everywhere the major barriers.

Study of Corbière, Mercier & Lesage (2004):
- Stressful events, pressure related to job, stress related to job search
- Lack of self-confidence
  - If efficacy (confidence to achieve vocational goals) in overcoming barriers (Bassett et al., 2001): longer unemployment, less self efficacy (Banks, 1995; Eden & Aviram, 1993)
- Prejudices employer, stigmatization
- Competition in the workplace
- Anxiety/fear

IV: ROLE OF THE SOCIAL ENVIRONMENT

When you are (or were) off work due to your mental health condition, do you (or did you) need the assistance of a carer (i.e. a family member or a friend)? And if so, does (or did) this person need to take time off work? (Q D1)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
No	**67,87%**	**66,50%**	**69,85%**	**68,16%**	**58,33%**
No – I did not require a carer	58,45%	51,72%	65,33%	58,46%	58,33%
No – My carer doesn't work	9,42%	14,78%	4,52%	9,70%	0,00%
Yes	**32,13%**	**33,50%**	**30,15%**	**31,84%**	**41,67%**
Yes – I required a carer and he/she had to take time off work to care for me	13,04%	14,78%	11,56%	13,18%	8,33%
Yes – I required a carer and he/she didn't have to take time off work to care for me	19,08%	18,72%	18,59%	18,66%	33,33%
Number of responses	*414*	*203*	*199*	*402*	*12*
No answer	27,62%	26,98%	26,57%	26,78%	47,83%

No significant differences between different categories

When you are(or were) off work due to your mental health condition, did you tell your employer that the reason you needed to take time off work was because of your mental health condition? (Q D2)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
Yes, I had to because he knew it anyway (because my doctor's certificate mentioned my mental health condition)	26,27%	18,54%	35,03%	26,62%	15,38%
Yes I told my employer; it was my decision to tell them	18,31%	19,51%	16,24%	17,91%	30,77%
No I did not tell my employer	32,53%	36,10%	27,92%	32,09%	46,15%
Not applicable	22,89%	25,85%	20,81%	23,38%	7,69%
Number of responses	*N= 415*	*N= 205*	*N= 197*	*N= 402*	*N= 13*
No answer	27,45%	26,26%	27,31%	26,78%	43,48%

No significant differences between different categories

If you didn't tell your employer about your mental health condition, what was the reason for not telling it? Multiple answers possible (Q D3)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
I felt that they wouldn't understand	15,59%	16,18%	13,48%	14,86%	50,00%
I felt it would put my job at risk, In this economic climate I felt that it was too risky	13,72%	16,18%	11,30%	13,80%	10,00%
I felt that my employer wouldn't know how to support / help me	8,73%	12,86%	4,78%	8,92%	0,00%
It's private – I wouldn't want to tell anyone	11,85%	9,13%	15,22%	12,10%	0,00%
I feared discrimination	13,72%	12,03%	15,65%	13,80%	10,00%
I feared I should be treated differently	11,43%	13,28%	10,00%	11,68%	0,00%
I didn't want to burden my employer with my problems	6,86%	5,39%	7,83%	6,58%	20,00%
Other	18,09%	14,94%	21,74%	18,26%	10,00%
Number of responses	*N= 481*	*N= 241*	*N= 230*	*N= 471*	*N= 10*
No answer	38,10%	38,83%	36,11%	37,53%	56,52%

Have in general more problems with their employer: male respondents, respondents living alone, people with schizophrenia diagnosis , higher educated respondents and young respondents

Respondents working full time, working in a small and medium company and those with diagnosis depression are most concerned with losing their job.

V ATTITUDE TOWARDS MENTAL HEALTH PROBLEMS

How do you evaluate the support someone with mental health problems requires at work? (Q E1)

1. Informal advice from friends or colleagues	++	180	31,47%
	+	197	34,44%
	+/-	137	23,95%
	-	33	5,77%
	--	25	4,37%

2. Support from a medical professional	++	291	50,87%
	+	173	30,24%
	+/-	71	12,41%
	-	17	2,97%
	--	21	3,67%

3. Support from my HR department	++	272	47,55%
	+	171	29,90%
	+/-	74	12,94%
	-	31	5,42%
	--	24	4,20%

| 4. Advice from external sources such as websites or printed materials	++	217	37,94%
	+	188	32,87%
	+/-	104	18,18%
	-	33	5,77%
	--	30	5,24%
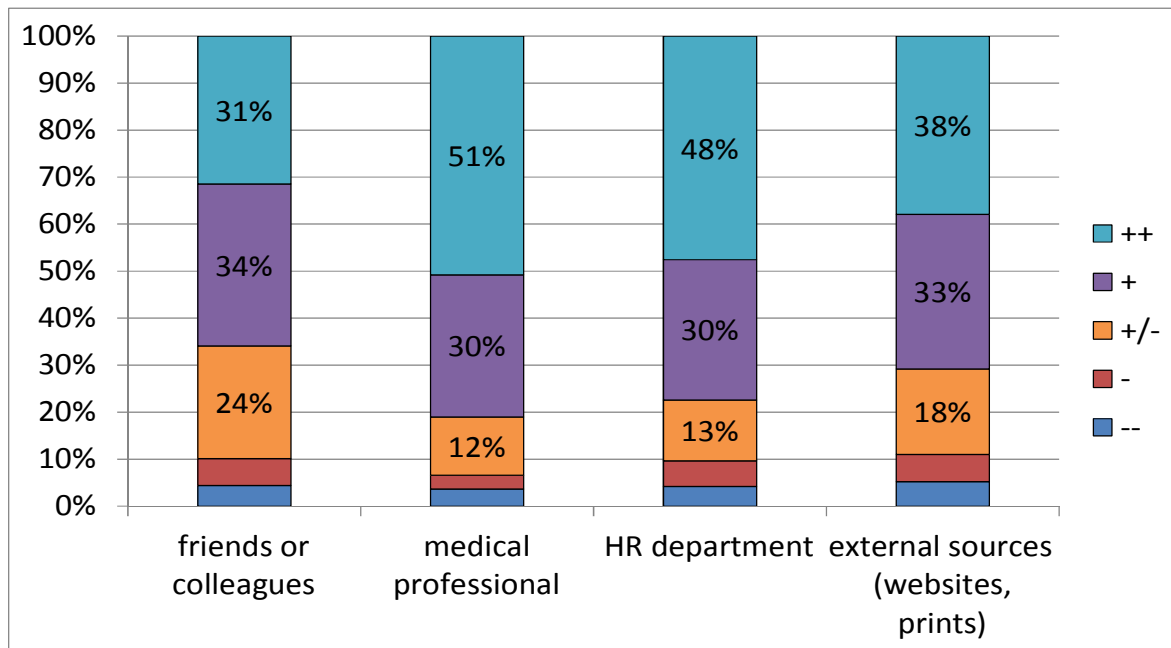
No significant differences between different categories

If someone in your workplace should develop a mental health condition, what impact, if any, do you think it would have? Multiple answers possible (Q E2)

	all	EU 15	EU 13	EU 28	Non EU
	N=572	N=278	N=271	N=549	N=23
It would make other employees feel uncomfortable	34,27%	34,89%	34,69%	34,79%	21,74%
It would generate conflicts	29,72%	35,97%	23,62%	29,87%	26,09%
It would not have an impact	29,37%	21,22%	36,16%	28,60%	47,83%
It would affect the mood of all employees	22,03%	24,82%	18,82%	21,86%	26,09%
It would cost the business money (insurance costs, replacement staff for days off work)	22,03%	30,58%	15,13%	22,95%	0,00%
It would cost the business money in terms of producing less	20,63%	27,34%	14,39%	20,95%	13,04%
Other employees would be less productive while at work	6,99%	6,47%	7,01%	6,74%	13,04%
Other employees would take extended sick leave	3,50%	2,52%	4,43%	3,46%	4,35%

Which, if any, of the following items do you think would be useful to support employees with a mental health condition in your place of work? (Q E3)
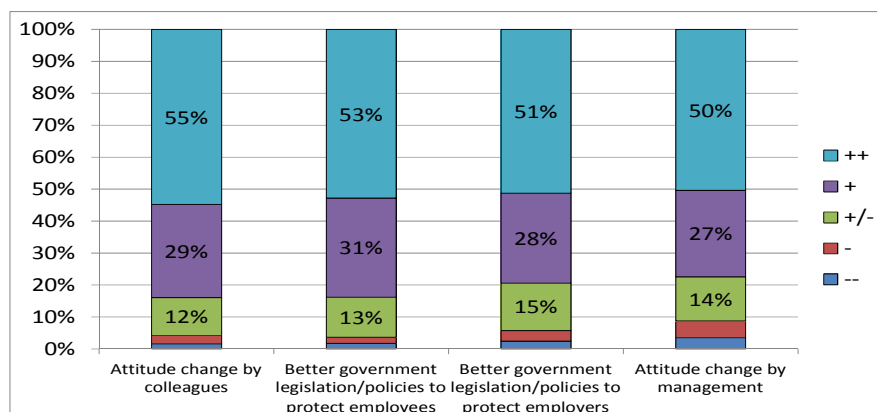
1. Attitude change by management	++	288	50,35%
	+	155	27,10%
	+/-	79	13,81%
	-	30	5,24%
	--	20	3,50%
2. Attitude change by colleagues	++	313	54,72%
	+	167	29,20%
	+/-	68	11,89%
	-	15	2,62%
	--	9	1,57%
3. Attitude change by my family	++	276	48,25%
	+	182	31,82%
	+/-	84	14,69%
	-	24	4,20%
	--	6	1,05%
4. Educational leaflets or brochures	++	244	42,66%

	+	210	36,71%
	+/-	85	14,86%
	-	26	4,55%
	--	7	1,22%
5. Training for HR teams	++	236	41,26%
	+	227	39,69%
	+/-	70	12,24%
	-	29	5,07%
	--	8	1,40%
6. Training for all employees	++	249	43,53%
	+	203	35,49%
	+/-	79	13,81%
	-	32	5,59%
	--	9	1,57%
7. Specific line manager training	++	235	41,08%
	+	204	35,66%
	+/-	91	15,91%

	-	29	5,07%
	--	13	2,27%
8. Counsellors or counselling services	++	239	41,78%
	+	191	33,39%
	+/-	104	18,18%
	-	25	4,37%
	--	13	2,27%
9. Better government legislation/policies	++	302	52,80%

to protect employees			
	+	177	30,94%
	+/-	72	12,59%
	-	11	1,92%
	--	10	1,75%
10 Better government legislation/policies to protect employers	++	293	51,22%
	+	161	28,15%
	+/-	85	14,86%
	-	19	3,32%
	--	14	2,45%

No significant differences between different categories

VI. CONCLUSIONS

Motivation to work is high!

Mental health has a strong influence on work and vice versa

Fear for relapse and presence of symptoms make it difficult to get back to work or keep a job.

Social aspect of work is very important -> relationship with colleagues

Need for effective treatments to ensure sufficient symptom reduction so that people can work again and keep their jobs!

Work leads to an increase quality of life -> A good life quality includes work !

More and effective programs for people with mental health problems to find work and keep their job.

Fighting stigma & change of attitude