Work and Mental Health

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SUMMARY

This dissertation focuses on two directions in the relationship between work and mental health. It examines consequences of work aspects for mental health, but also the effect of having depressive or anxiety disorders on functioning at work. The first question was whether specific combinations of the work role with family roles (having a partner and being a parent), result in anxiety and depressive disorders. Also the relationship between specific job characteristics with depressive and anxiety disorders was explored. Because the prevalence of depressive and anxiety disorders among women is twice the prevalence among men, also gender differences in the relationship between aspects of work and mental health were examined. Aspects of work in the sense of poor job characteristics or burdensome work and family role combinations may play a role in the explanation of the gender difference in mental health.

Depressive and anxiety disorders have enormous impact on functioning at work, such as absenteeism and poorer work performance while present at work. Therefore, it would be helpful to know more about specific depressive and anxiety symptoms that make job performance difficult. Which specific job characteristics may help persons with depressive and anxiety disorders to perform better at work, and which specific job characteristics may help to prevent absenteeism among depressed or anxious workers? The theoretical background and a model showing the supposed relationship between work and mental health on which this thesis was based, are presented in **Chapter 1**.

In **Chapter 2** the associations of social roles combinations (work-role, partner-role and parent-role) with the prevalence of depressive and anxiety disorders were examined using data from NEMESIS (n=7076). In this study also the contribution to the explanation of the female preponderance in the prevalence of depressive and anxiety disorders by the impact of social role combinations was explored. The results of this study showed that having more social roles was associated with a lower prevalence of depressive and anxiety disorders among both men and women. The work role, and particularly a higher number of working hours, was associated with a lower prevalence of depressive and anxiety disorders. However, concerning their mental health, men seemed to profit more than women from the work role. The positive effect of a high number of working hours on mental health also contributed to the explanation of the gender difference in the prevalence of depressive and anxiety disorders. Beside that, the partner role was a strong protective factor for mental disorders among both men and women, but the parent role had not such a pronounced effect. There was no indication found that the combination of more social roles (work and family roles) had a negative effect on women's mental health. Because most

healthy persons will be able to conduct more social roles, for the study in Chapter 2 a sample of persons without lifetime diagnoses of any mental disorder was selected to reduce this possible selection effect. However, the cross-sectional design of this study makes it impossible to draw any tentative conclusion about causality.

In **Chapter 3** the relationship between social roles and mental health over three years was examined in the NEMESIS study (n=7076). The longitudinal design of this study may help to explore the causal relationship between occupying multiple social roles and the incidence of depressive and anxiety disorders. In this chapter, a protective effect of multiple social roles over three years was only found for symptoms of depressive and anxiety disorders, but there was no evidence found for a higher risk or protective effect of having multiple social roles on developing diagnoses of depressive and anxiety disorders. Consistently with the results from Chapter 2, particularly the partner role had a strong positive effect on mental health. And more than the number of social roles, the quality of social roles seemed important for mental health. A poor quality of the work role seemed to be an indicator for poor mental health over three years. There was some indication that a good quality partner role, may buffer negative effects of a low quality work role on mental health. The effects of social roles on 3-year mental health in this study were similar for men and women.

Since the quality of social roles may be more important for mental health than the quantity of social roles, as concluded in Chapter 3, **Chapter 4** focuses on the quality of the work-role and examines its consequences for mental health data from NEMESIS (n=7076). According to the job demands/control model (Karasek, 1990), high psychological demands is an unfavourable job characteristic for mental health, particularly in combination with low job control (decision latitude) and low job security. Daily emotional support may buffer the effect of poor job characteristic on mental health. The results confirmed a causal relationship between higher psychological demands of a job with higher risks for depressive (and not anxiety) disorders, but no relationship of job control and job security with the incidence of depressive or anxiety disorders was found. Daily emotional support had a strong protective effect on the incidence of depressive (but not anxiety) disorders. Daily emotional support tended to be a conditional factor for the effects of job control and psychological demands. Neither working conditions, nor daily emotional support seemed to be an explanatory factor for the gender difference in the incidence of depressive and anxiety disorders.

The second part of this dissertation describes the effect of mental health on work functioning. Workers with mental disorders are likely to have problems with work functioning and often get

incapacitated for work. However, the ability to work for a person with mental health problems may also depend on specific characteristics of the job. In *Chapter 5* the association between reactions at work and being fit for work in a sample of 135 outpatients of a psychiatric clinic, AMSTAD (Amsterdam Study of Anxiety and Depression) was examined. A conclusion of this study was that understanding reactions at work from colleagues or supervisors were an important factor in determining the ability to stay in the job despite of a mental vulnerability.

Chapter 6 describes the results from a study among 1876 working men and women from NESDA (Netherlands Study of Depression and Anxiety, n =2981) with and without CIDI/DSM-IV diagnosed depressive and anxiety disorders, in which associations of more detailed psychopathological characteristics of depressive and anxiety disorders in the association with work functioning were examined and compared. The psychopathological characteristics were presence, comorbidity, type, duration and severity of depressive and anxiety disorders. As dependent variable, two measures of work functioning were used: absenteeism and decreased work performance while working. This study shows that depressive and anxiety disorders are associated with high odds of long-term absence and impaired work performance. More severe symptoms, comorbidity of depressive and anxiety disorders and a longer duration of the disorders increase odds of poor work functioning. Even persons with remitted diagnoses of depressive and anxiety disorders still have higher odds of poor work functioning. This is new and additional information in the knowledge about the association of psychopathology and work functioning, that can be very helpful for treatment and recognition of depressive and anxiety disorders and prevention of impaired work functioning among employees.

The study presented in **Chapter 7** examined the role of job characteristics in the association between psychopathology and work functioning. For this study, a sample of NESDA (Netherlands Study of Depression and Anxiety, N= 2981) was used. It shows that certain positive job characteristics countervail the risk of work absenteeism and performance risks. High job control, high job support and a lower number of working hours were found to be associated with lower odds of absenteeism and impaired work performance. In addition, occupational status was associated with work functioning. Being self-employed was associated with low odds of absenteeism, and both self-employed and high skilled manual workers had lower odds of impaired work performance. However, no indication was found that these job characteristics were particularly favourable for workers with current or remitted diagnoses of anxiety and depression.

The main results of this thesis are given in the discussion chapter (8). Having a job is mainly favourable for better mental health, though high job demands at work is a risk factor for the incidence of depressive (and not anxiety) disorders. Having a job was not harmful for women's mental health, even in combination with other social roles; the effect of having a job was particularly favourable for men's mental health. Important positive factors were a good quality of social roles and the presence of a partner.

High levels of social support and control over work tasks can help to prevent from poor work functioning and long term absenteeism among workers with anxiety and depressive disorders. Though psychopathology itself remains the most important risk factor for impaired work functioning, paying attention to job characteristics by the occupational medicine discipline may provide opportunities to improve work functioning among persons with depressive and anxiety disorders. It may help to reduce high costs caused by mental disorders in the work place.