Mental health problems and self-assessed work capacity as determinants of time until return to work. A prospective general population cohort study from Western Sweden

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Background
The aim of this prospective study was to investigate associations between mental health problems, self-assessed work capacity and time until return to work (RTW) in a cohort of individuals initially off sick in a new spell of all-cause sickness absence.
Methods
The study is part of the Health Assets Project, Västra Götaland's region, Sweden, 2008. All individuals (19–64 years) who reported sick between the 18th of February and 15th of April 2008 were included and received a mailed questionnaire on health, family and work situation. The final study population consisted of 1082 individuals (67% women) still off sick when answering the questionnaire. Register data on benefit compensated sick-leave days was used to estimate time until RTW. Self-reported persisting mental illness, WHO-10 mental wellbeing index and work capacity in relation to mental, physical, knowledge and collaborative demands at work were used as predictors. Logistic regressions were used to estimate odds ratios (OR) with 95% confidence intervals (CI) for the likelihood of late RTW (105–331 days off sick).
Results
A total of 54% had a late RTW. OR for late RTW were higher among those with persisting mental illness (OR 1.75 CI 1.21–2.52) and among those with low mental well-being (OR 2.18 CI 1.69–2.82) also after adjusting for age and gender. Individuals with low capacity in relation to knowledge (OR 2.06, CI 1.44–2.95) and collaborative (OR 2.04, CI 1.49–2.79) demands at work also had higher OR for late RTW. The association between persisting mental illness, low mental wellbeing and late RTW remained significant after adjusting for work capacity (each item separately) except for persisting mental illness adjusted for work capacity in relation to mental demands. The strongest OR was found between low mental wellbeing and late RTW after adjusting for age, gender and physical work capacity (OR 2.14 CI 1.64–2.78).
Conclusion
Mental health problems increased the likelihood of late RTW regardless of the impact of work capacity. Low mental wellbeing was a stronger predictor of late RTW than persisting mental illness. Thus it is important to identify and treat mental health problems in persons on all-cause sick-leave in order to promote RTW and avoid long durations of sickness absence.

M.3. Pro/con workshop: Priority actions for the noncommunicable disease crisis: implications of the UN high level meeting for the European region, one year later

Chairs: Gauden Galea, WHO/Europe and Iveta Nagyova, Slovakia

Organiser: WHO/EURO Division of Noncommunicable Diseases, Health Promotion & EUPHA section on Chronic Diseases

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Background
The spread of non-communicable diseases (NCDs) presents a global crisis; in almost all countries and in all income groups, men, women, and children are at risk of these diseases. In September 2011, world leaders met at the United Nations in New York to discuss noncommunicable diseases. Since that meeting, the World Health Organization (WHO) has been developing a Global Monitoring Framework and the United Nations Secretary-General is preparing to report to the 67th session of the General Assembly in September 2012 on ways to tackle noncommunicable diseases across different sectors. Three issues are high on the agenda: How to monitor progress in the implementation of the UN high level meeting Political Declaration? How to achieve effective multisectoral partnerships? What does this mean for Europe?
Workshop objectives and layout
This workshop aims to inform and stimulate further debate by reviewing the actions that resulted from the UN high level meeting, including the consultations on targets, indicators, and multisectoral partnerships and to identify the challenges for public health to fight NCDs in the European region. The workshop will be organized as a debate session consisting of two presentations. The first presentation will explore options for the way forward and the follow-up actions to be taken to move from high-level commitments to effective action. The second presentation will address the barriers, the inequity, and the readiness of all sectors to tackle NCDs meaningfully. Finally, a panel of experts will have an interactive discussion with the audience. The discussion will be stimulated by several provocative propositions from the two presentations.

United Nations high level meeting on NCDs: translating political commitments into effective action

Gauden Galea

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Issue/Problem
A relatively small group of health conditions is responsible for a large part of the disease burden in Europe. Of the six WHO regions, the European Region is the most affected by noncommunicable diseases, and their growth is startling. The impact of the major noncommunicable diseases-like cardiovascular diseases, cancer, diabetes, chronic respiratory diseases and mental disorders-is equally alarming: taken together, these five conditions account for an estimated 86% of the deaths and 77% of the disease burden in the Region.
Description
The main common risk factors, underlying determinants and opportunities for intervention for NCDs are well known.

Tobacco use, foods that are high in salt, fat, and sugar, harmful consumption of alcohol, and physical inactivity cause more than two-thirds of all new cases of NCDs and increase the risk of complications in people with noncommunicable diseases. The NCDs epidemic affects all countries, but low- and middle-income countries carry an additional burden as policies, legislations and regulations to tackle NCDs either do not exist or are inadequate in these countries. In addition, their health systems usually have fewer resources for the prevention and early detection of disease, as well as to provide comprehensive health care to those with diseases.

Results (effects/changes)

WHO/Europe develops norms and standards, guidance and public health tools to help countries implement effective programmes and address risk factors. In the year since the UN high level meeting, Europe has moved on rapidly and the Region has been a protagonist in the development of global thinking on the follow up.

Lessons

This presentation will review the process of consultation and development of the voluntary global targets and indicators. It will review the level of achievement to date, the level of coverage of the selected indicators, and the policy implications of these goals for European Member States. The multisectoral implications will be reviewed especially in the light of current challenges (the financial crisis) and innovations (such as the increasing adoption of food taxes). What does this mean for the public health practitioner in Europe?

Implementation of the UN Political Declaration on NCDs: barriers, inequity and challenges

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Issue/Problem

The UN Political Declaration on NCDs is a landmark achievement to start supporting countries in addressing NCDs and mitigate their health and socioeconomic impacts. Yet, thus far, member states, donor and international development community have been slow to respond. There is lack of adequate recognition of NCDs as a development issue, lack of coordinated approach to identify opportunities to support Member States in addressing NCDs and lack of clearly defined responsibilities across the UN System to scale up work on NCDs. Why we have not made greater progress? Part of the problem is that powerful corporations, and vested interests which influenced them, benefit from status quo.

Description

''Unhealthy commodities'' †''soft drinks and highly processed foods that are high in salt, fat, and sugar as well as tobacco and alcohol†'' are leading risk factors for chronic disease. The scale of their spread across Europe and into low- and middle-income countries is not known. Although there is preliminary evidence suggestive of consumption of unhealthy commodities and system of food trade and market integration, a systematic and global examination of this relationship is needed. Econometric analysis of market and industry data on retail sales and volume of these commodities in 80 countries from 1997 to 2010 has been used to describe trends in unhealthy food, beverage and tobacco commodities.

Results (effects/changes)

Unhealthy foods (processed foods, soft drinks, confection, oils and fats) are being consumed most rapidly in low- and middle-income countries, with little or no growth expected in Europe. The pace of increase is faster than has historically occurred in high-income countries. Multi-national companies have already entered food systems of middle-income countries to a similar degree as in European countries. Greater intake of unhealthy foods correlates strongly with higher tobacco and alcohol sales, suggesting common underlying consumer forces. Free-trade agreements with the United States appear to be a significant risk factor of higher soft drink consumption.

Lessons

Policies to limit exposure to unhealthy commodities as countries enter global trading markets may play a crucial role in reducing chronic disease risk in both Europe and developing countries. Prevalence of unhealthy commodities may serve as a quantitative indicator for future epidemics of NCDs, particularly in settings where surveillance is limited.

Panellists

- Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe WHO
- David Stuckler, University Lecturer and Senior Researcher, University of Cambridge, Department of Sociology, Cambridge, United Kingdom and London School of Hygiene & Tropical Medicine, Department of Public Health and Policy, London, United Kingdom
- Michael Hubel, Head of Health Determinants Unit, DG SANCO, European Commission (to be confirmed)
- Iveta Rajnicova-Nagyova, President of the EUPHA section on Chronic Diseases

N.3. IMMUNISATION POLICY AND PRACTICE

Knowledge and attitudes of Public Health residents to immunisation programmes from five European countries

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Background

The European Union recently encouraged Member States to increase health professionals awareness of the benefits of vaccines and strengthen support for immunisation programmes. Public health specialists are key to involving clinical doctors in reducing the burden of vaccine-preventable disease and taking an active stance promoting the benefits of MMR vaccination.

Objectives

This survey was developed by EuroNet MRPH (medical residents in public health) to investigate knowledge and attitudes of public health residents towards vaccine preventable disease and immunisation.

Methods

The survey involved public health residents from Italy, France, Spain, Portugal and the UK. It was translated and disseminated via email using an online platform, running from April 2nd to April 18th 2012. It included: self-reported knowledge on vaccines, awareness of epidemics and prevention campaigns, attitudes towards vaccination (perceived importance). Questions included likert scales (1–5).

Results

The total population of residents was 1514, of whom 1304 (86%) would have received the survey achieving a response rate of 25.2% (from 44% Portugal to 13.8% UK). When asked