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Prevention of common mental disorders in employees – Conception, study design and sample characteristics of a multi-target survey

Martina Michaelis [a,b], Rahna Lange [a], Florian Junne [c], Eva Rothermund [d], Stephan Zipfel [c], Harald Gündel [d], Monika A. Rieger [a,*]

[a] Institute of Occupational and Social Medicine and Health Services Research, University Hospital of Tuebingen, Germany
[b] Research Centre for Occupational and Social Medicine (FFAS), Freiburg, Germany
[c] Department of Internal Medicine VI, Psychosomatic Medicine and Psychotherapy, University Hospital of Tuebingen, Germany
[d] Department of Psychosomatic Medicine and Psychotherapy, University Hospital of Ulm, Germany

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ABSTRACT

Background: In Germany, no systematic approach is used to structure the cooperation of occupational health physicians (OP), primary care physicians (PP), and psychotherapists (PT) at relevant interfaces engaged in the prevention of common mental disorders (CMD) in workers. In our study, we aimed to gain insight into their perceptions and cooperation experiences, while also taking the view of human resource managers (HRM) into account. In this paper, we present the study design and sample characteristics.
Methods: In 2014, a questionnaire was sent to 1000 primary care physicians, 700 psychotherapists, 450 occupational health physicians, and 1426 human resource managers resident in the federal state of Baden-Württemberg, Germany.
Results: With response rates between 12% and 30%, only a marginal non-responder bias was found, but the disproportion of HRM in large enterprises was high.
Conclusion: Though our study is limited by partly low survey response rates, it provides a first and detailed standardized insight into the relevant professional interfaces preventing and caring for CMD of the working population.

1. Background

In Germany, one in four adults meets the criteria for a common mental disorder (CMD) within one year (Jacobi et al., 2014). The most frequently documented mental disorders are anxiety (15%), mood (9%) and substance use disorders (6%).

In addition to individual reasons, work-related psycho-social and psycho-mental factors have a high impact on the occurrence of stress-related disorders. In a recent systematic review, the authors found strong evidence that high job demands, low job control, low co-worker support, low supervisor support, low procedural justice, low relational justice, and a high effort-reward imbalance predict their incidence (Nieuwenhuijsen, Bruinvels, & Frings-Dresen, 2010). Furthermore, work environment factors, such as noise exposure, may have a negative impact on employees' mental health (Basner et al., 2014).

In addition to personal distress, common mental disorders create high costs to enterprises and the national economy due to absenteeism, medical costs, and early retirement. This trend has increased significantly during the last decades. Currently, every seventh day of work absenteeism has psychic or psycho-mental reasons. Furthermore, the average sick leave duration of 34 days is much longer than for physical disorders. With more than 40 percent of all cases, CMD are the main cause for granting disability pensions. In addition, the relevant proportion of annual early retirement has more than doubled over the past 20 years (Unger & Richter, 2015). Overall, common mental disorders in Germany cause direct costs of 29 billion and indirect costs of 45 billion euros p.a., according to economic estimates (Boedeker & Friedrichs, 2011). These developments, accompanied by stagnant revenue and an inefficient allocation of resources, need attention.

Occupational health physicians work in the primary, secondary, and tertiary prevention of common mental disorders in employees. Their work has interfaces with those of primary care physicians in all prevention sectors. The latter include specialists in general practice, in internal medicine working in general practice, and practical physicians without specialization (SVR, 2009). Due to

Abbreviations: CMD, common mental disorders; PP, primary care physicians; OP, occupational health physicians; PT, psychotherapists; HRM, human resource managers

* Correspondence to: Institut für Arbeitsmedizin, Sozialmedizin und Versorgungsforschung, Wilhelmstraße 27, 72074 Tübingen, Germany.
E-mail address: monika.rieger@med.uni-tuebingen.de (M.A. Rieger).

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Table 1
Main research questions.

(A) Attitudes from the professionals' point of view
1. To what extent do diverse work-related psycho-social and psycho-mental aspects affect the emergence of CMD and corresponding complaints?
2. How important is an employee's individual risk with regard to developing a CMD (predisposition)?
3. Who/which institutions should be particularly engaged in the prevention of CMD?
4. How important are diverse general prevention measures for the avoidance of CMD?
5. How important are workplace measures?
6. How strong is the general willingness in enterprises to become active in the prevention of CMD?
(B) Experiences with the respective other professional groups
1. Did respondents have any direct contact with the relevant other professional groups in the case of a patient's/ employee's CMD?
2. If yes, to what degree?
3. If active contact attempts failed, what was the reason?
4. Is there any experience in the cooperation with other (health care) professionals. If yes, how is it assessed?

the current fragmentation in German health care, linkages, treatment and cooperation pathways, as well as integrated structures with sectorial, interdisciplinary, and cross-specialist health care supply networks are still limited in the field of CMD (Hollmann, 2015; Bertelmann-Stiftung, 2009; Moock, Koch, & Kawohl, 2012). Moreover, although three weeks should not be exceeded waiting periods for access to outpatient psychotherapy last three months on average (BPtK, 2011).

While employers' mental health problem and prevalence awareness has improved significantly in the last decades, the maintenance of work and employability is becoming ever more important in light of increasing early retirement rates (Brohan et al., 2012).

However, workplace mental health policy improvement is slow (EU-OSHA, 2015), and systematic, guideline-supported cooperation structures are still lacking. This is criticized particularly by occupational health physicians, and to a lesser extent by practicing primary care and rehabilitation physicians, as exemplified in our preliminary qualitative and quantitative work (Preiser, Wittich, & Rieger, 2014; Preiser, Rothermund, Wittich, Gündel, & Rieger,

Table 2
Questionnaire operationalization (A): attitudes and attributions from the professionals' point of view.

Research questions (A)	Scaling extend/contents	Scaling format
1. Relevance of diverse psychosocial aspects in the work environment for the emergence of CMD and the corresponding complaints	12 items: the majority aiming at the main sectors in work sciences and also in the German GDA-strategy: work content, work organization, work environment, social relationships,[a] aligned with COPSOQ constructs[b]	4-point-Likert-scale Relevance: no, not all – rather no – rather yes – yes
2. Relevance of the individual risk of employees for developing a CMD (predisposition)	1 item	4-point-Likert-scale Relevance: no, not all – rather no – rather yes – yes
3. Attribution to professionals/ institutions, which should be particularly engaged in the prevention of CMD	24 items: overall 8 stakeholders in three fields, and assessments always requested for the primary, secondary and tertiary sector: – company level (1. *occupational health physicians,* 2. *human resource managers /superiors*, 3. *employee representatives*) – practicing level in the health care system (4. *primary care physicians*, 5. *psychotherapists*) – institutional level within the health care system with a prevention and care mandate (6. statutory health insurance, 7. statutory pension insurance, and 8. statutory accident insurance)	Dichotomous item Involvement: no – yes (additionally: 'I don't know')
4. Relevance of diverse general prevention measures to avoid CMD	13 items: further education covering – deeper knowledge of common mental or psychosomatic disorders (by PP, OP and HRM) – the acquisition of competences in psychosomatic basic care (by PP and OP) – work-related mental load (by PP, OP, PT and PV) – psychosomatic primary care (by OP) Better cooperation between members of the human resource management department and OP/ PT/ PP Financial incentives for psychotherapists for the early detection and intervention of CMD Financial compensation for activities of psychotherapists, e.g., for cooperation with PP	4-point-Likert-scale Importance: very unimportant – rather unimportant – rather important – very important
5. Relevance of prevention measures in enterprises to avoid CMD	18 items: fitting work requirements and individual performance of employees design of work conditions to reduce stressors in the work environment further education to deal with CMD or psychosomatic complaints for supervisors/human resource managers/employees support of supervisors and teams through coaching or supervision workplace health promotion (stress management training, endurance sports, low-threshold consultations by psychotherapists in the workplace)	4-point-Likert-scale Importance: very unimportant – rather unimportant – rather important – very important
6. Assessment of general willingness of enterprises to become involved in preventing CMD	1 item	4-point-Likert-scale Willingness: very low-rather low- rather high – very high

[a] GDA (2014).

[b] Items covering early COPSOQ constructs 'Quantitative demands', 'Qualitative demands', 'Leadership quality of superiors', 'Emotional demands at work', 'Influence and development at work', 'Work-privacy conflict', 'Social relationships at work' (Nübling, Stößel, Hasselhorn, Michälis, & Hofmann, 2006). Items covering later COPSOQ constructs/adaptions 'Work environment' (BMAS, 2015), 'Work processes' (BAuA, 2014), 'Working time organization' (Nübling, Vomstein, Schmidt, Gregersen & Nienhaus, 2010), 'Trust and fairness' (Pejtersen, Kristensen, Borg, & Bjorner, 2010) (here used as 'Leadership culture'). Self-constructed item 'Communication culture in the team/in the enterprise'.