

MENTAL HEALTH EUROPE

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

M·H·E
Mental Health Europe



**EESC hearing on precarious
work and mental health**

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Who we are

Mental Health Europe (MHE) is the largest independent European network organisation working to:

- **Promote** positive mental health and wellbeing
- **Prevent** mental health problems
- **Support** and **advance** the rights of people with mental ill-health or psychosocial disabilities



35+

YEARS OF ADVOCACY



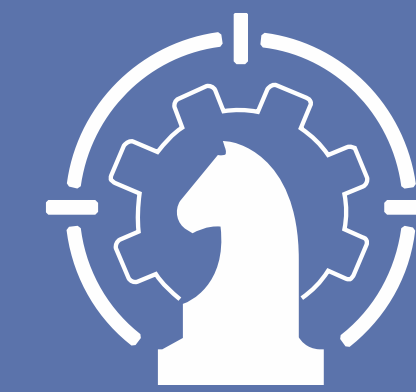
30+

EUROPEAN COUNTRIES



70+

MEMBER ORGANISATIONS



8

STRATEGIC PRIORITIES





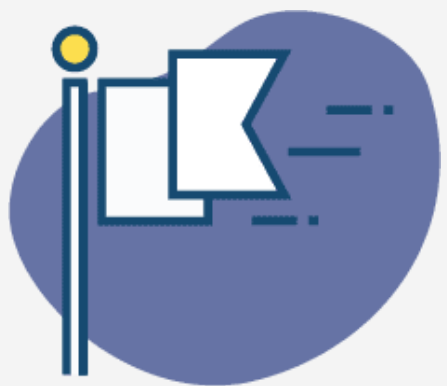
Our vision

A Europe where everyone's mental health and wellbeing flourish across their life course.



Our mission

To lead in advancing a human rights, community-based, recovery-oriented and psychosocial approach to mental health and well-being for all.



Our values

- Dignity and Human Rights
- Person-centredness, Independence & Autonomy
- Solidarity
- Innovation
- Independence
- Co-creation
- Collaboration



Our strength is in our members

We are proud to have a very broad membership

Our membership includes:

- Users and ex-users of mental health services
- Their families and carers
- National, regional and local mental health associations
- Service providers
- Professional bodies
- Research institutes and
- Individuals who share our values and desire to change for the better the lives and experiences of people with mental ill-health.



Core elements of precarious work

- **Financial instability:** uncertainty about the overall level of income and the schedule or flow of that income. Earnings associated to precarious work are usually inadequate and unpredictable;
- **Temporal uncertainty:** information on shifts to cover and their length might come with short notice and be partial;
- **Marginal status within the workplace:** precarious workers might have a "peripheral" status compared to other workers. They are more likely to have unpleasant and menial tasks, receive inadequate training and equipment, have little to no opportunity for professional development;
- **Employment insecurity** concerning the possibility to retain a job.



Behavioural impacts of precarious work

Due to the previously mentioned elements, precarious employment tends to lead workers to:

- **Overwork** and **overperform** (e.g., to demonstrate value and reliability to the employer or to cope with financial instability);
- Higher risk of **presenteeism** (continuing to work despite illness or injury);
- Tolerate of **poor or unhealthy working conditions** (e.g. being less prone to report bullying or safety concerns);
- Be **constantly available** to work regardless of their needs;
- **Compete** with other workers in a similar position;
- Constantly **look for employment**.



Psychosocial risks associated with precarious work

Psychosocial risk factors associated to precarious work are:

- Feeling **powerless** and unempowered to exercise **choice and control**;
- Feeling **isolated** at work;
- Lack of **purpose** and **motivation**;
- Lack of **professional development**;
- Low sense of **pride** and **job-satisfaction**;

Negative mental health outcomes associated with these risks include: stress, anxiety, depression, frustration, self-doubt, low morale, pessimism and loss of self-esteem.



The impact of precarious work on a worker's life

Personal economy and finances

- Complex budgeting decisions on what to prioritise;
- Debt, use of credit or informal borrowing;
- Inability to save money;
- Inability to plan one's future (e.g. leaving the parental home, homeownership, marriage and parenthood);
- Higher risks of poverty and material deprivation.

Health

- Being more prone to postpone dealing with health problems (e.g. if these might require time off work or cannot be financially covered);
- Poor working conditions might cause health problems;
- Irregular sleeping and eating habits.



The impact of precarious work on a worker's life

Social relationships

- Tension within the family and other social relationships as people might be unable to meet social and material needs;
- Inability to plan one's private life, social relations and create routines;
- Inability to contribute to one's community and feel/become integrated;
- Loneliness and social isolation.

Negative mental health outcomes include: frustration, dissatisfaction, low self-esteem/self-worth, hopelessness, meaninglessness, pessimism, exhaustion, anger, irritability, shame and guilt.



Is precarious work a well-being at work issue or a workers' health issue?

Mental health (WHO definition)

Mental health is a **state of mental well-being** that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and **contribute to their community**.

Work-related stress (ILO definition)

Distress or mental health problems can arise at work as response to the **imbalance** between the perceived **demands** and expectations of a job and the perceived **resources and abilities** that a worker has to cope with these demands and expectations.



MHE recommendations

- **EU Directive on preventing psychosocial risks and promoting wellbeing at work** – focusing on collective regulation and structural changes over individual responsibilities
- Policies and investments targeting **socio-economic and environmental determinants** of poor mental health and social exclusion (adequate social security coverage, adequate access to education and training, etc.)
- Policies and investments focusing on mental health **prevention, promotion** and **support** (e.g. adequate funding, early intervention, combating the stigma, equal access to support)

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For more information, visit: www.mhe-sme.org



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