RFAS

Revue française des affaires sociales

International and multidisciplinary call for papers (in English or French)

Psychosocial issues related to work.

Mental health and experiences

of work, unemployment and precariousness

For the October-December 2022 issue of *La Revue française des affaires sociales* (RFAS)

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This call for papers is addressed to researchers in sociology, economics, management, political science, philosophy, law, demography and anthropology, as well as contributors from occupational health and healthcare and medico-social fields.

Articles must be submitted before Thursday, 14 April 2022

Background: Beyond the "novelty" of PSRs

Initially in the context of a governmental demand for expertise, institutionalisation of the notion of psychosocial risks (PSRs) occurred at an accelerated pace in France in the early 2010s (Gollac, 2012). It reflected both concerns across Europe about the costs of work-related stress and a national turmoil caused by what commentators have described as "a suicide epidemic" in large, formerly state-owned companies (Waters, 2020). Such institutionalisation represented a turning point in the history of the national political issue of working conditions (Ughetto, 2011). While the French version of the call invites contributions on the assessment and perspectives to be drawn a decade later regarding the French institutional and cultural

specificities of policies, employment systems and expertise, its English version calls for national or comparative counterpoints on key cross-cutting issues.

Indeed, both academic and grey recent international literatures show related-to-work RPSs impact is not considered a new concept anymore. It represents now one of the major development areas being monitored in occupational safety and health. From the mid-1980s, the International Labour Organization had defined psychosocial hazards as the "*interactions between and among work environment, job content, organizational conditions and workers' capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction*" (ILO, 1986). Since then, countless studies have provided evidence that multiple aspects of work organisation, design and management subsumed under the term of "psychosocial environment" have the potential to cause harm to individual health and safety (e.g., anxiety, depression, burnout, heart disease, musculoskeletal disorders) or, conversely, play a positive role in well-being. In a context of rapid technological changes, an ageing working population and increased sensitivity to discrimination, the international and European concerns to promote concepts of *decent work* or *sustainable work over the life course*, has also been a driver of the adoption of policy frameworks related to psychosocial risk management. A number of policy approaches, both regulatory and voluntary, now exist in many countries around the world (Lerouge, 2017).

Beyond the novelty, international focus has shifted to **the evolving nature of PSRs**. Since the great recession, the awareness of having to live, work and act in an uncertain world has been deeply reinforced. In particular, new challenges of the globalization, automation and digitalization are perceived as drivers of constant disruption of current labour makets and working practices. Job insecurity, whose effects on both mental and physical health are documented (Green, 2020), tends to take the form of a diffuse structural precariousness of labour. As a result, PSRs are reconsidered as forming an evolving landscape of *emerging risks*[1]. This focus on uncertainty went along with an emphasis on the policymakers needs for foresight research. Methods as Horizon scanning are encouraged to be used as common techniques in the field of PSRs (Cox and al., 2014). The experience of the global Coronavirus pandemic should radicalize this orientation. Expert literature (Williams, 2020; INRS, 2020) and the new EU strategic framework on OSH 2021-2027 shows a close association between, on the one hand, the awareness that the successive waves have already had severe consequences and will have a long-lasting impact on workforce mental health and well-being, and on the other hand, the need to imagine possible scenarios of the future of occupational health[2]. Regarding the capacity of legislative frameworks and occupational health service infrastructures to tackle the challenges, dominant assessments in the international literature

[1] According to EU-OSHA, an "emerging OSH risk" is understood to be "any risk that is both 1) new - the risk was previously non-existent and is caused by new processes, new technologies, new types of workplace, or social or organisational change; or a long-standing issue is now considered to be a risk due to new scientific knowledge or a change in public perception, and 2) increasing - the number of hazards contributing to the risk and the likelihood of exposure to the hazards are rising, and the effects of the hazards on workers' health are getting worse" (Schneider, 2014).

[2] One of the three cross-cutting European objectives 2021-2027 is "strengthening preparedness for potential future health crises".

point to the need for more innovative policy models and/or the lack of effectiveness of current institutional frameworks (gap of implementation, gap of coverage, gap of human resources capacity) (Jain and al., 2021).

Although informative and significant, a large part of the international literature undermines controversial aspects of the issues at stake. Three of them are particularly under-questioned from contrasting national perspectives. First, the growing importance of standards, which was recently highlighted by the adoption in June 2021 of ISO 45003. Praised as the first international standard on the management of psychological health in the workplace, which incorporates the 45001 standard in the area of PSR, it has been debated, particularly by France and the European Trade Union Confederation. Second, the recognition of work-related mental disorders as occupational diseases and the understanding of occupation-specific suicide risk. There is a striking discrepancy between the research and policy concern to identify and prevent PSRs and the attention given to "the mechanisms of non-recognition and also underrecognition of work-related mental disorders, and consequently their undercompensation" (Barlet and Prete, 2021, p. 62). While the over-suicidality of the unemployed has been documented by several epidemiological studies (e.g., Chang and al., 2013), the processes and scenarios that can push individuals to take their own lives in connection with adverse employment are little surveyed in the present historical juncture. Third, the same applies to the links between occupational mental (and physical) health and social and environmental justice activism. For instance, following mobilizations by employee groups, France has set up a special compensation scheme for the anxiety damage (*préjudice d'anxiété*) due to asbestos exposure. Insights into such issues and claims from other national contexts would be useful.

Objectives

This call for papers is part of a research programme that began in 2018 in the form of a seminar held by the Department for Research, Studies, Assessment, and Statistics (DREES) Research Mission (Ministry of Health and Solidarity), the National Observatory for Poverty and Social Exclusion (ONPES) and the Office for Labour and Health Conditions of the Research, Economic Studies and Statistics Department (DARES – Ministry of Employment) (Desprat (ed.), 2020). Two main guidelines of hypothesis for further knowledge emerged. The fist one is that the international mental health paradigm, based on the principle of social inclusion, which is applied differently across countries, has currently interferences with basic principles of occupational health prevention (primary, secondary, tertiary prevention) but undoubtedly following complex ways. These interferences must be therefore better documented. The second assumption is that the psychosocial issues linked to contemporary work force increase the structural difficulties of analysing the links between health and work, in particular those relating to the articulation of their three main facets, namely work as a harmful factor, work as a health provider and work as a selection factor by health (Bouffartigue and al., 2010).

Given its background and objectives, the call hopes to gather the most heuristic contributions and challenging theorical and empirical analysis. Proposals for articles may fall

under one or more of the following themes. Papers addressing **hybridization of the fields of occupational health and mental health** and **suicidality** are particularly welcome. Gender, socio-professional and generational or age-related dimensions are considered crosscutting to the issues at stake and can be positioned at the core of contributions.

Axis 1: The mediations of contemporary work organisations

In some ways, *mental health* can be seen as a definitively vague concept and indeed it is polysemous as a paradigm promoting social inclusiveness with reference to the WHO's holistic definition of health[3]. In the worlds of work, it has helped to focus attention on the multiple dimensions of job quality (Eurofound, 2017), beyond the 'traditional' risks (physical, chemical, biological hazards) on which insurance and prevention systems have historically been built. Statistical surveys now regularly publicise and quantify aspects of the pressures of work that were previously largely understated. These aspects include, among others, emotional demands, conflicts of values and the insecurity of the employment situation, as well as their distribution in the space of socio-professional positions (Beque and Mauroux, 2017). The increasingly prevalent concept, *psychosocial*, points to the ways in which subjective experience is interwoven with social life. Between the psychic and the social, what place and role for the mediations represented by work organisations and activities?

Typologies of productive structures

Whether they are based on qualitative, quantitative or mixed methods, typological approaches that differentiate forms of organisation on criteria relating to the characteristics of the activity, hierarchical structures, managerial methods or pace of change, are more necessary than ever for investigating the mediations between economic, technological and financial determining factors of production logics on one hand and experiences of being in a possibly insecure job on the other. As such, while lean production and management using quality standards have been the focus of attention, documenting how they are implemented in the different productive settings and the varied ways in which they can be applied (Bouville and Schmidt, 2017) has yet to be studied in depth.

Two aspects of the determining factors of organisational logics in terms of PSRs are blind spots in the analysis of mediation: the intensity and forms of *job exit* and the role of middle management. Quitting is one of the oldest spontaneous forms of combating fatigue and arduous conditions by workers. To what extent can turn over, labour shortage and absenteeism in specific productive contexts be analysed as being linked to mental health issues? The key role of management as being particularly well placed to understand and deal with manifestations of ill-being in their operational setting, is regularly brought to the fore in a generic way. But what is the situation in practice? This question is particularly relevant in relation to companies that purport to be proactive in terms of initiatives promoting employee

[3] "Health is a state of complete physical, mental and social well-being and not merely the absence of disease" (WHO).

well-being, whether they claim *slow management* practices or philosophy of the "freedom-form company".

Independent workers, Algorithmic management and Teleworking

As they are not covered by the occupational accident/illness insurance scheme and not monitored by occupational health services, independent workers conditions both question and change the working world in all its diversity. Whether they have a profile of "traditional" self-employed workers (craftspeople, shopkeepers, farmers), freelancers or self-employed workers on platforms, their work organisation require a set of underdocumented mediations that link the "health" of their activity to their own health (family resources, marital support, small work group with a more or less informal way of working, expert advice, etc.).

The number of employees who work under computerised control or monitoring has increased, often along with fragmented work and exposure to more time constraints. These employees may therefore be faced with a contradictory order: to achieve more with less. The understanding of this trend can be the subject of papers in the light of the Covid-19 crisis and its consequences. The accelerated but uneven spread of telework has effects to be studied on the segmentation and even reinforced polarisation of the workforce (skilled activities requiring non-routine cognitive skills versus non-routine unskilled manual tasks, often involving human interaction). "When the production system is unsteady because society alternates between periods of crises and periods of calm, businesses are tempted to use independent contractors to simplify social management of staff and increase flexibility" (INRS, 2020, p. 13). Case studies of how workers experience these logics that challenge classic concepts such as workplaces, labour contracts, working time, rest periods, etc. are particularly welcome.

Axis 2: Margins of workplaces – interferences between Occupational health and Mental health fields

On the margins of classic effective, and full labour relations, there are many potentially critical situations for mental health. Understudied continuums may also exist between these situations experienced under various statuses (long-term or intermittent unemployment, statutory minimum allowances, disability, incapacity, long-term or repeated sick leave). Contributions on two themes would help to understand French specificities.

Mental health issues among workers with insecure jobs and the unemployed

In France, support for jobseekers is the poor relation of PSRs prevention. The number of employees with flexible and irregular working hours and part-time work, "atypical" contracts has raised. "*The multiple statuses and the number of insecure workers who work within the company are another difficulty that makes their medical monitoring very complex. This inequality with workers on permanent contracts calls into question the knowledge of occupational health problems and the detection of social inequalities in health. The paradox of job insecurity is that it conceals its own effects on the health of insecure workers*"

(Lerouge, 2017). What about this invisibility and grey areas of employment in other countries?

Occupational integration in the treatment of people with mental/psychic disability

In France "psychic disability" has been recognized by the 2005 law "on equal rights, opportunities, participation and citizenship for individuals with disabilities". The disability is assessed according to the limitations it causes on everyday life, which are measured by a permanent disability rate. The disabled adults' allowance (AAH) is awarded to people with a permanent disability rate of 80% or more. People with a disability rate between 50% and 79% are eligible for the allowance if they have been deemed as having a significant and long-term restriction on access to employment. Since the 1990s, people with psychic disabilities have represented the largest quota of recipients at this rate of 50%.

What are nowadays national mental health programs and devices for rehabilitation and return-to-work? How employement support can be used in new care models based on the integration of mental health in a holistic approach of health (Naylor and al., 2017)?

Axis 3: Prevention, recognition and compensation: conditions, actors and categories.

Prevention

Psychosocial risks and their management are among the employers' responsibilities as stipulated in the founding European directive of 1989[4] as it obliges employers to address and manage all types of risk in a preventive manner and to establish health and safety procedures and systems to do so. Occupational Health and Safety systems form complex sets with strong national specificities. Their legitimacy can be assessed very differently depending on the stakeholders of the system and the functional or normative point of view adopted, as was highlighted in the British case (Almond and Esbester, 2016). How they evolve to integrate PSR prevention, which is more complex than the safety cultures that may have developed in the era of dominant manual working environments, remains an open question. How can prevention practices really meet local conditions in the diversity of workplaces and organisations? One main critical issue is the right combination of regulatory obligations and incentives and voluntary approaches. The former are often associated with the negatives of bureaucracy (complexity and red tape); the latter with a commercialization of health and safety and the perception of a profit-driven service industry where badly qualified consultants and even rogue advisors thrive (e.g., stress and harassment businesses). What findings on implementation of quality management of RPSs as promoted by the recent ISO 45003? Is it suitable for small and medium-sized enterprises (SMEs) and a holistic approach to occupational risk[5] as pointed out by the French experts in the negotiation of this standard?

[4] Framework Directive 89/391/EEC on Safety and Health at Work.

[5] A growing body of literature demonstrated the association between psychosocial risks and one of the most common work-related complaints across developed countries, i.e., musculoskeletal disorders.

In connection with this, contributions could focus on the role of authorities and professionals involved in the prevention of mental health problems (workers representatives, associations, expert networks, health and safety inspectors, occupational physicians and occupational health services, etc.). This is particularly the case for trade unions, that may see the issue of mental health as a new way of making wage demands and an opportunity to attract a part of the workforce that is reluctant to take collective action Lastly, what can be expected from some of the most engaging suggestions in terms of corporate social responsibility CSR, such as that of indexing the pay of executive managers to the social performance of their organisation, including occupational health indicators?

Recognition and compensation

One of the few cross-national publications on the inadequacy of current insurance systems introduced the issue in a synthetic way: "*the subject of work-related disorders is regularly examined from the prevention viewpoint. (...) While it is now commonly accepted that the work environment can have an impact non only on the physical health but also the mental health of workers, there is no consensus on the question of recognition of work-related mental disorders as occupational diseases or work accidents in Europe. Under some conditions, a mental disorder can already be recognised as an accident at work or as a sequel of an accident at work. (...) However, a growing number of workers now report that they are suffering from disorders such as depression, concentration and sleep disorders and job burn-out which are suspected to be caused not but single traumatic events but by work organisation and working conditions, management methods, violence or changes and restructurings taking place in the company, etc*." (Eurogip, 2013, p. 3).

The recent French context has been characterised both by the failure to recognise burn out as an occupational disease and the "France Télécom" judgment of December 20, 2019 which recognizes the criminal responsibility of France Télécom and its leaders for a general company policy destabilizing and stressing a community understood by the judges as «*institutional moral harassment*» (Lerouge, 2021). What about other notable national developments in work-related mental disorders or deaths recognition through criminalization or a complementary system of recognition of diseases not registered on the official list? What are the distinct paths of complaints regarding mental health problems compared to those involving "material" damage?

Expertise and national meanings of categories

In scientific or expert analysis, words used to talk about the ills of work are different from one country to another. For example, the category of suffering at work seems to have (had?) a prevalence in France that is out of all proportion to the Anglo-Saxon approach, which favours stress at work (Champion, 2014). The same is probably true for the attention given to suicides related to working conditions. Conversely, other categories, such as *vulnerability* to adverse working conditions support common perspectives in the context of comparative or cross-national statistical surveys (Greenan and Seghir, 2017).

Such variations and similarities raise several questions regarding the issue of national expertise. How does sensitivity to certain work ills rather than others evolve in relation to

national normative contexts and the self-fulfillment values they impose (Hacking, 1998), as it has been sociologically pointed out with the link between rise of depression and injunction to ben a autonomous individual in France (Ehrenberg, 2016)? It has also been well known for some time that expertise is a major factor in the negotiated nature of health problems (including those at work). By adopting an interdisciplinary perspective, the focus could therefore be on the profiles of experts, their work, and their conflicts of legitimacy in terms both of prevention and recognition-compensation.

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before Thursday 14 April 2022