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Chapter 1 : Trending Topics | Revolvly

The practice of group work.. to link community mental health with labor, by H.J. Weiner
The community: A function for the social worker in the antipoverty.

Huelva, , Spain Corresponding author. This article has been cited by other articles in PMC. Abstract Background Discrimination is an important determinant of health inequalities, and immigrants may be more vulnerable to certain types of discrimination than the native-born. Methods A cross-sectional survey was conducted amongst a non-random sample of immigrants from Ecuador, Morocco, Romania and Colombia in four Spanish cities: Barcelona, Huelva, Madrid and Valencia. A factorial analysis of variables revealed three dimensions of perceived discrimination due to immigrant status, due to physical appearance, and workplace-related. The association of these dimensions with self-rated health, mental health GHQ , change in self-rated health between origin and host country, and other self-reported health outcomes was analysed. Moroccans showed the highest prevalence of perceived discrimination. Immigrants reporting discrimination were at significantly higher risk of reporting health problems than those not reporting discrimination. Workplace-related discrimination was associated with poor mental health aOR 2. Conclusions Discrimination may constitute a risk factor for health in immigrant workers in Spain and could explain some health inequalities among immigrant populations in Spanish society. Background Discrimination is considered a determinant of health and health inequalities [1 - 4]. Discrimination may be exercised by an individual, a group of individuals, or by public and private organisations when they fail to attend equally to the needs of groups in less favourable socioeconomic situations [5]. From a social epidemiology perspective, it is relevant to analyse how discrimination is reproduced along gender lines, through social class or through ethnicity in order to reach an effective understanding of the phenomenon [6]. The immigrant population, which often represents ethnic groups different from those of the native population, is especially vulnerable to discrimination [7]. Immigrant populations face significant barriers in overcoming social and economic inequalities, in part due to institutional racism and other forms of discrimination, resulting in poor health-related indicators [8]. Scientific research has reported that the lack of a job contract, lack of social support, difficulties in communication, low level of education and cultural identity cultural mores and values are factors that may contribute to the discrimination experienced by the immigrant population [2 - 4 , 6 , 9 , 10]. In addition, scientific evidence associates experiences of discrimination with worse self-perceived health [11], a higher prevalence of chronic diseases [12 , 13] and mental health problems [14 - 17]. In the past two decades, Spain has experienced a dramatic influx of immigrants from other countries. Most of them emigrated primarily for economic and work-related reasons [18 , 19]. The demand for non-skilled labour during this time period has meant that immigrant workers, rather than natives, generally occupy the most precarious and temporary jobs, and their access to more qualified positions has been limited [20 - 23]. The lack of job mobility, combined with difficulties in financing basic needs and in access to public resources, constitutes a factor of discrimination borne by the immigrant population [9 , 24]. Nevertheless, the extent to which working conditions and job sector have an effect on the relationship between perceived discrimination and state of health has been scarcely explored [2 - 4 , 10]. In a qualitative study consisting of 84 interviews and 12 focus groups with members of immigrant communities in Spain Romanians, Moroccans, Ecuadorians, Colombians and Sub-Saharan Africans , we found that discrimination from bosses and other employees, as well as discrimination experienced in daily surroundings, affects the job security, physical health, and mental health of immigrants [7]. It is also important to establish the prevalence of discrimination in immigrants with working experience in Spain and the specific association between the types of discrimination experienced and the health status of immigrant workers. A 74 item questionnaire was developed with the aim of gathering information on socio-demographic characteristics, migration processes, employment and working conditions, and physical and mental health of immigrants working in Spain available upon request. The questionnaire was

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developed based on the results of a previous qualitative study of the ITSAL Project [20 , 22] and piloted with a sample of 35 foreign-born workers in order to improve intelligibility and to assess time to completion and internal consistency [25]. Individuals included in the sample were required to meet the following inclusion criteria: Foreign-born workers with Spanish citizenship or those married to a native Spaniard were excluded. Quota sampling methodology [27] was used for each sample, with a quota set by nationality, gender, and area of residence in Spain. This strategy was used in order to obtain statistical data for each group of immigrants. All selected individuals meeting the inclusion criteria were invited to participate in the study and were provided an informational letter explaining their rights and guaranteeing individual confidentiality. Participation was voluntary, with consent implied by the decision to complete the survey. Face to face interviews were conducted from April to June , with a Interviewers received training with the questionnaire and survey techniques prior to the fieldwork in order to facilitate their interactions with immigrant populations [25].

Variable Definitions For the purposes of this study, perceived discrimination was determined by answers to the question: To evaluate health status, certain physical and mental health indicators were used separately: Have you ever had some of these problems: All health questions referred to the year prior to the survey. We assigned different scores to each variable 0 good; 1 poor. Other variables were included in the analysis as possible confounders: Data analysis We regrouped discrimination items into several categories by means of a factor analysis [30]. Finally, the extraction method used was through principle component analysis using varimax rotation. These categories were not mutually exclusive One person can perceive more than one type of discrimination. Table 1 Results of the factorial analysis rotated component matrix derived from the response alternatives to the questions about perceived discrimination Components:

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Chapter 2 : The effect of perceived discrimination on the health of immigrant workers in Spain

The practice of group work by J. B. Peterson and C. H. Sturgies
The trade union: A group approach to link community mental health with labor, by H. J. Weiner.

Definition[edit] In neoclassical economics theory, labor market discrimination is defined as the different treatment of two equally qualified individuals on account of their gender , race , [1] age , disability , religion , etc. Discrimination is harmful since it affects the economic outcomes of equally productive workers directly and indirectly through feedback effects. Differences in outcomes such as earnings, job placement that cannot be attributed to worker qualifications are attributed to discriminatory treatment. It is important to note that the process is as important as the outcomes. Civil Rights Act of , the movement towards equality has slowed down after the mids, especially more in gender terms than racial terms. Many studies find that qualification differences do not explain more than a portion of the earnings differences. The portion of the earnings gap that cannot be explained by qualifications is then attributed to discrimination. One prominent formal procedure for identifying the explained and unexplained portions of the gender wage differentials or wage gap is the Oaxaca-Blinder decomposition procedure. This approach has the advantage of studying economic outcomes of groups with very similar qualifications. However, it is difficult to determine the extent to which this is the result of racial discrimination. Although the gap in earnings between men and women was very small immediately after graduation, it widened in 15 years to the point that women earned 60 percent of what men earned. Other studies on relatively homogeneous group of college graduates produced a similar unexplained gap, even for the highly educated women, such as Harvard MBAs in the United States. One such study focused on gender wage differences in between the college graduates. The researchers took college major, GPA grade point average and the educational institution the graduates attended into consideration. Yet, even after these factors were accounted for, there remained a percent pay gap based on gender. Another study based on a survey of all college graduates had similar results for black and white women regarding gender differences in earnings. However, the results of earnings were mixed for Hispanic and Asian women when their earnings were compared to white, non-Hispanic men. A study looked at Harvard graduates. The results showed 30 percent of the wage gap was unexplained. Therefore, although not all of the unexplained gaps attribute to discrimination, the results of the studies signal gender discrimination, even if these women are highly educated. Human capitalists argue that measurement and data problems contribute to this unexplained gap. In order to examine racial discrimination, the Urban Institute relied on a matched pairs study. The job position was entry-level. Thus, they matched pairs of black and white men and pairs of Hispanic and non-Hispanic men as testers. The testers applied for the advertised openings for the new positions. In addition, they went through training sessions for the interviews. If both people in the pair were offered the job or if both were rejected, the conclusion was there was no discrimination. However, if one person from the pair was given the job while the other was rejected, then they concluded there was discrimination. The Institute found out that black men were three times more likely to be refused for a job compared to white men; while the Hispanic men were three times more likely to be discriminated. The percentage for interviews was by 10 percent more for the white testers. Among those interviewed, 50 percent white women were offered the job, while only 11 percent of black candidates received jobs offers. The white testers were also offered higher pay for the same job in cases where the same job was also offered to the black testers. The pay difference was 15 cents per hour more for the white candidates. Furthermore, black women were "steered" toward lower level jobs, while white women were even given some higher-level positions that were unadvertised. A matched-pairs study of homogeneous group audit experiment was done in the restaurants in Philadelphia , United States. Also, the resumes were written in a three-level scale based on the qualifications of the pseudo applicants and resumes for each qualification level were delivered in three separate weeks. The results showed that male applicants were favored significantly. Men had higher interview callbacks or job offers. In addition,

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men did even better in high-pay restaurants compared to low-pay ones. In the low-price restaurants, for each man who received a job offer, the woman was rejected 29 percent of the time. There were no such cases where a man did not get the job offer but a woman did. In the high-priced restaurants, when the man got an offer, the woman was rejected 43 percent of the time. The same pattern that signaled discrimination was observed for the interviews. At the high-priced restaurants, women had 40 percent less chance of being interviewed and 50 percent less chance of receiving the job. Therefore, based on this study, it is correct to conclude discrimination in the same job may lead to gender wage discrimination. Note the high-priced restaurants are more likely to offer higher wages and higher tips for its workers compared to those with low prices. Thus, only the skills were considered. In other words, a change occurred. This study tests for discrimination directly. The finding implies there was gender discrimination against woman musicians before the adoption of the screen on identity. However, this discriminatory practice was eliminated after the adoption and only qualifications of the individuals were taken into account. However, the qualifications written in the resumes are comparable. From court cases [edit] Darity and Mason [] summarize the court cases on discrimination, in which employers were found guilty and huge awards were rewarded for plaintiffs. They argue that such cases establish the existence of discrimination. Some examples are the following: Petersburg Times, , pp. The six black workers, who were the plaintiffs, gave the taped racist comments of the white corporate officials as evidence Inter Press Service, ; The Chicago Tribune, In , the General Motors Corporation was sued both for gender and racial discrimination the Christian Science Monitor, In , the plaintiffs of the Pitney Bowes, Inc. Neoclassical explanations [edit] Neoclassical labor economists explain the existence and persistence of discrimination based on tastes for discrimination and statistical discrimination theories. While overcrowding model moves away from neoclassical theory, the institutional models are non-neoclassical. His argument is as following: Similarly, the customers who discriminate against certain kinds of workers in favor of less effective have to pay more for their services, in the average. As Becker conceptualized, discrimination is the personal prejudice or a "taste" associated with a specific group, originally formulated to explain employment discrimination based on race. The theory is based on the idea that markets punish the discriminator in the long run as discrimination is costly in the long run for the discriminator. There are three types of discrimination, namely: Thus, the non-pecuniary cost brings an additional cost of discrimination in dollar terms; the full cost of employing women is the wage paid plus this additional cost of discrimination. For the total cost of men and women to be equal, women are paid less than men. In the second type, the male employees have a distaste for working with women employees. Because of the non-pecuniary cost, they must be paid more than women. In the third type, the customers or clients have a distaste for being served by woman employees. Therefore, the customers are willing to pay higher prices for a good or a service in order not to be served by women. The as-if non-pecuniary cost is associated with purchasing goods or services from women. However, discrimination seems to persist in the long run [22] ; it declined only after the Civil Rights Act , as it was seen in the economic history. For instance, men are more likely to work as truck drivers, or the female customers are more likely to choose to be served by women lingerie salespersons because of preferences. However, this segregation cannot explain the wage differentials. In other words, occupational segregation is an outcome of group-typing of employment between different groups but consumer discrimination does not cause wage differentials. Thus, customer discrimination theory fails to explain the combination of employment segregation and the wage differentials. However, the data points out the jobs associated with women suffer from lower pay. Statistical discrimination economics Edmund Phelps [] introduced the assumption of uncertainty in hiring decisions. Thus, they are more likely to hire the male applicants over the females, if they believe on average men are more productive and more stable. This general view affects the decision of the employer about the individual on the basis of information on the group averages. The non-neoclassical insight that is not part of the statistical discrimination sheds light onto uncertainty. If a woman is given less firm-specific training and is assigned to lower-paid jobs where the cost of her resigning is low based on the general view of women, then this woman is more likely to quit her job, fulfilling the expectations, thus to

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reinforce group averages held by employers. However, if the employer invests a lot on her, the chance that she will stay is higher. The reasons for segregation may be socialization, individual decisions, or labor market discrimination. Wage differentials occur when the job opportunities or demand for the female-dominated sector is less than the supply of women. According to the evidence, in general female dominated jobs pay less than male dominated jobs. The pay is low because of the high number of women who choose female dominated jobs or they do not have other opportunities. When there is no discrimination in the market and both female and male workers are equally productive, wages are the same regardless of type of the job, F or M jobs. Assume the equilibrium wages in job F is higher than that of the M jobs. Intuitively, the workers in the less paying job will transfer to the other sector. This movement ceases only when the wages in two sectors are equal. Therefore, when the market is free of discrimination, wages are the same for different types of jobs, provided that there is sufficient time for adjustment and attractiveness of each job is the same. When there is discrimination in the M jobs against women workers, or when women prefer the F jobs, economic outcomes change. When there is a limit of available M jobs, its supply decreases; thus, wages of the M jobs increase. Consequently, higher supply of F jobs decreases its wage rates. Briefly, segregation causes the gender wage differentials regardless of the equal skills. Another striking point of overcrowding model is productivity.

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Chapter 3 : Cases of political abuse of psychiatry in the Soviet Union - Wikipedia

The hospital: The social worker as mediator on a hospital ward, by H. Lipton and S. Malter. Public welfare: Group work with adolescents in a public foster care agency, by J. B. Peterson and C. H. Sturgies.

Good practices Good practices were indicated as the first theme with five subthemes: All the responses, which indicated a level of success with respect to implementation, were coded as positive for this theme. The first subtheme, which is about participation and social dialogue for all the stakeholders, was prevalent among all participants. All of the tools incorporate plans and actions of evaluation aiming at sustainability. Three out of 11 tools are going to be evaluated with all the rest having been already fully or partially evaluated including either formal or informal evaluations. Responsibility This theme was supported by three subthemes: Drivers for WMHP mainly included the need of organizations to find ways to comply with the law as part of their social responsibility, but also tackle the persistent numbers of work-related injuries and illness. Barriers The theme of barriers was based on responses in relation to difficulties in developing and implementing WMHP tools. The subthemes, which support this theme, are: Cultural gaps include barriers such as immature organizational cultures that lack the right mentality and background to engage in WMHP. Time pressure and fear were reported to impact on WMHP implementation. Changes need time and organizations often want overnight solutions to their problems. If the labor inspection becomes more active and includes psychosocial risks, WMHP will be easily identified, understood, and dealt with. This paper aimed to shed further light in the area of WMHP by investigating key approaches that have been introduced in several countries to promote mental health in the workplace. On the basis of interviews with experts, it aimed to provide recommendations on key elements of good practice and key challenges that need to be tackled by appropriate policies and stakeholder actions. Many participants agreed on the fact that there is a mentality across organizations that mental health is a personal problem and individuals have to find a way out of it. Even if organizations take some actions, they are usually reactive such as counseling and training provision to make individuals stronger and more resilient. This mentality is held not only by organizations, but also by governments. This creates many challenges for seeing success in the domain of WMHP. However, it was argued that since the impact of poor mental health is already known, governments and organizations would inevitably end up shifting their viewpoints towards prevention. OSH legislation can be a powerful motivator where it exists [4] , [21]. However, since legal frameworks are lacking in many countries, this is not enough [54]. Hard data and evidence of the impact of poor mental health are currently the only overriding reason that triggers organizations to consider their organizational responsibility in this area from the perspective of prevention. There is a need for evidence-based policy making and the promotion of a multilevel intervention framework on the basis of a strong evidence base to drive progress in this area [15] , [54]. The objectives were met by all initiatives. However, some initiatives illustrated a better and stronger support of the objectives contrary to others. One of the key drivers, apart from compliance with the law, was the goal to eradicate the incidents of work-related injuries and illnesses from both a physical and mental perspective [6] , [55]. Stakeholder consensus on the need for more effective WMHP policies highlights the importance to inform and reform current policies [15]. Interestingly, even for the countries with a hitherto strong background in this area, difficulties were reported regarding the implementation of initiatives because organizations are not yet fully aware and educated on psychosocial risk assessment [23]. All levels in a working environment include top management, employees, employers, representatives of all stakeholders, OSH specialists, and collaboration between industries, sectors, and countries [3] , [19] , [24] , [25]. In particular, social dialogue and communication between all stakeholders are a substantial basis for effective implementation and improvement in the workplace. Employee empowerment in order to bridge the power gap between employers and employees was reported to be a central part of success. Charismatic leadership that empowers people through appreciation, showing trust, giving responsibilities, and providing feedback and support is a great strength for

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organizations and WMHP effectiveness [20] , [21] , [57] , [58] , [59]. Business ethics and legality third key were supported by organizations that had to comply with the law at first and then move on to the next step, which was to find ways to a successful implementation. The fact that psychosocial risks are not easily identified and measured was the main reason why organizations fail to see great results. People need to know what psychosocial risk means in order to deal with it. Lack of awareness and an appropriate policy framework allow organizations to superficially comply with OSH law but not seeing results with respect to mental health [3] , [26]. All the good practices work in a parallel way with the fourth key for healthy workplaces of the MHW. The initiatives unanimously incorporate and support the element of systematic, comprehensive process to ensure effectiveness and continual improvement through numerous actions as the only way to success for WMHP. Sustainability and integration in a multilevel way implying the application of a holistic approach is in line with the fifth key of the MHW. Multilevel integration represents proposed changes not only through single interventions in the workplace, but a broader approach to changes: A multidisciplinary holistic approach was identified as a robust solution for successful implementation. It has been understood that there are current efforts for a holistic approach and multilevel integration; looking at issues from many perspectives and different viewpoints does help in understanding not only economic aspects, but also cultural, personal, psychological, health, and productivity aspects and their connection [25] , [61]. It was common that cultures with a collectivistic mentality, such as Ghana, Japan, and Thailand embraced a community approach, mindfulness, and spirituality more heavily with respect to mental health than individualistic ones, which tend to have a business-oriented understanding. Attention to the values of family, community, and spiritual self was more discernible through collectivism [62] , [63] , [64] , [65] , [66]. However, the implementation of a holistic approach is still in progress in all countries covered. The initiatives mainly cover the first, third, and fourth objectives CMHAP has 4 objectives in total. The first objective suggests the strengthening of leadership and the increase of national policies and laws for mental health in line with international human rights standards; there is a need for more policies on WMH. The third objective prompts mental health promotion through the implementation of multisectoral strategies at national level. All the identified initiatives are multisectoral workplace strategies at national level as pointed by the CMHAP. The fourth objective focuses on strengthening the evidence and research for mental health, which is part of the findings on potentials of this study. This objective aims to the collection and report of mental health indicators every 2 years, which could potentially be facilitated by a consistent monitoring process within organizations [6]. Total Worker Health focuses on psychosocial stress hazard reduction approaches 3rd objective , evidence provision 4th objective , and dissemination of knowledge in order to strengthen awareness and leadership for workplace wellbeing 1st objective. From a similar perspective, People at Work P W and Mental Health Action Checklist MHACL work on the basis of psychosocial risk identification and management aiming to share knowledge, inform and engage all stakeholders and leadership 1st, 3rd, and 4th objectives. Constraints and opportunities There are some differences in terms of the life cycle of the examined tools. Even though organizations do seek advanced tools and improvement, it has been noted that the economic climate and recessions affect the continuation of actions [67] , [68]. Knowledge deficiency is a great problem not only because companies cannot identify the reasons behind poor mental health in their work environment, but they also cannot easily transform shared knowledge into effective practice [15] , [22]. With respect to cultural gaps, it is difficult to control differences between organizational cultures. Mature larger organizations with better awareness on mental health in the workplace accept and use tools more easily, but it is more difficult to implement them fully. This is in contrast with smaller organizations that are more difficult to penetrate, but easier to integrate fully. The solution is to be as specific as possible based on the given situation and context [70]. Fear was another constraint, especially in countries that are more affected by recessions. Employees are afraid of losing their job and having minimal opportunities, which make them accept any working conditions without any resistance. In this case, employers might choose not to integrate WMHP fully and avoid time and money expenditure, especially if there is no legislation forcing them to explicitly take actions [67]. There is also a gray area where OSH law exists, but

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evidently mental health is the missing bit. Participants interestingly suggested that this lacuna can be overcome with the use of labor inspection that includes psychosocial risk factors [21] , [22] , although this is far from reality in most countries around the world. Limitations and strengths of the study The main limitation of the study is its selective, qualitative, and interpretative nature of it, which does not allow further generalizations. In addition, lack of tool availability led to an unequal number of experts for each WHO region, which may have affected evaluation due to cultural differences. Nevertheless, the tools were selected based on clear inclusion criteria across WHO regions with the exception of the Eastern Mediterranean where no suitable tools were identified. Despite cultural differences, there clearly are similarities as concerns good practices, responsibilities, barriers, and opportunities, which also give credibility to the findings. Lastly, all the participants are highly knowledgeable experts with many years of experience in OSH and mental health in the workplace. Conclusion The findings of this study indicate that there is a lack of coordinated preventive action for WMHP. There is an urgent need for education, which will enable all stakeholders to understand the impact and cost of poor mental health. Findings suggest that a holistic approach for WMHP combined with informed legislation and active labor inspection is the best plan of action at national level for future success. Practices, which comply with the WHO five keys for healthy workplaces, such as engagement of all stakeholders, social dialogue, proper translation of science into tangible practice, dissemination of good practices, and continual improvement are acknowledged to be effective ways to promote mental health in the workplace. Nonetheless there is a lot of space for improvement. One very significant potential for improvement is the holistic approach that fully incorporates psychosocial aspects and explores possible psychosocial risks in the workplace. Future research should identify and evaluate such holistic approaches across all WHO regions in order to map available expertise globally. Conflicts of interest All authors declare no conflicts of interest. No health without mental health. World Health Organization; Geneva Switzerland: Mental health policies and programmes in the workplace. Mental health promotion in the workplace: Comprehensive mental health action plan "Sixty Sixth World Health assembly. Social determinants of health. Organisation for Economic Co-operation and Development. Average annual hours worked per worker. Promoting mental well-being in the workplace: Prevention of mental disorders: Mental health of older adults, addressing a growing concern. Mental health of young people: The role of policy for the management of psychosocial risks at the workplace in the European Union. Work, employment and mental health in Europe. Impact of a health promotion program on employee health risks and work productivity. Am J Health Promot. Global perspectives in workplace health promotion. Promoting mental health through employment and developing healthy workplaces: Drivers and barriers for psychosocial risk management:

Chapter 4 : Employment discrimination - Wikipedia

Preface This document is the third in a series of occupational health documents entitled: Protecting Workers' calendrierdelascience.com World Health Organization (WHO) within the Programme of Occupational Health publishes it.

Chapter 5 : TUC - Changing the world of work for good

Workplace health promotion (WHP) and psychosocial risk management are two overarching approaches to improve employees' health, safety, and wellbeing, which incorporate mental health promotion and mental ill health prevention,. WHP is a combination of various efforts from employers, employees, and the community in favor of maintaining wellbeing.