Employment Opportunities for People with Chronic Diseases: Malta

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Few Maltese studies analyse the impact of disease on employment and working conditions, fewer still focus on chronic diseases. Mental health and disability however are the exception to the rule with recent work-based studies available, whilst programmes are in place to facilitate and support their employment.

Block 1: Concept, definitions, sources of information and methodological issues on chronic diseases and work from the national perspective

1.1. National definition of chronic disease

- What definitions of "chronic diseases"in an employment context are used in your country?
- What are the sources of these definitions (legislation, statistical sources, administrative documents, social security/health insurance systems)?
- What concrete chronic diseases are included in these national definitions?

Chronic diseases are primarily tackled in public health documentation on non-communicable diseases and indirectly within disability literature, both of which touch upon employment issues. Within Malta's strategy document for the prevention and control of non-communicable diseases, the term is not directly defined but it is acknowledged that they result from a complex interaction between persons and their environment and include cardiovascular diseases, respiratory diseases, musculoskeletal diseases, mental diseases and cancer (Department of Health Promotion and Disease Prevention, 2010). Disability on the other hand is defined in the "Equal opportunities (Persons with disability) act as "a long-term physical, mental, intellectual or sensory impairment which in interaction with various barriers may hinder one's full and effective participation in society on an equal basis with others" (Act 1 of 2000).

1.2. Information on national sources of statistical information dealing with the issue of chronic diseases and their relation to employment and working conditions

- Are there national statistical sources (censuses, administrative registers, ad-hoc surveys on chronic diseases, working conditions surveys, other surveys, etc.) that analyse the issue of chronic diseases and their relation to employment and working condition? If so, identify them and provide information on the following issues (per identified information source if it is the case):

- What is the official name of this statistical source (in national language and translation into English) and its responsible body?
- What definition of chronic disease is used?
- What are the categories of chronic diseases surveyed/registered?
- What are the questions in relation to employment and working conditions?
- What is the methodology used to collect the data?
- What information is provided?
- Other info (time frequency, origin of the info, etc.)

The main source of Maltese statistics on chronic diseases is the European Health Interview Survey (Department of Health Information and Research [DHIR]), this was last carried out in 2008 and is repeated every five years, however updated statistics are yet to be published. Malta also intends on joining the European Health Examination Survey (EHES) and the DHIR carried out a small pilot study in 2010. Whilst the former survey utilises self-report methods to collect the data, the latter involved a medical examination survey and was the first to be carried out in Malta since 1984. The DHIR also maintain the National Cancer Register whilst data on chronic infectious diseases are collected by the Infectious Disease Prevention and Control Unit. None of these surveys or registers focuses primarily on the impact of such disease on working conditions.

The national Injury Database (DHIR) analyses the prevalence, cause and treatment of accidents, a percentage of which occur in a workplace and may result in chronic issues. Injury data pertaining to occupational matters is also analysed by the National Statistics Office (NSO) which releases quarterly figures on the prevalence and type of injury along with organisational statistics. Whilst the former database is based upon hospital accident and emergency statistics, the latter is based reflects injury benefit claimants, irrespective of the number of workdays lost.

The National Commission Persons with Disability (Kummissjoni Nazzjonali Persuni B'Dizabilta [KNPD]) analysed the Maltese Census of 2011 to obtain statistics on the prevalence of disability and has broken this down into a number of relevant categories including labour status and occupation. Finally, the NSO also collects statistics on the frequency of work-related social security benefits, these include: Invalidity Pension (for persons permanently incapable of full time or regular part-time employment); disablement (injury) gratuity (a lump-sum payment following disabling injury at work. Degree of disability between 1 – 19%); sickness benefit (entitlement of 156 days but may be extended to 312 days); disablement (injury) pension (injury/disease caused/contracted at work considered to cause a loss of mental/physical faculty); and disability pension (person certified as suffering from disability).

Block 2: Prevalence, recent evolution and effects of the problem of chronic diseases among workers and companies

2.1. People affected by chronic diseases and employment

The main objective of this section is to provide a general picture of the employment situation of people with chronic diseases in your country:

- Extent of the phenomenon of people with chronic diseases in your country, percentage of people affected by the problem in relation to total population. Evolution of the problem in

recent years (Increase/decrease) and reasons for this evolution. More frequent pathologies/diseases.

- What is the employment situation of people with chronic diseases in your country (% of people in employment/unemployment/inactivity that are affected by chronic diseases)?
- Are certain chronic diseases associated to or more prevalent in certain economic sectors/occupations?
- What are the typical employment trajectories of workers affected by chronic diseases? (entry/exit patterns)
- What are the main difficulties/problems for people with chronic diseases to access or stay in the labour market?
- What are the main difficulties/problems for enterprises with workers affected by chronic diseases? What solutions do enterprises adopt to deal with these workers affected by chronic diseases?
- Are there differences in the previously mentioned patterns by types of chronic diseases or groups of pathologies? are there differences according to age or gender
- Is it possible to identify some changes in the previously mentioned patterns in recent years?, reasons for this and possible specific effects of the economic crisis

According to Eurofound (2012), the Maltese are amongst the most satisfied with their health in Europe, whilst also reporting one of the lowest proportions of long standing health problems (15%). Additionally, crude hospital discharge rates from all cardiovascular diseases, ischaemic heat disease, stroke and acute myocardial infarction was one of the lowest in Europe as were the age-standardised cancer incidence estimates in Maltese males for all cancers expect non-melanoma skin cancers. Whilst the incidence estimates for women are higher, they are also below the European average (European Commission, 2008). Despite these findings, the European Health Interview Survey (DHIR, 2008) found that one third of the respondents suffered from a long standing illness, whilst a quarter of those interviewed claimed to have been limited by a health problem in the previous 6 months. This contradictory finding may be due differing understanding of what constitutes a long-term condition. In this study, the most prevalent conditions were hypertension (22%); low back disorder (20%); allergy (20%); osteoarthritis (15%); migraine (14%); neck disorder (11%); asthma (9%); diabetes mellitus (8%); chronic anxiety (8%); chronic depression (6%); cataract (5%); stomach ulcer (5%); and chirosis of the liver (5%). The independent illness prevalence were not broken down by age group and therefore also includes pensioners, however medication use was. In work-relevant age groups; 25% of those between the ages of 15-24 utilised medication, as did 32% of 25-34 year olds; 27% of 35-44 year olds; 43% of 45-54 year olds; and 56% of 55-64 year olds.

Whilst employment was not a primary focus of the survey, 48% of the sample were working for pay, 84% of which were employees. Interestingly, ten percent of respondents stated that their disease was either caused or was made worse by their current job or a past job. Other relevant findings included nearly a third of respondents attributing work absenteeism in the previous year to health problems or injuries; that most took up to three days off work; males tended to take more absenteeism days; and that 9.4% received sickness and disability benefits (DHIR, 2008).

The employment situation of individuals with chronic disease in Malta has not been measured directly. A few statistical sources however provide relevant snapshots. According to the NSO (2013) in 2012, out of a total population of 421,364 people, 4,945 individuals received an invalidity pension, a 46.9% decline compared to 2004. Forty three individuals received a disablement gratuity in 2012 (versus 172 in 2004), 302 received an injury pension (389 in 2004), 1,948 received an injury benefit (2,352 in 2004), 19,687 claimed sickness benefits (17,123 in 2004), whilst 1,951

received a disability pension (1,818 in 2004) and 417 received a severely disabled pension (296 in 2004). It thus generally appears that whilst sickness benefits and disability pensions are rising, other forms of work benefits and pensions are dropping.

Whilst the aforementioned statistics are based upon cases reported to the social security, the Occupational Health and Safety Authority (OHSA) (2011) found that 75% of all occupational injuries and ill-health go unreported. They concluded that in a year, 21% experienced a musculoskeletal disorder; 17% a neurological disorder; 15% an infection and 11% a respiratory disorder. It is not however known how long these disorders persisted for. Additionally, 60% of the respondents reported that no medical surveillance had been carried out by the employer prior to joining the organization, particularly in smaller organizations. Furthermore, only 15% of the workers reported having medical examinations by their employers during employment.

Mental health

A study by the Richmond Foundation (2011) analysed that state of mental health in Malta; 20% of the respondents claimed that work caused some form of emotional or mental health problems, particularly in those working longer hours. Of those mental conditions diagnosed by a health professional (72%), 24.4% were classified as depression. The study highlighted that individuals with mental issues are avoided to some extent and can experience ridicule or discrimination. Regarding access to employment, participants highlighted that work adaptation is often necessary in order to access employment, in particular flexibility or a reduction of the working hours. Training and supported employment were also found to aid in finding a job and performing at work. The study concluded that amongst employers and the general public there was a lack of awareness on how to deal with workers with a mental health issue.

Disability

An analysis of the 2011 census by the KNPD indicated that 7% of the population suffer from a disability; 38% of which are aged between 20 and 60. Disabled individuals were often less educated than their non-disabled counterparts, whilst only 16.5% were in employment (versus 51% of non-disabled). Of those between ages 21 and 50 however, 41.8% were employed, as were 28.3% between the age of 51 and 60. Additionally, 92% of unemployed disabled individuals between ages 21 and 60 were ready to commence work should the opportunity arise, as were 76% between ages 15 and 20. The statistics of those currently working primarily reveal a marked difference between the representation of disabled individuals in elementary occupations versus non-disabled individuals:

Occupation	Disabled (%)	Non-disabled (%)
Service or sale workers	18.2	19.7
Elementary occupations	14.8	9.5
Technicians and associate professions	13.3	13.2
Clerical support workers	12.6	11.3
Professionals	12.1	15.8
Craft and related trade workers	11.8	11.1

Managers	8.4	10.5

Statistics on the past main occupations of those unemployed individuals however were similar for both disabled and non-disabled individuals with the largest groups being elementary occupations, followed by service and sale workers. Disabled males generally had a higher level of education, were more frequently in paid employment (23.4% vs 10%) and were also more frequently classified as unemployed when compared to disabled females, who were overwhelmingly classified as domestic workers (49.5% versus 5.9% of males). Of those classified as disabled, those with specific learning disorders (29.6%) were the group with the largest percentage of individuals in employment followed by those with visual issues (19.1%), auditory issues (15.7%), physical disabilities (12.7%) and mental health conditions (10.9%).

2.2. Working conditions of employed people affected by chronic diseases

The purpose of this section is to analyse whether there are any distinctive characteristics of the working conditions of the people affected by chronic diseases in comparison to the average (national, sectorial), considering the four EF'sWC categories(Health and well-being; Reconciliation of working and non-working life; Career and employment security issues; Skills development) :

- Health and well-being: Are certain occupations/jobs/sectors associated to certain chronic diseases? Possible relation between occupations and chronic diseases; what are the factors behind this (exposure to risks and hazards, job intensity, type of work, etc.); are special H&S measures implemented at workplace level to avoid/palliate this?
- Reconciliation of working and non-working life: are people with chronic diseases allowed special conditions in terms of work-life balance, flexibility at work to cope with the diseases/attend treatment, ability to set their own working time arrangements, etc.?
- Career and employment security: to which extent and how is the employment status of people with chronic diseases affected by their health situation?; is there an impact in their remuneration levels/conditions?; in what measure is there a repercussion on their employment security and working career?; are they allowed/forced to changes in their jobs?
- Skills development: in what measure have chronic diseases an impact in the access of workers to training activities promoted by the employer? Has the training anything to do with the disease situation?
- Are there any significant differences in these working conditions according to different groups of affected workers (type of disease, gender, age, sector, etc.)?
- Are there any significant changes in recent years? Possible effects of the economic crisis on these situations, if any.

Nine percent of the respondents in a self-reported study by the OHSA (2011) stated that they suffered from ill health caused by work, resulting in at least a day of absenteeism. However statistics varied by occupational sector: 16% of workers engaged in "health and social work" and 15% of those in construction stated they suffered from ill health. Interestingly, individuals working at smaller companies reported less ill health, with the largest percentage of those reporting ill health hailing from companies employing 250-499 employees (14.5% experienced ill health), followed by those with 500 employees or more (11.2%). Less than half of those reporting ill health however had the link between their work and illness verified by a doctor, with medical certificates being obtained more regularly in smaller companies. The prevalence of specific illnesses was also noted

to vary by industry; musculoskeletal disorders were most prevalent in construction, manufacturing and “other community activities”; neurological problems constituted the largest issue in “wholesale and retail trade” and in “real estate and business activities”; additionally, nearly half of the sick participants in education suffered from an infection. Unfortunately, the acuity and chronicity of the diseases were not considered, however only 15 respondents reported having a second incidence of occupational ill health in the same year, whilst the vast majority did not take more than ten days sick or injury leave. The participants may however have simply been attending work when ill (presenteeism). Of those suffering from ill health, only 36% stated that their employers conducted an investigation into the cause of their problem.

The OHSA (2011) also found that 5% of the sample reported experiencing some form of certified work related stress, this was most prevalent in “other community activities” (10%), health and social work (10%), public administration (9%) and education (9%). Respondents blamed: tight deadlines, long working hours, unreasonable quotas, insufficient staff numbers, high levels of responsibility, and bullying. The study found that many employers appeared to ignore the severity of psychological ill health and preferred to burnout employees and replace them then resolve the root causes of their issues.

The findings of a study on mental health at work (Richmond Foundation, 2011) varied from the aforementioned one as “health and community service” along with “construction and quarrying” were the sectors found to be most stressful. Additionally, 10.5% of participants had utilised absenteeism due to stress or burnout. A substantial amount (20.3%), particularly those in professional occupations, felt that work had caused them some form of emotional or mental health problem. This, they felt, had affected their lives considerably, but the majority felt that the impact on work performance was limited. The study reported that some of these individuals had left or changed their job in the past to acquire one that was either less stressful, involved shorter hours, or due to stigma. Additionally, depending on the severity of the mental issue, whilst some individuals took periods of days or weeks out of work to cope with their symptoms, others had to take much longer periods out of work, during which they resided in a mental rehabilitation centre and employment was terminated. A few respondents also mentioned instances when they were asked to leave their job due to their mental illness. Illness also restricted the type of job individuals could carry out due to its impact on their concentration levels, ambition or ability to cope with stress. Positively, many individuals who were open about their condition felt accepted at the workplace whilst some reported that working conditions were adapted due to their mental issues – this usually involved reduced or flexible working hours. Finally, whilst workers were happy with the level of work related training they had received, many stated that training which tackled coping with mental issues was lacking and needed.

In terms of disability, a study by the KNPD (2013) on assistive equipment found that there was negligible use of assistive equipment at work and that such equipment was classified as the least needed by disabled people. 60% of the sample however was over the age of 60.

Block 3: Policies and measures adopted by public and private agents to favour the employment situation and working conditions of people with chronic diseases

3.1. Description of main policy measures/initiatives developed by public authorities or social partners

- For the identified measure(s)/initiative(s), please provide:
  - General information of the policy measure/initiative (name, dates, responsible body, participants, geographical and sectoral scope…)
  - Objectives pursued (staying-in-work/return-to-work), support offered, activities carried out
  - Specific target groups
  - Financing of the measures
  - Outcomes: major results/consequences of the measure on the improvement of working conditions of people with chronic diseases.
  - Assessment (lessons learnt, future prospects)
  - Link to the identified measure/initiative

The government Agenzija Sapport (Support Agency), within the Foundation for Social Welfare Services (FSWS), together with the Employment and Training Corporation (ETC) and KNPD recently collaborated on European Social Fund (ESF) project 3.62: "ME2" (2008-2013), which, depending on their needs and ability, aimed to integrate disabled individuals into the labour market. The project employed support workers which guided the participants, accompanied them to work, assisted them in using public transport and guided them during training. Forty two public and private companies participated, 82 individuals benefitted from job exposure, 280 beneficiaries received training, whilst 50 found full-time or part-time employment. Whilst the project has concluded, the Me2 Cooperative was set up which aims to continue this work within the disability sector.

The ETC also run a number of other employment schemes for physically and intellectually disabled individuals and those with mental illnesses, these include: "Bridging the gap" which offers jobseekers a period of work exposure; "Community inclusive employment scheme" which provides the disabled with the opportunity to be employed by local councils; "Community work scheme" which allows long-term unemployed individuals the opportunity to undertake community work; ESF 3.113, "Employment support for persons with disabilities" (2011-2014) which contributes towards the integration of the disabled in the labour market via services including: learning support assistance during training; job coaching; and personal assistance allowance to employers during work exposure and employment; ESF 3.114 "Employment in the Social Economy Project" (2007-2013) which facilitates access to employment through financial assistance to organisations operating in the social economy and via work experience; and the "ESF 3.64 Employment Aid Programme" (2009-2014) which provided employers with a substantial wage grant for employing disadvantaged and disabled people.

A number of NGO's also offer services for those with health problems or disabilities at work. The Richmond Foundation run programmes for those with mental health issues. These include a "Staff and organisational support programme," which is a preventative Employee Assistance Programme (EAP) which currently covers more than eight thousand people working in twelve private or public entities. The service involves an awareness campaign on stress for employees along with the availability of psychologists and family therapists. A second programme, the "Supported employment programme," trains, assists and supports people with mental health problems to find suitable and sustainable employment. Caritas Malta also offers an EAP which amongst others caters for those with health and emotional issues, whilst Inspire offers an adult training programme for

the disabled which includes employability skill training and vocational training at participating private companies.

Finally, the national "Strategy for the Prevention and Control of Noncommunicable Diseases in Malta" (Department of Health Promotion and Disease Prevention, 2010) aims to develop a multifactoral approach to prevention via the tackling of both high-risk groups and population level risk factors. The policy suggests improving eating habits and banning alcohol at work to tackle unhealthy diets, the encouragement of physical activity and the reduction of stress in the workplace also feature. Finally, a smoke-free indoor environment at the workplace and public places features as a strategy for tackling tobacco which mirrors Legal Notice 23 of 2010, Smoking control act.

3.2. Examples of enterprises and/or collective agreements implementing initiatives or establishing clauses to support peoplewith chronic diseases

- If possible, identify and briefly describe some example of individual enterprises (or group of enterprises or sectors)or collective agreements that have recently implemented initiativesor established clauses to support personnel affected by chronic diseases. Information to be provided may include:
  - Name of the enterprise(s)/collective agreement, sector, size
  - Objectives pursued and addressed target groups
  - Main activities conducted and/or measures devised (i.e. physical adjustments of workstations, planned support actions by colleagues, personalised working-time arrangements, internal mobility, commuting support, mid-career review, etc.)
  - Main results obtained and assessment of these results
  - Link to the identified case study

Initiatives tackling physical chronic diseases, such as return to work programmes remain rare in Malta. Programmes tackling psychological issues however are more common, apart from the aforementioned projects, an employment support programme (ESP) for all public employees was launched in 2011 via the Public Administration HR Office (ESF 4.97). This aims to identify and respond to the needs of employees experiencing personal, emotional and behavioural problems. The service is being run in partnership with 6 organisations.

The KNPD opened the Sonia Tanti independent living centre which provides disabled individuals with advice, information and training to live a more independent life primarily via physical adaptations, following which individuals may be referred to employment and training opportunities.

Commentary by the NC

Whilst studies on the impact of chronic diseases upon employment and working conditions in Malta are lacking, a few notable exceptions exist. The Richmond Foundation is making a difference in the field of mental illness at work whilst the KNPD are being proactive in publishing policies and studies relevant to disability in the workplace.

A substantial amount of programmes have been set up in recent years to facilitate and support employment for those with chronic diseases, primarily these focus on disability but are also often

applicable to individuals with mental illness or who are disadvantaged due to other health reasons. Return to work programmes and work modifications for those suffering from physical chronic disabilities, but are not classified as disabled, appear to be lacking.

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