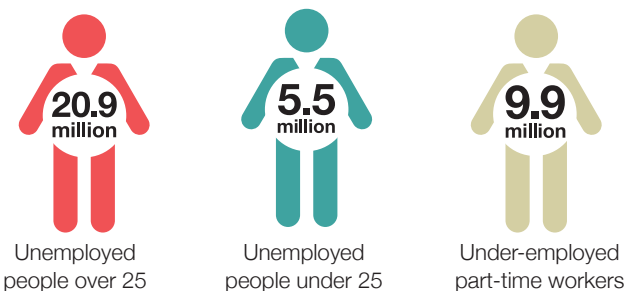
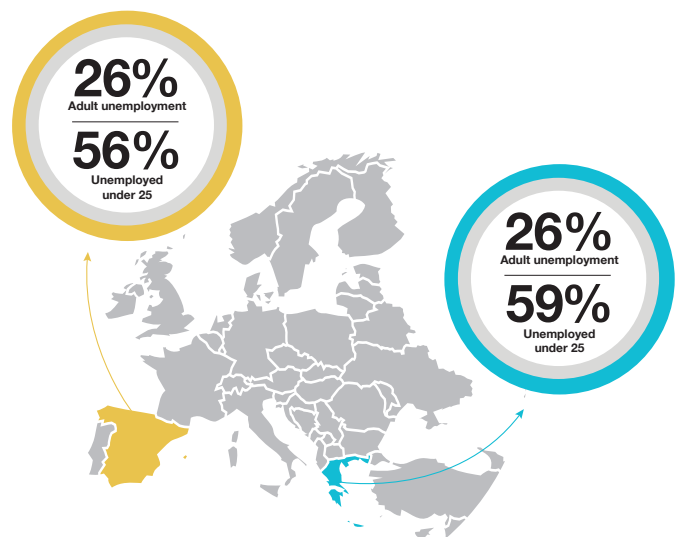


Declaration of the Santiago de Compostela Conference,
July 18, 2013:

“ECONOMY, STRESS AND HEALTH”

The European economy is now only beginning to emerge from its deepest recession in decades. However, the current economic and financial crisis has dramatically affected the working and living conditions of many people in the EU.

Southern European countries have been exposed to the most severe pressures on labour markets, public finances and fiscal constraints^{1,2}, but recent reports continue to document significant fiscal constraints in many EU countries. In June 2013, 26.4 million people were unemployed (10.9% of the working age population, including 5.5 million young people (23% of those under 25)). Economic recovery is uneven: in the last year total EU unemployment actually increased by more than 1 million, although circumstances differ – rates fell in 10 and increased in 17 countries. Adult unemployment rates are more than 26% in Spain and Greece; unemployment rates for young people are a staggering 56.1% and 58.7% respectively³. Overall, in the EU there are still 9.2 million under-employed part-time workers, while 14 million young people are not in any employment, education or training⁴.



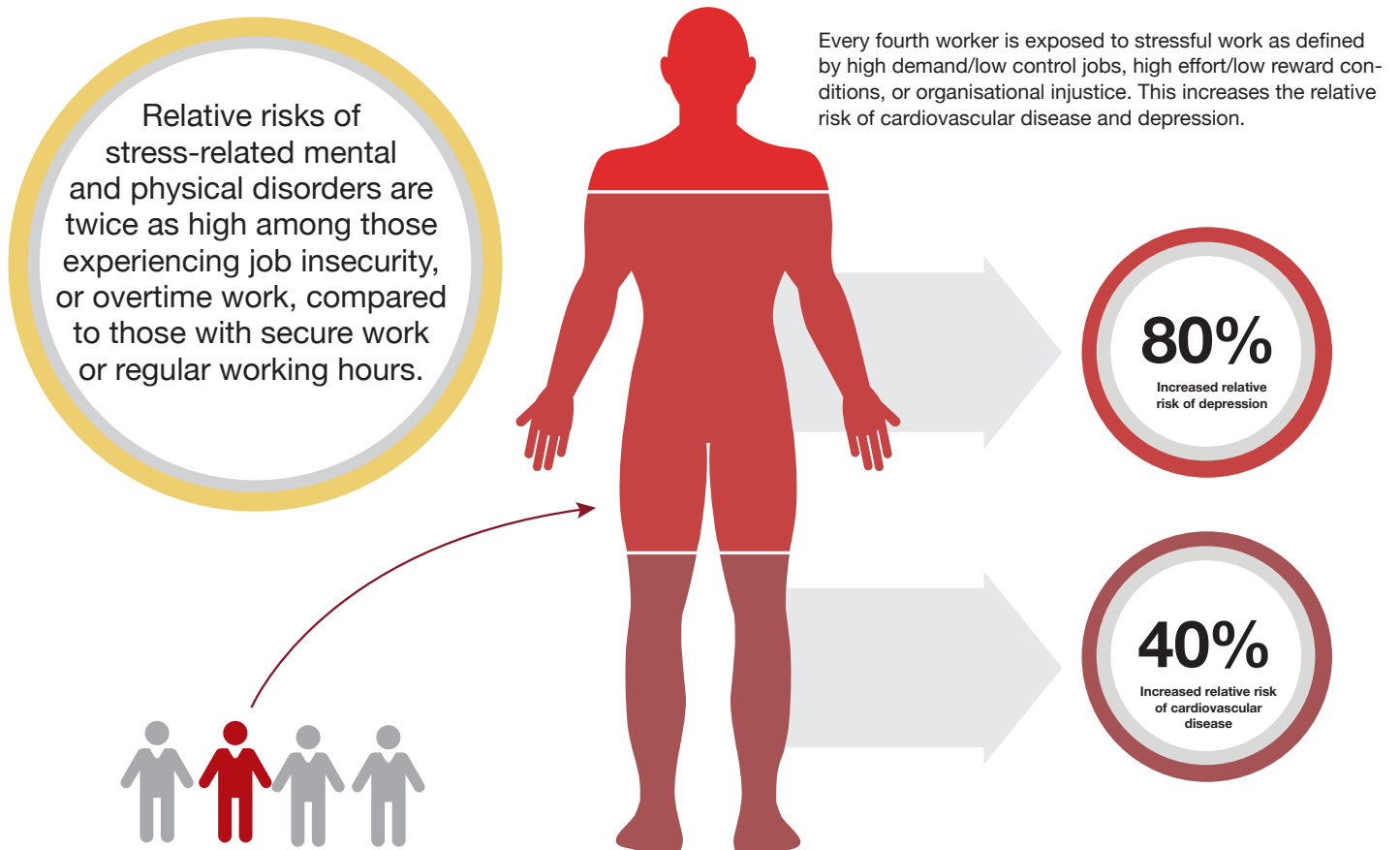
”These developments aggravate the constant burden on work and employment attributable to the dynamics of economic globalisation”

Levels of perceived work intensity and job insecurity have markedly risen among the workforce during recent years.^{5,6} Substantial falls in income in some countries go along with widening income inequalities, resulting in risks of poverty or social exclusion for a substantial part of the European population,^{7,8}. These developments aggravate the constant burden on work and employment attributable to the dynamics of economic globalisation⁹.

The challenges and threats associated with these circumstances produce adverse impacts on the health and wellbeing of adult populations and their children in the short to mid term that can persist long after economies emerge from recession. Scientific evidence demonstrates elevated probabilities of depression and suicide following long-term unemployment.^{10,11} Moreover, relative risks of stress-related mental and physical disorders are twice as high among those experiencing job insecurity (e.g. due to downsizing)¹², or overtime work¹³, compared to those with secure work or regular working hours. Import-

tantly, even for those employed in relatively stable and more privileged jobs, every fourth worker is exposed to stressful work as defined by high demand/low control jobs, high effort/low reward conditions, or organisational injustice^{8,14}. These work-related stressors have been shown to increase the relative risk of cardiovascular disease and depression by about 40%¹⁵ and 80% respectively^{9,14}, and to produce marked effects on long-term sickness absence¹⁶ and disability pensions¹⁷. Vulnerability is particularly high among those with poor educational backgrounds, migrants¹⁸, and those living with disabilities^{19,20}. However, strong social welfare programmes and distinct active labour market policies can mitigate some of these adverse effects².

Yet, policy makers and the wider public across Europe may not be sufficiently aware of the unintended human and social costs of the current economic crisis and their consequent negative effects on productivity and growth. Unbalanced and rapid implementation of fiscal austerity measures in several



European countries has exacerbated some health risks, aggravating the downward spiral in economic performance and unfortunately hampering the pace of economic recovery.^{2,11,21} Cutting social welfare and health spending is not cost-free: such cuts in response to the crisis are likely to account for a significant part of these adverse health impacts^{1,2}.

We therefore ask political leaders, policy makers and other stakeholders responsible for financial budget allocations, labour market, work and employment policies, social welfare programmes, and health affairs to:

- become fully aware and consider health in addition to other impacts of any actions under consideration to address the current economic and fiscal crisis;
- coordinate their efforts across sectors, incentivising collaborating across disciplines to move beyond traditional ‘vertically’ organised political resorts and responsibilities, to address urgent problems by pro-active, synergistic strategies;
- maintain, or even further develop and invest in, social welfare and active labour market policies to protect labour force health, guided by best practice models;
- recognise the economic benefits of investing in better health-promoting work and employment conditions in public and private sector workplaces of all sizes, at EU, national and regional levels. This means working with employer organisations, trade unions and occupational health and safety professional associations;
- prioritise these latter investments according to need, with special emphasis on addressing social inequalities in health and reaching the socio-economically deprived,

including young people, the long-term unemployed and people with disabilities;

- ensure access to high quality health services, including mental health services;
- support relevant research on the human dimensions of the economic and financial crisis and its management in order to strengthen knowledge and action towards improving population health and productivity.

Across Europe, a solid body of scientific knowledge related to some of these challenges is already available. Yet much more can be done to facilitate its rapid, contextually tailored use, by different policy making audiences. Links with other stakeholders, such as employers and unions, are also vital. We remain worried, however, about the negative impacts of failed responsiveness to these challenges by some politicians whose concerns are mainly directed towards short-term impacts. In the longer run, this lack of responsiveness may erode public confidence in, and legitimacy of, our democratic institutions.

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Lord David Owen (UK), Maurits van Rooijen (UK),
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