The impact of the psychosocial work environment on health remains an important topic which continues to be of significant medical, political, and public interest. Two occupational groups attract disproportionate attention in this area: the military, and health professionals [1,2]. In this issue four articles look at mental health; two in the aforementioned groups [3–6].

In their paper, Cawkill et al. [3] explore the mental health of military medical staff (doctors, nurses and medical support staff) by comparing the mental health of deployed medical staff to that of other deployed military personnel. Study participants were medical personnel deployed to Iraq or Afghanistan and included forward-located medics (FMs) working in direct support of combat operations and rearward-located medics (RLMs) working mostly in field hospitals, away from direct combat operations. The presence of common mental health problems, post-traumatic stress disorder (PTSD), multiple physical symptoms, and alcohol use was evaluated, and the rates of self-reported mental health disorders were found to be similar in both groups. When comparing these groups to all other military roles, a small significant increase in PTSD symptoms was found in FMs. This group were more likely to rate their work whilst deployed as being above their skills and experience, and to report exposure to more combat experiences, and a more challenging homecoming.

Also in this issue is a literature review by a group of medical students [4] aiming to identify key factors associated with burnout across various medical specialties and geographical locations. Amoaf and colleagues searched for literature on factors associated with burnout published in the past 5 years. Forty-seven papers were included in the final analysis to identify common themes. Younger age, female sex, negative marital status, long working hours, and low reported job satisfaction were found to be predictive of burnout syndrome. Participation in ‘wellness programmes’ was related to lower burnout incidence. Causation, however, could not be established due to the limited number of longitudinal studies. The authors concluded that while more prospective studies were required, due to the consistent findings across many papers, their findings could be used to inform interventions in tackling burnout.

Also on the topic of mental health, Niedhammer and colleagues [5] examined the associations between classical and emergent (e.g. workplace violence, sexual harassment, bullying, long working hours, work predictability, etc.) psychosocial work factors, and depression and anxiety symptoms. This national cross-sectional study of 53 940 French employees found that low decision latitude, high psychological demands, low social support, low reward, bullying, and verbal abuse were associated with depression and anxiety in both genders. In men, low predictability was associated with both depression and anxiety, and long working hours were associated with anxiety. The strongest associations were observed for bullying, reward and psychological demands.

The final paper on mental health, by Fan et al. [6], examined the impact of psychosocial stress at work and at home on anxiety and depression. Their study of 129 employed volunteers aged 30–60 years revealed that job insecurity and home stress were most strongly associated with depression and anxiety symptoms. They concluded that both work and home stress should be considered in studies evaluating anxiety and depression in working populations.

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References