

Promotion of Mental Health and Well-being in Workplaces

**Thematic Conference under the European Pact for Mental Health and Well-being
organised by the European Commission and the German Federal Ministry of Health
in cooperation with the German Federal Ministry of Labour and Social Affairs**

**with the support of the Hungarian EU-Presidency
and supported by the BKK Federal Association**

CONCLUSIONS FROM THE CONFERENCE

A need for action

It was recognised that both the promotion of better mental health and investing in actions in workplaces to reduce the risk of poor mental health are important concerns for health and employment policy-makers across Europe. Many presentations highlighted that **poor mental health is a key contributor to poor performance and absenteeism from work**, as well as one of the principal reasons for long term premature withdrawal from the labour force. Moreover if a business is perceived to have high levels of absenteeism it may also have additional detrimental impact on morale, staff loyalty and recruitment.

Costs fall on many different stakeholders, not only on people with mental health problems, their families and employers, but also on those ministries responsible for employment and social welfare which may have to cover the long term costs of disability / unemployment benefits, as well as ministries of health that may have to deal with the long term consequences for mental and physical health. Once excluded from work, the chances of returning to employment are poor. The conference heard that as few as 10% of all adults of working age that develop long-term mental health problems may be in employment compared with 60% - 70% of the general EU population. These individuals then experience multiple barriers to both obtaining, maintaining and returning to employment

A consistent theme throughout presentations and discussion was that **the evidence base on effective actions in the workplace to promote mental health and well-being is growing**. Examples of mental health promoting workplace schemes can be seen in both the public and private sectors across Europe. There was a broad consensus that investment in well-being at the workplace can have positive economic returns not only for business, through a healthier and potentially more creative and innovative workforce, but also for health and social security systems through the avoidance of some social welfare payments.

Employment in a good working environment is intrinsically good for mental health and wellbeing; moreover, **a good working environment can aid in recovery and promotion of social inclusion for people living with poor mental health**. Additional benefits that may be enjoyed by families of employees who have better mental wellbeing at work. Several speakers also highlighted that promoting well-being in workplaces can also contribute to achieving the "Europe 2020"-strategy for smart, sustainable and inclusive growth.

The conference discussed factors, both within and external to workplaces, that impact on mental health, recognising the potential benefits, as part of a broader public mental health and well-being strategy, for action in the workplace. In addition to specific aspects of the working environment, including the rewards, efforts and stresses around work, individuals may also bring worries over their health and family life into the workplace. **The dividing line between work and family life is increasingly blurred**, while **time pressures are increasing with the continuing shift from a manual to knowledge-orientated economy**. Another concern, not just at a time of economic downturn, is the constant restructuring that Europe's economy must undergo to remain competitive. This has implications for job security as well as for any schemes to help those who may lose their jobs as part of restructuring to maintain resilience when looking for new work opportunities.

What can be done?

The conference discussed many different actions that could be used to promote better mental health and well-being. The need for **a holistic approach** to action to be taken was emphasised, with measures taken at both an organisational and individual worker level. They need to focus on protecting the mental health of the workforce in general, as well as supporting those at high risk or experiencing problems with work due to poor mental health. The importance of actions to **improve the culture and organisation of the workplace** was emphasised. Better line management skills, including training to recognise the signs of stress and help manage employees to more effectively return to work, improved communication and feedback with employees and ensuring that workloads are both manageable and rewarding were recurring themes in plenary and parallel sessions.

Flexible working arrangements, opportunities for career development and measures targeted at individuals to help **build their resilience and ability to manage stressful situations**, as well as **promote physical health** were also discussed. Other actions noted included the importance of confidential employee assistance programmes and psychological support services for those with poor mental health. It was also recognised that employees need to take some responsibility for their mental health, as well as health in general, given that two thirds of the working day is spent outside of the working environment.

Active labour market strategies can help support individuals with long-standing mental health problems return to work. **Social welfare systems need to be flexible** so that individuals do not worry about not being able to regain social welfare benefits if a job does not work out. They also need to provide individuals with a **financial incentive to engage in part-time as well as full-time work**. Increasing the length of time that employers are financially liable for the costs of sick pay and disability benefits was also highlighted in some presentations as a potential way of incentivising employers to act early and think more about the mental health of their employees.

Meeting the challenge of implementation

A key challenge concerns implementation. How can different sectors and funders with different objectives and incentive structures be brought together to help promote mental health and wellbeing in the workplace? Support from health and social security budgets for workplace mental health promotion remains limited in many European countries and there is much scope for action. **Arguments can be strengthened by looking at the business case**. Health and social security budgets in particular may have much to gain by working with traditional occupational health and human resource services to promote better mental health and wellbeing at work. Many contributors spoke about **improved partnership working between health and social security systems, social partners, occupational health and human resource services, individuals with lived experience of poor mental health and employees** to facilitate more investment in measures to protect mental health and wellbeing in the workplace.

While the conference provided plenty of examples of initiatives to promote workplace mental health, another key implementation challenge is the particular need for governments help stimulate and support action in **small and medium size enterprises (SME)** that, in contrast to large public and private sector enterprises, may not prioritise or have the capacity to focus on workplace health promotion. There is also scope for **more public-private partnerships in workplace mental health**, incentivising companies to engage in workplace well-being initiatives and facilitating the use of evidence-based interventions at local level. The **public sector might also lead the way in being an exemplary employer** and potentially sharing workplace health promoting resources and expertise with nearby SMEs.

Partnerships and positive policy developments can also be built on at a European level. Examples of partnership actions at an EU level were highlighted, including **Framework Agreements on the prevention of work-related stress and on the prevention of violence and harassment at work**, as well as promoting mental health as an explicit priority of the **EU-strategy on safety and health at work 2007-2012**. Going forward the conference and the Pact, through the EU-Compass for Action on Mental Health and Well-being is one a way of sharing experiences of practices in both the public and private sectors to promote mental health at work.

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CONFERENCE MINUTES

THURSDAY 3RD MARCH, 2011

12:45 – 13:45 | OPENING PLENARY SESSION

The conference began with three opening address from **Stefan Kapferer**, Secretary of State, Federal Ministry of Health of Germany, **Miklos Szocska**, Secretary of State, Hungarian Presidency of the Council of the European Union and **Andrzej Rys**, Director Public Health and Risk Assessment, Directorate-General for Health and Consumers (DG SANCO), European Commission.

Stefan Kapferer stated that addressing mental health in the workplace is one of the key priorities of the German federal government for preventative action. Having a healthy environment in the workplace offers the opportunity to eliminate risk factors for poor mental health and promote the health of employees. The changing nature of work increases the demands on many employees. He highlighted the economic impact of poor mental health, pointing out that it was one of the major causes of absenteeism of work in Germany and other countries. In addition to an economic argument for taking action, there is also a strong public health case for taking action in the workplace. The costs of poor mental health impact not just on individuals themselves but also insurers and employers. The workplace is a setting where a large proportion of the adult population can be reached, given that many go to work on a regular basis. Politicians, he argued, must respond to these issues and develop strategies to prevent the emergence of mental disorders. There are however many gaps in what is know and the conference provides an important opportunity to look at innovative ways to promote mental health at work, as well as to exchange good practice. Co-operation between companies and social security organisations is already being supported in Germany. €40 million per annum are invested by health insurers in relevant occupational health promotion tasks.

Miklos Szocska, wishing the conference participants well, highlighted a number of issues around mental health generally and linked to workplace. He noted the importance of considering the social as well as health care needs of individuals within health care systems, and emphasised the role that can be played in partnership between health care professionals and non-governmental and service user organisations. He noted the importance of improving the interface between primary care and social care, and the importance of improving the integration of mental health within primary care. He also highlighted the challenge of meeting the mental health needs of young people, both in Hungary and internationally in times of economic crisis, as well as not forgetting the health of older people, referring to past experiences that were observed during the economic and social transition of the late 1980s and early 1990s. He also stressed the importance of protecting the mental health of health and social care professionals who are needed to deliver mental health related services, referring to the high levels of absenteeism that can sometimes be seen in physicians and nurses in particular.

Andrzej Rys, welcoming delegates on behalf of the European Commission, highlighted findings from a recent Eurobarometer survey on mental health. On average 15% of respondents across the EU had consulted with health professional because of psychological or emotional problems during the previous twelve months. He highlighted the link between depression and absenteeism from work, as well as the high cost of disability benefits and the fact that in some countries more than 30% of all cases of premature retirement on the grounds of poor health are due to poor mental health. He acknowledged that many factors, both within and external to workplaces, influence mental wellbeing at work, including increased pressures and expectations, as well as a transition to from a manual to more knowledge orientated economy, greater levels of individualisation in society and growing socio-economic inequalities.

He argued that for Europe to maintain a high level of economic development it is important to maintain high levels of mental health and wellbeing. Actions should go well beyond treatment and care, but also focus on promotion and prevention, stating ' we need to protect our human and emotional resources, just as we have learned to protect our environmental resources, or how we have succeeded in tackling many physical disorders.' He emphasised the potential benefits to employers and employees. Promoting well-being in workplaces would also contribute to implementing the "Europe 2020"-strategy for smart, sustainable and inclusive growth.

He ended by calling for a partnership for healthy work and growth, involving health policy and health professionals, social policy and social security systems, work together with companies, including small and medium size enterprises.

Already some examples of partnership actions at an EU level could be highlighted including social partners Framework Agreements on the prevention of work-related stress and on the prevention of violence and harassment at work, as well as promoting mental health being an explicit priority of the EU-strategy on safety and health at work 2007-2012. Implementation is however critical. There are opportunities to learn from the private sector, for instance the recent non-binding very concrete guidelines on "Good Work. Good Health" for the European Telecommunication sector. The EU-Health programme, Rys noted, have also co-funded the campaign "Move Europe – Work in tune with life". Led by the German Health Insurance BKK, on behalf of the European Network for Workplace Health Promotion, the campaign addressed mental health at work and gave thousands of companies from across the EU opportunities to share their experiences. The conference and the Pact, through the EU-Compass for Action on Mental Health and Well-being is a way of sharing experiences of practices in both the public and private sectors to promote mental health at work, as well as in other areas addressed by the preceding Mental Health Pact conferences.

CHAIR:

The session chair, **Lennart Levi**, Emeritus Professor of Psychosocial Medicine, Karolinska Institute, Sweden

Professor Levi opened the session by observing that everyone would agree with the general concepts of “more jobs and better jobs”, but observed that “words don’t cook rice” i.e., saying this is not enough - We must make it happen, and not in the distant future. Why? Because the reality of more and better jobs would promote mental health and well-being, counteract mental and physical morbidities, it promotes social inclusion -- and helps Europe to compete in the global economy. It is a win, win, win situation; but how can we make governments and social partners listen more, and how can implementation be improved?

He noted that there is a good evidence base for action, referring to three key models on the causes of stress and poor mental health at work. One, developed by Karasek and colleagues looks at the interaction between the demands of a job, the control available to the worker, and available support from managers and co-workers. The other by Siegrist and colleagues concerns the balance between efforts and rewards of a job. The third, put forward by Marmot et al., focuses on the quantitative and qualitative inequalities with regard to the social determinants of health and well-being.

This is known, and is implemented in some places, but not widely enough. He referred to the role that could be played by regulation and legislation, and the promotion of collective agreements. He also called for mandatory leadership and occupational health education for future managers. Why does implementation of workplace mental health promotion not happen? – in part it is about a lack of awareness of the win, win, win situation at work.

SPEAKERS:

Hans-Peter Unger, Head physician, Asklepios Clinic, Hamburg-Harburg, Germany

The impact of the workplace on people's mental health and well-being

Hans-Peter Unger firstly referred to experience in his own clinical where more and more individuals with mental health problems referred to challenges at their place of work. He also was involved with the development of a local network, an alliance against depression. The first event was attended by a lot of occupational physicians. He talked about the importance of looking at the balance between risk and protective factors, between resilience and vulnerability. This can be influenced genes, personality, social groups and society. Stress is a mediating factor. It is important to understand that there are different types of depression and different types of critical stressors; some critical stressors such as psychosocial burnout develop over a long time and there is an opportunity to intervene to do something about them. There may be a downward spiral towards depression; it may take between 1 and 5 years for full depression to develop. The mind body connection is important in looking at ways to tackle risk of depression from stress. He ended by looking at a framework for delivering workplace health promotion which consists of four parts: psychotherapy, treatment and vocational rehabilitation, prevention and early detection of stress and symptoms of poor mental health; and a network structure linking these different aspects together. This will include a variety of actions, including crisis interventions, counselling and effective return to work strategies.

Dieter Zapf, Chair of the Work and Organizational Psychology Division, University of Frankfurt, European Federation of Psychologists Associations (EFPA)

Possibilities for mental health promotion and prevention of mental disorders

Dieter Zapf indicated that the workplace can both be a source of poor mental health as well as an arena to promote mental health, both through general health promotion programmes for all employees, as well as through employee assistance programmes directed at employees in need. Looking at the workplace as a source of mental stress, one well known theory on the causes of stress is that it is due to an imbalance between situational and personal demands, and the capacity to deal with these demands. This can be addressed either by changing

the situation, i.e. the working environment, or changing the person. If the working conditions and working characteristics are important for health and wellbeing, then changing the work situation seems to be a natural priority. To promote mental wellbeing in the workplace, it is not just a question of addressing stress factors, but also looking at how to strengthen positive resources in individuals, that is the resources to stimulate personal growth, learning and development. They are a key part of the balance in helping to cope with stress. Dieter Zapf also briefly highlighted areas where psychosocial stressors can be reduced, including task-related and organisational stressors, such as time pressures, role conflicts, job constraints and organisational difficulties; social stressors referring to supervisors, colleagues and subordinates, including poor working atmosphere, unfair and unjust treatment, harassment, abusive and bullying behaviour, and task/relationship conflicts; social stressors related to customers, such as aggressive customers, unrealistic customer demands and expectations and dissonant emotional demands; job insecurity is also a major stress factor. Protective resources to look at in companies include more control/autonomy over tasks, looking at task complexity and ensuring that activities are meaningful and varied. Support from colleagues and line managers is also important.

Ways in which organisational stressors could be decreased include improved work design and organisation, clarifying roles and responsibilities, breaks, team development, communication, conflict and leadership training. Measures targeted at individuals could include time management initiatives, relaxation techniques and promoting healthy behaviours. At the same time measures can be taken to promote external resources to cope with stress could be increased, such as measures to promote job enrichment, more autonomous work. Internal resources might be strengthened through measures including stress management training, occupational skills, problem solving and social and personal competence training.

Evaluation remains challenging: measures focused on individuals have been subject to meta analysis and can be demonstrated to have a significant effect. In contrast the situation for organisational measures is far less clear, with mixed results reported in the literature. Zapf interprets the current evidence based as suggesting that organisational interventions have the potential to improve health and wellbeing. The challenge in the evaluation of organisational interventions is one factor for the limited amount of studies to date. In evaluations of interventions it is also the case that participation is usually voluntary so the uptake rate can be low; it should also be acknowledged that some employees may already have a very good level of health, making it difficult to identify any further potential health benefits of action. There can also be side effects associated with interventions – for instance there might be more conflict in autonomous teams. Micropolitical issues within organisations can also act as a barrier to the implementation of actions: need support of top management for implementation to be effective. Some actors within the organisation may not benefit from an effective intervention, so they can be resistant to change, while turnover in personnel within the institution can also have an effect. In summary while the empirical findings on organisational level prevention and promotion measures are mixed, but if one looks at the potential factors that make it so difficult to implement interventions and identify what are their effects of different interventions, it should not be concluded that the intervention measures do not work, but rather than challenges in evaluation have made it difficult to assess their effectiveness.

Helmut Brand, Professor of European Public Health, Maastricht University, The Netherlands

Why health promotion and disease prevention are essential for improving population mental health and for the sustainability of health systems

Helmut Brand began by highlighting the contribution that health can make to the European economy. The evidence base demonstrating this continues to grow. He highlighted the wealth of information in the background paper prepared for the report, and highlighted the increase in early retirement in Germany due to mental health problems. Looking at the situation in the German state of North Rhine Westphalia, he indicated that while retirement due to physical health problems had steadily declined for both men and women from 1992 to 2004, retirement due to mental health problems had risen substantially over the same time period, from approximately 11% of all early retirements to 32%. Jobs have changed in the area – much less focus on heavy industrial jobs, but there has also been effective occupational health legislation focused on physical health that has made a difference. But measures to promote health in the workplace did not focus on mental health. He highlighted also that the burden of disease due to depression is to increase rising from its current position of being the thirdmost contributor to disease burden in 2004 to be the number one cause of disease burden globally by 2030. He also emphasised that when thinking about the prevalence of poor mental health in Europe, Europe is not one single

entity. So how can we maintain our health at a time of economic crisis? Of course income and taxes are needed to fund health and social care services, but poor mental health affects that ability to earn income and pay taxes, which can have an adverse effect on the sustainability of health care systems. He highlighted the threat that poor mental health will have on Europe's ability to meet its 2020 target of 75% employment. This needs to be taken into account. The need to pay out long term sickness benefits will also have a negative impact. Poor mental health will increase the workload on the health system due to demographic change, the increased risk of co-morbid physical health problems, and increases on the demands on primary, hospitals and long term treatment. So it is important to think about ways to mirror the successes in north rhine Westphalia in reducing early retirement for physical health problems; this is likely to be a particular challenge in the new EU member states there is a need to strengthen capacity for action.

Martin Knapp, Professor of Social Policy, London School of Economics (LSE), UK

The case for public health and for workplace performance

Martin Knapp highlighted the economic impact of poor mental health, because of its substantial contribution to the global burden of disease, impacting on health and other sectors, including a major impact on employment. The impacts on quality of life are very broad and they require many and varied responses from different parts of society. Moreover, mental health has many features of an economic public good and has many externalities – i.e. impacts on broad aspects of society that cry out for public action. He drew the attention of the conference to a recent report on the economic case for promotion of good mental health and prevention of mental health problems that he and LSE colleagues had prepared for the Department of Health in England. 15 different interventions were examined, and economic returns on investment calculated (varying in time horizons and in breadths of measurement). Workplace initiatives have high rates of return, while most mental health promoting interventions have a high impact on employment. For every €1 invested in the early detection and treatment of depression at work, there would be a return of more than €5; €0.50 for the health sector and €4.5 in improved productivity at work and reduced absenteeism from the workplace. The economic case for workplace health promotion programmes can be even stronger – in a 500 employee company for every €1 invested there are employment-related benefits of more than €9. There are many implications: efforts to prevent mental illness or promote mental wellbeing need public action (government or other collective) and workplaces are important venues for action. There is a need to appeal to a range of public and private interests, and perhaps to leverage those by using behaviour change models, so as to look for incentives to encourage or 'nudge' such work; including government funding and support for actions in workplaces, especially in small and medium sized enterprises. Actions in the workplace could be summed up as being about "using evidence and interests to encourage behaviour change".

Alain Sommer, Corporate Health Coordinator, ArcelorMittal.

The role of well-being for business in the 21st century

Arcelor Mittal is a large company with more than 280,000 employees and more than 100,000 contractors, working around the world. Our company has a duty of care for employees, including well-being, which is a challenging area, because there are still not common standards or guidelines for well-being, even at work. Mental health at work is a complex issue. It is in part affected by external issues, such as unemployment, poverty, addiction, and change in family life, but companies' decisions can affect employees: downsizing, reorganisation, new IT systems, or change of management methods, for instance. There is, therefore, no single solution for better mental health and well-being at work in Europe – this will vary across countries and across industries.

There are five key questions to be addressed if solutions to improve mental well-being are to be developed.

1) How to effectively promote well-being of employees?

Arcelor Mittal sites are offering more and more well-being programmes. There are 6 days dedicated to health, including well-being and stress management for each site worldwide. But the challenge is how to involve managers, and how to ensure privacy and independence of choice for workers? Tools are needed that measure

the benefit of investments into well-being activities. I.e. how does a well-being programme improve the performance of a business? This is what managers are interested in.

2) How to remove the causes of poor mental health in routine operations?

It is inevitable that business will strive to improve productivity and performance. The problem is that performance management tools do not take account of the impact on employees of changed working conditions. Performance management tools do not have a psychological dimension, so how can this be measured? How can managers be better taught to interact with their team members? ArcelorMittal has designed a special 3 hour training course for line managers on this topic.

How can the psychological impacts of changing working conditions be addressed? Managers receive very little training in change management and psychological skills; most of their training curriculum focuses on issues such as finance or marketing or logistics.

3) How to avoid that situations of crisis contribute to poor mental health?

The psychological impacts of reorganisations are not well known. Managers are not trained to manage psychological aspects during a crisis and rely on consultants. But how can psychology be put at the top of the Managers' Agenda? Middle managers need to be reached, they are critical: they are in direct contact with employees. There are also the new phenomena that employees change jobs and methods of work more frequently: but very little is being done to give people the psychological skills needed to cope during transition periods.

4) How to detect poor mental health?

In most countries Occupational medicine is not adapted for early detection. How can we fight such indifference? How to fight taboos around psychological diseases? How to organise the process of detection and early reaction? Arcelor Mittal has piloted retraining of all staff in a unit - to look after each other including their mental health. It has reduced absenteeism and accidents.

5) How to handle situations where poor mental health is observed?

In Europe, companies contribute to the State or Social Security systems. But the State or Social Security systems in many European countries are not effective in addressing the psychological disorders. ArcelorMittal sites rely on local networks of medical public, private and not-for-profit medical providers. Dr Sommer argued that taxes paid by employers should cover costs of these services: companies should not pay twice, once to State or Social Security and then to private or non for profit medical providers. Therefore, State and social security systems should be well-organised and offer effective services.

Another issue to address is the return to work of a previously mentally ill employee.

DISCUSSION

Lennart Levi posed the question of how to bridge the science policy gap. No one is questioning that there is a big gap between what we know and what we plan, so how can this be overcome?

Helmut Brand identified three areas for improvement: one is the industry itself, especially small and medium size enterprises and looking to see how they can be supported; there can also be a role for regulation to help encourage implementation; the third issue is education; better awareness of need to protect mental health within public health, and also in workplaces. We need to develop modules within public health for this and especially to build capacity.

Hans Peter Unger highlighted the need for insurance companies to come together to think about ways of financing the prevention and treatment of work-related mental health issues, and in particular to put more emphasis on prevention. He urged us to be critical of the standardisation of the human beings and our context.

Martin Knapp reiterated that the state has a very important role in this context, because of the large number of people working in small and medium sized enterprises (SMEs). These SMEs are not in strong position to implement programmes without support. The State could pool risks, perhaps through an insurance scheme, for

these SMEs. It is important, also, to align the different motivations and concerns of business economics and cost with mental well-being objectives.

Dieter Zapf said that mental health needs to be perceived as a crucial part of management, and it is too often skipped by managers, but this is not because of a lack of information. There needs to be an emphasis on positive resources as well.

Alain Sommer also emphasised the importance of better training of managers: being informed and having the necessary skills to understand the changing world of work. He also emphasised the need to look at the impact of alcohol on work, which is a major issue, but hasn't been a major focus for government policy in Europe. An effective policy against illegal drugs is also urgent. Good management is about people, and that means mental health.

Lennart Levi concluded the panel by stating that the central message coming from the discussions is that there is a need for the next generation of managers to know more about these issues than they do today; their training and education is therefore a key issue.

CHAIR / SETTING THE SCENE:

David McDaid, Senior Research Fellow, London School of Economics (LSE), UK, briefly set the scene – highlighting some of the arguments why, as Lennart Levi indicated in the plenary session, that there is a potential win / win situation for employers, employees and the public purse, if the case can be made for investing in mental well-being by both companies and the health and social security services. What can we learn from experience from both private and public sector enterprise experience to date about promoting mental health and wellbeing in the workplace? This is the issue to be covered in this session.

PRESENTATIONS:

Alexander Roediger, Director European Union Affairs, Merck Sharp & Dohme (MSD), CSR Europe, discussed an initiative to implement health literacy programmes for employees within the framework of CSR Europe's Enterprise 2020 initiative. This initiative overall aims to support companies in building sustainable competitiveness by providing a platform for exchange and innovation; foster close cooperation between companies and their stakeholders by exploring new ways of working together towards a sustainable future; strengthen Europe's global leadership on CSR by engaging with EU institutions and other stakeholders. It is supported by about 75 multinational companies and 27 CSR organisations in 23 countries. The Collaborative Venture "Blueprint for Business Action in Health Literacy" is one of the initiatives in this framework and is co-lead by Microsoft, MSD, Nestlé and the University of Maastricht. The objective of the Collaborative Venture is to develop a "Blueprint for Business Action in Health Literacy", with a view to ease the implementation of Health Literacy programs towards employees and beyond to specific target audiences (children families, patients, catering industry). In fact, the return on investment from employee wellness programmes can be as high as 6 to 1, so the economic case for action is good. Health literacy can help with these programmes, because actions to promote health must take place not just at work but also in the community. Healthy behaviour neither starts nor ends at the workplace: health competencies are required at and beyond work. Workplace wellness programmes were described as being organised, employer-sponsored programmes designed to support employees (and, sometimes, their families) as they adopt and sustain behaviours that reduce health risks, improve quality of life, enhance personal effectiveness and benefit the organisation's bottom line. An example of flexible working arrangements at MSD, including part-time, job sharing, flexitime, compressed work weeks, telework and remote work as mentioned. The presentation ended by highlighting the European Health Literacy Project (www.health-literacy.eu), hosted by Maastricht University, as well as CSR Europe's work to collect data on practice, case studies, tools and recommendations, and to develop a Blueprint for Business Action in Health Literacy. The Blueprint is due to be launched in 2012.

Albert Mariné Torrent, Occupational Risk Prevention Services, Corporació Sanitària Parc Taulí (Spain), described occupational health services at a health care trust serving the city of Sabadell near Barcelona. Since the organisation was established in 1990, the managing director wished to implement an occupational health service that would include a focus on mental health. Health promotion is focused on cardiovascular risk factors (exercise, smoking, healthy nutrition, hypertension) and mental health. Initial services are received within the place of work; if complex, an employee may be referred elsewhere. Psychosocial risk prevention is a key area of action, including: provision of psychological counselling, mental health surveillance, stress management training, ongoing psychosocial risk evaluation, actions against harassment, bullying and interpersonal conflicts. Validated tools are used to record data on exposure to psychosocial risk factors for different workers as part of regular surveys. Various examples of measures to promote and protect health were highlighted, for instance measures to improve the quality of leadership, conflict resolution skills and risk prevention training for all staff. Counselling services are available for staff who are experiencing psychosocial stress. Factors that have helped in implementing the programme include good interdisciplinary teamwork, support from the human resources department, active collaboration with the trade unions and the involvement of head and line managers in the risk evaluation and improvement process. Current challenges include the economic crisis, more limited resources and more social problems in the general population.

Elena Pauncu, Head consultant in occupational health at the water company AQUATIM SA (Romania), spoke about practices to protect mental health in the company. Since 2010 the company has been involved in projects to increase well-being at work, including addressing stress and poor mental health. The company also undertook a stress management analysis. The programme has been developed in partnership with a local non-governmental association, the ROMTENS Foundation, and technical expertise from the Dublin based Work Research Centre. It is part of the VPSSLM project, taking place in 4 counties over two years with a total budget of €480,000. Overall 60 enterprises have been involved in this project and 120 managers and human resource managers trained, plus training of experts in occupational health and public health, as well as education and information campaign. To promote mental health, the company tries to bring workers together through events such as sports, common holidays and cultural activities. Future steps will include continuation of the VPSSLM programme, involving more actors and workers, and local champions to encourage implementation and to change attitudes towards mental health.

DISCUSSION

During the discussion, the participants highlighted the following points:

1. The importance of identifying the cost of these programmes
2. The importance of Identifying the impact on absenteeism and staff turnover rates
3. Challenges in safeguarding confidentiality in small and medium size enterprises when implementing programmes to identify and tackle poor mental health

CHAIR / SETTING THE SCENE:

Jaques van der Vliet, Occupational physician from the Standing Committee of European Doctors (CPME) opened the parallel session by explaining the interest of European doctors in the conference, which is related to the high prevalence of work related disorders among their patients and the high risk of doctors themselves of experiencing these health problems. Dr. van der Vliet presented the so-called “House of Van Der Vliet” a model describing the most relevant components of a mentally healthy workplace.

PRESENTATIONS:

Christoph Oberlinner, MD, from BASF - The Chemical Company (Germany), which employs more than 100,000 people, presented the company’s Global Health Management Process in which the stress management is a relevant component. Some of its key elements were described such as the early detection of risk factors and health problems, the encouragement of personal responsibility or tailor made health promotion activities. A Global Employee Survey is also performed regularly, which monitors the risk of stress-related problems in the company. Additional initiatives include Stress management seminars for all employees, “Health oriented Leadership” seminars and occupational health checks including specific questions on work related stress.

Ivana Nekulova, Human Resources and Organisation Manager from F. X. Meiller Slaný Ltd (Czech Republic), a family-owned tipping truck producer company employing 1720 people, explained that mental health is an important issue for the company and that their corporate culture considers occupational stress as a growing problem which can affect all type of workers. The “Corporate HES Principles and Action Programme Aimed at Mental Health” regulates company activities in this area, which include: courses on mental health and combating stress for specific groups of workers, training in management style and mental health support for managers or workplace modifications (including control of working hours, monotonous activities, work overload, etc).

István Miniska, Medical Adviser from the MOL Group (Hungary), a gas and oil production company which employs more than 35,000 people in 15 countries worldwide, described the company’s health policy reorientation towards prevention and promotion and pointed out the main role of mental health promotion within the HSE Strategy. Several initiatives were described such as the COHESIO project, which includes stress management training and regular psychosocial risks assessment and the STEP programme which combines individual advice for employers (Health Plan), exercise based health programmes and actions to improve communication such as a network of local volunteers. Some learning points were transmitted, such as the importance of having good communication strategies, of promoting local champions and volunteers, assuring the involvement of families, focusing on selected target groups, or communicating well.

DISCUSSION

Following the presentations, several points were raised and discussed:

- Some strategies to involve “difficult to reach groups”, such as the middle aged “blue collar” male workers were proposed including having appropriate communication styles and environments, flexible schemes than fit specific working hours, and ongoing support by local volunteers.
- The key role of managers was stressed, and the need to take care of their own mental health and to provide them with healthy leadership and/or health oriented training.
- The role of occupational doctors was also discussed. The need of good quality training in mental health issues and of measures to reduce their high turnover was pointed out.

CHAIR / SETTING THE SCENE:

Rainer Richter, Chairman of the Chamber of German Psychotherapists (BpTK), noted that the importance of the service economy increasing, resulting in an increase in psychosocial risk factors due to stress and a reduction in physical exertion-related activities. Mounting uncertainty in the face of increased short term contracts makes other forms of gratification more important.

Dr Richter was keen for mental health problems to be better recognised as occupational illnesses. For example, post-traumatic stress disorder (PTSD) is recognised as an occupational illness in train drivers when they are involved in suicides, or in soldiers returning from combat, but other mental illness is less often recognised as occupational hazards.

PRESENTATIONS:

Marcel Reijmerink, Health Management Advisor, Agis Health Insurance (Netherlands), described Agis as a major health insurer with 13 million people under its cover, mostly in Amsterdam and Utrecht. The company wanted to address its own high levels of absenteeism, and made the decision to move from a traditional occupational health model to a structure of using freelance professionals working on a bespoke programme. A range of services was provided, according to employee requirements. Managers and employees were trained not to talk about medical model illness, and instead to reframe it in terms of current work capacity. Agis now says that the decision to take time off sick is an active choice of the manager and employee. They decide together whether a person is fit to come to work and the occupational health physician is an advisor.

When people reported stress complaints, these were equally attributed to work and non-work factors. They made it an obvious choice to work to solve these problems. Quick diagnosis followed by quick intervention had financial and human benefits for both the company and employees. The company now uses a flowchart to tailor a range of interventions to different issues, including stress, burnout, and non-work issues. Through these programmes short and long-term absenteeism has been dramatically reduced. The company intends to drive forward more activity in this field. In difficult economic situations, new approaches and adaptations are required, and Agis is rising to those challenges.

Paul Litchfield, Chief Medical Officer, BT Group (UK), started by giving the business profile of British Telecom: a global enterprise with 110,000 employees worldwide, and some 85,000 in the UK. BT has built its company framework on employee health over at least 10 years, building locally tailored packages across the global business retaining and refining the approach for cultural contexts across the world. Local tailoring is critical; because you can't apply the same model everywhere.

BT identifies several business drivers for a mental health framework, which explains the business reasons for investment in well-being of staff:

- Legal compliance - There are legislative responsibilities under disability legislation, and under health and safety regulations. BT wish to be at the forefront of meeting and exceeding their obligations under legislation.
- Cost management - Supporting employees who experience mental ill health, and improving the awareness of mental health and wellbeing across the company reduces costs from absenteeism and presenteeism.
- Diversity & creativity - People with mental health problems learn a lot from their recovery journeys, including transferable skills and increased self-awareness. BT is keen to have a workforce that reflects the skills and diversity of the population it serves.
- Social responsibility - BT has 15 million customers many of them who have experienced mental ill health or know somebody that has. BT is committed to providing an example of good practice in supporting its staff as a demonstration to customers and potential customers of its social responsibility.
- Corporate image and brand - BT wants to attract the best talent in the field. The best new talent today have many career options, and one important consideration for them in picking a company is the ethical

and social profile of the organisation, and how it is perceived. Potential employees want a company whose values they chime with.

- Enhancing performance through wellbeing - BT believes that promoting the mental wellbeing of all employees leads to greater productivity across the board, not just in those employees experiencing poor mental health or mental illness.

BT has been instrumental in the development of Business in the Community's Work Well Model (http://www.bitc.org.uk/workplace/health_and_wellbeing/healthy_workplace_model/index.html). This is an holistic model for assessing and addressing employee health and wellbeing. Business in the Community (BITC) are currently developing outcome indicators on which major UK companies will be encouraged to report.

BT has a 'People Strategy' which includes mental health, and has shifted over the years from a focus on supporting people with mental illness to promotion of global mental health with maturity of strategy implementation. The BT mental health toolkit is part of the people strategy and has a number of components:

- Promotion: BT has developed management competencies for mental health, on which managers are actively trained. The competencies have been woven into the people management training syllabus, and aim to normalise management behaviour that looks after the workforce.
- Support: BT has developed the 'Health and Well-being Passport': a voluntary undertaking designed to support people with long-term conditions, which is HR led, as opposed to medically led. There is no compulsion to complete, but BT provide employees with help to fill in passport. The focus is on what the company can do (a) to help and (b) not to hinder. The passport is agreed between owner (employee) and manager. It provides an agreed plan for action in crisis, assuaging managers fears.
- Mental Health First Aid: A one day course on what a manager can do at a relatively simple level to support someone having a mental health crisis until they get professional support. BT has 13,000 people managers, and 20% have been trained in this, with examples available of where it has made a life and death difference.
- Companies need to know that mental health is a business issue, and managers need to understand it. Most interventions are low key and low cost, and the economic cost of failure high, but human cost highest.
- Policy makers need:
 - To encourage enlightened self-interest
 - Remove barriers to implementation
 - Acct as exemplar employers

Stelios Papadopoulos, Senior Medical Adviser, Elais-Unilever Hellas (Greece), stated that employee well-being is a strategic priority for the successful organisation. The company is obliged to protect employees' mental health, and wants to do so. Policy is signed by the President, available to all, and is based on WHO definition of health. The company policy is targeted at highest level of local management, and includes mental health, and other relevant factors such as a good work/life balance. Employee suggestions are critical to the regular reviews of the policy, through leads, focus groups and via cascading through the company.

A small group based in the Greek subsidiary of Unilever looks after mental health promotion in the company. All HR managers are informed by the parent company about mental health and well-being issues. A range of health and well-being issues have been implemented.

The LampLighter programme is a holistic programme on health and well-being promoted by Unilever and rolled out in Greece alongside a range of interventions with time for clinical psychology input for managers.

Next year the company may face problems. Greek citizens have massive personal debts on credit cards, not unlike the state, and these may become increasingly an issue. The company is planning to introduce WorkAbility Index (as originated in Finland) next year.

Dr Papadopoulos highlighted that supervisors and managers attitudes to mental health are the critical barrier., and that job insecurity is next most important factor for employees' mental health and well-being.

DISCUSSION:

CHAIR / SETTING THE SCENE:

Matt Fisher, Chief Operating Officer, European Foundation for Quality Management (EFQM), introduced all speakers and explained the structure of Parallel Session 4 on Risk Assessment, Performance Measurement, and Communication of Activities.

PRESENTATIONS:

Andreas Tautz, Chief Medical Officer, Deutsche Post DHL (Germany) explained that the core philosophy of the Deutsche Post DHL, an enterprise with 5 thousand employees around the world, is called “Respect and Results” and reflects a cooperative health policy in which health is defined in broad terms.

Dr Tautz mentioned various current challenges, such as rising trends in heart diseases and depression (WHO prognosis 2020) or chronic diseases (as addressed by the World Economic Forum) which have brought different expectations of health management to companies. The speaker pointed out that it is not enough to rely on the intrinsic motivation of managers, good health and safety management is also needed, and customers and investors have to be taken to account. Management has to consider the company’s resources and daily stressors. Resources are needed to provide rewards, such as salary, breaks and job security. If these factors are not available this can lead to a subjective imbalance between commitment and reward. Social contacts, employees’ living requirements and respect in the workplace are also important motivational factors. The leadership style and awareness of impact is also important, especially in terms of a health promoting workplace design, qualification/development of decision making competence, and individual health promotion, as well as respectful relations.

In terms of risk assessment, a subjective instrument (SALSA instrument - SALutogenetic Subjective work Analysis) is used to identify the focus areas for a healthy workplace. In addition, the enterprise looks for a systematic health promotion method. Deutsche Post DHL has developed a toolbox for health promotion including interventions for mental health (e.g. seminars on stress, dedication, conflict management, etc.). Result showed that 90% of departments use measures from the toolbox and other HP resources. In addition, they have a cooperative health award to identify best-practice. Moreover employees can work as mentors in corporate social responsibility activities (e.g. GoTeach: Education: enhancing education opportunities for young people).

Concluding remarks raised the issue of changing behaviour: “Respect and Results” means less managing people and more leading people, less using misbehaviour of others as an excuse etc., and more assuming responsibility or asking for “forgiveness” or allowances.

Françoise Papacatzis, Manager, Prevention of psychosocial risks, DuPont de Nemours SAS (France), presented a model of good practice for mental health at the workplace at Du Pont Worldwide (60,000 employees in 42 countries with \$31.5 billion revenue). Du Pont’s mental health prevention philosophy is connected with the foundations and the corporate level and comprises four core values: safety, respect for people, leadership commitment and well-being in the workplace. The corporate mental health prevention plan infrastructure includes a workplace safety and health department, one doctor for each country and a psychologist for Europe, an intranet portal on physical and mental health, regular prevention campaigns, wellness checkpoints (questionnaire for self-assessment), toll-free number (independent service provider) and a network of “Respect for People” advisors (1/100 employees) as well as an established in-house procedure to handle complaints and incidents (bullying, incivility, disrespect, conflict etc.)

The Du Pont France initiative has one full-time staff member in charge and a psychoanalyst. It is a multidisciplinary approach which has been running for 20 years. Nevertheless, due to the company’s constraints and its involvement in a macro-economy environment, the prevention system includes one steering team at country level, supervision with multidisciplinary team in each site, and 7 available training sessions. The system works with a simple reference model which analyses team complaints or site dysfunctions in terms of the seriousness of incidents according to 4 categories of symptoms. Furthermore, the model produces recommendations on who can act (e.g. leadership & organisation, supervisors & human resources, individual

employees) and what can be done (e.g. strengthen social ties, provide a framework for understanding, provide recognition).

The company takes various actions on the organisational level: First, observation of the social climate through qualitative diagnosis and development of recommendations and action plans. Second, a group has been set up to share managerial practices (e.g. difficulties and best practices at team management level). Third, workshops on "Change & Uncertainty" have been developed. Du Pont France also raises the employees' resilience through stress prevention and management, by increasing awareness of psychosocial risks, managing conflicts and interpersonal incidents, prevention of addictions, training for tele-workers, self respect and respect others, prevention of harassment and communication. Critical situations are handled with individual support / counselling at each site, mediation (for individuals & teams), inquiries into dysfunctional teams, an internal process to lodge complaints when serious matters arise and the offer of a toll-free help-line number.

Positive results have been seen: for instance, complaints and problems are detected and addressed more quickly now; there is better coordination of actors and management is more sensitised and trained. Barriers have also been identified, and include: the entanglement and complexity of causes (overlapping with the private domain), internal resistance, a period of economic crisis, intensification of work conditions, and a limited capacity to influence worldwide decisions.

The presenter concluded that key factors for success were multidisciplinary skills and systematic approach, the importance to have a person (not only a process), an understanding of the problem of the organisation and of all employees, and an underlying prevention culture, as was already the case for physical safety at Du Pont".

Koen Van Gestel, Head of Prevention and Environmental Dept., Procter & Gamble, presented the Vibrant Living Programme at Procter & Gamble in Belgium. The company has 130,000 employees, 300 brands in 140 countries, \$22 billion brands and activities in 80 countries. P&G Brussels is the biggest European Research and Development centre with 1,561 employees of around 40 different nationalities.

The Vibrant Living (VL) programme is part of the Global Objectives and is as such integrated in the Action Plan of the Brussels campus. The Programme started in 2010 and aims to improve employees' work/life balance and bring about a rise in well-being over the next 3 years. Mr van Gestel mentioned key factors in reaching the objectives: Linking with company PVP and action plans, a leading by example, 100% participation, and tracking the results.

There are three pillars in the VL programme: Mind (focus), Agility (flexibility) and Body (health). Each has different initiatives. The Mind pillar, for instance, has an Interactive Self-Assessment Tool (ISAT), corporate athlete, an employee assistance programme, a network "Persons of trust", leadership training and information sessions, and "Coping with stress" training sessions. The ISAT tool is an online self-assessment programme for mental well-being. Assessment is confidential, easy to use, accessible, and voluntary. In addition, ISAT reports the results of the individual assessment and refers users to P&G programmes, providing contact information and procedures.

In December 2010, the ISAT assessment had a participation rate of 30% or 462 employees (note: the internal goal was 35%), but responses vary between departments. This analysis allows benchmarking different areas of the company. Compared with an external reference group (28,000 people) a high overall score was measured. 9 indicators of well-being showed a better result than the reference group and 1 indicator a lower result (cognitive complaints, distraction and concentration). Out of 40 risk factors (job demands, task challenges, team organisation and socio-economic context), 32 indicators scored significantly better. An employee satisfaction survey, focusing on mental well-being and work/life balance, is planned for spring 2011.

Peter Nijs, Regional Head of Medical & Occupational Health, Unilever Western Europe, started by explaining that Unilever is a global multinational company in consumer goods (e.g. foods, home and personal care) with 161,000 employees globally and with €40.6 billion turnover in 2010. In Western Europe, Unilever consists of 25,000 employees in 51 manufacturing sites (30 % of global turnover 2010).

Dr Nijs presented the global health and well-being programme "lampighter", which is linked to Unilever's "Compass", strategy and mission ("performance culture which respect our values") and the Unilever sustainable

living Plan 2020 objectives. Lamplighter comprises 5 parts: Health Risk Assessment; Nutrition; Exercise; Resilience (relating directly to well-being), and; Scorecard. For resilience, an analysis of the work-related mental and/or psychosocial risks is made. It measures the effects on mental health and well-being and monitors effects on productivity (presenteeism) and supports diagnosing mental ill-health. Interventions are carried out at different levels: primary preventive (strategic mental and occupational health advice, e.g. for an ageing workforce), secondary preventive (workshops, courses, coaching, e.g. 'We Care' programme for line managers, 'Pressure Management Indicator' for individuals) and tertiary preventive (workshops, courses, counselling and treatment, e.g. 'Busy, busy, busy...' workshops for resilience towards serious work-life balance disturbances).

Results showed positive outcomes across Europe, such as better communication between line managers and employees ("we care" programme), less short time absenteeism ('Busy, busy, busy...' workshops, reduced stress levels among participants (financial counselling).

In the conclusions the presenter pointed out that mental health and well-being are an inseparable and increasingly important part of health and well-being programmes. Building and strengthening the resilience of employees is the main goal. Analyses are needed to assess work-related mental and psychosocial problems and situation. Assessments are needed to adjust and implement the right actions, as well as regular analysis and interventions reduce ill effects of changes on individual employees and the company.

DISCUSSION:

During the short discussion time, the audience raised questions indicating the importance of assessment and evaluation in several areas:

- What is the cost-benefit from the programmes? – Economic evaluation is important for leverage.
- What is the budget for the yearly activities of the initiatives? – Transferability of good practice and the establishment of initiatives require financial information for the yearly budget estimates.
- What are the missing elements in the current legislation? – Companies can be persuaded to "add on" missing elements more easily than take up a new philosophy or whole company initiative.

CHAIR / SETTING THE SCENE:

Jesús Alvarez Hidalgo, Principal Administrator, Unit "Health, Safety and Hygiene at Work", DG Employment, Social Affairs and Equal Opportunities, European Commission, opened the session by profiling the specific situation for mental health and well-being promotion in small and medium enterprises (SMEs). Despite the large number of employees in SMEs across Europe, these organisations often have scarce resources, little infrastructure and a lack of information or access to specialist advice on how to promote employees' well-being. In addition, absenteeism (and presenteeism) has greater repercussions in smaller working units. Several EU initiatives aim to address this group, such as the 2004 framework agreement on stress and the 2007 agreement on violence and harassment. The challenge is to identify how to intervene effectively, especially in times of crisis and change.

PRESENTATIONS:

Anneliese Degen, Managing Director, DEAKON Degen GmbH (Austria), described DEAKON GmbH as a small company with many female employees with children. She equated the protection of employees' well-being with the success of the business "because it is the human relationships that give value to a company". The health promoting environment at Deakon is structured around 4 pillars: 1) A health-orientated company philosophy based upon respect and appreciation of employees; 2) A family-friendly employment, including flexible working hours and leave; 3) Equal opportunities for women and men of all ages; and 4) Schemes for older employees to continue training and make the most of their accumulated experience. Mental health and well-being initiatives include organisational measures, such as an excellent ergonomic workplace design and further training opportunities. Company mental health activities are also on offer, including massages for each employee once a month, healthy eating (e.g. fruit is provided each day), a sports programme and company hiking outings. Returns on these initiatives have been 100% satisfaction reported on employee surveys and official recognition of the company's success in this area in the form of a number of prizes awarded to Deakon for their health promotion activities.

Eva Pintarič, Head of Medical Services, Radenci Spa (Slovenia), presented mental health aspects of the company health promotion strategy which combined support for management and involvement of employees. Radenci Spa is a company of the tourism department of the Sava Group. The Sava Group is aware of its responsibility to its employees and the environment in which it operates, and for this reason runs the "three hearts health programme", which addresses 3 aspects of employee well-being: diet, risk factors and movement for health. The programme also addresses the problem of employees' problematic use of alcohol and psychoactive substances. The programme is assessed for 12 psychosocial factors, including: psychological support, clear management and expectations, politeness, recognition and respect, growth and development, workload, inclusion, psychological protection and safety. The basic measures used by the company to manage psychosocial risk are: Encouraging employees to take part in the decision-making process; An honest and impartial management style; Training and assessing managers' communication and interpersonal skills; Flexible labour arrangements; Balancing professional and personal life, and supporting culture; Acknowledging employees' good work; Providing a respectful and encouraging work environment for all employees; Carrying out regular employee-satisfaction measurements and taking action when necessary; Providing employees with the information and means they need to perform their work effectively; Taking action in the case of excessive employee workloads.

Sabine Wiederkehr, HR Project Manager, ALSTOM (Switzerland) Ltd / Field Service Centre, together with **Nina Hottinger**, Director, consultant, nhconsulting (Switzerland), described the process and outcomes of the implementation of the SWiNG project in Alstom, Business Unit Field Service Centre Switzerland. The Field Service Centre Switzerland has 500 employees, originating from 15 different nations, and has a global responsibility for servicing power plants. The unit's experienced and skilled specialists in assembly, inspection, commissioning and testing are deployed worldwide. As a result of their highly specialised tasks in the field and at the home base, Field Service employees are exposed to a wide range of stressors. Most

of them work under diverse conditions at power plants worldwide. They have to provide a service at the end of a long and complex value chain with numerous interfaces. This means that they often face considerable pressures, which may lead to stress and stress-related problems.

At Alstom, health and workplace health promotion are embedded in management processes. This is demonstrated by the annual prevention campaigns, cooperation with the Occupational Medicine Institute (IfA), mandatory health management courses for managers, and counselling provided by Social Services. Thus, for example, Alstom helps to empower employees, creates health-promoting working conditions, and recognises its business interest in – and ethical responsibility for – healthy employees. Health and safety questions are covered in detail in Alstom's Personnel Manual and Code of Ethics.

The SWiNG project (Stressmanagement, Wirkung und Nutzen betrieblicher Gesundheitsförderung) is a 2 year program, financed jointly by Health Promotion Switzerland, the Swiss Insurance Association and Alstom Switzerland itself and provided in consultation with nhconsulting, Nina Hottinger, organizational psychologist. The SWiNG project aimed to identify causes of stress, suggest appropriate action to improve employees' well-being, motivation, resilience and productivity and evaluate the processes, effectiveness and economic returns of suggested programmes for the company. The SWiNG project approach involved using the S-tool, a freely available 120Q survey to evaluate stress (<http://www.s-tool.ch/>), as well as face-to-face interviews with key personnel to evaluate stress levels and identify problem areas. The tool gives employees immediate feedback and recommendations. Results of the surveys shaped the introduction and integration of preventive interventions and measures into the different workplaces and levels. Particular challenges included the ongoing decentralisation, the resistance among the management to the project examining leadership issues and the communication of job cutbacks in the Alstom Group.

Positive outcomes were the awareness-raising of nearly all employees regarding stress and its effects, the implementation of health promotion into the managerial system of Field Service Centre Switzerland, an ongoing session of leadership inputs for interested managers every three months and the regular reflection of employees needs and well-being in teams. In summary, SWiNG started as a stress project and is now an integrated part of the organisational development.

DISCUSSION:

Several points were highlighted in the discussion following presentations, including:

- It is important that there is motivation for the insurance companies to contribute funds towards workplace MHP. In the Swiss case, these funds are earmarked for workplace health promotion.
- Commitment from top management (or even, preferably, “top top” management) is essential for the success of well-being initiatives or strategies, especially as managerial level changes are often required.
- Innovative funding schemes can be used by small companies, without access to earmarked human resources funds, to implement workplace interventions and initiatives. For example, Deakon's well-being activities (at a cost of around €10,000 annually) are covered by the profits to the company from clients *not* taking advantage a prompt payment benefit scheme (3% of price saved if payment is received in 3 days).
- It was pointed out that obstacles for small and medium companies in promoting mental health are often not in terms of cost, but rather because of a lack of information and awareness. CEOs of small companies are often not aware that there are well-being issues in the workforce or that improvement of their employees mental health is possible. In Radenci Spa, absenteeism and sick leave were recognised as problems for productivity which prompted the management to question what could be done to reduce these. Evaluation of MHP measures, including assessment in these terms, showed a clear reduction in sick leave, which convinced management of its value.
- In summary, common elements of effective initiatives in SMEs were:
 - Involving management in initiatives and integrating programmes into management style.

- Motivation of companies for implementation – reductions in absenteeism are important in providing motivation.
- Communication of positive results – this justifies action to improve the productivity of the enterprise.

CHAIR / SETTING THE SCENE:

Mirella Ruggeri, Chairperson of the European Network for Mental Health Service Evaluation (ENMESH), opened the session by presenting Italian data from the Verona region on high level of stress and burnout among mental health care staff, related to high workload and low reward.

PRESENTATIONS:

Preben Meier Pedersen, from Danish Local Government, presented measures undertaken among Danish municipalities, which employ approx. 0.5 million people, to promote their workforce mental health. A common obligation to measure well-being every third year by an e-tool ("Trivselmeter") was introduced. Sickness absence dialogues between the employee and supervisor were introduced after a sick leave longer than 4 weeks, to support return to work and address factors contributing to the employee's well-being. These dialogues are now implemented by 88% of municipalities. Municipalities are also required to develop and implement guidelines for: 1) identifying, preventing and managing work-related stress, and 2) identifying, preventing and managing harassment and violence at work. Furthermore, a handbook on health promotion in municipal workplaces has been produced.

Dorthe Bach Hansen presented a good practice from the municipality of Fredericia, Denmark, with 4200 employees, aimed at reducing sickness absence and promoting employee well-being. A "return to work" interview was introduced (after 2 weeks sick leave or after 5 shorter sickness leave spells), and staff on sick leave were encouraged to visit the workplace. Staff also received stress coping training. A qualitative evaluation indicated high level of acceptance and beneficial effects of the programme.

Maria Hallman-Keiskoski presented the "Joy of Life Weeks" model, which has been developed by the Central Finland Health Care District (3500 employees). The model responds to a need for mental health support and increased communality, identified in a staff survey. The model builds on salutogenesis and empowerment, and aims at mental health promotion by social, art and cultural happenings offered to all employees once a year.

Finally, **Pol Gerits** presented the reform of Belgian mental health care system. Belgium has until recently had a high number of psychiatric beds and long hospitalisations. A reform is now implemented (the legal framework being Article 107), building on demand-driven care circuits and networks (as opposed to the previous supply-driven hospital-centered model). Each network is responsible for 100,000 to 300,000 inhabitants and is led by a network committee. The model includes ambulatory teams, rehabilitation teams, intensive residential treatment and rehabilitative housing. Funding applications from 26 networks have been received, and the first projects have started in January 2011, and will be evaluated according to predefined target indicators. More information is available from www.psy107.be.

DISCUSSION:

CHAIR:

Tamas Kurimay, President of the Hungarian Psychiatric Association, Representative of the Ministry of National Resources of Hungary, introduced the session and the speakers.

DISCUSSANTS:

Karin Knufmann-Happe, Director General of the programme "Health Protection, Disease Control and Biomedicine", Federal Ministry of Health, Germany, highlighted the importance of looking at the whole person in promoting health and preventing (mental) health problems. The workplace, although representing only a part of an individual's life environment, is a location where people can be reached and where interventions can contribute significantly to well-being. In German health legislation, mental health in the workplace is an established priority area. Sickness funds and the statutory health insurance companies offer financial support and also information and advice. The speaker highlighted the importance of managers and argued that it was equally important to train new managers well, and to deal with existing and older managers to improve their management style and skills. She elaborated on the funding scheme: €40 million was spent on funding through the programme in Germany last year (2010). She noted that as interventions to promote workplace health are not expensive, meaning that these funds can go a fair way to providing comprehensive support.

Finally, she highlighted the importance of employers' and employees' representation in achieving successful effects through statutory intervention in workplaces.

Heinz Kaltenbach, Managing Director of the Federal Association of Company Health Insurance Funds (BKK), Germany, argued for a holistic approach involving both systemic and individual measures, promoting physical and psychological well-being. He stressed the importance of prevention of mental health problems for the insurance funds and highlighted the need for effective rules and regulation for prevention.

BKK has elaborated guidelines for prevention which are available online through the association's website. These include recommendations to increase action in the areas of: musculoskeletal protection, diet, stress reduction, health-conscious management and prevention of substance abuse in the workplace.

Mireille Fontaine, Medical Advisor, Health Department, Ministry of Labour, Employment and Health, France, emphasised that workplace health promotion was a key aspect of public health policy, involving the Ministries of Labour and Employment and Health. Working conditions are recognised to have a key impact on health. Previously, labour issues and public health issues had been separated, but there are active efforts now to coordinate the two. Issues around different streams of finance, through social security system and other health insurance. The occupational health department has been focused recently on dealing with the important issue of suicide in the workplace. Suicide rates are still too high, but there is now a new strategy on suicide, including suicide prevention in the workplace.

Marianne Richard-Molard, Director of Labour, Ministry of Labour, Employment and Health, France, emphasised that there is a need to take account of different views and perspectives on workplace mental health, recognising that the organisation of the work itself can adversely impact upon mental health and that only a proportion of this stress can be effectively protected against by individual resilience. Policy initiatives must have an impact on factors such as working conditions, the environment and culture. Furthermore, prevention is not just an activity for the medical profession; there must also be an emphasis on mental health as part of the management culture of workplaces.

The country previously had a low rate of engagement in assessing psychosocial risks at work. The issue of suicides at France Telecom was instrumental in bringing this to political notice.

This context brought the Minister of Labour to present an emergency plan on stress in October 2009, which led to the signature of 250 agreements between social partners in companies employing more than 1000 workers. These companies have started to undertake an assessment of psychosocial risk, and will then be able to decide what action plan can best contribute to building prevention in the workplace. At the same time, a report has been prepared for the Prime Minister with several proposals; one of them is looking at linking the pay of managers to mental health at work.

A key challenge remains the promotion of mental health in SMEs (80% of the French workforce) – the Labour System of Inspections can be one way of addressing this issue; occupational health services can be developed at work. Guidelines are being developed by a working group for enterprises employing less than 50 workers.

These will be presented on the website: www.travailler-mieux.gouv.fr

Consultancy specifications are also being developed by the Ministry of Labour to help enterprises wishing to contract expertise to choose high-quality consultants.

Several preventive state organisations must cooperate for prevention and promotion in workplaces. These include: The Ministry of Labour and National Agency for improving Working Conditions, Medical systems included in the Ministry of Labour and the Social Health Insurance System, connected to the Ministry of Health which is actually connected with the Ministry of Labour.

Key questions are: how co-operation is organised across different sectors and different levels, national, regional and local? How can dialogue between the social partners be strengthened on these issues? There needs to be a co-ordinated approach to these issues.

Philippe Bielec, from the National Health Insurance Fund for Salaried Workers (CNAMTS), France, started by pointing to the rising costs of mental health problems in workplaces. He noted that work-related stress is still not recognised as an occupational disease, despite being the cause of costs close to those of cancer in France (around € 16 billion). Dr Bielec said that there was a case for helping employers and employees, including the training of personnel to be more aware and handle psychological issues.

The initiative to train CNAMTS personnel in mental health issues started in 2005, with an increased political interest resulting in greater activity after the well-publicised wave of suicides in the telecommunications industry. Since 2009, around 200 colleagues have been trained to monitor psychosocial risks in work settings.

He pointed to the importance of management and the psychological role of work. He also called for managers to be more 'human' and highlighted training in communication as key to reducing occupational stress. He finished by stating that the leitmotif of the organisation was the elimination of sources of stress, over and above the question of raising salaries and other incentives or rewards to workers for bearing stress.

Nadja Cobal, Secretary of the Governmental Council for Mental Health, Ministry of Health of the Republic of Slovenia, stated that in Slovenia there was still no strategy for mental health at the national level, but to address this issue a national mental health programme has been developed over the last two years, and will be enacted into legislation through the framework of the 2008 Mental Health Act. The programme recognises approaches set out in European strategies, in particular the European Pact for Mental Health and Well-Being. There is special emphasis on the promotion of mental health in the world of work, including measures to promote education and training of professional and non-professional groups to raise awareness about good mental health and the skills needed to cope with mental health problems, and a strategy for development and implementation of activities for prevention of mental disorders and suicidal behaviour in different environments: family and educational institutions, workplace, social and sheltered institutions, institutions for detention, etc.

The programme also acknowledges that measures need to be taken to help get people with mental health problems back into work, by addressing their particular needs and abilities. Slovenia has adopted the Act on Rehabilitation and Sheltered Employment, which stipulates that enterprises with more than 20 employees are required to employ people with disabilities, or otherwise to pay a certain amount to a special foundation. Five

specialised enterprises in Slovenia are already providing sheltered employment for people with mental-health problems.

The speaker concluded by adding that the Slovenian Ministry of Health expect that implementation of mental-health programme and intersectoral collaboration will further improve the mental health of the general population, as well as vulnerable groups within the population.

Samo Fakin, General Director of the Health Insurance Institute of Slovenia, discussed the models of good practice to cope with absenteeism that have been introduced into Slovenia. At present, employers are responsible for covering the costs of sickness benefits for the first 30 days of absence, with the Health Insurance Institute of Slovenia covering costs after the first month. In 2010 this accounted for 10% of all Health Insurance expenditure. A number of activities have been undertaken to address this issue, including the publication of a national tender for better health promoting workplaces, a conference and regional workshops on absenteeism and the publication of a handbook on health promotion at work. Leadership and managerial styles at work are important; it is also important to help motivate workers by setting good values, maintaining good communication, improving and maintaining workplace relationships, safety and trust. It is also important to demonstrate that workplace health promotion projects have economic benefits.

CHAIR:

Master of Ceremonies, **Elke Schroer**, from the German Federal Ministry of Health,

SPEAKERS:

Rainer Schlegel, Director General of Labour Law, Occupational Health and Safety, German Federal Ministry of Labour and Social Affairs spoke about the challenges encountered in the creation of a modern, sustainable, work environment. He highlighted some of the impacts on business and the economy noting that one in three workers feel under permanent stress, with a similar number reporting burnout. argued for a holistic approach to be taken to poor mental health at work. The key is to organise work right and promote more empowerment for individuals over their work. Prevention is the best health protector, but what is critical is that all the different stakeholders, including ministries of health and labour come together. There need to be guidelines to integrate the detection of psychological strain in the workplace. He pointed out that occupational health in Germany is mandatory: companies and the health funds are incentivised to work together. Up to €500 per employee, per year can be deducted from company tax for occupational health services. Companies are getting support to implement relevant human resource measures. By 2013 there psychosocial stress will be a target in its own right. Looking at psycho-social risks is still seen by many as a new phenomenon. 40% of strain is due to work and unemployment is another key stressor. But stress can also be positive. He also noted the interaction between musculoskeletal and mental health problems as well – physical and mental health problems can be inter-related.

Dame Carol Black, National Director for Health and Work, United Kingdom set out the goals of national policy on well-being at work, stating that we want to have both well managed organisations and healthy, engaged workforces. These will contribute to a high-performing resilient workforce and enhanced productivity, which in turn contributes to a well functioning society and better economic performance. Mental health is essential to achieve these goals. Poor mental health is the most common reason for employees having sickness absence. Two-thirds of sickness absence in Great Britain is due to mild and treatable conditions, often with inappropriate 'medicalisation', and needing vocational rehabilitation. Depression, anxiety, and stress-related mental health problems were estimated to cost £28.3 billion in 2009, with musculoskeletal conditions costing a further £7 billion in 2007. There are links between poor physical and poor mental health: 25% of people with arthritis report a co-morbid mental health condition. 12.8 million working days (40%) are lost due to stress, anxiety and depression; sickness absence due to mental health problems lasts longer than for other conditions. Stress costs the UK economy £4 billion per annum. Moreover, people with common mental health problems are 60% less likely to be employed and 40% more likely to be inactive than people with other health conditions. Up to 90% of people with mental health conditions are reported as 'wanting to work' compared with to 52% for people with other disabling conditions. The speaker mentioned that a model for cross-country collaboration could be that of the Fit For Work coalition, which has focused on musculoskeletal health but acknowledges the co-morbidity of mental health.

The promotion of physical health and fitness, and the prevention of physical disease, are highly-desirable goals, often pursued by companies, whilst the promotion of positive mental health is pursued by too few companies. The speaker highlighted a number of health, work and wellbeing initiatives in the UK including the Fit for Work Pilots throughout Great Britain, which address the underlying causes of absence from work, through a one-stop supported approach, with practical non-medical support and occupational health services as required. Many of the underlying causes of problems are not medical. Case management helped to provide support, but without such support individuals are more likely to end up in benefit system and their chances of returning to work diminish within a few months. Another policy initiative has been to expand access to psychological therapies, linking this to employment advisors. This links the world of work to psychological interventions, which are delivered by regional and local health services. So far this seems to have been a very good combination. There is also an occupational advice helpline for small & medium enterprises and GPs, with a special focus on mental health. Provision of seed funding to help SMEs develop health and well-being services has been a useful

initiative. Some larger companies have invested in mental health initiatives, for example Airbus Industries where there is a partnership with a NHS mental health Trust to develop a programme around mental wellbeing in a very male-dominated environment. The initiative has saved £1.7 million in costs over three years, with a decline in sickness absence and broader benefits to families of employees. Carol Black ended by emphasising that we need awareness training for line managers, measures to help prevent problems occurring in the workplace, better access to help for employees, including psychological help, and effective rehabilitation for all those who need to take time off, including regular contact with employees during periods of absence.

Eva Jané-Llopis, Head of Chronic Disease and Wellness programme at the World Economic Forum, and **Paul Litchfield**, Chief Medical Officer, BT Group, gave a joint presentation on the World Economic Forum Wellness Alliance, a consortium of 40 large private sector employers. Chronic Diseases are seen as one of the key global risks to the world economy over the next 10 years; the risks of co-morbid physical and mental health problems are pronounced – up to 27% of those with diabetes and 33% of those with cancer may also have mental health problems. Work by the Milken Institute in the US suggests that significant economic costs could be avoided if more positive mental health could be attained. The Workplace Wellness Alliance recognises that employers can directly reach 60% of Europe's working age population. They also recognise the potential economic and business benefits of better workplace health and mental wellbeing. The Alliance has developed a cost calculator to estimate the return on investment in workplace wellbeing programmes. Most of the work to date has been conducted in the US and there is a need for more European data, as well as studies looking at the cost effectiveness of interventions. The Alliance is working towards a standardised set of metrics to measure health and wellbeing. They will also provide online access to examples of workplace wellbeing approaches adopted; but key challenges are to develop strong evidence to reflect the changing world, agreeing new creative measurements, methodologies & evidence levels, integrate mental health components into health promotion programmes and Incentivise partnerships for external evaluations in real world.

Paul Litchfield then looked at the role of the private sector, first looking at the challenges to mental health and business during an economic downturn. Issues such as absenteeism, presenteeism, organisational commitment and job satisfaction can be adversely affected further. Performance can fall, employee turnover can increase and there may be long term impacts on those who lose their jobs. Wellbeing is the key to sustainable engagement and business performance. Looking at guidance developed in the European Telecoms Industry on Good Work / Good Health, there are three types of action: education and training, assessment and practical support. These may be used for primary prevention, secondary intervention and tertiary rehabilitation. Key actions include training and guidance for managers to help recognise signs of stress and to help manage employees to effectively return to work, risk assessment and stress audits, the adoption of flexible working arrangements to help balance work and family life, the availability of confidential employee assistance programmes and psychological support services for those with poor mental health. Actions by employers will also have wider benefits for society. These not only include the prevention of poor health and thus freeing up of scarce health care resources, but also positive 'contagion' effects of wellbeing on family members, increasing knowledge and capabilities in society, as well as reducing stigma around poor mental health. The challenge is how to increase the engagement of employers. While this is possible for large scale employers it may not be scalable to SMEs, with limited involvement of the state, an immature service provider market and an insurance market that seems reluctant to engage. Litchfield called for a public-private partnership in workplace mental health, which would incentivise rather than penalise companies for engaging in workplace wellbeing initiatives and facilitate the use of evidence-based interventions at local level. Partnership working could help encourage awareness training for managers and employees, and improve the understanding of health care staff on the importance of the workplace. The public sector can also itself do more to act as a champion of good practice and do more to help facilitate rather than put up artificial barriers to return to work for those who do experience poor mental health.

Mathijs Muijen, Regional Advisor, World Health Organization Regional Office for Europe (WHO/Europe) spoke about WHO's work in this area, noting that not only the theme of the conference, mental health and employment, but also the cumulative impact of the series of important themes addressed by the EC within the scope of the

Mental Health Pact have been important in setting a mental health policy agenda in the WHO European Region. Also spoke positively about the partnership with the European Commission that has been in place since the Helsinki Declaration on mental health in 2005. A key issue at present is reducing health inequalities - physical, mental and social wellbeing - by levelling up the health status of the weakest segments of the population and across social gradients. This includes depression, including gradients between socio economic groups within the workplace. An important additional question is whether we, by our efforts to promote health and wellbeing of the population, add value to the social, economic and human development of countries and regions.

A new European Health policy 'Health 2020', now to be developed by WHO, takes a holistic approach to the determinants of health: social, economic, environmental and health care system. It will build upon previous initiatives including 'Health for All', 'HEALTH21', the Tallinn Charter and the EC Mental Health Pact. Tackling chronic disease, including mental health problems, was highlighted as a key concern and the principle cause (85%) of mortality and morbidity. This burden poses a serious threat to health and socioeconomic development. For many people, even in the EU, they create a poverty trap, causing catastrophic health expenditures and poverty, and to businesses they add significant costs to quality and competitiveness. The challenge posed by CVD, cancer, diabetes and respiratory diseases will be addressed at the highest level in New York this autumn, at a special session of the United Nations on Non-Communicable Diseases (NCDs). WHO/Europe will also be launching its NCD Action Plan at our Regional Committee this September. Dr Muijen stated that mental health should not be excluded and marginalised for a variety of convincing reasons raised by EU Member States. The links with physical health are one key reason, noting that there is no mental health without physical health; conditions such as depression or schizophrenia are also powerfully associated with poverty, mortality and unemployment.

As part of this process a new WHO mental health strategy for Europe will be developed by September 2012. The process for developing the strategy will be inclusive involving all key stakeholders, including the European Commission and the world of work. It will build upon work on the social determinants of mental health and advances in services. The provisional scope of the strategy will include mental wellbeing across the life-cycle, reducing inequalities in access to services, quality and safety of interventions and good physical health for people with mental health problems. The Commission's Pact for Mental Health and Well-being has produced a comprehensive agenda for action, and the new WHO mental health strategy for Europe will build on these foundations.

CHAIR:

Ray Xerri, Governmental Representative, Ministry of Health (Malta), opened the parallel session by introducing the speakers and explaining objective of the session which was to explore current and desirable governmental initiatives to promote mental health and wellbeing at work.

PRESENTATIONS:

Andreas Horst, Federal Ministry for Work and Social Affairs (Germany), presented the New Quality of Work Initiative (INQA), a joint action of public and private organizations launched by the Federal Ministry of Labour and Social Affairs with the aim of advocating for a new quality of work in Germany. The initiative develops research actions, disseminates good practices and performs cooperative thematic work, among other actions. Additional issues raised included the key role of an employee oriented corporate culture in the economic success of the company, or new challenges including the future increase in old age working population.

Marianna Virtanen, Member of the Steering Group, MASTO Project, Finland, presented the MASTO project which was developed by the Ministry of Social Affairs and Health and aims at promoting practices for well-being at work and reducing work disability related to depression.

The project includes actions at different levels:

- promotion of wellbeing in all workers,
- prevention of depression in those at risk,
- early recognition and treatment, and
- rehabilitation and return to work.

19 specific goals and projects have already been implemented. Actions also include training for professionals, expert working meetings or regional events. Some proposals of changes to legislation have also been made.

Jose Manuel Lozano-Gotor Perona, on behalf of **Jose Luis Lopez Hernández**, General Director of Management and Evaluation of Regional Ministry of Health and Social Welfare, Castilla-La Mancha (Spain), presented their regional Programme for (re)integration into the labour market of people with mental health problems, other types of disability and of those at risk of social exclusion. The programme is jointly run by different public bodies (which cover areas of employment, health care and social services) and users' associations, and includes both professional training of candidates (up to 17 different training courses are offered) and supported employment programmes, most of which are developed by a public company ("Social Mancha"). Results of the programme were also presented, with an ongoing reduction on the dependence on public funding and an increase in the number of hired workers.

DISCUSSION

Following the presentations, several points were raised and discussed:

- The need for appropriate legal tools to promote concrete actions, such structural and/or organisational changes in workplaces, was stressed, as these have not been widely developed in most countries.
- Several aspects related to the training in healthy management were discussed, in particular the need to incorporate such issue in the curriculum of different undergraduate studies.

CHAIR:

Robert Anderson, Head of Unit "Living Conditions and Quality of Life", European Foundation for the Improvement of Living and Working Conditions, briefly explained the structure and aims of 'Eurofound'. The members include 3 partners from each of the EU 27 countries: 1 governmental representative and one from each of the social partners, giving a total of some 100 staff. As chair, he went on to outline the aims of the session, to identify priorities for action and responsibilities for taking such initiatives, and to highlight implementation factors in effective action. He added that the topics addressed should be broad, reaching beyond that of stress reduction initiatives to include aspects such as recruitment (including those with mental health problems), activation of those on benefits, attention to young people, retention, balancing work with other aspects of life (including caring duties of those with young and adult dependents) and well-being of older workers.

PRESENTATIONS:

Norbert Breutmann, Head of the Work Science Department at the Confederation of German Employers' Associations (BDA), Germany, focussed on the cooperation of employers with the social security system to promote mental health in the workplace. Mr Breutmann started by outlining current trends in mental disorders and the worrying outlook for the future, stating that the increase in mental disorders is set to increase. He emphasised that only a proportion of mental health problems (25%) are attributable to workplace conditions or task design, and therefore argued that the influence of employers on the mental health of their workforce (for example, through risk assessment) is limited. He highlighted the joint responsibility of employers and employees to work towards better mental health in the workforce.

Mr Breutmann mentioned several programmes in German companies aimed at improving employee resilience to stress and promoting employees' mental health. He also highlighted the support provided by the statutory accident insurance and health insurance companies which provides a competent infrastructure for consulting in this field. Finally, Mr Breutmann mentioned the Regional competence networks organised by large companies, which have been set up in Germany to enable rapid response and early intervention in cases of mental health crises at work. He stated that these competence frameworks need continued support and emphasised their importance to facilitate action by small and medium sized employers.

Hanns Pauli, Head of Occupational Safety and Health Unit, Confederation of German Trade Unions (DGB), Germany, started his presentation by stressing that mental health issues are not only a problem of (a minority of) workers and with a comment on the previous presentation: that the BDA favours programmes concentrating on resilience of workers, whilst organisational factors also need to be addressed. Mr Pauli mentioned the particular challenges faced in Germany: that health and safety is not seen as a priority for top management, that psychosocial risk assessment is patchy across employers and implementation of health promotion could be also better.

Mr Pauli then described the ESENER study outcomes and recommendations. The study found a very variable extent of interventions of stress in Europe. In Germany, the social partner agreement on work-related stress has been conducted only in some branches/enterprises. The recommendations arising from the study include: Better job content (i.e. improvement of tasks in some of the more demanding roles, such as carers of older people); appropriate workloads and work pace; greater employee participation in decisions, better communication and organisation; adequate equipment and environment at the workplace; less time pressure. Mr Pauli concluded that actions to be prioritised were that a) the social partner agreement should be better executed, and b) better links made between risk assessment and health promotion action.

Laurent Zylberberg, International Employee Relations Director at Orange - France Telecom Group, and Chairman of the European Telecommunications Network Operators (ETNO) Employment, Health and Safety Working Group gave a presentation jointly with **Catherine Varriot**, from the European Trade Union Federation UNI Europa, and elected member of the French Democratic Confederation of Labour (CFDT) on the project

“Good Work Good Health (GWGH)” for well-being in telecommunications workplaces (www.gwgh.eu). Their partnership in planning dates back to 2007, with the project being put into practice in 2010. They pointed out that telecommunications companies, as one of the fastest growing industries, were leading in new technological changes and, consequently, the workforce were exposed to psychosocial risk factors. The human and financial impacts of poor mental health in workplaces were too great to ignore, irrespective of whether the root cause is the workplace or problems originate elsewhere.

The GWGH project developed guidelines which are available in 9 languages. Learning from a previous set of guidelines developed in the area of muscular skeletal disease prevention, the guidelines were developed by the social partners in cooperation, following an independent review of knowledge and practice. Further steps of the project involved maximising accessibility and dissemination of Guidelines and the assessment of awareness, usefulness, and altered practice. The project identified 4 steps in implementation of good practice: 1) Stakeholder Engagement (leadership commitment, middle manager adoption & workforce support); 2) Constructing the Programme (framework, re-sourcing and communication); 3) Defining Metrics & Measuring Impact (choosing from existing measures, benchmarking & obtaining baselines); and 4) Review, Refresh & Renew (use data to bring about change, audit and horizon scan).

Finally, the speakers highlighted the importance of justice in the workplace as a determinant of workers' mental health and subsequent work performance. This was elaborated on by Paul Litchfield, who explained that, especially in times of change and restructuring, it is important to employees' well-being that 3 types of justice are perceived: Distributive justice (fair selections), procedural justice (how such selection is done – transparently and fairly) and interactional justice (transparency and fairness in how changes are communicated).

Susan Flocken, Policy Coordinator for Teachers' Health and Safety, introduced the European Trade Union Committee for Education (ETUCE), an umbrella organisation representing 135 teacher unions in Europe and outlined ETUCE's health and safety objectives. The Committee represents teachers' organisations in all educational settings, strives for high quality in educational outcomes and facilitates the social dialogue between unions and education employers. Three recent projects on Work-Related Stress (WRS) and 2 projects on Violence and Harassment (V&H) against Teachers (including cyber-harassment) were presented. Outcomes of the WRS projects are: an Autonomous Framework Agreement and implementation guide on WRS; the ETUCE Action Plan on WRS; and an Implementation Report. ETUCE projects on V&H had resulted in: survey reports on the topic; an updated ETUCE Action Plan on Preventing and Tackling Violence in Schools (with recommendations at the EU level, trade union and school level); and a publication, “Practical Guidelines for Anti-Cyber Harassment Measures in Education”.

Ms Flocken then presented good practice examples from different countries across Europe in the areas of work-related stress, violence against teachers and cyber-harassment.

DISCUSSION

Following the presentations, it was mentioned that, while agreements between the social partners were in some cases in initial stages, they are vital to success. In some cases, successful sectoral or local collective agreements have been developed. However, it is also important to look at facilitators to go beyond agreements and put action plans and recommendations into action.

CHAIR:

Stijn Jannes, Senior Policy Advisor, Mental Health Europe (MHE), opened the session with a range of thought provoking quotations, before inviting Ann-Laure Donskoy to read a passage written to her by a colleague from a service user, about her experience of being a person with a mental health problem being asked to find work or risk losing social security support.

Fitting Square Pegs into Round Holes

I am a square peg. The world of work you have created is a round hole. You tell me I must fit into this round hole. I try and I try but no matter how much I twist and turn and push myself I cannot seem to make myself fit. You tell me to try harder.

You offer to give me training so that I can squeeze myself into your hole. I hold my breath in the hope that I will fit, but eventually I gasp for air, and I must either suffocate in your hole, or escape to live. Your response is to cut bits off me so that I can fit – an arm; a leg; an aspiration; my thoughts; bits of my personality. Still I am not a perfect fit. You tell me I must try harder. Just as I think I have found a way to make myself fit, you make the hole smaller – more 'efficient' you say. I scream with frustration. You tell me you will give me an incentive to work. You will make work pay. By driving me into poverty you will force me to cut off more bits of myself – the pain is better than starvation or being homeless. Still I cannot fit your hole. I beg you to make the hole bigger so I can at least partially fit. You say this is not your responsibility. You must be globally competitive. I must be economically productive. I must make you a profit, no matter what the cost to me.

There is a better way.

I am a square peg. Your world of work is a large hole filled with plasticine. You invite me to fit myself where I can. I push myself in with more ease where I can. I make a square hole just big enough for me. Others can fit themselves into the plasticine where they can; square people; round people; triangular people; and between people of every shape and size. People who can change their shape mould themselves into the gaps around us.

Together we make a team. The more different kinds of people there are, the easier it is to fill the hole.

The United Nations convention on the rights of people with disabilities which came into force in the EU in January of this year, offers a chance to begin this process not just for people with disabilities but for all human beings.

"Diversity" not "Disability" is the future.

Truly then we will all be in it together!

(Rosemarie Stevens, 2010)

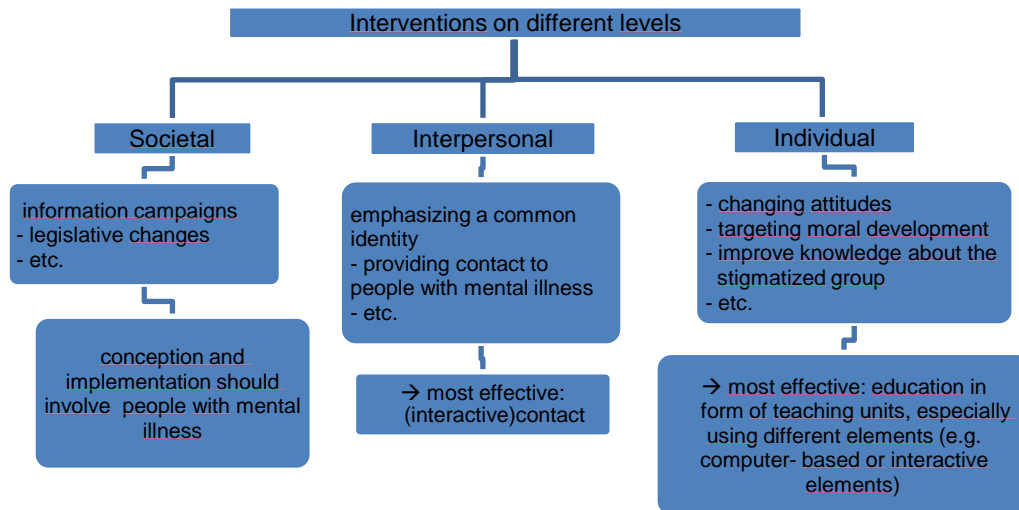
PRESENTATIONS:

Wolfgang Gaebel, Chairman, German Alliance for Mental Health

Professor Gaebel discussed the German Alliance on Mental Health activities on mental health at work. The German Alliance for Mental Health is 70+ organisations, including health, user/carer, civil society and medical organisations. It has undertaken a range of activities explicitly relating to mental health at work, and in other areas, such as stigma reduction which are of direct interest in workplace contexts.

Research on de-stigmatizing interventions: The Alliance recently published a paper on review of stigma interventions, funded by the German Federal Ministry of Health (Gaebel, Ahrens and Schlamann, 2010)¹. The comprehensive review is available in German, and summarises a range of activities and interventions which are supported by evidence and operate on a range of levels, summarized below:

¹ EN summary at http://ec.europa.eu/health/mental_health/docs/konzeption_sum_en.pdf



Work on mental health at work: A conference report from event on “Mental Health and Wellbeing in The Workplace: Protection and Inclusion in challenging times“, was produced in 2009. Several subsequent events and symposia have been held with occupational physicians and others, usually in the context of existing events and conferences. The next topic is a symposium for autumn 2011 on (re)integration of people with mental health problems. A workplace intervention was developed based on the “Open The Doors” work, which was developed with and delivered with people with lived experience.

The Alliance organises mental health week, comprising 150 events in Berlin each year. This year a research seminar will be held.

Finally, the key message from Professor Gaebel was that we need to evaluate effectively, in order to know what really works.

Anne-Laure Donskoy, User researcher, representative of ENUSP (European Network of (ex)Users and Survivors of Psychiatry), presented a combined input prepared in collaboration with Professor **Peter Beresford**, who was unable to attend. She started by asking the question ‘What is the workplace?’ The answer suggested was a complex environment with politics, interactions and activities, and involving a certain element of identity change. Numerous activities in the workplaces are designed to alter the identity of the employees, including working to change and affect sense of self, meaning that work can become a dangerous place for mental well-being. Most of the time, work-related risks to physical health are far better managed and accepted and more publicly known than those relating to mental health.

Psychological testing is often also used to select only those who are psychologically well-fitted to a particular workplace, and who are subject to many pressures once in the workplace.

People with mental health problems are acutely aware of the benefits of work in terms of finance, well-being, validation etc., and that once in work, confidence and skills are key to achieving good mental health. They are equally well aware of some of the difficulties that undermine, exacerbate or trigger their mental health problems.

If work is constructed as a social right, more needs to be done to achieve equal access, using financial, support and other levers. We need to be very wary of one size fits all interventions. There is much to be learned from the disability movement about equal rights to access. Culture is a critical word in the work environment; in particular there is a need to acknowledge conflicting cultures and agendas between different parts of the work environment which can undermine efforts to support employees with mental health issues. Culture is also a critical function to maintain mentally healthy environments in the workplace.

Ms Donskoy noted that work is, however, often constructed as a social obligation, which means that people with mental health problems are often placed at great disadvantage in having to seek any job or face literal withdrawal of financial means. She highlighted that people don’t cease needing to deal with the experience of mental illness just because government changes the definition of illness/disability; the realities of psychosocial impairments make the process of having to find and stay in employment hard.

Finally, she pointed out that where employers or employment systems don't help, people will often seek alternative arrangements, such as self employment (which enables individuals to keep their working attendance private), taking into account that in some countries such as the UK the requirement for pre-employment health screening can mean that people with mental health problems become unemployable (having a broken or chequered employment history). She stressed that people with mental health problems needed flexible, individual solutions rather than generalisable one size-fits-all schemes which are counterintuitive to their needs and aspirations. She also pointed out the need for the systematic implementation of "reasonable adjustments or accommodation", which is required under the United Nations' Convention on the Rights of Persons with Disability in order to support properly persons with mental health problems in the workplace. Finally, alternative solutions, suggested and perhaps more acceptable to individuals with experience of mental health problems, include: Social firms for self-organized work and bringing people together in collectives/cooperatives.

Grieke Forceville, Director of the Flemish Centre for Suicide Prevention (CPZ) and member of the Taskforce on Suicide Prevention in the Workplace, International Association for Suicide Prevention (IASP), described the Flemish action plan on suicide, which has a five-strategy approach and a target to reduce by suicide rates in Flanders by 8%. Workplace activities are a critical component of the work.

Suicide is a major workplace health issue. Most people who kill themselves are in the working age population, and around 2% employees regularly think about suicide as a result of work-related problems. The impact is therefore on a double bottom line: saving money and saving lives.

The five IASP strategies can be applied in workplaces:

- Mental health promotion in work
- Provide helplines and online assistance
- Education and training of gatekeepers
- Influencing triggers, e.g., by controlling the announcement of suicides/risks, limiting access to means.
- Special care for high risk groups, such as post-vention for those bereaved by suicide, including colleagues.

Dr Forceville presented several case studies of the action plan:

NMBS (Belgian railways), used all five strands of the plan, against a background context of high Belgian suicide rates, and then a major privatisation requirement to restructure. Previously, there was an absence of MH/suicide policy, and high level of exposure to suicide via work. The company developed a universal suicide prevention policy, as well as selected (risk groups) and indicated prevention (post-vention for those already with mental health problems). Careful preparation resulted in the issue being placed on the central health and safety panel at a high level in the company. However, a benchmarking exercise revealed that many managers perceived suicide as 'a personal problem, not work related' and awareness wasn't rolled out universally. Instead key managers rolled out the action plan in their own services, which involved 3 days of intervention skills training, two days together, then a third following reflection. The evaluation, carried out by LUCAS Catholic University, and based on SIRI (Suicide Intervention Response Inventory), recommended periodic intervention skill training for people coming into contact with suicidal people. The Flemish Survivors of Suicide group produced a publication on managing situations following a suicide including three cases, mourning leave, supporting people back to work which is available in Dutch and French.

In the Trade Union InBev Brewery (Stella Artois) case, following a suicide, the union wanted to publish a document blaming a suicide on restructuring. Following consultation, the union altered what was a stigmatising document into something productive.

DISCUSSION

CHAIR:

Bob Grove, Joint Chief Executive, Centre for Mental Health, UK, chaired the session.

PRESENTATIONS:

Christian Pangert, Safety & Health Department, German Statutory Accident Insurance (DGUV), Germany, discussed the German Joint Occupational Safety and Health Strategy. He first of all highlighted the role of statutory accident insurance in the German Social Insurance system – with accident insurers for the industrial, public and agricultural sectors. Up to 70 million people are insured, covering 3.6 million companies and institutions, including SMEs (even companies with very small numbers of employees). The legal mandate of accident insurance is to prevent occupational accidents, occupational diseases and work-related health hazards, investigate their causes, provide effective first aid, and ease the effects of occupational accidents and occupational diseases, through all suitable means. This is done through a strategic framework of awareness raising (counselling and supervision, preventive medical check-ups, publications such as guidelines or leaflets and campaigns / events), developing competencies and capacity building (counselling and supervision, initial and further training, research, and setting rules and regulations) and co-operation, for instance through the German Joint Occupational Safety and Health Strategy, Research and Network Partnerships and Internal Committees.

Elfriede Kiewewetter, Austrian Network WHP, Upper Austrian Health Insurance (OÖGKK) and **Klaus Ropin**, Health Specialist, Gesundheit Österreich GmbH / Fonds Gesundes Österreich, Austria, gave a joint presentation on the Austrian approach to workplace health promotion.

Elfriede Kiewewetter talked about the origins of the Austrian Network of workplace health promotion. Founded in 2000, it has a national coordination office at the Upper Austrian Health Insurance, with regional offices in all nine provinces (mostly located at the health insurances). Partners of the network include amongst others the Accident Insurance Institution (AUVA), the Central Federation of Social Insurance Carriers (HVB), the Chamber of Labour (BAK) and the Economic Chamber Austria (WKÖ). The network provides support to companies in implementing workplace health promotion and funding to support the company's work on WHP is received from the Fonds Gesundes Österreich (FGÖ). The work of FGÖ is based on the Health Care Promotion Law, released in 1998 (Gesundheitsförderungsgesetz 1998). The FGÖ is a national competence and funding centre of health promotion and primary prevention with a holistic understanding of health (bio-psycho-social). It has an annual budget of €7.25 million from public funds. Funding priority is aspired to be given to work in SMEs. 40 Austrian models of good practice were developed in the course of the ENWHP campaign "Work in tune with life. Move Europe". There has also been some focus on mental health specific issues, e.g. guidelines on mobbing and burnout. Incentives for companies exist through a quality assurance programme, with payments of up to €7,500 for companies that achieve a quality label for longer than three years. These monies must be used for health promotion activities. Some examples of working with the partners of the network such as Trade Unions and the Economic Chamber of Austria were highlighted.

Steve Bell, Director, Scottish Centre for Healthy Working Lives (SCWHL), NHS Scotland, and **Marjorie Sloan**, Head of Corporate Affairs, Raploch Urban Regeneration Company Limited, UK, presented the approach implemented by the SCWHL and then looked specifically at the experience of one company that has made use of the approach – Raploch. It is important to see these developments within the context of the Scottish Mental Health Strategy (Towards a Mentally Flourishing Scotland) and the Scottish Government's Healthy Working Lives Strategy (SGHWL). SGHWL works on a face to face, web or telephone basis with employers and has a number of mental health programmes; these have a strong emphasis on positive mental health at work, as well as providing occupational health advice and having an award scheme for mental health and well-being (Gold, Silver and Bronze awards) for good practice. An impact evaluation has been commissioned; early findings indicate improvements in awareness and practice in public, private and voluntary sector organisations. They are also evaluating impacts to business e.g. turnover, absenteeism, accidents at work, reputation, client satisfaction, legislative compliance etc.

Raploch is an urban regeneration company that trains people to gain qualifications and jobs in landscaping and construction. It achieved a Bronze Award in December 2009, a Mental Health and Well-being Commendation in January 2011 and is now awaiting assessment for Silver Award. Mental health and well-being training for managers has now been undertaken by the company. As a result of being part of the scheme, the company has a mental health and well-being policy, maintains a list of local counselling services, and offers stress, posture, tension counselling and self help initiatives. It also participates in Depression Awareness Week and has a Stress Awareness Day. Other initiatives include health checks, weight management, a 'Big Fit Walk', Debt issues and Alcohol awareness.

DISCUSSION

Following the presentations, several points were raised and discussed:

- There was a discussion of why Austria has invested significant sums in workplace health promotion; no specific catalyst for this was identified.
- The question of whether the approach in Germany does reach the smallest of organisations was raised, with a view being held that the German model does allow opportunities for this.
- A discussion around different approaches to funding of workplace health promotion interventions and support, revealed the view that tax funded health care systems can look at approaches adopted within insurance funded health systems to consider whether there is a case for some element of pooling resources perhaps through an insurance-based system. However, in discussion it was acknowledged that companies already pay taxes, so shouldn't it be the case already that the state should provide some resource.
- It was recognised that there can be a role of tax incentives, as in Germany, in more countries to act as a catalyst for companies to invest more in workplace health promotion.
- It was also recognised that the use of an award system can be a stimulus for change – this stimulus can be stronger if accompanied by financial rewards.

CHAIR:

The chairperson **Harvey Brenner**, Professor of Epidemiology, Technical University of Berlin, Institute for Health Sciences, Germany, opened the session by presenting links between macroeconomics, economic situation of firms, and wellbeing of staff, by demonstrating that GDP predicts life expectancy and by strongly arguing that the financial state of firms determines the wellbeing of the workforce.

PRESENTATIONS:

Agnes Parent-Thirion, Head of Working Conditions Unit, European Foundation for the Improvement of Living and Working Conditions, presented findings from the series of European Working Conditions Surveys implemented since 1990. Trends indicate changes in workforce (more women have entered the workforce) and in the labour market (increasing share of service sector jobs, more temporary contracts). Also management of companies has changed toward increased adaptability and reactivity. Fewer workers report that their general health and safety is at risk because of work. However, risk factors such as work intensity and job insecurity are increasing. Mental wellbeing of the workforce (measured by WHO 5-index) varies across Europe. Finally, Agnes Parent-Thirion stressed the importance of improving wellbeing at work in order to achieve the Europe 2020 strategic targets.

Malgorzata Milczarek, Prevention and Research Unit, European Agency for Safety and Health at Work, presented the European Survey of Enterprises on New and Emerging Risks (ESENER), which targeted European enterprises in 31 countries. The survey was based on telephone interviews and mapped psychosocial risk management in European enterprises. Concern about work-related stress, harassment, and violence is especially prevalent in health and social work, education, and public sector. Most common psychosocial risk factors reported were time pressure and difficult customers. 79% of EU managers were concerned about work-related stress, but only 26% had implemented measures to reduce stress. Specific drivers and obstacles for psychosocial risk management have also been identified. More details are available at www.esener.eu.

Shruti Singh, Employment-Analysis-and-Policy Division, Organisation for Economic Co-operation and Development (OECD), highlighted the links between employability and mental health and the relative increase in benefit claims due to mental disorders in OECD countries. People with mental disorders have higher levels of unemployment and longer and more frequent sick leave. She mentioned some examples of good practice to reduce absenteeism due to mental health problems: In Norway employer and employee need to draw up an action plan for return to work no later than after 8 weeks of sick leave. In the Netherlands employers need to inform the company doctor in first week of absence. In Finland, legal obligation for employer to organise occupational health care supports employee health. Increasing length of financial liability of employers for sick pay and disability benefit costs has been implemented e.g. in UK and the Netherlands.

Valentina Forastieri, Coordinator, Health Promotion Cluster, International Programme on Safety and Health at Work and the Environment (SafeWork), International Labour Organisation (ILO), started by stating that their work builds on the Global Strategy on Occupational Safety and Health, based on the ILO Framework Convention of Occupational Safety and Health, and presented ILO technical cooperation with countries to support health promotion and primary prevention at work.

DISCUSSION

The panel discussion covered the mental effects of restructuring, and the importance of including staff in restructuring processes was stressed. The need to adapt work circumstances to increasing pension age and ageing workforce was also stressed during the discussion.

CHAIR:

Dame Carol Black, National Director for Health and Work, United Kingdom, chaired the round table.

DISCUSSANTS:

Thomas Stracke, Head of Division "Psychiatry, Neurology and Paediatrics", Federal Ministry of Health, Germany, in welcoming the conference conclusions, emphasised the importance of supporting SMEs and having regional and local networks to help facilitate implementation.

Michael Koll, Director of Occupational Health and Safety, Federal Ministry of Labour and Social Affairs, Germany, highlighted the important opportunity that will arise, given that by 2013 mental health will be embedded as a key topic for occupational health.

Jürgen Schefflein, Policy Officer, Unit "Health Determinants", Directorate General Health and Consumers of the European Commission, presented the Commission's perspective on the conference conclusions, highlighting the importance of employment to mental health and the importance of bi-lateral implementation in a number of settings. He stressed the need for cooperation and cross-sectoral collaboration. The Commission invited companies and public bodies to send examples of their work on mental health for publication on Commission website and in the EU Compass database. Actions that have already been taken at an EU level, including the European Pact for Mental Health and Well-being, the Strategy on Health and Safety at Work, dialogue with the Social Partners and CSR-Europe were mentioned.

Kris de Meester, Director of Health and Safety Affairs, BusinessEurope, stated that to have a flexible workforce it is necessary to achieve a healthy workplace. This is not just about one strategy, but adopting a broad perspective – all of the flagship projects of 2020 need to think about mental health. Social partners, employers and employees all have a role to play. In addition, he pointed out that employees are not necessarily interested in having their employer "take care" of their health, but instead want to ensure no negative interference from work on the rest of their lives. Likewise, we should pull all strings to get attention for this topic, including mental health in a variety of strategies - health strategies but also innovations strategies – using intermediaries where they are available to us.

He stated that the tools for mental health promotion are available, and now it is a question of looking for levers to ensure they are picked up. For example, initiatives need to come much more from a Human Resources perspective than from the perspective of Health and Safety, to enable more holistic approaches to be adopted and also to harness some of the political power of HR departments in companies. The existing Framework Agreements are more from a Health and Safety perspective. In focusing on prevention at work, it may be that the language used should be changed to encourage implementation and side-step prejudices. He urged the participants of the conference to continue to implement appropriate programmes without referring to them as being about "mental health".

Fabienne Scandella, Researcher, Health and Safety Department, European Trade Union Institute (ETUI) welcomed the organisation of the conference. She conceded that awareness raising and taking stock are important – but asked the question "where next?" – as action, she felt, need to follow words. She underlined that, for the ETUC, any action in this field should meet the cornerstone principles of both the Framework Directive on Health and Safety and the Framework agreements regarding work-related stress and harassment and violence. She then gave an overview of the three major principles.

She underlined first the importance of prevention and reminded the participants that, within the workplace, this principle implies an identification of the different risks. She stressed that it is unrealistic to expect any trend reversal regarding work-related mental disorders if the causes of such disorders are not properly tackled. Among the risk factors, work organisation deserves particular attention. Excessive workloads, poor flexibility, unsatisfactory work-life balance, lack of job stability —to mention only a few— are all well-known factors likely to compromise the mental balance of workers. She referred to the findings from the fifth European Working Conditions Survey which reveal that work intensity —known to have a strong negative impact on workers' well-being— hasn't ceased to increase in most European countries over the last two decades. Consequently, given one objective of the European Union's "Europe 2020" agenda is to raise the employment rate of the working age population, the sustainability of work organisation, working conditions and working environments, will have to be seriously addressed.

The second principle is that for an action to be fruitful in this field, measures have to be implemented jointly by the employers and the workers. Any unilateral action that does not take into consideration the point of view of those who are the most able to define the causes of the strain they are coping with on a daily basis, she argued, is likely to fail.

Finally, the third major principle consists of favouring, as far as possible, collective measures and actions, as opposed to individual ones, in such a way as to avoid blaming the victims, on the one hand, and to foster social ties between workers, on the other — she ended with the belief that workers' solidarity remains the best defence against workers' mental health problems.

Konstanty Radziwill, President of the Standing Committee of European Doctors (CPME), welcomed the conference conclusions and stated that he felt that work intensity was a real and growing problem, exacerbated by new technologies and increased expectations of availability. He said that it was clear that measures taken need to be evidence based, but there is an obvious need to make working conditions much friendlier, with enough time for rest and physical activity and a good work/family life balance. He also stressed that it is important to retain a focus on people who are living already with poor mental health, including looking at different approaches to rehabilitation to help them return to work, combating stigma and offering individually adjusted work places. The EU can add value in this, especially in some Member States, given large inequalities across the European Union, by providing evidence-based guidelines.

Dolores Gauci, President of Gamian Europe welcomed the goals and objectives of the conference, whilst reminding conference participants of the challenge of overcoming stigma in the workplace. This was an issue covered in the previous conference in Lisbon, but nonetheless was something that also needs to be borne in mind when thinking about mental health in the workplace. She stressed that we have to ensure that what is learnt is actually implemented across Member States, and that the EU should lend support to this. She concluded by applauding the Hungarian EU Presidency for making mental health a priority, and also the news that the WHO will be developing a mental health strategy over the coming years.

Wolfgang Panter, Chairman, German Association of Occupational Physicians (VDBW) focused attention on the funding of occupational health services and providing more positive incentives for action, especially preventive action. Prevention is not enshrined in our corporate culture or the systems which supposedly support it. Looking at the situation in Germany, he stated that the structures exist but programmes have not been effectively implemented. He felt there is a need for companies that act positively towards health promotion to be better rewarded and that positive incentives have to be easier to navigate and obtain. Companies should not have to overcome barriers to be able to claim the €500 that is already available to them from health insurers. He also noted the importance of having prevention first in the health system, as health care workers can be particularly valuable.

DISCUSSION

Points raised in discussion from the floor were brief due to time:

One key comment that had support from the panel was the need to have follow-up evaluations of the impact of actions on the promotion of mental health at work.

The importance of sharing implementation experiences as well as good practices was also noted, given that it is important to know more about how good practices are actually implemented downstream. It was felt that the conference participants (also of the other EC Thematic Conferences) have a duty to use the shared knowledge and also to report back on successes and barriers in later implementation efforts.

It was mentioned that change in communication habits in the workplace is needed on top of improvements in education and training for leadership and management. The manner of communicating decisions and requests are important determinants of workplace culture and environment.

Thomas Stracke mentioned a future intention to organise a workshop (date to be announced in the future) to bring together partners to talk about opportunities for cooperation with social insurers and security systems to which all the current conference's participants we would be invited.

CONT. | CLOSING STATEMENT

Mr. **Andzej Rys**, Director "Public Health and Risk Assessment", Directorate General for Health and Consumers, European Commission, brought the event to a close by thanking all those involved in the organisation: the German Federal representatives, Thomas Stracke and Elke Schröder, and team at BKK, lead by Gregor Breucker and Vivian Peters. He thanked the Hungarian EU presidency and, in particular, Tamas Kurimay. He also commended the team from the Health Determinants Unit at DG SANCO, Jürgen Schefflein and Hana Horka, and thanked the supporting contractors from the Department of Health in Catalonia (Gencat). Finally, he thanked David McDaid for his work on the background paper to the conference.