Joint Action on Mental Health and Well-being

MENTAL HEALTH AT THE WORKPLACE

Situation analysis and recommendations for action

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TECHNICAL INFO

MENTAL HEALTH AT THE WORKPLACE

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I. INTRODUCTION: THE JOINT ACTION FOR MENTAL HEALTH AND WELL-BEING

The need to include mental health among the first priorities of the public health agenda has been increasingly recognized in Europe over the past decades.

This recognition is based on the existing evidence on the magnitude of mental health problems in European countries. Mental disorders are highly prevalent in Europe and are a major burden on society. According to estimations of the WHO they affect every fourth citizen at least once during their life and can be found in more than 10 % of the European Union (EU) population during any given year. Neuropsychiatric disorders are the second leading cause of disability-adjusted life years (DALYs) in the WHO European Region, accounting for 19.5 % of all DALYs.

According to Eurostat, suicide remains a significant cause of premature death in Europe, with over 50,000 deaths a year in the EU. Nine of the ten countries with the highest rates of suicide in the world are in the European Region. Significant efforts have been made by EU and its Member States to improve the mental health of the populations. Yet, despite all these efforts, a lot remains to be done. In European countries, at least 30 % of people with severe mental disorders do not have access to mental health care, and the majority of the populations don't benefit from the interventions that have proved to be effective in prevention and promotion.

It was in this context that the European Pact for Mental Health and Well-being, launched in June 2008, agreed that "there is a need for a decisive political step to make mental health and well-being a key priority" and that "the mental health and well-being of citizens and groups, including all age groups, different genders, ethnic origins and socio-economic groups, needs to be promoted based on targeted inter-ventions that take into account and are sensitive to the diversity of the European population."

To attain these objectives, a series of thematic conferences was organized, from 2009 to 2011, to facilitate the sharing of experiences and to strengthen collaboration between stakeholders. Finally, giving sequence to all these events, in 2011, the Council invited Member States and the Commission to set up a joint action on mental health and well-being under the health program.

The Joint Action for Mental Health and Well-being, launched in 2013, aims at building a framework for action in mental health policy at the European level and builds on previous work developed under the European Pact for Mental Health and Well-being. Funded by the Consumers, Health and Food Executive Agency/DG Sante, the Joint Action involves 51 partners representing 28 EU Member States and 11 European organisations, and is coordinated by the Nova Medical School/Faculdade de Ciên-cias Médicas, Nova University of Lisbon, Portugal.

The objective of the Joint Action is to contribute to the promotion of mental health and well-being, the prevention of mental disorders and the improvement of care and social inclusion of people with mental disorders in Europe.
The Joint Action is organized in 5 areas of work related to the mental health and well-being policy:

1. Promotion of mental health at the workplace
2. Promotion of mental health in schools
3. Promoting action against depression and suicide and implementation of e-health approaches
4. Developing community-based and socially inclusive mental health care for people with severe mental disorders and
5. Promoting the integration of mental health in all policies

Three transversal working groups are dedicated to the management, dissemination and evaluation. All of these working groups are designated Working Packages (WP). This report on the current status and recommendations for action in the area of "Mental Health at the Workplace" refers to WP6 of the Joint Action initiative.

II. OBJECTIVES AND THE ROLE OF THE WORKPLACE IN PROTECTING AND PROMOTING MENTAL HEALTH

A sizeable part of the working-age population will be in employment. At work many, but not all, will come into contact with systems, processes and environments that will either enhance or threaten their health and well-being. Much is made nowadays of workplaces that are "toxic" in nature and in which employees do not thrive and their health is compromised, and "precarious work" in which certainty or security is threat-ened or non-existent. Such workplaces cannot be said to be "healthy".

On the other hand there are excellent examples of companies and public sector organisations that clearly take great care of and demonstrate that they value their employees. Initial studies reveal that these organisations in turn benefit from this approach in terms of productivity, profitability and in being a workplace of choice (employer of choice) resulting in lower levels of staff turnover and easier recruitment of high quality staff. Such outcomes are not achieved by the workplace alone; rather, it is a joint effort of all stakeholders. This is captured in the Luxembourg Declaration, which recognises the role of the workplace in protecting and promoting health and wellbeing.

> *"Workplace Health Promotion (WHP) is the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of: improving the work organisation and the working environment; promoting active participation and encouraging personal development."*

The challenges facing organisations today, such as those of globalisation, demographic change, economic uncertainty and the need to remain competitive create a need – as expressed by the European Network for Workplace Health Promotion (ENWHP)…, in which the significant role of workplace health promotion in addressing these issues is noted.

> *"The future success of organisations is dependent on having well-qualified, motivated and healthy employees. WHP has a significant role to play in preparing and equipping people and organisations to face these challenges."*

The workplace has long been recognised as being a setting in which health, including mental health, can be protected and promoted. The benefits of the workplace in this context are many and varied and include:

- A significant part of the population spends a considerable time in work each week.
- Being in work provides an individual with status, social interaction, purpose and satisfaction and leads to improved well-being and health.
- Workplaces have systems and processes in place that can be utilised to protect, promote and enhance workers' health.
- Workplaces can be used to reach otherwise hard to reach groups.

However, working practices and processes can damage mental health when organisations do not fulfill their responsibilities and obligations completely, where for example job design, job role or job demands place individual workers under excessive pressure. Under these circumstances, workers can experience job related stress and strain. It is widely recognised that stress is one of the biggest global challenges facing individuals, employers and society today.

It is also recognised that "good" working practices and processes play a part in promoting mental wellbeing. Having in place policies, procedures and organisational practices that recognise that work has an impact on people and that combine to address individual and team needs will be a positive influence on an individual's health, not least because the risk factors for stress and strain and other mental illness are reduced.

There are also significant benefits for the employer (and in turn wider society), with increasing evidence showing that performance and productivity in these "health enhancing" organisations is greater than in those where work and the working culture are more toxic in nature.

In the context of this working package, three major groups of individuals have needs that the workplace, and work itself can be instrumental in addressing. First, there are those who as a result of their work have developed stress and strain and conditions such as anxiety and reactive depression. Second there is the group of those who experience similar symptoms but where the source of their pressure is their life away from work. For both of these groups, work can be an important part of their rehabilitation.

The third group are those with longer-term mental health disorders such as bipolar disorder, schizophrenia and clinical depression. For those with longer-term mental conditions work offers increased normality, a role in society, defined status and a regular salary.

For all groups the support of human resources, line managers, and occupational health and safety professionals is essential to their successful reintegration. In addition, services such as counselling and other therapeutic interventions as well as job design/amendment and the use of flexible working practice are of great importance in helping individuals in these groups to stay in work in the longer term.

In addition and within the foreseeable future, and in the context of demographic change, there is a strong possibility that an increasing number of workers will present for work with a number of health issues (comorbidity). Psychological ill-health will be a significant part of this and European employers will need to have systems in place to support and manage people in work with several comorbidities as the labour market itself becomes increasingly competitive and complex. But, as this report reveals, despite profound existing knowledge about what works in mental health promotion, prevention and support mechanisms for those affected by mental disorders, only a limited number of companies not only recognise the potential of strategies for prevention and health promotion but also translate them into suitable measures from which employees, competitiveness and innovation can profit. The problem is lack of action, not lack of knowledge! This is why the activities of this work package did not focus on practices at the enterprise level (much is known about that!), but on how the various stakeholders outside enterprises can put in place a framework and supportive infrastructure which encourages enterprises to adopt initiatives that supports employees with mental health problems and promotes a positive corporate culture that prevents mental ill-health at work. This approach assumes that further progress in terms of a wider dissemination of good practice in enterprises is needed and that progress strongly depends on the quality of cooperation and coordination amongst non-company based stakeholders in the fields of “health and labour policy”, “social partners” and “social security”.

Against this background the main aim of this working package is to develop an action framework including supportive infrastructures to support enterprises in adopting policies and practices which prevent mental ill-health and strengthen positive mental health.

III. METHODOLOGY

This objective has been attained by working with the representatives of eleven participating member states and their relevant stakeholders who have a role in this context. In particular, the proposed action addressed three key stakeholder groups at national level:

- Representatives of government bodies
- Representatives of the social partners (trades unions and employer federations)
- Representatives of the social security system. This includes representatives of a range of institutions that depend on the framework of the national social security systems such as healthcare institutions, state occupational safety and health bodies, and social insurance bodies.

The member states involved are as follows:

- Austria
- Croatia
- Finland
- France
- Germany
- Hungary
- Ireland
- Iceland
- Malta
- Netherlands
- Slovenia

Every participating member state nominated a partner organisation which acted as the national coordinator for the work package 6. The national coordinator should:

- be part of the work package consortium together with all national coordinators and develop and monitor the implementation of the action at national level;
- coordinate the national situation analysis by identifying and involving key representatives of the three stakeholder groups;
- support an exchange of experience among the three stakeholder groups across the participating countries – support the implementation of an exchange workshop;
- support developing specific recommendations for action as an element of the general action framework, which is the overall objective of the joint action;
- advocate the implementation of the specific action framework to relevant stakeholders at national and European levels.

The action has taken the form of a survey of the current situation regarding activities relating to mental health at work on a national level in the 11 countries taking part. This also included examples of good practice.

A SWOT analysis had to be the main tool for conducting the survey. This was intended to highlight the strengths, weaknesses, opportunities and threats in two main areas regarding mental health at work. Firstly, with regard to measures taken to “protect and promote health at the workplace where there are mental loads”: this is taken to mean measures of

company-based and non-company based occupational safety and health as well as measures of workplace health promotion' and secondly "measures taken to support workers affected by mental health problems".

The target sectors res. participants of the SWOT analysis were those of health policy and employment and social policy, including the three stakeholder groups. All the participants of the SWOT analysis had the opportunity to put forward their assessment of the current strengths and weaknesses in mental health at work in their particular area of expertise and to contribute to opportunities and threats to future development.

The ultimate aim was to draw conclusions from the SWOT analysis to enable a set of priority recommendations for future action to be developed.

The questions that all participants of the SWOT analysis had to consider in relation to promote mental health in the workplace were the following:

- *"What do you think are the main advantages and disadvantages of current measures implemented in order to protect and promote health in the workplace, especially in relation to mental requirements?"*
- *"Looking into the future, what do you think are the main opportunities and risks that will have an impact on the protection and promotion in the workplace, especially in relation to mental health requirements?"*
- *"Which three recommendations would you suggest to improve the situation in the field of the protection and promotion of mental health in the workplace, especially in relation to mental requirements?"*

And the questions they had to consider in relation to supporting employees who are already affected by mental and behavioral disorders were:

- *"What do you think are the main advantages and disadvantages of current measures implemented to support employees who are already affected by mental and behavioral disorders?"*
- *"Looking into the future, what do you think are the main opportunities and risks which will have an impact on support for employees who are already affected by mental and behavioral disorders?"*
- *"Which three recommendations would you suggest to improve support for employees who are already affected by mental and behavioral disorders?"*

Following the completion of the SWOT analysis and the study of the data collected, each country developed a national SWOT analysis report that addressed the following questions:

- What aspects of the relevant fields of action are there a consensus among the actors involved?
- What aspects of the relevant fields of action are there differing points of view among the actors involved?
- What are the most important assessed strengths, weaknesses, opportunities and threats?
- With which recommendations is there a consensus among the actors involved?
- With which recommendations are there differing points of view?
- What are the most important recommendations?

These country-specific SWOT analyses have been used as a "tool" to prepare in a second step a structured exchange of experience on a European level. The heart of this exchange was a European workshop, which was been held in Berlin on October 29th/30th 2014 on behalf of the German Federal Ministry of Health and the European Commission in collaboration with the German Federal Ministry of Labour and Social Affairs.

The full country reports and SWOT analyses can be found in the annex of this report.

IV. ACTIVITIES DEVELOPED UNDER THE WORKING PACKAGE 6

The main activities developed under WP6 were (s. overview in graphic "WP6 Road Map"):

1. Kick-off meeting in Berlin on February 25–26, 2013
The kick-off meeting was held 25–26 February 2013 in Berlin. Procedural method (SWOT analysis on national level), general and specific objectives, time schedules and milestones were presented, discussed and accepted by all participants.

2. Development of methodology for Situation/SWOT analysis
Discussion and acceptance of suggested methodology during kick-off meeting. The suggested way to perform the analysis was: first identify the relevant stakeholders; present the project and methodology to selected stakeholders; and request the stakeholders to complete a template by answering questions (both measures to promote health in workplaces and measures to support employees already affected by mental health problems). The national coordinators, including documentation, performed the implementation of written SWOT questioning. To clarify questions form national coordinators, a series of telephone consultations were done.

3. Identification and involvement of national stakeholders
In order to improve co-operation between outside company infrastructures and the health and labour sectors, WP6 Partners collected information and contacted relevant national stakeholders. The 3 target groups of actors to be involved in WP6 were: 1) representatives of government bodies; 2) representatives of social partners (trade unions and employer federations); 3) and representatives of the social security system (i.e. healthcare, occupational safety & health, social insurance bodies). All associated partners completed the identification and involvement process.

4. Implementation of national SWOT surveys and national reports
The enquiry for the SWOT analysis was implemented in several ways, according to the specific context of each WP6 partner:

- as an individual enquiry, phoning or mailing,
- as a group enquiry, communicated by mailing,
- or information gathering during a meeting.

All associated partners performed the national SWOT analyses including good practice examples and used them to illustrate specific recommendations for action. The summarized tables highlighted ranges of ideas as well as areas of consensus and dissensions, in which individual replies were not – and were not meant to be – evident. The national reports

describe situational analytical data on promotion of mental health at workplaces and summarize the main answers/proposals from SWOT analysis. All partners had delivered national reports by January 2014.

5. National Stakeholder Meetings
WP6 partners organized national working group to perform the SWOT analysis and to inform and engage the stakeholders in the Joint Action. Many of these have met face to face at least once during the first year of the JA. In Germany, at the regular meeting of the standing working group "Workplace Health Promotion" at the Ministry of Labor and Social Affairs on October 22, 2013, the interim results of the SWOT-Analysis as well as the general context and objectives of the Joint Action were presented to the members of the group who represent all relevant stakeholders in Germany in the WP6 field of interest.

6. 2nd coordinator meeting in Ljubljana on October 28–29, 2013
The national SWOT analyses were presented. The organisation and structure of national reports, as well as the question of how the integration as a European SWOT should be performed were discussed. The draft of the exchange meeting with stakeholders, which will gather circa 200 stakeholders from a wide range of MS and European organisations, was discussed.

7. Development and implementation of a concept for identifying the key factors in relation to the situation analysis within and across the participating countries
In developing a concept for analyzing the information material which was gathered at national level with the involvement of key national stakeholders, the project group intensively discussed a general content-related framework which supported the group.

8. Developing the concept and program for the Exchange Conference
Based on the principles and concept of the project work the Exchange Conference focused on the level of intermediary stakeholders outside enterprises (governmental authorities, social partners and social security institutions). The conference concept also used the key domains for action (prevention, health promotion and support) as the guiding framework for organizing the content and specific sessions. It included the exchange of good practices in the key domains for action and using them to illustrate specific recommendations for action.

9. Telephone conference meeting with national coordinators on February 21, 2014
The main focus of the meeting was to monitor the project activities in all participating countries and to prepare the 3rd coordinator meeting by coordinating specific tasks within the project group to help prepare the organisation of the exchange conference.

10. 3rd coordinator meeting in Amsterdam on May 26–27, 2014
The main focus of the meeting was the finalization of the concept for identifying key differences and joint factors across participating countries in relation to addressing the key challenges in mental health at work. Furthermore, the meeting prepared the decisions about the programme elements and objectives for the Berlin exchange conference.

11. Organisation and implementation of the WP6 Exchange Conference in Berlin on October 29–30, 2014
The Exchange Conference was held in Berlin, Germany on October 29–30 and was jointly organized by the German Government (Ministry of Health, Ministry of Labour and Social Affairs), the European Commission (DG Sanco) and the BKK Federal Association. 140 participants representing key stakeholder groups at national and European level (governmental representatives, representatives of social partner and social security institutions) discussed the challenges and responses for improving mental health at work. In particular, experiences were exchanged as to how both relevant policy sectors (health and labour) can cooperate in order to create a supportive infrastructure for enterprises in relation to occupational health and safety, workplace health promotion and mental health care and support for affected employees. In addition, models of good practices in the three fields were presented and discussed, using them to illustrate specific recommendations for action. By means of a structured exchange process, the conference sessions contributed to 3 expected outcomes of the Joint Action on mental health and well-being:

- The creation of an inventory of existing evidence, best practices and available resources
- The strengthening of national and European networks
- Building capacity of national mental health leaders and other stakeholders in mental health policy development (p. 32, Grant Agreement)

With the formal announcement of the German Government to host an open European Conference within the closing ceremony of the Exchange workshop, the project activities also contributed to milestone 4 (the concluding European symposium).

12. Development of a draft set of recommendations for action
BKK, the WP6 coordinator, developed a draft set of recommendations for action based on the results of the situation analysis in participating countries and the exchange conference.

13. 4th coordinator meeting in Berlin on February 4 – 5, 2015
The draft set of recommendations was discussed intensely, fine- tuned and finalized.

14. JA European Stakeholder meeting in Brussels on February 25, 2015
Presenting the final recommendations for action as part of the Joint Action framework for action to European Stakeholders and further meetings of the Joint Action including the final conference in Lisbon, Portugal at the beginning of 2016.

Major problems encountered and actions to overcome them

The project group was confronted with two main challenges. Firstly, the group of coordinators had to develop a suitable approach to comparing the results of the national situation analysis and identifying the key differences and joint features and factors across all participating countries.

Secondly, the project group had to manage the identification of key representatives for the exchange conference and help to ensure that the exchange process at the conference could be linked with the professional and policy-related debate in those MS involved as well as in relation to the European level.

The most important means to manage these challenges was the concept and configuration of the SWOT analysis instrument. This methodological approach supported the project group to establish interest in MS and encourage various groups of stakeholders to actively get involved in the exchange process at European level.

Outcomes and deliverables achieved

Project activities successfully helped to achieve or prepare all the milestones and the report at hand (deliverable) agreed in the contract:

- Set-up of national working groups and of the groups of national coordinators and specialists
- Implementation of the national SWOT analysis
- Implementation of the exchange workshop
- European Symposium (to be held optionally)

V. RESULTS

1. SITUATION ANALYSIS

SUMMARY OF EACH PARTICIPATING COUNTRY

Introduction

The eleven European Member States participating in this WP6 are diverse: they are diverse in terms of geographical size, in terms of population and in the way in which they promote and support mental health in the workplace.

To fully comprehend the SWOT analysis and its implications for each country involved in this project, it is important to have an understanding of all of the countries' public health and legal frameworks in relation to mental health at work as well as the process adopted and key findings from the SWOT analysis.

This chapter of the report outlines each country's context and background to the implementation of the SWOT analysis and its meaning and relevance to the countries involved.

It is important to note that the way in which the SWOT analysis has been implemented in each country has made a difference to the nature of the data collected. Each country's own objectives for and desired outcomes from the SWOT analysis, how and by whom it has been co-ordinated, has influenced the type of the data collected. Although each section of this chapter is laid out in a similar manner, the nature of the information provided varies depending on the process used and the data collected.

Each country's full report may be found in the annex.

Austria

Introduction and context

Austria is a federal republic with a population of approximately 8.5 million. It is one of the richest countries in the world, with a nominal per capita GDP of $46,330 (2012 est.). The country has developed a high standard of living and in 2011 was ranked 19th in the world for its Human Development Index.

It is a federal country with health and social service provision being the responsibility of its nine provincial governments. As a result, data on health and mental health is not generally available for the country as a whole, but only for the provincial level. For these reasons, mental health statistics are often a compromise between the desirable and the available data and do not always draw a representative picture of the situation in Austria.

99% of the population is covered by obligatory health insurance, which gives virtually free access to medical help with only a small amount of financial participation. The statistics referred to here illustrate challenges for mental health policies. Primary health care doctors typically work in single handed practices. The majority of primary health care doctors have not received official in-service training on mental health issues within the last five years. Officially approved manuals on the management and treatment of mental disorders are available in the majority of primary health care practices. The Ministry for Health is currently planning a reform for (mental) health care that should change the traditional hospital based and centralised system to a decentralised, diversified, interdisciplinary and community-oriented one.

Background to the SWOT Analysis

The Austrian Network for Workplace Health Promotion (ÖNBGF) has a vital role in promoting workplace health promotion in Austria. The Network is backed by statutory health insurers with supporting partners from the Austrian Federal Chamber of Labour, the Austrian Chamber of Commerce, the Austrian Federation of Trade Unions and the Austrian Association of Industry. The positive and active cooperation of the four social partners underlines the usefulness of workplace health promotion for employees and facilitates the transfer of health promotion principles into the workplace.

The increasing de-stigmatisation of psychological problems has led to an increase in people coming forward admitting that they have a problem; there is still a need however to use the workplace as a setting to raise awareness of mental health well-being in general. ÖNBGF recognises that it has an important role in providing programmes and guidance to enterprises.

Process of the SWOT Analysis

The SWOT analysis to support mental well-being in the company was carried out as part of the “Mental Health and Well-being” Joint Action project. Members of the Austrian Network for Workplace Health Promotion were consulted during July and August 2013. The following results are based on the feedback from six network members.

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems.

Strengths (1) – The promotion and protection of mental health at work

The strengths of the promotion of mental health at work based on the feedback collected reflect the following:

- The clear principles of the Luxembourg Declaration
- An Austria-wide framework for projects and uniform processes
- ÖNBGF’s quality assurance system

The established principles of the Luxembourg Declaration are viewed as the main strengths of general workplace health promotion as well as the promotion of mental health at work. They are:

- integration
- participation
- a holistic view of health
- a systematic approach
- gender mainstreaming

Weaknesses

- A lack of an agreed, clear definition of mental well-being and mental health promotion.
- A lack of workplace health promotion programmes that have clear outcomes which can be accurately measured.
- There is no robust legal framework in relation to workplace health promotion in Austria. This results in low priority for interventions as far as businesses are concerned.
- Outcome-based, legally binding evaluation processes can be found but are not always acknowledged and utilised by companies.
- Another weakness relates to the quality assurance of providers in the workplace health promotion sector. Workplace health promotion measures are sometimes offered by providers who do not have the recognised relevant training or certification. This leads, among other things, to dubious, non-quality assured services.
- Workplace health promotion tends to focus mainly at the group or company level. It tries to increase the level of health generally; consideration of the individual only partially takes place.

Opportunities

- It is important to turn weaknesses into opportunities for action wherever possible.
- Evaluate any mental health promotion interventions comprehensively so that where the business benefits of the interventions are proven, employers will become more attracted to implementing such interventions.
- As the stigma of mental ill-health lessens, take every opportunity to implement targeted and effective mental health promotion interventions in workplaces.
- As mentioned above, there are many providers of workplace health promotion tools and programmes. Make the best use of these providers to facilitate the introduction of mental health promotion and prevention programmes to workplaces.
- The fact that the introduction of mental health promotion and prevention programmes is currently a voluntary process can be seen as an opportunity to encourage employers to take action. Employers do not always welcome compulsory regulation.

Threats

- Insufficient and perhaps inappropriate networking opportunities are seen as a risk to the sustainable development of the promotion and protection of mental health at work. Psychosocial health is an interdisciplinary issue and as such consists of a range of stakeholders. A planned and robust interdisciplinary approach is viewed as the most suitable way to achieve the required goals.
- The subtlety between what is voluntary for organisations and what is a statutory obligation, for example assessing the risks of work related stress, can cause confusion. Although there are distinct differences between workplace health promotion and risk assessments for stress, the companies involved may see this as an academic exercise only and not understand the real differences between the two.
- The view that mental health promotion programmes are nice to have rather than a business necessity is a threat to the widespread introduction of mental health prevention and promotion interventions.
- Workplace health promotion quality control is considered an additional risk or challenge. It is important to continue to adhere to the guiding principle of the Luxembourg Declaration.

Strengths (2) – The support and treatment of employees experiencing mental health problems

- Although workplace health promotion has both theoretical and practical limitations in relation to the promotion and protection of mental health in individuals, it is considered to form a sound basis for targeting sickness and health issues at the company level.

Weaknesses

- The fact that mental health is still partially considered a taboo subject in organisations has to be considered as a weakness. Whilst there is increasing demystification and destigmatisation in urban areas of the country in particular, this is not always the case in rural areas. It is therefore important to recognise that some stigma still exists and these views must be treated with respect if stigma is to be overcome and mental health disorders are to become more widely accepted.
- According to the opinion of respondents there is a lack of simple, resource-saving and efficient tools and measures to support staff with mental health disorders. For example, in small and medium sized companies tools are in place but there are inadequate resources to make the best use of them.

Opportunities

- It is important to consider the support and treatment of employees experiencing mental health problems as part of an integrative approach to improving the well-being of employees generally. Individuals experiencing mental illness should still be offered mental health prevention and promotion tools and programmes as well as interventions to support them as part of an overarching strategy to improve well-being generally.
- A modern, integrated view of (occupational) health promotion and prevention is one of recognising that it is a multi-disciplinary process. Although treatment, therapy, rehabilitation and care form the basis of dealing with mental ill-health at work there is still a considerable link between disease prevention and health promotion. It is important to recognise that mental health promotion, prevention and treatment and support are intertwined and any strategy or interventions should be considered as a whole.

Threats

- Successful mental health promotion and prevention and the support and rehabilitation of those with mental health problems in the workplace are only possible if a strategic, integrative approach is followed. If not, ad hoc interventions will lead to limited success only and will not be recognised as a business benefit by organisations.
- The potential reduction in resources is recognised as a risk to both businesses and to social security systems for individuals experiencing mental health problems.

Recommendations for improving the protection and promotion of mental health at work:

- The consistent implementation of mental health promotion and prevention and workplace health management.
- Develop quality-assured workplace health promotion projects with a greater focus on mental health.
- Continue to raise awareness of mental health promotion in the workplace setting.

Recommendations for improving the support for employees:

- Take every opportunity to acknowledge the importance and potential of mental health promotion and prevention among all stakeholders. Mental health promotion should also be recognised as having a role in secondary and tertiary prevention, i.e. in the support and treatment of those with mental health problems.

Croatia

Introduction and context

Croatia is situated on the crossroads between Central and South-Eastern Europe. According to the 2011 census it has a population of 4,284,889. Also, in 2011, the GDP per capita was 10.2 %, with an unemployment rate of 13.5 % (13.2 % for women and 13.7 % for men), the highest rate being in the 15 – 24 age group (36.1 %).

To put the Joint Action on Mental Health project into some sort of context in Croatia, the following section will focus on the current state of mental health illness and mental well-being in the country and on the systems in place to promote mental well-being and support those experiencing mental health problems.

The National insurance-based health system in Croatia offers universal coverage to all citizens and is provided by the Croatian Health Insurance Fund (CHIF). Health care contributions in Croatia are mandatory for all employees. Family dependents obtain their health care coverage through contributions paid by working members of their families. Mental health is fully integrated and there is no separate budget allocation for mental health, except for drug addictions. Citizens who belong to a particularly at risk category are exempt from paying health care contributions (e.g. retired people and persons with low income). Citizens are generally required to participate in healthcare services, with the exemption of some population categories (e.g., children under age of 18) or diseases (e.g. emergency cases, malignant diseases, chronic mental illnesses). Supplementary insurance covering services or medications that are not on the mandatory list is becoming increasingly more popular.

Health care services, including both general and mental health, are provided at the primary, secondary and tertiary levels. Primary level services (including, among others, GPs, occupational medicine specialists, psychiatrists and other mental health professionals) are offered in health centres located all over the country and at county public health institutes. Health care services at the secondary and tertiary level are mainly located in hospitals. Hospitals can be classified as clinical, general and special hospitals. Most promotion and prevention activities are carried out by national/county institutes for public health or the National Institute for Health Protection and Safety at Work.

The pension system in Croatia is a mixed public/private system based on three pillars. The first pillar is mandatory, financed by contributions and state budget revenues. It is the responsibility of the Croatian Institute for Pension Insurance, and all employees are obliged to pay 15 % of their total monthly income into the fund. The second pillar is mandatory for persons who were under the age of 40 in 2002 and the extra 5 % of their total monthly income is directed to the second pillar funds (private pension funds). The third pillar is voluntary pension insurance based on individual capitalised savings. The contributions are paid into private capital funds.

Benefits in cash are distributed through various systems; some examples are basic support allowance or child allowance through the social policy system, sick leave benefits by employers or national health insurance fund (depending on the duration of sick-leave), and unemployment benefits through the Croatian Employment Service. The social policy sector is in charge of social support to people with disabilities, including mental health disabilities payable in cash or in kind.

Background to the SWOT Analysis

Components of the promotion of mental health and the prevention of mental disorders are integrated in national legislation and various policies. The new Health Care Act was enacted in 2008 and last revised in 2012. The rights of people with mental disorders are additionally protected by the law by the Protection of Persons with Mental Disorders Act 1997 that was last revised in 2002. The new Law on Social Care was enacted in 2012. The Law covers a range of services important for mental health prevention such as psychosocial counselling, early childhood intervention, social inclusion and community services.

The most recent mental health policy is the National Mental Health Strategy 2011 – 2016, which highlights six priority areas:

- The promotion of mental health in the general population
- The promotion of mental health in age-specific and vulnerable populations
- The promotion of mental health at the workplace
- Addressing mental ill-health through prevention, t reatment and rehabilitation
- Community mental health care
- Cross-sectoral collaboration, information and knowledge exchange and research

The Strategic Development Plan for Public Health for 2013–2015 includes the prevention of mental health disorders with a focus on strengthening the early recognition of mental health problems, particularly in high-risk populations; the implementation of stress management and social skills improvement programmes, particularly at workplaces, and screening programmes for mental health problems (particularly for depression and anxiety) in primary health care.

There are several other policies which include elements relevant to mental health promotion and the prevention of mental illness at workplaces. However, the implementation of policy measures is hampered by limited financial resources.

According to the Croatian Health Service Yearbook, in 2011 mental health morbidity accounted for 5.8% (7.3% in 20–64 age group) of all diseases and conditions diagnosed by GPs. Fifty percent of all mental health diagnoses in primary health care are for common mental health problems – neuroses, mood disorders, stress induced disorders and somatoform disorders. In the working age population (20–59), they ranked second and accounted for 12.9% of all hospitalisations; Data from the Disabilities Registry show that 26% of all disability causes or co-morbid diagnoses are due to mental health disorders.

The suicide rates in the past 15 years have been oscillating, with a declining trend (15.9 per 100,000 in 2011 according to the Croatian Committed Suicides Registry). The same is true for the working active population (12.9/100,000 in 20–49 age group and 21.5/100,000 in 50–64 age group in 2011).

Process of the SWOT Analysis

In this Joint Action project, the following representatives of social partners, academic institutions and professional associations contributed:

- Ministry of Health
- Ministry of Pensions System
- Ministry of Social Policy and Youth
- Croatian Institute for Public Health
- Croatian Institute for Health Protection and Safety at Work
- Croatian Health Insurance Fund
- Croatian Institute for Pension Insurance
- Croatian Employers' Association
- Union of Autonomous Trade Unions of Croatia
- School of Medicine – CIBR
- College of Applied Sciences in Safety
- Croatian Association for Occupational Medicine
- Croatian Psychological Association

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems.

Strengths (1) – The promotion and protection of mental health at work

- The existing legal framework, policies and strategies.
- Activities offered by mental health professionals in large companies.
- Competent specialists in the field of mental health prevention and promotion.
- Mental health and occupational medicine form part of the primary health care system.
- There are mandatory regular check-ups for those who work in professions with special working conditions at occupational medicine specialists and additional check-ups for workers who are frequently ill. Workers can request check-ups if they feel that they have a health problem related to their working conditions.

Weaknesses

- Legal, strategic and policy measures are not implemented fully, particularly when they are dependent on limited financial resources.
- Preventive measures are not precisely defined.
- There is a lack of proper evidence based evaluation and research.
- Parallel systems of implementation create confusion.
- There is still stigma around mental health illness; it is seen as a weakness in competitive work environments.

Opportunities

- Only disseminate and implement evidence based programmes which have been evaluated based on outcome indicators (in respect of health benefits and financial benefits for employers, employees and society generally); these should focus on simple tasks and approaches.
- Improve the coordination, synchronisation and synergy of mental health promotion and prevention programmes.
- Raise the awareness of mental health problems from an early age to prevent problems in adults or old age.
- Put in place mandatory awareness raising programmes in workplaces for both employers and employees.
- Implement public awareness campaigns to reduce the stigma associated with mental illness.

Threats

- The lack of financial resources
- The complexity of the topic of mental health
- The complex bureaucracy associated with mental ill-health and mental well-being
- The lack of mutual understanding among various stakeholders and sectors
- The lack of interest and awareness in target groups

Strengths (2) – The support and treatment of employees experiencing mental health problems

- Strategies and legislation protecting the rights of people with mental health problems
- The availability of health care professionals, specialists and specialist services
- Measures of reintegration are being developed
- Recently, more media and attention generally is being paid to mental health problems

Weaknesses

- Jobs and working conditions may be unsuitable for people affected by mental health problems; this can be exacerbated by high levels of unemployment.
- There is a low level of knowledge about mental health problems among employers and employees.
- Problems are often recognised too late and employees are often discriminated against because of their condition.
- Mental health problems can sometimes be used as an excuse for non-health related issues.
- The social exclusion, disrespect and stigma associated with individuals experiencing mental health problems is a frequent occurrence.

Opportunities

- Improve the collaboration between the social security and employment sectors, i.e. establish a formal system (define procedures, providers etc.) that would support employees affected by mental health problems and provide appropriate conditions for them to remain in employment.
- Facilitate direct contact between mental health professionals and the employers of people with mental health problems.
- Only implement evaluated practices (based on outcome indicators).
- Make better use of EU funding in this area.
- Improve the education i.e. mental health literacy from an early age (families and schools) to raise awareness and understanding.

Threats

- Insufficient financial resources.
- Poor coordination and collaboration between the various sectors.
- Only formal support is available; consider accessing both formal and informal avenues of support.
- Discrimination is present on many levels.

Recommendations for improving the protection and promotion of mental health at work:

The main development actions are:

- To educate employers, employees and the unemployed on mental health issues,
- to increase the presence of mental health professionals at the workplace itself,
- to raise the level of coordination and responsibility in the various groups.

Recommendations for improving the support for employees:

Three main development actions are recommended:

- To improve the flexibility of working conditions taking into account both the employers' and employees' needs,
- to combat stigma.
- To raise awareness about mental health issues and improve health literacy.

Finland

Introduction and context

Finland is the eighth largest country in Europe and the most sparsely populated country in the European Union. It has a population of around 5.5 million, with the majority concentrated in its southern regions. Finland has developed into an advanced economy resulting in widespread prosperity and one of the highest per capita incomes in the world. Because of this, Finland is a top performer in several areas of national performance, including education, economic competitiveness, civil liberties, quality of life, and human development.

Mental disorders are a common cause of work disability. Together with musculoskeletal disorders, these account for the main disease groups behind new cases of chronic work disability. In 2012, 32 % of new disability pensions were granted on the basis of mental disorders. Because mental disorders often begin at an early age and become chronic they account for almost half (46 %) of the ongoing disability pensions. (Finnish Centre for Pensions and the Social Insurance Institution of Finland 2013).

The provision of social welfare and health care services in Finland is the responsibility of local authorities. The basic social welfare, public health and specialised medical care services that must be available in every municipality are defined by law. Local authorities can decide the scale, scope and model of municipal service provision within the legal limits and because of this services can vary from one municipality to another. Operations and services are mostly funded by municipal tax revenue.

Municipalities form hospital districts and it is these that are responsible for the provision of specialised medical care including that of mental health. Hospital districts plan and develop the provision of specialised medical care to ensure that primary health care and specialised medical care form an effective whole. Health centres and hospitals provide medical rehabilitation as part of medical care. In addition there are private health care services which complement the public health care service provision. These sell their services to local authorities, joint municipal authorities or directly to clients. Private-sector service providers account for just over a quarter of all social welfare and health care services.

Municipal health services are aimed at improving citizens' mental health and reducing risks to mental health. They provide a range of services including guidance and advice, psychosocial support for individuals and communities and mental health services.

Statutory health insurance also has a key role in the provision of services. This covers the entire population and is coordinated by The Social Insurance Institution of Finland, which also has a role to play in the provision of medical rehabilitation. Health centres and hospitals provide medical rehabilitation as part of medical care. (Health care in Finland: "Brochures of the Ministry of Social Affairs and Health 2eng, 2013").
(http://www.stm.fi/c/document_library/get_file?folderId=6511570&name=DLFE-26813.pdf).

Background to the SWOT Analysis

Approximately 90 % of employees have access to occupational health care. The Occupational Health Care Act of 2001 states that the employer has a duty to arrange occupational health care for all employees. Occupational health care includes the assessment of 1) health and safety at work (e.g. work load), 2) the health risks of work, and 3) the health and working capacity of employees. In addition to the Occupational Health Care Act, there are Occupational Health and Safety guidelines (Good practices for Occupational Health Care: Depression, Good practices for Occupational Health Care: Return to work.) which provide a framework for employers for Occupational Health practices at work.

The employers' responsibilities are also defined in the Occupational Safety and Health Act 2002, which states that the employer has a duty to exercise care for employees' safety and health at work. The employer must have in place an action plan for the work place's safety and health as well as having to assess the main health and safety risks of work carried out, the working environment and working conditions. If an employer is told or finds out that an employee has adverse job strain, he/she is obliged to assess the situation and start actions to remove or minimise the health risks.

Employers can provide occupational health services either internally or outsourced. The scale of the services can vary between employers. For example, where the employer provides outpatient services as a part of occupational health care a whole range of services may be available including those of an occupational psychologist or psychiatrist. (Health care in Finland: "Brochures of the Ministry of Social Affairs and Health 2eng, 2013")
(http://www.stm.fi/c/document_library/get_file?folderId=6511570&name=DLFE-26813.pdf).

In the last few years, projects have been developed in Finland to actively promote health at work. For example the Masto-project (2008–2011), a national project coordinated by the Ministry of Social Affairs and Health Promotes aims to increase well-being at work and to enhance depression prevention. Työelämä 2020 (Working life 2020) is a new large network project focused on working life strategy, led by the Ministry of Employment and the Economy and including a wide range of actors (Ministry of Social Affairs and Health, Ministry of Education and Culture, social partners, and several expert institutes) to promote the quality of working life.

Social welfare and health care in Finland are currently under re-organisation. In the new proposed model, the arrangement and the provision of services will be separated. The responsibility for organising the services will rest with five social welfare and health care regions. The joint municipal authority in the social welfare and health care region will be responsible for ensuring that the residents in the region and others entitled to use the services receive the services their need. (Ministry of Social Affairs and Health). *(http://www.stm.fi/en/ministry/strategies/service_structures)*.

Process of the SWOT Analysis

The Joint Action on Mental Health and Well-being project is being coordinated by the Finnish Institute of Occupational Health authorised by the Ministry of Social Affairs and Health. The stakeholders were identified and contacted in cooperation with the Well-being at Work network and the WHO Collaboration Centre for Mental Health.

The national SWOT analysis was carried out in two workshops in April 2013 (24 participants) and complemented by group and individual interviews during the autumn of 2013.

The participants were divided into eight stakeholder groups:

- Ministry of Social Affairs and Health: Department for Occupational Safety and Health
- Ministry of Employment and the Economy: Employment and Entrepreneurship Department
- Employer organisations
- Employee organisations
- Well-being at Work Network: regional coordinators, OHS experts
- Well-being at Work Network: regional coordinators, well-being at work experts
- WHO Collaborating Centre for Mental Health Promotion: Collaboration group and the Finnish Association for Mental Health
- Social Insurance Institution of Finland (Kela): Health Department

The participants were requested to complete two SWOT-analyses (strengths, weaknesses, opportunities and threats). The results were collated and served as the basis for the summary presented in this report.

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems.

Strengths (1) – The promotion and protection of mental health at work

- Because Occupational Health Service (OHS) systems are based on the law, issues related to mental well-being are constantly followed up and services are continually being developed.
- The legislation related to work includes such issues as occupational health and safety and occupational health issues.
- General awareness of the topic area is high.
- Processes such as risk assessment are in place with specialist support available.
- The culture that supports discussion of this topic is improving in organisations.

Weaknesses

- There is a concern over the level of knowledge of managers and industry safety personnel in the assessment of mental strain at work.
- Those feeling the strain may not be able to discuss the issue with their manager.
- The pace of change is fast and the level of demands has risen: “nothing is enough anymore”.
- Work tasks are sometimes unclear, which makes it difficult to set limits to the amount of work.
- As problems are often outsourced to OHS; more cooperation is required between the employer and OHS.

Opportunities

- Take advantage of improved leadership by establishing new ways of organising work.
- Use existing models, processes and tools more effectively.
- Make better use of existing networks.
- Take advantage of the legislative framework in every way possible.
- More attention needs to focus on preventing work-related strain.
- Improve existing communication to small and medium enterprises.
- Work life skills are already taught at different educational levels. Actions against inappropriate behaviour are part of school life. Ensure that the teaching of these skills continue to form part of work life.

Threats

- The uncertainty of the economic situation leads to an increase in job insecurity and fewer available resources.
- The demands of working life have increased. The working population is becoming exhausted and this will have a major impact on health, mental and physical.

Strengths (2) – The support and treatment of employees experiencing mental health problems

- Existing support processes at the workplace encourage employers to retain their staff.
- OHS systems work well for those who have a permanent job.
- Attitudes towards mental health and illness have improved.
- Rehabilitation has been developed to make it possible to combine studies and rehabilitation.
- The general awareness of mental health issues is high.
- The criteria for vocational rehabilitation have been partly moderated and access to rehabilitative psychotherapy has been made easier.

Weaknesses

- The cooperation and flow of information between the workplace, OHS and special treatment does not always work well.
- There are regional differences in the availability of treatment with long waiting lists for psychological and psychiatric treatments in some areas.
- There are still negative attitudes towards mental illness with a lack of willingness to recruit or retain employees suffering from mental disorders.
- There is a lack of ability in identifying and dealing with mental health problems at work.
- The work opportunities for employees with mental health problems are restricted.

- Non-typical employment has become more common. Employees in permanent jobs are supported at the workplace and entitled to OSH services, while those in non-typical employment and the unemployed receive weaker support and services.

Opportunities

- Consider existing support mechanisms as a whole in order to enable the continuation of the working career.
- Make use of existing knowledge to disseminate information on mental health issues to workplaces.
- Work supports good mental health. Take advantage of positive work experiences and the social community at work to improve employees' self-esteem and functioning.

Threats

- Mental health problems and unemployment lead to social exclusion, especially among young people. There can be a polarisation of society into those who stay in employment and those who do not.
- Treatment starts too late. Prevention in many cases does not happen.
- The role of different services is not always clear.
- Mental health issues are feared and workplaces do not want to deal with the issues. Employees fear negative attitudes if they speak about their mental health.
- The tight economic situation reduces the willingness to hire or keep employees who cannot give 100 % of themselves all the time.
- The association between heavy workload and mental health problems is not acknowledged.

Recommendations for improving the protection and promotion of mental health at work:

The main development actions are:

- Knowledge must be increased and resource-based practices should receive more support. Concrete interventions to develop processes and interaction should be put in place.
- Cooperation should be increased.
- The approach to developing working conditions should be prevention-orientated.
- There needs to be a systematic assessment of strain.

Recommendations for improving the support for employees:

Three main development actions are recommended:

- Early support models and models for return to work should be used in all workplaces.
- Jobs should be modified to include new types of jobs in which tasks can be adjusted to individual needs.
- Attitudes towards mental health issues must change. Awareness should continuously be raised at workplaces. Mental health problems should be demystified.

France

Introduction and context

France is the largest country in Western Europe and the European Union and the third largest in Europe as a whole; it has a population of approximately 67 million. France is the fifth largest economy in the world and the second largest in the Euro area; the GDP value of France represents 4.41 % of the world economy.

In France, mental health illnesses are the third most common diseases, after cancer and cardiovascular diseases. Each year about 200,000 people attempt suicide, and 11,000 die, resulting in the primary cause of mortality among people between the ages of twenty-five and thirty-four. It is estimated that between one-tenth and one-fifth of the population is likely to suffer a mental disorder at some point in their lives.

With regard to the support of people affected by mental health problems in work, systems and processes are fairly positive. The case management of sick employees by healthcare professionals is generally good. Employees affected by mental health problems can be identified by an occupational medicine department and then are the responsibility of a health insurance organisation. The establishment of a consultation network for victims of work-related mental ill-health in consultation centres on occupational diseases is also a step forward, although there are not yet sufficiently large numbers of these centres to meet the growing demand. A network of occupational doctors, occupational risk prevention personnel and in-house occupational health services are responsible for sick employees.

Support measures are in place in the form of therapeutic part-time work, resources to make reasonable adjustments to work stations, and measures for the support and counselling of sick employees. The downside is that there can be little interaction between the various players: the family doctor, occupational doctors, human resources, occupational health and safety personnel, etc.

However, there is still a problem for those working in micro businesses and the self-employed who are harder to identify and for whom a mental health problem can have a major impact, on their family, their business, their staff and colleagues.

As far as the promotion and protection of mental health at work is concerned, one of the greatest difficulties encountered in psychosocial risk prevention (PSR) in France is the ability to motivate and help enterprises establish concrete measures in their workplaces. Psychosocial risks are not seen as a priority. The lack of robust research demonstrating the cost benefits of PSR prevention, an insufficiently effective legal framework and a lack of incentives to encourage employers to put measures in place has resulted in few enterprises taking positive preventative action. Again, it is also very difficult to reach SMEs and self-employed workers.

In addition, existing preventative tools do not meet specific sector and organisation needs, particularly within the current economic climate. PSRs are very often treated distinctly and separately from other risks, and a more comprehensive approach is lacking.

Preventive measures and measures to promote mental health are still highly focused on individual behaviour rather than on changing the way in which work is organised/designed. Company leaders and managers lack training on these subjects and have little specialist support. Furthermore, the link between work and health is often not established, due to a lack of training in the medical profession and lack of coordination of the various stakeholders.

Background to the SWOT Analysis

In France, legislative measures underpin occupational risk prevention, of which PSR forms part. From the legal standpoint, there is a duty of care for the safety of others and not merely a “best endeavour” obligation. The “loi de modernisation sociale” of 17 January 2002 supplemented existing legislation by treating psychosocial risks in the same way as all other occupational risks. The act specified the employer’s responsibility for the protection of the physical and mental health of a company’s employees and it also, introduced new articles which define and introduces sanctions for mobbing.
In addition, several national agreements among peer professional groups provide guidance for the prevention of psychosocial risks. These agreements have been endorsed by all the employers’ and trade union organisations and include the following:

- A national agreement on work-related stress introduced in July 2008. This agreement’s purpose was to “Increase the awareness and understanding of work-related stress, by employers, workers and their representatives”.
- A national agreement on harassment and violence at work followed in March 2010.

- A further agreement for a policy of improving the quality of life at work and job equality came into being in June 2013. This agreement aims to improve the quality of employment, well-being at work and the performance of the organisation.
- An agreement for psychosocial risk prevention in the civil service followed in October 2013.

However, it should be noted that there are no measures concerning mental health at work in the current 2001–2015 mental health plan led by the Health Department in the Ministry of Social Affairs and Health. Moreover, the Ministry of Health was not involved in the development of the Ministry of Labour's 2010–2014 Occupational Health Plan.

Process of the SWOT Analysis

The SWOT survey was carried out in France between April and December 2013, in the form of a questionnaire sent by post or email to all persons identified as possibly being interested in the survey. The replies were then collected either by telephone or by email, or during face-to-face meetings. They were analysed and grouped together in the same table used for the SWOT survey. Those involved in the process came from the organisations listed below:

- The French National Health Insurance Fund for Employees (CNAMTS)
- The Ministry of Labour, Employment and Social Dialog
- The Ministry of Social Affairs and Health
- The National Social Security Fund for Self-Employed Workers (RSI)
- French National Agency for the Improvement of Working Conditions, (ANACT)
- National Centre for Scientific Research, (CNRS)
- French employers' association (MEDEF)
- CGT trade union
- CFDT trade union
- CFTC trade union
- Occupational Risk Prevention Organisation for the Building and Civil Engineering Industries (OPPBTP)
- Regional labour inspectorates

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems.

Strengths (1) – The promotion and protection of mental health at work

- Government agreements on stress, violence and harassment
- Growing general awareness of the subject by all stakeholders
- Available tools and surveys and the existence of national indicators of PSR
- Training and awareness raising for all stakeholders
- Recognition of the importance of the role of the Committee for Health, Safety and Working Conditions and its specialists
- The existence of various networks
- The reform of Occupational Health Services
- Increased social dialogue between stakeholder
- A comprehensive approach to PSR
- The recognition of psychosocial disorders generally

Weaknesses

- The lack of legal obligation – there are incentives to sign agreements but no duty. Penalties if companies fail to comply are weak
- The lack of a comprehensive approach to the prevention of mental health issues including PSR management
- The lack of tools and communication generally with enterprises
- Difficulties for SMEs and self-employed workers
- Mental health promotion is a non-priority subject in companies
- There is no recognition of work-related mental health disorders as occupational diseases
- A lack of training for managers
- There is a major gap between theory and practice
- The prevention of mental health at work tends to focus on individual behaviour rather than organisational behaviour
- There is a lack of evaluation of the effectiveness of actions to address the quality of working life

Opportunities

- Make better use of human resources departments in companies
- Take every opportunity to change attitudes to risk prevention
- Expand the use of tools and networks
- Improve the knowledge and awareness of employee rights around working conditions
- Look at the media handling of work-related suicides to avoid making them seem commonplace
- Ensure that the responsibility for well-being at work and PSR is shared between the organisation and the individual
- Take advantage of a political will to move forward on this subject at both the European and national levels
- Take every opportunity to develop employee resilience
- Renew the interest of specialists on the topic of mental health prevention

Threats

- The economic crisis impacts on the funding of risk prevention
- The economic crisis could lead to increased risks for employees e.g. longer working hours, job insecurity etc.
- There is a risk of focusing on individual measures and not taking an organisational approach
- CEOs and managers of micro businesses only protect the health of their employees and not their own health
- There is a decline in the number of occupational health physicians
- The checking of competencies of occupational health and safety (OH&S) personnel is not commonplace
- There is a continued lack of social dialogue between business and OH&S organisations

Strengths (2) – The support and treatment of employees experiencing mental health problems

- Good case management by health workers
- A fairly robust legal system that puts a duty on employers to support those employees who are ill including the provision of redeployment measures
- The existence of measures to support employees who are ill
- An improved presence of risk monitoring and prevention
- Comprehensive policies for the integration and continued employment of disabled workers that includes policies on discrimination

Weaknesses

- A lack of a comprehensive approach to support and treatment and the lack of recognition of the link between health and work
- Little coordination between family doctors, OH specialists, HR, managers etc.
- An insufficient number of centres for consultation on occupational diseases
- The complexity of situations and a difficulty in always finding workable solutions
- Little evaluation of the effectiveness of measures to support workers

Opportunities

- Raise awareness and encourage cooperation between the various stakeholders
- Put in place new programmes to encourage an early return to work for those who are sick with a mental health problem
- Develop new jobs for those returning to work following illness
- Improve recognition of work related psychosocial disorders
- Raise awareness among GPs on the importance of working in mental health

Threats

- There is a focus on providing individual support only and not enough focus on the impact of the organisation's working practices on an employee who is ill
- There is a lack of training for employee representatives
- A growing number of people are experiencing mental health problems
- The issue of psychiatric illness is still a taboo subject for employers, managers and work colleagues
- There is a lack of occupational health doctors
- Support for employees is reduced to financial compensation only; there is little real investment in return to work programmes

Recommendations for improving the protection and promotion of mental health at work:

- Promote a coordinated comprehensive approach to the prevention of mental illness at work
- Encourage social dialogue and coordination between stakeholders
- Ensure that human resource management is meaningful and addresses organisations and employees' needs
- Develop training for employers, managers and trade union representatives
- Develop tools and encourage risk prevention
- Take into account the needs of SME's, micro businesses and the self-employed
- Consider the issue of the promotion and protection of mental health at work at the European level (European Commission, Foundation and Agency).

Recommendations for improving support for employees:

- Improve case management for sick employees
- Improve the coordination between the key players including the networks of care, occupational health, enterprises etc.
- Provide help to the companies by means of guidance documents and resources that include funding, training and support
- Create a table of occupational diseases for psychological injuries

Germany

Introduction and context

The Federal Republic of Germany can look back on a long tradition in the realms of work protection and the humanising of work life. Germany is the world's third largest economy and has the largest population of any EU country; as such it has a major role to play in terms of people and work. Against the backdrop of improving perspectives on the promotion of good health, since the mid-1980s several social insurance providers and social partners have collaborated in the realm of workplace health promotion and in the international and national networking of relevant activities.

In November 2008, a legal framework for occupational safety and health in Germany developed from changes to the Occupational Safety Act and in Social Code Book VII, resulting in the "Gemeinsame Deutsche Arbeitsschutzstrategie" (GDA, Joint German Occupational Safety and Health Strategy) being established. One of the goals of GDA is to manage existing occupational safety and health measures in a unified and transparent way and to promote their long-term implementation at the workplace.

German occupational safety and health law defines the protection of employees suffering from psychological stress as the responsibility of each employer, consistent with European occupational safety and health regulations. In addition, the law on labour/management relations regulates company and staff councils' rights of involvement and participation. Besides labour and health protection, the statutory health insurance providers (another part of the German social insurance system) support corporations in implementing measures for workplace health protection, including health promotion in cases of psychological stress. These measures are voluntary for employers.

Background to the SWOT Analysis

Every employer is obliged to provide workplace integration management to all employees who are absent long-term, including those affected by psychological illness. As well as public agencies providing support, a broad market of private service providers has also emerged. At the public statutory level, three initiatives currently deserve emphasis:

a) The joint goals of health promotion and prevention at work in relation to psychological health set by statutory health insurance providers.

b) The "Gemeinsame Deutsche Arbeitsschutzstrategie" (Joint German Occupational Safety and Health Strategy, GDA) with the goal of improving health protection and promotion in the case of psychological stress.

c) The Initiative "Neue Qualität der Arbeit" (The Initiative New Quality of Work, INQA) with the joint programme "Psychische Gesundheit in der Arbeitswelt" (Mental Health in the World of Work or psyGA).

According to a decision of the Nationale Arbeitsschutzkonferenz (National Occupational Safety and Health Conference, NAK) on 30 August 2011, the Federal Government, the states, and the accident insurers are focusing their prevention activities in the GDA period from 2013 to 2018 towards the implementation of three joint occupational safety and health goals. These include the target of "the protection and improvement of health under work-caused by psychological stress." The questions of the SWOT analysis are closely related to the GDA target.

Process of the SWOT Analysis

In Germany, around 100 experts were invited to participate in the SWOT process of gathering ideas, of which 36 participants came forward. The following is a list of organisations from which relevant individuals were invited to take part in the SWOT consultation.

- Ministries, government organisations, and state institutes on work and health protection
- Unions/employer associations (social partners)
- Social insurance providers
- Science, research, and scholarship institutes
- Service providers in the areas of health care, occupational safety and health, workplace health promotion
- Companies

The companies were mostly DAX listed companies, the statutory health insurance providers were key players from the realm of national and international network formation and the majority of participants from the health and accident insurance providers were psychologists. It is not known how all the responses came about, whether or not internal discussions were held.

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems.

Strengths (1) – The promotion and protection of mental health at work

The major strengths included the following:

- An increase in awareness raising and media profile is reducing stigma associated with mental health.
- More research projects, an increase in knowledge, and more practical application of workplace health promotion, occupation health and safety, and health protection.
- A good understanding in workplace health promotion and workplace health management and a high level of expertise among specialists.
- Greater pressure to act resulting from demographic developments and other trends.
- A more robust legislative and guidance framework as well as an increase in company policies and guidelines.
- Increased importance is placed on mental health in political policy areas.
- Substantial progress has been made in the area of collaboration and networking.
- There is a broader spectrum of providers and services in relation to the promotion and prevention of mental health and well-being.
- In large companies, there is an increase in the awareness of mental health issues, improved programmes and services and service providers are better qualified.
- Good practice and successful programmes facilitate the spread of other programmes.

Weaknesses

- Mental health is still a taboo subject; it is a low priority subject in companies.
- Legislation is too imprecise and is not sufficiently implemented.
- Under the label “workplace health promotion”, programmes are mostly behaviour-based; the design of the job is still generally neglected at company level, particularly in small and medium sized companies (SMEs).
- There is no overarching definition of mental illness (e.g. stress), and insufficient research has been carried out on the topic.
- There is a lack of support from social insurance providers and work and health insurance protection providers.
- The wide range of services, tools, and service providers leads to confusion and can minimise service quality.
- The economic crisis, and increased workloads, have prevented blanket implementation of mental health prevention measures.

Opportunities

- Changes in the world of work, e.g. the demographic time bomb and the lack of suitable skilled personnel, provide opportunities for further transformation.
- The legal frameworks etc. lead to increased awareness and implementation.
- On the political level, increased interest in the issue and its impact on the economy can lead to a greater focus on mental health prevention in companies.
- An increasing number of businesses are more aware and are implementing initiatives.
- The pressure on companies to do something is leading to more activities that target specific groups, for example older employees and women.

- There is better collaboration between non-corporate actors, e.g. regional networks can provide immediate professional support.
- Social service providers are more accepting of the topic of mental health promotion.
- Trades Unions are working increasingly in this area.

Threats

- The growing demands of a performance-orientated society, along with global competition, have led to more pressure, inappropriate stress at the workplace, and lack of work satisfaction.
- Due to the economic downturn and business pressure, mental health promotion threatens to disappear from the political agenda.
- Disputes over legal regulations and other conflicts between social partners may prevent the implementation of measures at company level.
- More important problems may lead to a decline in the importance of the mental health agenda, e.g. companies may pursue short term economic interests or a mental health problem may be regarded as the individual's problem and not the company's.
- Many factors in work today can lead to an increase in work load and a growth in stress related symptoms at the individual or team level.
- External organisational factors such as conflicts over goals among social insurance providers or recruitment problems among medical officers may pose a threat to the consistent implementation of mental health promotion initiatives.

Strengths (2) – The support and treatment of employees experiencing mental health problems

The major strengths included the following:

- There are currently high standards for psychotherapy/psychiatric care, a well-developed service provision, and regional networking groups available.
- With a legal requirement for workplace reintegration following sickness absence, important progress has been achieved.
- Both in society as a whole and at the company level, awareness about the issue is growing along with sensitivity towards those affected and their specific needs.
- Good health care provision structures with support from external providers and examples of good practice can be found primarily in large corporations.
- Specialist support provided by social insurance companies is seen in a positive light, e.g. violence at work programmes.

Weaknesses

- There are many deficits in general care, e.g. excessive waiting times for therapy, poor quality of therapeutic interventions and a failure to account for the work context and working conditions.
- Psychological illness in society is still a taboo subject at company level, and those affected may be stigmatised.
- The lack of suitably qualified service providers can impact on the quality and delivery of effective and relevant therapies and services.
- The influence of working conditions on psychological illness is still relatively unknown, both in society generally and at the corporate level.
- The needs of the business will always come first.
- For small to mid-sized companies, there is hardly any support available. In large companies competition among social insurance providers can have a negative effect on the quality and delivery of services provided.

Opportunities

- As awareness and the recognition of the importance of supporting people with mental health problems increases, the stigma associated with mental health will decrease.
- Policy makers will become even more aware of the “ageing and increasingly diverse” society and the impact on employees of ever-increasing workloads.
- Make the best use of the legal framework and already existing interventions.
- As the health care system is well-resourced, new concepts in treatment must be developed to achieve faster and long-lasting treatment success.
- Take every advantage of a better exchange of information, transfer of knowledge, and increased networking between the public sector, in-house specialists/managers and external service providers.
- Examples of good practice should become more widespread and should also be tailored to meet the needs of SMEs.
- Support programmes that are developed from the collaboration of social insurance providers can be adapted to meet the needs of specific target groups.
- By improving working relationships between social partners and organisations the competence, knowledge and qualifications of in-house specialists will also increase.

Threats

- A potential lack of action at the political level can lead to no one service taking responsibility for employees with psychological health issues.
- Regional differences in access to care providers can result in an inequality in the type of services provided by large companies. In addition, responsibilities can be unclear and fragmented. This may lead to gaps in care, a reduction in service quality, and additional uncertainty for those who require support/treatment.
- There is an over-medicalisation of psychological health problems and mental health problems are not seen as a priority in the current economic crisis.
- Increasing workloads and high demands continue to be a problem in work today.
- Programmes and measures that are put in place at the company level may be perceived as a “ticking the box” exercise, i.e. it is done purely for cosmetic reasons.
- The re-integration of those who experience mental health problems can be a major challenge; those affected feel excluded and pushed out of the labour market.

Recommendations for improving the protection and promotion of mental health at work:

- All relevant stakeholders should commit to a wider implementation and dissemination of workplace health promotion practices.
- Capacity in occupational safety and health services should be increased to meet the demand for mental health promotion services.
- Company leaders should take the matter of the design of psycho social working conditions seriously; this should form a part of their role.
- Identify and develop better measures for collaboration and improved coordination of services at the supra company level.

Recommendations for improving the support for employees:

- Improve access to out-patient mental health care and treatment.
- Manage the interface between mental health care and the workplace.
- Encourage those individuals who experience mental health problems to seek help.

Hungary

Introduction and context

Hungary is a Central European country with a population of just under 10 million. Its economy is a medium-sized, structurally, politically and institutionally open economy which forms part of the European Union's single market. The private sector accounts for more than 80 % of the Hungarian GDP. Foreign ownership of and investment in Hungarian firms is widespread, with foreign direct investment worth more than $70 billion.

The right to be healthy is written in the fundamental law of the country (Fundamental Law of Hungary Article XX. (1).'Everyone has the right to physical and mental health'). According to the Semmelweis Project and the 2010 Health Report the health status of the Hungarian population is unfavourable by international standards, significantly lower than it should be judging by the economic position of the country. Because of high disease incidence and the mortality rate, Hungarians can expect a shorter and lower quality of life. The mental state of the population is classed as inferior as compared to the vast majority of European countries.

In Hungary, there have already been a number of initiatives to strengthen mental health and well-being: for example, the "Johan Béla" National Programme for the Decade of Health – 2001 to 2010 and The National Public Health Programme. These programmes aim to improve the population's mental health status, life quality and to develop health awareness. In addition, the European Network for Workplace Health Promotion – ENWHP aims to increase the awareness of companies and the general public with regard to the needs and benefits of mental health promotion at work.

The "Work In Tune With Life" programme provides guidelines for the support of employees who experience mental health problems through the following: raising awareness of early detection, overcoming stigma, risk assessment, the possibility of technical assistance, reducing the amount of work, flexible working practices,, developing effective policies to reintegrate and employ people who have experienced mental health problems, and having time away from work to attend counselling and other treatment, etc.

Background to the SWOT Analysis

Act XCIII of 1993 on Labour Safety covers the employer's responsibility to manage psychosocial risk factors. Article 19 Paragraph (4) of Act XCIII of 1993 on Work Safety (hereinafter: WS Act), states that in relation to work-places where employees with physical disabilities are employed, the physical environment (accommodation) has to suit the changes in the character of the human body. This provision requires that reasonable adjustments are made on a very restricted basis to the physical environment: exclusively with regard to the physically disabled who are already employed.

Process of the SWOT Analysis

A stakeholder meeting was held on 26th June 2013 at the Ministry of Health in Hungary. It included 25 stakeholders, who were representatives of the Ministry. Discussions centred on workplace health promotion and well-being at work in Hungary. This Joint Action project was presented to the stakeholders where they had the opportunity to reflect on Hungary's position in relation to the project. At the end they completed the SWOT template. The 25 stakeholders represented three sectors:

- Health Service
- Public administration
- Industry

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to 1) The promotion and protection of mental health at work and 2) the support and treatment of employees experiencing mental health problems. The findings were categorised as set out below:

Strengths (1) – The promotion and protection of mental health at work

- Health services that include: screening tests, annual mandatory inspections, health care insurance for employees and organised programmes and health promotion events.
- Fringe benefits such as a "cafeteria" system of benefits, discounted recreational benefits, discounted holiday options and employers subscribing towards the payment of glasses.

- A healthy work environment that includes: green areas within workplaces, flexible working practices to allow time for exercise, indoor bicycle storage, fire safety and first aid training.
- Institutional services such as: the promotion of workplace programmes organised by employers, an HR function that includes the dissemination of annual surveys and 360 degree feedback, team and whole staff meetings, "tool box" talks, daily tasks group discussions, one-to-one meetings, an opportunity for employees to present their views in the local press, training and awareness raising workshops and team building events.

Weaknesses

- **From the employees' point of view**
  A lack of appreciation, uncompetitive remuneration, limited use of the support tools e.g. SZÉP card – (a special Hungarian cafeteria, fringe benefit system, that can be used for travel, recreational activities and catering/dining), work overload, the migration of and poor communication between workers.
- **Problems regarding work places** that include an excessively hierarchical system, discrimination and bullying, inadequate conflict management, lack of collaboration between management and workers, infrastructure deficiencies and communication problems on various levels.
- **Work-related health problems** such as: the insufficient capacity of resources and lack of funding, interventions that do not always cover the entire workforce (hierarchy) and inadequate occupational health service provision, for example, occupational health services are often not in direct contact with the employer and have no right of referral to a specialist.

Opportunities

- **Health facilities** for example: the provision of a professional service and the improvement of relations between occupational health and workplace leaders.
- **Prevention:** make better use of services such as: burnout prevention training, communication training, executive coaching, team building events and stress management training. Use every opportunity to target individual mental health needs, improve work life balance, and take advantage of sports and recreational facilities.
- **Work opportunities:** the provision of more meaningful and regular information for employees, make the most of advocacy groups, improve the interaction between employer and employee, employ mental health professionals in work places with over 500 employees and consider ways of motivating managers.

Threats

- **From the employers' point of view:** these include: the lack of financial resources, underestimating the importance of the problem, mandatory health requirements are not being fulfilled and employees are not being recognised as the organisation's greatest asset.
- **From the employees' point of view:** these include: work overload/stress/burnout, psychosomatic and mental illness, an increased risk of stigmatisation, the relevance of community programmes not being recognised and employees being forced to take part time jobs.

Strengths (2) – The support and treatment of employees experiencing mental health problems

A lot of workplaces in Hungary will not employ workers with mental health problems with the result that the employee is reluctant to disclose that there is a problem.

- **Workplace perspective** such as: remaining in employment when the worker has mild mental illness, the use of psychologists followed by psychiatric care, health care workers are more favourably treated if they have mental health problems, the provision of social benefits, sports facilities and open forums where workers can be discuss their problems.
- **Health care facilities to include:** appropriate health care targeting specific problems, the provision of straight forward psychological tests and the availability of psychological counselling on site.

Weaknesses

- **Workplace perspective includes:** employers don't employ workers with mental health problems. There is a lack of resources and capacity to support those with mental health problems, there is no systematic screening programme or support/counselling. The most common reaction to an individual with a mental health problem is for them to be laid off from their work or the employer does not believe that they can continue to do their job.
- **The Worker's perspective includes:** workers will not admit to a problem to the employer, colleagues or the doctor because of potential stigmatisation.

Opportunities

- **Prevention** such as: screening for problems, The Bálint-Group (a caseload-group named after dr Mihály Bálint), alcohol and drug prevention programmes

The employer's perspective includes: needs assessment of workers, on-site psychologists to provide support, internal mentoring programmes, and practical help with acute mental health problems such as sick allowance, support and patient care, holiday allowance, the provision of employee assistance programmes, rehabilitation and return-to-work programmes, management training and the provision of a "cafeteria" system of benefits.

Threats

- **Medical perspective includes:** an approach that is too medical in nature.
- **Worker's perspective** such as: stigmatisation, feelings of helplessness and isolation, recognising the problem too late, keeping the problem a secret, uncertainty, an increase in stress, burn-out and potentially suicide, potential lay offs.
- **Employer's perspective** such as: non-acceptance by the employer and colleagues, the lack of an organised approach and the lack of practical, therapeutic support.

Recommendations for improving the protection and promotion of mental health at work:

Put in place more preventive actions such as:

- Recreation, relaxation, exercise
- Leadership Coaching
- Stress/conflict management training prior to burnout
- Screening in relation to mental illness
- The Bálint Group

And with regard to workplaces:

- Financial support for the professional development of the workforce
- A more appropriate choice of leadership style
- The appropriate recognition and reward of the workforce: financial, professional, ethical
- Improved work-life balance
- Better working relationships, enhanced collaboration and better communication between workers and management
- Make best use of and increase the implementation of local options such as the employment of occupational health physicians and occupational psychologist
- Put in place risk reduction measures such as risk assessments
- Improved quality management systems

Recommendations for improving the support for employees:

Worker's perspective

- Mentoring programmes
- An in-house support service
- Supported psychotherapeutic care
- More holiday, part-time work, lighter workload
- The dissemination of knowledge about mental health problems
- The understanding and communication of the importance of health and well-being to business success
- The provision of recreational facilities in the workplace
- An assessment of the needs and views of employees
- Better signposting for patients
- Financial support for illnesses caused by stress at work
- Improved work-life balance
- Reduce the fear of stigmatisation

Health care facilities

- Regular and targeted screening (depression and anxiety tests), mental health investigation to be considered as part of pre-employment employment screening
- Stress management training

Iceland

Introduction and context

Iceland is a 103,000 km^2 island located in the North Atlantic Ocean, east of Greenland and immediately south of the Arctic Circle. The inhabited areas are mainly around the coast line, particularly in the southwest, whereas the central highlands are uninhabitable. The country is part of the Nordic Countries with a population of 326, 340 at the end of the 1st quarter in 2014. The average age of the population is 37.2 years, 36.6 for men and 37.8 years for women, and life expectancy at birth is 80.8 years for men and 83.9 years for women in 2012 (Statistics Iceland, 2014). It has a GDP per capita of € 33,976 (2013).

In Iceland, the promotion of mental health and well-being and the prevention of mental disorders fall under the responsibility of the Directorate of Health. Little work is currently being carried out in occupational settings and as far as the authors are concerned there are no mental health promotion or prevention programmes in Icelandic workplaces. However, there has been a considerable increase in mental health rehabilitation and follow-up services, where people who have been out of work due to mental illnesses are assisted and supported in returning to work.

In Iceland, there is a lack of epidemiological studies assessing the prevalence of mental disorders in the general population. However, a population-based survey by the Directorate of Health ("Health and Well-Being 2012") showed that 13 % of adults reported having suffered from depression at some point in their lives and 25 % reported having experienced longstanding anxiety. Reports also show that Icelanders consume considerably more prescription drugs for depression, ADHD and sleeplessness than neighbouring countries, which is possibly related to limited access to other types of mental health care, e.g. psychological treatment. There is a general lack of access to mental health services within primary care, which poses an obstacle to early detection and treatment. Mental disorders in Iceland are mostly treated in secondary care, in the private offices of mental health professionals, and in hospital outpatient settings. To date, a national policy for mental health does not exist in Iceland. Several reports, parliamentary resolutions and action plans have been issued over the past decade that call for increased and coordinated mental health services, access to multidisciplinary mental health care in primary health care, etc. but unfortunately, due in part to the 2008 financial crisis, they have not yet been realised. However, work is now underway to create a comprehensive Mental Health Policy in Iceland that will address the urgent need for a governmental policy and action plan in this area.

The Icelandic National Health Plan to the year 2010
http://www.velferdarraduneyti.is/media/Skyrslur/heilbenska5mai.pdf A new one is in the making (in Icelandic):
http://www.velferdarraduneyti.is/media/frettatengt2012/Drog_ad_heilbrigdisaaetlun.pdf

From the *WHO atlas on mental health:*
http://www.who.int/mental_health/evidence/atlas/profiles/isl_mh_profile.pdf

Work is now underway to propose a comprehensive *Mental Health Policy* that will address the urgent need for a governmental policy and action plan in this area. In Icelandic:
http://www.althingi.is/altext/143/s/0089.html

Occupational Health and Safety:

The law in relation to conditions, health, hygiene and safety at work can be found at: *Act on Working Environment, Health, and Safety in Workplaces, No. 46/1980.*
http://www.vinnueftirlit.is/media/almenn-skjol/act_no_46-1980_work_enwironment_health_and_safety.pdf

Many regulations have been issued in order to emphasise the different provisions of the law no. 46/1980.
Also, many regulations have been issued in accordance with directives of EFTA

Regulations under the law no. 46/1980 (in Icelandic)
http://www.vinnueftirlit.is/log-reglur-og-stadlar/reglur-og-reglugerdir/

920/2006 – *Regulation on the organisation and implementation of health and safety at workplaces*
http://www.vinnueftirlit.is/media/efni-a-ensku/reglugerd_um_vinnuverndarstarf_a_vinnustodum_thorarinn_v_07.pdf

Health Care and Social Care:

Regulation on Primary Health Care Services No. 787/2007 this regulation specifies that primary health care services are responsible for providing preventive actions, mental and protective services. In Icelandic
http://www.reglugerd.is/interpro/dkm/WebGuard.nsf/key2/787-2007

Act on the Affairs of Disabled People No. 59/1992 : This act ensures disabled people equality of rights and standard of living comparable with that of other citizens. According to the law, municipalities are responsible for the organisation and administration of services to disabled people, including the quality of services. In Icelandic
http://www.althingi.is/lagas/130b/1992059.html

Municipalities' Social Services Act, No. 40/1991: The law covers the duty of the social services committees within municipalities. In Icelandic
http://www.althingi.is/lagas/137/1991040.html

The Health Service Act No. 40/2007
http://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Health_Service_Act-No_40_2007_as_amended.pdf

The Medical Director of Health and Public Health Act No. 41/2007 (in force since 1 May 2011)
http://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Act_on_the_Medical_Director_of_Health_and_Public_Health_as_amended.pdf

Patients' Rights Act No 74/1997
http://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Patients-Rights-Act-No-74-1997.pdf

Act on Health Insurance No 112/2008
http://eng.velferdarraduneyti.is/media/acrobat-enskar_sidur/Act_on_Health_Insurance_No_112_2008.pdf

Employees earn sick leave, and if they use up that right they can get benefits from social insurance. There is a Vocational Rehabilitation Fund, a private foundation of which all the major unions and labor market in Iceland are members. They have extensive services that can be offered to those that are at risk of losing their jobs or who have already done so.

Background to the SWOT Analysis

As Iceland is only a collaborative partner in this work package, there were limited resources to conduct a complete SWOT analysis. Therefore the SWOT questionnaire was only sent to hand-picked specialists in the relevant fields. No good examples were collected and the country profile is minimal and only part of the picture.

Process of the SWOT Analysis

The Joint Action on Mental Health and Well-being project is being coordinated by the Icelandic Directorate of Health. Relevant stakeholders were identified by the coordinators of the project and were invited to complete the SWOT questionnaire; six specialists from the institutions referred to below responded. They were:

- Reykjavik City Hall
- Administration of Occupational Health and Safety
- The Department of Public Health Science, University of Iceland
- The Teachers Union
- The Work Rehabilitation Fund
- The Directorate of Labour

Key findings from the SWOT analysis

Strengths (1) – The promotion and protection of mental health at work

- Low levels of injuries, relatively small work places and a sense of community because of the small population.
- Highly functional unions that support health promotion activities such as physical activity, psychological treatment etc.

- A low rate of unemployment.
- Regulation against bullying in the workplace.
- Many small private enterprises are offering services in health promotion to workplaces.
- Three Government ministries developed an action plan to tackle bullying in the workplace.
- A new specialist service has been set up to review people with mental health problems in the primary health care sector.
- A joint project between the psychiatric unit, the maternity unit and the child health unit at the University Hospital, Landspitali supports parents with mental health problems who are expecting a child or who have a child under 12 months old.
- There is a strong educational system in Iceland.
- Increased awareness of the importance of health and safety at work has grown among enterprises.
- Risk assessments including evaluating work related psychosocial factors is mandated.
- Many workplaces issue annual workplace surveys in order to monitor employee satisfaction and attitudes towards work and management and there are best company awards to motivate employers to protect and promote the health of their staff.

Weaknesses

- Funding is more likely to go into rehabilitation services.
- There is no overarching mental health action plan although one is currently being developed.
- Few disabled people benefit from active labour market policies.
- There are few opportunities for those who have a limited ability to work.
- There is little follow-up on whether organisations comply with regulations or to ensure quality of services.
- The economic crisis has led to even less funding and fewer resources available, e.g. cutbacks in the administration of occupational safety and health and in primary health care.
- There has been more of a focus on health promotion activities in schools than in workplaces.
- There are long waiting lists for services.
- There is a lack of research on effective practice.
- Psychological treatment is expensive and there is also a lack of understanding of the importance of psychological stress as a risk for negative health outcomes.

Opportunities

- Hopefully the proposed mental health action plan will be followed through.
- The Administration on Occupational Safety and Health (AOSH) is constantly working on promoting better work conditions.
- There is increased awareness and compliance which will lead to a reduction in bullying in the workplace.
- There is a general increase in awareness in health and safety at work.
- There is increased access to CBT clinics and psychologists in primary care.
- More education and interventions on health promotion are available in workplaces.
- It is important to expand those projects with successful outcomes.
- Expand the group with impaired work abilities that can benefit from support.
- Establish a Healthy Workplace Network in Iceland.

Threats

- An overarching mental health action plan might not be followed through.
- Increased instability in the labour market since the economic recession may lead to more insecurity and instability for the workforce.
- There is a lack of resources to enforce the law/regulations.
- There is a high cost associated with resolving issues related to bullying in the work place which can be beyond the reach of many small companies.
- A general lack of funding prevents adequate resources for workplace health. promotion; it is seen as “nice to have” and not as a “must have”.

Strengths (2) – The support and treatment of employees experiencing mental health problems

- Sick leave benefits are provided through trade unions (and through social insurances when the union benefits run out).
- There is a Work Rehabilitation Fund to help people stay in or return to work because of sickness.
- The Directorate of Labour has a special programme to help young people with mental health difficulties obtain and stay in work.
- There is more of a focus on work rehabilitation and more funding available than there used to be.
- Projects such as the Active Workplace project is aimed at helping people back to work after long term sickness absence.
- More intensive rehabilitation services, educational opportunities and workplace policies assist people to return to work.

Weaknesses

- Fewer rights for those who have no or insufficient working history.
- The Directorate of Labour is experiencing big cutbacks; the impact of these are yet to be seen.
- Support for those who have been in long term unemployment is not timely.
- There are not enough opportunities for rehabilitation and special support.
- Further specialists in this field are required.
- Sickness absence policies need to incorporate employees with mental ill-health.
- There is a general lack of appropriate resources: funding, time, motivation.
- Waiting lists for mental health treatment are too long.

Opportunities

- Increase awareness raising for both employees and employers.
- Promote work rehabilitation in accordance with other systems and increase the support available for individuals with impaired work abilities.
- Increase help for those who are at risk of dropping out of the job market.
- Encourage those seeking employment to take part in special projects.
- Make the best use of the legal framework and government initiatives.
- Take every opportunity for early intervention to lower incidence of disability.
- Access all avenues via the education system to normalise mental health problems to avoid stigmatisation.

Threats

- Ensure that resources/funding reach all those who might benefit from work rehabilitation.
- People with mental illness may be more at risk of taking permanent disability pensions.
- Prejudice and stigmatisation is still a threat.
- Although it is recognised that rehabilitation for those with mental health problems is much needed, there is still dissatifaction over the costs of such programmes.

Recommendations for improving the protection and promotion of mental health at work:

- Put in place systematic psychosocial risk analysis in workplaces and follow-up procedures in order to limit risks and increase mental well-being in workplaces.
- Improve management quality and provide more professional human resource management services.
- Increase tolerance and understanding towards people with mental illness in the job market – there is a need to provide more job opportunities.
- Improve procedures regarding return to work after mental illness.

Recommendations for improving the support for employees:

- Provide access to mental health support if needed.
- Target resources for early intervention to keep people in employment.
- Follow up for those who have been hospitalised or on sick leave.
- Provide family therapy to prevent social problems that are inherited through generations.
- Increase education in the work place both for individuals as well as companies.

Ireland

Introduction and context

Ireland has a population of 4.6 million people – representing an 8% increase since 2006 – according to the most recent Census data. People living in Ireland are living longer than previously but many of them are suffering from chronic diseases and disabilities related to lifestyle issues, for example: poor diet, smoking, alcohol misuse and the lack of physical activity.

As reported in *Healthy Ireland, a Framework for Improved Health and Well-being 2013 – 2015* – a whole government approach to improving health in Ireland, chronic conditions are responsible for a significant proportion of premature deaths. The prevalence of these chronic conditions which can have an association with mental health – either uni-directionally or bi-directionally – such as hypertension, coronary heart disease and strokes increase with age, are greater in lower socioeconomic groups and higher in males. Physical ill-health is not only inextricably linked to mental ill-health for sufferers but can also have ramifications for families, carers, the public health system, communities and society.

Health comprises the second largest component of public expenditure in Ireland after social protection. In 2010 Ireland spent € 2,862 per capita on health, compared to a European Union average of € 2,172 per capita. This spending tends to be made up of mostly diagnostics and treatment services for disease and injury rather than prevention and promotion.

It is estimated that the economic cost of mental ill health in Ireland is € 11 billion per year with the mortality rate from suicide in the 15 – 24 age group for example being the fourth highest in the EU and the third highest among young men in the 15 – 19 age group. It is expected that the economic crisis might have secondary mental health effects that could result in an increase in suicide rates and alcohol related deaths.

The Health Service Executive (HSE) which comes under the Irish Department of Health has a strong input into mental health services generally and provisions nationally. It provides a wide range of mental health services nationally, in the community and in hospital settings. There are also many counselling, advocacy, support, advice and resource bodies provided from the state, voluntary, community and private sectors.

Background to the SWOT Analysis

The Health and Safety Authority (HSA) Ireland, a state agency under the remit of the Department of Jobs, Enterprise and Innovation (DJE) is an official Collaborating Partner in this Europe-wide exchange on improving mental health well-being services in workplaces.
The Authority's central aim is to develop a national as well as a European framework of action to promote mental health at work. It involves working with a wide range of stakeholders – governmental bodies, social security agencies, and social partners as well as those working in the mental health arena and those working with and in organisations.
Via its Organisational Psychologists/Labour Inspector in the Occupational Health Unit, the HSA was responsible for gathering information and building up a reliable evidence base on the strengths, weaknesses, opportunities and threats pertaining to the two areas of mental health in question – promoting and preventing mental health at work and supporting employees who are already affected by mental health issues and/or their associated behavioural disorders.

Process of the SWOT Analysis

During 2013, the HSA hosted a series of meetings where relevant stakeholders were invited to exchange views and reach agreement on the topics discussed. The stakeholders invited to participate included:

- Representatives of Government bodies
- Trade Union and Business Confederation representatives
- Mental Health Service Providers
- Company and private sector representatives

Up to thirty stakeholders participated in the SWOT analysis either by attendance at group meetings or via one-to-one meetings.

Participants at the meetings carried out an analysis of the systems and procedures governing mental health at work. Using the SWOT analysis format, a record of Irish best practice, an insight into harmful practices and a current and informed Irish evidence base was developed.

Key findings from the SWOT analysis

The main findings from the SWOT analysis for both mental health promotion and the support of employees with mental health problems are summarised below:

Strengths

- The benefits of work – social, financial and psychological – should be emphasised in any programme aimed at increasing mental health as there can be a tendency to slip into the notional idea that working is something one stops when "unwell".
- The effects and treatment options for mental health vary enormously and should not be forced into the orthodoxy of the prevalent physical health model.
- The societal attitudes, albeit well-meaning, bring with them stigma around mental health issues, perceived as reduced.
- Some legislation in the area of Equality, Health and Safety and Disability Rights has improved matters.
- Increased awareness of mental health issues and the normalisation of mental health problems have increased tolerance and acceptance of mental health as an important component of health within work and outside it.
- There are many voluntary agencies which are oriented towards support and assistance for people with anxiety, depression or other mental health related conditions.
- There are state payments for illness and disability which means those with diagnosed mental health impairments receive financial entitlements.

Weaknesses

- There is no agreed legal definition of psychosocial risks at work, mental health injury, or stress as an injury in National, European and International legislation.
- Psychosocial hazards (defined by the International Labour Organisation (ILO, 1986) refer to those interactions that prove to have a hazardous influence over employees' health through their perceptions and experience yet perception and experience are outside the aegis of the employer/manager; this leaves gaps in operationalising any legislation or guidance, in terms of practical steps and prevention mechanisms.
- Many of the employers' management powers are specifically subjected to labour law rules and collective bargaining and not to OSH legislation, this interaction/interdependence can cause the real issues to fall between the two.
- Stress, specifically workplace stress is not an "illness" and is not reportable to any authority nationally, thereby is not defined, cannot be measured and cannot be tracked as a real workable issue.
- The management of many mental health matters falls within the familial or personal sphere and are outside the scope of the employers' management powers.
- Organisational culture can filter down to all levels, leading to a fear of "bucking the trend" and requesting changes. It is often seen as easier to comply, despite adverse effects on mental health, due to fear of losing one's job. This is more so during a recessionary period.
- There are not enough legal infrastructures in place to give weight to the existing framework in each of health and safety, employee relations and equality.
- There is no *joined up approach* between the various systems and stakeholders leaving the individual with no real anchor whilst experiencing a mental health problem.

Opportunities

- There is a real opportunity to address the lack of training for management/employers on how changes in personal circumstances can affect employees; specific training for the needs of employees with mental health issues should be promoted as something which would be beneficial for all parties.
- Utilise good practice examples from other systems and providers such as the Scottish Mental Health system, early intervention and return-to-work best practice, the Canadian system and other initiatives at EU level. Also good practice in the public and private sectors should be highlighted and shared.

- Critical incidents, as a source of stress should be addressed and measures to prevent harm facilitated into bespoke risk assessment control measures, targeting specific work/industry types – ambulance, fire fighters, the police force.
- Free mental aid and immediate or quick access routes should be considered for the short term control or rehabilitation of those with workplace mental health problems.

Threats

- As societies become increasingly violent, so do workplaces and so violence is an increasing risk at work from within and without; strong measures to prevent and counter any violent actions or threats of same should be mandatory for hazardous and safety critical industries.
- Working time alterations and increased hours/shift work patterns can be a threat to mental health; sleep is intrinsically linked to mental health, and fatigue is linked to decreased safety actions and increasingly risky behaviour. Thus emphasis should be put on areas of long or altered or rotating shifts and increased hours.
- Conflict and combative relationships are associated with increased pressure in times of recession and this can have a negative effect on mental health at work; if these issues go unaddressed, they multiply. Early assessment and sensible addressing systems should be in place and monitored, reviewed and recorded nationally.
- Re-structuring, job insecurity and decreased and insecure salary expectations, all associated with recession, are threats to mental health and well-being.

Recommendations for improving the protection and promotion of mental health at work:

- Increase Labour inspections at the work site, including psychosocial issues.
- Improve legislation to encourage employers to take action; sanctions are also needed.
- Use clinical expertise targeting workplace to develop guidance for middle managers on handling stress at work.
- Link health and industry systems nationally for easier identification of work-related mental health problems.
- Set up a national forum for workplace assistance to provide expertise in health, bullying and harassment, employee relations, legal and safety aspects; this should be subsidised by the state with some investment by and use-related minimal charge for employers.

Key recommendations for improving support for employees:

- Adopt novel systems for return to work for those affected.
- Establish a national forum which provides support for employees returning to work.
- The national forum should provide early intervention support when mental health problems first appear.
- Increase access to health promotion through a workplace insurance scheme.
- Improve owners'/managers' knowledge of mental health problems affecting the work ability of employees.

Malta

Introduction and context

The island of Malta lies in the southern part of Europe covering around 122 square miles, making it one of the world's smallest countries. With a population of approximately 418,000 it is also one of the most densely populated countries in the world. It joined the European Union in 2004 and became part of the Eurozone in 2008.

The health sector in Malta is financed through general taxation with around 6.3 % (€ 25 million) of the total government health expenditure being allocated in 2013 to mental health services, mainly to hospitals. The government is committed to increasing resources to further expand community health services; however, a lack of financial resources has reduced investment in the prevention and promotion of mental health.

Background to the SWOT Analysis

The mental health sector includes both inpatient and community services, which form an integral part of the national health system. One overarching management structure is responsible for all psychiatric services which are provided by multi-disciplinary teams.

Inpatient services are concentrated at the Mount Carmel psychiatric hospital on Malta and in the General Hospital on the neighbouring island of Gozo, while outpatient facilities are provided in the main general hospitals in Malta, Gozo, and from various primary health care centres on the island. There are also a number of day centres around the island offering psychological, interpersonal and practical living skills group work. Community mental health services also serve the wider community by increasing mental health awareness through the provision of information and education to promote healthier environments within families, schools and workplaces.

Mental health prevention and promotion is mainly provided by Non-Government Organisations, as there is a lack of resources to provide such services within the Ministry of Health. These NGOs also provide a limited therapeutic service at the workplace through counselling and psychological support services. The Occupational Health and Safety (OSH) Authority have recently published a policy document for public consultation on tackling stress at the workplace.

Process of the SWOT Analysis

The SWOT questionnaire together with an introductory letter was sent to nineteen participants chosen to represent all appropriate stakeholders with an interest in mental health at the workplace. They included the following bodies:

- Ministry of Health
- Occupational Health and Safety Authority
- Malta Council for Economic and Social Development
- Healthcare professionals
- Non-governmental organisations
- Trade Unions
- Employers' Associations

All participants received a one-to-one meeting to explain the concept of the research; ten participants responded to the questionnaire representing a response rate of 52.6 %.

Key findings from the SWOT analysis

The main findings from the SWOT analysis for both mental health promotion and the support of employees with mental health problems are summarised below:

Strengths

- Workplace mental health initiatives are cost effective.
- Health promotion material is readily available.
- Some services, such as counselling are available; these are financed mostly by the public sector.
- Awareness that stress is a priority at work exists.

Weaknesses

- The lack of meaningful participation by the social partners to address the issue of stress related working practices is a real problem.
- Workers with mental health problems are stigmatised with increasing awareness of the issues potentially leading to the increase of stigmatisation.
- There is a reluctance of employees to tell employers and co-workers about a mental health condition.
- There is a lack of awareness of the magnitude of mental health issues at work in terms of the economic and social impact.
- No overarching strategy to implement mental health promotion at the workplace exists.
- Few people are aware of the services provided to support people with mental health problems.
- There is a reliance on individual early detection of work related stress without much emphasis on identifying the causes within enterprises.
- There is also a lack of outreach therapeutic services to support workers with mental health issues.

Opportunities

- Given that the economic sectors are highly trade unionised this may lead to the enforcement of any agreed standards or guidelines.
- The further implementation of family friendly measures that enable better work life balance and can reduce mental health issues.
- The OSH Authority should focus more on mental health issues at work; however this could cause a backlash from employers resulting in a reduction in their involvement.

Threats

- Mental health promotion/prevention is not financially feasible if employers are to incur costs, given that the nature of businesses in Malta is primarily made up of small and medium enterprises (SMEs).
- There is a lack of resources at national, enterprise and social partner level.
- The current economic conditions could lead to the potential retention of only the fittest people in workforces.

Recommendations from the SWOT analysis for improving support for employees:

- Provide education and training for managers and employees to improve recognition of the symptoms of mental health and to help them identify what action to take with employees who are experiencing mental health problems.
- Improve the access to information so that employees feel empowered to seek help.
- Conduct a study to establish the prevalence and incidence of work-related stress.
- All organisations should have to formulate mental health policies.
- Develop targets to eradicate discrimination and to promote zero tolerance of stigma and discrimination.

Recommendations for improving the protection and promotion of mental health at work:

- Create workplace environments that enable workers to express themselves, their needs and concerns freely and one that allows them to feel listened to and treated fairly and justly at all times.
- Target promotional campaigns to small groups of employees to teach them how to deal with mental demands.
- Ensure that any promotional campaigns are owned by CEOs/senior management and employees.
- By using their own resources, encourage social partners to take an active role.
- Encourage the government to provide a framework to protect and promote employees from excessive mental demands.

The Netherlands

Introduction and context

The Netherlands is a small, densely populated country with the tenth-highest per capita income in the world (in 2011). In 2013, the United Nations World Happiness Report ranked the Netherlands as the fourth happiest country in the world, reflecting its high quality of life.

However, as in many other European countries, the world of work is currently changing because of globalisation, a shift towards more service work and technological changes. These changes may affect the mental health and well-being of workers and may need alterations in policies directed at health, social affairs and employment to tackle these changes. In addition, increasing globalisation has led to more flexible working practices. Work frequently takes place outside traditional working hours and locations, a new development which can interfere with personal commitments. This work-home interference is found to result in increased burnout and mental health complaints (e.g. Demerouti et al. 2004; 2007). Also in the Netherlands, the percentage of temporary workers is relatively high considering the European average. Recent research has shown that, when temporary workers take sickness absence particularly with mental health problems, only one out of ten employers will invest in their return to work, whereas the figures are considerably higher for employees with a permanent contract (Houtman et al. 2013).

The costs of mental ill-health in society generally are high, reaching 3–4.5% of GDP across a range of selected OECD countries in 2010 (OECD, 2012). For the Netherlands these costs have been calculated at €2.7 billion (De Graaf et al, 2011). Research has indicated that mental illness is responsible for a very significant loss of the labour supply, high rates of unemployment, and a high incidence of sickness absence and reduced productivity (OECD, 2012).

In the Netherlands, almost 650,000 people of 18–65 have a mental health disorder of which depression is the main single cause. Mental health problems are the main cause for long term sickness absence and 43% of reported new cases in the new Dutch disability benefit system (WGA; WIA) are diagnosed to be related to mental health problems (Hooftman et al, 2012).

Background to the SWOT Analysis

Many initiatives have been put in place since the gradual implementation of the Working Conditions Act (1983–1990). More recent initiatives include the following:

- A national action programme by the Ministry of Social Affairs and Employment on psychosocial risk management was launched in April 2014 and is aimed at supporting psychosocial risk management for four years.
- The Ministry of Health also has a national programme on depression where employees in high risk occupations are a target group.
- The Minister of Social Affairs and Employment has asked the Social and Economic Council of the Netherlands (SER; which is a national advisory and consultative body of employers' representatives, union representatives and independent experts), to advise on the future of occupational health care.

These initiatives need to be seen as a backdrop to this project on mental health at work. The Dutch Ministries of Health and Social Affairs and Employment have decided to participate in this "Joint Action on the Promotion of Mental Health and Well-being" to promote taking action on mental health and well-being at workplaces at national level.

Process of the SWOT Analysis

For the Netherlands the results of the SWOT analysis should create opportunities for improving mental health in the broad sense and be translated into a plan of action. Each national stakeholder has been asked to identify strengths, weaknesses, opportunities and threats in relation to psychosocial risks and mental health.

In this instance, the SWOT analyses took place in four areas:

- The prevention of mental health at the workplace
- Psychosocial risk management at work
- The reduction of mental health complaints in workers
- Encouraging return to work in employees absent with mental health problems

Following an initial meeting, a SWOT questionnaire was sent to all stakeholders, who completed the questionnaire in relation to their own organisations. Stakeholders included representatives from the following organisations:

- Employer representatives (national, health care and education sectors)
- Employee representatives
- Care providers
- Insurances (public and private)
- Knowledge institutes
- Ministries (incl. Inspectorate)

23 people (68% response rate) completed the questionnaire. Not all respondents considered themselves "expert" enough, however, to complete all the required areas,

Key findings from the SWOT analysis

The findings listed below summarise the most frequent replies to the SWOT questions in relation to the four areas identified above.

Strengths

The main strengths from the SWOT analyses are:

- The knowledge in the Netherlands on mental health and its' determinants (monitor information and knowledge on the topic as well as on interventions):
  - Developments in "mental health"
  - In risks
  - In risk groups
- Infrastructure
  - Care infrastructure on "mental health"
  - National collaboration and consultation to the government in topics like psychosocial risks and mental health (The Labour Foundation (StvdA) and the Social and Economic Council (SER))
  - Legislation on working conditions and social security
  - Strong knowledge and ICT infrastructure
- National collaboration
  - Work and health information (Arbo catalogi), i.e. sector-wide documentation on the legal obligations on working conditions, diagnostic tools, intervention tools, good practices. This documentation is often made available via the internet.
  - Collective Agreements
  - Consultation and collaboration between sectors
  - The commitment of all stakeholders

Weaknesses

The main general weaknesses from the SWOT analyses are:

- Available knowledge is not used enough/not well implemented.
  - Employers do not always know what is available/knowledge does not reach target groups.
  - The topic is "sensitive"; there is a "taboo" atmosphere, both for employers and employees.
- The Infrastructure is complex, a holistic vision on mental health is lacking and "work" does not get enough attention in public (mental) health (too much attention on treatment and too little on prevention).
- The field is strongly segmented.

- Securing successful programmes/activities gets too little attention.
- The Government does NOT choose: there are no compulsory measures to allocate money to mental well-being programmes or to sanction companies which allow inferior working conditions to persist. Such measures could stimulate companies to implement positive mental health practice.t
- Doing nothing also costs money. When employers do not take measures to prevent and promote mental (ill) health (society/insurances end up paying for those who become ill.
- There is no legislation for the promotion of mental well-being.
- The topic of positive mental health is not a concrete one and psychosocial risks at work as a cause of mental health problems are not very "objective". This often leads to discussions about who is responsible for its management.
- The "return on investment" and positive impact of proactively improving mental health are difficult to objectively measure; it is easier to measure the effectiveness of interventions to treat individuals with problems.
- Interventions directed at the reduction of mental health complaints as well as those concerning return to work are often performed within the context of the medical model.
- The return to work of individuals following mental health illness is not always implemented because of practical reasons.
- There are different financing systems for public and private sector occupational health services. This is also a major cause of the lack of collaboration between public health and occupational health professionals.

Opportunities

The general opportunities that were identified within the SWOT analysis are:

- Initiatives for mental health at work must be linked to broader, integrated programmes e.g. sustainable employability, social innovation, social corporate responsibility.
- Psychosocial risk management is the subject of major attention from the Ministry (action plan – Minister of Social Affairs and Employment (Asscher).
- Make knowledge on interventions that are target group specific more publicly available.
- Use ICT/technology for providing knowledge as well as tools.
- Also use poor practices as examples – doing nothing also results in costs.
- Make topics like psychosocial risk management or sustainable employment "sexy" and more attractive, for example by utilising tax incentives.
- Harmonise the different financial routes for public and private occupational health services.
- The proactive promotion of mental health is less threatening than managing risks or direct interventions with those with mental health problems as the problems have not yet arisen.
- The "business case" model may persuade employers and other stakeholders (e.g. insurers) to take action.
- Stimulating networks (at sector or regional level) may be beneficial to persuade stakeholders such as employers to act, collaborate and show that interventions pay off.

Threats

Important general threats identified were:

- The economic crisis results in a "tough" environment and one where the issue of the prevention of mental illness and promotion of mental health may not be seen as a priority. Interventions can be viewed as being too expensive when money and time are both scarce.
- There is too little reflection on the consequences of higher pension age and demographic changes.
- Not all stakeholders think the "problem" of mental health at the workplace is that urgent.
- Reductions in public services, including health care and well-being services, means more of a "participation" society and less of a "care" society.

- There are new “at risk” groups: e.g. those who provide informal care but at the same time have to earn a living. The new government policy is to cut health care costs by not moving the elderly into care thus potentially putting a greater burden on (working) individuals in the community.
- The separate financing of public and occupational health care is difficult to change. This may result in a shift to the management of those with mental health problems to the more expensive specialist health care.
- There is too much, non-selective information available e.g. some information can reach individuals who are not the target group; this could cause a risk to them.
- Individuals do not want to admit to a problem, because it is a sensitive issue.
- There is a growing trend of employing staff on temporary contracts.
- Treatment of those with mental health problems is often directed at health management and not at improving the functioning of the worker. There is also a tendency not to tailor the care provided to the individual’s needs.

Recommendations for improving the protection and promotion of mental health at work:

- Implementation of knowledge and the business case
- Improved financing (business case)
- Further knowledge development
- Directing roles and responsibilities
- Collaboration and infrastructure
- Legislation and maintenance

Slovenia

Introduction and context

Slovenia is a central European country with a population of 2 million. In 2012 Slovenia's GDP stood at € 35.319 billion which equates to € 17,200 per capita with expenditure on health being around 9 % of GDP (1,870 PPP € per capita). According to data from Eurostat, the Slovenian Gross Domestic Product per capita in terms of purchasing power parity achieves around 84 % of the EU average – representing a 7 % fall in comparison with the year 2008 (91 % of EU average) before the economic crisis.

The results of accessible national files on the health of workers indicate that the economic crisis had a substantial impact on the mental health of workers. Sick leave is rising significantly due to mental and behavioural disorders resulting from the reaction to severe stress and adjustment disorders.

Historically, mental health care in Slovenia has been mainly institutionalised – in hospitals and outpatient psychiatric clinics. However, after the introduction of the Mental Health Act in 2008 the potential for co-ordinated community mental health care and the promotion of mental well-being for the active population including workplaces was established. Because of this legislation, a new national programme for mental health is due to be ratified in the near future. This programme should include the promotion of mental health and prevention of mental disorders, a campaign against stigma and social exclusion, the promotion and care of mental health of the active population, community psychiatry and the prevention of suicides. In addition the Health and Safety at Work Act of 2011 ensured that employers have to plan and implement workplace health promotion.

The most important institutions covering health and safety at work are the Ministry of Labour, Family, Social Affairs and Equal Opportunities and the Ministry of Health. According to the legislation every employer in Slovenia is obliged to put in place a safety statement with a risk assessment and adopt a policy and programme of measures for safeguarding employees' health with regard to injuries at work, health impairments, occupational diseases and employees' general well-being including mental health. In practice the risks which result from poor work processes, poor job design, time pressure, lack of skills and poor relationships are not defined adequately in most risk assessments.

About 140 occupational, traffic and sports medicine specialists are responsible for the promotion and protection of mental health of the active population; they come under the auspices of the Ministry of Health. Occupational medicine activities also include about 25 psychologists, most of who work for the health care service although some of them are private providers working for the Ministry of Health.

Background to the SWOT Analysis

In accordance with the protocol on co-operation within the framework of the Joint Action project, a national working group made up of representatives of government agencies, social and health insurance providers, social partners and various mental health professionals was established in 2012, before the formal start of the project in February 2013.

22 representatives of the organisations listed below were appointed to the national working group:

- Government bodies – Ministry of Labour, Family, Social Affairs and Equal Opportunities and Ministry of Health
- Social partners – Slovenian Chamber of Commerce, The Chamber of Craft and Small Business of Slovenia and the Association of Free Trade Unions of Slovenia.
- Professionals in the field of health - National Institute for Public Health, Psychiatric Clinic Ljubljana, Clinical institute of Occupational, Traffic and Sports Medicine, Faculty of Medicine in the University of Ljubljana and Faculty of Sport in the University of Ljubljana.
- Social insurance Providers – Pension and Disability Insurance Institute, and Health Insurance Institute of Slovenia.

The SWOT Analysis was used to facilitate an in-depth discussion on the current state, the challenges and development of the field of mental health in the workplace.

Process of the SWOT Analysis

At the end of May 2013, all members of the National Working Group received the SWOT questionnaire containing both sets of questions. 12 out of 22 members of the Working Group completed the questionnaire. A meeting of the Working Group took place in the middle of June 2013; 14 out of 22 members attended the conference where discussions around the SWOT analysis in relation to the promotion of mental health at work and to measures to support workers already af-

fected by mental and behavioural disorders were held. Participants agreed conclusions of the above. A report on the SWOT analysis together with conclusions of the conference was subsequently circulated to all members of the Working Group.

In October 2013 a second meeting was held; here 10 members of the National Working Group attended the conference. The participants considered final recommendations in relation to measures to promote mental health at work and measures to support workers already affected as well as selecting some models of good practice in the field of mental health in Slovenia. Recommendations were circulated for possible amendments to all members of the working group.

A final meeting was held in February 2014 where the forthcoming exchange conference in Berlin in October 2014 was considered.

Key findings from the SWOT analysis

The main findings from the SWOT analysis for both mental health promotion and the support of employees with mental health problems are summarised below:

Strengths

The key strengths were identified as:

- The legal regulation of the promotion of mental health in the workplace which includes The Health and Safety at Work Act 2011 and the Employment Relations Act of 2013 and various case laws.
- A network and organisation of providers.
- Awareness raising, campaigns and educational activities.
- Some successful projects on the promotion of health at work and research into the promotion of public health.
- Examples of good practice e.g. (for example programmes like “Family-friendly companies, Work – in harmony with life”; Fit for Work, etc.).
- Support, vocational training and rehabilitation are provided in some workplaces for employees with mental health problems.
- Flexible working practices assist those with mental health problems.
- There is increased knowledge and awareness of discrimination and stigmatisation associated with those with mental health disorders.

Weaknesses

There were many weaknesses in the current systems suggested. Some of these included:

- Legislation does not guarantee that health promotion measures will be implemented.
- There is a lack of appropriate legislation, strategies and action plans on protecting the mental health of employees.
- Employers generally focus on productivity and costs and cannot afford to implement workplace health promotion programmes.
- Adjusted jobs for people with mental disorders are not sufficiently widespread.
- There is a lack of awareness among managers and colleagues on mental health disorders.
- Increasingly stringent conditions are put in place by the Health Insurance Institute and the Institute for Pension and Disability Insurance of Slovenia in the granting of sick leave and disability pension awards.
- Employers do not have adequate knowledge or the financial resources to implement measures to support those with mental health problems.
- Many companies in Slovenia are SMEs and workplace health promotion programmes are less likely to take place in small organisations.
- The current economic climate results in uncertainty and potentially longer working hours.
- There is stigmatisation and discrimination of less healthy workers.
- There is no national strategy for either health promotion at work or for mental health in the workplace.

- There are also no national guidelines for health and mental health promotion and no state resources available to fund projects.
- There is a lack of cooperation between key stakeholders.
- Evidence based research is minimal.
- There is a lack of easy to access and affordable counselling programmes, a lack of accredited health promotion programmes at work and also a lack of regular public campaigns to disseminate good practice.

Opportunities

- Social partners (trade unions, employers' associations) in Slovenia are already acquiring knowledge, skills and tools to manage psychosocial burdens in the workplace which could be used at the level of individual employers.
- Use existing resources to build up knowledge and tools.
- Make the most of European campaigns to disseminate good practice.
- Develop worker-friendly environments in accordance with their needs and characteristics.
- Identify good examples of workplaces with a positive working environment, good organisation of work and good stress management interventions and use those as examples of good practice. These examples might be within or outside Slovenia.
- Raise awareness of mental health promotion generally and encourage education and training programmes to refer to mental health at work where possible.
- Encourage any new labour legislation to include mental health promotion.
- Ensure every project in mental health at work is evaluated and use that data for further research.
- Use existing networks to share good practice and information.
- Link work, traffic and sport medicine with public health for the preparation and implementation of joint programmes to promote health in the workplace.
- Utilise every opportunity to reduce stigma and discrimination for employees experiencing mental health problems.
- Use legislation to develop a quota system that encourages employers to employee people with disabilities.
- Look for ways to integrate social treatment in the community with medical treatment and offer even greater support to people with severe mental health problems to encourage their integration into the national, local, and work environments.

Threats

- In an economic crisis, psychosocial distress can increase further and employers are less willing or able to put in place supportive interventions, whether recommended by the legislation or not. This can lead to a whole range of problems for staff such as an increase in demands, more stressful work, less flexible working conditions, fewer resources etc.
- In the current economic climate there are fewer opportunities to employ those suffering from mental health disorders, a lack of suitable jobs for them and a shortage of funding to support them back into work.
- Monitoring, review and research activities are at risk where there is a lack of funds.
- A willingness to spread knowledge and skills of work organisers, such as skills to communicate with employees is decreasing.
- It is possible that the Ministry of Health will not draw up guidelines to promote health within a reasonable period or the guidelines will be unhelpful to employers.
- There is a lack of expertise in the area of research and design of health policies. This could lead to a risk that there will be no practical interventions.
- There are too many ad hoc programmes; programmes are of short duration; areas of work are too vaguely delimited between providers and sources of funding can be irregular.
- Standards in the promotion of mental health may be unrealistic.

Key recommendations for improving the protection and promotion of mental health at work:

- Focus on the “empowerment” of employers to implement efficient and effective health promotion programmes.
- Create a common intersectoral strategy for mental health promotion.
- Provide intersectoral resources for the development of mental health promotion projects at work with programme potential.
- Establish a system for the dissemination of health promotion programmes.
- Carry out supporting national promotional campaigns.
- Ensure that mental health is high on the agenda of any restructuring/reorganisation programme.

Key recommendations for improving support for employees:

- Establish a common intersectoral strategy in mental health.
- Set up flexible return to work processes which offer practical solutions for the various stakeholders.
- Put in place flexible working options for workers experiencing mental health problems.
- Develop public awareness campaigns.
- Standards of care for workers with mental health problems should be quality assured or accredited to business excellence standards.

EC LEVEL SUMMARY: POTENTIAL FORWARD STEPS

Introduction

Two sources of information have been used as the basis of the potential forward steps set out in the remainder of this chapter. The sources are:

1. The recommendations developed as part of each country's SWOT analysis including those drawn from each country's situation report.
2. The refined recommendations developed as a result of the discussions at the Amsterdam Workshop held in May 2014.

The potential forward steps identified from the sources above were grouped in the following ways:

1. Government and national level – relates to public policy makers and decision takers, particularly those that through their decisions shape and influence practice at company and organisational level.
2. Research and development.
3. Networking and coordination – relates to the formal and informal communication and engagement that takes place between stakeholders, companies and other interested parties such as health service providers and local communities.
4. Capacity which relates to resources such as financial, human and other e.g. facilities. It should be noted however that these are often interrelated and inter-reliant, i.e. where a need for workplace health specialists (people and skills) is identified there will be a funding implication.
5. Tools and interventions which relate to the practical steps that are being, or could be taken to enhance practice.
6. Education and training – the development of knowledge and skills to facilitate the development of good practice.
7. Working practice – relates to day to day organisational practice.
8. Occupational Health & Safety – relates to service providers and those who commission such services.
9. Issues relating to small and medium size enterprises (SMEs).

Meeting the challenge – mental health protection and promotion within the workplace

Introduction

Mentally healthy work should be the normal experience of all workers. In such workplaces the mental health and well-being of all employees is recognised as being a vital asset to the organisation and steps are taken to ensure that it is both protected and promoted. Unfortunately not all workplaces are mentally healthy places in which to work. This section highlights the proposals set out in the country based SWOT analyses and the discussions at the Amsterdam meeting that would facilitate the creation of mentally healthy workplaces. One of the key findings to emerge from the SWOT analysis is that of the need to mobilise and hold accountable all stakeholders in this process. A strong argument can be made that currently, too many stakeholders do not recognise and are not engaged in the promotion and protection of the mental health of people in work, and, more importantly, that they are not being held to account for the often high-risk working cultures and practices that contribute to the high levels of mental ill-health in Europe.

Government and national level

While much responsibility for the delivery of mental health protection and promotion initiatives within the workplace lies with that of local actors such as companies and occupational health providers, the role of government and those within it who develop policy and regulations and national actors such as labour inspectorates is key. The creation of a policy framework at a national level can facilitate the development and implementation of effective workplace programmes at local level. Without such a framework, while some local action can be exceptional other local initiatives might be ad hoc, inconsistent and of variable quality.

A clear policy framework backed up by regulation and the support of key agencies such as the labour inspectorate provides a framework that both prompts and legitimises action at local level. Such policies and regulations are in existence in some Member States; however, this may not be the case in all. The first step that might be taken therefore is an assessment of whether existing legislation is sufficient and operating effectively. If existing legislation is already in place then steps should be taken to remind employers and other stakeholders of their responsibility under this legislation to protect and promote the mental health and well-being of employees. If legislation is not in place, or if existing workplace legislation and regulations are insufficient consideration should be given to the development of new legislation and/or regulations.

Other steps that could be taken at a governmental/national level that were identified in the SWOT analysis and further developed by the participants in the Amsterdam meeting include:

- The incentivisation of mental health promotion in the workplace through fiscal measures – the provision of workplace health promotion, including the protection and promotion of mental health, could be facilitated through tax breaks and other financial measures.
- The creation of enabling legislation which carries with it punitive measures for organisations who act in breach of the legislation. This would place the protection and promotion of mental health on the same basis as the protection and promotion of physical health and safety.
- The establishment of national forums to provide expertise in entrepreneurship, mental health, bullying, legal and safety aspects and that these forums should be subsidised by the state. The exchange of information relating to the identification of need, the development of good practice and the creation of initiatives and interventions that address identified needs is an important step. Government and national agencies should use their influence to bring together key stakeholders and those with an interest in this type of activity.
- The establishment of a common inter-sectoral strategy for mental health promotion which includes the workplace. It is very clear that responsibility for the protection and promotion of mental health and well-being in the workplace is not the responsibility of one agency, but rather the collective responsibility of many. The development of a national strategy for mental health promotion in the workplace would provide a framework and approach to which stakeholders from all sectors e.g. health, industry and commerce, social partners etc. could commit. Such a strategy would also result in a coordinated and planned approach.
- Supporting national campaigns on mental health promotion within the workplace. Awareness raising campaigns have a role to play in the protection and promotion of mental health at work. Such campaigns however require leadership and resourcing and if the campaign is to be successful then it should either be of no cost or a very low cost to the end-user. Government and national agencies' support for such campaigns is therefore essential.
- The encouragement of social partners to take an active role in the promotion of mental health and well-being using their own resources.
- Making the protection and promotion of mental health a key criterion in the development and implementation of economic restructuring programmes where public funds are used to support and enable businesses to either establish themselves in an area or to grow. This would mean that those seeking investment would have to demonstrate how the mental health of employees would be protected and promoted, or that the investment of public funds in an organisation would not proceed unless and until proposals showing how the mental health and well-being of staff would be protected and promoted.

Research and development

The development of sustainable workplace approaches to the protection and promotion of mental health and well-being is based upon a clear understanding of needs, desired outcomes and resource implications. The following steps are therefore proposed:

- The collation of information and knowledge and the undertaking of research to provide the evidence to make the business case for action.

- The development of research tools that will enable an organisation's needs to be assessed systematically.
- The commissioning of research to investigate the relationship between workplace related psychosocial determinants of mental health and well-being and psychological suffering.
- The utilisation of research and evaluatory studies to develop case histories and models of good practice that will inform the development of workplace interventions.
- The commissioning of research that investigates the specific needs of small and medium-sized enterprises and how these needs might be met.

Networking and coordination

The protection and promotion of the mental health and well-being of employees through the workplace requires the active engagement of a number of stakeholder groups. These include the employees themselves, trade unions or other representative bodies, management, human resources, occupational health & safety, social and health insurance funds and health services. Each has a distinct role to play, but acting individually with no reference to the other stakeholders will have only a limited effect. Maximum impact and therefore outcome will be achieved through collaborative and cooperative working; making this happen is therefore vitally important.

The key issue is therefore the setting of common goals and putting in place the means by which they might be achieved. A major prerequisite for both of these tasks is the creation of good working relationships between the various stakeholders. The recommendation that emerges from the SWOT analysis and from the discussion that took place in Amsterdam is that networking, coordination and cooperation between stakeholders needs to be enhanced and made more formal. Whether the lead role in facilitating such networks lies with governments or some other agency is less important than that it happens. The key factor is that all relevant stakeholders (supra company level and company level) should commit themselves to promoting a wider implementation and dissemination of workplace health promotion practices, including the protection and promotion of mental health and well-being.

Capacity

There are two professional groups within which the capacity to promote mental health and well-being in the workplace could be further developed. These groups are human resource managers, and occupational health and safety specialists. The first step that should be taken would be to invest in the training provision for these groups to ensure that it includes topics related to the protection and promotion of mental health and well-being. While many courses that support the ongoing continual professional development of human resource managers, and occupational health and safety specialists have mental health and well-being as part of the curricula, this is not always the case and such training is not mandatory. Training providers therefore need to be aware of the importance of including mental health and well-being topics within training courses and when procuring training organisations should ensure that this training includes relevant mental health and well-being topics.

Universities and colleges providing initial training as either an undergraduate or postgraduate level should also ensure that relevant courses such as the MBA or a diploma in occupational health, for example include protecting and promoting the mental health and well-being of employees.

The other area that needs to be addressed in this context is whether or not there are enough suitably trained HR managers and occupational health specialists including occupational health doctors working in organisations. The recruitment and retention of suitably trained staff is therefore a matter of priority.

Tools and interventions

In the SWOT analysis and the country reports considerable attention was given to the need for high-quality tools and interventions that could be used within workplaces to support the development of a comprehensive approach to the protection and promotion of the mental health and well-being of employees. There are already a number of tools and interventions that workplaces across the European Union can access. A question that needs to be asked is: why is the use of these resources not more widespread? Possible answers would include that awareness of them is low, they are difficult to access and that they might be short term initiatives linked to a particular campaign such as World Mental Health Day.

Desired characteristics of tools and interventions to promote mental health and well-being at work include that they should be part of a comprehensive approach to workplace health promotion in general and mental health in particular; that they should be quality assured; and that rather than being stand-alone "one offs" the use of these tools and interventions should result in the sustained development of processes and interactions within the workplace that contribute to the mental health and well-being of employees.

For this latter characteristic to be achieved, widespread use of these tools and interventions will be necessary. There is clearly a need therefore for those providing support to workplaces and for workplaces themselves to be able to access these tools and interventions i.e. they must be readily available, inexpensive and easy-to-use.

A strong argument is also put forward for the linking of the protection and promotion of mental health and well-being to the sustainability agenda. To be truly sustainable an organisation needs a workforce that is resilient and flexible. Organisations with high levels of stress, anxiety and depression, and where these conditions are linked to work, can potentially face significant challenges in terms of knowledge and skill management. Being an employer of choice and being able to recruit and retain high quality staff are critical factors, and will remain so, in terms of the sustainability of the organisation. Quite rightly much is made of reducing negative impacts on the environment as a result of an organisation's processes, and much of the corporate social responsibility agenda is focused on the physical environment. However, to ignore the workforce in the context of sustainability and corporate social responsibility leaves an organisation at risk of being considered to be a good corporate citizen, but a potentially a bad employer and these two characteristics do not easily sit side-by-side.

Education and training

It would appear from the SWOT analysis that a consistent need across the participating countries is that of education and training for those involved in protecting and promoting the mental health and well-being of employees.
In this context the following points were highlighted as being of significance:

- That education and training needs to bring clarity and understanding of terms to a wider audience.
- That education and training should result in an increased awareness of the benefits of, and process of, mental health promotion in the workplace and that across the workforce knowledge should be increased and that there would be a reduction/removal of stigma.
- Specific training programmes should be developed for managers, employees and other stakeholders, and that e-learning provides an opportunity to do this in an accessible and cost-effective way. One aspect of this approach that should be given serious consideration is that of providing managers and leaders and training/coaching that will help them develop resilience themselves and within their teams.
- Short term awareness raising campaigns have an important role to play in maintaining awareness and enhancing on-going activities within the workplace.

Working practice

The major finding in terms of working practice is that the development of working conditions should be prevention orientated. This will mean that stakeholders will need to come together around the common goal of protecting and promoting the mental health and well-being of employees while they are in work. In turn this should lead to the development of enhanced job design and a consultative approach to work design in which the protection and promotion of employee mental health and well-being is central. The protection of work life balance is also a significant issue in job design. Providing a more flexible approach to work in which an employee's right to a private life is acknowledged makes the interface between working life and home life more manageable and reduces pressure on individuals. These interventions are legitimised through the development of corporate policies on the protection and promotion of the mental well-being of employees, and enhanced by leaders within the workplace who own and take responsibility for the process.

Positive and proactive HR management is a central element which needs to identify and address both organisational and individual employee needs.

In organisational life the one constant is that of change. Change management processes, or rather the lack of them, can add significantly to the pressure that employees are under. The adoption of proactive and positive change management processes that are engaging of staff, and which are based on good communication should also be a priority.

Taken collectively the adoption of a consultative approach, mentally healthy work design and a good work life balance are characteristics of a values based organisational culture that is conducive to mental well-being. This should be the goal of all.

Occupational health and safety

The very important role of Occupational Health & Safety professionals cannot be overstated in the context of mentally healthy workplaces. The major finding to emerge from the country analyses was the need for tools to assist Occupational Health & Safety services in the assessment and identification of strain. Consideration should also be given to the enhancement of risk assessment processes for psychosocial risks and their consistent application across Member States.

Meeting the challenge – treatment and support offered in the workplace

Introduction

For many people, work is part of the solution to their mental health problem. However, getting back into work following a period of illness or moving into the workplace after a prolonged absence can be problematic. This section highlights the proposals set out in the country-based SWOT analyses and the discussions at the Amsterdam meeting that would facilitate both the return to work and the retention in work of people with mental health conditions.

Government and national level

Government and national agencies have a key role to play in creating a regulatory and fiscal strategic framework that supports the return to work of people with mental health conditions. The first step in this process would be to investigate the scale of the problem and identify the range of solutions that might be available within each Member State, with a potential outcome being the development of a mental health strategy which includes the role of the workplace in both promoting mental health and in rehabilitation.

A stakeholder with a key role to play in moving this agenda forward is the social and health insurance industry, which should have the rehabilitation and return to work of employees experiencing mental health conditions as a major priority. A potential way forward could be the greater involvement of the insurance industry in the care and rehabilitation pathways of people experiencing mental health problems.

There is clearly a balance to be struck with those experiencing mental health problems in terms of the duration of the time they are away from work and their return to work with some evidence showing that being absent for too long can further threaten someone's mental health and well-being. The role of line managers, HR managers and Occupational Health & Safety professionals is of critical importance in this process and there is a great need for all stakeholders to adopt a harmonised approach to this issue. The development of such an approach however requires leadership and within this context government and/or national agencies could play this leadership role.

Other national initiatives that were proposed by the participating countries include:

- The development of a quality standard to guide employers in their care for affected employees.
- The development of measures to care for survivors and dismissed employees following organisational restructuring that has involved redundancy.
- The expansion of supporting legal conditions so that companies are obliged to act.
- The use of political incentives to encourage/support companies who are involved e.g. giving tax breaks/grants etc. to companies when individuals successfully returned to work.
- The improvement of access to outpatient mental health care and treatment.
- The enhancement of the relationship between mental health care and support services and workplaces.

Research and development

In the field of research and development two challenges were identified. The first of these was the need to develop early support/intervention models and models for return to work; and the second was to promote interdisciplinary research in programme development.

The outcomes of both of these should inform the development of good practice at governmental, national and local levels.

Networking and coordination

The need for greater coordination of approaches and sharing of information on demands and solutions was clear from the country reports.

Challenges that were identified included:

- The need for improved coordination between stakeholders.
- The need for improved coordination of workplace initiatives.

- The need to use existing networks (occupational health, health and social insurance, referral (support) agencies) to develop/refine tools for reintegration/rehabilitation/return to work.
- The need to expand and develop networks to exchange information and as a result build capacity in terms of expertise and intervention at company level.

Again the critical role of who takes the lead in facilitating the establishment/development of these networks is open to discussion; however, a solution would be for one or more of the national stakeholders to fulfil this role.

Capacity

The need to increase capacity, both in terms of human resources and financial resources, became apparent from the country reports and SWOT analysis. The major challenge to be faced within workplaces relates to the lack of mental health professionals/expertise available to support employees with mental health conditions in the workplace. A second challenge that was identified related to the need to improve case management for employees with mental health conditions and the lack of mental health expertise within organisations is a limiting factor.

A solution would be to increase organisational access to that expertise. Mainstream health services and insurance funds, if resourced, could develop that expertise and make it available to organisations. An alternative solution would be that occupational health service providers develop that expertise where they do not currently possess it, and then make it available to the organisations in which they are providing services.

The suggestion was also made that funding streams could be developed to support and keep those with long-term chronic mental health conditions in work. This links very closely with a second suggestion to increase the provision of workplace based care.

Tools and interventions

A number of suggestions were proposed by the participants on the theme of tools and interventions. These included:

- Greater use of early intervention and support, and where possible, with this based on an individual approach. The key factor here is whether or not appropriate services can be accessed in an equitable way and at the right time.
- The development of a client centred, structured and quality assured approach to care and support which encourages and sustains an individual's return to work.
- The creation of employment programmes for people with mental health disabilities, and that these programmes are based on the principles of social inclusion.
- The greater involvement of people with mental health conditions in the development of solutions, both at a country and at an individual organisation level.
- The development of comprehensive guidelines for companies on how to reintegrate people with mental health conditions into the workplace and create employment opportunities for those with chronic conditions.
- The suggestion was also made that funding bodies should consider incentivising the development of interventions.

Education and training

Education and training were seen by all participants as important aspects of a comprehensive approach to the treatment and support within the workplace of mental health conditions. One proposal is to provide basic education and awareness raising for employers to help them retain people with mental health conditions, while also providing employees with these conditions the skills and knowledge that they need to stay in work.

An overarching theme is awareness raising and education on the prevention of stigma and the changing of attitudes so that those with mental health conditions are not discriminated against or excluded.

Training for specific professional groups included training on the issues associated with early return to work for HR managers and line managers which should include the principles of case management.

The view was also expressed that the treatment and support of people with mental health conditions should be included within the initial training and ongoing professional development of occupational health professionals.

Working practice

It was felt that greater use of flexible working options to support return to work and the retention of people with mental health conditions would be beneficial. While many organisations offer their staff flexible working on an ongoing basis or as and when the need arises this may not be offered consistently within the organisation, if it is offered at all.

Job design and working conditions can also be tailored to meet the specific needs of workers with mental health conditions to either return to the workplace or to stay in work. Yet, the potential of this approach may not have been fully realised in every organisation across Europe.

The culture and ethos of an organisation should be supportive in that it encourages individuals who experience a mental health problem to come forward and receive support in a non-discriminatory manner.

Occupational health and safety

The important role of Occupational Health & Safety professionals in the provision of treatment and support and helping people with chronic conditions either return to work or remain in work was recognised in the country reports. Suggestions on how to overcome the challenges workers and workplaces face in return to work and retention issues included:

- Far greater utilisation of mental health and occupational health professionals in care and support that is offered through the workplace.
- Increased levels of workplace screening, including more regular and targeted screening, for mental conditions such as depression etc.
- The creation of a table of occupational diseases for psychological injury.
- Making it a requirement that occupational health professionals are involved in any return to work case.

Issues relating to small and medium sized enterprises

A major challenge that is faced in both the treatment and support and protection and promotion fields of activity is that of how best to meet the need of Europe's small and medium-sized enterprises as they endeavour to address the issue of the mental health and well-being of their own staff. The major priority for an SME is that of surviving, i.e. the need to have a balanced finance position and ideally to make a profit. Owners of SMEs are themselves continuously facing mental pressure and placing an additional burden on them to protect and promote the mental and emotional well-being of their staff and even to become involved in rehabilitation and return to work may well be asking too much. It is essential, therefore, that any activities in this area in which SMEs are asked to become involved are very easy, very straightforward and have little or no cost, with the benefit being obvious.

A way of supporting SMEs could be the development of consultancy advice. Such advice could be provided through a telephone helpline service, an online chat room or face-to-face. The service should be free to use, and this would require public funding. An option that could be considered would be the enhancement of existing services, such as health and safety advice to include advice on mental health and well-being or workplace health protection and promotion in general. Across Europe there are examples of this type of initiative, including the "Work Boost" and "Small Workplace Health Award' initiatives in Wales.

Many micro enterprises are owned, managed and operated by one person – the self-employed. This is perhaps the hardest group to reach and yet individuals within this group can experience acute levels of pressure leading to significant mental illness and the potential loss of these individuals from economic activity. In any consideration of how the needs of SMEs can be addressed, particular attention should be given to this group.

2. MODELS OF GOOD PRACTICES AND TOOLS

The Models of good practice and tools selected and described in this chapter were identified by the working package 6 consortium members in the course of their national SWOT analyses. They are intended to demonstrate how the weaknesses stated in their national situation reports could be tackled or even successfully gotten over. In this respect they also refer to and highlight the recommendations given in the next chapter.

Almost all the models were presented at the Berlin exchange workshop "Driving Mental Health at Work in Europe: Learning from One Another" on 29th/30th October 2014. In Berlin they served as a basis in four exchange forums to discuss experiences and approaches from individual countries.

The models and tools res. the exchange forums at the workshop followed the structure given by the SWOT analysis and are clustered accordingly. Firstly, they differ in measures taken to "protect and promote health at the workplace" or measures taken to "support workers already affected by mental health problems". Secondly, they are different with regard to "company-based" and "non-company based" measures at regional or national level.

TYPE OF MEASURES	PREVENTION/ HEALTH PROMOTION	SUPPORT/REINTEGRATION
Non-company based		
Company-based		

Basically companies can promote the mental health of their employees in three complementary **fields of action:**

- ***Measures which help to lessen, reduce or entirely avoid mental stress (Prevention)***
  This form of stress may result from the working environment, workflows, the quality of cooperation and the individual assessment of the relationship between personal effort and recognition received.
- ***Measures which promote and boost resources for mental health (Promotion)***
  These resources can be personal (e.g. qualification, health literacy, sense of self-worth), social (e.g. social support among employees and between employees and managers) as well as organisational (e.g. high level of autonomy, high quality of employee-centred management).
- ***Measures which support employees with mental disorders in everyday working life, as well as in their care and reintegration.***

NON-COMPANY BASED MODELS AND TOOLS FOR PROTECTING AND PROMOTING MENTAL HEALTH

Finland:
Well-being at Work Network (Tyhy Network)

Objectives	• To create a platform for communication and co-operation between workplaces, well-being at work specialists and decision-makers – regionally, nationally and internationally. • To develop well-being at work at workplaces equally, openly and through participation.
Specifications of project leader	**Organisation:** Finnish Institute of Occupational Health **Address:** Topeliuksenkatu 41 a A 00250 Helsinki, Finland **Contact person:** Jaana Lerssi-Uskelin **Tel.:** – **Fax:** – **E-Mail:** jaana.lerssi-uskelin@ttl.fi **Homepage:** –
Cooperation partners of the project	The Forum for Well-being at Work: *http://www.ttl.fi/partner/thf/eng/sivut/default.aspx* The Leadership Development Network: *http://www.ttl.fi/partner/johtamisverkosto/in_english/sivut/default.aspx*
Runtime of the project	from 2012 to on-going

Abstract of the project/activities

Objectives
The National Network on Well-being at Work at Finnish Workplaces (Tyhy Network) started operations in 2012. The aim of the network is to create a platform for communication and cooperation for workplaces, well-being at work specialists and decision-makers. The Network aims to develop well-being at workplaces equally, openly, and through participation. The ultimate goals of the Network are:

- healthier employees
- more profitable companies
- more vitality in Finland

Methodology
The Tyhy Network is managed by the Finnish Institute of Occupational Health (FIOH) and is closely linked with the activities of the Forum for Well-being at Work (Työhyvinvointifoorumi) and the Leadership Development Network (Johtamisen kehittämisverkosto). The operations of the Network are funded by the Ministry of Social Affairs and Health.

The Tyhy Network consists of a national co-ordinator (from FIOH) and a small support and expert group, which is in charge of national operations and supports the regional networks' activities and contact persons. The expert group comprises experts from occupational health care, occupational safety and health, and various stakeholder groups.

The Tyhy Network operates at the regional level. This helps connect people from same area, who know the specialities of their region, and people from different workplaces; big, small, private, and municipal. It also helps connect those with different standpoints regarding well-being at work; those who see it from the occupational health, occupational safety, human resources, pension company, trade union, employer, and employee perspectives. This allows easier multiprofessional co-operation. The Regional Networks organize regular Network meetings. Three/four times a year, the Network members, or people who are interested in the topic of the Network meeting, come together to discuss, obtain and share knowledge and experiences regarding the chosen topic. The Regional Networks decide on the topics themselves, and invite relevant specialists to take part in the meetings. How to manage stress, and how to prevent psycho-social risks at

the workplace, for example, have been Network meeting topics in all areas. Each meeting also provides current news and information on well-being at work subjects, instructions and so on, in Finland and in Europe. Twice a year, National Networks organize meetings for stakeholders (e.g. the Ministry of Health and Social Affairs, pension companies) and partners (e.g. The Centre For Occupational Safety) where Regional Networks representatives can discuss their regional specialities, good practices, and challenges. This is a good way to get workplaces' voices – the region's voice heard. These meetings also inform stakeholders and partners of what is happening in different parts of Finland, at different workplaces. Once a year, the Tyhy Network organizes a joint Network meeting where the Regional Networks from all over Finland share experiences via an interactive video conference.

Membership of the Network is free of charge and open to anybody interested in well-being at work. Members must accept the operating principles of the Network. The Network's website provides information on coming events. Members also receive invitations to events by e-mail.

Results
Today, the Tyhy Network operates in nine regions all around Finland. Currently, it has nearly 700 members, from companies of various sizes, and with a variety of tasks: supervisory work/management, personnel management, occupational health and safety, well-being related education, training and service activities. Members also include occupational health service personnel, well-being at work specialists, and decision-makers.

The Network has organized almost 50 local and national Network meetings, attended by thousands of participants.
The future challenges of the Tyhy Network are to

- spread its activities throughout Finland
- strengthen its connection with international networks
- strengthen its connection with other national networks
- ensure funding and adequate resources for managing its operations

Overcoming problems and weaknesses
Finland's SWOT results showed that networking is a new and increasingly common way of working, and responds to the often-detected lack of co-operation between different stakeholders.

As networking is a new and different way in which to work, we have to find ways in which to deal with uncertainty. The critical question is: Do we trust each other enough to share our experience? Networking and the development of trust take time, patience and commitment. Since the actors in the Network are not paid, maintaining the interest in networking depends on the effects and benefits gained. One reason behind the success of the Tyhy Network is the participation of decision-makers.

The Finnish SWOT results also revealed that although good processes, for example, risk assessment and early support exist, they are not yet everyday practices at all workplaces. The Network provides a way in which to disseminate these practices, even to smaller workplaces in rural areas.

The Network seeks funding to ensure resources in the future.

Germany:
Taking the Stress out of Stress: Promoting Mental Health in the World of Work (psyGA)

Objectives	• Awareness raising of decision makers and multipliers inside and outside of companies • Advance dissemination and knowledge transfer with the support of 20 experienced and suitable collaborating partners • Developing sector and target group – oriented materials and support companies with practical advice
Specifications of project leader	**Organisation:** BKK Federal Association **Address:** Mauerstr. 85 10117 Berlin, Germany **Contact person:** Dr. Reinhold Sochert **Tel.:** + 49 30 27 00 40 65 07 **Fax:** + 49 30 27 00 40 64 44 **E-Mail:** Reinhold.Sochert@bkk-dv.de **Homepage:** www.psyga.info
Cooperation partners of the project	20 partners at enterprise and supra enterprise level
Runtime of the project	from 2011 to 2017

Abstract of the project/activities

psyGA is funded by the Federal Ministry of Labour and Social Affairs under the Initiative New Quality of Work (INQA). The Initiative New Quality of Work was founded in 2002 and is a joint initiative of federal and state governments, social partners, trade associations and institutions, the Federal Employment Agency, enterprises, social insurance agencies and foundations. Their goal: a greater quality of work as the key to powerful innovation and competitiveness for German industry.

The leading thought behind psyGA is that despite profound existing knowledge, only a limited number of companies not only recognise the potential of strategies for prevention and health promotion but also translate them into suitable measures from which employees, competitiveness and innovation can profit. The problem is lack of action, not lack of knowledge! This is why the psyGA project aims to make decision makers inside and outside of companies as well as important multipliers aware of the issue and increase their attention to this subject. In order to reach this goal, the project uses campaign-like elements and methods of social marketing for dissemination and knowledge transfer. A second important pillar of the dissemination and knowledge transfer objective is the support of 20 experienced and strong collaborating partners.

psyGa develops sector and target group oriented materials on the basis of a quality model for mental health at work. The concept of the quality criteria is primarily based on the quality criteria for WHP of the European Network for Workplace Health Promotion (ENWHP). These form the frame of reference for all project developments and products. psyGA has developed material and gives advice in three fields of activity:

- Measures which prevent, that is help to lessen, reduce or entirely avoid mental health risks and stress (prevention)
- Measures which promote and boost resources for mental health (promotion)
- Measures which support employees affected by abnormal mental stress and mentally ill employees in everyday working life, as well as in their care and reintegration

On this basis, psyGa offers inspiring practical examples, advice and information, an exchange of ideas and experiences as well as a platform for the development of new approaches to personnel and employment policies, such as:

- Questionnaires for self-assessment:
  - How fit is your organisation in terms of to mental health?
  - How stressed are you as a manager?
  - How stressed are your personnel?
- Guides and tips for managers, workers, workers' council and businesses
- Audio books for experts and affected employees
- eLearning tools for managers and workers
- Expert forums for discussion
- Curricula for OSH experts and managers
- web portal: *www.psyga.info*

Activities for transfer and dissemination are at the core of the project. The concerted implementation of decentralised, target-group-specific transfer measures and activities by the partners were the central aspects of its work. Within the project, the BKK Federal Association used the existing organisational structures of the German Network for Workplace Health Promotion and the knowledge of its 20 collaborating partners for the development of psyGa materials and for dissemination:

- Public Administration: e.g. Capital City of Munich; Social Accident Insurance for Federal Administrations and Governmental Bodies
- SMEs: e.g. Social Accident Insurance Institution for the Foodstuffs and Catering Industry; guild sickness fund (for craftsmen)
- Larger companies: Enterprise Network for WHP in the EU
- Health Care and Welfare: Alliance for Mental Health with more than 80 member organisations
- Education and Training: Institute for Occupational and Social Medicine at the University Clinics of Aachen; Institute for interdisciplinary work science at the University of Hannover
- Labour Market Integration: Federal Employment Agency

The partners are involved in the project with two tasks. Development of selected psyGa material, e.g eLearning Tools, and different forms of dissemination:

- Publication of psyGa materials and information using appropriate information channels (internet, mailing lists, newsletters, employee newspapers, information booths)
- Information events/workshops for different target groups
- Integration of the topic into existing working/project groups or planned tasks and projects

A foremost success factor for the high number of copies the psyGa material had been disseminated so far is to allow every organisation to create their own psyGa CD and share out the psyGa material under their logo among their staff. That rises the identification with the topic and every organisation can become a joint owner of psyGa. 500,000 copies of brochures, eLearning tools etc. were spread out among companies and interested individuals in this way.

Germany: “Protection and fortification of health in the case of work-related mental load” of the Joint German OSH Strategy 2013 – 2018

Objectives	The aim will be to develop activities and tools which permit early detection and assessment with regard to health hazards. In addition, preventive, work organisational as well as health and skill-promoting measures are to be developed and implemented to reduce work-related mental loads and to turn the prevention of psychological strain at the workplace into a “normal” subject for the OSH. Objectives: • information, sensitization and motivation • Qualification • Support and Control
Specifications of project leader	**Organisation:** Joint German OSH Strategy Federal Ministry of Labour and Social Affairs, Divsion IIIb2 **Address:** 10117 Berlin, Germany **Contact person:** Andreas Horst **Tel.:** + 49 30 18 52 70 **Fax:** – **E-Mail:** gda-psyche@bmas.bund.de **Homepage:** www.gda-psyche.de
Cooperation partners of the project	Social partners, health insurance funds, the Initiative New Quality of Work
Runtime of the project	from 2013 to 2018

Abstract of the project/activities

Activities of the Joint German Occupational Safety and Health Strategy
In order to help companies and workers to counteract possible health risks caused by work-related mental loads, the GDA bodies will be concentrating their activities on the work program “Protection and fortification of health in the case of work-related mental load” in the years 2013 – 2018.

Initially, the aim will be to develop activities and tools which permit early detection and assessment with regard to health hazards. In addition, preventive, work organisational as well as health and skill-promoting measures are to be developed and implemented to reduce work-related mental loads and to turn the prevention of psychological strain at the workplace into a “normal” subject for the OSH.

The work programme “Protection and fortification of health in the case of work-related mental load” has 11 work packages in 5 major subjects:

Information, sensitization and motivation

- To inform employees and employers.
- To motivate employers to prevent or optimize work-related mental load.
- To inform the public via newspapers and other media.
- To create a central homepage covering all aspects of work-related mental load.

Qualification

- To qualify all 6000 German labour inspectors in the field of psychological stress and strain at work. What is important is the “outcome” (the competences they need to support and supervise enterprises with regard to these themes).

- To qualify occupational physicians and Health and Safety Officers.
- (OSH) responsible for consulting enterprises.
- To organize an exchange of experiences between the specialists for work-related mental load in the labour inspectorates.
- To qualify employers and employees in measures carried out by their organisations (trade unions, employers´ associations, but also by social accident insurance institutions).

Support

- To create guidelines for suitable procedures for assessing the working conditions – also about psychological stress.
- To collect and disseminate examples of good practice about prevention of work-related mental load.
- To work out practicable instruments for measuring psychological stress and strain at the workplace.
- To identify functions and occupations with a high risk of work-related mental load.

Control

- At least 10,000 enterprises will be reviewed between 2015 and 2017. The main subjects of the reviews will be:
  - the integration of mental load in the assessment of working conditions,
  - long working hours or work in the night,
  - the risk of traumatization by accidents or violence.

Evaluation
Evaluation of processes and results

One key element in this is the activation and inclusion of companies, social partners and other cooperation partners, e.g. the health insurance funds and the trade associations/federations of company doctors and specialists for occupational safety and health. The health insurance funds in particular can provide extensive experience as a reduction in mental and behavioural disorders has been one of their top-priority goals in prevention in the world of work since 2008.

The basis for all activities and action is a common understanding of all those involved for determining and evaluating mental loads and on the need for action and possibilities of action of occupational safety and health.

On the basis of this common basic understanding, information and training materials are to be developed for specific groups which the relevant participating partners, in particular employers' associations, trade unions, the government, federal states and accident insurance funds will/should disseminate and implement among their own ranks.

More information on *www.gda-psyche.de*

COMPANY-BASED MODELS AND TOOLS FOR PROTECTING AND PROMOTING MENTAL HEALTH

France: Collective work situations analysis as a leverage for quality of life at work

Objectives	• Promote employees' expression regarding their work. • Analyse precise work situations chosen by workers and which are problematic for them, and submit potential improvements to the management. • Propose a methodology to identify and assess psychosocial risks even in small companies.
Specifications of project leader	**Organisation:** ANACT (French National agency for the improvement of working conditions) **Address:** 192, avenue Thiers 69 006 Lyon, France **Contact person:** Isabelle Burens **Tel.:** + 33 4 72 56 13 47 / + 33 6 32 71 61 70 **Fax:** – **E-Mail:** i.burens@anact.fr **Homepage:** www.anact.fr
Cooperation partners of the project	Different French companies Many regional associations from our Anact – Aract's network
Runtime of the project	From 2010 to 2014

Abstract of the project/activities

The inter-professional agreement on quality of life at work and job equality signed by the French social partners in June 2013 stipulates that *"a company's performance depends both on constructive collective relationships and on real attention paid to employees as people".*

Article 12 of this agreement urges French companies to *"encourage and promote employees' expression regarding their work"*, through discussion areas concerning work, the quality of the goods and services produced, and the job environment.

From 2010 to 2014, the Anact experimented, in several types of organisations of various sizes and in various sectors of activity, private or public, the training and implementation of multidisciplinary working groups, groups that analyse precise, concrete work situations and discuss work activity. These groups have been set up for a long-term approach and have two tasks:

- Analyse work situations they have chosen that are problematic for them, identify available resources and submit potential improvements to management.
- Propose to the employer the identification and assessment of psychosocial risks.

The groups are formed on a voluntary basis and should not exceed eight to ten workers. Each group consist of workers, the occupational physician, the risk prevention manager and an employee's representative. There are led by an in-house trained expert.

Under certain conditions (methodology framework, co-built rules, confidence building), the experiments showed the groups' ability to discuss, propose ideas and concrete measures and report them to their managers. This is a way for workers to obtain leeway and power to act.

The methodology we used is called “Problem situation methodology”; It explores consequences and causes of a work situation following 4 steps and a “butterfly” scheme:

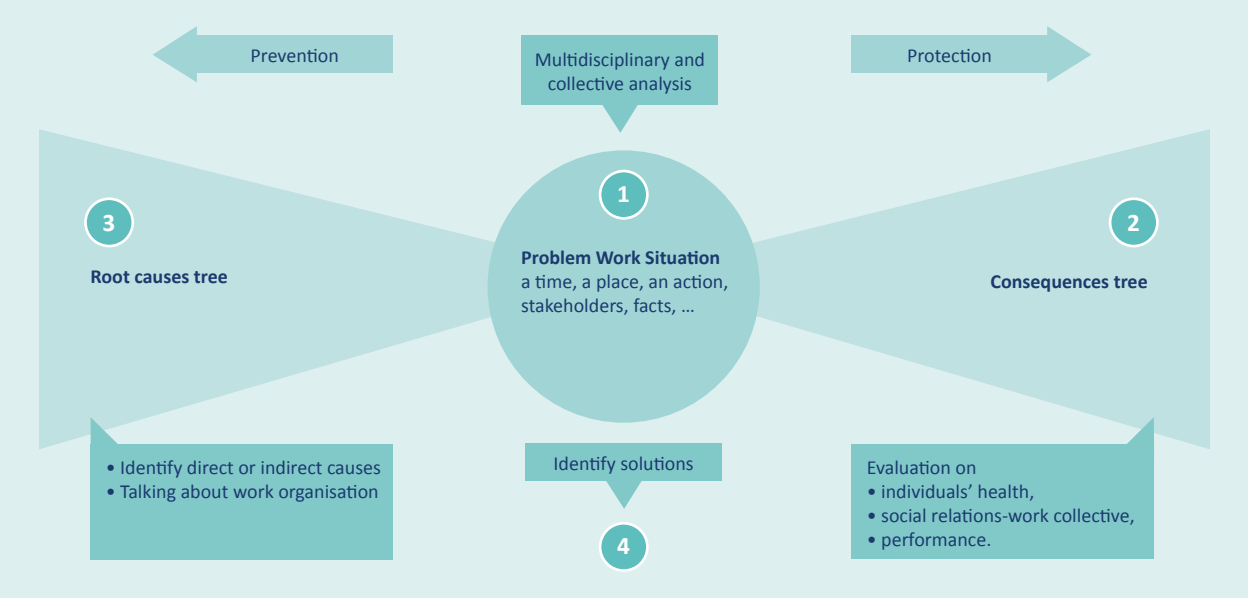


Figure 1. “Butterfly” Methodology: Consequences and Causes of a work situation

In terms of results, we have observed immediate effects of tension relief for certain workers and a clear strengthening of team spirit and social link due to the fact of discussing work experience from a factual viewpoint.

This approach also helps to find compromises and solutions, even temporary, and raises the visibility of real work issues to managers. In the long term, it increases the feeling of recognition and engagement for the participants.

This experiment raises the issue of the conditions for long-term establishment of such groups and for the involvement of managers in these participatory approaches.

It opens the door to a comparison of forms of employees’ expression regarding their working conditions in various European countries.

France: “Faire le point” (“Taking Stock”)

Objectives	In order to help enterprises with fewer than 50 workers to meet their regulatory obligation to assess psychosocial risks (PSRs), the French public authorities and various French occupational safety and health bodies have worked together to provide references and methodological tools. Among these elements is a questionnaire tool entitled “Faire le point” (“Taking Stock”).
Specifications of project leader	**Organisation:** Direction Générale du Travail (Directorate-General for Labour), Labour Ministry **Address:** 39 - 43, Quai André Citroën, 75902 Paris Cedex 15, France **Contact person:** Boris Vieillard **Tel.:** + 33 1 44 38 27 87 **Fax:** – **E-Mail:** boris.vieillard@travail.gouv.fr **Homepage:** www.travailler-mieux.gouv.fr **Organisation:** INRS (French Research and Safety Institute for the Prevention of Occupational Accidents and Diseases) **Address:** 65 bd Richard Lenoir, 75011 Paris, France **Contact person:** Marc Malenfer/Valérie Langevin **Tel.:** + 33 1 40 44 14 28 **Fax:** – **E-Mail:** marc.malenfer@inrs.fr/valerie.langevin@inrs.fr **Homepage:** www.inrs.fr
Cooperation partners of the project	*ANACT* (French Agency for Improved Working Conditions), *Direction des Risques Professionnels* (Occupational Risks Directorate) of the *CNAM-TS* (French National Health Insurance Fund for Salaried Employees), *Services de l’Inspection du Travail* (French Labour Inspectorate Services), *CARSAT* (French Occupational Health and Pension Insurance Fund), etc.
Runtime of the project	Tool online since October 2012

Abstract of the project/activities

The “Taking Stock” tool enables small businesses to assess the main PSR factors identified in literature, on the basis of the six families of factors proposed by a French college of experts on monitoring PSRs at work.[1] The formulation of the questions is based not only on the proposals made by the college but also on international practical tools and guides.

Description of the tool
The tool contains about 40 questions exploring the six families of PSR factors, and also the impact of PSRs on the way the enterprise operates and on the health/safety policy in place. It is designed to be used in the context of dialogue with the employees or their representatives; the questions are designed to be discussed collectively. For each question, 2 or 4 answer possibilities are proposed. A computerised table to be downloaded is used to gather the answers and reveal the families of PSR factors that are most prevalent in the enterprise. In order to help the enterprise to build its action plan, a summary memo describes each family of PSR factors, emphasises points calling for watchfulness, and gives avenues for action.

It is easily implemented without requiring external support.

Link: *http://www.inrs.fr/accueil/produits/mediatheque/doc/outils.html?refINRS=outil37*

1 http://www.college-risquespsychosociaux-travail.fr/

Netherlands:
Stress Prevention at Work (SP@W)

Objectives	• To develop an integral stress prevention strategy at the organisational level, consisting of a stepwise work-related stress prevention approach, a collaborative learning network, and an information technology platform. • To investigate barriers and facilitators associated with the implementation of the integral stress prevention strategy at the level of the sector, organisation and employee. • To evaluate the effectiveness of the integral stress prevention strategy on stress and work-related outcomes and to calculate a business case.
Specifications of project leader	**Organisation:** VUmc **Address:** Van der Boechorststraat 7 1081 BT A'dam, The Netherlands **Contact person:** Cécile Boot **Tel.:** + 31 20 444 96 80 **Fax:** + 31 20 444 83 87 **E-Mail:** crl.boot@vumc.nl TNO **Homepage:** www.stressprevention@work
Cooperation partners of the project	TNO, Trimbos Institute, Tranzo, HAN
Runtime of the project	from 1-1-2014 to 31-12-2017

Abstract of the project/activities

Background:
Although several interventions directed at the prevention of stress are effective, they are not often used at the work-place. Barriers reported by organisations are lack of knowledge about the proper approach, lack of time, and lack of skills on all levels within an organisation. These barriers are often found at the organisational level. Networking within large organisations and between SMEs, and making use of appealing and effective instruments and interventions can facilitate the prevention of stress at the workplace.

Aim
The aim of this project is to bridge the "implementation gap" and make employers use the available interventions aimed to manage psychosocial risk factors at work and work-related stress in an effective way.

Integral stress management strategy:
We will develop an integral stress prevention strategy in close cooperation with different organisations. We will start a development process to deliver a a stress prevention strategy consisting of three elements:

1. A stepwise approach based on the Workplace Health Model;
2. a collaborative learning network; and
3. interventions and intervention providers.

An organisation implements the stepwise approach, actively takes part in a collaborative learning network where best practices are exchanged and connects with intervention providers. This results in a stress prevention program tailored to the specific needs and problems within that organisation. Stepwise approach: The stepwise approach has the form of a set of guidelines and (diagnostic) instruments that have to be implemented by the organisation (with the help of an internal or external consultant). The instruments are digitally available and are hosted on a digital portal with an appealing "look and feel" and a high usability. As an example, one of the guidelines will state that it is advised that working groups within organisations (HRM, supervisors, employees, occupational experts) are formed. These working groups will develop a tailored stress prevention program using the stepwise approach based on the Workplace Health Model, Collaborative learning network, i.e. working groups from different organisations, will join in a collaborative learning network. Aim of the network is to exchange best practices and experiences with applying the stepwise approach within organisations.

- Interventions and providers: A community of interventions and providers will be available for the organisations to have easy access to stress prevention and management programs at individual and organisational level.

Method:

PHASE 1: DEVELOPMENT OF AN INTEGRAL STRESS STRATEGY

In phase 1 we will develop the integral strategy in an iterative way. Organisations will be involved in the process. Also external stakeholders and scientific experts will be invited to comment.

Stepwise approach: To develop the stepwise approach at organisational level, we will make an inventory of the existing plans, models, guidelines, and diagnostic instruments for stress prevention at the workplace (Workplace Health Model). A condition for the approach will be that it should be possible to tailor it to the specific needs, problems and especially the characteristics, educational level, tasks and culture of the organisation.

Collaborative learning network: We will invite organisations and providers of interventions to be part of the network. We will discuss with them how to implement this collaborative learning network, e.g. the ways of knowledge sharing, networking and communicating, whether it should be sector specific or not etc. Once the collaborative learning network is installed, we will arrange worksite visits for the working groups or different organisations and intervision meetings.

Intervention providers: we will make an inventory of intervention providers in the field of stress prevention and management, both at individual and organisation level, and invite them to participate in our integral stress prevention strategy or make sure the interventions are usable for the target groups in an organisation.

PHASE 2: PILOT

We will perform a pilot study in two organisations to test the feasibility of the integral stress prevention strategy developed in phase 1, as well as barriers and facilitators of the use of the strategy at the level of the organisation and employee. This means that the organisations implement the stress strategy, while we gather interview and questionnaire data on the process, feasibility and satisfaction at all levels within an organisation and also at the level of the provider and consultant (if any). The findings will be used to enhance the integral stress strategy at the organisation level. In the meantime, the added value of the collaborative network will be evaluated by means of interviews.

PHASE 3: EVALUATION OF THE INTEGRAL STRESS PREVENTION STRATEGY & BUSINESS CASE

In a matched waiting list controlled design, we will evaluate the effectiveness of the integral stress prevention strategy on the level of the organisation and employee on stress and work-related outcome measures.
A BUSINESS CASE will be calculated for one organisation within the healthcare sector and one organisation within the education sector.

PHASE 4: IMPLEMENTATION

Dissemination of the findings to larger target group and development of sector approaches.

Population, sectors and organisations:

Our integral stress prevention strategy is a generic strategy, with generic diagnostic instruments, tools and interventions, which can be used by all organisations in the Netherlands who are interested. The use of the integral strategy results in a stress prevention program tailored to the specific problems, needs and characteristics of an organisation or sector.
We focus on two sectors in particular where the stress problems are large: health care and education. From both sectors, we have organisations as well as sector organisations that take part in our consortium.

Planning: 2014–2017

1–12 months: Preparation of protocol, initiating collaborative learning network, inventory of evidence based stress interventions and measurement instruments

13–30 months: Development of integral stress prevention strategy and pilot

31–42 months: Effectiveness evaluation of integral stress prevention strategy and business cases

43–48 months: Adjustment of integral stress prevention strategy based on the process evaluation, reporting and knowledge dissemination and utilisation

Netherlands:
DISCovery: tailored work-oriented interventions to improve employee health and performance-related outcomes in hospital care

Objectives	Because of a gap between theoretical knowledge gained from work stress and performance models and their practical implications (Le Blanc, De Jonge, & Schaufeli, 2008), this study will apply key propositions of the Demand-Induced Strain Compensation Recovery (DISC-R) Model (De Jonge & Dormann, 2003, 2006; De Jonge, Spoor, Sonnentag, Dormann, & Van den Tooren, 2012) to real practice. The main purpose of the DISCovery project is to develop and implement tailored work-oriented interventions to improve a healthy working life and job performance in a general hospital. Health care workers are ideally suited for practical applications of the DISC-R Model, because all three types of job demands (i.e. heavy physical work, negative emotion work, and complex work under pressure) are present in their work.
Specifications of project leader	**Organisation:** TU Eindhoven (Eindhoven University of Technology), Human Performance Management Group **Address:** P.O. Box 513, 5600 MB Eindhoven, The Netherlands **Contact person:** Irene Niks & Jan de Jonge **Tel.:** + 31 40 247 22 43 **Fax:** + 31 621 552 79 75 **E-Mail:** I.M.W.Niks@tue.nl/J.d.Jonge@tue.nl **Homepage:** www.hpmtue.nl
Cooperation partners of the project	Rijnstate Hospital, Arnhem; TNO, Leiden
Runtime of the project	from: 01-06-2010 to 01-06-2015

Abstract of the project/activities

Background:
Hospitals need to work more efficiently than ever. Health care workers in today's general hospitals have to deal with high levels of job demands, which could have negative effects on their health, well-being, and job performance. Prior research has indicated that job resources and recovery opportunities can counteract these negative effects and improve positive work-related outcomes (e.g., creativity and active learning behaviour), specifically if they match with the type of job demands (i.e., cognitive, emotional, or physical). However, the question remains how to translate the optimization of the balance between job demands, job resources and recovery opportunities into effective workplace interventions.
The model that is behind this project is the DISC-R Model (see figure 1).

This model proposes that a balance between job demands, job resources, and the recovery experience of "detachment from work" will lead to favourable outcomes in terms of employee health, well-being and performance, whereas an imbalance will lead to unfavourable outcomes, such as job dissatisfaction or emotional exhaustion. Put differently, job demands can lead to negative strain effects, unless employees (1) have sufficient job resources to deal with the demands and (2) can recover sufficiently from effort expenditure by detaching from work. Because job demands often cannot easily be reduced, the focus in this study is on combating job stress and improving positive employee outcomes by enhancing job resources and detachment from work instead.

Furthermore, the DISC-R Model proposes that stress-buffering and activation-enhancing effects of job resources and detachment from work are expected to be the strongest if they are specific and targeted, rather than broad and general (De Jonge, Demerouti, & Dormann, 2014). Job demands, job resources, and detachment from work can each be divided into cognitive, emotional, and physical elements. For example, health care employees often have to carry out complex tasks under time pressure (cognitive demands), deal with suffering patients (emotional demands), or lift heavy objects (physical demands). Similarly, examples of different types of job resources are decision authority (cognitive), emotional support from co-workers (emotional), and lifting devices (physical). With regard to detachment from work, one can direct one's thoughts to a non-work topic (cognitive), put work-related emotions aside (emotional), or shake off physical exer-

tion (physical). In sum, unlike other job stress models, the DISC-R Model incorporates both job resources and recovery from work as means to counterbalance high job demands. In addition, it offers specific guidelines about the kind of job resources and recovery that should be aimed for, by proposing that job resources and recovery that correspond with specific types of job demands are most effective ("matching principle"). For instance, in a situation with mainly high physical demands (e.g., moving heavy objects), physical job resources (e.g., lifting device) and physical detachment may best prevent physical complaints and enhance physical fitness. Applying these DISC-R propositions to real practice, we expect that interventions are most likely to be effective if they are tailored to specific job demands (i.e., cognitive, emotional, or physical) and particularly aimed at changing corresponding job resources and recovery aspects.

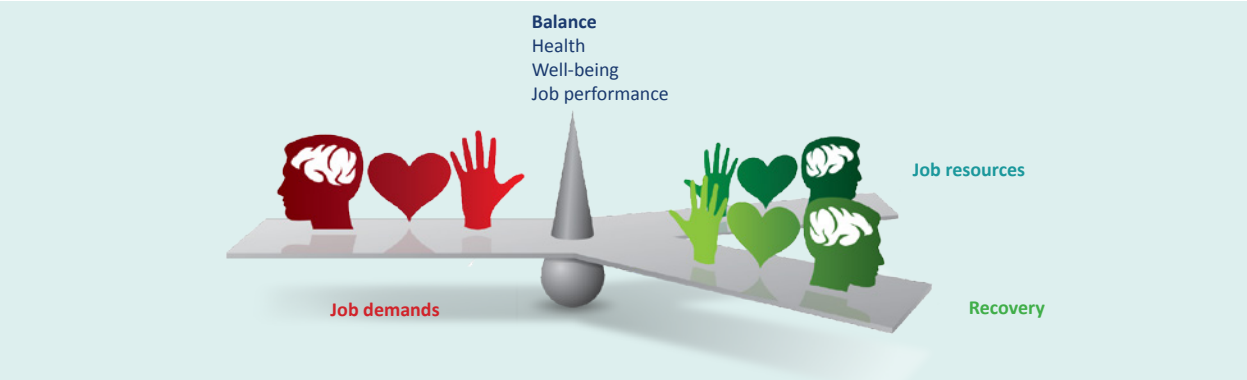


Figure 1. The Demand-Induced Strain Compensation Recovery (DISC-R) Model

Aim

We used a specific intervention method based on the DISC-R Model, the so-called DISCovery method. This method is targeted at improving employee health, well-being, and performance, by optimizing the balance between job demands, job resources, and recovery from work at the organisational unit level.The aim of the study is to (1) both quantitatively and qualitatively assess the effectiveness of the DISCovery method in hospital care, and (2) provide insight into the conditions under which tailor-made interventions succeed.

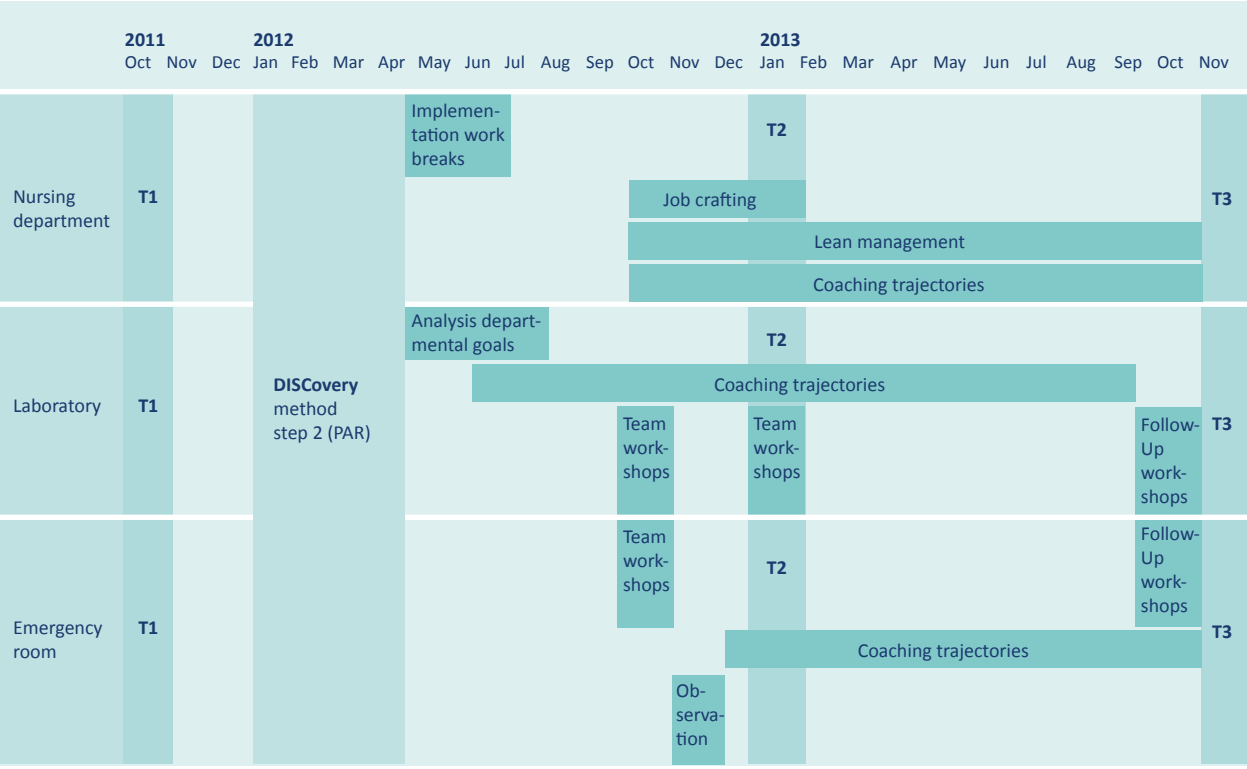


Figure 2. Timeline of measurement occasions, participatory action research approach (PAR), and implementation of interventions.

Method:
The DISCovery project is a three wave longitudinal, quasi-experimental field study involving employees from a nursing department, a laboratory, and an emergency room department within a top general hospital. After the analysis of baseline survey data, each department provided an experimental and a comparison group. The DISCovery method was used for the development and implementation of tailored workplace interventions that are based on a proper diagnosis of risk factors. The method consists of three successive steps: (1) a psychosocial risk diagnosis by assessing the (lack of) balance between job demands, job resources, and recovery during and after working hours, in combination with employee health, well-being, and performance outcomes; (2) the determination and development of tailored workplace interventions by means of a participatory action research (PAR) procedure, implying a close collaboration between researchers and study participants (e.g., Dollard, Le Blanc, & Cotton, 2008); and (3) the implementation of a tailored, work-oriented intervention program for each experimental group (e.g., workshops "job crafting", implementation of work breaks). Follow-up surveys were conducted one year and two years after the baseline survey.

The time line of the study is presented in figure 2.

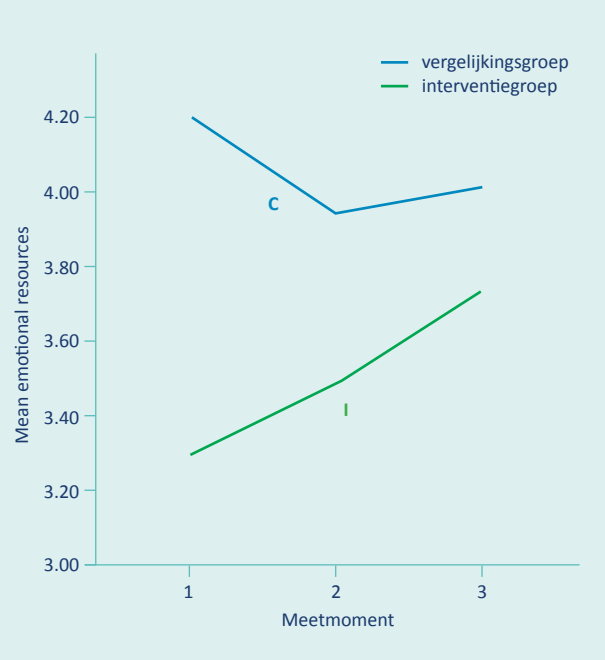


Figure 3. Scores on emotional job resources for the intervention group (I) and the comparison group (C) of the laboratory department for each measurement occasion.

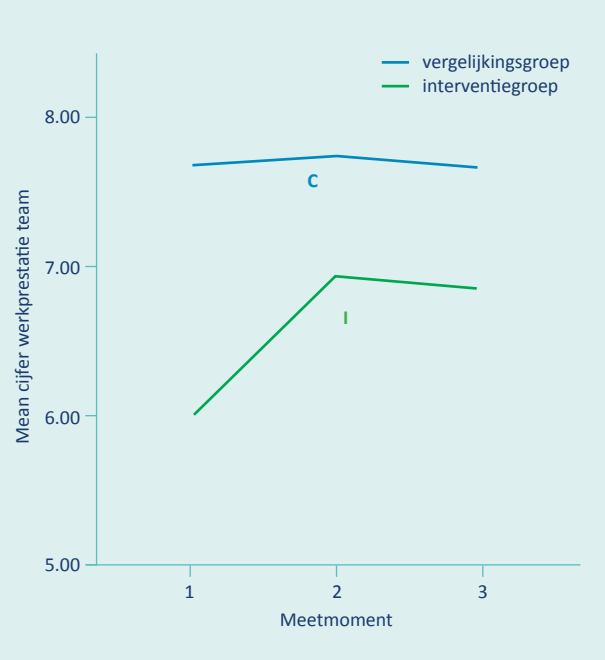


Figure 4. Scores on team performance for the intervention group (I) and the comparison group (C) of the laboratory department for each measurement occasion.

Results:
Multilevel analyses revealed unique result patterns for each intervention group compared to their designated comparison group. That is, positive changes were found in the intervention groups, relative to their comparison groups, for targeted job resources and recovery from work and for targeted health, well-being, and performance outcomes, thereby lending support for the effectiveness of the DISCovery method. For example, after implementation of team workshops "Cooperation and Communication" at the laboratory department, the intervention group scored higher on emotional job resources and team performance, relative to its comparison group (depicted in Figures 3 and 4). The method effectiveness was further supported by the qualitative results. That is, results of a process evaluation that was mainly based on qualitative data (e.g., interviews, logbooks) converged with the quantitative results.

Discussion & conclusion
Taking both quantitative and qualitative outcomes of this study into account, specific positive changes in the work situation were found for the intervention groups, which were in line with the specific intervention programs. The results of the current study underscore the value of both DISC-R and PAR principles for development and implementation of workplace interventions. Using the group-specific DISC-R risk profile as a starting point for idea generation regarding interventions, involving employees and management in the development and implementation of interventions, and tailoring interventions to the target groups were all highly-valued elements among the study participants, that seemed to have contributed

to the success of the intervention programs. In short, the study indicates a strong practical value of the DISC-R Model and lends support for the effectiveness of the DISCovery method.

Furthermore, the process evaluation of this study provided insight into specific conditions under which tailored work-place interventions can be successful.

First, implementing interventions as initially planned (i.e., intervention fidelity) does not seem to be vital for the success of the interventions. Rather, continuously re-evaluating and adjusting programs to insights that develop during the process of implementation, may contribute more to the effectiveness of the program, provided that this is done in close collaboration with all stakeholders. For instance, devoting more time to creating an internal support network for interventions and shifting the focus in the content of workshops enhanced feasibility and employees' acceptance of the interventions. Thus, tailoring interventions to target groups can be continued during the implementation stage of the interventions, which is also consistent with the principles of the participative approach.

Second, exposure of employees to the interventions relied greatly on the extent to which interventions received organisational support. A possible way to increase organisational support, besides creating explicit internal support networks, is formalizing active engagement with the intervention content. This can be done, for example, through the incorporation of intervention themes in the agenda of formal team meetings and/or annual performance appraisals, or by setting up specific employee working groups.

Third, to reinforce participation of employees in interventions, intervention activities are best organized during regular work time, thus, requiring organisational facilitation and support. Finally, the current study pointed out the pivotal role of the departmental management throughout the entire implementation process, for instance, with respect to recruiting and enthusing employees, as well as managing changes in the work situation (see also Lewis, Yarker, & Donaldson-Felider, 2012). Therefore, it is highly recommendable to pay specific attention to the managerial key figures and offer individual coaching whenever possible to remedy potential implementation issues and strengthen the success of the interventions.

In conclusion, the DISCovery project provides support for the effectiveness of tailored work-oriented interventions. Moreover, it fulfils a strong need for research into why and under which circumstances such interventions are (in)effective.

Slovenia:
Menalth health at the work place in times of restructuring

Objectives	• Root cause analysis of strain • Support activities to workers • Mental health as the base for sustainable growth
Specifications of project leader	**Organisation:** University Medical Centre Ljubljana Institute for Occupational Health, Traffic and Sport Medicine **Address:** Poljanski nasip 58 1000 Ljubljana, Slovenia **Contact person:** Marija Molan, PhD, assistant professor, senior health councillor **Tel.:** + 386 1 522 21 03 **Fax:** + 386 1 522 43 35 **E-Mail:** marija.molan@kclj.si **Homepage:** www.kimdps.si
Cooperation partners of the project	–
Runtime of the project	–

Abstract of the project/activities

Objectives:
Economic crises have risen after 2008 in Slovenia. The period from 2004 to 2008 was the time of global economic rise with low level of unemployment and increase of incomes and BDP. The lowest level of unemployment in Slovenia was in 2008; there were 59,303 unemployed persons.

After 2008, when the economic crises started, the level of unemployed people rose to 129,843 in January 2014. This was the peak. In 2014 the economic situation in Slovenia changed, and in August 2014, the number of unemployed people decreased to 114,748. This was the first sign of economic recovery after the crisis and after huge restructuring in real and public sector. As the consequence of restructuring, the stability of employment decreased in real and public sector alike. Lower level of employment stability reflects in perception of psychosocial risks and perceptions of stress.Restructuring has started in all sectors and consequently, people have to work harder; work intensity has increased. Legislation in the area of occupational health and safety offered a possibility to prevent negative impacts at the work place.
The first law, Occupational Health and Safety Act of 1999, was mostly focused on the safety, technology and working environment.

The second law, Vocational Rehabilitation and Employment of Disabled Persons Act of 2004, offered possibilities for employment of disabled persons.

The third law, Occupational Health and Safety Act from 2011, is focused on psychosocial environment, health promotion and management of psychosocial risk.

The actual health and safety act is a reflection of the economic situation in Slovenia in times of crises. Manifestation of economic crisis and support in the legislation were the basis for interventions at the work places in companies, where management realises the importance of a healthy workforce.

PROBLEM
The crisis influenced the financial sector with the loss of incomes. In consequence, restructuring has started. Demands for higher workers' efficiency became reality. The resulting higher productivity and efficiency were reflected in measuring the achieved goals. Less effective, less competitive or more vulnerable workers lost their jobs. Consequently, the need for psychosocial support rose. The need for social support of affected, vulnerable workers has been identified.

Methodology

1ST PHASE
Psychosocial risk assessment of work places; on the basis of these assessments less stressful work places are identified.

2ND PHASE
Root cause analysis of perceived stress and strains in the most stressful work places on the basis of critical events method. Workers report the most strain situations and stressful events.

3RD PHASE
Systematic evaluation of perceived stress, well-being, mood, fatigue and health in the company was performed on a sample of 20 % to 25 % of all workers. They evaluate perceptions of well-being and strain on the Questionnaire of Actual Availability (QAA) from the AH model. The method was evaluated on a sample of 15,000 Slovenian workers. A report for the company was prepared every year.

4TH PHASE
Workers with perceived stress and strain were identified on the basis of QAA. Identified workers reported level of perceived stress and strain above 2.5 on the scale from 1 to 5. We offered them individual psychological evaluation, support and counselling. On the basis of psychological evaluations and counselling, individualized interventions, support, behavioural patterns changes and therapy were suggested. Vulnerable workers were followed up. For some of them, interventions at the work place were needed. We suggested temporary reduction of working hours from 4 to 1 hour per day. There were also loads reductions (less responsible and less demanding tasks). Exceptionally we suggested sick leave or early retirement. To supervisors of vulnerable workers, we suggested tailored approaches and behaviour. Efficiency of all suggested interventions was followed up.

5TH PHASE
On the basis of collected data we were able to identify vulnerable workers. These were workers with a lower level of education, about 50 years old and those who have to work an additional 15 to 20 years before retirement. For those workers we suggested tailored additional trainings, supports and workshops.

Results/Evaluation
The most important consequences of all activities are:

- Creation of awareness that perceptions of strain are reality in each working environment.
- Prevention of strains and support to vulnerable workers are possible and needed.
- The creation of positive safety culture, where mental health is important health issue, is the basis for all activities.
- Awareness of importance of cooperation between employer and employees, between generations and between management and workers' representatives.
- Awareness of the management in the company, that mental health is needed for sustainable growth of the company.

Problems and weaknesses tackled
The presented approach is not a general approach in Slovenian companies. This approach is used only in companies with a longer experience in preventive health care. We have started immediately with those approaches after the first health and safety act in 2000. The same approach should be applied also in other companies due to the increase of mental health problems among workers.

Slovenia: Fit for Work – a comprehensive workplace health promotion programme

Objectives	To achieve better health of employees over the long-term by influencing employers and employees to gain new knowledge and skills for development of a healthy work- and lifestyle and to introduce changes benefiting health in working environment. The objectives are: • To develop educational and intervention modules for lifelong learning on healthy work- and lifestyle and health supporting changes of work environment. • To develop and run on at least a yearly basis comprehensive in-service training for WHP advisors with all supportive elements. • To develop and support a workplace health promotion network.
Specifications of project leader	**Organisation:** University Medical Centre Ljubljana Institute for Occupational Health, Traffic and Sport Medicine **Address:** Poljanski nasip 58 1000 Ljubljana, Slovenia **Contact person:** Tanja Urdih Lazar **Tel.:** + 386 1 552 26 92 **Fax:** + 386 1 552 43 34 **E-Mail:** tanja.urdihlazar@kclj.si **Homepage:** www.cilizadelo.si
Cooperation partners of the project	–
Runtime of the project	from 2006 on

Abstract of the project/activities

The Fit for Work programme is based on the understanding of health (biopsychosocial balance) and (workplace) health promotion adopted within ENWHP (e.g. Luxemburg declaration on WHP or Edinburgh declaration on promotion of WMH and Wellbeing as well as Ottawa charter for HP). There is no health without mental health.

The philosophy of the Fit for Work programme is to teach how to analyse workers' health in a company, how to address the most relevant problems and how to plan, implement and evaluate measures in order to make changes and to continue the cycle. After that a project for the next problem is prepared and implemented, etc. Workplace health promotion is a systematic, continuous process.

Key principles for planning and implementing the WHP programme are:

- Integration and cooperation of employers and employees on different levels;
- solving real problems – based on health data and assessment of needs;
- positive approach (awards and incentives);
- connection with other programmes and systems;
- interventions aimed at healthy public policy, working environment changes and development of personal skills.

The first step of the Fit for work programme was a thorough analysis of workers health in Slovenia to identify the most frequent groups of health problems. Afterwards a survey to identify employers' attitudes towards their own health, workers' health and WHP was carried out in all big and medium private and all public organisations and on a sample of small enterprises. We were especially interested in their willingness to promote workers' health. More than two thirds of respondents stated they would implement WHP programme in their company, nearly all would participate personally and support implementation with various resources.

Following the preparatory stage 11 educational and intervention modules which deal with the following topics (some of them are directly related to mental health e.g. stress coping, workplace bullying prevention) were developed:

- Health, (workplace) health promotion, teaching and working methods useful for adult population,
- planning of WHP projects/programmes,
- analysis of health and safety at work,
- coping with workplace stress,
- organisational measures,
- prevention of the use of psychoactive substances,
- injury prevention,
- ergonomic measures in the workplace,
- healthy nutrition and physical activity at work,
- workplace bullying prevention,
- prevention of workplace chemical pollution.

An in-service training (120 hours; 10 days of lectures and workshops, including field visit) was developed. A detailed plan for a WHP project for a certain company is needed to obtain the certificate of being WHP advisor. WHP advisors should set up a health group within the company and coordinate planning and implementation of the intervention.
Several supportive tools for WHP were developed, as well:

- Guidelines for WHP planning and implementation in organisations of different sizes (big and medium, small, micro) – printed and web version.
- Manual for WHP advisors (presenting all 11 educational modules).
- Web page www.cilizadelo.si which is the first and only Slovene web page dedicated to workers health and WHP.
- Booklets, posters, leaflets, CDs with presentations, etc.
- A campaign for employers on importance of employees' health and WHP has been developed and run since 2009 within different settings and trough different channels.

WHP advisors are supported by the network of their colleagues and different professionals in several ways (knowledge, information, examples of good practice sharing). The network is coordinated by the Clinical institute of occupational, traffic and sports medicine. At least one meeting of the network per year is organised. Up to December 2014, nearly 200 WHP advisors were trained. Evaluation of their work showed that 85 percent of them use knowledge gained within their Fit for Work training, mostly in the fields of ergonomics, healthy lifestyle, injury prevention and prevention of the use of psychoactive substances.

In Slovenia, there is a somewhat chaotic situation with WHP and mental health. There is no health or workers' health strategy, no national plan on mental health, no official guidelines for WHP, no prevention policies, poor resources, public tenders with over- and underrepresented topics, no continuity, no undergraduate or postgraduate courses on (W)HP. But according to the Act on Safety and Health at work (2011) WHP is obligatory and employers who do not plan and implement WHP programmes are fined.

In Slovenia, the Mental Health Act (accepted in 2008, came in force 2009) gives special attention to mental health on the basis of stimulating the development of programmes for raising awareness of prevention, recognition and curing of mental disorders. Developmental objectives and needs in the field of prevention, psychiatric treatment, holistic social care, supervised care and care in the community are defined. But a national plan for mental health protection – has not been accepted yet although it was prepared in 2009/10.

So we tried to build knowledge (there were several research projects and WHP programmes going on) and translate it into practice, test the programs, we tried to connect practice with S&H policy, to share knowledge, programmes, projects as widely as possible. The problem is that there is a lack of experts on W(M)HP/public health and no under- or postgraduate studies on (W)HP, financing of research is insufficient, not systematic and not coordinated, there are no regular reports on workplace health and it is also very difficult to link various databases regarding (workers) health. Working step, by step results came and there are examples of good practice which are more convincing than many declarations. So we can say WHP is a fast growing discipline. Interest has grown rapidly after 2011 when WHP was put into an act.

NON-COMPANY BASED MODELS AND TOOLS FOR SUPPORTING AND REINTEGRATING EMPLOYEES WITH MENTAL DISORDERS

Germany: Psychosocial Coaching for the long-term unemployed

Objectives	• Recognise mental disorders in long-term unemployed people • Help to access treatment according to national disease management guidelines • Promote mental health in long-term unemployed people
Specifications of project leader	**Organisation:** Department of Psychiatry and Psychotherapy, University of Leipzig **Address:** Semmelweisstr. 10 04103 Leipzig, Germany **Contact person:** Prof. Dr. U. Hegerl **Tel.:** + 49 341 972 45 30 **Fax:** – **E-Mail:** ulrich.hegerl@medizin.uni-leipzig.de **Homepage:** –
Cooperation partners of the project	Jobcenter Leipzig, German Federal Ministry of Labour and Social Affairs, Stiftung Deutsche Depressionshilfe, Deutsche Bahn Stiftung
Runtime of the project	from May 2011 to now

Abstract of the project/activities

Mental disorders are much more prevalent among the unemployed (e.g. in Germany 41.8%), especially in older long-term unemployed people (60.6%) than in employed people (28.7%; Liwowsky et al., 2011). For some mental disorders, unemployment can be a causal factor (e.g. addiction, anxiety disorders). However, it is often overlooked that for prevalent disorders, such as depression, higher prevalence in the unemployed is mainly explained by the patients' increased risk of job loss due to the mental disorder. Diagnostic and therapeutic deficits are particularly evident in the older long-term unemployed: only 9% access adequate treatment, 91% receive suboptimal or no treatment (Bühler et al., 2013). The undertreatment of these patients is a diminishable barrier to vocational reintegration. The programme Psychosocial Coaching aims to address this problem.

Contents of Psychosocial Coaching

Psychosocial Coaching was developed by Professor Dr. Ulrich Hegerl in Munich in 2006 and implemented in Leipzig in 2011. Dortmund and Hildesheim are implementing the project with the support of Stiftung Deutsche Depressionshilfe and Deutsche Bahn Stiftung. Psychosocial Coaching is a service for participants of the federal programme Perspektive 50plus, which is funded by the German Federal Ministry of Labour and Social Affairs in order to help long-term unemployed people over 50 years reintegrate the job market. It is a cooperation project between the Department of Psychiatry and Psychotherapy of the University of Leipzig and the local job agency Jobcenter Leipzig. The aims of Psychosocial Coaching are to recognise mental disorders in elderly long-term unemployed people and to facilitate access to adequate treatment.

To achieve this, standardised diagnostics, psychological counselling, mediation into treatment and health-promoting group programmes are offered to the participants. Participation is voluntary, information is treated confidentially.
The offices of the Psychosocial Coaching staff are located in the job agency, which enables a close cooperation with the job agency staff and provides a low threshold for participants concerning initial contact. To ensure a successful cooperation, the job agency staff members are educated about mental disorders, how to recognise them and how to approach their clients concerning problems and recommend the programme to them. Consultation between Psychosocial Coaching and job agency staff members is possible if clients agree to release the Psychosocial Coaching staff from confidentiality towards the job agent.

From May 2011 to September 2014, 852 first interviews were completed. The majority of the participants (65.7 %) suffered from at least one clinically relevant mental disorder. 23.4 % did not suffer from any mental disorder. 2.7 % were diagnosed with mental disorders which did not require action (e.g. spider phobia that had no impact on daily life). 7.5 % of the participants rejected diagnostics.

Undertreatment of mental disorders is common in participants of Psychosocial Coaching. Only 6.2 % of those who were diagnosed with mental disorders received optimal treatment according to the national guidelines. The majority (93.8 %) received suboptimal treatment or no treatment at all. Participants of Psychosocial Coaching were mainly mediated into psychiatric and/or psychotherapeutic treatment services (62.7 %), or information centres (16.2 %, e.g. for people suffering from addictions). Other psychosocial or medical treatment options (14.5 %) included family physicians, e.g. to exclude physical causes of the experienced symptoms, or medical treatment projects, e.g. for obese patients. 17.3 % rejected mediation, 12.8 % dropped out of counselling before mediation.

Proving the effectiveness of Psychosocial Coaching in terms of reemployment is difficult: a clear cause-effect-link cannot be determined due to the variety of factors influencing the participants' employment situation. Nevertheless, the integration rate of the participants of Psychosocial Coaching was compared to the integration rate of the wider population of MehrWert 50plus (local implementation of "Perspektive 50plus" in Leipzig, of which Psychosocial Coaching is an element): Since May 2011 until August 2013, 769 individuals have participated in Psychosocial Coaching. Up to this same date, 4,155 integrations into employment (subject to social security contributions) have been made within the programme MehrWert 50plus, representing approximately 30 % of the clients within MehrWert 50plus (source: controlling data from the Job Agency Leipzig).

Out of these integrated people, 194 had participated in Psychosocial Coaching. Of all the participants of Psychosocial Coaching (N=769), 24.4 % have been successfully mediated into employment (subject to social security contributions). These numbers indicate that Psychosocial Coaching is an effective component of MehrWert 50plus: it helps to reduce barriers to reintegration into the labour. Besides Psychosocial Coaching, other integration services have been offered by the job agency. These have not been taken into consideration for the present analysis. Many other participants of Psychosocial Coaching have been mentally stabilised to a degree that they could take up voluntary work or so-called "minijobs". Psychosocial Coaching has largely contributed to the achievement of objectives set by MehrWert 50plus.

Strengths

- Know-how and network of the Department of Psychiatry and Psychotherapy, University of Leipzig
- Close cooperation with job agencies
- Flexibility and adaptation to local particularities and needs

Weaknesses

- Dependence on external funding

Opportunities

- Need for action given high rates of mental disorders, related sick notes, reintegration barriers, premature retirements
- Mental disorders gain in importance regarding politics, society, health care and vocational reintegration

Threats

- Limited funding possibilities
- Slow adaption to needs in politics, health care and job agency systems

Netherlands:
A structural approach in public health care to retain the chronically ill at work

Objectives	• To prevent early drop-out and support reintegration of people with chronic health problems • To stimulate physicians to pay attention to work possibilities of their patients
Specifications of project leader	**Organisation:** Developed by a working group with experts led by the Dutch Institute for Health Care Improvement (CBO): Coordination Platform Healthcare standards for the chronically ill. The ownership of the module went to the Netherlands Society of Occupational Medicine (NVAB). **Address:** Churchilllaan 11 3527 GV Utrecht, The Netherlands P.O. Box 20064 3502 LB Utrecht, The Netherlands **Contact person:** Helene Voogdt, senior adviser **Tel.:** – **Fax:** – **E-Mail:** hrvoogdt@gmail.com **Homepage:** –
Cooperation partners of the project	Ministry of Health Welfare and Sports together with the Ministry of Social Affairs and Employment of the Netherlands
Runtime of the project	From 2012 to date (still going, now in implementation stage)

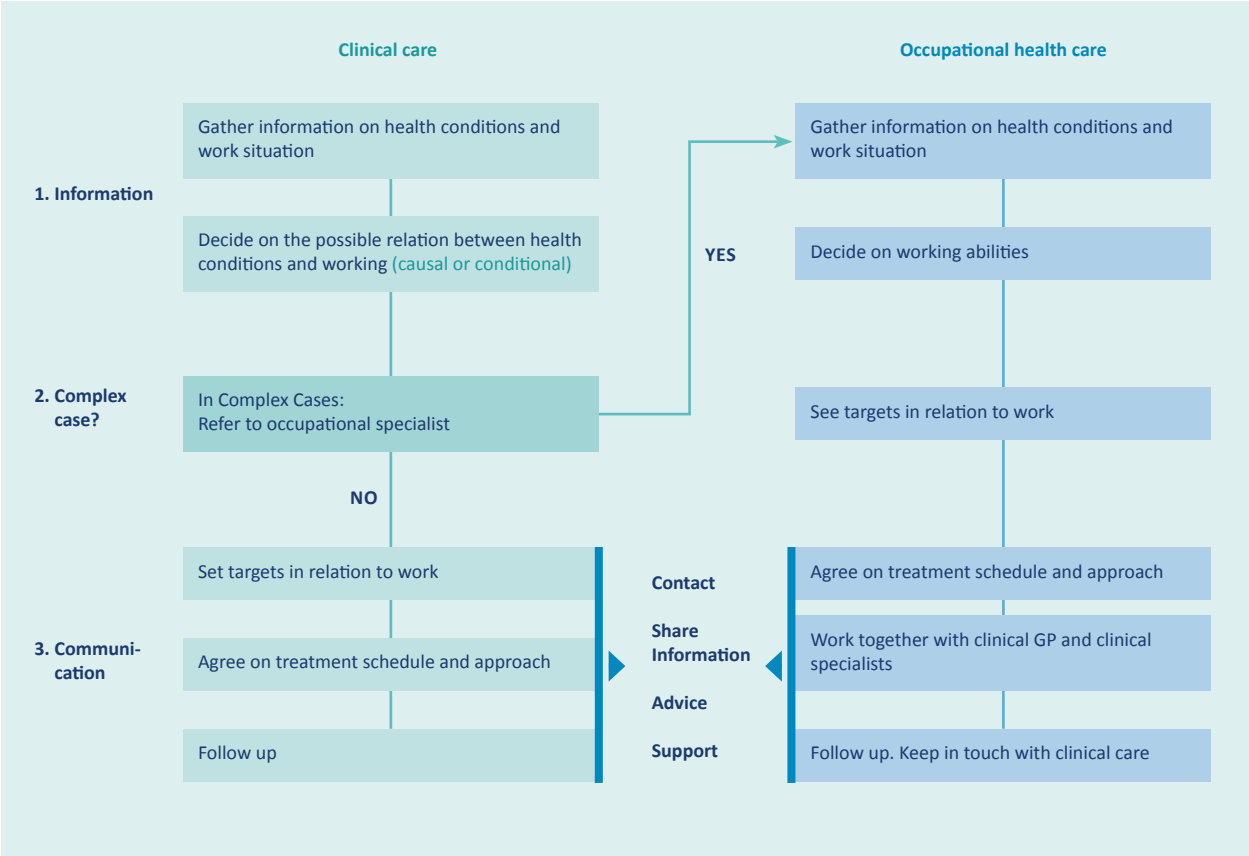
Abstract of the project/activities

Objectives:
To develop a successful instrument to prevent early drop-out and support reintegration.

Methodology:
Developed by a working group with experts led by the Dutch Institute for Health Care Improvement Commissioning organisation (CBO): Coordination Platform Healthcare standards for the chronically ill. The experts were:

- General physicians (GP)
- Occupational physicians (OP)
- Representatives of Patients
- Several other specialists in the field of occupational health and wellbeing
- Research organisations in the field of public and occupational health
- Public Health specialists
- Quality Institute in the health care area

Results:
A guideline for physicians which focusses on a structural approach for physicians to stimulate work participation for people with chronic health problems. If used properly by professionals in primary health care and in occupational health, it will stimulate both the patient and the professional to include measurements directed to labour participation in the treatment schedule. The module will be implemented in the regular health care in 2015/2016.



A care module for work participation:

- Is a general component in the health care guidance of working people who suffer from a chronic illness, aimed at interventions at clinical and non-clinical level which may increase possibilities of (returning to) work
- Fits in several disease-specific standards
- Contains at least a description of the following parts:
  - clinical treatment and patient support
  - support from specialists in, among others, occupational health care
  - development of or development of quality indicators

The process indicators should be based on:

- Process indicators derived from the support given to the patient, as agreed upon by patient, doctor and employer
- Timely communication between all those involved in the care process, both from the clinical and the occupational perspective
- Realisation of work adaptations (time, support, environmental interventions etc.)
- Indicators derived from the self management process

Problems still to be resolved:

- GP lacks time, knowledge and money to discuss occupational aspects with patient
- GP and OP do not easily communicate for several reasons
- Patients who do not have a paid job have no access to an OP
- Patients lack practical instruments to be used in self management

Link to the SWOT results from (and developing context in) the Netherlands:
This project is an illustration of an attempt to integrate work as an extremely important context factor, in the mind set and tools of general physicians. There is a lack of of collaboration between the workers in the public health and occupational health sectors.

It also links up with the fact that the Ministry of Social Affairs and Employment has asked the (Dutch) Social and Economic Council to advise them on the issue of a restructuring of the occupational health care. The idea that the primary intake of workers will be the general physician, with the occupational health physician is being referred to is one of the scenario's that the Ministry wanted advice on.

Recent political developments
Very recently (January 28th, 2015) the Government (Cabinet) sent out a letter about how they see the work-related health care in the Netherlands to be organized taking into account prevention and sustainable employability are still the core of work-related care. Future work-related care should be related to the prevention of health problems, absenteeism and drop out from work, not only for employees but for all workers, given that the number self-employed and temporary workers is increasing steadily. However, no additional funding will be available.

The Government sees the collaboration between work-related and public care as important. They, however, choose to stimulate this bottom up (and not top down). They ask for the different parties involved to come up with ideas.

Doctors and medical professionals in general often include "work" in their diagnosis but not often in their follow-up plan for treatment, let alone return to work. Further implementation of the module as developed and described here is necessary, an explicit appeal was done for implementing this!

Part of the new role and function or position should be further developed through knowledge development.

COMPANY BASED MODELS AND TOOLS FOR SUPPORTING AND REINTEGRATING EMPLOYEES WITH MENTAL DISORDERS

Slovenia: Dobrovita d.o.o. and Premiki (companies for employment and training of persons with disabilities)

Objectives	• To offer work rehabilitation and employment primarily to people: – with long-term mental problems – to other hard-to-employ people – long-term unemployed – disabled, older than 50 years – others facing risk of social exclusion • To make profit and reinvest all profit into creating new jobs.
Specifications of project leader	**Organisation:** Dobrovita d.o.o **Address:** Tbilisijska ulica 87 1000 Ljubljana, Slovenia **Contact person:** Igor Pavel **Tel.:** + 386 544 24 00 **Fax:** + 386 544 24 01 **E-Mail:** info@dobrovita.com **Homepage:** www.dobrovita.com **Organisation:** Premiki **Address:** Kunaverjeva 4 1000 Ljubljana, Slovenia **Contact person:** Dolores Kores **Tel.:** + 386 513 200 37 **Fax:** – **E-Mail:** dolores.kores@gmail.com **Homepage:** www.premiki.com
Cooperation partners of the project	ŠENT – Slovenian Association for Mental Health
Runtime of the project	from 1995/2009 to ongoing

Abstract of the project/activities

Dobrovita d.o.o.:
Dobrovita d.o.o. is a company that was founded with the purpose of providing assistance to disabled people in rehabilitation and employment. Founder and owner of the company is ŠENT – Slovenian Association for Mental Health.

The vision and mission of the company is to create new jobs (employment), the development of programmes of work rehabilitation for disadvantaged and with the expertise and knowledge to enable persons with various obstacles (people with long-term mental health problems, people with disabilities, long-term unemployed, people with low educational level, etc.) to obtain and maintain in the long term employment.

Dobrovita d.o.o. operates on the open market and is primarily a service company. The company carries on landscape business, gardening, cleaning services, janitorial in-house maintenance work, assembling products and surveying services.

Due to the needs of the target group (people with mental health problems) company intensively develops customized job training programs, such as the training program at a specific workplace and other programs of vocational rehabilitation. In addition, company also implements employment programs for vulnerable groups (with problems of social integration in the labour market) in the frame of active employment policy (ESS calls, MDDSZ, the Fund for the Promotion of Employment for Disabled Persons, etc.). Consistent with this focus, the company is also involved in various international project, either as a partner or carrier.

Premiki:
Premiki is based on equal opportunities for everyone. With this focus, it wanted to make tourism accessible to all! Accessible Tourism for All was a concept that SENT was working on since 2006. Together with all partners innovative projects in the field of accessibility tourism for all were carried out, particularly for vulnerable groups such as persons with physical and mental disabilities. The projects that were implemented in the past, especially the project "The development of tourist facilities for people with special needs", developed criteria for disability-friendly certificate, which the accessible tourism organisations were receiving, also an information office was established, where accessible tourism for all is promoted and special trainings about accessible tourism for employed in tourism are provided.

The established travel agency remained part of Zavod Premiki also after the end of the project. At the moment there are 6 persons employed, 5 of them are persons with disability, 3 of them with mental health problems. The travel agency is nowday running business in the field of accessible tourism in Slovenia and abroad.

VI. RECOMMENDATIONS FOR ACTION

Executive Summary

Promoting mental health at work offers significant benefits to individuals, enterprises and state economies.

- It reduces the impact of mental ill-health on the lives of employees and their families
- It fosters increased productivity and competitiveness among companies and countries
- It reduces the substantial financial burden on health services, allowing funds to be targeted elsewhere
- It helps promote social inclusion

Faced with the growing problem of mental ill-health in society generally, it has become imperative for all managements and governments to recognise the workplace as both a major factor in the development of mental and physical health problems and as a platform for the introduction and development of effective preventative measures, utilising the coordinated input of external agencies.

The following recommendations primarily address the health policy sector, in line with the mandate of the Joint Action on Mental Health and Well-being and with a view to involving the labour policy sector – a fundamental pre-condition for a wider dissemination of good practice in enterprises in Europe.

Background

Many employers in Europe are worried about psychosocial risks. 80 % of managers express a concern about work-related stress (EU-OSHA and Eurofound 2014: Psychosocial Risks in Europe: prevalence and strategies for prevention). In Europe, 25 % of workers say they are affected by work-related stress – for all or most of their working time – and that their health suffers as a result. Recent research confirms that psychosocial risk factors can have mental and physical health consequences. It is estimated that about 27 % (82.7 million) of the adult EU population, aged 18 – 65, is – or has been – affected by at least one mental disorder in the past 12 months. (Hans-Ulrich Wittchen, Frank Jacobi 2005)

The current financial and economic crisis which affects many regions in the European Union is accompanied by constant high levels of unemployment including high unemployment rates among young people. Unemployment is known as a critical factor for health – including mental health – which adds to the challenge of maintaining a high level of health protection and effective health care systems in Europe. Promoting mental health at work has become a vital response to these challenges, which today are also a consequence of the general changes in working life against a background of demographic ageing.

Effective workplace practices include the identification and mitigation of psychosocial risk factors and the promotion of a healthy work environment and healthy lifestyles, as well as the provision of mental health care services for affected employees – including support for employees returning to work after absences from work due to mental health problems.

To implement suitable actions, a large number of companies, especially small and medium enterprises, need external support. Policies – especially health policies and labour and social policies – working with social partners and relevant institutions (health care and occupational health and safety) can facilitate improvements in individual organisations by helping to develop supportive infrastructures. Cooperation, networking and mutual co-ordination among these external stakeholders is key to disseminating good practices.

Working together across Europe

The need for action on mental health problems led to the setting up of the European Joint Action on Mental Health and Well-Being project, funded by the European Union Health Programme. The workplace policy recommendations below are based on the results of good practice evaluations in eleven EU Member States and identify key action points for health policy stakeholders.

The core recommendation is that we should intensify collaboration among all stakeholders in both policy sectors (health and labour). The principal objective should be to develop an action framework which will require continuous cooperation and coordination among responsible stakeholders and institutions within the fields of social security, supported by the social partners.

Progress in the dissemination of good practices in promoting mental health at work shall help to develop specific frameworks for action operating at different levels (organisational, regional, national, European). This will also give support to the implementation of the Europe 2020 objectives.

The benefits and relevance of promoting mental health at the workplace

The health policy sector and the respective government and social security institutions associated with it should, in co-operation with stakeholders (especially in the labour and social policy sectors), back suitable, supporting infrastructures for enterprises that allow them to design and develop health-promoting working conditions and foster healthier employee behaviour.

This approach, spanning all political sectors, is urgently necessary in view of the far-reaching implications for the general health and well-being of people brought about by demographic change and ongoing, often fundamental changes in workplace practices.

Demographic change and the transition from an industrial to a services and knowledge-based society and economy, is being accompanied by a change in the panorama of disease. The relative increase in chronic diseases includes a growing incidence of work-related chronic diseases. In contrast to occupational diseases, which can be clearly linked to working conditions, work-related diseases include illnesses where other factors, not just workplace conditions, play a role.

Work-related diseases: The challenge…

In many European countries, absences from work due to mental illness have increased in recent years. There has also been an increase in illness-related early retirement and invalidity. The statistics can be explained, at least in part, by the higher number of people taking advantage of professional help once they overcome any reluctance to discuss their conditions.

The risk of an illness becoming chronic when left untreated – or there is a delay in treatment – poses enormous problems for organisations. In such cases, successful reintegration of employees into the workplace is much harder to achieve. This results in a growing cost burden on the health, social security and pension systems with negative impacts on the productivity and competitiveness of the organisations concerned and on the economy as a whole.

Psychosocial factors are working conditions that have a psychological and social impact on the working person and can lead to stress. Excessive psychosocial pressures can lead to health problems including both mental and physical diseases.

Whereas accidents at work and occupational diseases can be directly attributable to the workplace environment, work pressures may account for only part of the mental problems suffered by an employee. It should therefore be the aim of health policy as well as labour policy to engage enterprises and external stakeholders in ensuring that appropriate support is provided close to the workplace and in a timely manner for employees suffering from mental health problems – irrespective of whether or not these mental health problems are work-related.

Since the health care and social security systems have to bear the consequential costs of work-related diseases, the health policy sector, in co-operation with other stakeholders, should support and encourage efforts to avoid excessive psychosocial factors at the workplace. Good practice should be promoted and encouraged at company and organisational level.

All initiatives to protect and promote health must embrace working conditions in the wider sense. The overall impact of work-related diseases from a health sector, economic and business perspective is much greater than the burden that results from occupational and communicable diseases – and this trend will continue to grow in the future.

Statutory occupational safety and health (OSH) alone cannot overcome the challenges posed here: it is vital that the health policy sector takes an active role to address these challenges.

Depending on the specific national social security structures, an active involvement of the health policy sector is necessary to efficiently and effectively shape the interfaces that exist between early detection and primary prevention, secondary and tertiary prevention as well as treatment and rehabilitation, including occupational reintegration.

In light of the social and economic change referred to, it is the so-called psychosocial factors at the workplace – working conditions that have a psychological and social effect on people – which are now becoming particularly important.

Workplace health promotion combines statutory OSH regulations with voluntary measures by employers and, as an interface, opens up direct opportunities for co-operation between the two policy fields (health and labour).

A cross-sector approach to promoting mental health at work leads to more cost-effective use of public health and social security budgets. It avoids additional costs that result from a lack of coordination and delays in health intervention measures. At the same time, it is also possible to influence costs in conjunction with health-related early retirement and invalidity.

Such measures will serve to protect, accelerate the restoration of and strengthen the working and employment capability of employees, creating a basis for overcoming the impacts of demographic change on Europe's labour markets.

Recommendation 1:

Cross-sector cooperation on local, regional, national and European level

Set up appropriate structures with a clear political mandate, including adequate resources, for developing effective cross-sector partnership and cooperation between the health policy and labour policy sectors as well as other relevant stakeholders at local, regional, national and European levels to improve mental health and well-being at the place of work.

Mechanisms and actions to include:
An attempt should be made to design cooperation forms and approaches so that the central social security stakeholders in both policy fields can be permanently involved. This particularly applies to the relevant social security institutions and government agencies in the fields of health care, occupational health and safety and old-age security, as well as support for the unemployed.

1. The forms and approaches can be both informal (working groups who exchange experiences) and formal, as part of OSH and prevention, or health promotion strategies along the lines of national government programmes.
2. Health policy should aim to legally anchor structures for inter-sector cooperation.
3. Compared to large enterprises, small and medium-sized enterprises have limited internal resources for promoting mental health and hence have to rely on external support. The health policy sector, together with OSH stakeholders, should make it easier for SMEs to access support offers.
4. In order to reach a larger number of SMEs, an attempt should be made to actively involve institutions that represent the interests of larger groups of enterprises and hence act as multipliers. These institutions include chambers of industry and commerce, sector associations, trade associations, etc.
5. Based on strategic partnerships with key multiplier institutions in this field, the health policy sector should especially support and implement joint information campaigns that raise the awareness of enterprises of work-related mental health issues and support and provide target-group orientated assistance for action.
6. Since the quality of company and employee management has both a direct and indirect impact on psychosocial factors at the workplace, the health policy sector should ensure that suitable prevention and health promotion services help to identify and promote styles of management that are conducive to health.
7. There are enormous differences in the level of development, orientation and reach of health-policy strategies currently being pursued in the Member States in order to promote mental health at the workplace. European stakeholders and, in particular, the European Commission, should see this diversity as an opportunity to develop the ongoing exchange of experience and to build on successful activities within the context of the European Pact on Mental Health and the results of the Joint Action on Mental Health and Well-being.

8. The relevant authorities within the European Commission should continuously develop existing forms of cooperation and procedures and step up coordination with the labour policy sector. In this way, the recommendations contained here could also be used to derive specific recommendations for stakeholders in this policy field, including the enterprises themselves.
9. Platforms to facilitate the structured, European-level exchange of experience for social health insurance institutions and government health agencies should be developed, in cooperation with the relevant umbrella organisations in the health policy sector.
10. The European Commission should additionally make it easier for enterprises to access tried-and-tested practical examples.
11. Open communication in the working world and public discourse on issues of mental health, including mental health disorders, is still not completely taken for granted since, despite advances in attitudes, this topic continues to be "taboo" in certain quarters. Particularly in a society that places great importance on high performance standards, those affected can feel stigmatised. All health policy measures and strategies should promote open communication in society.
12. Health insurance institutions as well as national health services should be encouraged to implement model dissemination programmes in co-operation with stakeholders from other action fields – particularly institutions in the field of training and education, public administration and labour market management.

Recommendation 2:

Action in the field of prevention

The health policy sector should support all relevant stakeholders, especially the labour and social policy sector, in addressing psychosocial risk factors at work. The prevention of psychosocial risk factors resulting in work-related stress and mental/physical ill-health should be a national priority. Employers in the healthcare sector should be role models in relation to the prevention of psychosocial risk factors at work.
Mechanisms and actions to include:

1. The health policy sector should play an active role in developing infrastructures which promote a wider dissemination of good risk management practices in enterprises, including psychosocial factors.
2. In many EU Member States, only a minority of enterprises currently include psychosocial factors in their workplace risk assessments. Therefore the health policy sector and, in particular, statutory health insurance institutions and national health services, should support OSH stakeholders in convincing employers to adopt good risk assessment practices. Deficits in workplace risk assessments will ultimately lead to higher costs for health care.
3. Raise the relevance of OSH by combining risk assessment approaches with campaigning activities which link mental health issues to the human resource and labour market agenda.
4. Develop and disseminate easy-to-understand tools and instruments for employers.
5. Recognise that small and medium-sized enterprises (SMEs) need a tailored approach and support to tackle psychosocial risk factors.
6. In Member States where national, statutory OSH strategies or programmes are being implemented, the health policy sector should examine how national health service and statutory health insurance institutions can provide support.
7. External OSH stakeholders can take on these advisory tasks to support enterprises in addition to their public supervisory functions. In countries where health care institutions also provide workplace health promotion advisory services, the health policy sector should ensure that the interfaces are effectively and efficiently organised. This calls for qualification measures in both areas.
8. There should be coordinated national and regional goals for OSH and workplace health promotion, jointly developed and translated into general recommendations.
9. We need to bear in mind the enormous impact of the increase in chronic diseases on the working and employment capability of individuals. The implementation of OSH regulations with regard to psychosocial factors, combined with workplace health promotion measures, helps enterprises to master the consequences of demographic change for the labour market (lack of skilled workers).

Recommendation 3:

Action in the field of workplace health promotion

The health policy sector should promote and empower employers to provide a healthy working environment that fosters well-being amongst all employees.
Mechanisms and actions to include:

1. Promote good work organisation and leadership practices as drivers for business excellence and competitiveness.
2. Promote approaches and practices which combine lifestyle improvements with working condition focused improvements.
3. Engage key external stakeholders (social partners, regulatory system, social insurance, health care etc.) to adopt a supportive role for enterprises in the field of workplace health promotion (WHP).
4. In its capacity as a role model, the health policy sector should support the dissemination of good practice in the promotion of mental health at the workplace in all institutions of the health care system. In this context, the supreme authorities on federal government and regional level should be obliged and urged to introduce internal health promotion as part of their own HR policies.
5. The health policy sector should ensure that the institutions responsible for organising health care or occupational health and safety establish and continuously develop, within the prevention services field, an independent service area for workplace health promotion that is economically accessible for all enterprises.
6. Workplace health promotion services should define the qualification requirements of service providers, for service documentation as well as the specifications for demonstrating the effectiveness and efficiency of the respective services.
7. These services should be geared as far as possible to national and regional prevention goals for workplace health promotion and annual evaluations should be carried out by an independent agency.
8. The health policy sector should allocate transparent budget requirements as part of the planned budget for prevention activities.
9. The workplace health promotion services catalogue should include basic advisory services for organisations for the introduction and systematic promotion of health at the workplace. This includes the evaluation of data on disease (if available) at enterprise level (including benchmarking in the respective sector) as well as support for the introduction of project groups. The services should also include qualification measures in stress management for employees as well as in good employee management for executive staff.
10. The health policy sector should examine and, where necessary, adapt or modify existing rules and regulations, including the tax system, to encourage enterprises to invest in measures for workplace health promotion.

Recommendation 4:

Action in the field of care and reintegration/return to work

The health policy sector should provide an efficient and timely spectrum of services that address work-related illnesses with a special focus on mental health and return to work practices.
Mechanisms and actions to include:

1. Depending on the resources available, the health policy sector should ensure and improve access to care for mentally ill employees. It is essential in this context that the need for care by an individual be identified early.
2. The health policy sector should address shortcomings in the care of mental illness patients as a priority for health policy. Access to outpatient psychotherapy has a key role to play in all Member States. There is an urgent need for action because even those Member States with well-developed public health care have long waiting lists for outpatient psychotherapy. Incentives and resources are vital for fast and low-threshold access to outpatient psychotherapy services.

3. To identify the need for care as early as possible, sufferers must be encouraged to contact the health system despite possible hesitancy and apprehension. Since stigmatisation and taboos can still be an obstacle for early contact and return to work, the health policy sector, together with health care institutions and, more importantly, jointly with all social stakeholders – including employers – should support further public awareness raising and destigmatisation.
4. Another key element of care is the expansion of support services for organisations when it comes to reintegrating employees who have been unable to work for a period. In addition to offers for gradual reintegration and taking the respective national provisions into account, the health policy sector should support integrated care processes that combine internal assistance offers with suitable inpatient and outpatient care services while integrating secondary and tertiary prevention services.
5. Taking national framework conditions and statutory regulations into consideration, the health policy sector should assign specific tasks and resources especially to statutory health insurance institutions and national health service institutions. Integrated care processes foster synergies and help shorten curative measures.
6. Return-to-work should be part of a multi-disciplinary care plan. In this regard priority should be given to improve the interfaces within the health care/social security systems to accelerate re-integration of employees into the workforce.
7. Since there are system-specific transitions between the individual care areas in all of the health systems, the health policy sector should involve suitable expertise in order to examine existing care and services to expose disincentives and to continuously improve the quality of care.

The recommendations above are based on the evaluation of assessments, by relevant external stakeholders, of current activities to promote mental health at the workplace in eleven participating countries (Croatia, Finland, France, Germany, Hungary, Malta, The Netherlands, Slovenia, Austria, Iceland and Ireland). This involved representatives from government agencies, social partner organisations and representatives from various disciplines within social security systems. The stakeholders involved were asked about the strengths, weaknesses, opportunities and challenges in relation to current structures, programmes and policies to promote mental health at the workplace in their respective countries.