# Mental health promotion in the workplace – A good practice report

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# MENTAL HEALTH PROMOTION IN THE WORKPLACE – A GOOD PRACTICE REPORT

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# Foreword

Promotion of mental health at work is one of the Community Health and Safety at Work Strategy's priorities[1]. The decision to target mental health at the workplace is consistent with the current campaign (MentHealthWork) run by the European Network for Workplace Health Promotion[2] (ENWHP) and ProMenPol (Promoting and Protecting Mental Health)[3] project co-funded by the European Commission. Bearing in mind that problems associated with poor mental health remain the fourth most frequent cause of incapacity for work and stress is one of the most common reasons why employees consider their health at risk at work[4], action in this field is still supposed to be one of the priorities concerning health at work.

In 2009, a case study collection on mental health at work was conducted by the European Agency for Safety and Health at Work (EU-OSHA). The present report is based on this collection of good practice examples. The aim of this report was to review the collated case studies, with the primary aim of equipping practitioners, policy makers and employers to draw conclusions from these studies, and take these into account when implementing programmes that target mental health in the workplace.

The current report is divided into several key sections. The first section provides the readers with an introduction into mental health and ill-health in the workplace and its causes and consequences; it further summarises how mental health promotion initiatives in general can and do address this issue. The following section provides the reader with the methodology utilised for the case study analysis and the results of the analysis. This part is followed by a discussion of the results, the implications of the analysis and recommendations of the way forward for workplace mental health promotion. An overview of the cases and summaries can be found in Appendices I and II.



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[1] http://eurlex.europa.eu/Notice.do?checktexts=checkbox&val=443914%3Acs&pos=1&page=1&lang=en&pgs=1 0&nbl=1&list=443914%3Acs%2C&hwords=&action=GO&visu=%23texte
[2] http://www.enwhp.org/
[3] http://www.mentalhealthpromotion.net/?i=promenpol
[4] http://www.eurofound.europa.eu/ewco/surveys/ewcs2005/index.htm
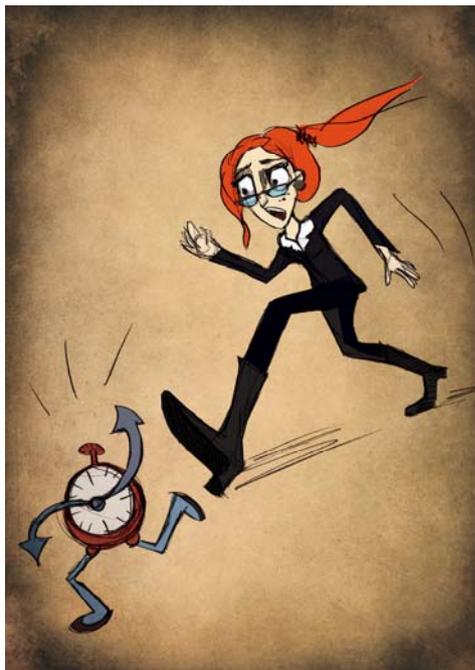
# 1. Introduction: Mental health in the workplace

The world of work continues to adapt to the changes of the global marketplace (EU-OSHA, 2007). Across a number of EU member states there is an observed trend of increasing absenteeism and early retirement due to mental health problems; particularly in relation to stress and depression (McDaid, Curran, & Knapp, 2005). An estimated 20% of the working population will experience some form of mental health problems during their working lives (STAKES, 1999); costing an estimated 3-4% respectively of the European Gross National Product (McDaid, Curran, & Knapp, 2005). In general, mental health issues –especially in relation to the workplace - have remained a salient issue and under recognised problem (The Sainsbury Centre for Mental Health, 2004).

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**Mental health in the workplace: A salient issue**

A study conducted by the Shaw Trust (2006) surveyed 550 senior managers about their knowledge and awareness of work-related mental ill-health issues and problems. Overall half of managers thought that none of their workers would ever suffer from a mental health problem during their working life; and over 66% of employers, when asked to estimate the prevalence of mental ill-health in the workplace, thought it to be 1 in 20 (STAKES, 1999); whilst current estimates are closer to 1 in 5 workers.

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Evidence indicates that work can both contribute to the development of mental ill-health through poor working conditions and, conversely can provide individuals with purpose, financial resources and a source of identify, which have been shown to promote increased positive mental wellbeing (McDaid, Curran, & Knapp, 2005). There is growing recognition across the EU, and moreover globally, of the economic and social impact of mental ill-health; and, in turn, of the relative importance of promoting mental wellbeing and preventing the onset of mental disorders in society-at-large (World Health Organisation, 2005). The workplace has been identified as one important social context in which to address mental health problems and promote employee positive mental health and wellbeing. The workplace has been highlighted, both at a policy and practice-level, as an important setting for mental health promotion strategies and initiatives (Leka & Cox, 2008; Cox, Leka, Ivanov & Kortum, 2004.). More specifically, workplace mental health promotion has been highlighted in a number of recent policy documents and initiatives within the EU:

- Lisbon Strategy: EU goal for economic growth and competitiveness. Targets towards full employment and greater social inclusion[5]
- Community Strategy on Health and Safety at Work (2007-2012)[6]
- Commission White Paper "Together for Health" (2008-2013)[7]
- Framework Agreement on Work-related Stress[8]
- Framework Agreement on Harassment and Violence at Work[9]
- The Mental Health Pact (2009)[10].

The following introduction to this report seeks to discuss a number of key issues and areas: namely, (a) defining what is understood by mental health and, in turn, mental ill-health; (b) mental ill-health in the workplace and its relative prevalence and impact on the individual and the organisation; (c) outlining the role and impact of work and working conditions on employee's mental health and wellbeing; and (d) defining mental health promotion in the workplace and outlining its key characteristics.

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[5] http://europa.eu/legislation_summaries/regional_policy/review_and_future/g24246_en.htm
[6] http://europa.eu/legislation_summaries/employment_and_social_policy/health_hygiene_safety_at_work/l10114_en.htm
[7] http://ec.europa.eu/health-eu/doc/whitepaper_en.pdf
[8] http://www.etuc.org/IMG/pdf_Framework_agreement_on_work-related_stress_EN.pdf
[9] http://www.tradeunionpress.eu/Agreement%20violence/Framework%20Agreement%20Harassment%20and%20Violence%20at%20Work2.pdf
[10] http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf

## 1.1. What is mental health and what is it not?

The World Health Organisation[11] (WHO) and the Ottawa Charter for Health Promotion (1986) define health as:

> "*…a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*" (Ottawa Charter for Health Promotion, 1986)

This definition provides a comprehensive and holistic understanding of the concept of health including and supported by three interconnected areas: physical, mental and social health. This holistic definition of health has two basic assumptions: (1) there is no health without mental health; and (2) health cannot – and should not – be viewed as merely the absence of illness or disease; but rather as a `state of positive physical, mental and social wellbeing`. The World Health Organisation (2005) suggests that mental health should be conceptualised as 'a state of well-being' in which an individual:

- 'realizes his or her own abilities
- can cope with the normal stresses of life
- can work productively; and
- is able to make a contribution to his or her community'.

Mental health and, conversely, mental ill-health have been conceptualised and understood as a spectrum: ranging from 'positive mental wellbeing' to mental ill-health and clinical problems. Figure 1 provides a graphical representation of the mental health continuum.

**Figure 1: The mental health continuum**



## 1.2. Mental ill-health in the workplace

Mental ill-health is estimated to cost the EU 136 billion EUR annually. Current estimates suggest that 25% of European citizens will experience a mental health problem in their lifetime and approximately 10% of long-term health problems and disabilities can be linked to mental and emotional disorders (ENWHP, 2009).

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[11] http://www.who.int/about/definition/en/print.html

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**The cost of mental ill-health**

- In the UK, stress-related disorders and mental strain is responsible for the loss of 6.5 million working days each year, costing British employers an estimated 571 million EUR (Koukoulaki, 2004).
- In the Netherlands in 1998, mental disorders were the main cause of incapacity (32%) and the cost of psychological illness was estimated to be 2.26 million EUR a year (Koukoulaki, 2004).
- The Sainsbury Centre for Mental Health (2007) estimates that the cost to British employers due to loss of productivity in the workplace due to the mental health issues is 18.1 billion EUR a year.

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Across the EU levels of absenteeism, unemployment and long term disability claims due to work-related stress and mental health problems are increasing (McDaid, 2008). For example in 2007, 40% of all long term disability benefit payments in Great Britain (England, Wales and Scotland) were due to mental or behavioural disorders (Sainsbury et al., 2008). In Austria the total number of days of sick leave was found to be decreasing between 1993 and 2002; but there has been an overall increase of 56% in sickness absence due to mental ill-health (Zechmeister, 2004).

Particularly for depression a trend across the EU of increasing absenteeism and early retirement for both men and women has been observed (Wynne & MacAnaney, 2004). More specifically, mental health problems have been found to be overtaking musculoskeletal problems as the leading cause of sickness absence in a number of European Countries; and in the near future may be the leading cause of occupational illness and absence (Wynne & MacAnaney, 2004). This trend has been observed across a number of EU member states (McDaid, Curran & Knapp, 2005) and by 2020, depression is forecasted to be the second most important cause of disability globally (WHO, 2005).

The consequences of mental ill-health have been linked to numerous negative consequences for the organisation: such as, employees' diminished performance levels, and increased rates of absenteeism, accidents and staff turnover (Harnois & Gabriel, 2000).

## 1.3. The role of work on mental health and mental ill-health

Without a doubt, one of the key areas that affect our mental health is the work environment. Work can be beneficial to mental health through an increased sense of social inclusion, status, and identity and by providing a time structure (Harnois & Gabriel, 2000). Conversely, many psychosocial risk factors at work have been found to increase the risk of anxiety, depression and burn-out. The International Labour Organisation (ILO) defines psychosocial hazards as an integral element in the stress process, in terms of the interaction among job content, work organisation, work management and environmental conditions on the one hand, and the employees competencies and needs on the other (ILO, 1986). Worker's physical, mental and social health can be impacted by their work and working conditions via two pathways: a direct and indirect manner. A direct physical pathway can be observed between physical work environment and its associated risks and workers health. In addition bad physical working conditions can also have an indirect impact by causing stress. Moreover there is a large body of evidence to indicate the relationship between the psychosocial working environment and health of workers. This pathway is also mediated by the experience of stress by the individual (Cox, Griffiths, & Rial-González, 2000). The pathways are graphically presented in the Figure 2. It is important to note that negative physical and psychosocial working conditions have detrimental impact that can extend beyond the health of workers; but also impact on the healthiness of organisations and the employees' availability for and performance at work.

**Figure 2: The Dual-Pathway hazard-harm**
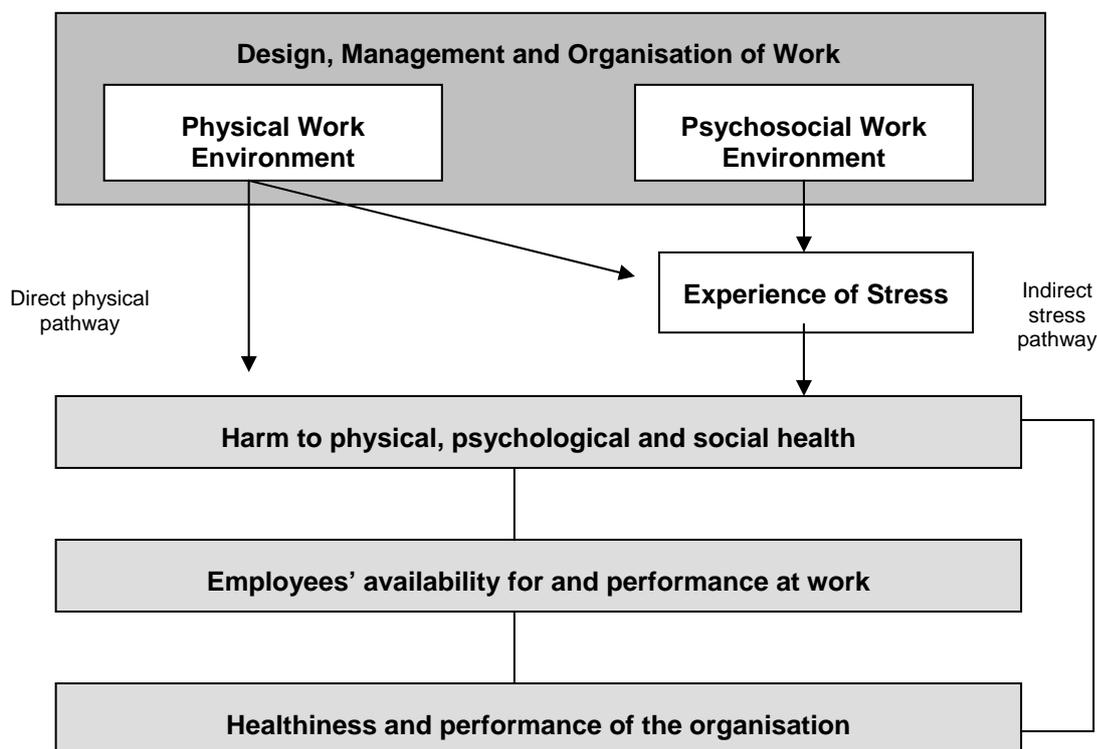


Source: Cox, Griffiths & Rial González, 2000

Michie and Williams (2003) conducted a systematic review of the psychosocial work factors that were found to be associated with mental ill-health and sickness absence. The review found the following work and organisational factors to be associated with mental ill-health and sickness absence: long working hours, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support and unclear management and work role. Harnois and Gabriel (2000) found several consequences that are commonly related to mental ill-health among workers, including: absenteeism, reduction in productivity, increase in error rates, loss of motivation and commitment, poor timekeeping, increase in turnover and tension and conflicts between colleagues.

## 1.4. *Mental health promotion*

The previous section has provided a concise background to the nature of mental health/ill-health, its important impact on individuals, companies and society-at-large and the relationship between organisational work factors, working conditions and mental ill-health. The current section seeks to define mental health promotion and outline some of the key characteristics that underpin programmes aimed at improving and maintaining mental health.

The aim of mental health promotion (MHP) is not restricted to solely preventing mental health problems; but has a wider range of health, social, and economic benefits. One of the basic ideas behind the promotion of health is based in Antonovsky's idea of Salutogenesis. Instead of asking what factors could make us ill, Antonovsky proposes to focus on positive variables, asking what maintains and promotes our health and wellbeing (1979). Accordingly Jane-Llopis and colleagues (Jane-Llopis, Katschning, McDaid & Wahlbeck, 2007) make the distinction between two broad categories of mental health interventions and programmes: (a) mental health promotion; and (b) mental illness/disorder prevention.

**Mental health promotion:** defined as "*the process of enhancing protective factors that contribute to good mental health*" (Pollett, 2007). MHP implies the development of individual, social and environment conditions, which enable optimal health and promote personal empowerment and development. MHP initiatives involve the active participation of individuals in the process of achieving positive mental health and wellbeing and enhancing quality of life; it is an enabling process done by, with and for the people (Jane-Llopis et al., 2007).

**Mental illness/ disorder prevention:** aims to reducing the occurrence, frequency and re-occurrence of mental disorders or the risk of a mental illness, preventing or delaying their occurrence, and also decreasing their respective impact on the individual, their family and society-at-large (Jane-Llopis et al., 2007).

Traditionally, much of the focus on mental health and ill-health issues in the workplace was almost exclusively on the prevention of mental illness/disorder; rather than promoting and enhancing optimal positive mental wellbeing. Contemporary frameworks for MHP no longer concentrate exclusively on the prevention of mental illness; but, instead follow a holistic approach including the promotion of wellbeing and enhancing functioning (NeLH, 2004). Accordingly mental illness/disorder prevention and MHP are arguably not mutually exclusive categories. Sutherland and Cooper (2002) argue that a comprehensive approach (including both prevention and health promotion activities) are required to effectively address and promote employee health in the workplace. In short, the aim of mental illness/disorder prevention and MHP is to move the distribution of workers psychological state towards the positive end of the mental health spectrum and away from mental ill-health and illness.

**Figure 3: The aim of mental health promotion and mental illness/disorder prevention**
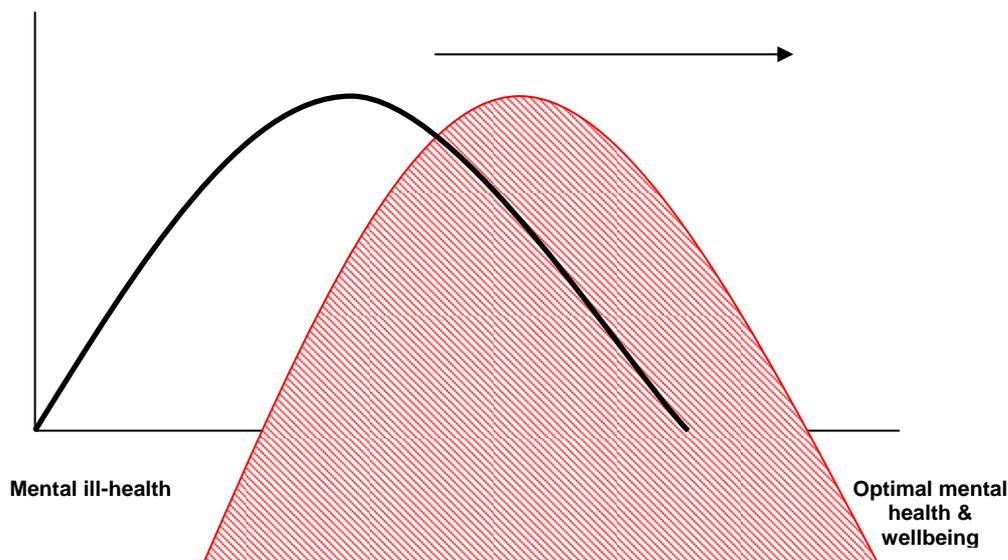


Source: Sutherland and Cooper, 2002

## 1.5.  *Why invest in mental health promotion?*

MHP programmes have been linked with a number of positive outcomes (ENWHP, 2009).

Productivity and performance

Investing in promoting the mental health and wellbeing of workers and supportive environment can boost worker's performance and productivity. A good working environment can increase worker's morale, teamwork and communication. Staff turnover can be decreased and the associated costs of

recruitment and training can be reduced. Conversely, stress can contribute to poor mental and physical health causing higher absenteeism, lower performance and reduced productivity.

No health without mental health

There is building evidence to demonstrate that stress can aggravate physical illnesses such as coronary heart diseases, musculoskeletal disorders and diabetes. There is also evidence to indicate a direct link between mental distress and detrimental physiological functioning. Additionally, experiencing mental distress and poor health can result in an increase in health-detrimental behaviours (such as smoking, consumption of alcohol, unhealthy dietary habits and decrease in exercise). This increase in unhealthy behaviours can have a 'knock on' affect on an individual's physical health. Therefore, MHP programmes do more than just promoting mental health and wellbeing; they can also help protect and promote physical health.

Reputation

Developing and implementing a MHP programme, with associated policies and practices, can enhance the public reputation of organisations. For example, there are a number of national and international bodies that present workplaces with best practice awards for investing in mentally healthy workplaces and working environments. To name a few:

- **Europe:** Award for MHP at work. Representatives of the best companies or institutions attended the final ceremony of the campaign first on a national and at the next stage on an international level and received the title of "Move Europe Partner Excellence in 2010" in the field of mental health promotion at work (see www.enwhp.org for more information)

- **United Kingdom:** National Business Awards: Health, Work, Wellbeing (http://www.national businessawards.co.uk/Content/The-Health-Work-and-Well-being-Award-for-Small-Business ), Healthy Working Lives Award Programme (http://www.healthyworkinglives.com/award/benefits. aspx#enhancing) or the Healthy Workplace Award Scheme (http://healthpromotion.nelctp.nhs. uk/index.php?option=com_content&view=article&id=33:the-healthy-workplace-award-scheme&catid=9:health-in-the-workplace&Itemid=17)

- **Scotland:** Scotland's Health at Work Award (http://www.healthyworkinglives.com)

- **Denmark:** MIA award – an award provided by the Institute of Human Rights in Denmark, given to companies that make a great effort in promoting job satisfaction and equality among their employees (http://www.miaaward.info/)

- **Hungary:** Family Friendly Workplace Award

- **Poland:** Friendly Company Award by KOMPAS

- **International:** The Great Place to Work Institute[®] has been listening to employees and evaluating employers since 1980 in order to understand what makes a workplace great. Several of the case studies included in the current collection have been awarded on the basis of employees' feedback to the Great Place to Work Institute[®] questionnaires.

Participating in an award programme enables companies to demonstrate to both customers and their employees that the organisation sets higher standards for staff health and wellbeing than their competitors do.

Legal requirements and framework agreements

European employers are legally obliged to manage all types of risks to workers' health and safety; as outlined in the European Council Framework Directive on the Introduction of Measures to Encourage Improvements in the Safety and Health of Workers at Work 89/391/EEC. This includes identifying, preventing and managing all risks that are associated with mental health and work-related stress. More recently, two agreements that have been concluded by the European Social Partners are also relevant and noteworthy in the context of mental health in the workplace: the Framework Agreement on Work-related Stress and the Framework Agreement on Harassment and Violence at Work.

However it is important to note that good mental health promotion should include both aspects - risk management and health promotion.

## 1.6. Mental health promotion programmes: Key characteristics and guiding principles

The aim of MHP is to create a workplace that provides workers with a mentally healthy and supportive environment. There is a wide variety of actions and strategies that can be successfully used to promote mental health and prevent work-related stress. Jane-Llopis and colleagues (2007) observed a number of common characteristics. The common characteristics observed in initiatives to promote wellbeing and health and prevent mental ill-health were:

- identification of workplace risk factors

- the use of organisational measures to reduce the identified risks

- the development of a workplace culture/ environment conducive to workers' health and wellbeing

- flexible working hours and support for daily life challenges (e.g., access to child care)

- job modification and career development

- the use of multi-component wellbeing programmes (for example, including physical exercise programmes in MHP programmes)

- training and awareness raising measures on mental health issues for managers as well as employees

- early identification of stress and mental ill-health and enhanced care management

- free psychological counselling and specific psychological support.

# 2. Method of investigation

## 2.1. The collection of good practice case studies (phase 1, 2009)

In 2009 case studies presenting good practice in workplace MHP were searched and written up. The collection of case studies presents and discusses 13 good practice examples of workplace mental health programmes from across Europe. The cases come from a wide range of occupational sectors (see Appendix I for greater detail). The criteria used to assess the identified case studies were:

- holistic intervention approaches
- systematic planning and monitoring of the action
- active involvement of workers
- commitment from and involvement of the management
- assignment of responsibility for the MHP programme
- evaluation of the action
- no singular action but an ongoing process
- good communication: information made available regularly to the staff
- integration of health promotion and ill-health prevention into policies and daily life.

Section 4 of this report provides a concise description of each of the good principles for MHP programmes that were used as evaluation criteria for the organisational case studies in phase 1 of this project. Examples from the collected case studies are provided to further elaborate on each good practice principle and inclusion criteria.

## 2.2. Reviewing good practice case studies (phase 2, 2010)

The aim of the current report is to conduct an exploratory review of the case studies collected and published on the internet in 2009. Specifically, the primary aim of the current case study review is:

- to identify common success factors in promoting mental health at work derived from the cases
- to identify any gaps or areas that need special attention regarding MHP
- to provide a summary of the results and conclusions of the cases
- to highlight new and innovative approaches to MHP going further than the common success factors; and
- to inform and provide practical information to policy makers and practitioners in the OSH field.

Development of analysis template

In order to yield a standardised analysis process, an analysis template was collaboratively developed. The content and structure of the template was informed by the outlined aims and objectives of the study:

- requirements and success factors
- challenges and barriers
- aspects of innovation.

Review across all case studies

Thirteen case studies were reviewed (see appendix I for an overview of the name and country of each case study, and appendix II for a concise summary of the nature and content of each case

study). Organisations involved were situated within Europe and varied across occupational sectors. Specific aspects of each organisation's health promotion programme were examined to determine and identify commonly observed success factors, practical approaches and strategies across the thirteen case studies. Additionally, across the selection of case studies those approaches and strategies that were particularly innovative or original are highlighted and discussed. Two parallel independent reviews of the case studies were conducted and systematically compared. This provided the opportunity to ensure that the key points and characteristics, independently observed, can be extracted. Examples from the case studies were used to provide practical examples of the key identified characteristics, concepts or philosophies. Based on the results of the analysis collectively the research team drafted key conclusions and recommendations.

# 3. Good practice in mental health promotion

The current section of the report seeks to provide the reader with a description of the most important good practice principles and to provide practical examples from the collected case studies. A concise summary of the nature and content of each case study and the associated case study number can be found in the Appendix (I and II).

Based on the good practice criteria developed by the ENWHP[12] key criteria were set for the cases. However these criteria were seen as general guidelines for choosing cases but haven't been used as exclusion criteria if a case didn't fit to all of them. The cases are also meant to show the variety of approaches that exist in Europe and to give inspiration to people in companies in different countries, from different sectors and of different sizes.

Accordingly other criteria related to the origin of the cases also played an important role in the selection process.



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## 3.1. Holistic intervention approach

In relation to mental health problems, there is evidence to indicate that interventions that solely target changing individual behaviour are not particularly effective for the individual or for the organisation. Therefore, to develop an optimally effective MHP programme a comprehensive and holistic approach is required. In order to develop, and in turn implement, a comprehensive approach to MHP strategies, actions need to target at both individual, but also at the organisation level (Leka & Cox, 2008). Typically, those activities that are aimed at the individual seek to increase emotional resilience, by promoting self-esteem, coping skills and social skills and enhancing relaxation abilities and mental calm. Those initiatives aimed at the level of the workplace are meant to improve working conditions, the environment as well as the working organisation and to increase social support, social inclusion and participation. A review conducted by Michie and William (2003) found that the most effective interventions to improve health and sickness absence used individual training as well as organisational approaches to facilitate increased participation in decision making and problem solving among workers; increased social support and feedback and improved communication in the workplace.

A second perspective can be taken regarding a holistic approach. Many of the collected case studies reviewed approached the topic of 'health' from a holistic perspective on health. In this context, promoting employees' health was accomplished by addressing their physical, mental and social wellbeing. This approach is in-line with the definition of health as given by the World Health Organisation, and should be an integral component on any MHP programme.

**Creativ Company, Denmark,** can be mentioned as one of the best examples regarding a holistic approach to mental health at work. Their main aim is to fit their jobs to the employees and not to find

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[12] http://www.enwhp.org/good-whp-practice/methods-tools-mogp/quality-criteria.html

the best employee for an already existing job offer. So health promotion in Creativ Company already starts during the recruitment procedure. They concentrate on the professional and personal competencies of the applicants and try to design the job accordingly. On the other hand Creativ Company has a lot of measures in place to support employees in living a healthy lifestyle and coping with daily challenges. There is for example the possibility for all employees of external consultancy offering individual coaching and advice on work as well as private life issues.

**ATM, Italy,** addresses health in a holistic manner according to the health definition of the WHO. While several measures are in place to assure employees' mental wellbeing (social case management, dealing with post-traumatic stress & ensuring a good work-life balance) ATM also takes care for employees' physical health by offering health promotion courses on nutrition and chronic diseases.

## 3.2. *Systematic planning and monitoring of the action*

Actions and strategies aimed to promote mental health and to prevent work-related stress should follow systematic, evidence-informed practical problem solving strategies. The intervention should aim to identify, address and target a combination of protective and risk factors for the mental health of workers especially matched to employees needs (Leka, Cox, & Zwetsloot, 2008). In order to know which actions are required, it is important to assess employees' needs systematically by collecting information and feedback from the workers. Examining data from employee satisfaction surveys and health records are some examples of methods used in the case studies to assess the effectiveness of the implemented programmes.

For example, **"R"** a company from **Spain**, realises the danger of developing strategies and policies that do not connect with the reality at the workplace. The human resource department in "R" is steering all health related initiatives, systematically involving feedback from the managers and the workers. They have built in several methods within their health approach to assure that measures meet employees' needs. One of these methods is the employee satisfaction survey, in which they assess the valuation of the different parts of human resource, some of them directly related to the health initiatives. Another part is the individual interview that is conducted with each employee for better being able to give support targeted especially at the individual. "R" also puts a lot of effort in receiving other direct feedback from the workforce. In order to acquire this feedback "R" participated in the work environment study 'Great Place to Work'®. This study provides companies with benchmark information on employee satisfaction.

## 3.3. *Active involvement of workers*

The promotion of mental health and prevention of work-related stress is intrinsically linked to the design and management of work. Therefore it is important to consult and involve all key actors across all levels within the organisation in relation to the identification of key risks and protective factors, and the development and implementation of health promoting actions and strategies. The commitment, support and active involvement of employees in workplace MHP programmes is crucial to the success of the initiative. Employees have to believe in the relative importance and usefulness of the initiatives and they have to support the programmes in order for the actions to work. Involving employees actively creating new ideas, in developing new programmes, and implementing the interventions is a successful method in which to cultivate the commitment and support of employees. The active involvement and participation of key actors in the process helps to develop and cultivate a sense of 'ownership' over the programme; which has been previously identified as a key success factor in interventions for work-related stress (Leka, Vaartia, Hassard, Pahkin, Sutela, Cox & Lindstrom, 2008).

One of the success factors of the "Work-life balance and employees' participation" programme of **Oriflame, Poland,** was their use of a participative approach. Employees were involved in the different stages of the programme: including elements such as, asking employees for their priorities on changes at the workplace, and involving them in the follow-up process. For example a project group of volunteers was created to develop a new reward system. This working group collaborated with departments on different levels in the organisation in order to develop this system.

## 3.4.    Commitment and involvement of management

As aforementioned, in order for (mental) health promotion initiatives to work, the full backing and support of the management is necessary for these programmes to be optimally effective. Not only an official commitment of the management is crucial, but also an active involvement of the management is needed in order to successfully implement new initiatives. It is important for employees to observe the open support of management and supervisors. In this sense it's also useful if the management partakes visibly in activities and thus encourages employees to participate as well. The **tax authorities in North-Rhine Westphalia, Germany,** included a special focus on health promoting leaders in their programme that was based on several actions such as health promoting leadership workshops. As assessed by subordinates, this initiative was successful and lead to a 10% increase of perceived adoption of responsibility for health promotion activities by managers. Several case studies involve this approach of active participation of the management. At **Procter & Gamble, Belgium,** for example all managers were strongly encouraged to participate in minimal at one health activity each year and thus show their commitment and support for the ongoing health activities.

## 3.5.    Assignment of responsibility for the MHP programme

In many of the case studies an individual or a work group was assigned to develop, implement and follow-up the health promotion programme in the workplace. Appointing visible bodies, committees, steering groups or wellness officers, who can champion the available services and emphasize on the importance of the programme was observed to be a key success factor. The individual or the group responsible for the programme was observed to be a useful resource to field questions regarding the programme, to market the intervention to fellow employees, to gather feedback and suggestions on the further improvement of the programme and to communicate the actions to management.

As an example **ATM** from **Italy** can be mentioned. At ATM a special working group (called the 'DRU-S unit') was created to promote initiatives to improve workers' health and wellbeing. Three persons make up the unit: a welfare worker, a psychologist and a food scientist. The main aim of the unit is to keep the social services and occupational medicine unit running and to promote workplace health promotion by developing and implementing new initiatives.

Within **Procter & Gamble, Belgium,** a working group was assembled to work on the development of a MHP. The group consisted of employee ambassadors, employees from the human resource department and the occupational safety and health department and the committee for prevention and protection at work. The group developed specific actions to implement in the organisation.

## 3.6.    Evaluation of the action

The promotion of employee health should be a systematic, evidence-informed practical problem-solving strategy. It is imperative that this process is evaluated and assessed in order to determine whether the intervention/ programme was effective in addressing the problem or meeting its defined objectives (such as, decreasing smoking or increasing physical exercise among employees). Evaluation informs the whole process and should lead to a re-assessment of the original problem and implemented strategy, and to broader organisational learning (Cox et al., 2005).

Examining data from employee satisfaction surveys and health records are some examples of methods used in the case studies to assess the effectiveness of the implemented programmes. For example, **Dundee City Council in Scotland** believes it is essential to continually evaluate the service in order to assess if the aims of the programme were/are achieved: i.e., reduced absenteeism and staff satisfaction. This collected information and feedback is used to further refine and develop the programme so that it can be optimally effective in obtaining its aims. Dundee City Council has feedback questionnaires that are implemented throughout the year. Every three years an online health-needs assessment questionnaire is administered. Via this questionnaire the service receives information on its effectiveness in improving the psychological and physical health of employees.

## 3.7.    Ongoing and continuous process

Many of the case studies highlighted the relative importance of promoting and sustaining mental health over the long-term in their company policies and practices rather than a short-term focus or a "one-off" event. Not only actions in the short-term are important, but an organisation needs to put continuous efforts into the further development and creation of new activities and strategies; with aim

to promote employee health and happiness. Only a long-term approach assures sustainability of the health promotion programme by establishing a health culture. More specifically, promoting mental health is not viewed by organisations as something separate from developing and sustaining a healthy and productive workplace in general.

For example, **Knock Travel, United Kingdom,** invests over the long-term via the continuous development cycle that is built in the Work Well Programme. This programme consists of different steps in a loop. There is a continuous flow between the different steps in the programme (plan, do, check, act).

## 3.8.   *Communication*

The communication of the aims and importance of the programmes to workers was found to be a key success factor across a number of case studies. Communication was found to be essential in order to encourage and facilitate the active participation and engagement of workers in workplace health promotion initiatives. Good communication is necessary for employees to be aware of the ongoing initiatives, to understand why certain actions are taken and to understand the reasoning behind the decisions made by the management. A number of different strategies were used in the case studies to communicate the aims and nature of the programme to workers. For example in some case studies activities were posted on the company intranet, employees were encouraged to discuss activities, information was placed on the company website and flyers were used, to name a few.

**The Viva Programme initiators at Pro Mente, Austria,** found it very important to keep their employees informed. Communication was crucial for them in order to make the MHP programme effective. They communicated about the project via many different channels: internal journal, intranet, organisation's website and internal meetings.

**The Tax authorities in North Rhine-Westphalia** implemented different communication channels in order to improve top-down (management to workers) and bottom-up (workers to management) communication. An intranet-based communication platform on health issues was installed, and incentives and personal communication ownerships stimulated the internal communication processes.

## 3.9.   *Integration of health promotion and ill-health prevention into policies and daily life*



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Another important success factor, as observed across a number of case studies, was the integration of health promotion and ill-health prevention into the company policies and practices. It is important that health promotion actions and interventions are integrated in the corporate policy and into daily business practices. This gives a clear signal that the MHP programme is alive and valued in the organisation and it's the only way to actually change the company culture. A wide variety of actions and strategies were implemented to improve the health and wellbeing of employees as part of the Work Well Programme in **Knock Travel, United Kingdom.**

These actions and strategies were in relation to changes in company policy and practices and implementing a series of health promotion programmes targeting at improving employees' knowledge of health-related issues and promoting behaviour change. One of the strategies used by Knock Travel was to amend the employee handbook to include new and revised policies on health and safety, stress and mental health, return to work after maternity leave, harassment and bullying, and good health and wellbeing.

# 4. Challenges and barriers to successful workplace MHP: Lessons learned

The current section seeks to outline some of the commonly observed challenges and barriers across the case studies reviewed.

## 4.1. Changing mindset and behaviour of management and employees

One of the biggest challenges for an organisation to develop and implement a MHP policy and programme is changing the mindset and behaviour of the management and employees. People often have a fixed mindset on specific topics, and it is not easy to change this. When trying to implement changes there might be reluctance for change, as long as the culture of the company doesn't provide excellent circumstances, and sometimes even incentives. Therefore special attention needs to be paid to this barrier. Next to the mindset, also behaviour needs to be addressed. It is essential that employees and managers at all levels in the organisation clearly understand the aims and objectives of the newly implemented policies and initiatives in order to encourage acceptance and participation by workers. Active communication may be an important method in which to address this challenge. Further there might be some innovative approaches to help to overcome these beginning difficulties.

**Hedensted Kommune, Denmark,** invited all employees for an inspiration day and the employees were encouraged to tell stories from their working life that they considered of importance regarding health and safety at work. Based on these stories a life stage policy and a health and working environment policy were created. This way, the commitment of all staff to the new policies was assured from the beginning. Further management commitment to the policies was tightened by one special management training on how to apply the policies after they were set up.

## 4.2. Budget constraints

Budget constraints were observed across a number of case studies as a key challenge. Although many organisations might have good ideas for new initiatives on MHP, it may not always be possible to have the financial resources in order to fully implement the proposed strategies. This might be a particular problem for small and medium-sized companies. Many initiatives cost money, so budget constraint is one of the most common barriers for implementing a MHP programme in the workplace. However it has to be emphasized that many of the cases as well as some external research results demonstrate that the investment in workplace health promotion measures pays off.

**Dundee City Council, United Kingdom,** reported approximately 180 000 EUR savings on sickness absence costs in the first year after implementing the MHP measures.

## 4.3. Time constraints

Another major barrier for successfully implementing MHP activities, as observed in the reviewed case studies, was the anticipated time constraints involved. When new strategies are developed an organisation needs to find time and resources to actually implement these strategies. In a first step this can be done by employing a person or setting up a unit that solely has the target to take care of the scheduling, implementation and evaluation of the health promotion programme. But of course this solution is related to more financial investments in the first place and might especially be challenging for small and medium sized enterprises. However, various companies chose this successful approach and set up posts or even a full unit being in charge of the MHP programme.

**IFA, Switzerland,** for example, set up the post of a workplace health manager who steers the whole project and is in regular contact with the management. The approach proved successful and the programme was implemented smoothly.

## *4.4. Low employee awareness*

Employees need to be aware of the importance of the topic of MHP, but also need to be aware of the activities that the organisation provides and the effectiveness of these actions. The use of different communication channels is one method that may help to address this challenge. Communication has been found to be essential in order to encourage and facilitate the active participation and engagement of workers in workplace health promotion initiatives. Good communication is necessary for employees to be aware that certain measures are in place, to understand why actions are taken and thus to be motivated to take part in the whole programme.

**Procter & Gamble, Belgium,** found a very innovative approach to tackle the awareness problem. Employees having a special affection to a healthy lifestyle were encouraged to volunteer as "health ambassadors" and promote the whole programme within the company.

# 5. Areas or aspects of innovation or creative approaches

The current section seeks to highlight a number of case studies that had one or several components that were innovative, particularly creative or of interest for a special group of employees. Appendix I provide a concise summary of the practical approaches and strategies used in each individual case study. Appendix II provides a list of all the case studies in which each of the factors was observed.

## 5.1. Provision of different services for different people

Some case studies were observed to provide employees with different services based on their own individual needs. Taking into account diversity and adapting the health promotion measures accordingly is seen as an important and successful approach for setting up a health promotion programme.

**Hedensted Kommune, Denmark,** feels that people must be treated differently to be treated fairly. As



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a result, strict rules are not implemented. Rather, the life stage and situation of each employee is taken into account when deciding upon methods of aiding employees.

**Creativ Company, Denmark,** wanted to create a "Dream Factory" which promoted a warm atmosphere where employees could follow their dreams, where mental health is considered the most important factor, and where anyone, regardless of age, sex, appearance, emotional, social or religious background could excel. This is demonstrated by a "job should fit the person" mentality. The company also offers regular internships for (long-term) unemployed individuals in order to help them back into the working life.

## 5.2. Services as part of health promotion programme available to employees' families

A number of case studies provided many of the services offered as part of the workplace health promotion programme to employees' family members as well. Some of the strategies used in these case studies were: providing funded summer-camps for children of employees, providing flu vaccinations and travel advices for the families of employees and providing nurseries for children of employees.

As part of **Magyar Telekom's** family support programme, children may be placed in day-care facilities, 2/3 of which are paid for by the company. Additionally, employees' families are allowed to stay at the company's holiday homes at a discounted rate.

## 5.3. Financial support for employees

Several case studies reviewed provided financial support for employees. Some of the strategies used in the case studies were: company funded childbirth in private clinic, offering loans to employees and offering provision of company housing for migrant workers or workers facing housing problems.

**IFA, Switzerland,** has established a social account that supports employees who are facing financial emergencies (like health costs, dental expenses, funeral costs of a family member, etc.). Staff members of IFA with financial emergencies can also be supported with a special loan.

## 5.4. Special programmes aiming at healthy behaviour beyond the workplace

Many of the case studies also aimed to promote health both within the workplace and beyond the workplace as well. A focus on workplace health, but also on health in the private life is an important interpretation of the topic. Measures can be implemented easily by for example offering a healthy lunch that employees can also choose to take home (**IFA, Switzerland**) or they can be more comprehensive, like the seven steps to health programme offered for employees at **Mars, Poland**. This programme includes the comprehensive assessment of health state and lifestyle of employees, offers several steps for learning how to live healthier and monitor the success and finally also includes a corporate social responsibility part, encouraging employees to spread the lessons learned and to inform people within their community.

## 5.5. Professional advice and support for handling factors outside of work

A number of case studies were found to include practical strategies to provide advice to employees regarding factors outside the workplace. Many of the strategies used in the case studies were: mother-to-be programmes and father-to-be programmes; workshops concerning how to handle divorce, death in the family, and marriage. **ATM's** DRU-S Unit in Italy strives to promote well-being by covering seven areas including a family-friendly network which allows employees advice, suggestions, and services related to parental and family needs.

## 5.6. Promotion of worker's interests and hobbies including activities for the community

**Mars, Poland,** actively tries to involve employee's family members and people from their community in their 'wellness programme'. They have many initiatives to improve the health of employees in the workplace, but they also implement interventions with a focus beyond the workplace. Mars wants to stimulate hobbies, passions and other non-working activities among its employees. Employees are encouraged to be active and engaged in their community. Paid free time during the working week is offered to good-working employees. They can use this time to develop their own interests and passions. Employees can also apply for a financial grant. This grant can be used to invest in a community or voluntary programme, such as for example helping to build a school playground or organising community activities.

## 5.7. Provision of mentors

As part of their introductory programme, **Oriflame, Poland,** provides each new recruit with a mentor, an individual who has been with the company for a long period of time, in an effort to provide social support and aid in a reduction of stress.

## 5.8. Social events for promoting healthy lifestyles

**Magyar Telekom, Hungary,** uses documentary films as a method of informing employees about health-related topics such as stressful life situations, disabilities, family violence, effects of politics on families, etc. Following the viewing of films, interactive dialogues with experts take place.

## 5.9. Health related individual interviews

**"R" in Spain** holds one-on-one interviews with employees in an effort to understand and analyse the professional situation of all employees. The aim is to make self-knowledge the starting off point in personal development and giving people a sense of meaning in their work.

# 6.  Summary and conclusion

Promotion of mental health at work is one of the Community OSH Strategy's priorities[13]. In 2009, a case study collection on mental health at work was conducted for the EU-OSHA. The present report is based on this collection of good practice examples. The aim of the report was to review the collated case studies for equipping practitioners, policy makers and employers to draw conclusions from these studies and take these into account when implementing programmes that target mental health in the workplace. Organisations involved were situated in Europe and varied across occupational sectors. Specific aspects of each organisation's MHP programme were examined to determine and identify commonly observed success factors and practical approaches and strategies to overcome challenges across the thirteen case studies. Additionally approaches and strategies used in the case studies that were particularly innovative or original were highlighted and discussed.
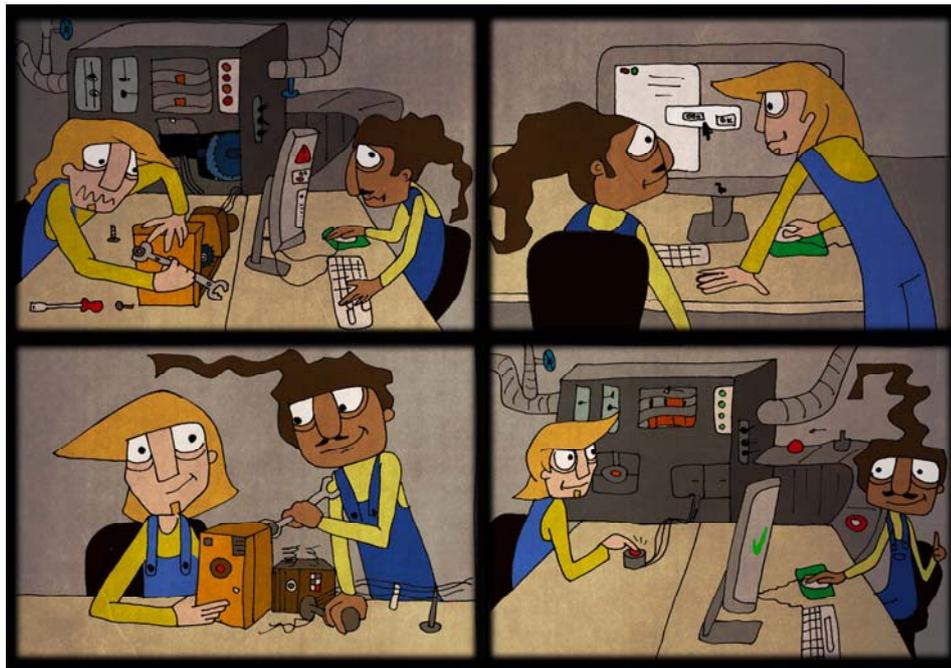


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The project team consisted of members of different institutes working in the area of OSH in Europe. Being very well cross-linked to companies and stakeholders investing in OSH issues, these institutes had best preconditions to detect good practice examples from all over Europe. However there were difficulties in finding cases that only fit to the main requirements based on the ENWHP quality criteria. Realising the difficulties in finding good practice examples on MHP indicates that there is still a lot of progress to be reached within this area in European workplaces. On the other hand it has to be highlighted, that even if not all cases fit to the main requirements, there was a huge diversity in between the approaches of this case study collection.

Challenges and barriers

Challenges to implementation were largely organisation-specific, however there were a few instances of overlap. The main barrier to implementation was financial. That is, budget constraints were most often a problem, though still seen in only four of the cases. Nevertheless, there are certain to be budgetary issues, especially when a programme is implemented for the first time. This is likely to

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[13] http://eur-lex.europa.eu/Notice.do?checktexts=checkbox&val=443914%3Acs&pos=1&page=1&lang=en&pgs=10&nbl=1&list=443914%3Acs%2C&hwords=&action=GO&visu=%23texte

continue to be a problem in the early stages of project development, though will certainly be worked out following pilots.

Another barrier which arose is a bit more crucial to the success of the programme. Three of the cases ran into difficulties with gathering support from employees and managers. The main reasons for this were an increase in workload, a busy schedule, and a reticence to engage in unfamiliar projects. Employees shouldn't be forced into any activity, regardless of whether or not it is for their own benefit, so in cases where employees refuse to partake, alternative activities should be created. Managers on the other hand must be convinced. Whether it takes charts and figures, they must be convinced, as MHP should be a priority in all organisations and pays off.

Innovative approaches

Several case studies were found to use some strategies or approaches that were thought to be particularly innovative and creative in their relative approach:

- provision of different services for different people – Emphasis on diversity
- services as part of health promotion programme available to employees' families
- financial support for employees
- special programmes aiming at healthy behaviour beyond the workplace
- professional advice and support for handling factors outside of work
- able to participate to measures during working time or during lunch break
- promotion of worker's interests and hobbies including activities for the community
- provision of mentors to provide new workers with additional support
- social events for promoting healthy lifestyle
- health related individual interviews.

Many of these approaches had preventive nature. It is important because the prevention of stress related ill-health is very much the primary objective. Rehabilitating employees following illness is often much harder, time consuming and much more costly.

Additionally, if comparing the different cases to each other, the reader easily comes to the conclusion that there are not only general factors guaranteeing good MHP programmes but that other regional and cultural factors might also play a role. Cases from Denmark, for example, showed a lot of workers' involvement and much more freedom in their approach to changing the company culture, while other cases like for example the one from Italy and the one from Spain much more depended on the activity of a special department taking care of workplace health promotion activities.

Other differences can be seen due to company sizes. Bigger companies can easily put more effort in their WHP programmes and even set up a whole unit to take care of the general management of all health promotion actions. Smaller companies mostly didn't follow this approach but found their own way of best targeting the management of the organisation. An important factor to mention here is that in some cases the human resource department took over the organisation and evaluation of all measurements. This issue might be of special importance when addressing companies and when promoting the promotion of health at work. While bigger companies could further provide their employees even with social housing and other support, smaller companies put more effort in focusing on how employees would best fit to their workplace and either change the workplace requirements or offer special training for the employees to be better prepared for the work requirements.

All in all, the case study collection and this report referring to the analysis of the cases collected can be seen as a practical insight on some MHP activities being conducted currently within European companies. The cases provide some innovations coming from current European practice and they give hints and ideas on how to target MHP.

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# Appendix I – Table Overview of cases

| No. | Title | Country | Link | Info on the company / institution (sector) |
|---|---|---|---|---|
| 1 | ATM - Health in the Workplace – Innovation in Relationships | Italy | http://osha.europa.eu/data/case-studies/health-in-the-workplace-innovation-in-relationships-atm/view | Public transport |
| 2 | Creativ Company | Denmark | http://osha.europa.eu/data/case-studies/creativ-company/view | Wholesale and retail trade |
| 3 | Dundee City Council – An Integrated Staff Support Service | UK | http://osha.europa.eu/data/case-studies/dundee-city-council-an-intergrated-staff-support-service/view | Public administration, human health and social work activities |
| 4 | Hedensted Kommune – Healthy Municipality | Denmark | http://osha.europa.eu/data/case-studies/hedensted-kommune-municipality-of-hedensted/view | Public administration, human health and social work activities, education |
| 5 | IFA & Label Friendly Work Space® | Switzerland | http://osha.europa.eu/data/case-studies/label-friendly-workspace/view | Other human health activities |
| 6 | Knock Travel - Work Well Programme | UK | http://osha.europa.eu/data/case-studies/the-work-well-programme-at-knock-travel/view | Travel agency, tour operator and other reservation service and related activities |
| 7 | Magyar Telekom - Equal Opportunities for all Employees | Hungary | http://osha.europa.eu/data/case-studies/equal-opportunities-for-all-employees/view | Telecommunications |
| 8 | Mars Wellness Programme | Poland | http://osha.europa.eu/data/case-studies/mars-wellness-programme/view | Manufacture of food products |
| 9 | North Rhine-Westphalia - Healthy Fiscal Authority | Germany | http://osha.europa.eu/data/case-studies/healthy-fiscal-authority-2013-mental-health-promotion-in-tax-authorities-in-north-rhine-westphalia/view | Public administration |
| 10 | Oriflame - Work-life Balance and Employee Participation Programme | Poland | http://osha.europa.eu/data/case-studies/work-family-balance-and-employees-participation-programme/view | Manufacture of soap and detergents, cleaning and polishing preparations, perfumes and toilet preparations, wholesale of perfume and cosmetics |

| No. | Title | Country | Link | Info on the company / institution (sector) |
|---|---|---|---|---|
| **11** | Procter & Gamble: From Project to Wellbeing Policy | Belgium | http://osha.europa.eu/data/case-studies/from-project-to-well-being-policy/view | Manufacture of soap and detergents, cleaning and polishing preparations, perfumes and toilet preparations |
| **12** | Viva at pro mente | Austria | http://osha.europa.eu/data/case-studies/viva-at-pro-mente-health-management/view | Public administration, human health and social work activities |
| **13** | "R" - Happiness at Work | Spain | http://osha.europa.eu/data/case-studies/happiness-at-work/view | Telecommunications |

# Appendix II - Summary of the case studies

| Title of case study: | ATM- Health in the Workplace – Innovation in Relationships |
|---|---|
| Country: | Italy |
| Name of organisation: | ATM – Milan Public Transport Company |
| Sector: | Urban and suburban passenger land transport |
| Size of enterprise: | Large |

**Summary:**

ATM employs over 8,900 workers. The company views its employees as an intangible asset and thus strive to preserve their health and wellbeing. The DRU-S unit was created in 2005 to manage social services and occupational medicine within human resource management. The DRU-S unit started "Health in the Workplace, Innovation in Relationships" in an effort to promote company-wide communication. Through this an "ATM Social System" was created to provide guidance on methods of implementing health promotion interventions according to the problems of individual employees through a bottom-up approach. The broad approach allows the system to be adopted by other larger companies, though the cost may offset smaller companies.

ATM's DRU-S Unit and human resource management units have enacted several policies covering seven different areas in an effort to promote employee wellbeing. Some of the approaches to health promotion that have been taken include:

- listening to, reporting on and analysing workers' needs as well as providing a vessel for workers to explain difficult situations which may affect mental or physical health; these may include housing shortage, drugs, lack of confidence in skills, or any other issue; cases are handled according to the individual situation
- offering educational courses regarding nutrition and chronic disease
- providing rehabilitation to those suffering post-traumatic stress and free counselling for workers with mental health problems
- creating a healthy work-life balance by providing day care or teleworking programmes for parents
- resource sharing with other cities and saving of energy
- providing company-owned housing to workers affected by the housing shortage.

Employee feedback has been generally positive. Less positive feedback, when it is recorded, is used to augment the programmes.

| Title of case study: | Creativ Company |
|---|---|
| Country: | Denmark |
| Name of organisation: | Creativ Company |
| Sector: | Wholesale and retail trade |
| Size of enterprise: | Small-medium |

**Summary:**

Creativ Company created a financially successful organisation which promotes corporate social responsibility and diversity. Their fundamental belief is that people should be treated fairly. Creativ's founders find this mindset essential to the promotion of a psychologically and mentally healthy workplace with low levels of stress. Creativ Company views their employees as individuals with individual needs. This belief is integrated into daily operations in a number of ways, including:

- flexible working hours for all employees
- free career development advice and coaching for all employees from an external development consultant
- healthy food in the cafeteria, with the option to bring home a hot meal three times per week
- support to employees with substance abuse problems and financial support for smoking-cessation courses
- physical training during breaks
- weekly information and knowledge sharing meetings for all employees
- special working conditions such as reduced hours for workers affected by stress.

Creativ Company's diversity and corporate social responsibility policy provides opportunities to individuals who may be less apt to integration into the labour market. Today, 10-15% of employees work under special terms such as light jobs. In 2006, Creativ Company established the Service Centre, offering the unemployed various positions according to their interests and abilities. Stressing the mentality that "the job should fit the person", employees and applicants are assessed according to their strengths and jobs created in accordance with these competencies. In the first ten months of the Service Centre's existence, 55% of participants found a job or were in training afterwards. Most of Creativ Company's methods would transfer well to other organisations, though would require similar organisational values and a strong commitment from everyone within the organisation to be successful.

| Title of case study: | Dundee City Council – An Integrated Staff Support Service |
|---|---|
| Country: | Scotland |
| Name of organisation: | Dundee City Council |
| Sector: | Public administration, human health and social work activities |
| Size of enterprise: | Large |

**Summary:**

The integrated Staff Support Service was designed to reduce absenteeism and turnover in the Social Work Department. By instilling employees with a feeling of value, morale is boosted. The aim of the Staff Support Service is to enhance the physical and psychological wellbeing of employees through education, training, and other initiatives. These initiatives include:

- confidential counselling service
- regular stress-management training days and workshops
- team development days, set up as needed and required by the team
- Health Fairs, offering therapeutic treatments, healthy snacks, networking opportunities and information about health issues (i.e. domestic violence, stigma as well as food and mood)
- back-care initiatives, offering treatments such as: acupuncture, massage, chiropractic, and physiotherapy
- health and fitness lifestyle assessments, including blood pressure, lung capacity, weight, and body mass index
- subsidized membership to "Scottish Slimmers", a ten week weight loss programme.

The Staff Support Service also provides a number of organisational-level programmes including:

- family-friendly policies
- flexible working hours
- stress management and risk assessment policies, making stress management training mandatory for all managers
- management development programmes such as health and wellbeing training and enhancing people skills
- mediation service to resolve issues between employees.

Since its implementation, the Staff Support Service has saved Dundee City Council approximately 180 000 EUR on sickness absence, particularly in terms of stress and musculoskeletal disorders. Employee feedback is central to the health of the service. Questionnaires, surveys, and evaluations are regularly administered in an effort to provide optimal service to individual employees based on their needs. Feedback from both employees and managers has been largely positive, citing the counselling services as particularly affective. Elements of the Social Support Service have already been implemented successfully in other councils in Scotland and achieved Scotland's Health at Work Silver Award in 2006.

| Title of case study: | Hedensted Kommune – Healthy Municipality |
|---|---|
| Country: | Denmark |
| Name of organisation: | Hedensted Kommune |
| Sector: | Public administration, human health and social work activities, education |
| Size of enterprise: | Large |

**Summary:**

Hedensted Kommune believes that, to be treated equally, everyone should be treated differently. Acknowledging that individuals pass through several stages which require different needs and solutions, the organisation's employee policy is based on three values:

- responsibility- for everyone and the individual
- dialogue – open and equal communication
- development – joint responsibility for seeking and implementing new ideas.

The employee policy seeks to promote mental health by ensuring that all employees are treated fairly and by providing managers the freedom to make decisions that fit the individual needs of each employee. While the employee policy does not contain formal rules, it consists of a series of stories from which employees can better grasp the needs associated with particular dilemmas. The policy is supplemented by two sub-policies: The Life Stage Policy and the Health and Working Environment Policy.

The Life Stage Policy features fictitious stories regarding issues between work and life balance. The main objective is to show employees and managers how flexibility, confidence and trust can be used to find solutions to unique dilemmas, demonstrating the need for individual support without the need for strict rules.

The Health and Working Environment Policy stresses that trust, satisfaction, and cooperation is predicated by a safe working environment. It rests on five themes:

- good relations
- a healthy workplace
- a stimulating workplace
- a safe workplace
- human resource management.

The Health and Working Environment Policy also consists of stories, though is designed to demonstrate   how managers and employees can play a role in developing a healthy organisation. The emphasis is on social responsibility for all individuals to promote the health of each other and their organisation.

Since the employee policy's inception, turnover and sickness absence have dropped below the national public sector average. The employee policy is unique as it consists of the values of the organisation. Thus, it may not be adopted by other organisation. However the above explained storytelling approach suits for being adapted and for giving inspiration to other companies on how to create their own policies. This measure might be of special interest for small and medium sized enterprises as well.

| Title of case study: | IFA & Label Friendly Workspace |
|---|---|
| Country: | Switzerland |
| Name of organisation: | Institut für Arbeitsmedizin (IFA) |
| Sector: | Other human health activities |
| Size of enterprise: | Large |

**Summary:**

In recent years, the benefits of health management programmes have become apparent. Using the European Network for Workplace Health Promotion's quality criteria as a model, measurable standards have been developed. Health Promotion Switzerland has created an award for organisations who promote the health of employees. If a company meets the appropriate criteria, they are awarded the "Friendly Work Space" label. The label is awarded to companies that meet six criteria for occupational health management. These criteria include:

- Workplace Health Management and Corporate Policy - providing employees with decision latitude, privacy, exercise and relaxation activities, and sufficient recovery time after long hours and providing managers with leadership training
- Human Resources and Work Organisation – collecting and assessing information about health and workload through meetings and interviews, tending to ergonomic issues in the workplace, and supporting employees who are sick or have family commitments
- Planning Workplace Health Management – informing employees of health management programmes and interventions and ensuring the appropriate groups are targeted
- Corporate Social Responsibility – financially supporting staff in emergencies, offering services such as vaccinations, and promoting environmental protection with recycled paper and low-emission vehicles, among others
- Implementation of Workplace Health Management – providing stress management seminars and organisational-level interventions
- Evaluation of Operational Health – measuring absenteeism, turnover, productivity, customer satisfaction, etc..

The programme has led to an adoption of an overall health work culture. The measurable standards for occupational health management programmes developed for the label "Healthy Work Space" are widely available on the internet and can be integrated into an organisation of any size or sector.

| Title of case study: | Knock Travel – the Work Well Programme |
|---|---|
| Country: | Northern Ireland, United Kingdom |
| Name of organisation: | Knock Travel |
| Sector: | Travel agency, tour operator and other reservation service and related activities |
| Size of enterprise: | Small |

**Summary:**

The Work Well Programme, developed by the Health Promotion Agency of Northern Ireland, is a comprehensive workplace health programme, which provides organisations with the information, guidance and tools to assess and address organisational- and individual-level health and wellbeing. The Work Well programme was successfully implemented in Knock Travel. Knock Travel provides travel services for business travellers and for the leisure market; with a particular emphasis on niche market holidays. Knock Travel is a successful small sized company consisting of 22 staff members based in Northern Ireland.

A wide variety of actions and strategies (including those tackling the causes of stress) were implemented to improve the health and wellbeing of employees as part of the Work Well programme in Knock Travel. These actions and strategies were in relation to changes in company policy and practices and implementing a series of health promotion programmes targeting at improving employees' knowledge of health-related issues and promoting behaviour change.

For example:

- the employee handbook was amended to include new and revised policies on health and safety, stress and mental health, return to work after maternity leave, harassment and bullying as well as good health and wellbeing
- an awareness session on stress management was held; the primary aim of this seminar was to enhance the knowledge of employees in relation to the questions: "What is stress? How can it affect my mental health and wellbeing?"; additionally, employees were taught coping strategies and relaxation techniques that can be used to effective manage psychological distress
- a private health policy was provided to all staff members, and their family members; the treatments covered included: counselling services, medical and dental care, eye treatment and tests, and alternative therapies.

Knock Travel observed a number of benefits from this programme including:

- increase of staff morale
- improved satisfaction
- enhancement of healthy behaviours
- and a reduction in absenteeism.

| Title of case study: | Magyar Telekom: Equal Opportunities for all Employees |
|---|---|
| Country: | Hungary |
| Name of organisation: | Magyar Telecommunications Company Limited |
| Sector: | Telecommunications |
| Size of enterprise: | Large |

**Summary:**

Magyar Telekom has implemented a mental and physical health promotion programme in an effort to raise performance level in its employees. According to the belief that balanced workers perform better than those working under stressed conditions and the desire to reduce absenteeism, Magyar Telekom has implemented the Equal Opportunity Plan. The goal of the programme is to improve efficiency at work by creating a better balance between work and life.  To do this, several measures were created including:

- providing information to employees regarding work-life balance conflicts, allowing employees to ask questions (either at a consultation event or online depending on each worker's schedule) concerning how to handle delicate situations such as divorce or death in the family

- providing an Employee Assistance Programme – allowing employees to seek advice regarding private and workplace problems via email, which is answered within 3-4 days

- offering different types of employment forms, such as telework, short-term contracts, flexible hours, part-time etc.

- creating a film club showing informational documentaries regarding different topics such as disabilities, healthy lifestyles, violence at home, etc. and followed by interactive dialogues with invited experts to optimize understanding and experience

- providing a 'young mothers programme', supporting mothers during maternity leave and briefing them on organisational news and job openings

- offering a family support plan  which provides nursery placement and summer camp support for children of employees if needed.

Management and staff have both appreciated the programme but also gave critical feedback in the past that serves for further improvements. Magyar Telekom has won several prizes including the family friendly workplace award in 2008. Similar programmes can be implemented in other companies in other sectors, though they must be adapted to the needs of employees, nature of the work and culture of the company. Support of management is key in any programme's acceptance.

| Title of case study: | Mars Wellness Programme |
|---|---|
| Country: | Poland |
| Name of organisation: | Mars Poland |
| Sector: | Manufacture of food products |
| Size of enterprise: | Large |

**Summary:**

The Mars Wellness Programme seeks to promote mental and physical health by taking a holistic approach. Mars encourages employees to stay active while promoting a healthy working environment featuring ergonomically designed office furniture. The programme is designed based on wellness pillars including:

▪ A7 steps to health tool – which encourages employees to progress towards a healthier lifestyle; the steps follow three phases: information - assessing present habits and providing information on methods of changing behaviour and nutrition for the better, monitoring – which promotes nutrition and exercise and measures body biometric data such as Body Mass Index (BMI) and blood pressure, and change – discussions and training in methods of managing stress and enhancing mental health

▪ Mars balance – measures meant to promote a positive work-life balance by offering flexible working hours or telework and informational training programmes targeted towards mothers and fathers-to-be

▪ Enjoy – supporting hobbies and passions of employees through free time during the work week or occasionally financial grants for worthy causes (i.e. helping the community by building a playground)

▪ Nutrition and physical activity – allowing use of the company's football field, providing aerobics lessons, providing free raw vegetables and wholegrain bread, and offering free massages and nutritional consultations.

▪

The programme has been considered successful. Numerous employees have benefited from the programmes offered. The principles of the programme are better suited to larger organisations. Smaller organisations may find the programme too expensive to implement. Budgetary concerns aside, the focus on work-life balance and coping with stress could be implemented into any company.

| Title of case study: | North Rhine-Westphalia - Healthy Fiscal Authority |
|---|---|
| Country: | Germany |
| Name of organisation: | North Rhine-Westphalia |
| Sector: | Public administration |
| Size of enterprise: | Large |

**Summary:**

North Rhine-Westphalia aims to maintain wellbeing and employability in its tax offices through a holistic approach towards health management. Implemented and evaluated by the "Health Promotion" team from the Ruhr University Bochum, the programme and interventions require commitment and participation from employees. Steering committees planned, coordinated, and evaluated the health promotion activities. Activities and processes reflected a human resource management such as leadership accountability for health promotion linked with appraisal and reward systems. Communication was facilitated by the development of both top-down (management to employees) and bottom-up (employees to managers) channels. Additionally, an intranet-based communication platform known as "Healthy Fiscal Authority" was created. In order to improve psychosocial and ergonomic aspects of work, a monitoring and improvement loop was designed; this emphasized allocation of accountability for first-line managers and teams. Health promotion training courses such as Tai Chi, health education and healthy eating were implemented. Behavioural management and counselling activities were offered in addition to telephone support, which covered alcohol/drug abuse, nicotine control, and stress among other topics. Since the implementation of the holistic health management system, a number of positive changes have been recorded including:

- a 12.3% reduction of lost workdays due to back pains
- a 2.5% reduction of tiredness and irritability
- a 3.3% decrease in frequency of musculoskeletal pains and a 5.5% decrease in daily/weekly musculoskeletal pains
- improved coping strategies for stress.

Most statistics were reported according to self-reported health surveys and FAGS BGF - the questionnaire "Fragebogen Arbeits- und Gesundheitsschutz, Betriebliche Gesundheitsförderung" (2005/2007). The health management system has been implemented into other tax offices. A toolbox was developed to aid in transferability. The programme can be recommended for public service and other administration businesses, though characteristics of the organisation and its culture may dictate its success.

| Title of case study: | Oriflame: Work-Life Balance and Employees' Participation Programme |
|---|---|
| Country: | Poland |
| Name of organisation: | Oriflame Poland |
| Sector: | Manufacture of soap and detergents, cleaning and polishing preparations, perfumes and toilet preparations, wholesale perfumes and cosmetics |
| Size of enterprise: | Large |

**Summary:**

Oriflame Poland introduced a number of measures to enhance general health and wellbeing and to improve work-life balance of employees. The goal was to reduce stress and increase work satisfaction among employees. Employee participation is central concerning changes to the organisation; regular employee satisfaction questionnaires are handed out. A rewards system was developed as a means of appraising and recognizing employees work. Employees are offered the opportunity to work from home with the use of company laptops and cell phones, if necessary. Additionally, the programme emphasizes health and wellbeing in employees' private lives by aiding in with the cost of child-births and wedding celebrations as well as offering support during difficult periods such as illness. Every new employee receives a handbook, a contact list, and an introductory training period ending with the allocation of a mentor as part of an introduction programme. Since the programme's inception, several benefits have been recorded including:

- increased employee workplace satisfaction
- increased employee workplace control
- increased employee motivation
- increased commitment to work
- Oriflame Poland was rated 9th in the Great Place to Work Institute Poland Top 10 companies, which was based on employee reports
- twice in a row, Oriflame was awarded the number one Friendly Company by KOMPAS – a Polish national survey carried out by students.

Theoretically, the activities in the programme can be transferred to other companies well, though may not prove as useful in smaller organisations. The easiest aspects to transfer could be the employee introduction programme and flexible work schedules.

| Title of case study: | Procter and Gamble: From Project to Well-Being Policy |
|---|---|
| Country: | Belgium |
| Name of organisation: | Procter & Gamble |
| Sector: | Manufacture of soap, detergents, cleaning and polishing preparations, perfumes and toilet preparations |
| Size of enterprise: | Large |

**Summary:**

Procter and Gamble set up a well-being programme in 2007 after the results of a 2006 employee satisfaction survey reported a decrease in the perception of personal wellbeing and in work-life balance. The programme takes a holistic approach to wellbeing, featuring activities such as yoga, pilates, healthy nutrition programmes, running sessions and physical stretching exercises. Employees can voluntarily participate in these activities during office hours. Employees are encouraged to participate by line managers and employee ambassadors. For added support, employees can voluntarily choose a mentor or meet with a psychosocial counsellor to discuss problems at work or in private life. Line managers are trained to recognize stress symptoms and instructed on methods to deal with a stressed employee; employees are encouraged to be open about any problems and make suggestions to managers on how to improve stress management. To ensure that the wellbeing programme is successful, its effects are regularly evaluated. Since the programme's inception, numerous benefits have been recorded. Absenteeism has decreased from 1.9% to 1.6% and overall well-being and work-life balance reports have increased since the 2006 employee satisfaction survey. Since none of the measures implemented are sector specific, they can be easily transferred to other companies. An emphasis, however, must be placed upon allowing employees to choose their own activities and active managerial encouragement.

| Title of case study: | Viva at Pro Mente |
|---|---|
| Country: | Austria |
| Name of organisation: | Pro Mente Oberösterreich |
| Sector: | Public administration, human health and social work activities |
| Size of enterprise: | Large |

**Summary:**

Pro Mente Oberösterreich employs 1,400 individuals, taking care of over 26,000 mentally handicapped individuals. The results of an employee survey indicated that employees were exposed to high pressure due to time and budget restrictions, high feelings of overwork, and a feeling of being under challenged qualitatively. Due to these results, the health promotion project VIVA was launched. VIVA aims at both revealing problematic aspects of the work environment and potential support factors. Originally, a nine-stage health programme was implemented, though ended in 2003. Today, a mental health programme replaces it which implements physical health components and employee attitude survey results. Headed by a health promotion committee and using results of regular employee attitude surveys the VIVA project covers a number of areas each year. A few of the areas covered include:

- engaging the project "Ready4job" by aiming to teach managers how to notice early warning signs of addiction and how to provide support to employees addicted to any substance; further internal and external experts provide support and a place to go for concerned employees
- offering trainings for psycho-social health as well as physical health to all employees
- developing an employer/work council agreement to clarify how to deal with internal conflict consisting of stages
- developing preventative and interventional procedures for burnout
- setting up a project that aims at improving the cooperation between younger and older employees.

In 2005, an employee attitude survey was used to evaluate the project. Workshops and seminars are regularly evaluated. Employees reported several positive changes to health behaviour including:

- 16% of employees reportedly pay more attention to health
- 75% pay more attention to nutrition
- 72% reported less stress
- 50% reported doing more exercise.

The major success factor for the programme was the active participation of employees. The information was available on the company intranet and in an internal journal for employees. The project could be easily transferred to any European social service provider.

| Title of case study: | 'R' - Happiness at Work |
|---|---|
| Country: | Spain |
| Name of organisation: | **'R'** |
| Sector: | Telecommunications |
| Size of enterprise: | Small-medium |

**Summary:**

'R' has developed a model for happiness in the workplace. The model contains four different levels:

1) a theoretical happiness model has been developed, containing seven guiding principles and strategies, which converge with the studies of positive psychologists such as Martin Seligman and Ovidio Penalver

2) corporate values were manifested, based on the model of character "strengths" from Seligman and Peterson; these traits are the basis of most aspects of decision making within "R", including: selection, promotion, and performance management

3) guiding functional blocks of personnel management towards achieving workplace happiness were set; this is done through: focusing on optimism and emotional intelligence already during the recruitment process, providing one-on-one coaching for all employees, based on personal interviews and followed by an individual training programme

4) ensuring programmes coincide with customer interests through satisfaction surveys and values assessments, as well as developing indicators of different levels of employee happiness (momentary, satisfaction, gratitude, overall, etc.).

Employees' personal satisfaction is a priority at R, as employee happiness is viewed as integral to customer satisfaction. Some of the main success factors for the programme have been the emphasis on individualized personal relationships as well as a strong, decentralized management structure.

Another important pillar of the "R" approach is the management development, based on the results of a 360° feedback and a subsequent training programme.