

## **MENTAL HEALTH IN WORKPLACE SETTINGS EXPERT GROUP MEETING**

**Luxemburg, February 29<sup>th</sup> 2008**

**Minutes prepared by the Technical Consortium contracted to coordinate the Consensus Papers on Mental Health and the consultative process for the European Commission, DG SANCO.**

### **Meeting Organisation:**

Four thematic meetings (suicide and depression; mental health, education and youth; mental health in the workplace; and mental health and older people) were convened by the European Commission during 26<sup>th</sup>-29<sup>th</sup> February.

The meetings were chaired by Jürgen Schefflein, policy officer in charge of mental health at DG Sanco, European Commission.

Technical coordination and follow-up were supplied by a contracted consortium led by Dr Eva Jané-Llopis at the Department of Health of the Government of Catalonia (Gencat), and including Prof Kristian Wahlbeck at STAKES in Finland (coordinator of suicide), David McDaid at the London School of Economics (coordinator of workplace), and Dr Allyson McCollam and Chris O'Sullivan at the Scottish Development Centre in the UK.

The Public Health Executive Agency (PHEA) was responsible for the meeting logistical organisation.

### **A) From the Green Paper to the Mental Health Pact**

Presentation by Jürgen Schefflein, DG SANCO, European Commission

Following up on the consultation on the Commission's Green Paper on Mental Health, a decision was taken by the Commission not to develop a formal communication on mental health, but to take a more action-oriented approach in order to support action on mental health in the EU. The process will be developed around the 4 priority areas, Prevention of Depression and Suicide; Youth, Education and Mental Health; Mental Health in Workplace Settings; and Mental Health and Older People, and will stress the work across boundaries and sectors. Priority will also be given to aspects of combating social exclusion and stigma. (See PowerPoint presentation 1 by Jürgen Schefflein).

A High-Level Conference on Mental Health will take place on 13<sup>th</sup> June 2008 as a pragmatic and visible way to tackle priority areas in mental health. The conference is led by Commissioner for Health Ms Vassiliou. Commission President Barroso will participate in the event. Commissioner Figel, for Education, Training, Culture and Youth, and Commissioner Špidla, for Employment, Social Affairs, and Equal Opportunities are supporting the event. Ministers of Health and Ministers from other sectors (e.g. Education) across EU Member States are expected to participate. The final aim of the Conference is to establish a European Pact on Mental Health, to encourage Member State Governments and stakeholders from key sectors to invest in mental health as a common interest and responsibility, and to engage into a follow-up long-term process of exchange and cooperation.

It is expected that the conference will be followed-up during 2009-2010, possibly by the preparation of a Commission proposal for a European Council Recommendation, and by the organisation of thematic meetings, in each of the priority areas, for the development of action.

### **B) The role of the consensus paper, proposed structure and preparation**

Presentation and explanations by Jürgen Schefflein, David McDaid and Eva Jané-Llopis:

Preparation for the Conference will include the writing of a 5-10 page "Consensus Paper" in each of the 4 priority areas. These papers will be distributed at the Conference and should reflect the way action on mental health can contribute to mutual objectives across sectors and how the implementation of agreed policy objectives can be strengthened. The papers will focus on highlighting opportunities for evidence-based action, as demonstrated by research and practice.

The aim of the expert meetings was to discuss the content of each paper, and specifically to:

- Gain a common perspective
- Identify and state the facts and arguments in each area
- Take stock, map existing knowledge and initiatives (policies and programmes)
- Identify gaps where action or information are still needed
- Identify materials for papers
- Engage major players - intersectorally

The structure of the papers will be the same for all 4 strands, and as follows:

- Identification of policy context and objectives
- Description of the current situation and, where possible, trends
- A framework for action (including areas of):  
Promotion of mental health, Prevention of mental disorders, Support to people with mental health problems, Improvement of the knowledge base
- Approaches for implementation

The proposed process, timeline and milestones for the preparation of the consensus papers are:

- 30<sup>th</sup> March: Draft 1 - Developed by the coordinator (David Mc Daid) and core drafting group
- 15<sup>th</sup> April: Comments on 1st draft back from thematic group/EC
- 30<sup>th</sup> April: Draft 2: circulated to broader group of stakeholders, MS and experts
- 15<sup>th</sup> May: Comments on 2nd draft back from broader group
- 30<sup>th</sup> May: Draft 3: Before the conference
- 12<sup>th</sup> June: Pre-Conference
- 13<sup>th</sup> June: High-level conference

A technical longer annex to the Consensus Papers will also be developed, including supporting evidence and examples. The consensus papers will have clearly stated authorship and endorsement of those taking part in this process. (See PowerPoint presentation 2 by Eva Jané-Llopis)

### **C) General Issues for the thematic consensus paper on Workplace**

Presentations by David McDaid (Group coordinator), Trude Eliassen (DG Employment) and discussion

- Background to Workplace priority area: Links between the workplace environment and mental health are many-fold and complex, especially in the rapidly changing context of the workplaces in the EU which is affected by multiple factors: global competition, shifting job security and demographic change. Adverse work conditions pose a preventable threat to employee mental health, whilst a positive work environment can be in itself a protective factor against mental disorders. Additionally, there is an impact on company productivity which is directly related to the mental health of its employees (See PowerPoint presentation 3 by David McDaid).
- Intersectoral collaboration from the Commission:
  - DG Employment, Social Affairs and Equal Opportunities will participate in the high-level conference and the establishment of the Mental Health Pact. Key documents have already been developed by the Commission addressing these topics and documenting best practice in the field (see PowerPoint presentation 4 by Trude Eliassen).
  - DG Enterprise has also been contacted and encouraged to collaborate in this priority area of the pact (following its involvement in CSR initiatives and guides to best practice)

Discussion:

- General focus:
  - A change from an individual-oriented approach to an organisation-oriented one is needed, addressing the dynamic connections between individual and company.
  - A public health approach, including broad determinants of health in a triangulation between the individual (employee), environment (workplace) and society (structural/statutory level), is encouraged.

- Involvement of new stakeholders and bodies in the process:
  - Efforts continue to get BusinessEurope and other non-health European business umbrella organisations on board in the process.
  - An effort should be made to involve smaller companies and the self-employed, where models of intervention are different.
  - Inspectors' organisations such as Senior Labour Inspectors' Committee (SLIC) need to be made aware of the role they can play in improving and protecting mental health and also need training to deal with mental health problems.
  - A suggestion is made to contact general practitioners' (GP) organisations, as increasing numbers of people visit GPs with work-related stress, especially given the lack of occupational physicians.
  - There should be a better understanding of workplace issues also from the new Member States.
- Role of other professionals:
 

There is a strong role to be played by other colleagues in mental health promotion, including managerial staff such as line managers, and workers' representatives, whose skills in mental health issues should be improved.
- Legal directives and policy context:
 

A legally binding framework directive 89/391/EEC is available concerning health risks in the workplace. It also covers psychosocial risks and should be better implemented.
- Benefits for the Business:
 

The impact of wellbeing on productivity and business outcomes, as well as the consequences on the company's marketing image should be incorporated in the message. Employers (and the wider society and governments) should be encouraged to facilitate implementation of policies and practices already in place.
- Balance between MH protection and reintegration:
 

Efforts in MH protection of workers should be balanced with those intended to reintegrate workers with mental health difficulties. Examples of effective strategies for facilitating reintegration are available (especially those using line managers).
- Stigma:
 

Stigma plays a large part in mental health problems in the workplace and increases their slow pace of recovery. This should be used as a message for improving investment in anti-stigma programmes. "Moving people" from Scotland is mentioned as an example of good practice. Mr Bondevik, the ex-prime minister of Norway is highly praised as a speaker in this area and it is announced that he has confirmed his participation at the high-level conference.
- Sources of information:
 

It should be noted that Data sources originating in the USA may be skewed by their model of health care, and therefore may not be representative of Europe. One EU source is the Sainsbury centre (e.g. their recent study on presenteeism) which could be used in the paper.

## **D) Specific suggestions for the consensus paper on workplace and mental health: discussion**

Preliminary ideas to be included and further developed for the consensus paper on Mental Health in the Workplace:

### **1. Identification of policy context**

A text will be provided by the Commission services

- Lisbon process – European competitiveness
- Framework Agreement on Stress
- Managing /reforming social welfare benefits
- Promotion of social inclusion
- Selected relevant Member State policies

## **2. Description of the current situation and trends. Indicators:**

- Labor force surveys
- Absenteeism rates and presenteeism measures
- Early/medical retirement rates
- Sickness and disability benefits
- Economic impact measures
- Quality of working life indicators
- Work environment (physical and organisational)
- Professional workforce
- Benchmarking

Useful information also available in:

- ILO stress prevention at work checklist
- Hearts and Minds report
- EUROSTAT
- Indicator of services available for 'return to work' - do they cater for mental health problems?
- OH: Quality of work indicators, (e.g. German Trade Unions )

## **3. A framework for action**

### **3.1. Promotion of good mental well-being**

- Protecting work-life balance
- Holistic workplace-based health promotion programmes
- Resilience/coping mechanisms
- More control by employees over job tasks
- Dynamic job structure and flexible working environment
- Open Method of Coordination
- Improve working climate (physical and organisational)
- Triangulation of employer, employee and policy interests
- Health In All Policies Communication
- Bottom-up approaches to MHP should be combined with top-down ones

### **3.2 Prevention of mental disorders**

- Early identification/ risk assessment and stress management
- Targeted interventions for high risk groups
- Creative approaches to achieve behavioural change: paradigm shift from awareness raising alone to action orientated approach (e.g. RESPONSE project FP6)

### **3.3 Support to people experiencing mental disorders**

- Supported employment schemes – (Individual Placement & Support)
- Improved awareness/education among other workers/employers
- Disability management movement (German legislation)
- Quality evidence-based services
- Early identification and enhanced care
- Flexible working arrangements / adaptations in workplace
- Flexible benefit systems

### **3.4 Improving the knowledge base**

- Measuring the impact of presenteeism
- Mapping services
- Disability benefits: improving information about causes of ill health
- Interconnections with other areas should be analysed: e.g. impact on family life.
- Maximising use of FP7, if necessary changing priorities.
- Using good examples from the business world of interventions and strategies.
- Effectiveness of interventions – clarify the cause
- Moving from survey data to index development
- Improving dissemination of existing directives within EU and establishes information

#### 4. Approaches for implementation

- Awareness of drivers for intervention
  - CSR; Human Resource Management; Productivity
  - Dialogue between social partners
- Partnership between government and enterprise
  - Pathways to work in UK
- Support for employers/employees
  - Financial support/ adaptations / exchange of experience
  - Reward mechanisms
- Capacity building
  - Job coaching / occupational safety and health professionals
- Managing risk
  - CSR Europe – lab on wellbeing
  - Targeted interventions for high risk groups
- SLIC committee – labour inspectors

#### E) Next steps- Action expected from the thematic group

Calendar of actions for the following weeks:

- March 10<sup>th</sup> - 15<sup>th</sup> the group will receive:
  - Meeting notes and presentations
  - **Request** for key papers and data sources relating to the topic
  - **Request** for key people and organizations to inform/involve in the process via email
  - **Request** to update their contact details from circulated participants list
- March 30<sup>th</sup>: Draft 1 distributed to thematic group
- April 1<sup>st</sup> – 15<sup>th</sup>: Thematic Group provides **comments on 1st draft**
- April 30<sup>th</sup>: Draft 2 distributed to broader group of stakeholders and experts
- May 1<sup>st</sup>-15<sup>th</sup>: Thematic Group, broader stakeholder group and Member States provide comments to 2<sup>nd</sup> Draft

We would appreciate if you could please send any additional information for the preparation of the Consensus Paper to:

[EC-MentalHealthProcess@gencat.cat](mailto:EC-MentalHealthProcess@gencat.cat)