Promoting and Protecting Mental Health – Supporting Policy through
Integration of Research, Current Approaches and Practices.

Contract No: Contract No.: **44406**

Meeting Minutes

Meeting Type:	Conference Workshop	Venue:	Berlin
Setting:	Workplace (III)	Date/Time:	9th October 2009: 09:15 – 10:30
Workshop Leader:	Donal McAnaney	Rapporteur:	Chris O'Sullivan

PARTICIPANTS		
Name	**Organisation:**	**Abbreviations:**
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Agenda Items

1. Round of Introductions
2. Introduction by workshop leader: Lessons from the field trials

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3. Questions regarding practice:

Does this reflect your experiences and practice?

- a) What are the most important elements?
- b) What aspects need to be clarified?
- c) Is there anything missing?

4. Questions regarding policy:

- a) In your experience which of these policy elements should have the highest priority and why?
- b) Which policy areas create the greatest challenges?
- c) Does the list represent a comprehensive policy agenda? – What should be added?

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1. Round of Introductions

There were X participants in total participating in the workshop – X were partners, and X participants coming from science, practice and policy.

2. Introduction by workshop leader: Lessons from the field trials

DMcA introduced the summary of the lessons that ProMenPol learned from the field trials in the setting "workplace":

Lessons for practice	Lessons for policy
• Systematic approach to project management is needed	• Ensure that the target audience is fully understood and messages and polices are tailored towards them
• Provide a supportive and encouraging environment	• Ensures that there local 'champions' for the policy initiative
• Ensure that you have a good business case	• Policy needs to be sustainable and part of a coherent strategy – ensure it fits with available resources
• Ensure senior management commitment and involvement	• Integrate mental health programmes with physical activities
• Spend a lot of time preparing the project in order to ensure high participation	• Include mental health promotion in health and safety laws
• Tailor your interventions to the specifics of the work environment that you are in	• Provide support to companies with restricted financial resources
• Consider integrating the interventions with health and safety practice	• Build on employers relatively high level of interest in the area
• Results are transferable to other workplaces	• Build co-operative relationships between the experts and workplace actors
• The MHP tools used were easy to use, helpful and created sustainable attitude changes towards mental health issues	• Build evidences supported/based good practice examples
• There is a need to manage expectations of employees	• Use media more to increase awareness and break taboos
• Implementing MHP is possible, despite setbacks	• Focus less on prevention and more on promotion Introduce a legislative requirement to undertake mental health education
• Ensure realistic scheduling of the initiative	• Focus on high risk workplaces and issues
• Use group activities where possible and appropriate	• Focus on health promotion factors rather than on health, per se, e.g. good working conditions and job security
	• Promote more widespread discussion about mental health and wellbeing issues

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3. Questions regarding practice (see above):

The conclusions drawn from the field trials were widely recognised by the participants in the group. They were valid and echoed experience in practice amongst the group.

(a) What are the most important elements?

Leadership

It was felt that good leadership was vital to the implementation and adoption of mental health promotion in workplaces. This included buy-in at senior manager level (the vertical component), but was equally important at other levels of supervisory staff, as well as in the informal leaders in the workforce. The matter was discussed further later.

Engagement and Ownership

Linked to leadership was the need to ensure that there was horizontal ownership within the organisation. A multi-disciplinary approach involving different departments and activities was seen as being important for penetration and sustainability.

Preparation

Successful workplace mental health promotion was felt to be grounded on good preparation. People recognised that on occasion MHI interventions that are 'bolted-on' can be limited in efficacy and sustained effect. Careful and reflective planning of organisational need, including needs assessment and appraisal of available tools and actions are helpful. Equally, measuring impact and effectiveness requires careful planning to demonstrate appropriate outcome measures.

Business Case

There are more and more pieces of evidence and reports that allow the business case for mental health improvement to be demonstrated. It is vitally important that the business case (not necessarily in a solely profit-focussed direction) can be presented in enough detail to be compelling, but without overcomplicating.

Best-Fit

Linked both to preparation and best-fit, it was felt that appropriateness to setting was a key factor in success. There are a wide range of tools, some of which can be generically applied, and some which seek to manage a particular psychosocial, occupational or other risk. It was important to consider the types of workplace involved, ensuring that there were 'hooks' to involve SMEs, public services and not-for-profit organisations. Equally it was important to consider the range of support available in terms of Occupational Health Services or similar.

Environment

Creating a mental health promoting workplace requires substantial commitment from many areas of a business. That said, when senior management buy in is matched by commitment from social partners, human resources etc, success is more likely. It must be recognised that adequate resources, human and financial must also be available.

(b) What aspects need to be clarified?

Champions vs Leadership

There was substantial discussion about leadership, and whether all the kinds of leadership that could contribute to successful mental health promotion activities were covered by the points made. It was clear that senior manager buy in was critical, but it was equally seen as being

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important that all levels of manager were bought it to the process, as in the Unilever case study presented during the conference.

The role of champion or 'beacon' was also discussed. A champion for mental health promotion in an organisation might well be in a conventional position of leadership…an inspired CEO or senior manager. Equally well, champions can come from other areas of an organisation (for example an employee who is affected by mental ill health, or a charismatic or popular employee who gets the point on the agenda. Generally speaking, a champion was a person who advocated for mental health promotion within an organisation. A beacon was a term for someone or something inspiring outside the organisation, in the form of a role model, or advocate of a good practice example which is then seen and picked up by a manager. Beacons help organisations to 'see the light', and see the relevance of action for them.

Communication

The preparation point could be teased out a little, to reflect some of the good practice ideas in communicating difficult concepts to busy people who may have limited time to appreciate these important points. The business case is important, but workplaces in general will want a hook that gets them interested, backed up with a substantial access to practical tools and information they can operationalise. Language should be appropriate.

It is important therefore to make sure people access information presented by ProMenPol in a way that allows them to 'trade up' to more detailed information if required, but still gives them enough to use, in the right language. Basic information available in factsheets should be linked through and/or cross referenced to the toolkit and other resources such as the manuals.

Organisational Structures

It was felt that a little more unpicking of how mental health improvement could be undertaken on organisations with different corporate structures might be useful. The approach may well be different for very hierarchical as opposed to more matrix structured workplaces. In hierarchical organisations it is important hat the senior manager buy in id followed by junior and supervisory buy in to prevent he message getting 'stuck' in the boardroom or managers meeting. In flatter organisations there can be the risk of health messages getting sidelined to the 'health' people.

The Integration of MH into Occupational Safety and Health

There was substantial debate as to whether it was important to anchor mental health promotion to the statutory health and safety agenda.

It was generally felt to be positive that statutory health and safety activities included a need to recognise mental health and psychosocial risk factors. This could then be a stable platform on which to build work on wider angle mental health issues. On the other hand, there is a danger that including mental health in the statutory requirements could mean that organisations comply with the baseline requirements associated with compliance, as opposed to innovating and creating good practice examples.

Having mental health in statutory requirements gives it a permanence that transcends the 'fashion' to cover mental health issues when it is a popular issue, or around particular incidents such as a suicide.

There is some risk that mental health in statutory health and safety requirements can be reduced down to the assessment and management of workplace stress. This leaves the notion of mental health improvement for all staff, and at the other end of the continuum, the support and employability of people who experience mental illness exposed.

Health and Safety legislation can be used as a barrier for the employment and return to work of people who have experienced mental health problems, and the reality of stigma is such that most employers would still rather talk somebody else than a person with experience of mental ill health.

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It was concluded that mental health promotion in the workplace is an important component of primary prevention of mental ill health. As a preventive measure, it should be included in occupational health and safety regulations, but on the proviso that there were compelling reasons for organisations to exceed the minimum requirements.

(c) Is there anything missing?

The Role of External Support Agencies

The role of external organisations was emphasised, particularly in cases where companies were too small to have occupational health services. There were several people from consultancy or statutory employer support agencies part of whose remit is to support interested employers to take forward this kind of action. It was felt that part of the planning stage for this work might be to look for support for relevant areas.

The Role of Worker Representatives

It was felt that there could be an explicit point for worker representation in the outcomes of the project. This could be formal, such as through Work Councils, or trade union activities. It might also be through health and safety reps.

Pressure on People Implementing MHP in Workplaces

Often mental health promotion in workplaces is driven by individuals who have other responsibilities as well as their health promotion activities. These people are also often passionately committed to their mental health work. This leaves them open to increased risk of stress in throe roles. Part of creating the space in an organisation to do health promotion activities could be to create explicit time and resources for doing this.

SME Consideration

Particular consideration could be given to the ways in which SMEs can implement mnetl health promotion activities.

4. Questions regarding policy (see above):

Dues to the large group sizes and level of discussion on practice there was not time to explore policy issues in detail.