

Meeting Minutes

Meeting Type:	Conference Workshop	Venue:	Berlin
Setting:	Workplace (I)	Date/Time:	9th October 2009: 09:15 – 10:30
Workshop Leader:	Dr Karl Kuhn	Rapporteur:	Rena Hohenstein

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Agenda Items

1. Introduction by workshop leader: Lessons from the field trials
2. Questions regarding practice: Does this reflect your experiences and practice? a) What are the most important elements? b) Is there anything missing? c) What are the obstacles?

3. 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?

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

KK introduced the summary of the lessons that ProMenPol learned from the field trials in the setting “workplace”:

Lessons for practice	Lessons for policy
<ul style="list-style-type: none"> • Systematic approach to project management is needed • Provide a supportive and encouraging environment • Ensure that you have a good business case • Ensure senior management commitment and involvement • Spend a lot of time preparing the project in order to ensure high participation • Tailor your interventions to the specifics of the work environment that you are in • Consider integrating the interventions with health and safety practice • Results are transferable to other workplaces • The MHP tools used were easy to use, helpful and created sustainable attitude changes towards mental health issues • There is a need to manage expectations of employees • Implementing MHP is possible, despite setbacks • Ensure realistic scheduling of the initiative • Use group activities where possible and appropriate 	<ul style="list-style-type: none"> • Ensure that the target audience is fully understood and messages and policies are tailored towards them • Ensures that there local ‘champions’ for the policy initiative • Policy needs to be sustainable and part of a coherent strategy – ensure it fits with available resources • Integrate mental health programmes with physical activities • Include mental health promotion in health and safety laws • Provide support to companies with restricted financial resources • Build on employers relatively high level of interest in the area • Build co-operative relationships between the experts and workplace actors • Build evidences supported/based good practice examples • Use media more to increase awareness and break taboos • Focus less on prevention and more on promotion Introduce a legislative requirement to undertake mental health education • Focus on high risk workplaces and issues • 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

1. 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?

Senior Management Involvement as well as Local Ownership

It was emphasised that good leadership as well as support by the senior management is needed. Good leadership includes commitment and involvement. However, the role of local managers can be seen as equally important in order to successfully implement MHP and to ensure sustainability of the programme.

Data as basis for the business case

There are more and more pieces of evidence and reports that allow the business case for mental health improvement to be demonstrated. In order to convince the management to become engaged in MHP, providing local data can be seen as a key factor to succeed. Local data has the advantage that it highlights the relevance for daily operations of this branch. Besides a conducting a needs analysis, most companies already have occupational health data available (e.g. number and duration of sickness-related absenteeism)

(a) Is there anything missing?

Several additional approaches on how to make the case for MHP as well as improving the quality of MHP initiatives in the company have been discussed in the workshop session.

Underlying values of (Mental) Health Promotion

Often unintended positive effects were noted in line with implementing a tool. These effects can be related to the symbolic side of MHP, which shows employees that the employer takes interest in their well-being. Therefore it is important to note on which underlying value the intervention is based, e.g. respect, trust, meaning and recognition, and to point out the importance of these values in foster employee's participation.

MHP and company values

Most companies have a vision of their company which often already includes the well-being of their employees. This offers another starting-point for integration of MHP programmes in the company in addition to a business case solemnly based on cost-effectiveness.

MHP and Corporate Social Responsibility (CSR)

In line with the above mentioned value-related aspects, Corporate Social Responsibility can be seen as a further angle to position MHP in the workplace, because it discusses the question how business is linked with society and its environment.

An effective measure could be to promote including health topics in balanced-score cards. This may also result in an obligation for the management to report to stakeholders on health initiatives under tales with in the organisation. Programmes therefore would probably more likely be included in the policy of a company rather than just being implemented on a completely voluntary basis.

By addressing MHP not with in the Occupational Health and Safety context, it might also be easier to avoid the connotation of "legislation" linked with "Occupational Health and Safety".

Stress management as a vehicle for MHP

Often MHP finds its way in the company by using Stress Prevention/ Management as a vehicle (e.g. SWING Project/Switzerland). An advantage of this approach is that the stigmatisation of MHP (the assumption of “having madness in the company”) circumvented.

However, as one can see with France Telecom that although having stress management intervention in place, people still commit suicide. Narrowing MHP down to stress prevention programmes induces the risk of promoting intervention which do not suffice to preventing a broader spectrum of mental health problems.

Evaluation right from the beginning

Usually evaluation is associated with a follow-up activity, which there for is mostly thought about after the programme was started or even after it has ended. In order to foster good evidence with the company, evaluation should be addressed right from the beginning and to make it a continuous effort rather than a single activity after the implementation process.

Communication plan

Several times throughout the discussion the importance of a communication plan was mentioned. A proper communication plan includes the continuous dissemination of information to stakeholder inside and outside the organisation.

MHP as long-term initiative

MHP should not be promoted as a single project, which organisations only need to undertake once and all problems are solved. The challenge is to install MHP as a continuous process with and organisation and to ensure its sustainability.

Therefore approaches which aim at incorporating MHP in already existing structures are might be more likely to create a sustainability supporting environment.

MHP as part of the management training

It was repeatedly observed in practice that managers who have had (Mental) Health Promotion during their education, tend to be much more open-minded towards initializing programmes in their company. Instead of merely addressing managers already working in the company, strategies to incorporate MHP in the curricula of management training is a successful alternative. This can be noticed from CSR, which most company have addressed by now, partly because this topic is already incorporated into management training curricula.

2. Questions regarding policy (see above):

Small and medium-sized enterprises (SME)

Due to the size and lack of specialized personnel SME often do not have health promoting initiatives in place. In order to promote MHP in SME special support is needed.

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