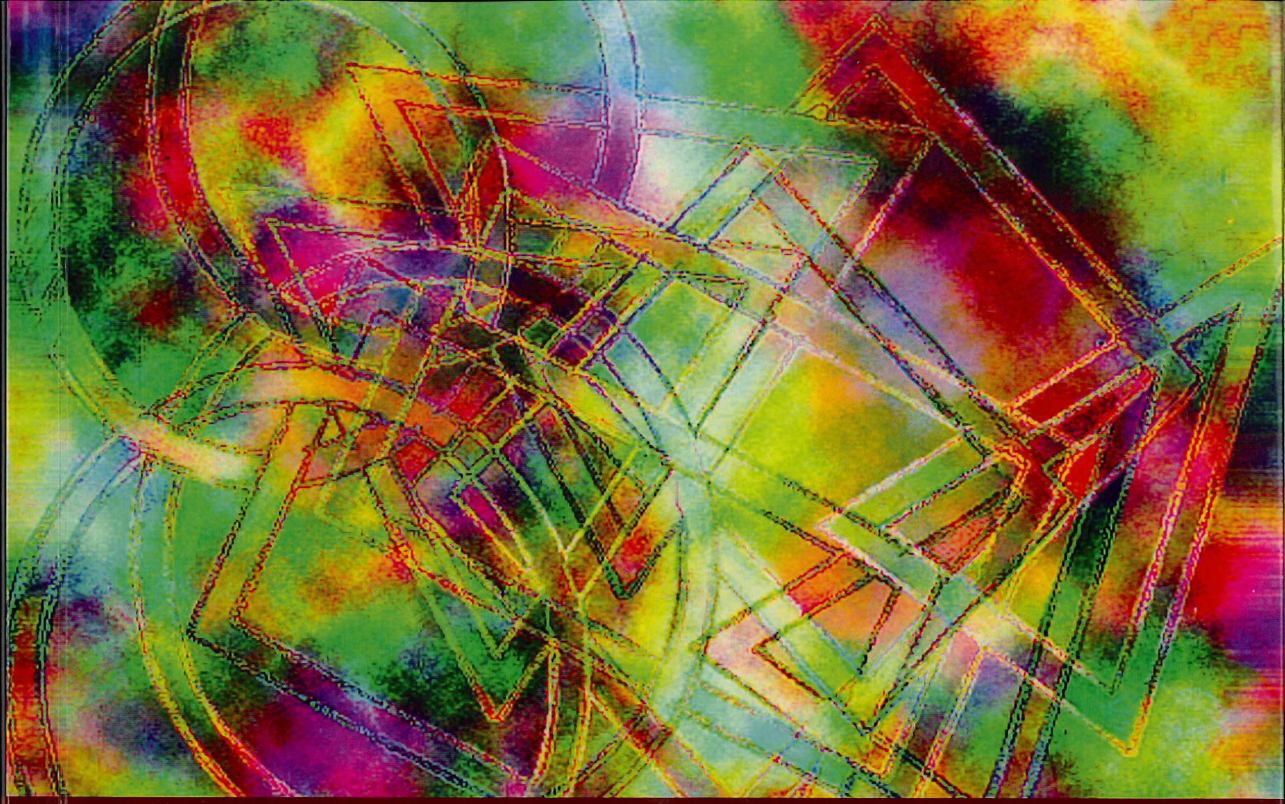

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Current Perspectives in Occupational Health Psychology

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Nevertheless, the authors and the editor acknowledge that every medical opinion is under the limitations of the time frame that this book was created, as well as possible mistakes that might have escaped their attention.
Readers of this textbook are encouraged to keep that in mind, while at the same time we hope that the information included will become a starting point for young colleagues or the more experienced ones, for new research projects, clinical trials or maybe an updated version of the book in the near future.

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Current Perspectives in Occupational Health Psychology

Work, Mental Health and Burden

Chapter 4

Aikaterini Giannopoulou, Alexander-Stamatios Antoniou & Yannis Tountas

Work has valuable personal, economic and social aspects (WHO, 2005a). It provides the financial means to people to be able to support themselves and also their families, it offers a sense of accomplishment and social support, it contributes to the formation of one's social identity (WHO, 2004), while also being an important factor for a society's economic and social development (WHO, 2005a). Therefore, it is considered an important determinant for both physical and mental aspects of health, which can be either beneficial or harmful (OECD, 2008). Work and health have a complex and reciprocal relationship, since work can affect a person's health in various ways and in turn an employee's health affects the workplace (WHO, 2005a).

In recent decades working environment in industrialized countries is going through a major amount of continuous and rapid changes (WHO, 2005), with the respective changes in the functioning of labor markets, which include increased competition, higher demand and swift technological progres. (Cottini & Lucifora, 2010). Phenomena such as globalization, urbanization and migration, have also a major impact on the nature of work and, consequently, on the physical and mental health of employees (WHO, 2005b). Many enterprises, in the context of the continuous need and demand for competitiveness, (McDaid, 2008), turn to downsizing, outsourcing and temporary, part-time or flexible employment contracts (Kompier, 2006). Additionally, the ongoing development of the tertiary sector, along with the use of information and communication technology (European Agency for Safety and Health at Work, 2002), and the increasing amount of working women and the ageing workforce, are factors which induce radical changes to the demographic structure of the working population and, therefore, contribute to the formation of

new working conditions and the emergence of related health problems (Cottini & Lucifora, 2010). The great pressure put on employees nowadays for high productivity at little time, possibly due to the demand of the labour markets for performance and flexibility (Kompier, 2006), contributes to the occurrence of increase levels of stress and job insecurity with adverse effects for employees' mental and physical health and well being (Cottini & Lucifora, 2010). According to the results of the 2007 Labor Force Survey, 27% of employees are exposed to factors that can have a negative effect on their mental well being, with time pressure and overload of work being most highly reported (Eurostat, 2009; Venema et al., 2009).

The concept of mental health includes various aspects at emotional, cognitive and behavioral level (WHO, 2005b). A commonly accepted definition of mental health was given by the World Health Organization, which states that mental health is "*a state of well-being in which the individual realizes his/her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his her community*" (WHO, 2005c).

The workplace can positively affect a person's mental health, but it can at the same time contribute to the exacerbation of an existing problem, or to the development of an entirely new one (WHO, 2005a). The most common and widespread adverse effect of work and working conditions is work-related stress, which in turn can result in physical and mental health problems, phenomena of violence, substance abuse and absenteeism (WHO, 2004). In 2005 stress was experienced on average by 22% of employees (EU27) (European Foundation for the Improvement of Living and Working Conditions, 2006). Depression is one of the most common mental health disorders in the workplace (Hargrave & Hiatt, 2007) affecting approximately one in ten employees (Fogarty, 2006), while it is often not properly or adequately diagnosed and treated (Sederer & Clemens, 2002). The results of the 2007 Labor Force Survey revealed that 8,6% of employees (EU-27) experienced during the last year a work-related health problem and among the most prevalent was stress, depression and anxiety (Venema et al., 2009, Eurostat, 2009).

Mental health problems in fact quite common, since about 10% of the world's adult population will report at some point of their lives some form of mental disorder (OECD, 2008) and are simultaneously the second most common category of work related illness in OECD countries, after musculoskeletal problems (OECD, 2008). It is estimated that approximately 20% of all the patients attended by primary care professionals have one or more mental disorders, while almost one in four families is possible to have at least one member affected by a mental disorder (WHO, 2001).

Mental health problems induce, however, a significant burden on employees,

enterprises, countries' financial status and society and are associated with long term disability (Prince et al., 2007). Neuro-psychiatric conditions have the most contribution, more than cancer or cardiovascular diseases, to the burden induced by non communicable diseases (Prince et al., 2007). The World Health Organization estimates that, by the year 2030, unipolar depressive disorders will be the first factor in high-income countries and among the first in middle and low income of induced burden disease (Mathers & Loncar, 2006).

The cost of mental health problems for the EU15 was estimated to be on average of 3% to 4% of GNP (Gabriel & Liimatainen, 2000), which translates to >265 billion per annum (Levi, 2002). Mental health problems can have a negative economic effect on countries, enterprises and societies due to phenomena of increased absenteeism, decreased productivity and presenteeism, increased direct and indirect costs, related to disability allowances, replacement of staff, poor work performance, early retirement and staff turnover (WHO, 2005b), as well as costs related to various forms of treatment and support provided to the person dealing with a mental health problem and his/her family (OECD, 2008). The costs previously mentioned are estimated to be higher than the cost of treatment, consisting 60%-80% of the total burden of mental health problems (OECD, 2008).

It is estimated that 35-45% of absenteeism in many developed countries is attributed to the occurrence of mental health problems (WHO, 2003), while in OECD countries are a significant cause for sickness leave and disability (OECD, 2008). Employees suffering from depressive disorders are estimated to lose an average of 5,6 productive hours per week, when employees without depression lose an average of 1,5 hours per week (Pilette, 2005). It is not, therefore, surprising that depression is responsible for a significant amount of the total burden induced by mental health disorders (OECD, 2008). Stress is also an important contributing factor in both short and long term absenteeism, staff turnover, workplace accidents and reduction in productivity, creativity and innovation (Williams & Cooper, 2002).

The occurrence of mental health problems also have a negative impact on employees and their families due to reduced income, in case of long-term sick leave or loss of their job, increased health costs for treatment, stress of coping with the condition and its consequences on various levels, the disruption of routine and rearrangement of everyday life and the limited social activities (WHO, 2001). People dealing with mental illnesses and their families also have to face the stigma, which is can be a major barrier for a person to return to work or to be reemployed and can lead to several discriminations at the workplace (WHO, 2005b).

Psychosocial aspects of the workplace environment

Both physical and psychosocial aspects of the workplace environment can pose a risk to the employees' health status. According to the results of an expert forecast, conducted by the European Agency for Safety and Health at Work (2007), the ten most important emerging psychosocial risks identified are "*precarious contracts in the context of unstable labour markets*", "*increased worker's vulnerability in the context of globalization*", "*new forms of employment contracts*", "*feeling of job insecurity*", the "*ageing workforce*", "*long working hours*", "*work intensification*", "*lean production and outsourcing*", "*high emotional demands at work*" and "*poor work-life balance*" (European Agency for Safety and Health at Work, 2007). These risks and the related issues connected to them, such as work-related stress, violence and bullying, are now top priority factors in occupational health (European Agency for Safety and Health at Work, 2007). That is completely justified when the provided data by respective surveys are examined. In the Fourth European Working Conditions Survey, in 2005, 5% of the respondents reported being subjected to bullying and/or harassment in the workplace during the last year (European Foundation for the Improvement of Living and Working Conditions, 2006). According to European Statistics on Accidents at Work (ESAW) data, in 2005, aggressions and threats by other employees or by other people outside the enterprise, were responsible for the occurrence of 25.000 non-fatal accidents, while, during the same year, more than 141 million days were estimated to be lost due to accidents at work (EU-15) (European Commission, 2009).

Psychosocial factors at work were defined by the International Labour Organisation (ILO) in terms of the "*interactions between and among work environment, job content, organisational conditions and workers' capacities, needs, culture, personal extra-job considerations that may, through perceptions and experience, influence health, work performance and job satisfaction*" (ILO, 1986, p.3). According to this definition, factors concerning the workplace and the employees are constantly interacting and influencing each other. If that relationship becomes negative, it can have adverse effects on mental and physical health (ILO, 1986). Another definition of psychosocial risks refers to them as "*those aspects of the work design and the organization and management of work, and their social and environmental contexts, which have the potential for causing psychological, social or physical harm*" (Cox & Griffiths, 2005).

The two most known models, which attempted to explain the connection between workplace conditions and stress, are Karasek's *Job Strain model* (1979) and Sie-

grist's *Effort-Reward Imbalance model* (1996). According to Karasek's model work strain consists of two dimensions, which are job demands and job control. High demands refer to the quantity of work that needs to be performed and the respective mental resources necessary for the task along with time constraints. Job control refers to the possibility given to an employee to have control and make decisions over his/her work using his/her skills. The worst combination for employees' health, according to the model, is that of high job demands with low control, since, in that case, work is considered highly stressing and increases the risk of work related illnesses (Karasek, 1979). At a later stage another dimension was added to the model, that of social support. Low levels of social support with high job demands can increase the risk of health problems (Karasek & Theorell, 1990). This dimension refers to the existence social relationships and interactions within the workplace, which are useful to the employee proving help or a sense of trust (Karasek & Theorell, 1990). The *Effort-Reward Imbalance model* (Siegrist, 1996) states employees that perceive the existence of an imbalance between their effort and the rewards they receive, they can experience stress and the consequent negative effects on their health. Low reward can take the form of inadequate or unsatisfactory salary, lack of appreciation and respect at work and low opportunities for promotion and career development (Siegrist, 1996).

There is a large amount of research based on these two models and of studies supporting the relationship between psychosocial risks and mental ill health. Below follows an indicative reference to a few of them. A systematic review and meta-analysis of studies published between 1994 and 2005, in order for psychosocial hazards to be identified, a strong association was found for high job strain (decision latitude and psychological demands) and the effort-reward imbalance and the occurrence of common mental health disorders (Stansfeld & Candy, 2006). A French survey, which examined the association of psychosocial work factors and general health outcomes, found that low levels of decision latitude, low levels of social support, high psychological demands are risk factors for poor self-reported health and long-term absenteeism due to sickness (Niedhammer et al., 2008). A literature review also showed that the most common factors in the workplace associated with psychological ill health were work demands, lack of control over work and insufficient support (Michie & Williams, 2003).

According to a Belgium study, poor health outcomes, in terms of depression, anxiety, somatization, chronic fatigue, and the reported absenteeism were associated with low control and low social support at work as well as increased overcommitment and high level of imbalance (Godin & Kittel, 2004). Another study also confir-

med the association between psychosocial and physical demands and increased risk for the onset of fatigue in employees (Bultmann, 2002). A study on Greek doctors examining the relationship between job demands and burnout found that emotional job demands were a strong predictor of emotional exhaustion and depersonalization (Montgomery, et al., 2006).

High psychological job strain was also, associated with high prevalence of major depressive episodes, major depressive syndrome and dysphoria (Mausner-Dorsch & Eaton, 2000). A Danish cohort study, which analyzed the impact of psychosocial work characteristics on the incidence of severe depressive symptoms on the country's workforce between 1995 and 2000, found that low influence at work and low superior support for women and job insecurity for men, increased the risk of the occurrence of severe depressive symptoms (Rugulies et al., 2006).

A systematic review examining the relationship between temporary work contracts and various health outcomes, found some indications of its association with psychological morbidity when compared to permanent employees (Virtanen, et al., 2005). Further studies also found that workers of precarious employment are more affected by stress-related tension and exhaustion (Lewchuk et al., 2003), but that was not confirmed by other studies and the many different forms of precarious employment need to be taken into consideration (European Agency for Safety and Health at Work, 2007). Changes and transitions, though, from employment to either unemployment or long term sick leave was found to lead to increased levels of psychological distress (Thomas et al., 2005). Additionally, extended working hours (White & Beswick, 2003) and job insecurity (Sverke et al., 2002) were both found to increase the risk of the occurrence of mental health problems.

Mental health and working conditions in Greece

In Greece around two thirds of workers report that their work affects their health and the country has very high levels of reported physical and psychological work-related health problems (European Foundation for the Improvement of Living and Working Conditions, 2006). The stereotypical image of Greeks as being always positive and optimistic doesn't seem to be verified by surveys and research results in recent years. According to a special eurobarometer on mental health (Eurobarometer 345, 2010), Greek respondents reported feeling "happy" (43%), "calm and peaceful" (46%) and having "lots of energy" (54%) "all the time" or "most of the time" less than the EU average (61%, 61% and 51% respectively). Also, feeling "particularly tense" and "tired" (22%) "most of the time" was reported by 18% of Greek respondents, which is

more than the EU average (EU average 12% and 17% respectively). In Hellas Health I survey, which was conducted in 2006, SF36 questionnaire was used to assess the health related quality of life of the Greek population. The average score at the mental health scale was quite low and it was also lower compared to relevant data from Sweden, Canada, United Kingdom and Italy (Tountas, et al., 2009).

Additionally, in the context of the current financial recession and fiscal austerity, 42% reported that they believed their job is under threat (EU average 25%). That was also reported in the Fourth European Working Conditions Survey (European Foundation for the Improvement of Living and Working Conditions, 2006) where the percentage of workers who agreed with the statement "I might lose my job in the next 6 months" was 20,9%. According to a recent survey commissioned by the Greek General Confederation of Labor (VPRC, 2010), 58% of respondents reported that their financial status has worsened in the last twelve months and almost the same percentage of participants (59%) estimated that it is going to be worse in the next twelve months (VPRC, 2010). With the estimated rate of unemployment at 12% and the average time for finding employment at 19 months (VPRC, 2010), job insecurity is expected to be high.

This phenomenon is intensified by the rapid changes in the work environment in Greece, in alignment with the new trends of work organization in all developed countries. According to a survey, carried out by the National Statistical Service of Greece, concerning labor accidents and work related health problems (ESYE, 2008), out of the total of 49.299 respondents, 13% reported dealing with excessive work load or time constraints, while 0,7% and 0,6% reported being exposed to acts of harassment/intimidation and violence/threat of violence, respectively. These findings are also verified by the results of the 2007 Labor Force Survey, according to which 14,9% of employees in Greece are exposed to one or more factors which have an adverse effect on their mental well being (Eurostat, 2009; Venema et al., 2009).

Even since 2005 the highest level of stress in the EU 27 was reported in Greece (55%), while 73% of Greek workers reported working at very high speed and the work intensity index ("working at a very high speed" & "working to tight deadlines") was around 52% in Greece (European Foundation for the Improvement of Living and Working Conditions, 2006). It is no surprise that the data of the same survey show over 40% dissatisfaction with work-life balance in Greece.

According to Karasek's model of job strain (Karasek, 1979), Greece falls into the category of "high-strain work organization" which includes high levels of job demands, enough to cause stress, but with low levels of autonomy, a combination that is considered to put employees on higher risk of job strain (European Foundation for

the Improvement of Living and Working Conditions, 2006). There seems to be a pattern in all eastern European countries (EU27), where more than 75% of employees are not given the possibility to adapt their work schedules, and the level of work autonomy ("ability to choose or change the order of tasks", "the methods of work" and "the speed rate of work") is quite low (European Foundation for the Improvement of Living and Working Conditions, 2006).

The negative effect on employee well being was also reported in a survey commissioned by the Greek General Confederation of Labor (VPRC, 2008), where 68% respondents reported "often" or "always" feeling exhausted after work, 62% that work is causing them stress, 51% that work demands distract them from their needs in their personal lives, 63% that they are dissatisfied with the potentials for further development and 46% that their work area was not consistent with their studies/training. Additionally, in Greece less that 20% of employees receive any type of training at work (European Foundation for the Improvement of Living and Working Conditions, 2006).

The European study ESENER, which was conducted by the European Agency for Safety and Health at Work (European Agency for Safety and Health at Work, 2010), surveyed managers and employees' representatives on the management of health and safety risks at their workplace, emphasizing on psychosocial risks. When level of concern was examined, Greek establishments reported work-related stress as a major concern at 43%, violence and/or threat of violence at 11% and bullying and harassment at 9,52%. Managers were also asked to indicate if any out of ten causes for psychosocial risks were of concern in their workplace. For Greece, "having to deal with difficult customers, patients, pupils, etc" was most widely reported (67%), followed by "time pressure" (52%), "job insecurity" (24%), "lack of employee control in organizing their work" (23%) and "poor co-operation amongst colleagues" (21%) (European Agency for Safety and Health at Work, 2010).

When it comes to procedures to deal with these psychosocial risks (work-related stress, bullying, harassment, violence) as well as measures to address them, there is significantly low prevalence of establishments with procedures in Greece, while respective measures are least likely to be implemented. In cases where measures are actually applied, they take most commonly the form of training (31%), changes in work organization (27%) and the redesign of work area (27%) (European Agency for Safety and Health at Work, 2010).

Concerning the provision of information to employees about psychosocial risks and their effect on health and safety and about whom to address in case of the occurrence of a relevant problem, Greece showed also low rates, 32,35% and

43,59%, respectively (EU-OSHA, 2010). For Greek establishments, the main reported drivers for addressing psychosocial issues were "request from employees and their representatives" (35%) and "fulfillment of legal obligations" (30%) (European Agency for Safety and Health at Work, 2010). The lack, though, in Greece of a clear legal context for dealing with psychosocial risks in the workplace and the fact that only 18% of the Greek enterprises (+10 employees) have a body of general employee representation or a health and safety representation (European Agency for Safety and Health at Work, 2010), indicates the complexity of the situation. Most reported as major barriers for addressing psychosocial risks in Greek establishments were "lack of awareness" (54%), "lack of training and/or expertise" (54%) and "lack of resources" (53%) (European Agency for Safety and Health at Work, 2010).

An additional barrier might stand the fact that mental health issues in Greek society are still, in many cases, a taboo and the stigma mental illness bears, despite all the efforts to overcome it, is still present to a certain extent. According to a Special Eurobarometer on mental well-being (Eurobarometer 248, 2006), 77% of the Greek respondents stated that they agree with the statement that people with psychological or emotional health problems are unpredictable and 42% that they agreed with the statement that people with psychological or emotional health problems constitute a danger to others. Perhaps, that could be connected to the finding of the 2010 Eurobarometer on Mental Health according to which only 7% Greeks sought help from a professional in the past 12 months than the EU average which was up to 15%. It would be important to note that, according to the ESENER survey (EU-OSHA, 2010), when managers were asked to indicate which health and safety services they use, Greece reported one of the lowest rates for using the services of psychologists (4%). On the other hand, in Greece, neuropsychiatric conditions are the first most contributing factor of disease burden in term of DALYs (disability adjusted life year) for women and the second for men (WHO, 2006).

Workplace Health Promotion and Mental Health

A healthy workplace, according to a definition proposed by the World Health Organization "*is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs*" (Burton, 2010, p. 82). According to that definition for an enterprise to be able to protect and promote its employees' physical, mental and social health and well being it has to address four *avenues of influence*. "*Health and safety*

concerns in the physical work environment, health, safety and well-being concerns in the psychosocial work environment including organization of work and workplace culture, personal health resources in the workplace and ways of participating in the community to improve the health of workers, their families and other members of the community" (Burton, 2010, p. 82).

The physical work environment refers to the "*part of the workplace facility that can be detected by human or electronic senses*" (Burton, 2010, p. 84), the psychosocial work environment includes "*the organization of work and the organizational culture, the attitudes, values, beliefs and practices that are demonstrated on a daily basis in the enterprise /organization, and which affect the mental and physical well-being of employees*" (Burton, 2010, p. 85). Personal health resources in the workplace refer to "*the supportive environment, health services, information, resources, opportunities and flexibility an enterprise provides to workers to support or motivate their efforts to improve or maintain healthy personal lifestyle practices, as well as to monitor and support their ongoing physical and mental health*" (Burton, 2010, p. 86) while enterprise community involvement consists of "*the activities, expertise, and other resources an enterprise engages in or provides to the social and physical community or communities in which it operates and which affect the physical and mental health, safety and well-being of workers and their families*" (Burton, 2010, p. 87).

This model of action consists of eight specific steps: 1. *Mobilize* employers and employees taking into consideration their needs, 2. *Assemble* a "healthy workplace team" and all the necessary resources, 3. *Assess* the preexisting situation, 4. *Prioritize* the key issues to be addressed, 5. *Plan* the health strategy and the implementation process, 6. *Do,* which concerns the implementation phase, 7. *Evaluate* the process and the outcomes, and 8. *Improve,* in terms of improvements and additions based on the evaluation results (WHO, 2010).

The World Health Organization also provided a definition for Health Promotion as "*the process of enabling people to increase control over, and to improve, their health*" (WHO, 1986). According to Green and Kreuter (1999) health promotion is "*the combination of educational and ecological supports for actions and conditions of living conducive to health*". Combination refers to "*the necessity of matching multiple determinants of health with multiple interventions or sources of support*" (Green and Kreuter, 1999, p. 27), educational refers to health education as "*any combination of learning experiences designed to facilitate voluntary actions conducive to health*" (Green and Kreuter, 1999, p. 27) and ecological refers to "*the social, political, economic, organizational, policy, regulatory, and other environmental*

circumstances interacting with behavior in affecting health" (Green and Kreuter, 1999, p. 27).

Concerning Workplace Health Promotion (WHP), it was defined by the European Network for Workplace Health Promotion as "*the combined efforts of employers, employees and society to improve the health and well-being of people at work. This can be achieved through a combination of improving the work organization and the working environment, promoting active participation and encouraging personal development*" (ENWHP, 2007). The European Network for Workplace Health Promotion has also developed a number of quality criteria for the successful implementation of workplace health promotion, which were categorized under six sectors. According to these criteria, WHP has to be considered a major priority and responsibility and to be integrated in the existing procedures and systems of the enterprise, the planned activities must be based on a clear concept, which is continuously reviewed and improved, the entire staff needs to be actively involved in planning and decision making and the health promoting activities are systematically implemented. Additionally, the results of the WHP programs should be measured by a number of indicators (ENWHP, 1999).

Mental Health Promotion aims "*at the achievement of positive mental health and the enhancement of well-being, quality of life and competence by addressing the broader context of the mental health determinants*" (Jane-Llopis et al. 2005) and includes programmes which emphasize on collaboration and participation (Jane-Llopis et al., 2005). Mental Health Promotion can be implemented in the workplace through various strategies, such as taking organizational measures in order to reduce workplace stressors, training employees to recognize early signs of mental health problems and being able to cope with stress and providing a supportive system for the employees suffering from mental health problems, in order to assist them to keep their position or to return to work and be reintegrated after a long term sick leave. Many positive outcomes can result for both the organization and the individual from the implementation of Workplace Health Promotion, such as a reduction of costs, job turnover and retention and an improvement of company image and productivity, along with an improvement at the health status of employees and increased job satisfaction and commitment (ENWHP, 2004).

Examples of Workplace Mental Health Promotion in Greece

The examples of two Greek enterprises that are described below participated in the campaign "*work in tune with life, move Europe*" (2009-2010). The European

Network for Workplace Health Promotion (ENWHP) started this pan-European campaign as its 8th initiative and was co-funded by the European Commission under the Public Health Programme 2003-2008. The campaign's aim was to help promote mental health in the workplace and to select and disseminate Models of Good Practice (MGP) across Europe. The organization responsible for the campaign's implementation in Greece was the National Network for Workplace Health Promotion (EDPYXE).

Elais Unilever Hellas was recognized as a MGP in the area of workplace mental health promotion at European level by the ENWHP while EDPYXE recognized both Elais Unilever Hellas and ANIMA as MGPs at national level. The descriptions that follow are based on the information provided by the enterprises and the data collected during the process of their evaluation.

Elais Unilever Hellas

Unilever is one of the largest multinational consumer goods companies with activity in the area of food, detergents and personal care products. Elais Unilever Hellas employs 740 people and has a track record for promoting their employees health and also for participating in a number of, national and international, corporate social responsibility programs.

The protection and promotion of health at work is an integral part of the business culture cultivated at Elais-Unilever Hellas and employee health and well being are a strategic priority for the company's successful organization. The system for the management and promotion of occupational health and safety (OSH) in Elais-Unilever Hellas is based on the Framework Standard of the parent company, Unilever, and is mandatory for all member companies of the Unilever group. The company's written policy for Occupational Health & Safety and Work Environment, which is signed by the company's President, is reviewed annually and revised where necessary while also being displayed in all worksites and offices, on bulletin boards and through the corporate intranet.

The company's Health Promotion Strategy is drawn by the Board of Directors in cooperation with the Directorate of Personnel and the Occupational Health Service. It includes mental health, physical health, good working relations and balance between working life and family life. The specific targets related to mental health mainly concern the equipment of employees with proper knowledge and skills in order to be able to recognize early signs of stress, manage conflicts and reduce work related tension. The aim is to improve physical and mental health, and increase employee satisfaction and engagement. The management takes into consideration

and incorporates employees' suggestions for improvement measures and actions that promote mental and physical health.

The Occupational Health Service is responsible for the design and support of health promotion initiatives, under the guidance of the Directorate of Personnel and the guidelines of the parent company. The work group consists of the occupational physician, health visitors, the HR director and occasionally other employees who can support the work group's activities. The purpose of the group is to implement health protection measures which derive from the company's health strategy. The members of the work group are informed of the latest developments in mental health promotion by participating in relevant educational procedures.

The health promoting activities derive from the Employee Satisfaction Survey, which is conducted every two years, the meetings of employees with the company's President (cascade conducted every 3 months), the meetings of the Directorate of Personnel with professional associations and unions, the instructions given by Health and Safety Committees and the onsite observations by the health professionals who consist the Health Promotion work group. A series of actions are designed aiming to strengthen the company-employee relationship and increase employee satisfaction and engagement.

The company has a Benefit System which aims at the reduction of work related stress and the prevention of mental health problems, consisting of provisions such as: flexible working hours, extra days of leave for employees working in the company for more than 10 years, extra days of leave due to illness of a family member, flexible working hours for mothers and extra days for maternity leave, according to their personal needs, work from home one day per week, supplemental pension plan, employee personal development plan, employee recognition procedures, opportunities for continuous learning and vertical and horizontal development, group health coverage plan and payment of all wages when an employee is absent due to illness more than 15 days and up to 6 consecutive months. Additional activities aiming at the promotion of mental health include psychology seminars, stress management groups and programmes promoting employee well-being.

Employees dealing with mental health problems are treated with discretion and support. An individualized approach is taken for the reintegration of employees after sick leave due to mental health problems (e.g. reduced working hours, position and/or duty shift and regular observation by the company's health professionals).

The most frequent indicator for evaluating health promotion initiatives is absenteeism due to illness or accident (estimated annually). Employee satisfaction and engagement to the company are evaluated every 2 years through anonymous que-

stionnaires completed by employees (whether they are satisfied with the work environment, the organization of work, by working with supervisors and colleagues).

The benefits for the enterprise and its employees that resulted by the implementation of prevention and health promoting activities are reduction in absenteeism and stress, enhanced health status, employee engagement and satisfaction, increased productivity and low turnover. Some important conclusions, which resulted from the company's long experience in employee health promotion, are that work organization and work relations have a great impact on employees' health and effective health promotion activities do not necessarily need to be costly.

ANIMA NGO

The non-profit NGO ANIMA is active in the field of mental health since 2005, under the supervision of the Greek Ministry of Health and Social Solidarity, and it employs 25 people. The organization's primary activity is the operation of a Psychosocial Rehabilitation Unit, which houses 15 men and women, former chronic psychiatric patients. ANIMA's broader activities include the promotion of mental health in the general population as well as in specific target-groups, the reduction of mental illness stigma, the prevention of mental disorders and the rehabilitation and reintegration of people who have experienced the effects of a long or institutionalized psychiatric care.

The health strategy, based on the principle that there is no health without mental health, was designed by the Legal Representative (psychologist), the Coordinator of the Psychosocial Rehabilitation Unit (sociologist) and the Personnel Reference Person (therapist). The main objectives of this strategy are to create and sustain a healthy working environment, to support the workforce in being creative and efficient, to prevent conflicts of employees with each other or with the management and to promote a positive stance which emphasizes on health and not illness. Additional objectives consist of the prevention of employee burnout and the occurrence of aggressive incidents by the people who reside at the Psychosocial Rehabilitation Unit. The organization's health policy and strategy is communicated to all employees through Personnel Group meetings. Additionally, all relevant information that requires notification is written to an internal communication form and is posted on bulletin boards.

The Personnel Reference Person, the Scientific and Administrative Director and the Coordinator of the Psychosocial Rehabilitation Unit play a key role for all issues relevant to employee health and well being. The Personnel Reference Person is responsible for collecting employee complaints and coordinate support groups. He can

also convene an unscheduled employee group when deems necessary or requested by any staff member, in order to discuss all issues, personal all professional, that bother employees. The Personnel Reference Person also collects requests for each month's work program and is responsible for organizing work leave, according to the needs of both the employees and the organization. Furthermore, he has the right to grant leave to any staff member experiencing problems in his personal life or needs rest for any reason.

The rest of the team that are responsible for employee health issues consist of two psychologists, an occupational therapist and a social worker, who also have a guiding role for the rest of the staff. The purpose of this group is to care and act for the employee's mental health and well being and their role and responsibilities are recorded in the Internal Operation Regulations. They are constantly updated on mental health promotion issues through their participation in relevant educational activities.

The health promoting activities that are implemented for the organization's employees are based on their needs assessment, which is implemented in individual or group meetings with the scientific personnel. The factors that are taken into consideration are both individual and collective and can concern either professional or personal issues.

A series of employee groups are implemented in order to meet the health policy's goals:

Support Groups & Unscheduled Groups (coordinated by the Personnel Reference Person): Conducted at the request of employees or on occasion if a certain need is detected. Employee issues are communicated, professional and/or personal, which affect their life and effectiveness, and they receive support.

Multidisciplinary Personnel Groups (frequency: 2 a month, with the participation of the entire staff): All work related issues are discussed, so that everyone can be informed, while the opportunity is also given to the employees to communicate, share and resolve disputes through open discussion. Confidential audio records are kept from these sessions.

Group Supervision (frequency: 1 per month, coordinated by an external moderator): The employees are given the opportunity to talk about any work related topics, their job position, the quality of the service provided and the interpersonal relationships.

Steering Group (frequency: 1 a week, participation of the scientific staff): The staff needs and progress are assessed and discussed, while, if a problem occurs, the best way to be resolved is sought.

Healthcare Group (frequency: 1 per month, participation of nurses and nursing assistants): Deals with issues concerning the particular group's work and decisions on measures relating the employees' physical health are made. The organization's collaborating physician is not present in that group, but is informed on all issues discussed in it.

On Site Learning Group (frequency: 1 per week in the rehabilitation Unit, with the participation of the scientific staff, conducted by the Unit's Coordinator): Training on issues that derive from the employees' needs regarding work or personal / family life issues.

The organization's activities and programs are assessed and decisions are made on the future course of action within the Multidisciplinary Personnel Group where new measures are proposed and adopted. Every member of the staff can be involved in the health strategy design and all management processes, and can recommend changes to the Internal Operation Regulations. The organization ensures continuous improvement of their mental health promotion activities through continuous evaluation by the entire staff, the adaptation and reassessment of current conditions and the adoption of measures which have been proposed by the employees themselves.

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