Topic: SC1 – BHC – 22- 2019 Mental health in the Workplace

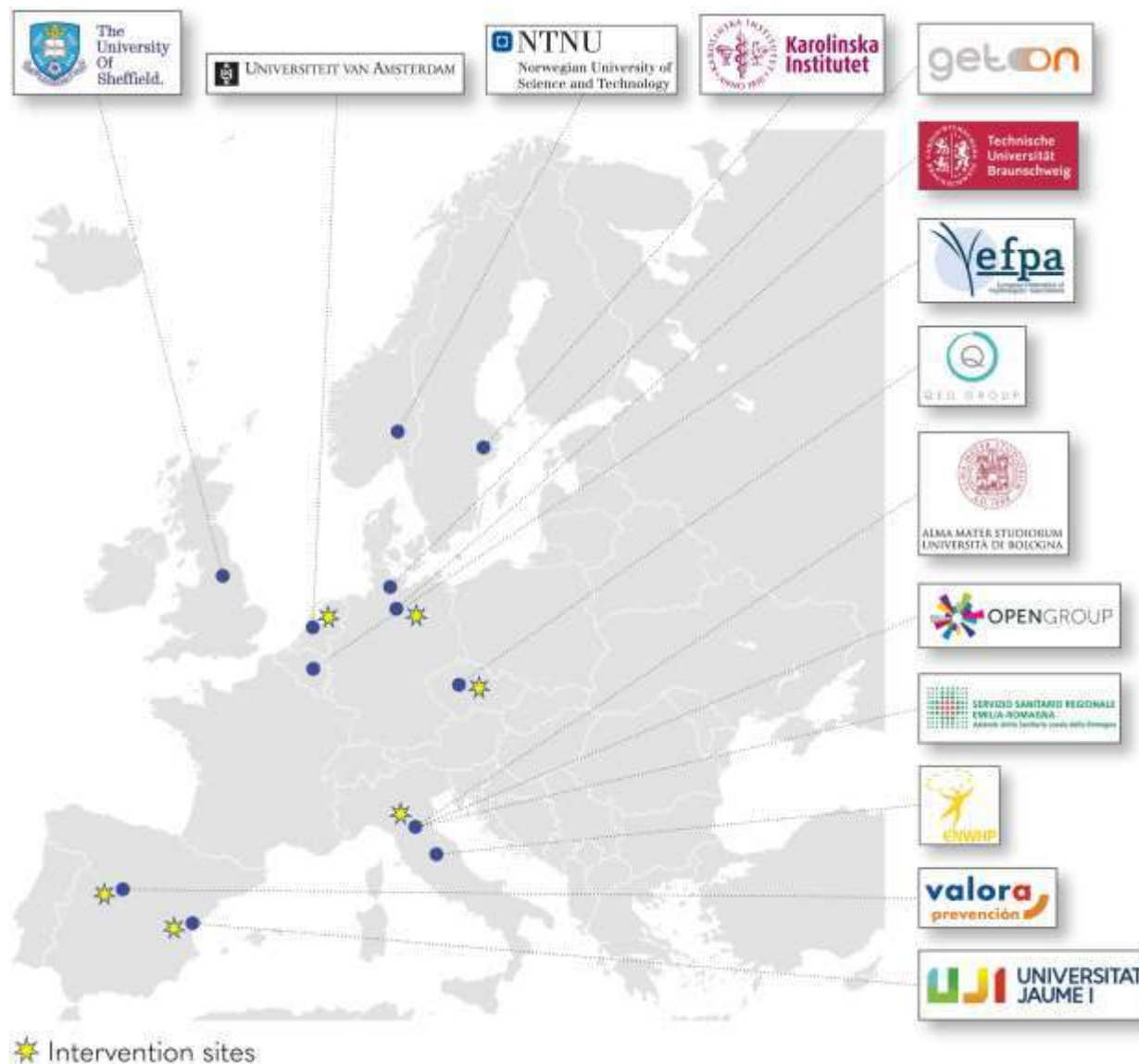| H-WORK	EMPOWER	MAGNET4EUROPE
	MINDUP	MINDBOT

14 partners

9 European countries

10 Intervention sites
- 4 Public Workplaces
- 6 SMEs
- 5 Countries (ES, CZ, DE, NL, IT)

⭐ Intervention sites

Objectives

DEVELOP the H-WORK Toolkits for assessment (HAT), implementation of multi-level mental health interventions (HIT), and evaluation of the adopted solutions (HET).

IMPLEMENT and **VALIDATE** the H-WORK Toolkits to ensure their sustainability and flexible adaptability to the specific contexts of different public organisations and SMEs across the EU countries.

EXPLOIT the Toolkits and introduce new products and services through the H-WORK Innovation Platform www.mentalhealth-atwork.eu and the publications of policy briefs and recommendation

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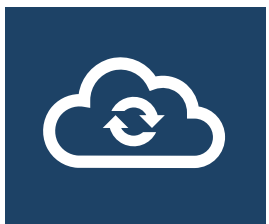
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6

Outline of the symposium

Maggie and the H-WORK pillars and Toolkits

Luca and the H-WORK implementation strategy in Italy

Davide and the H-WORK Innovation Platform

Christine and the H-WORK Policy Briefs

Questions and Answers

Macteld (Maggie) van den Heuvel

is a singer in a soul band *(Tribute to The Commitments)*, and a sculptor of bronze sculptures, she practices guitar, loves nature and looks after her cat Kees.

In her spare time she is also an Assistant Professor of Work and Organizational Psychology at the University of Amsterdam. Her research interests are in the field of Positive Occupational Health Psychology, for example, job crafting, personal resources, meaning-making, mindfulness and other interventions to boost well-being and engagement. Maggie combines her academic pursuits with her work in the field as a leadership coach, trainer and teacher in the areas of positive psychology, job crafting, self-compassion and mindfulness.

Improving Mental Health in the Workplace through Four Pillars and Three Toolkits: The H-WORK project

Maggie (Machteld) van den Heuvel, University of Amsterdam

Vince Pelzer, Siw Tone Innstrand, Marit Christensen,
Karina Nielsen, Cristian Vazquez, Carolyn Axtell,
Emmanuel Aboagye, Josefina Peláez-Zuberbuhler, Marisa Salanova,
Luca Pietrantoni & Marco De Angelis.

July 5th, 2023

Theoretical framework H-WORK

Pillar 1: Multilevel interventions
- IGLO (Individual, Group, Leader, Organisation)

Pillar 2: Participatory approach
- Inclusion and participation of employees
- Inclusion of multiple stakeholders

Pillar 3: Positive occupational health psychology
- Holistic approach
- Prevention and promotion
- Reducing job demands and strengthening job and personal resources

Pillar 4: Use of Digital Technologies
- implementation of adapted or tailor-made interventions using digital technologies

1) H-WORK **ASSESMENT** TOOLKIT (HAT)
2) H-WORK **INTERVENTION** TOOLKIT (HIT)
3) H-WORK **EVALUATION** TOOLKIT (HET)

1. H-WORK Assessment Toolkit (HAT)

Marit Christensen*, Siw Tone Innstrand, Karoline Grødal, Norwegian University of Science and Technology

HAT Needs Analyses:

- Comprehensive approach including context and multiple stakeholders perceptions in order to understand the needs of an organization regarding mental health and well-being.

  - Protocols for each element of the needs analysis
    - Interviews with **middle managers** and **senior managers**
    - **Focus group** interviews for employees (cognitive mapping exercise)
    - Mapping the **context**
    - Mapping **objective measures** (e.g. demographic data)
    - **Stakeholder meeting** and **action plan**

H-WORK ROADMAP
Introduction

DO YOU WANT TO TAKE ACTION ON MENTAL HEALTH AND WELL-BEING IN YOUR ORGANISATION?

HAVE A LOOK AT THE H-WORK ROADMAP!

Are you looking for a step-by-step guide to designing, implementing, and evaluating interventions to improve mental health and well-being in the workplace? Look no further than the H-WORK roadmap!

A systematic approach is crucial for ensuring that interventions achieve their intended outcomes. We designed a roadmap to support you every step of the way. The steps of the roadmap include:

- Setting up the process of designing, implementing, and evaluating interventions.
- Identifying which interventions are needed to improve mental health and well-being in your workplace.
- Providing inspiration and tips on how to implement interventions.
- Evaluating the effectiveness of interventions.

The 7 steps

The roadmap is made up of 7 steps, each with detailed information on what you need to do at that stage and why it's important.

Here the 7 steps:

Prepare the ground	Prioritise the needs	Plan the actions	Actions into practice	Keep track and adjust	Sustain the progress	Measure success
Setting up a team and communicating your mental health intervention project.	Identifying opportunities at different levels of the organisation for improving mental health in the workplace.	Engaging stakeholders and developing an action plan.	Implementing mental health interventions.	Monitoring how well the interventions are going and employees' feedback.	Ensuring employees' adoption of learnings on the job.	Collecting data before, during and after the interventions to evaluate mental health and well-being improvements.

Start your journey towards a healthier workplace with the H-WORK roadmap!

STAKEHOLDER MEETING – PART 1

1. Needs

Presentation of main findings from the needs analyses (summaries and grid) – reflection.

Place all needs here:

_____

_____

_____

_____

_____

_____

2. Prioritization

Three issues you would like to preserve:

_____

_____

_____

Three issues you would like to improve:

_____

_____

_____

STAKEHOLDER MEETING – PART 2

3. From needs to concrete actions

Presentation of suggested interventions from HIT (IGLO).

I: _____

G: _____

L: _____

O: _____

4. Intervention fit

Are there any connection between what do we want, what we need, what we can and will do?

5. Action plan

Choose interventions (Min. 2; Max. 3)

Assure involvement in the implementation process:

- What should the employees do?
- What to do toghether in the team?
- How can the manager contribute?
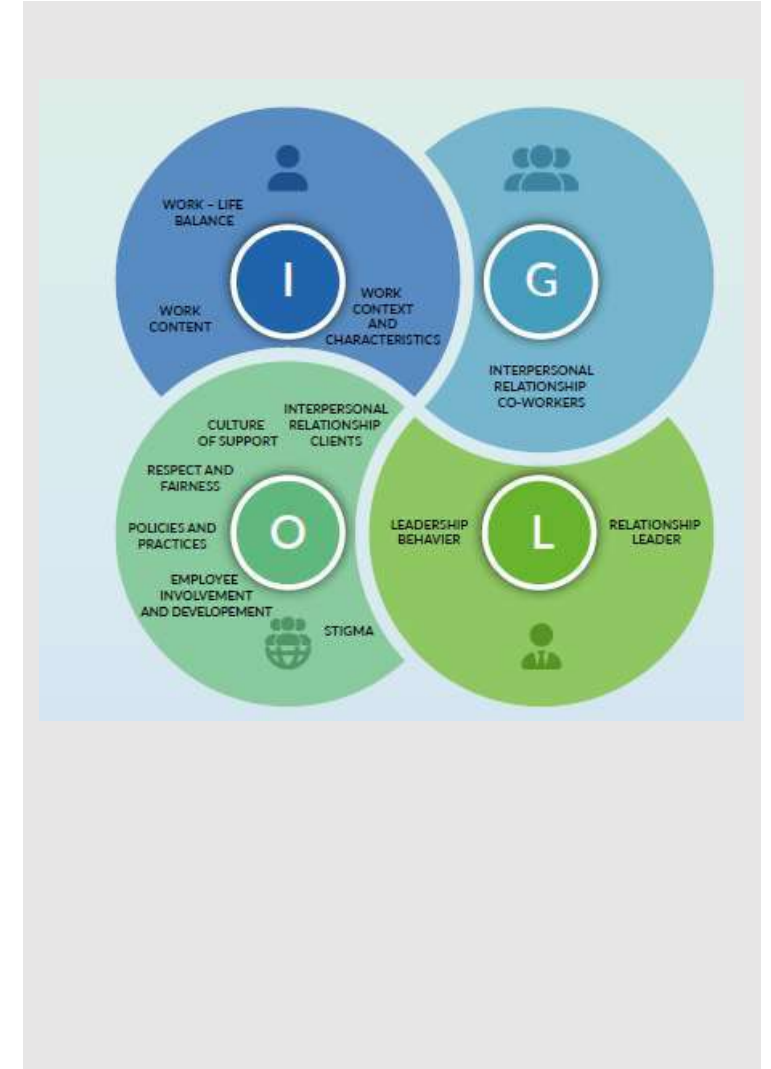- How can the top-level support the implementation process?

Appoint a work group to continue the work with the action plan!

Conclusion

IGLO

- Results showed that the needs analyses tools identified needs at different levels and that the choice of interventions was at multiple levels within the organization.

Participatory approach

- Results showed that the participatory bottom-up approach secured that employees were able to express their needs which informed the choice of interventions.

- The Needs Analysis Toolkit ensured the involvement of multiple stakeholders within the organization

2. H-WORK Intervention Toolkit

H-WORK ROADMAP
STEP 4 Actions into Practice
IMPLEMENTING MENTAL HEALTH INTERVENTIONS.

The pool of interventions

When choosing interventions, it is important to match the needs of the organisation to the right interventions. The basic underlying idea of the matchmaking process is to choose an intervention that has shown positive effects on the outcome that is relevant for an organisation (for example, 'mental health awareness', 'team communication' or 'role clarity'). To get started on this

2. H-WORK Intervention Toolkit (HIT)

Vince Pelzer, Machteld van den Heuvel, Roy Sijbom, Edwin van Hooft, University of Amsterdam

- Literature reviews and the expertise of the consortium resulted in → 40 interventions documented in the HIT.

- Intervention information sheets

What type of interventions were developed?

Intervention 10: Sociomapping

Aim of the intervention: The intervention aims to improve team collaboration and foster psychological safety.

What? Sociomapping Intervention
How? 3-4 sessions adjusted to the context, 60-90 minutes each.
Why? To increase communication within a team.
Whom? Employees.

Theoretical background

Radvan Bahbouh (Bahbouh, 1994, 2012) invented *Sociomapping* to visualize relational data. Sociomapping is a set of methods that allows data on the relationships and similarities of people (ultimately of any random objects) to be represented in a map, which makes their clear visualisation and exploration possible (Bahbouh, 2011, SOT, pp 75). Sociomapping is also able to depict the asymmetry of social relationships, which is one of the most important differences of Sociomapping from other visualization methods in this area, such as Principal component analysis (Hotelling, 1933; Pearson, 1901) or Multidimensional scaling (Kruskal, 1964; Torgerson, 1958).

Sociomaps are based on the individual shaping feedback given and received from each team member to others. These data are collected online and translated into the visualised models called sociomaps that are presented real time on the team coaching session. Sociomaps enable team to see the shared mental model of the team dynamic processes such as communication or cooperation.

The team coaching process is build on this visualised feedback that smoothly encourage the team to debrief the current state and create an individual and team action plan for the change defined by optimal state (Bahbouh & Willis, 2021).

Overview of the implementation process

First, participants fill out 5 minutes questionnaire about their mutual communication with other team members. Intuitive team visualization with recommendations on improving team collaboration is immediately generated. The results are openly discussed with the team members to address the main topics.

The intervention consists of three to four sessions, approximately 60-90 minutes per session.

1) In the first session, communication and information-sharing intensity are discussed. The discussion is about the visualization of the current vs optimal team set-up. The output of the first workshop is a list of critical actions on how to navigate the team to the optimal set-up

2) The second session starts with the debriefing of the teamwork since the last session including the action plan. It focuses on improving collaboration quality and team effectiveness powered by team coaching tools.

- Job-related coaching
- Mindfulness interventions
- Career Crafting training
- Positive leadership development
- Mental health awareness training
- Sociomapping in teams
- Strengths-based team crafting
- Optimisation of Healthy Organisational Practices
- ....et cetera
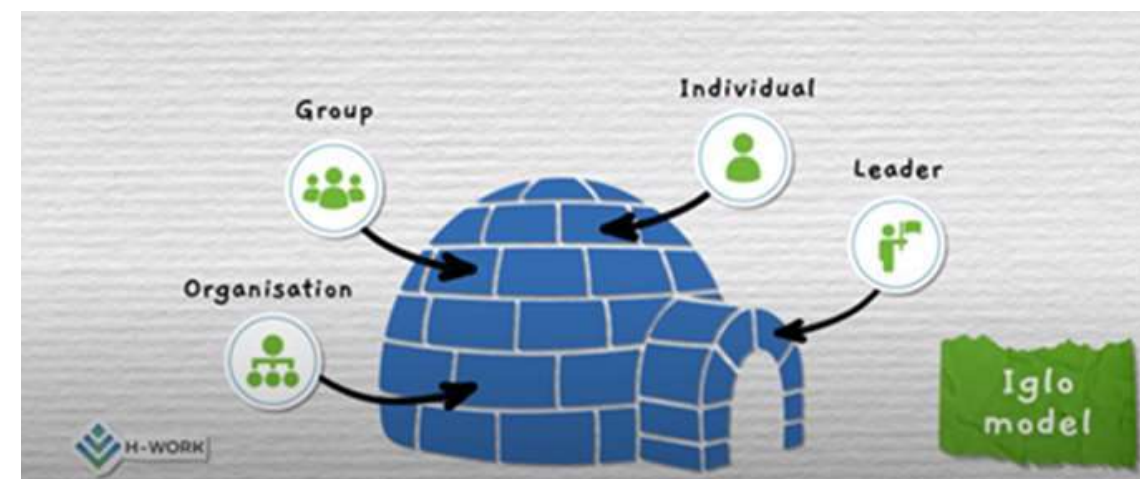
2. H-WORK Intervention Toolkit (HIT)

Vince Pelzer, Machteld van den Heuvel, Roy Sijbom, Edwin van Hooft, University of Amsterdam

- Intervention information sheets;

→ Served as input for an online **road map** to guide and support interested organisations

→ **H-WORK online innovation platform: offers tools to support the process of optimizing health and well-being in organisations**

→ **https://www.mentalhealth-atwork.eu/**

Do you need some ideas on what intervention to implement? Have a look at the individual (I), group (G), leader (L), and organisational (O) level interventions that were implemented in the H-WORK project.

Welcome to the Mental Health at Work Platform!

This platform aims to help employers, HR managers, and OHS professionals address mental health at their workplace based on EU-funded international scientific research

Interactive Tools
Login required

H-WORK Benchmarking Tool
Discover how your organisation is doing as compared to other similar organisations

Benchmarking Tool →

H-WORK Decision Support System
Make a snapshot of the situation at your organisation and see which action for improvement might be implemented

Workplace Mental Health →

Psychosocial Wellbeing →

H-WORK Economic Calculator
Calculate how much money your organisation could save by carrying out mental health actions

Economic Calculator →

Login to access all the tools →

H-WORK Roadmap
Want to know how to tackle mental health in the workplace?

STEP 1: PREPARE THE GROUND

STEP 2: PRIORITISE THE NEEDS

STEP 3: PLAN THE ACTIONS

STEP 4: ACTIONS INTO PRACTICE

STEP 5: KEEP TRACK

STEP 6: SUSTAIN THE PROGRESS

STEP 7: MEASURE SUCCESS

Take me to the H-WORK Roadmap →

3. H-WORK EVALUATION TOOLKIT

H-WORK ROADMAP

STEP 7 Measure Success

COLLECTING DATA BEFORE, DURING AND AFTER THE INTERVENTIONS TO EVALUATE IMPROVEMENT IN MENTAL HEALTH AND WELL-BEING.

In this step you will learn about how to gather data to evaluate the effectiveness of the interventions you have implemented. To see whether your intervention actually worked you need to collect quantitative data before, after, and during the interventions, to be able to make meaningful comparisons.

When evaluating the effects of an intervention in the workplace, it is important to consider both distal and proximal outcomes to get a complete picture of the intervention's effectiveness.

In making up your own questionnaire you may include the following type of measures:

BACKGROUND VARIABLES	This information is valuable as it can give you a description of the intervention group and it can tell you if the intervention had a differential effect between different demographic groups (e.g., "Was the intervention more effective for younger male workers?"). Examples of variables are: • Gender, age and educational level • Tenure, • Team/Area/Division • Job position or role • Leadership responsability • Type of contract

Distal outcomes refer to the long-term effects of a intervention, such as changes in overall well-being or mental health.

DISTAL OUTCOMES (SEE LIST 1)	Distal outcomes may take longer to observe and measure but are important to understand the intervention's overall impact.

Proximal outcomes refer to the more immediate or short-term effects of the intervention, such as changes in symptoms or behavior.

Karina Nielsen, Cristian Vasquez, Carolyn Axtell, Sheffield University Management School

Focus: Process Evaluation

1. Quantitative Process Evaluation: context and intervention outcomes (e.g. manager support, burnout – validated scales)

2. Qualitative Process Evaluation: activities (e.g. training design, training transfer)

3. Meta-Process Evaluation: activities (perceptions of interventionists)

Manager support:

My immediate manager asks me if I have problems or trouble at work.

STRONGLY DISAGREE — DISAGREE — NEITHER — AGREE — STRONGLY AGREE

Integration

I believe what I learned on the training can help me at work.

STRONGLY DISAGREE — DISAGREE — NEITHER — AGREE — STRONGLY AGREE

Perception of facilitator

Did the consultants make you feel like your participation was valued?

STRONGLY DISAGREE — DISAGREE — NEITHER — AGREE — STRONGLY AGREE

Training transfer:

In my everyday work, I often use the knowledge I gained in the training.

STRONGLY DISAGREE — DISAGREE — NEITHER — AGREE — STRONGLY AGREE

Realist evaluation: What works for whom in which circumstances – and why? (Nielsen & Miraglia, 2017; Pawson & Tilley, 2006)

- What conditions in the **Context** are needed to bring about change?
- **Which Mechanisms** -by which an outcome is brought about- in the given context are important
- Which well-being-related **Outcomes** are produced by these mechanisms?
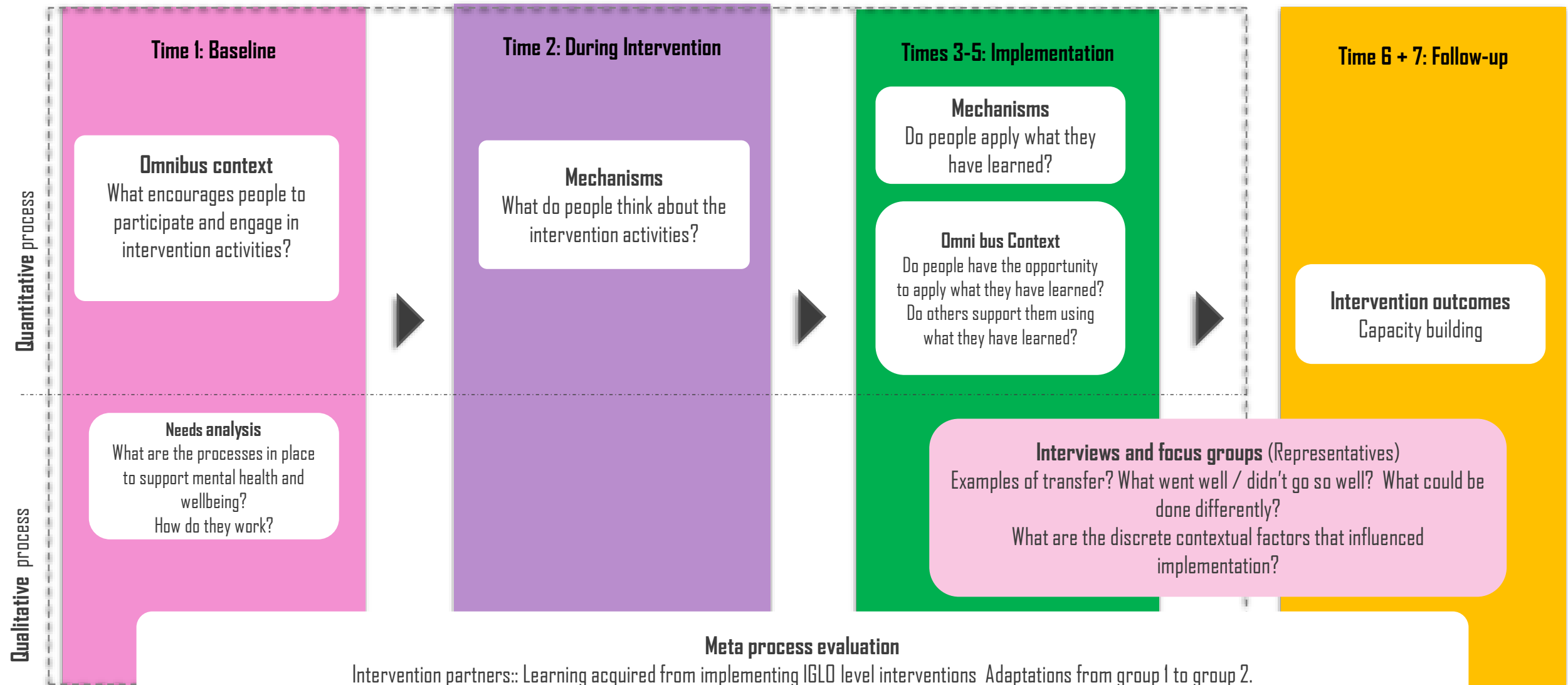
Context + Mechanism(s) = Outcomes
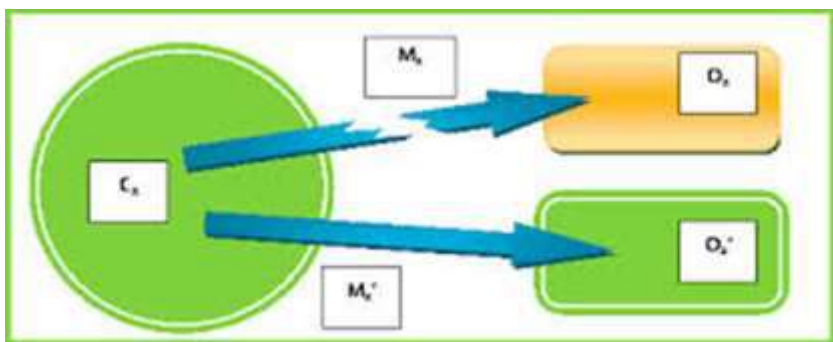
Key aim:
Understand what works for whom in which circumstances?

Example: Context x Mechanism predicts Outcomes

If intervention recipients perceive high levels of <u>manager support</u>, then, **as a result,** they will show better <u>teamwork</u>, <u>less interpersonal conflict</u>, and better <u>team performance</u> post-intervention, particularly **when** they <u>transfer learnings and implement the developed action plans</u> to a greater extent.

Overall Process Evaluation

Time 1: Baseline

Time 2: During Intervention

Times 3-5: Implementation

Time 6 + 7: Follow-up

Quantitative process

Omnibus context
What encourages people to participate and engage in intervention activities?

Mechanisms
What do people think about the intervention activities?

Mechanisms
Do people apply what they have learned?

Omni bus Context
Do people have the opportunity to apply what they have learned? Do others support them using what they have learned?

Intervention outcomes
Capacity building

Qualitative process

Needs analysis
What are the processes in place to support mental health and wellbeing?
How do they work?

Interviews and focus groups (Representatives)
Examples of transfer? What went well / didn't go so well? What could be done differently?
What are the discrete contextual factors that influenced implementation?

Meta process evaluation
Intervention partners:: Learning acquired from implementing IGLO level interventions Adaptations from group 1 to group 2.

Between February 2020 and June 2023...

- H-WORK has delivered **three toolkits** and several **standalone tools** to support the effective **assessment, implementation and evaluation** of interventions in organisations.
- Despite the challenges of COVID, at least **1117 employees** have participated in any of **33 interventions** across **5 different test-sites.**
- Important to use HAT, HIT and HET **together** via the H-WORK Road map:
- see **https://www.mentalhealth-atwork.eu/**
- We hope that H-WORK will **inspire** individuals and organisations to use the tools to take (further) action to support **health and well-being** in the workplace!

H-WORK UPDATE

https://www.youtube.com/watch?v=OSeT-5oAsHg

Luca Pietrantoni

is a Full Professor of Work and Organizational Psychology at the University of Bologna, Italy. He serves as the coordinator of the H-WORK project, and is contributing to various Horizon Europe projects on AI and robotics, including SESTOSENSO, TUPLES, and EDGE AI. His work revolves around the integration of technology in organizations, with a focus on safety, risk, and human factors in workplaces and the industry.

N = 50 healthcare workers
- 20 from Emergency
- 16 from Medicine
- 14 from Neurosciences

Data collection
- 21 semi-structured interviews with middle and senior managers
- 4 focus groups with doctors, nurses, healthcare assistants

Data analysis
- NVivo Deductive content analysis
- JD-R and IGLO model
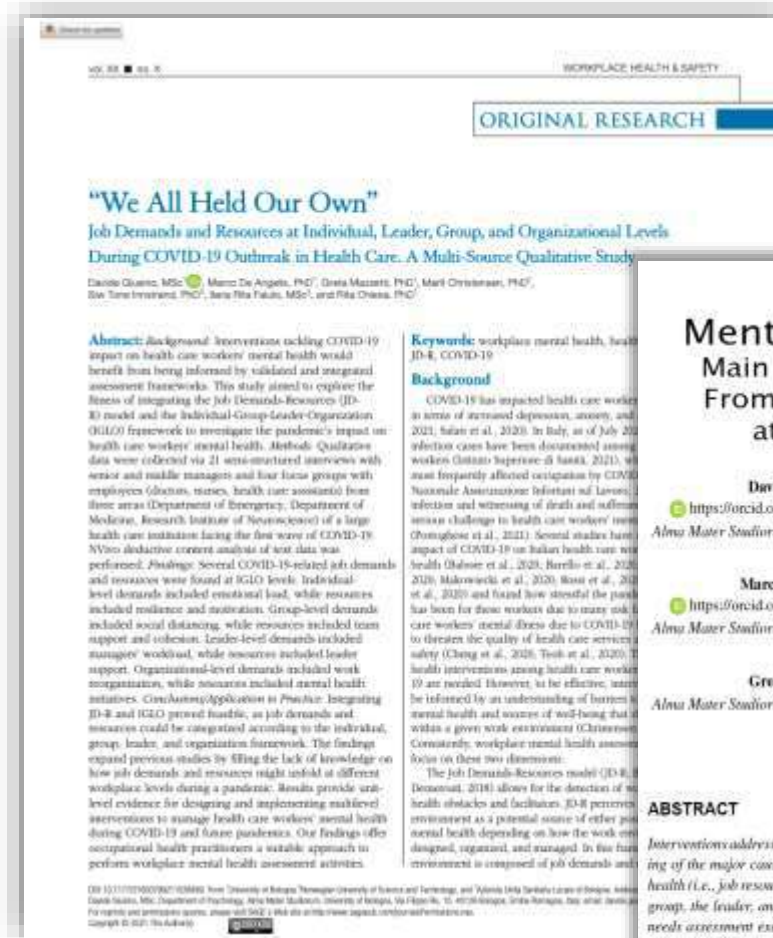
Needs analysis
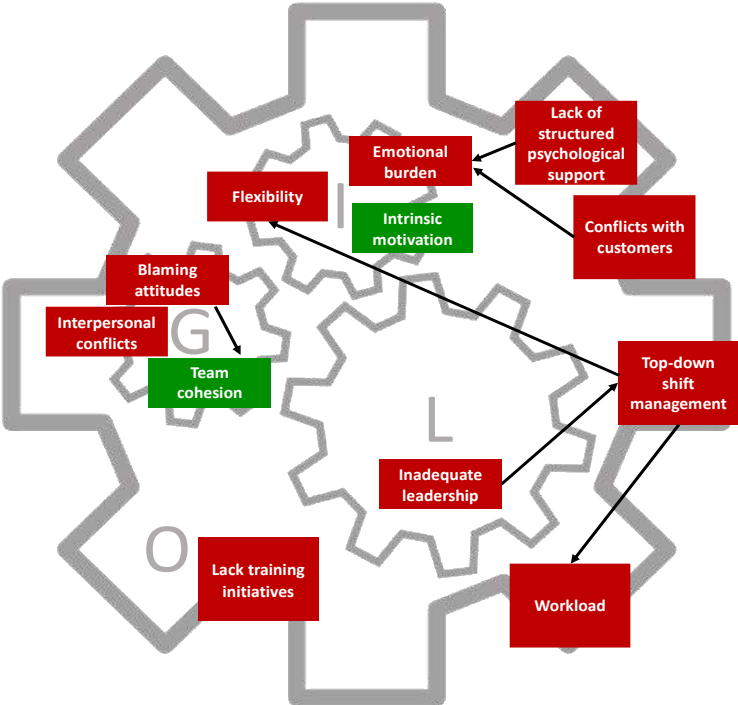
Emergency
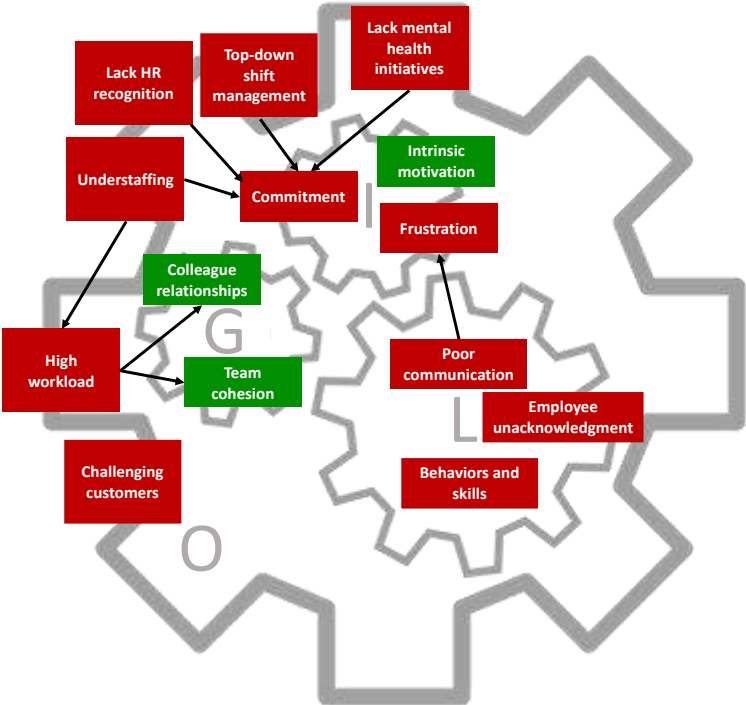
Medicine

Neurosciences
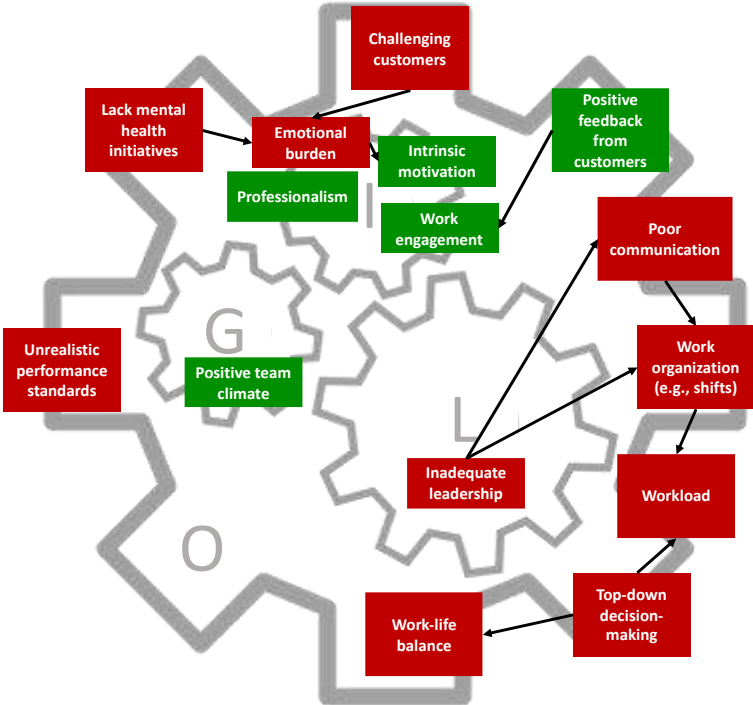
Selection of interventions

Stakeholder Meeting

- Positive Stress Management (I)
- Positive Social Climate (I/G)
- Sociomapping (G)
- Positive Leadership Development (L)

Positive Stress Management

Intervention to understand causes and consequences of stress and develop abilities to manage them proactively.

- 3 group sessions (3h each)
- 8 editions
- N = 78 workers
- 3 months
- IGLO level: Individual

Positive Social Climate

Intervention to understand workplace conflicts and develop strategies and abilities to manage them successfully.

- 3 group sessions (3h each)

- 7 editions

- N = 63 workers

- May-June 2021

- IGLO levels: Individual/Group

Sociomapping

Intervention to improve work communication within teams.

- 4 team sessions (3h each)
- 7 editions
- N = 62
- May-December 2021
- IGLO levels: Group

Positive Leadership Development
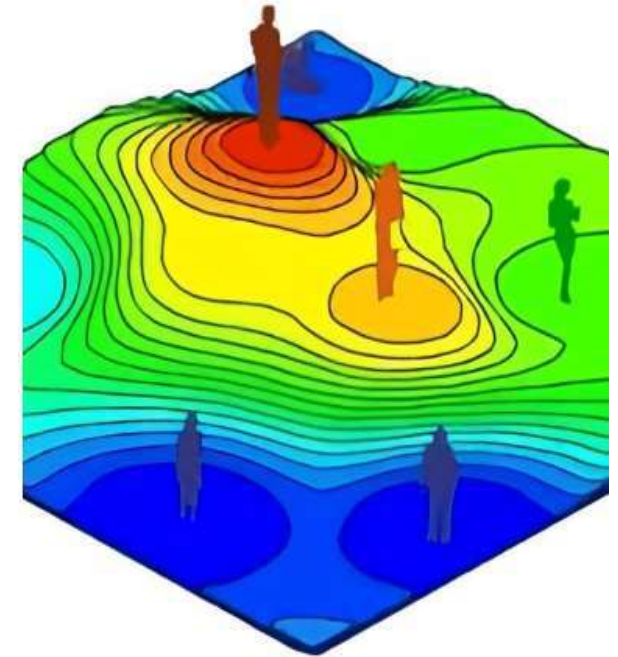
Intervention to promote the development of coaching-based positive leadership skills.

- 3 group sessions (3h each) + 3 individual sessions (1h 30 min each)

- 3 editions

- N= 14 leaders

- October-January 2021

- IGLO level: Leader

Process evaluation
Positive Stress Management

n = 59 (response rate: 76%)
scale from «1 = totally disagree» to «5 = totally agree»
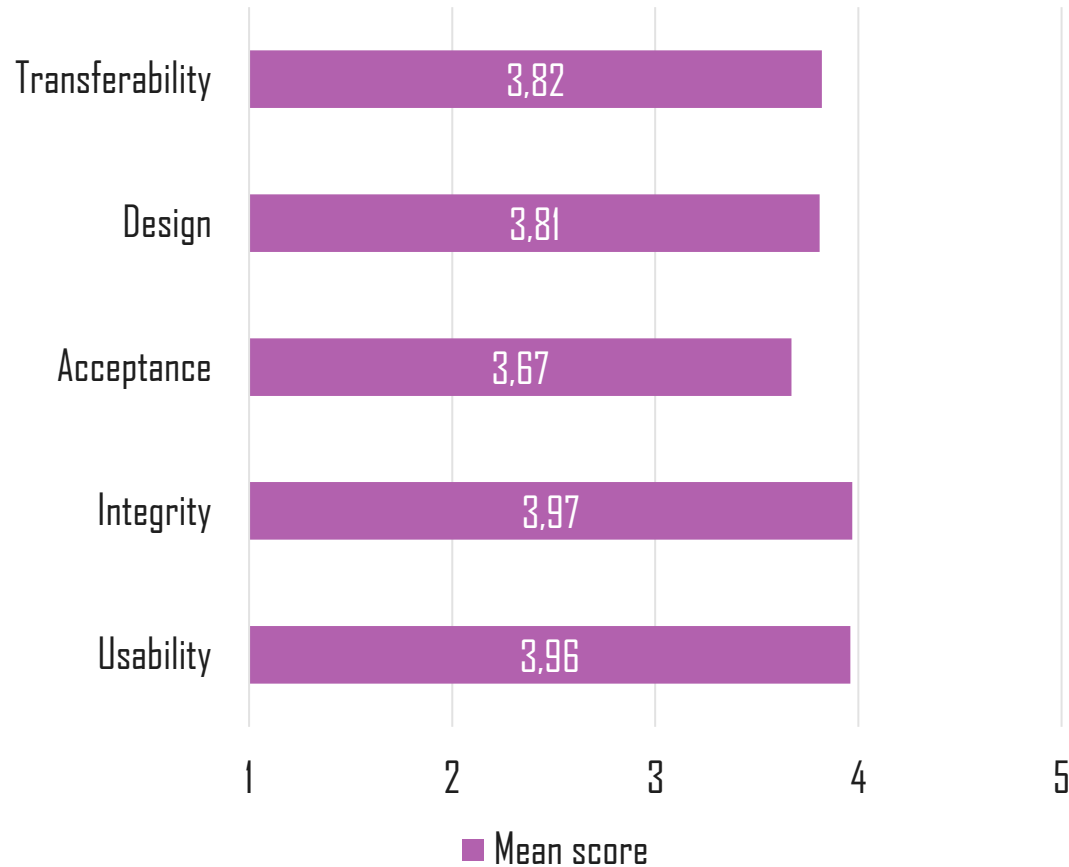
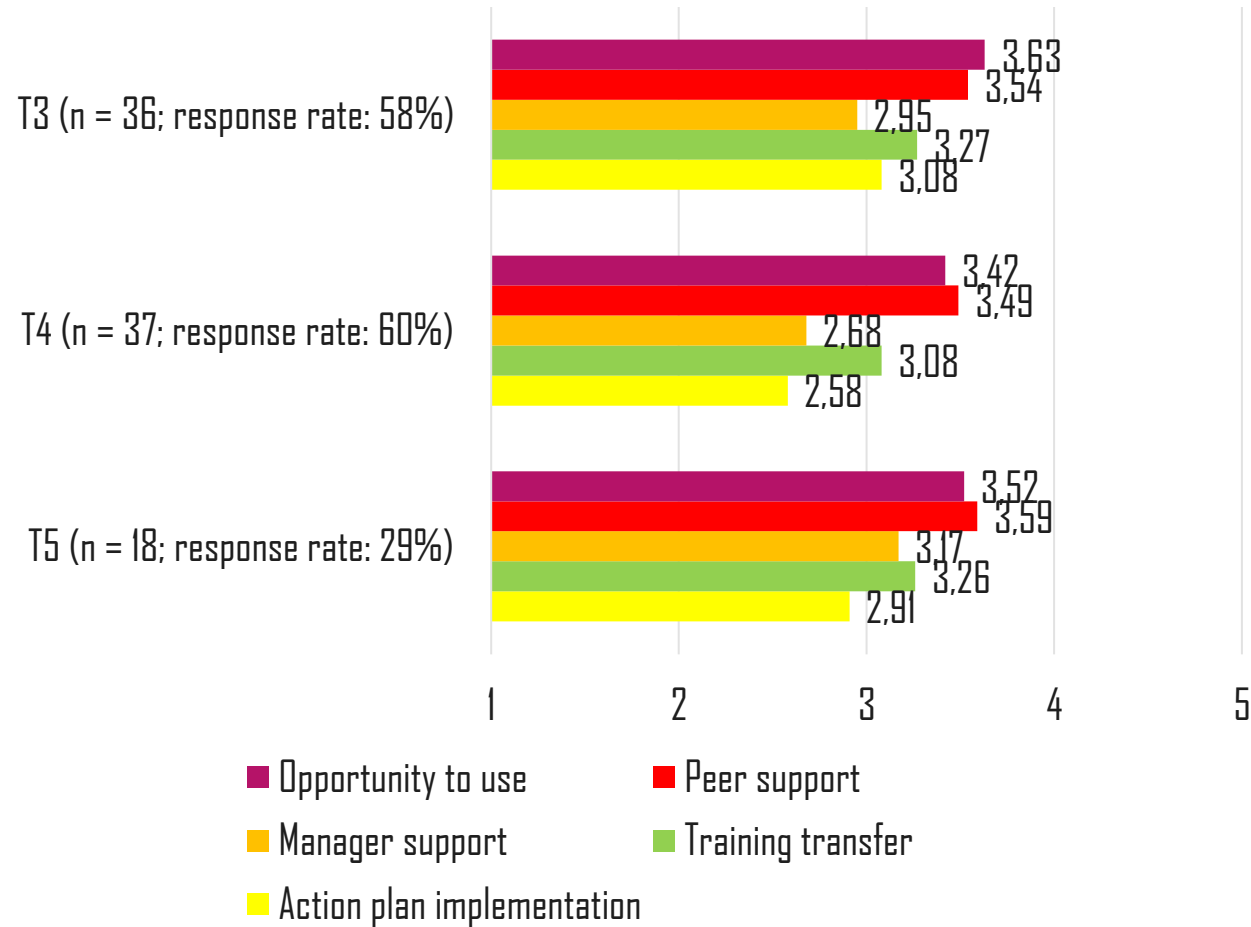Mean scores: scale from «1 = totally disagree» to «5 = totally agree»

	Mean score
Transferability	3,82
Design	3,81
Acceptance	3,67
Integrity	3,97
Usability	3,96

T4 (n = 31; response rate: 40%)
- 3,96
- 3,12
- 2,83
- 3,36
- 3,03

T5 (n = 59; response rate: 76%)
- 3,24
- 3,24
- 3,33
- 3,36

Legend:
- Opportunity to use
- Peer support
- Manager support
- Training transfer
- Action plan implementation
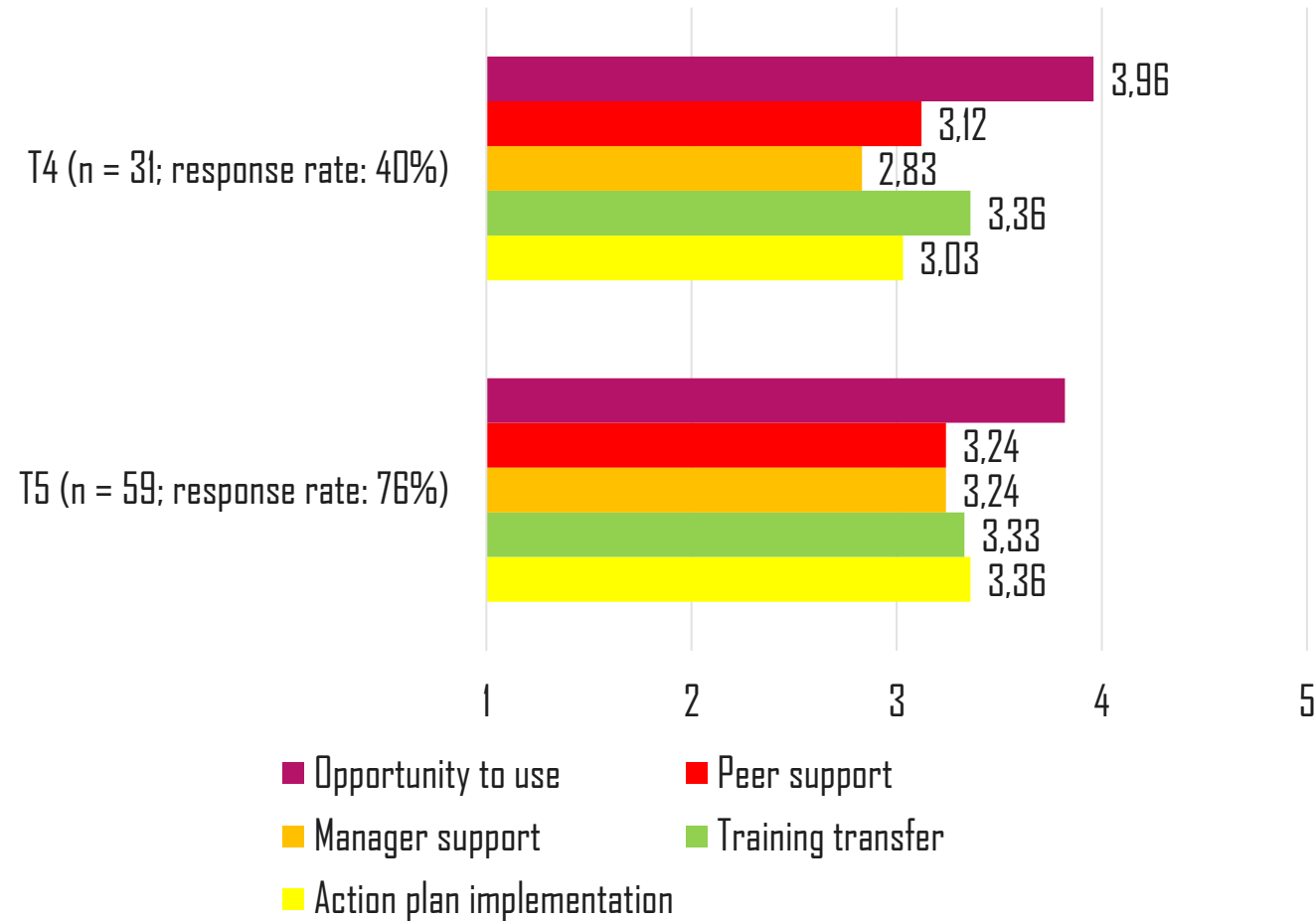
Process evaluation
Positive Social Climate

n = 26 (response rate: 41%)
scale from «1 = totally disagree» to «5 = totally agree»

Category	Mean score
Transferability	3,92
Design	3,91
Acceptance	3,85
Integrity	4,14
Usability	3,78

■ Mean score

Mean scores: scale from «1 = totally disagree» to «5 = totally agree»

T3 (n = 22; response rate: 35%)
- 3,93
- 3,83
- 3,56
- 3,59
- 3,3

T4 (n = 41; response rate: 65%)
- 3,65
- 3,53
- 3,46
- 3,08

T5 (n = 15; response rate: 24%)
- 3,2
- 3,38
- 3,11
- 2,82

■ Opportunity to use ■ Peer support
■ Manager support ■ Training transfer
■ Action plan implementation
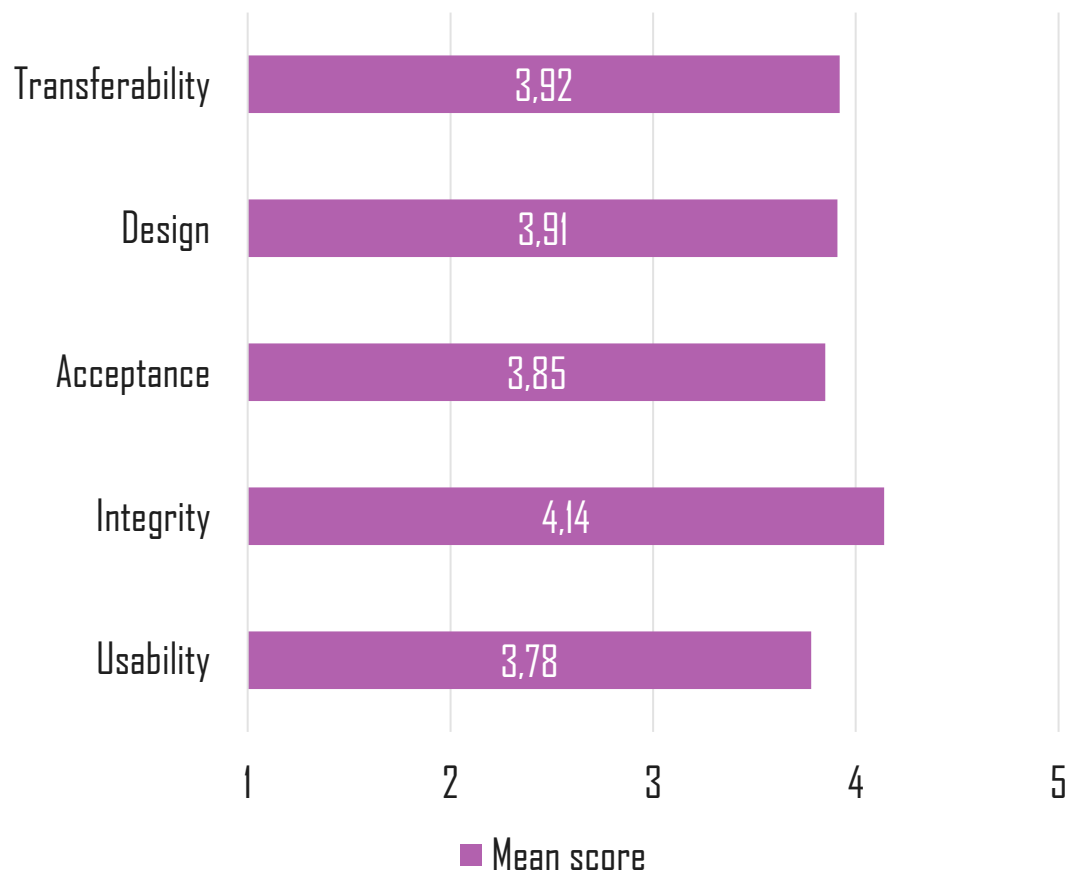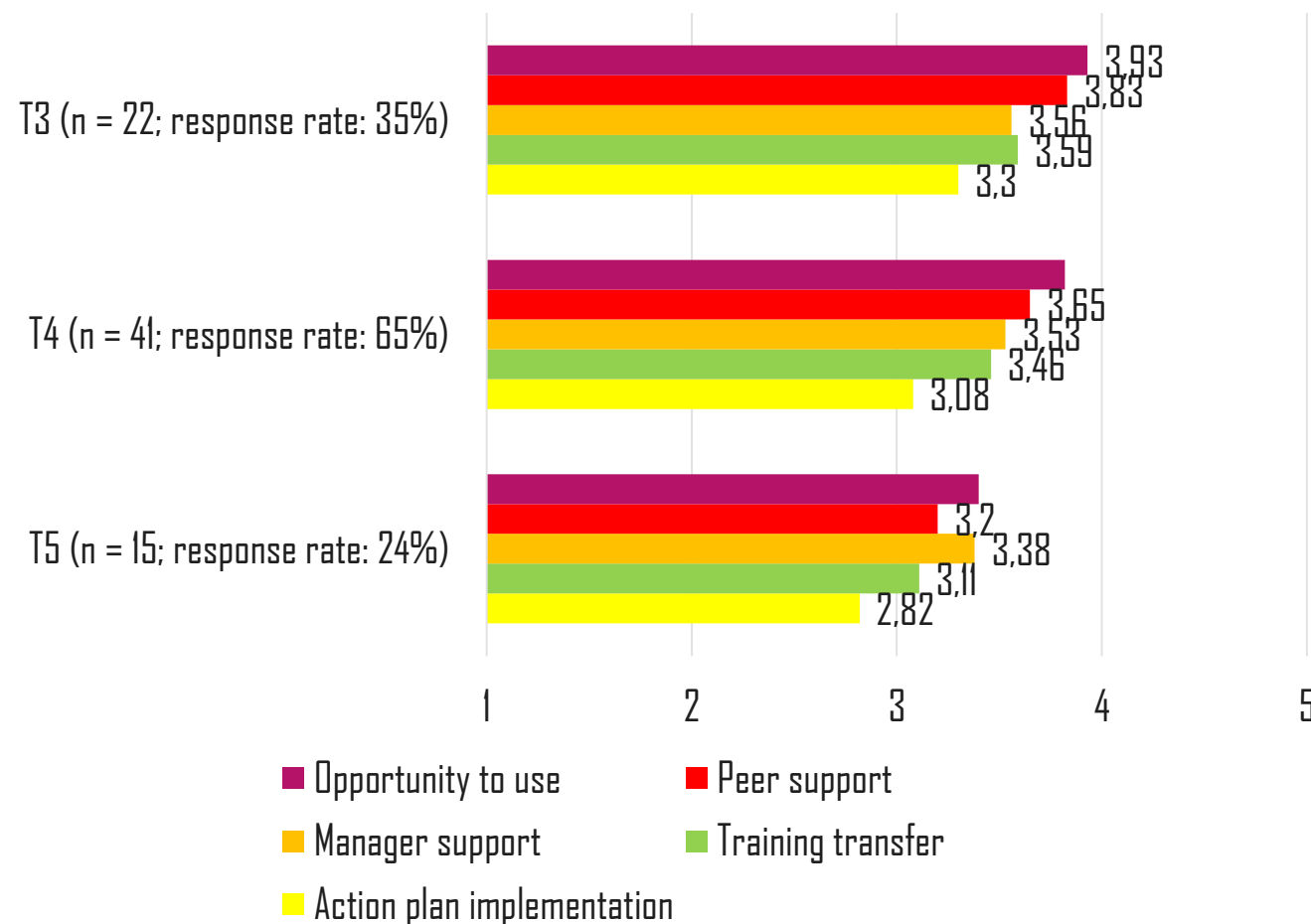
Process evaluation
Sociomapping

n = 29 (response rate: 47%)
scale from «1 = totally disagree» to «5 = totally agree»

Category	Mean score
Transferability	3,78
Design	3,7
Acceptance	3,51
Integrity	4
Usability	4,03

■ Mean score

Mean scores: scale from «1 = totally disagree» to «5 = totally agree»

T3 (n = 36; response rate: 58%)
- Opportunity to use: 3,63
- Peer support: 3,54
- Manager support: 2,95
- Training transfer: 3,27
- Action plan implementation: 3,08

T4 (n = 37; response rate: 60%)
- Opportunity to use: 3,42
- Peer support: 3,49
- Manager support: 2,68
- Training transfer: 3,08
- Action plan implementation: 2,58

T5 (n = 18; response rate: 29%)
- Opportunity to use: 3,52
- Peer support: 3,59
- Manager support: 3,17
- Training transfer: 3,26
- Action plan implementation: 2,91

■ Opportunity to use ■ Peer support
■ Manager support ■ Training transfer
■ Action plan implementation

Effect evaluation
From pre- to post-intervention

Measures	N	Mean T1 (SD) March 2021	Mean T6 (SD) June 2022	Range	Paired T-test	p
Job insecurity quantitative	31	1.93 (.82)	3.16 (.29)	1-5	-8.077	.000
Mental health specific leadership	31	2.03 (.92)	1.78 (.77)	1-5	1.875	.071
Job satisfaction	31	5.19 (1.07)	4.39 (1.43)	1-7	2.964	.006
Work engagement	32	4.31 (1.05)	3.80 (.93)	0-6	2.478	.019
Extra-role performance	31	5.65 (.83)	5.22 (1.00)	0-6	2.527	.017
Positive reappraisal	30	4.08 (.73)	3.69 (.70)	1-5	2.887	.007
Compassion	30	4.74 (.68)	4.42 (.63)	0-6	3.064	.005
Team autonomy	30	3.40 (.95)	2.80 (.79)	1-5	3.060	.005

Effect evaluation
From pre-intervention to follow-up

Measures	N	Mean T1 (SD) *March 2021*	Mean T7 (SD) *February 2023*	Range	Paired T-test	p
Job insecurity quantitative	31	1.78 (.69)	2.62 (.36)	1-5	-7.287	.000
Work-home conflict	31	3.83 (.72)	3.55 (.64)	1-5	2.402	.023
Burnout	31	2.67 (.59)	2.42 (.55)	1-5	2.608	.014
Mental health quality of life	30	2.75 (.43)	2.92 (.36)	1-4	-1.892	.069
Patient health questionnaire	29	1.81 (.62)	2.01 (.60)	0-3	-1.849	.075
Team participation	29	2.49 (.85)	2.82 (.94)	1-5	-1.882	.070

Effect evaluation
From pre- to post- intervention to follow-up

Measures	N	Mean T1 (SD) *March 2021*	Mean T6 (SD) *June 2022*	Mean T7 (SD) *February 2023*	F	p	η2
Job insecurity quantitative	9	2.08 (.64)	3.22 (.23)	2.52 (.36)	17.885	.000	.691
Mental health attitudes	9	3.47 (.74)	3.80 (.73)	3.86 (.54)	2.837	.088	.262
Team autonomy	9	3.13 (.83)	2.41 (.92)	3.25 (.77)	4.053	.038	.336

Key Performance Indicators
(KPIs)

		Target	Actual
Design and implementation of multi-level interventions	Number of interventions included the H-WORK Intervention Toolkit	10	**40**
	Number of intervention sites with successful implementation	10	**10**
	Number of employees participating in H-WORK actions	>1500	**1532**
	Number of supervisors and senior managers participating in H-WORK actions	>100	**94**
Tools for employers, policy makers & other stakeholders	Number of validated tools in the H-WORK Toolkits	10	**25**
	Number of validated metrics for psychosocial evaluation of interventions	3	**20**
	Number of policy recommendations & policy briefs	10	**4**
	Number of validated metrics for economic evaluation of interventions	2	**2**
	Number of translations of the H-WORK Toolkits (EU official languages)	>5	**10**

H-WORK

Davide Giusino
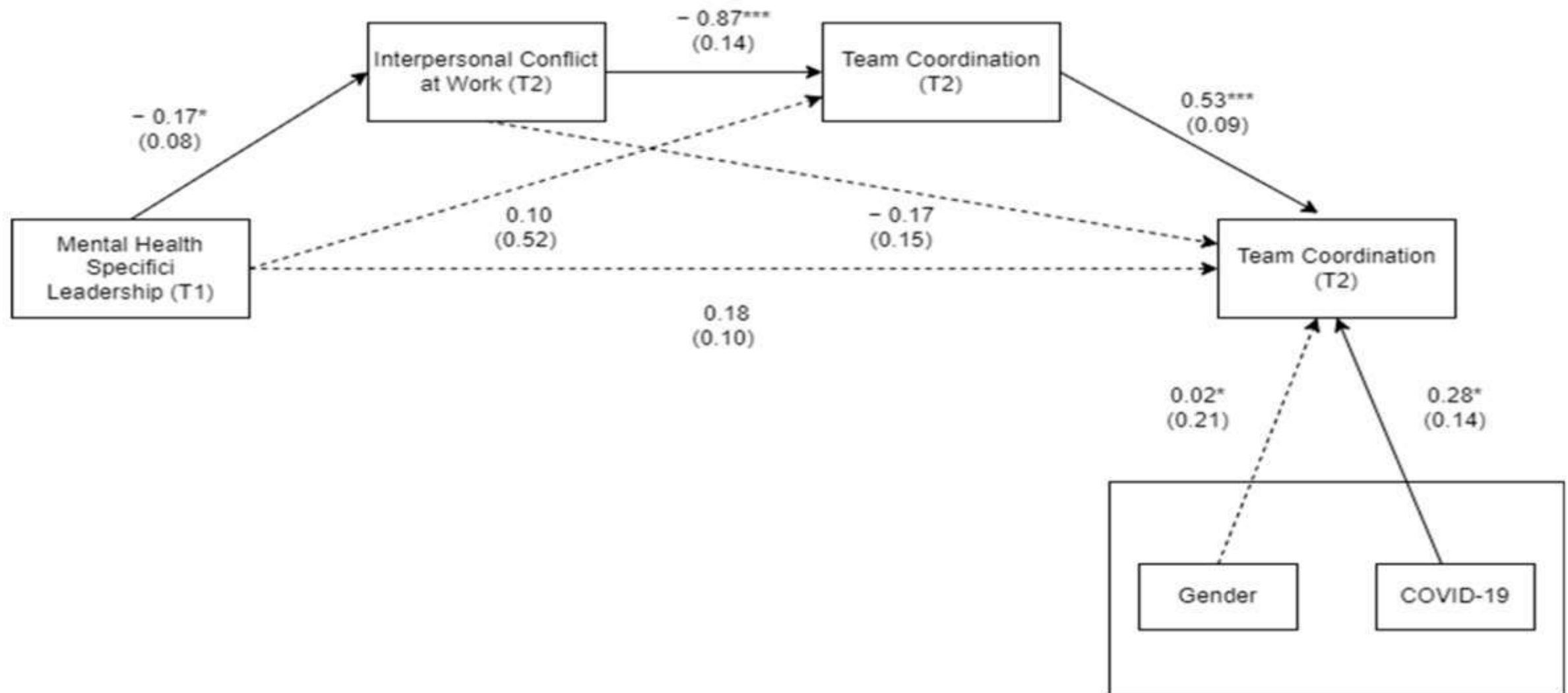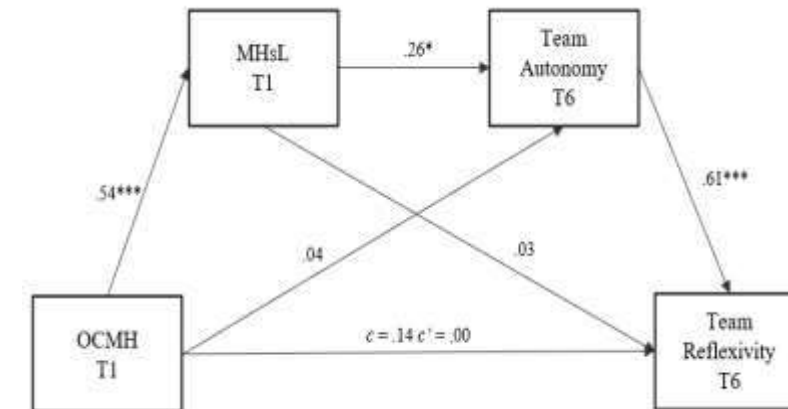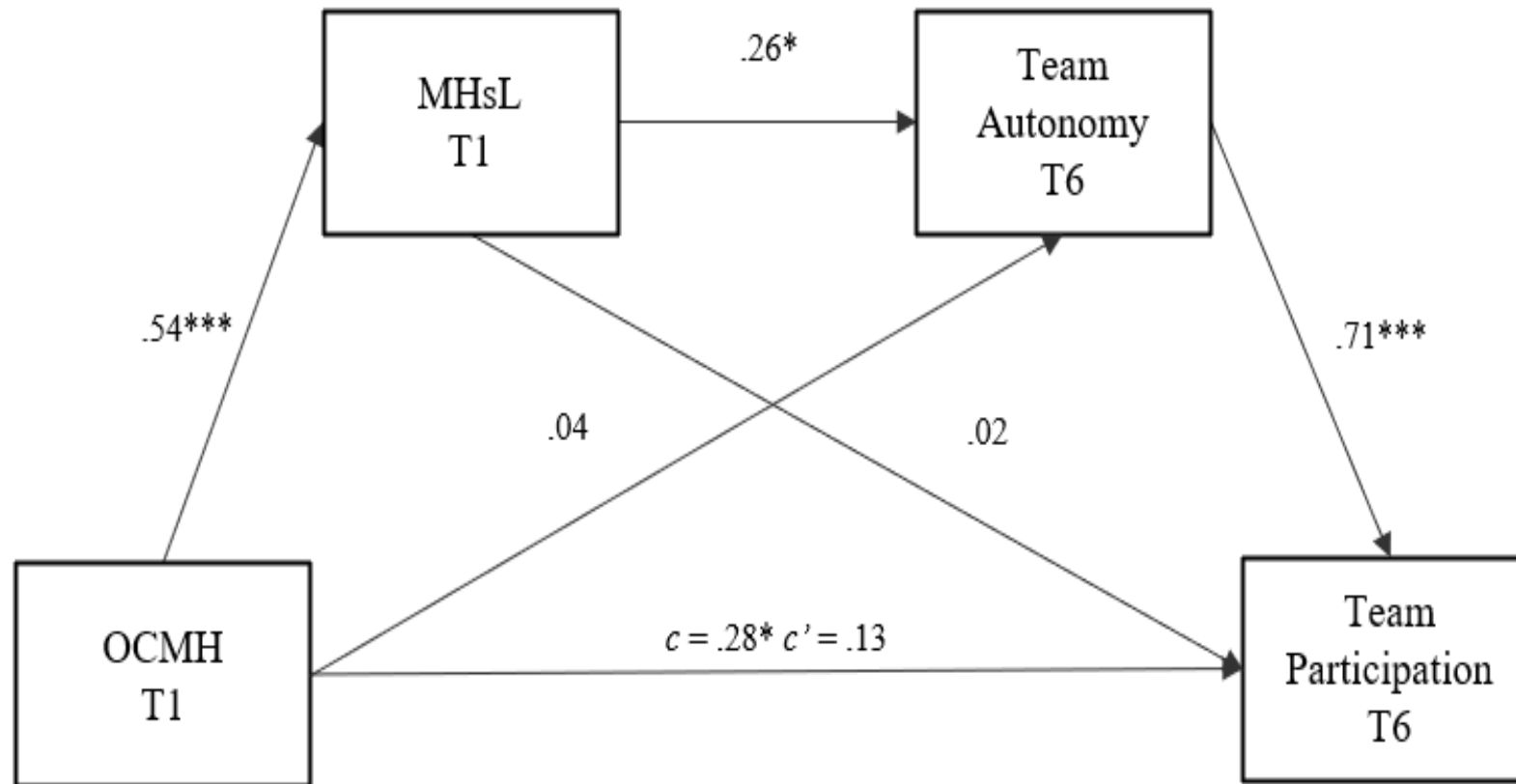
Davide is a psychologist and PhD Candidate at the University of Bologna. His scientific interests mostly relate to interventions for workers' mental health and psychosocial well-being in organisations. He is carrying out doctoral research regarding digital-based interventions for teams in the workplace and, as a professional ambition, he is firmly looking for transdisciplinary intersections among occupational health, clinical psychology, and critical social sciences.

The validation of The H-WORK Mental Health at Work Platform

A Usability and Acceptability study

Volpi Lucia, Giusino Davide, Fraboni Federico, De Angelis Marco & Pietrantoni Luca

Department of Psychology, Alma Mater Studiorum – University of Bologna, Italy

Structure

Brief Tour

Usability and Acceptability Study

Interactive Tools

Decision Support System

Benchmarking Tool

Economic Calculator

Road Map

Assessment

Design

Implementation

Evaluation

Policy Briefs

Mental health promotion recommendations and evidence-based best practices

The H-WORK Mental Health at WORK

Usability and Acceptability study

Aims

Usability
The extent to which a digital solution is **user-friendly**, **efficient** and **satisfying** for the intended users

Acceptability
The degree to which a digital solutions is deemed **applicable** and **agreeable** for by the intended users

Improvement suggestions and integration
To collect participants' ideas on potential platform improvements and integrate feedback

Davis et al., 1989; Martins et al., 2022

Participants

- **31 Participants** (16 Males, 15 Females)
- From **13 Countries** (EU/non-EU)
- Broad background: HR professionals, OHS managers, marketing, WOP researchers

Methods

- Qualitative: 50 min online interviews
- **Cognitive Walkthrough** (Mahatody et al., 2010)
- **Think-Aloud** techniques (Hartson & Pyla, 2012).
- Thematic Analysis **MAXQDA** using a hybrid inductive/ deductive approach (Armat et al., 2018)

Factors impacting Usability

Ease of Use

Cumbersome procedures: Downloadable Materials, soft log-in

Inconsistencies between sections: landing page and interactive tools

Information Clarity

Vague mental health terminology

Unclear timeframe of the Roadmap Steps

Economic calculator estimates

Perceived Enjoyment

Pleasing colour palette

Easy-to-read colour-coded results

Catchy dashboard presenting scores for every dimension

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Factors impacting Acceptability

Internal States
Motivation and Self-awareness

Trust
Privacy and Data Management

Assessment Validity
Explainability of Tools' Processes and Validity

Accessibility
Language, Mental Health Literacy and Data Requirements

"I see it mainly as an awareness-raising, don't you? It makes me think (at) the example of learning to ride a bike, that one goes from 'unknown incompetence' to 'known incompetence' to 'known competence' and 'unknown competence', in the sense that there comes a point where things are then done automatically [..] **in my opinion, we have to move from the phase of 'unknown incompetence' to the phase of 'known incompetence'.**

(F,54, Grant Officer at a Healthcare organisation)

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*"I was kind of suspicious like, **why should I tell someone how much money my company makes,** [...] I was thinking about quitting because I wouldn't be confident to provide such information."*

(M,39, Scrum Master)

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Accessibility
Language, Mental Health Literacy,
Data requirements

*"I'm the General Manager of a company. **If someone asked me nine questions and then he told me "You should do leadership training"** after nine questions and to invest so much money in it, I would say "okay, no, sorry. How do you know that? There are so many other things which you don't know about the company.*

(M,43, General Manager at a Manufacturing company)

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"But well, in SMEs and micro-SMEs, which I generally attend on a day-to-day basis, I have to say **that some do not have a psychosocial risk assessment.**"

(F,46,Occupational Risk prevention Advisor)

Economic & Benchmarking Calculators

Economic calculator to be used both internally and with clients to strengthen the mental health case with economic data

Benchmarking to be used in kick-off meetings with clients to set priorities and motivate them to start actions

Decision Support System Questionnaires

In regular team meetings as mental health check-in to initiate open conversations

In the university context as an educational tool for work physicians

Main considerations

Usability

- Informational hierarchy
- Predictive consistency
- Terminology and language
- Emotional aspects

(Diehl et al., 2022)

Acceptability

- Explainability of the system
- Privacy and Data security
- Trust – Adoption Link
- Social Comparison

(Alam et al., 2020; Ben Arfi et al., 2021; Jiménez & Bregenzer, 2018; Venkatesh et al., 2003)

Limitations

- Digital Literacy
- Unfamiliarity with usability evaluation

Contributions

- Important **factors** impacting usability and accessibility of eHealth platforms at work
- **Integration** of mental health tools in the work context
- Specific **category** of end-users: employers, managers, OH & HR professionals
- Use of **hybrid deductive and inductive analysis**

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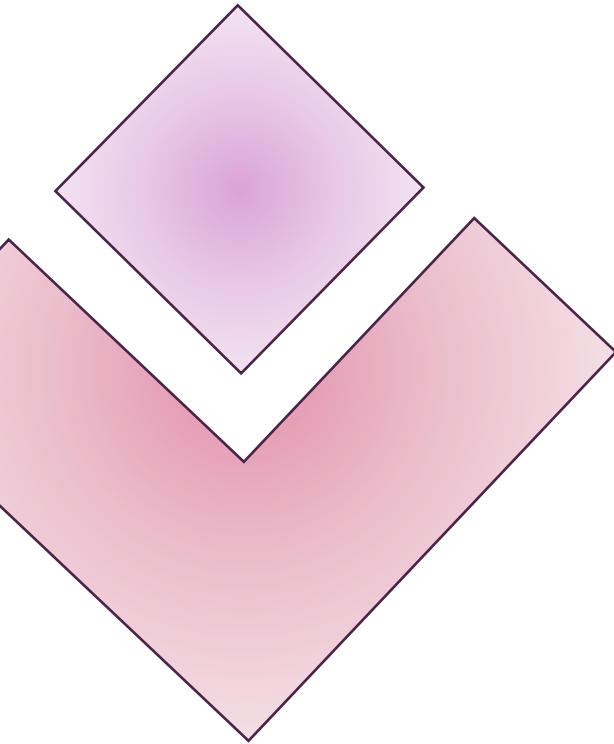- Trust – Adoption Link
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Christine Marking

is a Dutch clinical psychologist, with a specialisation in psycho-gerontology and social gerontology. After moving to Brussels in 1988 she worked as an external expert in the zeuropean Commission's Social Affairs and Health department for two years.
After then spending some 10 years as Director of Eurolink Age and AGE Platform Europe, she went into public affairs consultancy in 2002. Since then she has worked as an independent EU policy and advocacy advisor in the field of social affairs and health for many different organisations, including in the field of mental health and informal care provision.

Content

1) **Introduction**: situating H-WORK's policy output:
   - aim, activities, results
2) **The work in more detail: Policy Briefs**
   - what is meant by 'policy'?
   - the process, topics, outputs, state of play, examples
3) **The work in more detail: EU Policy Recommendations**
   - EU health remit, role, examples
4) **Putting the findings on relevant agendas**
5) **Next steps/Conclusions**

The aim of H-WORK's policy work

The policy work:

- fits in with promoting H-WORK's findings beyond its duration

- is a transversal part of H-WORK's communication and dissemination activities

- supports increased public/scientific awareness of the project/topic

- can support change via concrete policy recommendations targeting relevant audiences

The H-WORK policy is **resulting** in

- **12** policy briefs
- A set of detailed **EU-level policy recommendations (also relevant at national and sectoral level)**
- An overview of **current relevant EU policy/action on mental health at work**

Who was involved?

All H-WORK partners have a role to play in promoting the project and its outputs.

This specific part was coordinated by the

- European Federation of Psychologists Associations **(EFPA)** and the
- European Network for Workplace Health Promotion **(ENWHP)**
- **- a special thanks to Richard Wynne**

2) The work in more detail: Policy Briefs

What do we mean with 'policy'?

'Policy' has several forms:

- Binding/prescriptive legal measures that describe methods and desired outcomes.

- Non-binding measures, describing the desired outcome, leaving the means to obtain the goal to the players concerned.

- Other measures, e.g. initiatives aiming to stimulate cooperation preparing the ground for more formal or binding policies at a later stage.

H-WORK includes all of these and targets the main 'players': policymakers, social partners, SME's, managers, the media, health professionals....

Topics and players

Finalised:

- UNIBO : Recommendations on Digital Interventions for Employee Well-Being and Teamwork
- USFD/NTNU : Selecting interventions based on workers' needs: Why and how to ensure participation
- EFPA : Making room for Mental Health: Recommendations from Psychologists to Managers
- ENWHP: Mental Health and Wellbeing in Small and Medium Sized Enterprises (SMEs) – Reflecting the needs of SME's in intervention design and implementation

In progress:

- VALORA: Prevention of Workplace mental health Issues: recommendations/training
- ENWHP: the role of the social partners
- EFPA: Improving Workplace mental health: The role of EU policy makers
- KAROLINSKA INSTITUTET: Economic Benefits of Promoting Mental Health in SME's and Public Organisations
- HELLO BETTER: Advancing Workplace Mental Health Support in the EU: Learnings from Germany /Potential of DiGAs:
- BE-OPEN/UNIBO: Social Media and mental health at work: recommendations for managers
- UvA: Workforce in Mental Health
- UNIBO: Leveraging technology in the implementation of successful interventions

Some examples

UNIBO: Digital Interventions:

- Consider deploying digital interventions for employee wellbeing and teamwork.
- Ensure digital interventions are usable and engaging and appoint key intervention staff.

USFD/NTNU : User participation

- Ensure user participation in the design of digital wellbeing interventions/needs assessment and ensure tailored services

EFPA: Psychologists to Managers

- Regularly 'test the water' in terms of the state of mental health in your organisation (e.g. by making use of H-WORK tools)
- Enrol in training courses to improve communication and people management skills.
- Be aware of and address psychosocial risks and seek the advice and support of specialist mental health care providers

ENWHP: SME's:

- SME mental health and wellbeing programmes should be designed specifically for SMEs.
- Consider providing external support (human and financial resources) to SMEs, especially micro-enterprises, for promoting effective WHP Interventions

3) The work in more detail: EU Policy Recommendations

The EU 'health' remit is **limited:**

- member states are/want to be in charge of their health systems and health service delivery.

<u>However:</u>

- **Health and safety at work CAN be addressed at EU-level**

- Until now strong focus on 'physical' safety

- But **attention for mental health at work is increasing**

- ➡ Important 'hook' or entry point for policy change

Who is involved with EU policy development?

European Commission:

- EU's primary executive body: proposes, implements and monitors legislation.

- each Member State has a Commissioner, responsible for a policy area.

European Parliament:

- directly elected by EU citizens

- cannot propose legislation, but most legislation cannot pass without its approval.

The Council of the EU/ Council of Ministers:

- represents individual member states and has to approve all legislation to pass.

- consists of the government ministers from all EU Members, organised by policy area.

The main EU level players and their roles

Other players
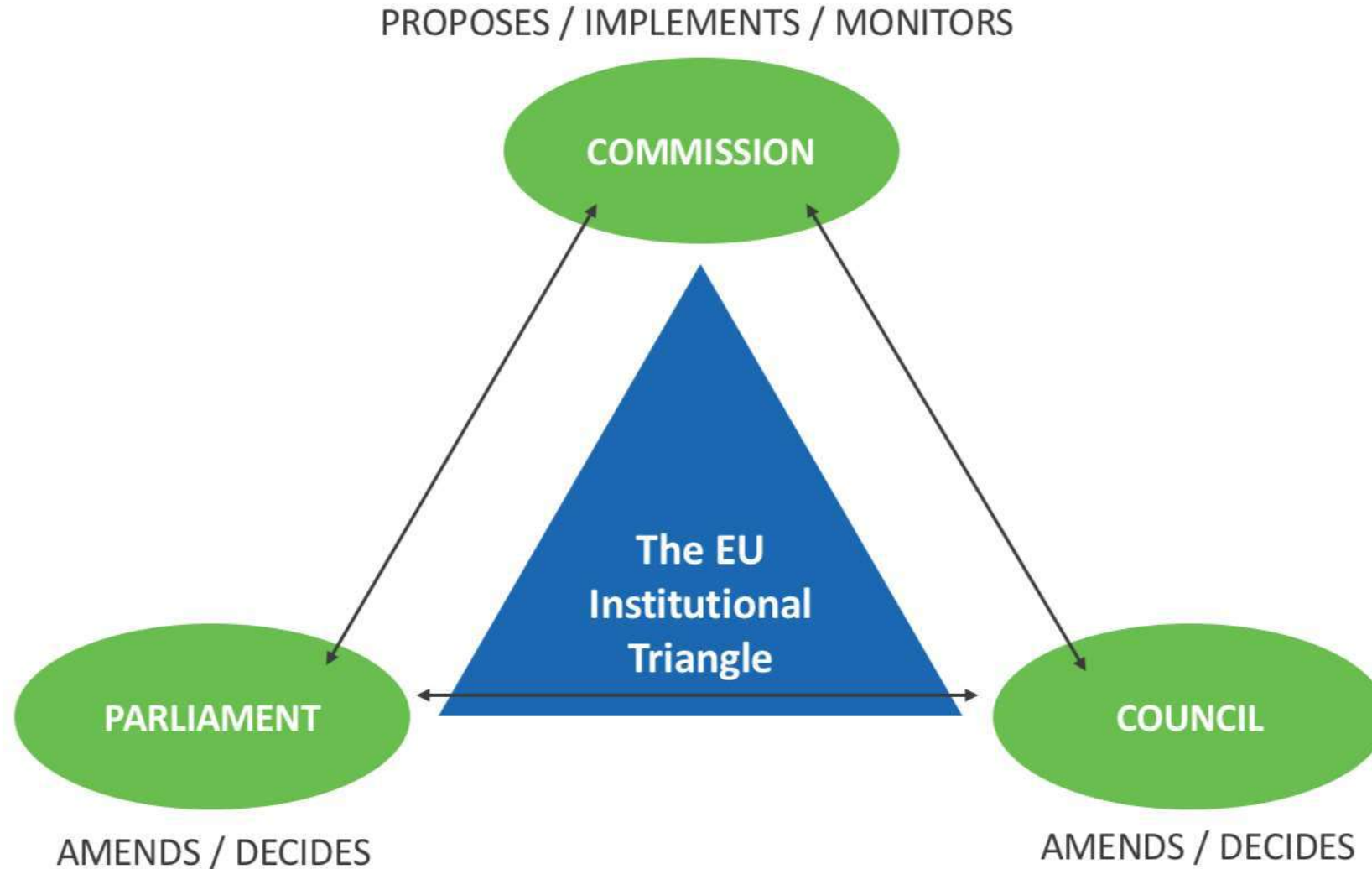
- **EU-OSHA:** EU information agency for occupational safety and health, contributing to European Commission's Strategic Framework on Health and Safety at Work

- **Organization for Economic Co-operation and Development (OECD):** works to build better policies fostering prosperity/equality/opportunity/well-being,

- **World Health Organization (WHO):** works worldwide to promote health and serve the vulnerable

- **BusinessEurope (employers):** advocate for growth and competitiveness at European level, standing up for companies across the continent.

- **European Trade Union Confederation (ETUC):** speaks on behalf of European workers to have a stronger say in EU decision-making.

Commission:

- Include mental health in the European Framework Directive on Safety and Health at Work.

- Propose national action plans on mental health, that also address mental health at work

- Support EU funded research on mental health at work

Council of Ministers:

- Ensure the development of national action plans on mental health.

- Hold an annual meeting to take stock of mental health at work and how it is addressed.

European Parliament:

- Dedicate an Own Initiative report to mental health at work

Social Partners:

- Include provisions for promoting mental health and wellbeing in Social Partnership Agreements

- Develop policy statements and guidelines on the improvement of mental health in the workforce

- Support the development and implementation of training on improving/addressing MH in the workplace

- Launch information campaigns targeted at their memberships and the wider public

4) Putting the findings on relevant agendas

The current interest in MH at work (1)

Before 2017:

- The EU took specific action in the field of mental health
- This resulted in a Framework for Action, also targeting mental health at work

2017-2023:

- Mental health addressed as part of the general NCD agenda

2023:

- 'A comprehensive approach to mental health', with specific 'key theme' on mental health at work

➔ **Attention increasing (COVID-19, Ukraine, climate)**

The current interest in MH at work (2)

Other players also more active on mental health (at work):

- EU-OSHA: mental health at work campaigns
- OECD: reports
- WHO: European Action Plan
- Social partners: increasing pressure to take action

➔ **Renewed attention for MH at work across the board, opportunities to showcase H-WORK's findings, advocacy/support for change**

5) Next steps/ Conclusions

- H-WORK partners (are already) disseminating the findings of the project, also the policy recommendations/briefs

- Making a special effort to make sure the outputs get to the right audiences and will take the recommendations up in their advocacy work

Conclusions for psychologists

- Workplace mental health is a growing field which needs the involvement and engagement of and guidance from psychologists.

- Psychologists can play a role: as trainers, providing guidance, both at individual as well as at system level.

- H-WORK provides tools and examples for psychologists to work with

- Psychologists can spread the word about the importance of this work and its practical implications.

Thank you for your attention!

Questions & Answers Session