



**MENTAL HEALTH IN THE  
WORKPLACE**

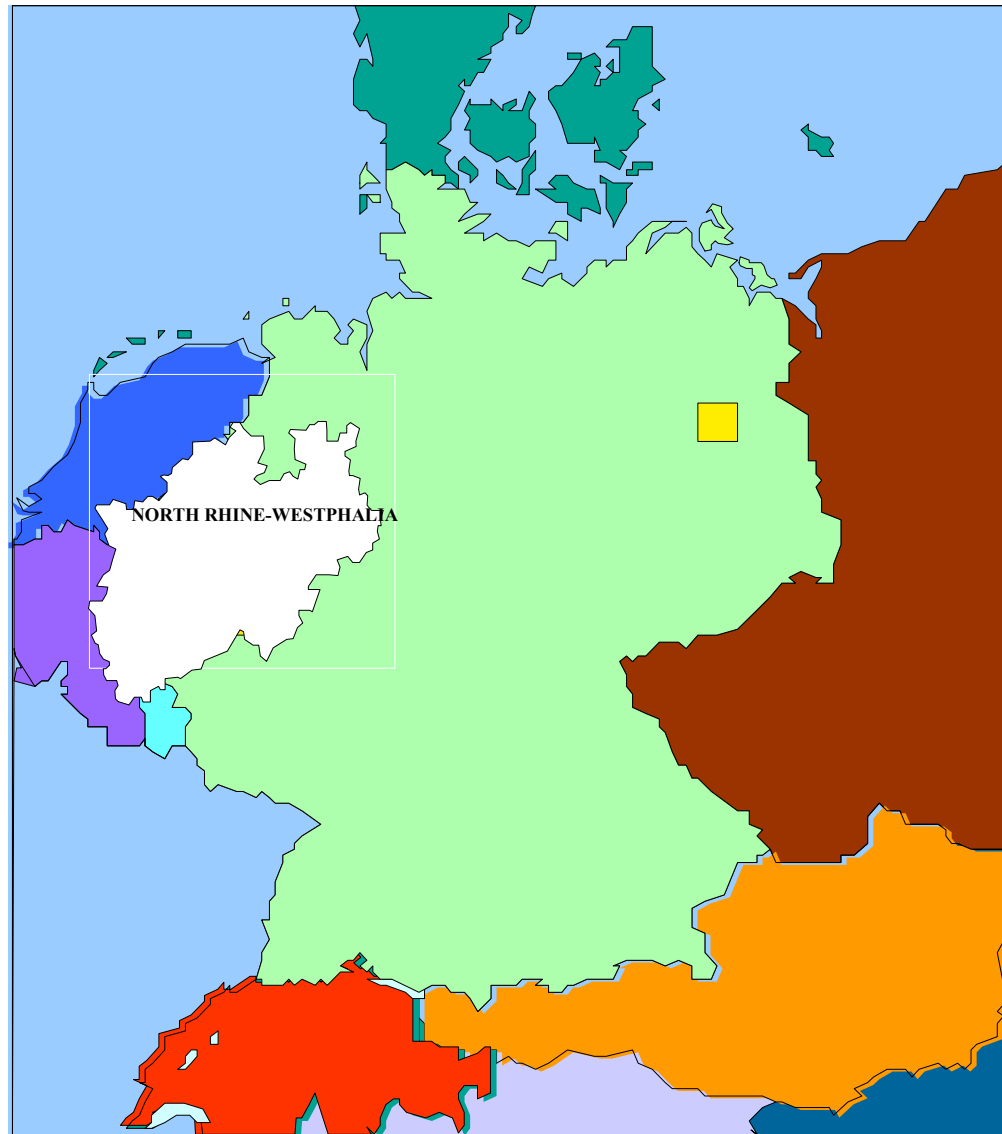
**in Small/Midsize Enterprises**

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# The Rhineland

- ▶ The western region of northrhine-westfalia
- ▶ 9.5m people live in the region
- ▶ Home to well-known cities such as Aachen, Bonn, Düsseldorf and Cologne.
- ▶ Focus on:
  - mining (lignite),
  - chemical industry,
  - textile industry



# AOK Rheinland



is the largest health insurer in the Rhineland,

- ▶ insures 2.6 million people,
- ▶ deals with 229,000 employers,
- ▶ employs 6,600 people,
- ▶ controls as a subsidiary company the

Institut für Betriebliche Gesundheitsförderung BGF GmbH  
[Institute for occupational health promotion].

# The Institut für Betriebliche Gesundheitsförderung BGF GmbH [Institute for corporate health promotion]



- ▶ fulfils the statutory duty concerning health promotion in the workplace,
- ▶ employs 25 people in the following professions:  
nutritional scientists, educationalists, psychologists, social scientists,  
sports scientists,
- ▶ deals with about 600 companies on a yearly basis.

# Those involved in German workplace health and safety I tasks

- Statutory industrial safety → Laws, decrees, SGB (social code), industrial safety laws, monitoring (advice)
- Statutory accident insurance bodies → Decisions from UVV (accident prevention guidelines), monitoring, (advice)
- Statutory health insurance bodies → Advice

# Those involved in German workplace health and safety I tasks

At company level:

- Employer → Compliance with the statutory regulations of workplace health and safety
- Safety specialists → The employer delegates these tasks to qualified people
- Occupational physicians → Workplace medical care

# Those involved in German workplace health and safety II

## Financing

State industrial safety	→	State (100%)
Statutory accident insurance bodies	→	Company (100%)
Statutory health insurance	→	Company and employee (each 50%)
At company level	→	Company (100%)

# Why do accident insurance bodies use occupational health promotion (OHP)?

## 1. The duty of the legislator



SGB 7 (Social Code VII), Paragraph 14, Sections 1 and 2

(1) “The accident insurer is obliged to take all suitable measures to prevent workplace accidents, occupational illnesses and work-related health risks. They should also aim to look into the causes of work-related dangers to the workers’ life and health.”

(2) “The accident insurance bodies is to work together with the health insurance companies to prevent work-related health problems.”

## 2. The change in understanding of occupational safety

Workplace accidents per 1000 full-time workers:

1980	1990	1995	1999
76.35	52.09	46.68	38.72

Source: Hauptverband der gewerblichen Berufsgenossenschaften [Main confederation of trade associations]

# Why do health insurance bodies use OHP?

## 1. The duty of the legislator



SGB 5, Paragraph 20, Section 2

“Health insurance companies can supplement industrial safety by implementing additional occupational health promotion measures... Health insurance companies work with statutory accident insurers to remove work-related health dangers...”

Decision taken by the health insurance companies regarding common and standard areas of business and their criteria...in order to implement Paragraph 20 Sections 1 and 2 of the SGB V

Financing of company programmes only when:

- > there exist guidelines concerning company health promotion,
- > employees or an elected representative are involved in decisions on health matters,
- > measures are only implemented on the basis of a continually updated analysis,
- > there exists an internal body of experts to offer guidance,
- > all measures are regularly evaluated and followed-up,
- > the results are documented and made available.

# Why do health insurance bodies use OHP?



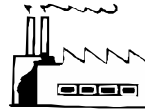
## 2. Reduction in performance expenditure

- ▶ There is an established relationship between performance expenditure and the level of illness within companies.
- ▶ Performance expenditure decreases when the level of illness within the company falls, and vice versa.

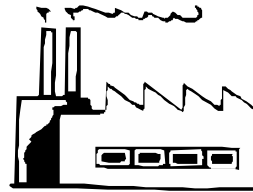
# Starting point for the OHP in small and medium-sized enterprises (SMEs)

## - Definition of company size -

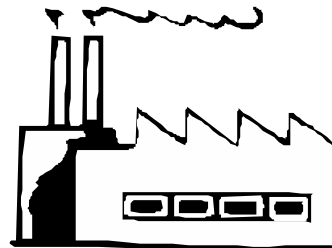
Small business  
1-29 employees



Medium-sized business  
30-300 employees



Large business  
>300 employees



# **OHP in small and medium-sized enterprises**

## **Why is so much effort needed to sell the idea to these companies?**

**Can be explained by:**

- ▶ near-exhausted time budget,
- ▶ short-term or, at best, medium-term production planning,
- ▶ relatively stable or resigned satisfaction with status,
- ▶ health and safety protection guided by traditional accident protection,
- ▶ missing or insufficient worker participation; no worker representation to improve employers,
- ▶ missing or inadequately exercised guidance relating to technology, safety and preventative occupational health care,
- ▶ problems in dealing with the industrial safety institutions,
- ▶ individual 'problem-solution behaviour' - due to a lack of contact with other companies, existing solutions are commonly not known,
- ▶ inappropriate, patriarchal style of management,
- ▶ little or no willingness to spend money on the BGF.

# What is required from programmes for occupational health promotion in medium-sized companies?

## From the company's point of view

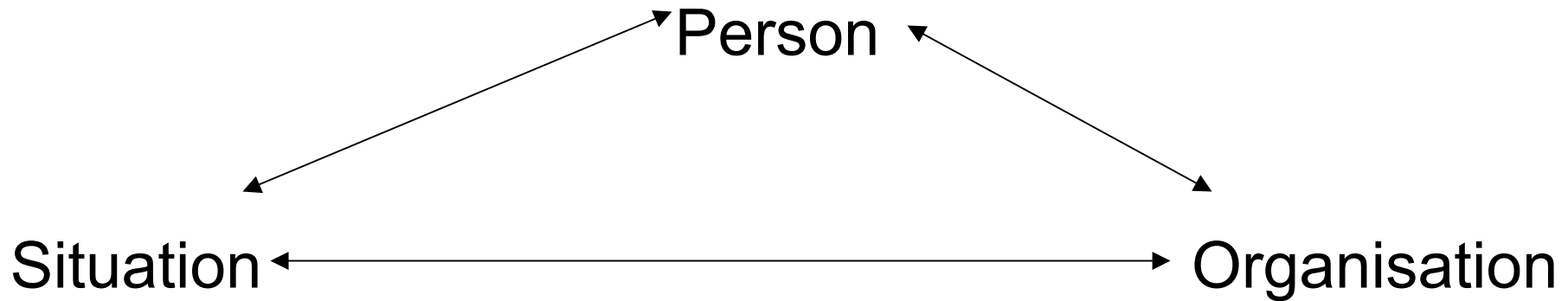
- ▶ (firstly) will not take up too much time
- ▶ uses existing structures
- ▶ measurable results - as soon as possible
- ▶ that will not disturb the calm running of the company
- ▶ that will not disrupt the functioning of the company

# What is required from programmes for occupational health promotion in medium-sized companies?

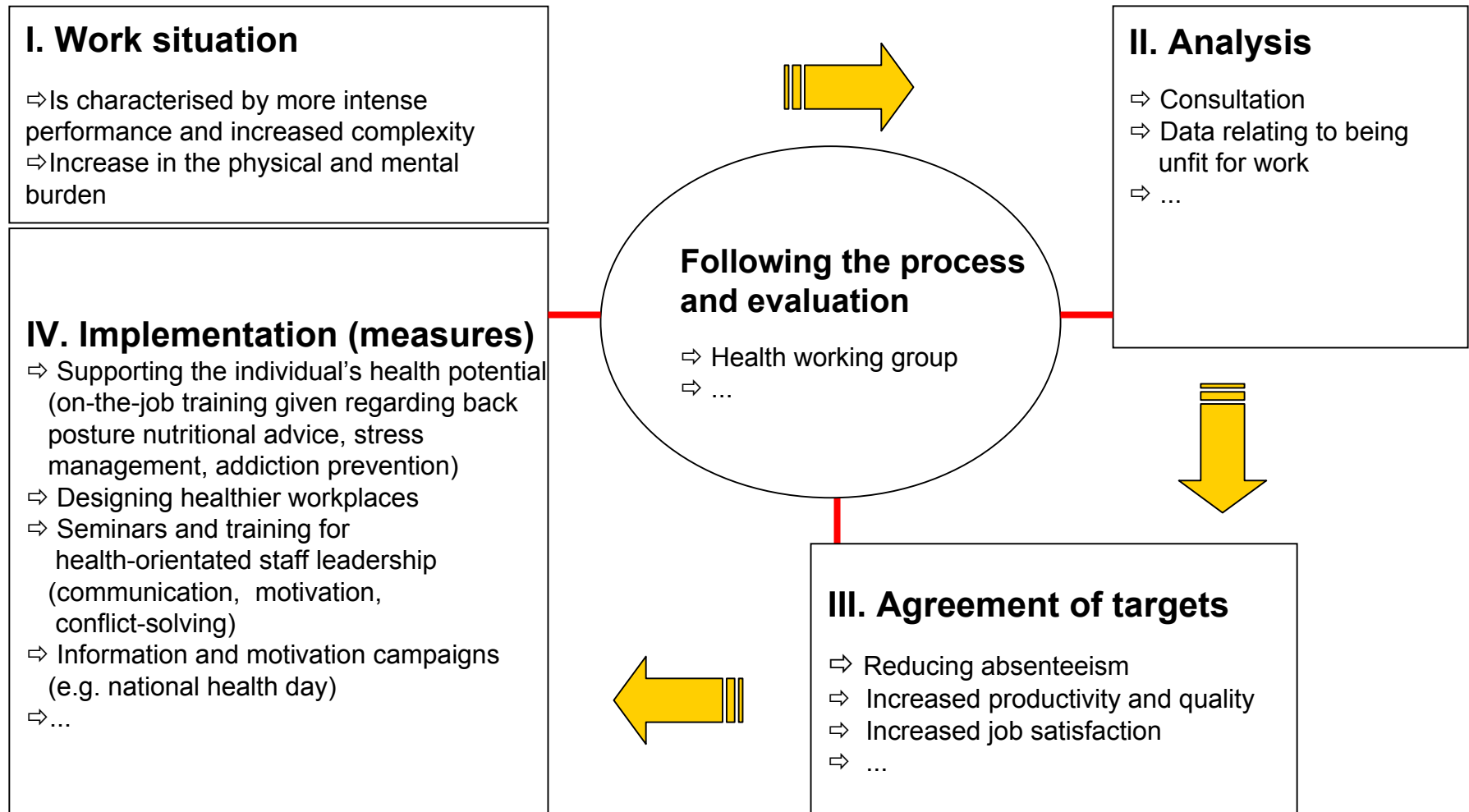
**From the supplier`s (health or accident insurance e.g.) point of view**

- ▶ a clear acknowledgement of the management
- ▶ openness towards the subject within the company
- ▶ clear-cut responsibilities and competencies
- ▶ continuity in procedures
- ▶ logical dealings
- ▶ credibility of communication and of the procedure
- ▶ open communication in the company
- ▶ detailed analysis of the initial position

# Starting point for the OHP in small and medium-sized enterprises

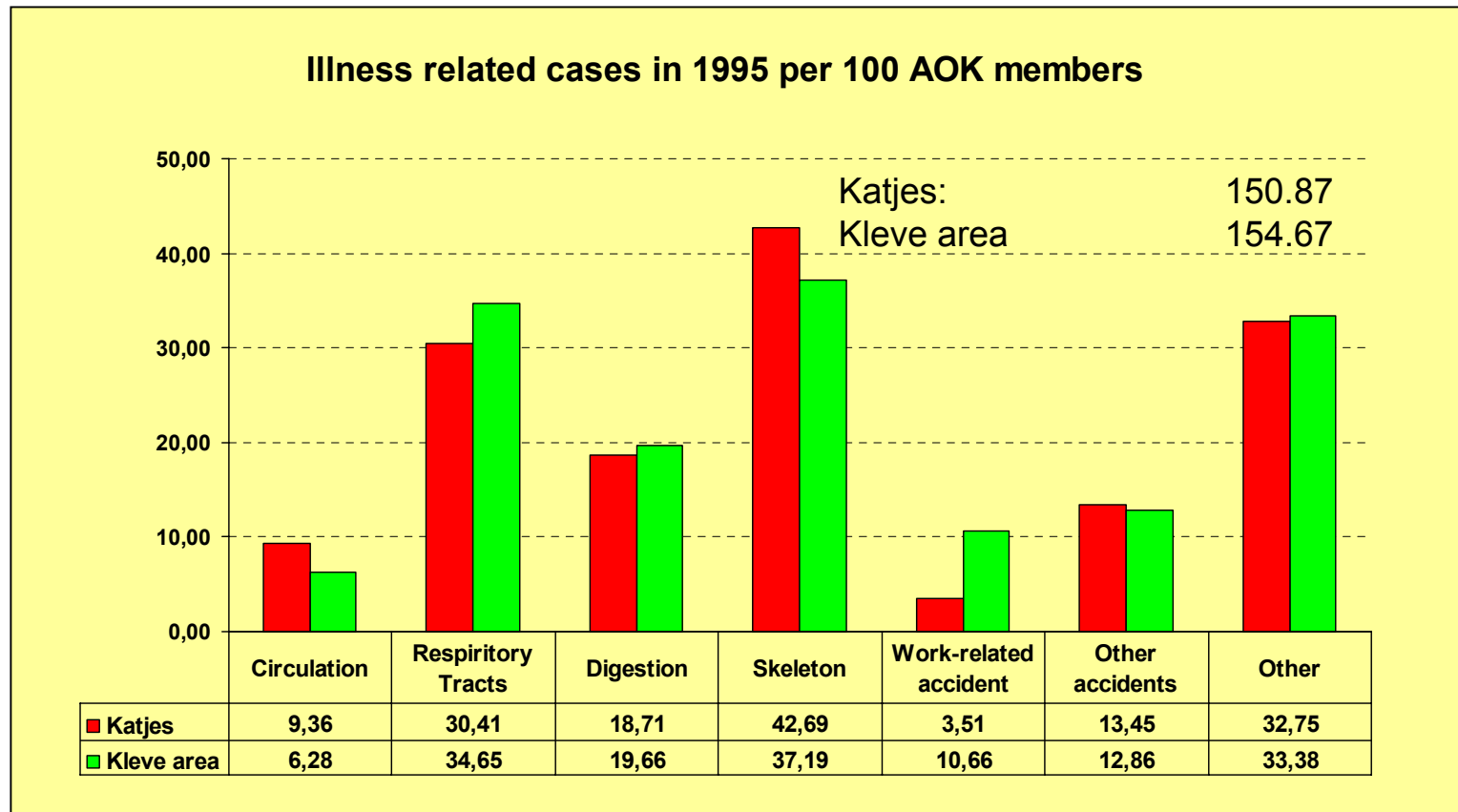


# The process of occupational health promotion



# Best practice I - Experience of Katjes Fassin GmbH + Co. KG (300 employees)

Initial situation:



# Best practice I - Experience of Katjes Fassin GmbH + Co. KG (300 employees)

## Activities

- 1996 Company experts and specialists from AOK Rheinland visit the workplace - a catalogue of action is drawn up detailing methods of prevention (working conditions and employee conduct)
- 1997 Implementation of production training for those people involved in the production, revision and updating of the catalogue of measures
- 1999 Repetition of the training, revision and updating of the catalogue of measures
- 2000 Repetition of the training, integration of managerial employees, revision and updating the catalogue of measures, followed by the implementation of the changes suggested for the workplace, e.g. removing inconvenient working heights by instead using variable-height tables.

# Best practice I - Experience of Katjes Fassin GmbH + Co. KG (300 employees)

## Investments

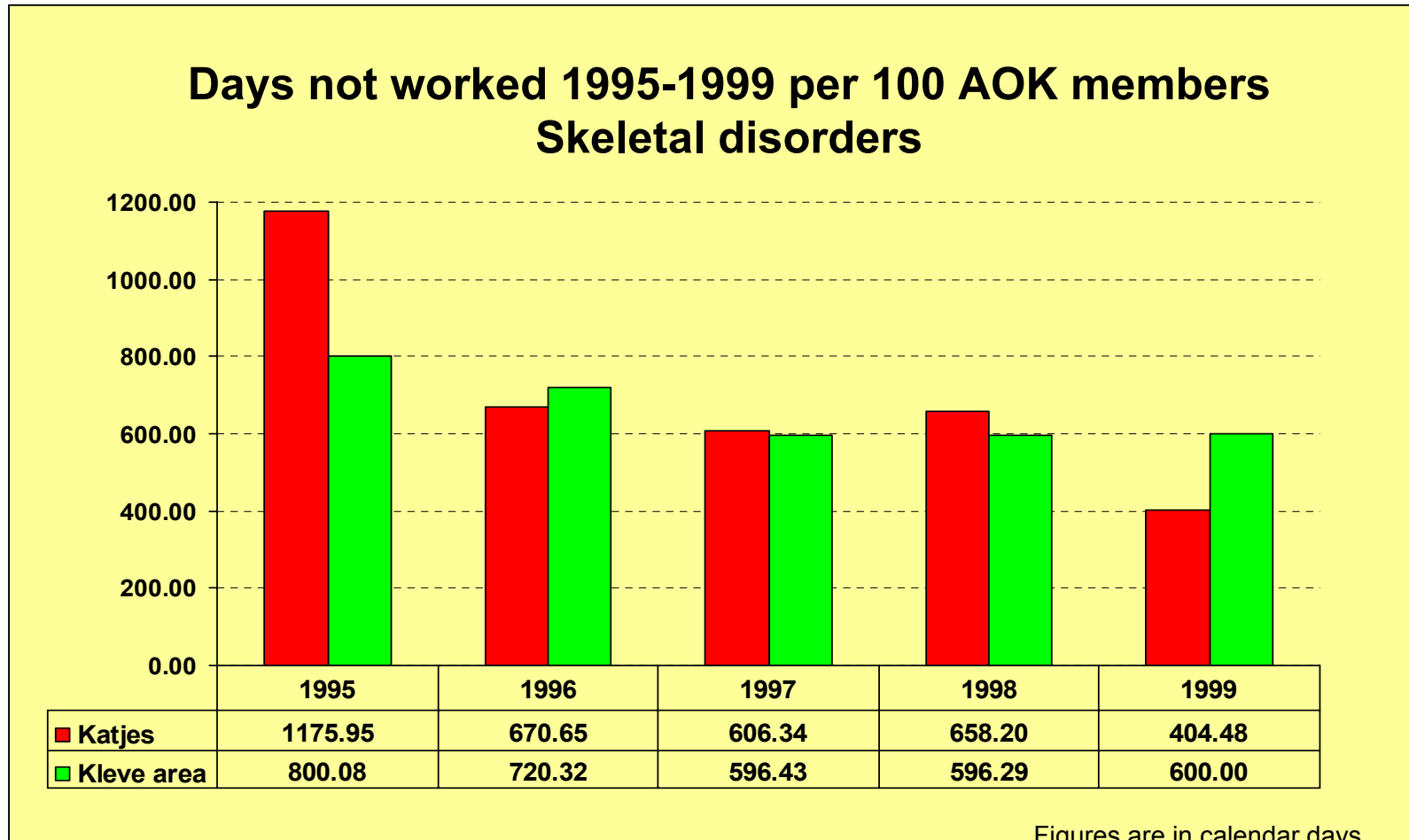
### **Preventative measures (extract)**

- Changing the 50kg bulk to other packaging units,
- Acquisition of a vacuum lift for sacks of sugar (50kg),
- Providing work shoes with a step-cushioning sole,
- Acquiring variable-height tables in the packaging dept.,
- Modifying the shift system.

Investments worth around 100,000 DM for preventative measures.

# Best practice I - Experience of Katjes Fassin GmbH + Co. KG (300 employees)

## Results



# Best practice I - Experience of Katjes Fassin GmbH + Co. KG (300 employees)

## Results

Cost savings as a result of the reduction in  
muscle and skeletal illnesses

Year	1995	1996	1997	1998	1999
Days unsuitable for work	2011	1054	926	1016	611
Cases where unsuitable for work	73	49	44	42	41
Cost per day	400.00 DM	400.00 DM	400.00 DM	400.00 DM	400.00 DM
Total cost	804,400.00 DM	421,600.00 DM	370,400.00 DM	406,400.00 DM	244,400.00 DM
Amount saved in comparison to 1995		382,800.00 DM	434,000.00 DM	398,000.00 DM	560,000.00 DM
Total		1,774,800.00 DM			

# Best practice II - Experience of small businesses (1-29 employees)

Difficulties in transposing large companies' concepts onto small businesses due to:

- ▶ insufficient structural requirements (no company experts such as a company physician or a health and safety specialist etc.),
- ▶ patriarchal style of management and insufficient employee participation,
- ▶ limited financial, staffing and time resources,
- ▶ short-term or, at best, medium-term production planning,
- ▶ unaware of statutory requirements.

# Best practice II - Experience of small businesses (1-29 employees)

Consequences for the OHP in small businesses:

- ▶ success should be felt immediately,
- ▶ concepts have to be easily implemented and must not disrupt company procedures,
- ▶ an immediate solution should be available to concrete problems.

Additionally, the supplier (health insurance, accident insurance) must consider:

- ▶ personal advice unrealistic due to time and financial restrictions,
- ▶ development of sector-based solutions must have priority over single solutions.

# Best practice II - Experience of small businesses (1-29 employees) - Sector-based solution:

Participating group: 10 galvanising technology companies

Order of events:

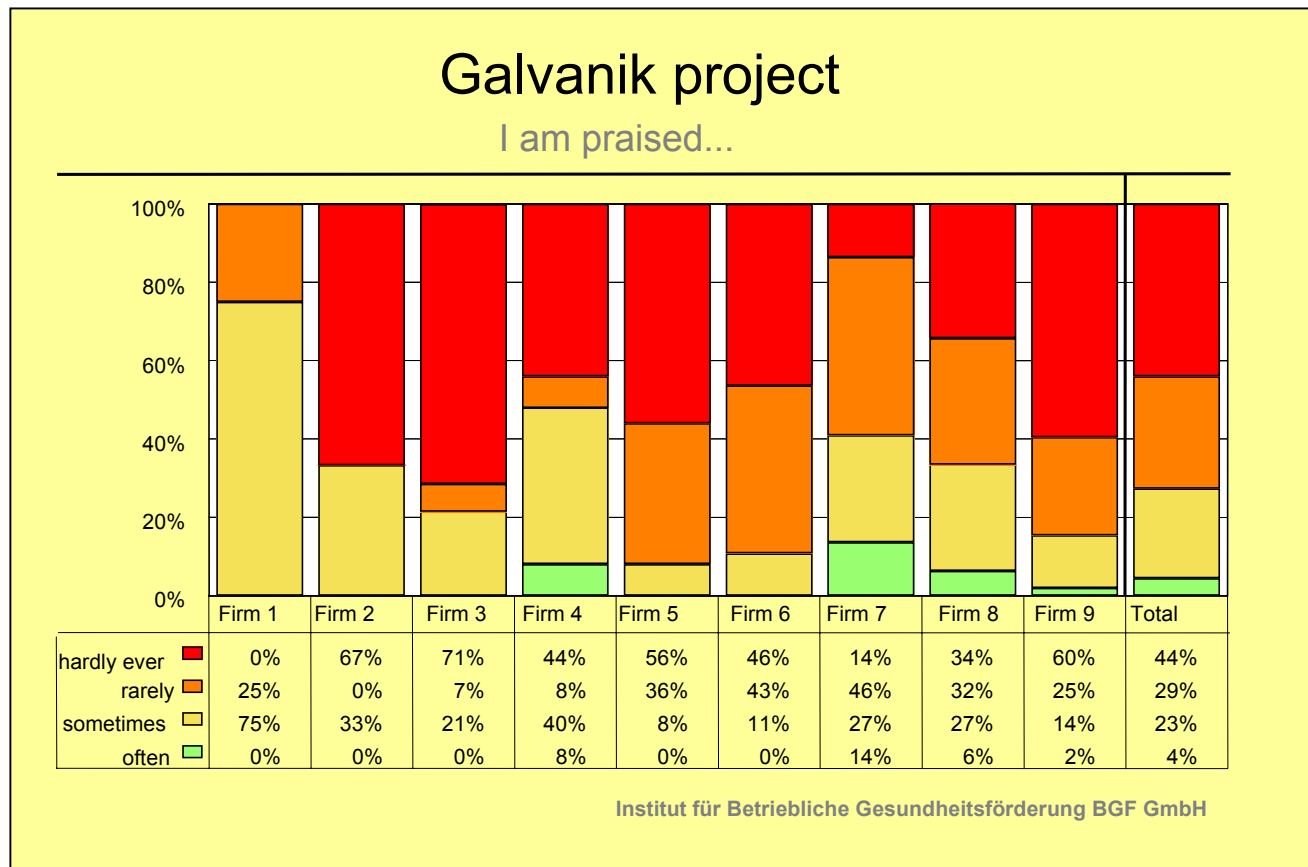
- ▶ Analysis of the data corresponding to days unsuitable for work, accidents and work-place illnesses.
- ▶ Assessment of the company.
- ▶ Investigations into the subjective condition of the employer
- ▶ Evaluation of the assessed data.
- ▶ Development of specific preventative measures.
- ▶ Presentation of the results and recommendations in the participating companies.
- ▶ Publication of the results.

# Best practice II - Experience of small businesses (1-29 employees) - Sector-based solution:

Analysis

Approaches

Communicating the results



# Best practice II - Experience of small businesses (1-29 employees) - Sector-based solution:

Analysis

Approaches

Communicating the results

Use of a floor mat to reduce  
discomfort resulting from the  
hard floor



# Best practice II - Experience of small businesses (1-29 employees) - Sector-based solution:

Analysis

Approaches

Communicating the results



- Organised event for interested companies from within the sector
- Production of a brochure with the most important findings
- Publication of specialist articles in specialist journals

# Best practice II - Experience of small businesses (1-29 employees)

What can be done to help small businesses?

- ▶ conduct target group requirement analyses
- ▶ draw up a profitability evaluation
- ▶ intensify communication processes
- ▶ structure information
- ▶ development of access routes to information
- ▶ WWW as (one) possible solution?!

# Conclusions - Experience of OHP in SME

- ▶ Occupational health promotion is advisable and successful.
- ▶ The procedure must be adapted to the circumstances, and existing structures are to be used if available.
- ▶ The structures in SMEs require external support.
- ▶ Individual consultations rarely work in practice due to time and money considerations.
- ▶ The development of sector-based solutions for small businesses must have priority over single solutions.
- ▶ Networks as a recommendable approach.
- ▶ Easy access routes to the required information make the matter more easily acceptable.
- ▶ Step by step approach is promising.

# Conclusions - Experience of OHP in SME

Good things don't always happen of their own accord