

平成 26 年度厚生労働科学研究費労働安全総合研究事業  
「事業場におけるメンタルヘルス対策を促進させるリスクアセスメント手法の研究」  
(H25-労働一般-009)  
分担研究報告書

国際動向  
WHO の職場の心理社会的ハザード対策の動向

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森口次郎 一般財団法人京都工場保健会産業保健推進部・部長

研究要旨

目的：世界保健機構（WHO）の職場の心理社会的ハザード対策の動向について情報を収集するために、WHO 仕事と健康部門・技術専門官のエヴェリン・コルトム（Evelyn Kortum）博士を招へいし、研究班内の研究者とシンポジウムを開催し情報交換を行った。

対象と方法：2014 年 12 月 19 日 13 時 30 分～17 時に、シンポジウム「中小規模事業所におけるメンタルヘルス対策：現状とこれからの課題」を東京大学医学部（本郷キャンパス）3 号館 N101 で開催した。

“A comprehensive approach to worker health with a focus on psychosocial hazards” と題した特別講演 をエヴェリン・コルトム博士に行っていた。また中小規模事業所におけるメンタルヘルス対策に関して、4 つの演題が班内研究者から行われた。これらは「中小規模事業所におけるメンタルヘルス対策の現状」（錦戸典子、東海大学健康科学部看護学科・教授）、「リスクアセスメントツールの開発」（小田切優子、東京医科大学公衆衛生学分野・講師）、「職業性ストレスの新改善ツールの開発と適用の課題」（吉川悦子、東京有明医療大学看護学部・講師）、「中小規模事業所におけるメンタルヘルス対策の事例（京都市）」（森口次郎、一般財団法人京都工場保健会産業保健推進部・部長）、「中小規模事業所におけるメンタルヘルス対策の事例（大田区）」（五十嵐千代、東京工科大学医療保健学部・准教授）であった。

結果：コルトム博士からは、労働者の健康の重要性、心理社会的ハザードを管理することの重要性が増していること、職場を全人的な視点からみることとその利点、心理社会的ハザードの評価・管理について講演がなされた。

考察：コルトム博士を招いての講演とシンポジウムを通じて、職場の心理社会的要因のリスクアセスメントは国際標準となりつつあり、日本もこれに調和して行く必要があることが再確認された。しかしその標準的手順の開発、現場関係者の教育訓練、小規模事業場での手法の確立など課題は多い。本研究班では、さらに現在の手法を改善し、また職場の心理社会的要因のリスクアセスメントの基本要素を明確にして、現場で実行性のある方法を提案してゆく必要がある。

A. はじめに

昨年度は、英国、オランダ、カナダ、イタリアを取り上げ、その取り組みについて情報を収集し、整理して、わが国における職業性ストレスの

リスクアセスメントによる労働者の心の健康づくり対策の検討に参考にした。本年度の研究では、WHO が行う心理社会的ハザード対策の動向について情報を収集するために、WHO 仕事と健康部

門・技術専門官のエヴェリン・コルトム (Evelyn Kortum) 博士を招へいし、研究班内の研究者とシンポジウムを開催し情報交換を行った。

## B. 対象と方法

2014年12月19日13時30分-17時に、シンポジウム「中小規模事業所におけるメンタルヘルス対策：現状とこれからの課題」を東京大学医学部(本郷キャンパス)3号館N101で開催した。“A comprehensive approach to worker health with a focus on psychosocial hazards”と題した特別講演をエヴェリン・コルトム博士に行っていた。また中小規模事業所におけるメンタルヘルス対策に関して、4つの演題が班内研究者から行われた。これらは「中小規模事業所におけるメンタルヘルス対策の現状」(錦戸典子、東海大学健康科学部看護学科・教授)、「リスクアセスメントツールの開発」(小田切優子、東京医科大学公衆衛生学分野・講師)、「職業性ストレスの新改善ツールの開発と適用の課題」(吉川悦子、東京有明医療大学看護学部・講師)、「中小規模事業所におけるメンタルヘルス対策の事例(京都市)」(森口次郎、一般財団法人京都工場保健会産業保健推進部・部長)、「中小規模事業所におけるメンタルヘルス対策の事例(大田区)」(五十嵐千代、東京工科大学医療保健学部・准教授)であった。シンポジウムのスケジュール、およびこれに使用されたスライド資料等を報告書の後に示す。

## C. 結果

コルトム博士からは、労働者の健康の重要性、心理社会的ハザードを管理することの重要性が増していること、職場を全人的な視点からみるとその利点、心理社会的ハザードの評価・管理について講演された。

先進国ではストレスが最大の産業保健と労働安全に関する優先事項となっており、また発展途上国でも心理社会的リスク、職場関連ストレス・職場での暴力・職場ハラスメントのモニターとサーベイランス；物質乱用とリスクのある行動が第二位の優先順位にあげられている(表1)。

WHOは健康な職場環境について全人的な見かたを提案している。健康な職場とは、労働者と管理監督者が共同して、継続的な改善プロセスを使って、労働者の健康、安全、幸福、さらには職場の維持可能性を守り、促進するものであり、特に以下のことについてニーズに基づいて考慮する：物理環境における健康と安全の関心時、社会心理的な環境(仕事のやり方や職場の文化を含

む)における健康と安全の関心時、職場における個人の健康資源、そして労働者、その家族、地域の他の人々の健康を向上させるために地域に参加するやり方。これが職場環境に対する全人的な見かたである。このことについて、コルトム博士は、タイ、ガーナの好事例を紹介した。これらの好事例ではWHO健康職場モデルが共通の基盤として利用されている。

心理社会的ハザードの評価・管理に方策について、コルトム博士は、まず管理監督者の対応をあげた。管理監督者が、労働者のやる気や仕事への積極的な関わりをうながし、病休や障害を減らし、職場の安全を向上させ、生産性を向上させることがまずあげられた。また管理監督者が、危機において生命を守るために、悪化を防ぐ助けになるように、よい精神健康への回復のために、ストレスにある者を助けるために、精神健康の症状について認識し、最初の援助を行い、専門家による適切な支援につながる技術を学ぶことを例としてあげた。これに關した好事例として、韓国における国としてのストレスマネジメントの方針、タイにおける労働福祉省と厚生労働省による労働者の心の健康と幸福の改善活動、コロンビアでの仕事のストレスに関する法制化の動き、ナイジェリアでの多国籍企業による活動、ナミビアにおける銀行などの企業での好事例などが紹介された。

結論として、コルトム博士は、心理社会的ハザードに起因する健康への影響について相当の知見があること。心理社会的ハザードの管理は必須であること。職場環境に対する全人的な見かたが有効であること。介入のためのツールがWHO健康職場モデルと関連して作成されていることを述べた。

研究班内の研究者とは、職業性ストレス(職場の心理社会的要因)対策におけるハザードとは具体的に何であるかがわかりにくい、ポジティブな心理社会的要因(資源)をリスクアセスメントでどう考えるか、自殺、民事訴訟、休業、作業効率の低下など、何をアウトカムと考えてリスクを考えるのか、職業性ストレス対策にリスクアセスメントがなじむのか、職業性ストレス対策以外のメンタルヘルス対策をリスクアセスメントにどう統合するかなどについて質疑がなされた。

コルトム博士からは、理解を深めるために職場での心理社会的ハザードについての知名度を上げるべきであること、政策決定者や雇用主にアプローチする必要があること、規制・立法を大規模な産業保健や労働安全の枠に組み込むべきであることが述べられた。

## D. 考察

コルトム博士を招いての講演とシンポジウム

を通じて、職場の心理社会的要因のリスクアセスメントは国際標準となりつつあり、日本もこれに調和して行く必要があることが再確認された。しかしその標準的手順の開発、現場関係者の教育訓練、小規模事業場での手法の確立など課題は多い。本研究班では、さらに現在の手法を改善し、また職場の心理社会的要因のリスクアセスメントの基本要素を明確にして、現場で実行性のある方法を提案してゆく必要がある。

#### E. 結論

目的：世界保健機構（WHO）の職場の心理社会的ハザード対策の動向について情報を収集するために、WHO 仕事と健康部門・技術専門官のエヴェリン・コルトム（Evelyn Kortum）博士を招へいし、研究班内の研究者とシンポジウムを開催し情報交換を行った。

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授）であった。

結果：コルトム博士からは、労働者の健康の重要性、心理社会的ハザードを管理することの重要性が増していること、職場を全人的な視点からみることとその利点、心理社会的ハザードの評価・管理について講演がなされた。

考察：コルトム博士を招いての講演とシンポジウムを通じて、職場の心理社会的要因のリスクアセスメントは国際標準となりつつあり、日本もこれに調和して行く必要があることが再確認された。しかしその標準的手順の開発、現場関係者の教育訓練、小規模事業場での手法の確立など課題は多い。本研究班では、さらに現在の手法を改善し、また職場の心理社会的要因のリスクアセスメントの基本要素を明確にして、現場で実行性のある方法を提案してゆく必要がある。

#### F. 健康危機情報

該当せず。

#### G. 研究発表

1. 論文発表  
なし。

#### 2. 学会発表

川上憲人. 教育講演：職場のストレス調査と心理社会的要因のリスクアセスメント制度の現状と展望. 第22回日本産業ストレス学会（2014年11月28-29日、大阪）.

#### H. 知的財産権の出願・登録状況

1. 特許取得  
該当せず。

2. 実用新案登録  
該当せず。

3. その他  
該当せず。

表 1 先進国・発展途上国における産業保健と労働安全に関する優先事項\*  
Delphi 研究の結果

先進国での優先事項	発展途上国での優先事項
ストレス	外傷/事故予防
労働力の高齢化	心理社会的リスク、職場関連ストレス・職場での暴力・職場ハラスメントのモニターとサーベイランス；物質乱用とリスクのある行動
知る権利、インフォームドコンセント、透明性	キャパシティ構築
化学品、特に高生産量化学品および新規化学品	感染症疾患
エルゴノミクス(人間工学的アプローチ)、マニュアルの取り扱い	筋骨格疾患
アレルギー	化学物質、騒音、生物学的物質
屋内の空調	安全性の文化(社風)、健康および安全性のスタンダード
新規技術	非公式セクターおよび健康事項の実行と安全性を盛り込むための包括的な法規制および政策の枠組み
マネジメントと安全性の文化(社風)	産業保健サービスおよびプライマリヘルスケアを含むヘルスケアの改善
産業保健サービス	労働者の健康についての登録、サーベイランスおよびデータ収集

\*Rantanen から抜粋 J. Global estimates of fatal occupational accidents. In: 16<sup>th</sup> International Conference of Labour Statistics, Geneva, 1998 Oct 6 – 15: Geneva, Switzerland, Geneva: ILO 2001; and based on 2009 Delphi study.

## Symposium

A comprehensive approach to worker health with a focus on psychosocial hazards

Date: 19<sup>th</sup> December 2014 Time: 13:30-17:00

Venue: The University of Tokyo (Hongo Campus), Faculty of Medicine Building 3, 7-3-1  
Hongo, Bunkyo-ku, Tokyo, 113-0033, JAPAN (<http://www.u-tokyo.ac.jp/en/>)

### Program

#### I. Greetings

Norito Kawakami, DMsc, Professor, Department of Mental Health, Graduate School of Medicine, The University of Tokyo

#### II. Special Lecture (13:30-14:30)

“A comprehensive approach to worker health with a focus on psychosocial hazards”

Dr. Evelyn G. Kortum, PhD, Technical Officer, Workers' Health, WHO

Chair: Akihito Shimazu, PhD, Associate Professor, Department of Mental Health, Graduate School of Medicine, The University of Tokyo

#### III. Panel discussion (14:30-17:00)

“Mental health in small and medium sized enterprises: Current situation and future directions”

Chairs: Takashi Haratani, PhD, Director, Health Administration and Psychosocial Factor Research Group, National Institute for Occupational Safety and Health, Japan. Akizumi Tsutsumi, PhD, Professor, Department of Public Health, Kitasato University

##### 1. “Current Situation of Mental Health Care in Small and Medium-sized Enterprises in Japan”

Noriko Nishikido, PhD, Professor, Department of Occupational Nursing, Graduate School of Health Sciences, Tokai University

##### 2. “Development of Risk Assessment Tool for Job Stress at the Workplace in Japan”

Yuko Odagiri, PhD, Lecturer, Department of Preventive Medicine and Public Health, Tokyo Medical University

##### 3. “New action-oriented tools for preventing stress at work”

Etsuko Yoshikawa, Assistant Professor, Department of Nursing, Tokyo Ariake University of Medical and Health Sciences

##### 4. “Case study on mental health activities in Small- and Medium-Scale Enterprises in Kyoto”

Jiro Moriguchi, PhD, Deputy Director, Kyoto Koujyo Hokenkai

##### 5. “Case study of mental health activities in SMEs in Ohta-Ku”

Chiyo Igarashi, PhD, Associate Professor, Department of Nursing, School of Health Sciences, Tokyo University of Technology

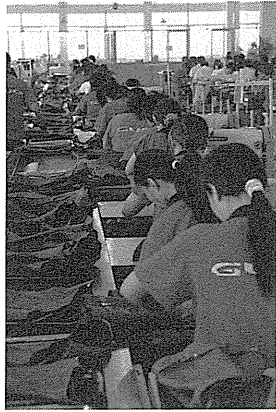
Organized by 厚生労働科学研究費補助金（労働安全衛生総合）「事業場におけるメンタルヘルス対策を促進させるリスクアセスメント手法の研究」班

Jointed by ICOH-CVD, ICOH-WOPS, ICOHN

Contact: +81-3-5841-3522, tokitam-tky@umin.ac.jp (TOKITA)

# “A comprehensive approach to worker health with a focus on psychosocial hazards”

## Dr. Evelyn G. Kortum



### A comprehensive approach to worker health with a focus on psychosocial hazards

Dr Evelyn Kortum  
Occupational Health Team,  
Interventions for Healthy  
Environments, Department of Public  
Health, Environment & Social  
Determinant of Health  
Promoting Health through the  
Lifecourse  
[kortume@who.int](mailto:kortume@who.int)



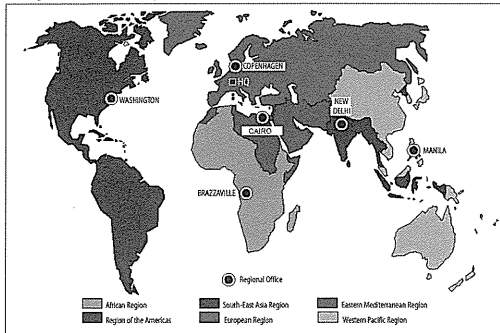
### WHO Mandate

- Authority to direct and coordinate health within the UN system
- WHO's mandate:
  - provide leadership on global health matters
  - shape the public health research agenda
- Present in 6 world regions



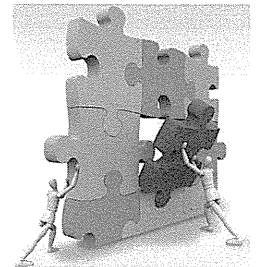
### WHO Worldwide

WHO Regional Offices and the areas they serve



### Outline of the presentation

- Why is occupational or workers' health important?
- The growing importance of addressing psychosocial hazards at work
- A holistic view of the workplace and its benefits
- Addressing psychosocial hazards



### Why is occupational health important?



- 7 billion people with 3 billion workers
- 2m die every year from occ injuries & diseases
- 160 m new cases of occ diseases
- 250 m occ accidents & 300 000 fatalities
- 4% of world GDP

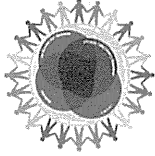
- Improve economic performance
- Stabilise society (do not increase burden)
- Improve general health
- Reduce environmental damage
- Enhance capacity to change



## NCDs and the health of workers

Most NCDs are preventable!

- Globally
  - CVDs 48%
  - Chronic obstructive pulmonary disease 12%
  - Cancers 21%
  - Diabetes 12%
- Occ risks
  - CVDs & Chronic obstructive pulmonary disease 26%
  - Cancers 11%
  - 15% asthma
  - 8% injuries
  - 8% depression
  - 37% back pain
  - 16% hearing loss



## Opening the path into the PH arena for the health of workers

### Public Health Approach

- Action beyond workplace
- All health determinants
- All workers (contract)
- All stakeholders
- Overall policy / legal framework

### Traditional OH

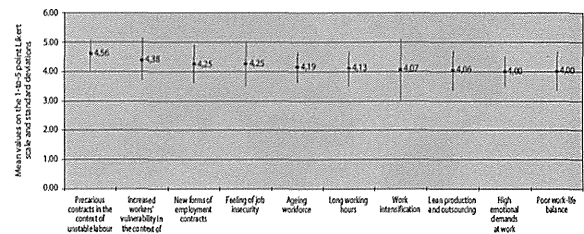
- Only at workplace
- Only work-related
- Permanent employees
- Employer's responsibility
- Workers & employers

## The growing importance of addressing psychosocial hazards at work



## The 10 most important emerging PS risks identified

(Source: European Risk Observatory Report, 2007)



The 10 most important emerging psychosocial risks identified in the survey  
 NB:  $MP > 4$ : risk strongly agreed as emerging;  $3.25 < MP < 4$ : risk agreed as emerging

Table 7. Occupational health & safety priorities in industrialized & developing countries\*. Results from Delphi surveys

Priorities in industrialized countries	Priorities in developing countries
Stress	Injury/accident prevention
Aging workforce	Monitoring and surveillance of psychosocial risks, work-related stress & violence & harassment at work; substance abuse and risky behaviours
Right to know, informed consent, transparency	Capacity building
Chemicals, particularly high production volume chemicals (HPV), & new chemicals	Infectious diseases
Ergonomics, manual handling	Musculo-skeletal disorders
Allergy	Chemicals, noise, and biological agents
Indoor air	Safety culture & health & safety standards
New technologies	Comprehensive legislative & policy framework to include the informal sector & enforcement of health & safety
Management and safety culture	Occupational health services & improvement of healthcare, incl. primary healthcare
Occupational health services	Registration, surveillance and data collection on workers' health

\* Adapted from Rantanen J. Global estimates of fatal occupational accidents. In: 16th International Conference of Labour Statistics, Geneva, 1998 Oct 6-15; Geneva, Switzerland. Geneva: ILO 2001; and based on 2009 Delphi study.

## Impact of poor mental health on companies

### Business

- Absenteeism
- Presenteeism
- Healthcare costs
- Quality issues
- Accidents
- Burnout & Churn

Total days lost by reason (2011)

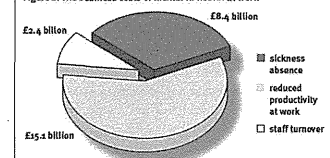
Musculoskeletal problems*	25.0m
Minor illnesses	27.4m
Other	15.1m
Stress/Depression/Anxiety	13.2m
Gastrointestinal problems	10.2m
Proper rest to disclose	6.8m
Respiratory conditions	6.2m
Genito-urinary problems	5.0m
Heart/Blood pressure	4.5m
Ear/Nose/Throat	3.8m
Headaches/Migraines	3.5m
Serious mental health	0.7m
Diabetes	0.6m

Source: Office for National Statistics (UK)

### Human

- Chronic ill health
- Injury
- Relationships
- Self harm

Figure 1: The business costs of mental ill health at work



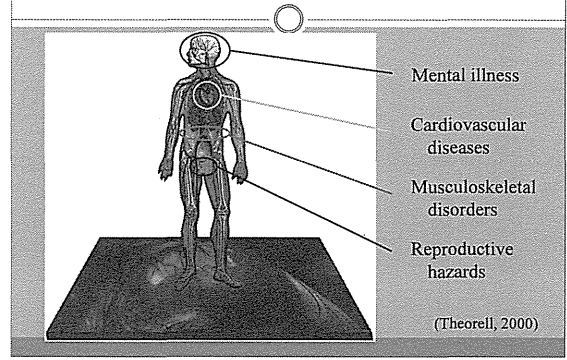
Source: Salisbury Centre for Mental Health

Table 1.<sup>1</sup> Global financial and mental health impact of work-related stress

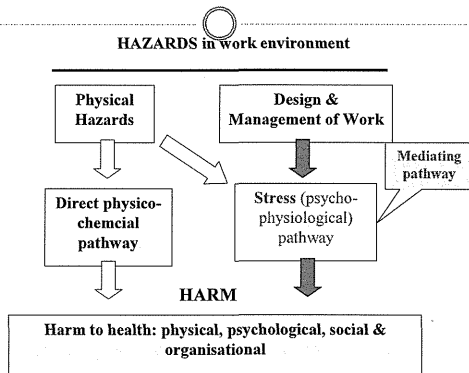
Type of cost	Country	Estimated cost	Source
Work-related health loss and associated productivity loss	Globally	4–5% of the GDP	Takala 2002
Occupational diseases and accidents	Commonwealth	10 million disability-adjusted life years (DALYs) lost	CDPP 2007
Work-related stress and related mental health problems	EU (15 Member States)	On average between 3% and 4% of the GNP = €265 billion/year	Gabriel and Limatainen 2000
Stress at work	UK	Estimate 5–10% of the GNP/year costing employers around €571 million	Worrall and Cooper 2005
Sick leave due to stress and mental strain	Sweden	€2.7 billion	Koukoulaki 2004
Stress-related illnesses	France	Between €830 and €1,656 million	EU-OSHA 2009

<sup>1</sup> NORTUM, IL (2013). THE WHO GLOBAL APPROACH TO PROTECTING AND PROMOTING HEALTH AT WORK. GOWER PUBLISHING.

### Main diseases related to work-related stress



### Mechanisms describing harm to health



Cox, Griffiths & Rial-Gonzalez (2000) *Work Stress*. Luxembourg: European Commission

### Health risk assessment

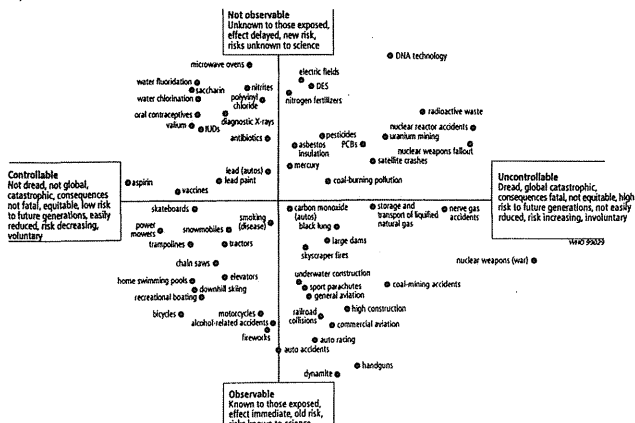
from the nuclear accident after the 2011 Great East Japan Earthquake and Tsunami  
based on a preliminary dose estimation



### Psychological consequences of the accident - Chapter

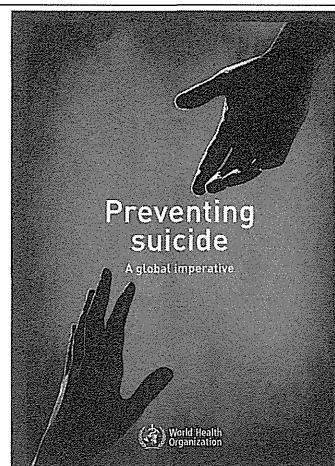


### Mosaic of public perceptions of risks in terms of risk assessment quadrants



### Preventing suicide

A global imperative





Country (quality of mortality data**)	Sex	Number of suicides (all ages), 2012	Crude suicide rates (per 100 000), 2012					Age-standardized suicide rate (per 100 000), 2012	Age-standardized suicide rate (per 100 000), 2002-2012	% change in standardized rate
			All ages	0-14 years	15-44 years	45-64 years	65+ years			
Guatemala (2)	both sexes	1111	2.3	1.9	12.8	10.9	9.9	10.0	2.2	20.5%
	males	547	4.1	1.5	8.4	4.5	3.5	4.5	3.4	27.3%
Guinea (4)	both sexes	784	10.7	1.6	17.2	17.6	20.7	13.7	11.4	20.1%
	males	377	8.3	0.9	5.3	2.5	5.9	17.7	3.7	1.3%
Guinea-Bissau (4)	both sexes	66	3.1	0.8	4.9	2.0	5.7	21.4	4.3	7.5%
	males	14	1.6	0.4	3.5	1.2	4.1	11.6	2.4	1.5%
Guyana (2)	both sexes	377	34.9	8.8	29.7	24.0	31.4	25.1	24.3	2.4%
	males	73	18.3	3.1	17.9	20.9	26.6	31.1	22.0	-10.9%
Haiti (2)	both sexes	205	35.9	3.9	41.9	38.3	33.6	26.9	20.2	-11.3%
	males	107	2.7	1.5	2.4	2.5	4.0	5.9	3.4	3.2%
Honduras (4)	both sexes	138	8.5	0.8	9.5	7.7	8.4	10.1	7.5	-25.3%
	males	246	29.1	1.2	27.3	21.1	21.9	25.5	25.8	4.8%
Hungary (1)	both sexes	377	2.0	1.8	9.3	10.3	10.3	11.4	8.3	-6.8%
	males	2119	25.3	0.6	10.9	10.2	11.1	42.3	17.1	-25.9%
Indonesia (1)	both sexes	657	10.9	0.2	8.4	8.2	10.9	12.0	14.1	14.5%
	males	19	7.8	0.5	4.4	4.8	17.1	2.5	2.7	-11.2%
India (2)	both sexes	254 375	20.9	2.0	38.5	39.0	30.0	20.9	21.1	0.0%
	males	154 056	21.7	1.5	34.9	38.0	30.9	22.5	28.2	16.7%
Iran Islamic Republic (2)	both sexes	3119	3.1	0.1	3.9	3.9	7.4	11.4	7.9	-19.9%
	males	2026	4.2	0.4	3.8	4.2	6.0	22.7	4.9	-19.4%
Iraq (2)	both sexes	3600	8.1	0.2	9.6	9.6	9.9	13.4	9.7	-21.6%
	males	4029	8.3	0.3	7.8	5.6	5.0	18.1	8.8	-22.0%
Israel (1)	both sexes	1368	3.6	0.8	9.0	9.0	9.3	15.4	10.6	-14.1%
	males	2705	7.0	0.8	10.0	8.1	6.5	18.9	7.9	-15.5%
Italy (2)	both sexes	318	1.3	0.1	1.4	1.9	2.5	12.0	1.9	-16.9%
	males	248	1.2	0.3	2.0	2.0	3.7	6.1	3.1	-11.8%
Japan (1)	both sexes	1201	6.8	0.2	10.7	1.4	4.9	1.2	1.0	-22.9%
	males	624	11.6	0.8	14.5	12.7	13.4	7.1	11.0	-0.0%
Kazakhstan (2)	both sexes	156	8.5	0.5	8.7	11.8	14.7	10.9	8.5	-6.8%
	males	64	2.4	0.1	1.8	3.3	4.0	4.4	3.8	-10.3%
Korea (1)	both sexes	3026	6.4	0.2	5.4	4.7	8.9	10.9	7.7	-5.0%
	males	817	2.4	0.1	3.0	3.0	3.9	5.9	5.0	-4.6%
Latvia (1)	both sexes	8021	10.5	0.3	6.4	10.7	14.4	26.6	7.8	-6.0%
	males	33	4.2	0.2	1.9	1.6	4.5	1.7	1.1	+1.1%
Lithuania (2)	both sexes	156	10.2	0.2	10.4	10.4	12.7	11.6	11.9	7.3%
	males	33	1.7	0.3	1.2	2.2	3.3	7.5	1.6	1.7
Malaysia (2)	both sexes	27 419	22.1	0.5	16.4	16.9	31.9	25.5	18.9	-1.5%
	males	8554	15.1	0.3	10.9	14.5	16.3	17.4	10.1	-9.9%
Mexico (1)	both sexes	21 368	33.3	0.1	26.7	38.9	44.0	47.8	36.8	-4.0%

### A holistic view of the workplace and its benefits

*A definition based on the WHO definition of health*

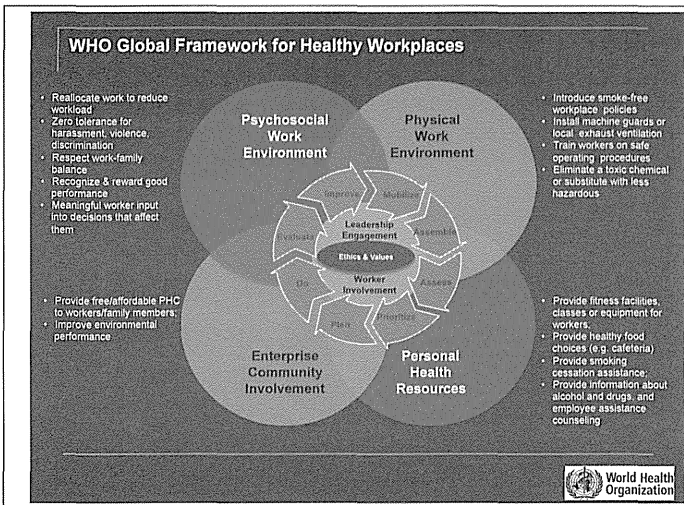
A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs:

Health & safety concerns in the PHYSICAL WORK ENVIRONMENT;

Health, safety & well-being concerns in the PSYCHOSOCIAL WORK ENVIRONMENT including organization of work and workplace culture;

PERSONAL HEALTH RESOURCES in the workplace; and,

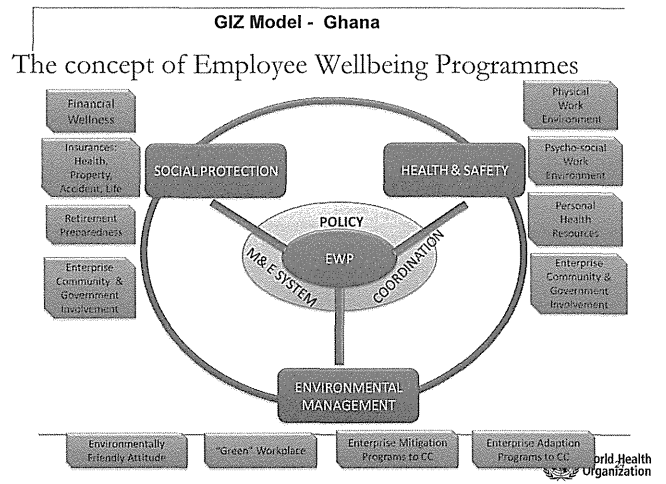
WAYS OF PARTICIPATING IN THE COMMUNITY to improve the health of workers, their families and other members of the community.



### 4 common misunderstandings



1. The **Physical Work Environment** is not the "most important" Avenue for enterprises to address; all avenues need to be addressed.
2. The **Psychosocial Work Environment** remains the least understood, despite many resources developed by WHO & others.
3. The **Personal Health Resources** Avenue is frequently misunderstood to mean emphasizing individual lifestyle based on data from medical examinations or health risk assessments.
4. The **process** of developing a healthy workplace is as important as the **content**.



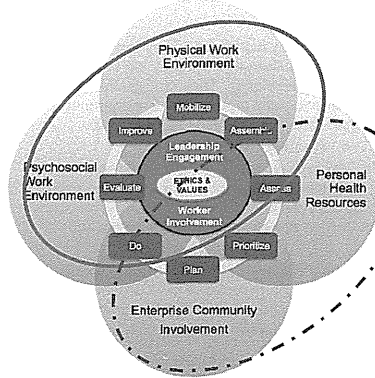
The Workplace Wellness Alliance  
Investing in a Sustainable Workforce

In collaboration with The Boston Consulting Group



... the Alliance seeks to build on and integrate the work of other key players in the workplace wellness space... It has introduced the WHO Healthy Workplace Model to catalogue workplace programmes in the four avenues of influence

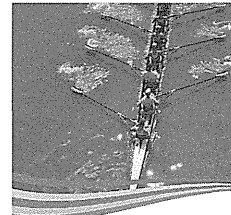
External influences on health according to WHO 'Healthy Workplaces' model (2010)



- Social systems
- Processes of globalization
- Economic development status
- Informal sector size (poverty cycle)
- Status of health systems
- Ageing workforce
- Economic crises: exchangeability of the workforce
- Lack of experience how to address the comprehensive framework
- Lack of awareness

Addressing psychosocial hazards

...a healthy workplace promotes a good quality working environment which fosters support, trust, respect and dignity



Employer objectives driving wellness strategy

	All regional	Africa/ Middle East	Asia	Australia/ NZ	Canada	Europe	Latin America	United States
Improving workforce morale/engagement	1	4	6		3	1	1	4
Reducing employee absences due to sickness or disability	2	1	2	7	1	3	4	3
Improving workplace safety	3	2	1	3	5	4	2	7
Improving worker productivity/ reducing presenteeism	4	5	8	4	2	2	3	2
Maintaining work ability	5	3	3	5	6	5	6	5
Furthering organizational value/mission	6	9	4	2	7	6	5	6
Reducing health care or insurance premium costs	7	7	10	10	4	10	8	1
Promoting corporate image/brand	8	8	5	6	9	9	9	9
Furthering social/community responsibility	9	5	7	9	10	7	10	10
Attracting and retaining employees	9	10	9	8	8	8	7	8

Working Well

A Global Survey of Health Promotion, Workplace Wellness, and Productivity Strategies

Survey Report  
Sixth Edition - July 2014

backcover



1 = most important, 10 = least important

Ranked 1st

Respondents identified the following as top objectives driving health promotion strategies:

- 1 Improving workforce morale / engagement
- 2 Reducing sick leave and disability
- 3 Improving workplace safety
- 4 Reducing presenteeism / improving employee productivity

Helping managers manage mental health issues

Help given before professional mental health input

Aims

- Preserve life when in danger
- Provide help to prevent deterioration
- Promote recovery of good mental health
- Provide comfort to the distressed

Skills

- Recognition of mental health symptoms
- Provision of initial help
- Guidance towards appropriate professional help



Managing Mental Health Training

Training for line managers and Union representatives

© ILO 2009



Addressing work-related psychosocial hazards (1)

- Korea : The national policy for job stress management is connected to the policy for prevention of work-related cerebrovascular and cardiovascular diseases (addresses long working hours, shiftwork including night work)
  - employer duty to evaluate, support and provide, but no enforcement
- Thailand: Ministry of Labour & Social Welfare and Ministry of Public Health promote mental health & well-being at the workplace
- Colombia: Protocol - legislation on WRS is enforced.
- Nigeria: Nothing to address psychosocial hazards or work-related stress. Some multi-national companies have policies in place that put emphasis on psychological health, but mostly they not encourage unionism: workers cannot complain if there are no programmes in place.

Practical intervention examples from Namibia  
(excerpts from interview data 2007)

- "The Bank of Namibia promotes a healthy workforce. They promote organizational development, the work culture addresses a 'we culture' to increase productivity and a feeling of belonging. They change things in the organizational climate, such as bureaucratic procedures, transparency, etc. This is only one example of organizational interventions. Also EAP happens on a small scale." (interview data, 2007)
- "Most companies have EAPs (wellness issues). These are primarily focused on HIV/AIDS-related issues, violence, alcohol, but they are not effective in addressing the problem as they address only one issue (not comprehensive). You cannot divorce effects of stress from home and work."
- "They are focused on the individuals. Stress management programmes, peer counselling and also from HP officer. In terms of work organization some companies allow workers to come outside rush hours and leave before rush hours. There is relaxation at lunch. People can play domino, possibility of sleeping."

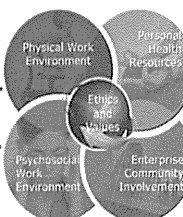


World Health Organization  
**Workers' Health Tool Kits**

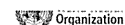
Bringing together a world of workplace health resources

This collection of online resources was assembled by the World Health Organization to help you improve your workplace health practice and to reduce work-related injuries, diseases, and fatalities.

The resources for personal health, psychosocial work environment, and enterprise community involvement are currently under development and will be released in the coming months.



© WHO, 2011  
It is designed and marketed by the Canadian Centre for Occupational Health and Safety (CCOHS)



....to retain.....

- Occupational or workers' health is important!
- Addressing psychosocial hazards at work has become a must.
- A holistic workplace approach only is sustainable
- Tools for interventions are available



1. "Current Situation of Mental Health Care in Small and Medium-sized Enterprises in Japan" Noriko Nishikido.

Current Situation of  
Mental Health Care  
in Small and Medium-sized  
Enterprises in Japan

Dec.19, 2014

Noriko Nishikido

Graduate School of Health  
Sciences, Tokai University

1

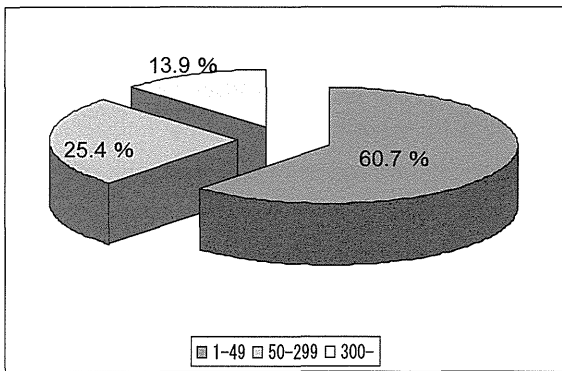
Health Inequalities

Higher Health Risk Groups

- Workers in Small and Medium-sized Enterprises (SMEs)
- Non-standard employment (temporary workers, etc.)
- The unemployed

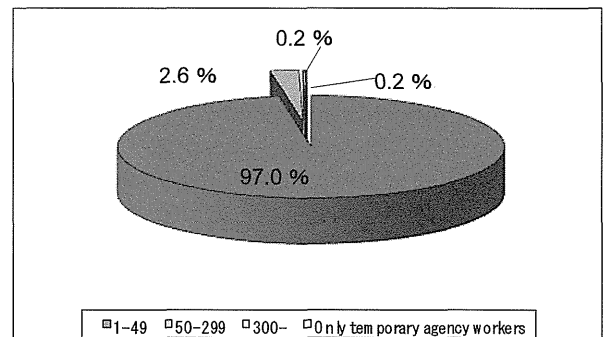
2

Percentage of Workers  
by Company Sizes in Japan (2011)



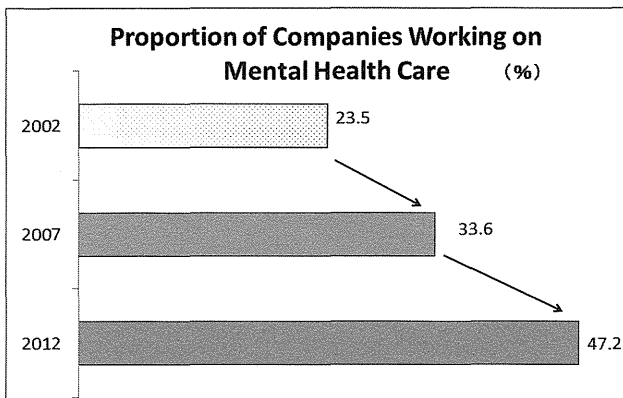
3

Percentage of Companies  
by Company Sizes in Japan (2011)



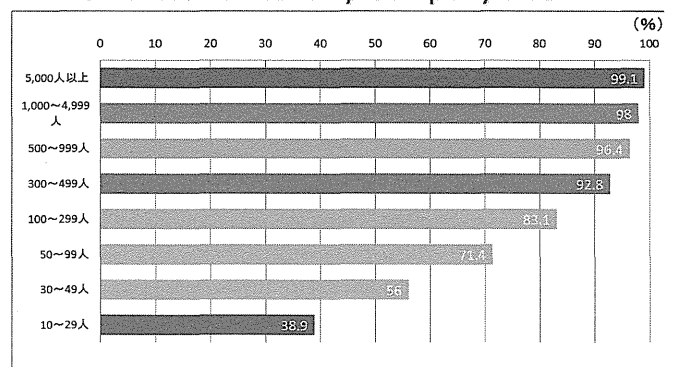
4

Proportion of Companies Working on  
Mental Health Care (%)

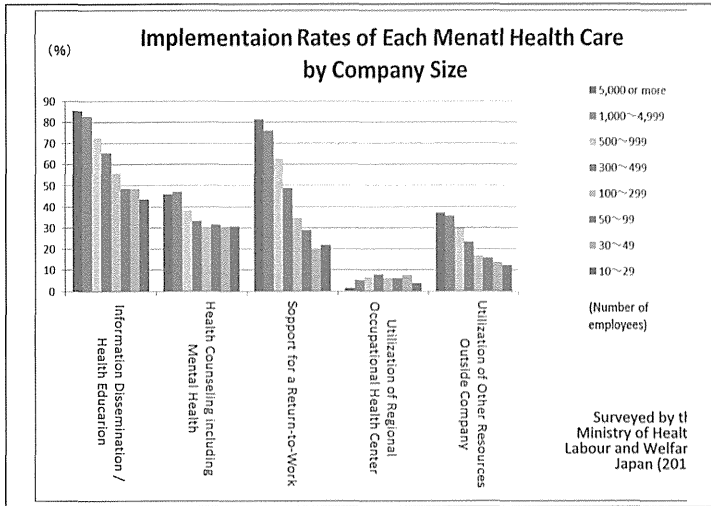


Surveyed by the Ministry of Health, Labour and Welfare, Japan

Proportion of Companies Working on  
Mental Health Care by Company Size



Surveyed by the Ministry of Health, Labour and Welfare, Japan (2012)



### Current Situation of Mental Healthcare in Small and Medium-sized Enterprises (SMEs) (Summary of Statistics)

- As company size will be small, the implementation rate of the mental healthcare falls. ( Especially it is obvious in a support for a return- to-work)
- No Healthcare Specialist within the Company
- Insufficient Utilization of Resources outside the Company.

8

### Barriers for Workplace Health Promotion (WHP) found by Interviews with Employers and Workers in SMEs

- Lack of Concrete image of WHP :**  
They did not know what they can do for WHP other than health examination
- Less Information for Available Resources :**  
They did not know where they can consult with on WHP
- Poor system of sustainable support for WHP (professionals, organizations, sustems)**

9

### There should be also some advantages of SMEs....

- Dense (Family-like) human relations
- Easy to share the philosophy
- Easy transmission of the intention of the employer
- Good condition for participatory improvement of workplace environment

10

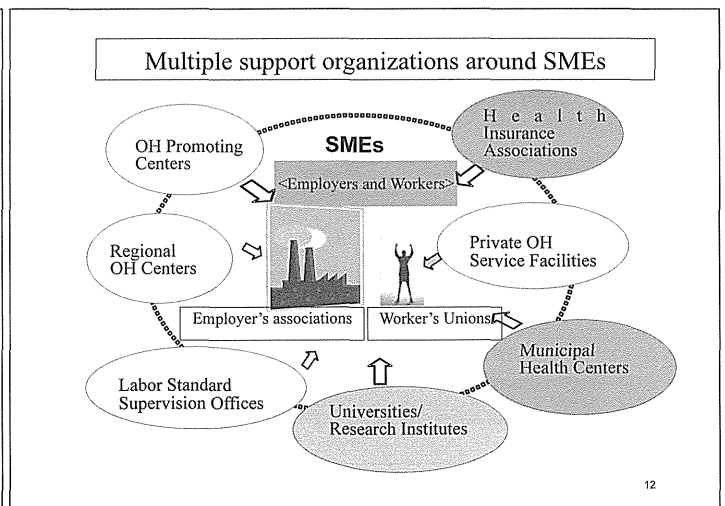
### Future Perspectives

Keys for success:

- Tool development and effective utilization
- Human resource development
- Research Progress
- Multi-professional collaboration
- Multi-fields collaboration among municipal, occupational, and business administration field as well as among all areas of social partners

⇒ Networks are quite essential for further progress of WHP in SMEs (including mental healthcare) From Regional to Global Level !

11



## 2. “Development of Risk Assessment Tool for Job Stress at the Workplace in Japan” Yuko Odagiri.

### 職場のストレスに関するリスクアセスメントツールの開発 Development of Risk Assessment Tool for Job Stress at the Workplace in Japan

Yuko Odagiri M.D.  
Tokyo Medical University, Dept of Preventive Med and Public Health

Akizumi Tsutsumi M.D.  
Kitasato University, Dept of Public Health

1

### Direction of Workplace Stress Measures in Occupational Health

Disease Measures ⇒ Risk Management  
⇒ Contribution to Productivity

- Risk management  
Risk assessment of psychosocial risks and prevention are considered as management standards
- Measures by occupational health staff and professionals ⇒ Workers' involvement/participation  
⇒ Autonomous planning & implementation of workplace stress measures

EU 労働安全衛生の改善を促進するための施策の導入に関する1989年6月12日理事会指令(89/391/EEC)  
PRIMA-EF 心理社会的リスクのマネジメントに対するヨーロッパにおける枠組み  
WHOによる世界の職場のメンタルヘルスガイドライン

2

### Management Standards (HSE)

Characteristics of Organization	Standards
DEMANDS	Be able to deal with the demands of jobs
CONTROL	Be able to have a say about the way they work
SUPPORT / Managerial	Get help and support from line manager
SUPPORT / Colleagues	Get help and support from colleagues
RELATIONSHIPS	No conflicts, personal harassment or bullying
ROLE	Roles and responsibilities are clear and compatible
CHANGE	People are consulted about and offered the opportunity to participate in workplace changes

3

### How to Assess the Risks in the Workplace (HSE)

- Step 1**  
Identify the hazards  
• Identify the hazard with reference to management standards by utilizing existing data
- Step 2**  
Decide who might be harmed and how  
• Make it clear who might be harmed, and identify how they might be harmed, i.e. type of injury or ill health
- Step 3**  
Evaluate the risks and decide on precautions  
• Is it enough compared with good practice?  
• Is it possible to get rid of the hazard altogether?  
• How can they control the risks? Staff involvement?
- Step 4**  
Record your findings and implement them  
• Writing down the results  
• Prioritize and tackle the most important things first
- Step 5**  
Review your assessment and update if necessary  
• Formally review every year or so, make sure you are still improving, or at least not sliding back  
• Assessment stays up to date.

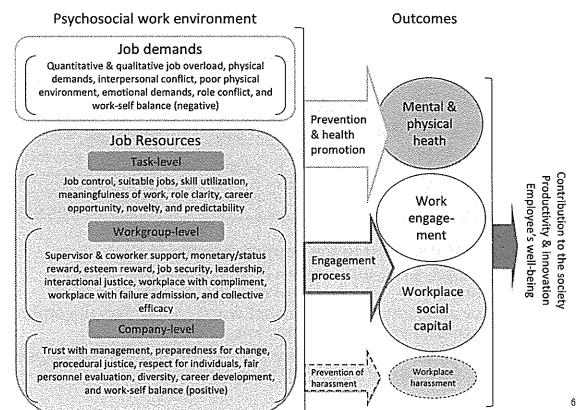
4

### Japanese Framework for Primary Prevention of Workplace Mental Health

- Need for new framework for prevention of job stress and promotion of positive mental health. This is called “Kenko-Ikiki (healthy and active) workplace”. It is achieved by promotion of voluntary improvement activities.
- Conditions of “Kenko-Ikiki workplace”
  - Leadership and fair attitude by managers and supervisors
  - Sense of unity of workplace (trust and mutual understanding)
  - Trust between the management and the employees
  - Respect for diversity of employees

平成21年度厚生労働科学研究費労働安全総合研究事業「労働者のメンタルヘルス不調の第一次予防の浸透手法に関する調査研究」分担研究報告書(下光他、2010)から

A new framework of prevention of job stress and promotion of positive mental health in Japan, the “kenko-ikiiki (healthy and active) workplace” model



6

### Concept of New Risk Assessment Tool

1. Estimates the risk of workplace stress and identifies possible intervention points – It does not accurately measure the impact on the workers.
2. Can be used by employers, workers, and health and safety personnel in cooperation with the occupational health staffs at the time of inspection.
3. Simple and with general general-purpose properties → applicable to SMEs

7

### Methods of Development for Risk Assessment Tool

1. Utilize items of new Brief Job Stress Questionnaire for check points
2. Receive feedback from stakeholders meeting that includes management, trade unions, and professionals such as occupational health staff, social insurance labor consultants, labor lawyers
3. Run trial at SMEs
4. Modify and repeat steps 2 and 3

8

### Methods for Item Collections

1. Remove items that do not highly correlate with Depression (correlation coefficient is less than 0.2)
  1. A nationally representative sample of 1,633 employees: Community-based sample of 5,000 residents in Japan aged 20-60 years by a two-step random sampling procedure. A total of 2,384 agreed to participate and completed the questionnaire (response rate, 47.7%)
  2. Convenient sample data from the workplaces and industries including transportation, information communication, finance and insurance, distribution and retail, manufacturing, hospital, consulting company (response rates 62~90%)
2. Remove the items that relate personal elements, difficult to adapt to improvement in the workplace, too abstract, and not tied to actions that can be implemented according to the experts' opinions

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### Format/Structure of Risk Assessment Tool

1. There are no objective measures in job stress, so we list examples/items among each stress related factors.
2. First step consists of severity and frequency, second step is comprehensive estimation of risk, the last is decision of priority for improvement.
3. With regards to listed examples/items, the desired standard state (to be achieved) of workplace resources are indicated. "Whether it reaches the state or not" should be considered in risk evaluation.

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### Example of an RA tool

Factors	Severity (magnitude of impact on workplace)	Frequency	Risk	Improvement priority
the employees' opinions can be reflected on the work policy (Control)	<input checked="" type="checkbox"/> large	<input type="checkbox"/> rare	<input checked="" type="checkbox"/> High	<input type="checkbox"/> immediately
	<input type="checkbox"/> middle	<input checked="" type="checkbox"/> sometimes	<input type="checkbox"/> Middle	<input checked="" type="checkbox"/> To the point where we can
	<input type="checkbox"/> small	<input type="checkbox"/> often	<input type="checkbox"/> Low	<input type="checkbox"/> later or unnecessary

- Criteria are not restricted to the example below.
- Severity Large; Sick leave is taken or workplace atmosphere is significantly worse, Middle; Slight decrease in attachment of workplace atmosphere to somewhat worse, Small; feel uncomfortable but bad atmosphere does not stay long
  - Frequency Often; more than once per month, Sometimes; once every 3 months, Rare; less than once in 6 months

11

### Currently Challenges

- Linking to the workplace improvement tool (Action Check Lists)
- Instruction manual
- Qualitative improvement for assessment and check efficiency. Two steps are better?
- Trial in the model projects
  - Acceptable? (convenience and ease of use, number of items)
  - How prepared is the unit to conduct risk assessment? Who should be and how many evaluators?
  - Validity

12

## Conclusion

Risk assessment tool for job stress (trial version) has been developed. It is currently being tested in model projects in SMEs for future modification.

*This presentation is supported by a Health and Labour Science Research Grant 2013-2015 "Study on risk assessment methods in promoting mental health measures in the workplace" (H25-rodo-ippan-009) from the Ministry of Health Labour and Welfare, Japan. Principle investigator : Prof. Norito Kawakami.*

13



### 3. "New action-oriented tools for preventing stress at work" Etsuko Yoshikawa.

## New action-oriented tools for preventing stress at work

Etsuko Yoshikawa<sup>1</sup>, Toru Yoshikawa<sup>2</sup>, Kazutaka Kogi<sup>2</sup>

<sup>1</sup> Tokyo Ariake University of Medical and Health Sciences (TAU), Tokyo, Japan,  
<sup>2</sup> The Institute for Science of Labour (ISL), Kawasaki, Japan.

## Background:

- Need for workplace actions in job stress reduction in small scale enterprises (SMEs)
- Mental Health Action Checklist (MHACL) widely used as "action tools" in job stress reduction
- Barriers in risk assessment and control in SMEs
- Practical steps adjusted to reducing job stress in SMEs

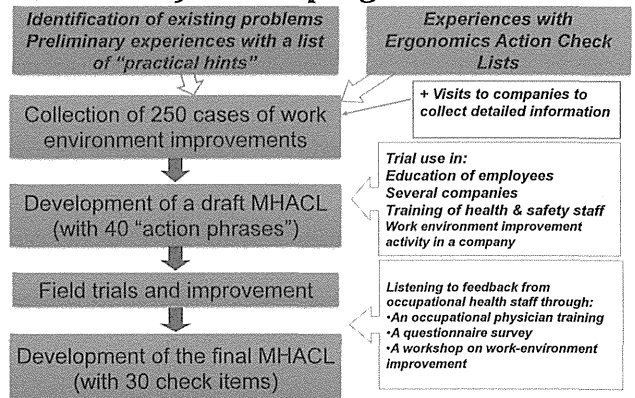
## Intervention types and success in work environment changes

[Effectiveness=average work environment score (number of cases)]

Intervention type	Guidance	Effectiveness
Person-bases coping enhancement programmes	Expert guided (4)	Ineffective
Task and work organization restructuring	Expert guided (3)	Moderate
Task and work organization restructuring	Worker participation process (3)	Effective
Large-scale work reorganization	Expert guided (5)	Effective
Large-scale work environment focus	Worker participation process (3)	Moderate/effective

(Karasec R. Stress prevention through work reorganization: a summary of 19 international case studies. ILO Conditions of work digest: prevention stress at work 1992; 11: 23-41.)

## Process of Developing the MHACL



Yoshikawa T, Kawakami N, Kogi K, Tsutsumi A, Shimazu M, Nagami M, Shimazu A. Development of a mental health action checklist for improving workplace environment as means of job stress prevention. Sangyo Eiseigaku Zasshi. 2007 Jul;49(4):127-42.

## Technical areas commonly applicable to job-stress reduction

<Action areas>	Number of items	Example of items
A Sharing work planning	(5)	Group planning, limited workload, sharing information
B Work time + organization	(5)	Non-overtime day, shift schedule, resting breaks
C Ergonomic work methods	(5)	Materials handling, labels avoiding mistakes
D Workplace environment	(5)	Lighting, screening hazards, resting facilities
E Mutual support at work	(5)	Supportive climate, informal events, newsletter,
F Preparedness and care	(5)	Counseling, self-care, primary care
Number of total items	(30)	

## [Example 1] Participatory workshop by supervisors in the financial industry

<Two-hour workshop for 119 supervisors>

Presentation on the impact of working condition changes on mental health - How to use MHACL (45 min)

Group discussion and presentation (75 min)

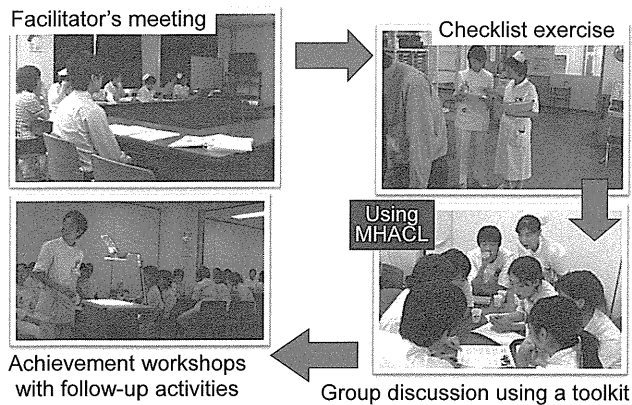


After 6 months  
Subsequently adopted actions

- Group discussion:
  - 3 "good points"
  - 3 "improvement points"
- Clear focus on immediate low-cost measures.

Yoshikawa T, Ogami A, Muto T. Evaluation of participatory training in mental health for supervisory employees in the financial industry. J Hum Ergol. 2013;42:35-44.

**[Example 2] Participatory program for primary prevention of work-related stress in a General hospital, Japan**



Change to elbow-level workstations

坂田知子, 石橋静香, 吉川徹, 堤明純, 小木和孝, 長見まき子, 織田進. 医療機関におけるメンタルヘルス対策に重点をおいた参加型職場環境改善. 労働科学. 2006;82(4):192-200.



Staff room changed to a napping room

**[Example 3] "Workplace dock"; the mental health project for prefectural government employees**



杉原由紀. 産業医の声:「元気な県庁」へ～職場ドックの取り組み～. 産業医学ジャーナル. 2011;34(5):86.

**Barriers in risk assessment and control in SMEs**

- Interpretation is often difficult in understanding what high demands (or low job control) really mean in a particular workplace.
- People at work are familiar with changing the physical work environment, but not with reducing the psychosocial risks.
- No standardized procedures easily available in making a plan based on job stress assessment in SMEs; even experts cannot offer such procedures.
- Constraints of recourse ( time, financial, manpower, information )
- Worker participation should be encouraged.

**Purpose:**

- The purpose of this study was;
  - To discuss the requirements for practical action-oriented tools for reducing stress at work in SMEs.
  - To develop new "action tools" for primary prevention of job stress in a manner adjusted to SMEs

**Methods:**

New action tools was developed through three steps:

1. Review of related references and collection existing action tools
2. Discuss the practical ways and requirements for action tools in SMEs
3. Apply to the first pilot workshop of occupational health staff



## Results

The emphasis placed on adjusting the action tools to improve workplace environment

	Steps	Contents	Action tools
Plan 計画	Planning and organizational development	develop a policy, division of roles, budget	Draft sheet for policy making Manuals
Do 実施 運用	Implementation regarding the basic rules of procedures and Effective improvement measures	Risk assessment	Surveillances, job stress assessment diagram, questionnaire, interviews, work site visit
		Discussion of available measures Propose action	Good practice, ACL, Worksheet for group work Worksheet for planning and implementing
Check 評価 改善	Continuous implementation	Implementing prioritized measures and evaluation	Achievement workshop Award

## Six principles for an effective workplace environment improvement program

- learn from local good practices
- utilize group work procedures
- promote step-by-step progress
- exchange achievements
- develop and use action-oriented tools
- train facilitators at their workplace

### A new action tools

**Photo sheets of Good practice**

**Work sheets**

**Action checklist**

**PowerPoint slides and manual**

### Photo sheets of Good practice

### Action checklist

### Action tool: Mental Health Action Checklist (30 items)

- Hold on brief meeting before work to jointly plan the work assignments and time schedules.  
Do you propose action?  
 No  Yes  Priority
- Use labels and colors for making it easy to distinguish materials or displays.  
Do you propose action?  
 No  Yes  Priority
- Provide hygienic toilets, washing facilities and relaxing resting rooms.  
Do you propose action?  
 No  Yes  Priority

## 【6 technical areas of a new ACL】

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<b>A. Sharing information</b> 	<b>B. Working time arrangements</b> 	<b>C. Ergonomic work methods</b> 
<b>D. Physical environment</b> 	<b>E. Mutual support</b> 	<b>F. Preparedness for better mental health</b> 

## 4 technical areas Improving more simple

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<b>A. Sharing information</b> 	<b>B. Working time arrangements</b> 	<b>C. Ergonomic work methods</b> 
<b>A. Work methods and planning arrangements</b>		
<b>D. Physical environment</b> 	<b>E. Mutual support</b> 	<b>F. Preparedness for better mental health</b> 
<b>B. Physical environment</b>	<b>C. Mutual support</b>	<b>D. Preparedness for better mental health</b>

## Work sheets for group discussion

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- Discuss about 3 good points and 3 points to be improved

Example: Good point	Example: Point to be improved
1. Sharing information	1. Making discussion space
2. Easy to communicate with superior	2. Labeling file

Good point	Point to be improved

グループ討議用、ワークシート (よい点、改善点)

職場の良い点  
 本職場で、業務改善の観点から、現場でよく行われていることや、改善すべき点、向上心ややる気のある点など、  
 職場長、上司が得意とする点など、  
 1. 2. 3.

職場の改善したい点  
 本職場で、業務改善の観点から、現場でよく行われていることや、改善すべき点、向上心ややる気のある点など、  
 職場長、上司が得意とする点など、  
 1. 2. 3.

## Work sheets for planning and implementing

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4-1 改善計画・報告シート

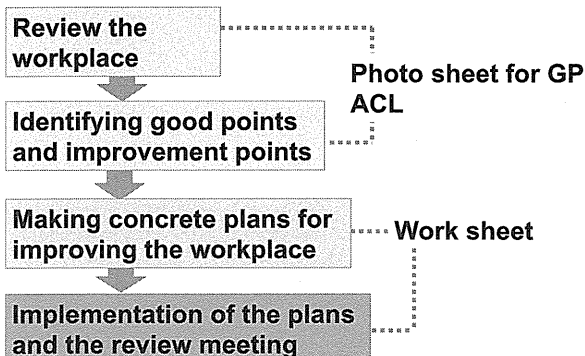
Affiliation and number of staff members  
 Date for planning of improvements  
 Planning for improvements  
 Implementation period  
 Point for improvements and technical area  
 Background and aim of improvements  
 Participants and cost  
 Contents of improvement  
 Photos before and after  
 Comments and evaluation

改善計画シート・報告シート

4-1 改善計画・報告シート  
 所属名/人数 部門名 /全社で 人の改善数 (人)  
 改善計画日 改善計画日 年 月 日 記入者  
 改善計画 改善テーマ 報告、報告のよさを、いいので  
 改善実施期間 年 月 日 年 月 日  
 改善計画の目的 (理由) 報告内容に基く改善 (該当するものに○を付ける)  
 A 仕様の改善 B 作業効率  
 C 職員の人間関係・相互支援 D 安心できる職場の作り  
 改善実施した目的・理由 (理由など) 参加したメンバー: ほかの費用:  
 改善内容 (改善点) 改善前 改善後  
 改善前後の写真 (写真) 改善後の評価・感想

## Process and utilize action tools

23



## Participatory steps can accelerate the risk management process in SMEs

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