



## Work in tune with life

### Template Model of Good Practice 2

Work in tune with life **contact person (NCO)**:

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#### A. Identification and Motivation

**General information** about the MOGP company:

Name of organization	Corporació Sanitària Parc Taulí
Address	Parc Taulí 1
City	08208 Sabadell
Country	Espanya
Contact person (name/function)	Albert Mariné Torrent Responsible of Psychosociology within the Occupational Safety & Health Service (OSH)
Email address	<a href="mailto:amarine@tauli.cat">amarine@tauli.cat</a>
Telephone number(s)	+34 937458374
Website	<a href="http://www.cspt.es/tauli/cat/default.htm">http://www.cspt.es/tauli/cat/default.htm</a>
Sector	Public health and social services
Number of employees	3500

(When the company does not want to provide this information a reference to the NCO will be made, which will support the connection to the company if necessary)



**Motivation (max. 100 words)**

Why has this company been selected as MOGP?

What is special for this MOGP?

How many points the company scores on the on line assessment tool?

In fact, this intervention is not just a programme but a combination of different specific programmes aimed to prevent and manage psychosocial risks. It constitutes a wide strategy, lasting from 14 years, and this is one of the reasons it has been selected as MOGP.

It includes primary, secondary and tertiary actions, and it has evolved from an individual to a more organisational scope.

It implies the commitment of the upper and middle managers, as well as the participation of workers' representatives. It has clear objectives and procedures, and specific aims related to mental health.

The score on the online assessment tool was 80.

**B. Policy and Culture (max. 300 words)**

Please explain how the **health policy** in the company is organized.

Clarify the approach and the reason why a health policy/initiative was initiated.

Indicate how **mental health is integrated/linked** to this general health policy: Conditions fulfilled concerning the integration; mental health part of mission statement; mental health incorporated in organizations' strategies; systems and processes; specific targets on mental health promotion; comprehensive approach of Workplace mental health promotion (WMHP); management involvement.

A comprehensive approach integrated in the context of the occupational health policy and health promotion has been developed by this institution. Three different levels of action are included:

- Continuous assessment and improvement of psychosocial working conditions.
- Early detection of individual and organisational outcomes that could be related to psychosocial environment or mental health problems.
- Therapeutical support to affected workers.

Considering the special risks of the healthcare sector, to care workers' mental health is a relevant issue. There is a high prevalence of psychological discomfort and interpersonal conflicts in sanitary workers due to work under time pressures, high demands and emotional stress. In addition, health institutions have a big social responsibility and, in this organisation, "taking care of those who give care" is considered as a value in the mission statement.

Concerning high management, it shows a strong commitment to psychosocial prevention and mental wellbeing. Its initial detection of needs generated the development of the counselling service, which was the first programme in the mental health policy, created 13 years ago.

Some of the objectives of the psychosocial preventive programme are directly related to mental health:

- Coordination between counselling and medical surveillance programmes in order to offer a caring mental health service
- Early detection of interpersonal conflicts and adequate tackling through training middle managers on emotional competences.



- Specific training in coping with emotional demands.

### C. Organisation and Structure (max. 200 words)

**Who is in charge** of and/or involved in the organisation and support of the mental health promotion initiatives?

And are these persons acquainted with the mental health topic?: Specific work group; composition of the group; training on mental health; resources etc.

The internal OSH service is the main responsible of all the actions related with health at work, including the mental health initiatives. It is composed by nine professionals and it comprises the five formal disciplines the Spanish OSH regulation establishes in the Prevention Law: Safety, Hygiene, Ergonomics, Psychosociology, Medical Surveillance.

In addition, specific groups are put in place to plan and implement the actions depending on the subject (ex.: moral harassment prevention, violence prevention, psychosocial risk assessment, etc). In addition to OSH personnel, they include workers' representatives, middle managers, internal specialized professionals (mental health, training, etc).

Moreover, the high management as well as the human resources management show big commitment to psychosocial and mental health policy, which provides a strong support of these programmes and facilitates the participation and involvement of other services and professionals from the organisation.

### D. Implementation and Strategy (max. 400 words)

How does the company handles the planning of the initiatives concerning mental health promotion? Who is involved in the planning and implementation of these initiatives? Is the planning linked to a needs assessment? Please explain.

Please describe the initiatives and measures on mental health promotion that were taken in the company: what kind of workplace mental health activities were carried out?

- Promotion of mental health
- Prevention of mental health problems
- Dealing with (workers with) mental health problems at work
- (Re) integration of workers with mental health problems

Seven programs are developed under the psychosocial strategy:

- Psychosocial risk assessment and the subsequent definition and planning of preventive actions. Both are continuous activities, which generate actions developed within the rest of programmes.
- Moral harassment prevention, as well as aids on tackling interpersonal conflicts.
- Prevention of external violence against workers (from patients and families).
- Internal consultancy for managers.
- Psychological support for all the employees (counselling service).
- Mental health surveillance within the periodical medical examinations.
- Specific training.

OSH service leads all the programmes and implementation of many concrete activities (risk assessment, medical surveillance, etc). Moreover, several other agents in the institution play an active role in these programs. In the OSH committee, a permanent workgroup on psychosocial risk was created, composed of representatives of middle management and workers, with the technical



support of OSH service.

Particular attention is given to middle managers, which participate in the discussion and planning of preventive measures derived from the risk evaluation results. They also are subject of training activities to improve its role concerning early problems detection, early intervention, by providing them with adequate tools to practice healthy leadership, workers reinforcement, social support, conflict resolution strategies and teamwork abilities. Since 1999, a consultancy service is offered to support them in the development of their role (conflicts management, emotional overloads, etc).

Along nine years, psychosocial conditions have been evaluated in nearly 300 workplaces. Preventive measures defined after the periodical risks assessments, focused on psychosocial working conditions and include actions aimed to redefine or clarify roles and functions, improving feed-back about work outputs, increasing participation in work procedures design, or improving leadership style quality.

The programme against violence (2005) includes medical, psychological and legal support, as well as internal registry and notification in case of episodes of physical or psychological aggression. A regulatory framework with preventive measures has also been also developed.

In respect to the harassment prevention programme, starting in 2003, it regulates the procedure in case of suspecting the existence of any cases: evaluation, mediation and individual and/or collective support.

Training activities are designed for specific needs related to risk assessment, (assertiveness, relaxation, social support to working groups, coping strategies, etc) adapting to different occupational groups: middle managers, nurse assistants, cleaning services, maintenance services, doctors, etc.

Since 2001, psychological health was included in the periodical medical examinations. This programme is strongly connected with the counselling one, which makes possible by identifying work-related risk expositions, to plan the following risk assessments.

The counselling service is the more lasting programme, and one of the most consolidated. It is addressed to all the employees. From the first moment this facility is situated in the occupational health area, which guaranties confidentiality. It supplies individual psychological assistance and it is not limited to work-related stress sources. It has become a valuable tool to engage preventive activities, from assessment to training, from medical surveillance to consultancy support.



## E. Evaluation and Lessons Learned (max. 300 words)

Please describe how the mental health promotion initiatives are being evaluated in your organization. Who is involved in the evaluation and how are the results communicated?

- What are the results?
- What are the lessons learned from the mental health activities: success factors; barriers and ways to overcome

A main indicator employed to evaluate the psychosocial strategy are periodical risk evaluation results, assessed by a specific questionnaire (at present, the Catalan version of CoPsoQ), which give information about risk exposition and its evolution. The other indicator is the absenteeism registry.

In addition, data from specific programmes' follow up (harassment, violence, counselling, mental health outcomes from medical examinations) provide useful information for continuous revision and adaptation of actions and strategy.

OSH service is the responsible of evaluating the psychosocial activities, although other services (human resources, training, etc) are also involved.

At the present, results show that counselling programme has been consolidated, as well as the assessment-intervention cycle implemented by workplaces. Besides that, middle managers have become aware of the importance of psychosocial risks and their crucial role on that subject.

Commitment from high management and workers representatives are identified as success factors in the implementation of the strategy, as well for the continuity of the programmes. The multidisciplinary work within the occupational health service contributes also to the positive results.

One barrier is the limited resources of the OSH service, which make difficult to assume more activities and objectives. Socio-economical conditions of the present situation, imply uncertainty about labour market and working conditions with probable repercussions over psychosocial environment, that may affect mental health. However, two objectives that are being considered are: flexible return-to-work after long term sickness absence due to mental health disorders and workplace change and adjustment procedure for workers with severe stress coping difficulties.