

Framework and Current Environment of Corporate Mental Health Management in Japan

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NOTICE: This represents an English translation of an original report released in Japanese by the AIG Institute on November 26, 2018. In the event that there are any inconsistencies between the Japanese version and the English one, the Japanese version shall control and supersede the substance of the English translated version.

Introduction

For companies, the appropriate management of their employees' mental health is becoming a more significant challenge. With this, the Japanese government enforced revised Industrial Safety and Health Act in December, 2015 and introduced "Stress Check" as a specific framework for companies to manage mental health of their employees. It also obligates them to establish organizational structures for that.

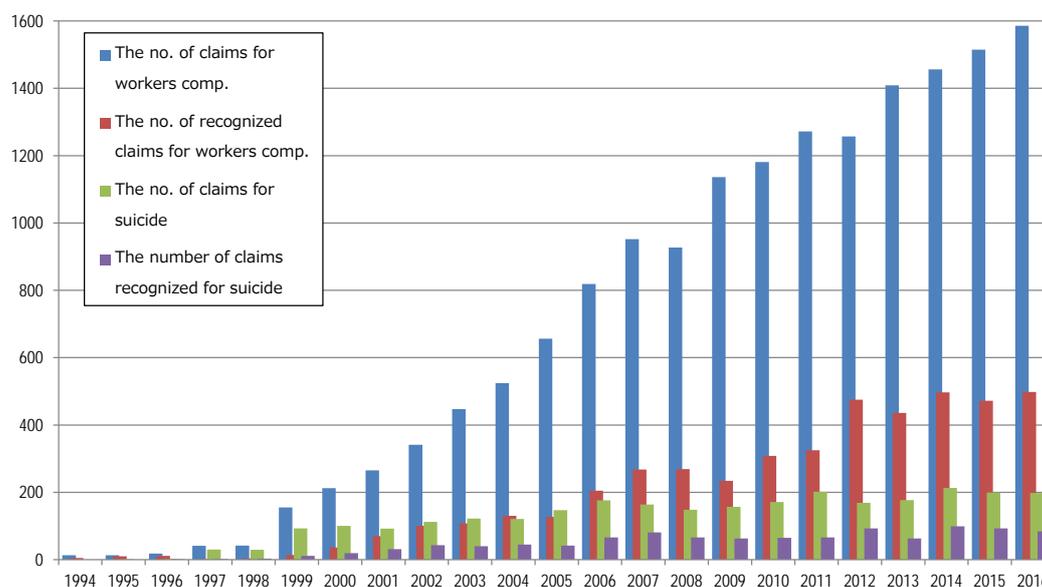
However, according to a fact-finding investigation regarding industrial safety and health conducted by Ministry of Health, Labour and Welfare, some companies have established their mental health management structures after the enforcement of the act, while their follow-ups have not been sufficient after stress check, therefore, some of their employees could not stop their mental health problems from being worsened and had to take sick leaves or even resign.

For both companies and their employees, it is extremely important to construct structures to practically prevent any issues of employees' mental health and in their working environments or make improvement once such issues are detected at earlier stages by stress check or training instead of merely focusing on completion of conventional structures.

Framework for mental health management by company

The number of claimed and approved workers compensations for mental problem including depression has been sharply increased in the last few years.

Trend of workers compensation for mental illness



(This chart is prepared by the author based on the statistics regarding workers compensation for mental problem by MHLW)

Upon this situation, the government revised Industrial Safety and Health Act which is meant to protect the physical and mental health and safety of workers and defines a basic framework for mental health management by companies with obligation to execute stress check as a core measure (enforced in December, 2015). In addition to this, Ministry of Health, Labour, and Welfare released “The guide for maintenance and enhancement of mental health of workers” with specific actions taken by companies. (revised on the November 30th, 2015. Hereinafter referred to as the Guide.)

Revised Industrial Safety and Health Act obligates employers to have doctors or health nurses conduct stress check on regular basis for their permanent employees. (If your business operation has fifty workers or more, stress check is mandatory, and in case of less than fifty workers, you are obligated to make effort.)

Also, according to the Guide, companies are requested to plan and execute comprehensive initiatives as follows with main focus on stress check.

(1) Planning mental health promotion

Companies are requested to have full discussions at their safety and health committees set up in accordance with Industrial Safety and Health Act and to make “a plan for mental health promotion” by incorporating the next items.

- ① Announcement by an employer regarding their active promotion of mental health care
- ② Construction of a structure for mental health promotion in the workplace
- ③ Understanding of issues in the workplace, execution of activities for mental health care
- ④ Allocation of human resources required for mental health care, utilization of external resources
- ⑤ Protection of information regarding worker’s health
- ⑥ Measuring the progress of the mental health promotion plan, revision of the plan
- ⑦ Other measures for the mental health promotion for workers

To be more specific, documents with major components such as action plans (positioning, objective) and activities (stress check, guidance through interview, consultation framework, education and training) would be developed.

(2) “Four cares” for mental health management

The Guide requests execute initiatives with the specific actions for mental health care by companies categorized into the four types below.

① Self-care

- Correct understanding of stress or mental health
- Awareness of stress with utilization of stress check
- Response to stress

This means that employees themselves are aware of their stress, acquire knowledge and learn how to cope with their stress, and take actions. Companies execute initiatives to provide education, training, and information regarding mental health, introduce stress check, and construct structures or environments that enable their employees to

voluntarily talk to their supervisors or occupational doctors.

② Care by reporting line

- Understanding and improving working environment
- Advising workers
- Assisting workers for returning to their works

Since supervisors (managers) are able to understand the statuses of their subordinates and the conditions in their workplaces on daily basis and to improve such conditions, they are required to give advice to the employees when they are requested and understand and improve the conditions in their workplaces. Also, companies are requested to provide training or information to managers to enable care by line managers.

③ Care by employer's occupational health staff members

- Planning for specific activities for mental health care
- Handling personal health information
- Networking with external resources, contacts for communication with external parties
- Assisting return to work

This means care by employer's occupational health staff members*. Companies are required to establish and maintain structures and environments for smoother care.

※This refers to occupational doctor, health controller, health nurse at employer, dedicated staff members for mental health promotion, and staff members for personal management and labor relation.

④ Care by external resources

- Utilization of services such as information provision or advice
- Networking of resources
- Assistance for return to work

This means that supports from various types of resources with expertise are utilized depending on issues or services requested by companies. Also, if employees do not want to take consultation services at their workplaces, it is desirable to offer opportunities for them to utilize external resources.

(3) "Three preventions" for mental health management

The Guide identifies the next three stages of preventions for mental health problem* and defines the next four specific measures.

※This is not only about mental problem or suicide categorized as mental disturbance or behavior problem. It broadly includes mental and behavior problem such as stress, serious worry, or anxiety, for example, that could impact to the mental and physical health of workers, as well as their livings in the society or the qualities of their lives.

Primary prevention (prevention of mental health problem)

① Offering education, training and information for mental health care promotion

Offering education, training, and information to workers, supervisors/managers, and employers' occupational health staff members, depending on their duties

② Understanding and improving working environment

Leveraging collected opinions from daily workplace management and workers and stress

check programs to assess their workplace environments to capture problems and make improvement

Secondary prevention (Earlier detection of mental health problem, execution of appropriate measures)

③ Awareness of mental health problem, actions required

Earlier detection of mental health problem and appropriate actions in case if any workers encounter that.

For this, structures for the three items below should be constructed.

- Voluntary request from workers for consultation, self-check
- Consultation by supervisors/managers and employers' occupational health staff members
- Awareness by or support from the families of workers

Tertiary prevention (Supporting workers who have encountered mental health problem for their return to work)

④ Support for return to work

For those who took sick leaves due to their mental health problem to be able to smoothly return to their work and continue their employment, programs for support for return to work should be planned and executed with necessary structures constructed.

(4) Cautions

For mental health care promotion, companies are requested to consider the items below related to the specific nature of mental health.

① Characteristics of mental health issue

The fact that the mental health issue is "not easily visible", and people tend to misunderstand or be biased against it should be well considered.

② Consideration of personal information protection for workers

Protection of personal information including health information of workers should be considered, and their intention should be respected.

③ Collaboration with personal management and labor relation

Mental health of workers is largely affected by factors closely related to personal management and labor relation such as worksite arrangement, staff reassignment, organization structure at workplace, therefore, mental health care should be appropriately executed with collaboration with personal management and labor relation.

④ Issues outside workplace such as family or personal life

Mental health issues could be affected by stress factors from workers' families or their personal lives on top of stress factors at their workplaces in many cases, and this fact should be considered.

The current status of initiatives for mental health, their challenges in companies

Since revised Industrial Safety and Health Act obligates the implementation of a mechanism for stress check, initiatives by companies for mental health are becoming more common. Also, in the 13th industrial accident prevention plan officially announced by Ministry of Health, Labour and Welfare for measures for mental health in workplaces, it is aimed to achieve the quantitative targets below by 2022.

- ① Over 90% of workers know who they could talk to including external human resources about their anxiety, worries, or stress in their works.
- ② Over 80% of companies take measures for mental health.
- ③ Over 60% of companies conduct group analysis of the results of stress checks and utilize such results.

According to Survey on Industrial Safety and Health (fact-finding survey) by Ministry of Health, Labour and Welfare in 2016, 56.6% of companies responded that they took some measures for mental health. (In the survey in 2017, 58.4% of companies responded the same, which indicates a slight increase. The following discussions are based on the survey in 2016 with their details of the result released.)

However, the execution rate of the measure differs depending on the sizes of companies. While approximately 90% of the companies with over fifty employees executed measures such as setting up safety health committees and conducting stress check, approximately only 50% of the companies with less than fifty employees executed such measures.

No. of employees	Rate of measure execution for mental health	Distribution rate
1,000 or over	100.0%	0.2%
500 ~ 999	99.8%	0.4%
300 ~ 499	99.2%	0.8%
100 ~ 299	96.1%	4.5%
50 ~ 99	85.2%	9.3%
30 ~ 49	62.5%	14.1%
10 ~ 29	48.3%	70.8%
(50 or over)	89.7%	15.2%
(Less than 50)	50.7%	84.9%
(Total)	56.6%	100.0%

(The ratios of the companies who responded that they had conducted measures for mental health. Developed by the author based on Survey on Industrial Safety and Health (fact-finding survey) Ministry of Health, Labour and Welfare in 2016.)

The responses to the question about specific measures the companies took suggest that not many of the companies who had conducted measures for mental health took comprehensive measures shown in the Guide.

No. of employees	Measures for mental health (multiple answers allowed / Excerpt)							
	Execution of stress check	An established structure for consulting in the organization	Study and deliberation at security and health committee	Training and information offered to workers	Training and information offered to supervisors	Selection of resources responsible for execution of measures for mental health	Assessment and improvement of working environment	Support for return to work
1,000 or over	96%	85%	77%	82%	77%	66%	66%	78%
500 ~ 999	93%	72%	68%	68%	64%	61%	57%	56%
300 ~ 499	97%	65%	67%	63%	60%	57%	59%	51%
100 ~ 299	91%	46%	56%	48%	41%	48%	46%	30%
50 ~ 99	84%	39%	49%	42%	32%	40%	37%	18%
30 ~ 49	53%	31%	23%	38%	28%	23%	23%	15%
10 ~ 29	55%	33%	18%	35%	26%	19%	21%	15%
(Total)	62%	36%	27%	38%	29%	26%	27%	18%
300 or over	95%	70%	69%	67%	63%	60%	59%	57%
Less than 30	55%	33%	18%	35%	26%	19%	21%	15%
Difference of execution rate	1.7	2.1	3.9	1.9	2.4	3.1	2.8	3.7

(Specific measures taken by only the companies who had responded that they had taken measures for mental health. Developed by the author based on Survey on Industrial Safety and Health (fact-finding survey) Ministry of Health, Labour and Welfare in 2016.)

As to stress check, many of the companies running their initiatives for mental health conduct it, while not many companies have made progress in other actions such as internal consultation services, education and training for their employees, as well as their supervisors (superiors), assessment and improvement of their working environments, or support for return to work after leaves.

In particular, the gaps of the execution rates due to the different sizes of the companies require more attentions. Approximately 1% of the companies who responded to the questionnaire are the ones with 300 or more employees, and approximately 70% are the ones with less than 30 employees. For “Execution of stress check”, the difference of the execution rates between those two sizes of the companies is 1.7 times, which is relatively minor, while, for “Support for return to work”, the difference is 3.7 times.

According to this survey, it is known that the smaller companies have not been as active as bigger companies for mental health, and even the companies taking actions for mental health have merely executed stress check and offered training to their employees, and it is estimated that not many companies have taken comprehensive actions to turn mental care more effective. This can also be confirmed with the responses to other questions in the same survey.

Ratios of workers who took consecutive leaves more than one month or retired from their companies due to their mental health illness for last one year

No. of employees	Workers who took their consecutive sick leaves for more than 1 month	Workers who retired
1,000 or over	0.7%	0.1%
500 ~ 999	0.6%	0.1%
300 ~ 499	0.6%	0.2%
100 ~ 299	0.4%	0.1%
50 ~ 99	0.4%	0.2%
30 ~ 49	0.2%	0.1%
10 ~ 29	0.2%	0.3%
(Total)	0.4%	0.2%

(Developed by the author based on Survey on Industrial Safety and Health (fact-finding survey), 2016)

While the ratios of those who took their consecutive sick leaves for more than one month in the past year are clearly declining for smaller companies (0.7% for companies with 1,000 or more employees and 0.2% for less than 30 employees), this trend is not observed as to the ratios of those who retired due to their mental health problem, and in fact, the ratio is the highest for the smallest companies with less than 30 employees. (It is 0.1% for the companies with 1,000 or more employees, while it is 0.3% for less than 30 employees.)

This potentially suggests that bigger companies have some levels of mechanisms to support their employees who have encountered mental health problem to offer them recovery routes from sick leave to return-to-work, that is, the secondary prevention to tertiary prevention, but, smaller companies do not have such mechanisms sufficiently, therefore, their employees could not go through a process of taking sick leave, which means that more employees with mental health problem could directly decide to leave their companies.

The survey does not provide data that can be used to compare the occurrence ratios of such employees who took their sick leaves or retired across companies that had or had not taken actions for mental health, and details are not available to understand how effective the mental health initiatives can be to reduce the number of employees who would decide to take their sick leaves or leave their companies, but, at least, sufficient effectiveness of mental health initiatives could not be expected for cases where mental health problem of employees or issues with working environments were suggested, unless a mechanism to make specific improvements is established.

Also, another issue that can be derived from the survey is the lower execution rate of actions “to assess and improve working environments”. The total average execution rate is 27%, and it is less than 60% for bigger companies with over 300 employees, and around 20% for companies with less than 30 employees.

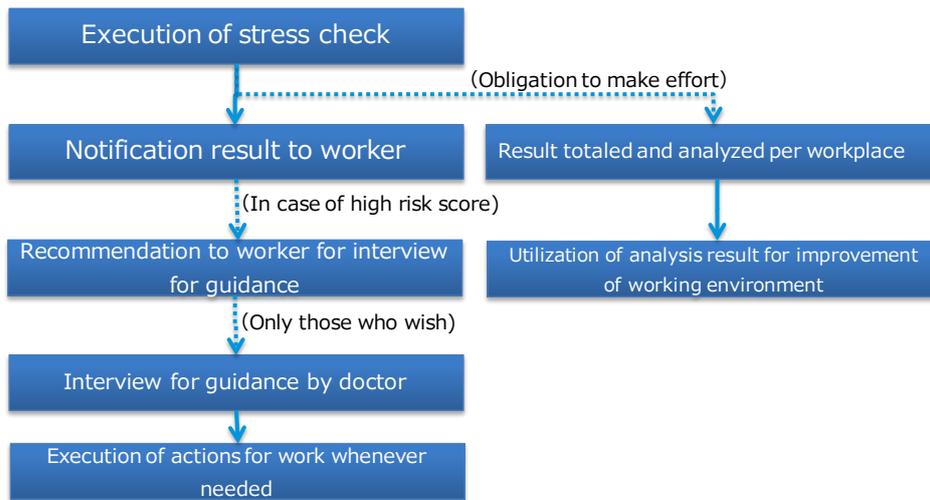
As major risk factors that could cause mental health problem at workplaces, long-hour working, large workload for unplanned tasks, lack of communication between employees and their supervisors, harassment, for example, can be considered, but, only individual-level actions such as training or stress check have been focused, and it is concerned that assessment and improvement of working environments have been insufficient.

Risk on overweighed stress check

As seen so far, the initiatives for mental health were originated from stress check and extended in their structures.

As the concept of “physical” health management originating from regular medical checkup, “mental” health management is originated from regular stress check. It is aimed to detect mental health problem at earlier stages through stress check and to take earlier actions to prevent mental health from being deteriorated and to maintain and improve the states of employees’ minds.

The following diagram summarizes the main flow of stress check according to revised Industrial Safety and Health Act. (Preparation before execution or post-execution inspection are omitted.)



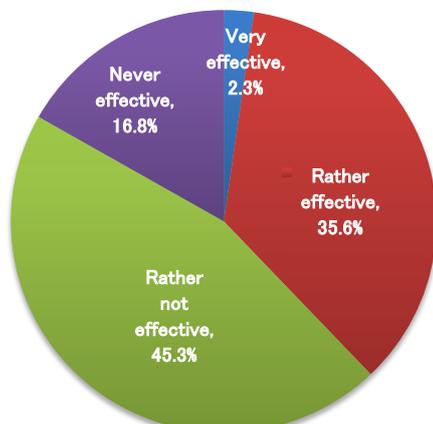
Stress check is periodically (once a year or more) conducted, and the result is individually notified to workers. In particular, for those who are diagnosed as having higher risks of mental health problem, individual interviews for guidance will be recommended. Once workers accept such recommendation, occasions for interviews by doctors for their guidance will be set up. As the result of such interviews, if doctors judge that certain measures (sick leave, for example) are required, then, their judgement will be notified to the companies so that necessary measures can be taken.

On top of these measures for individual workers, the results can be summarized and analyzed on the workplace level to detect any areas with higher risks of mental health problem, which can be another route to leverage stress check to improve working environments.

If expected values can be obtained from stress check, then, it would be a useful initiative for mental health in companies. However, focus on stress check only as a measure for mental health could cause some risks, according to feedbacks from doctors.

For example, upon revised Industrial Safety and Health Act, in August, 2016, to the questionnaire offered by “MedPeer”, a community site exclusive to doctors, over 60% of doctors responded that stress check would not be effective.

Question: Stress check will be effective as the primary prevention of mental health problem?



(From “MedPeer”, a site exclusive to doctors. 4,031 responses were given.)

According to this questionnaire, doctors suggested issues of stress check as follows:

(1) Inaccuracy of screening

Stress check is done as self-assessment and meant to check the state of mind which is not always visible. Many of the questions are related to working and labor environment such as working hours, quality of business operation, communication with supervisors or colleagues, therefore, those who “are assertive” or “have dissatisfaction about their works” are tended to be diagnosed as having high risks. In other words, there is a risk of not being able to effectively find workers who try to solve their strong stress as their own issues without sharing them with others or actually have increasing depressive tendency.

(2) Interview for guidance not offered to workers who need

As the result of stress check, even if high risks are diagnosed, it is workers’ decisions to take or not to take interviews by doctors for guidance, and interviews are not always offered to those who need them. Furthermore, in order to take interviews for guidance, requests should be submitted to companies, and “chilling effect” could be caused because workers do not let their companies know that they are going to take such interviews, and workers who wish to take interviews may not take actual actions (requesting for interview for guidance).

(3) Overweight on personal issues of workers, insufficient improvement of working environment

In not a few cases, mental health problems are caused by overloaded work, harassment, lack of communication, for example, rather than personalities or ways of work of workers themselves. Initiatives to offer opportunities for self-care based on stress check or interviews for guidance for those who are diagnosed as having high risks could limit the causes to personal issues of workers themselves.

Revised Industrial Safety and Health Act supposes a framework to summarize and analyze stress check results to detect issues with working environments for discussions by health committees, for example, but, only obligation to make effort is identified in the act. According to Survey on Industrial Safety and Health (fact-finding survey) in 2016, only 27% of companies really took such actions.

Even if personal issues of workers are responded, issues with their working environments conditions are not solved, and it is more likely that they would repeatedly encounter the same issues after they return to their works.

This questionnaire identified the issues of stress check as the primary prevention, and too much focus on stress check actually causes other risks as follows.

(4) Insufficient actions for the secondary and tertiary preventions

In a certain aspect, stress check could function as “medical check” does for health of physical health, but, it should be positioned as a tool for the primary prevention. In other words, it should help workers to find themselves with stronger stress before they are trapped in mental health problems at earlier stages.

In order to enable the secondary prevention to stop existing mental health problem of workers from getting worse, as well as the tertiary prevention to block the reoccurrence of such problem when workers have returned to their work from their sick leaves they had taken due to their mental health problem, comprehensive initiatives would be required to provide

training programs or information to their entire workplaces including their supervisors, to secure more accessible channels for consultation including industrial physicians or external resources, and to establish supportive programs for return-to-work.

Without understanding that the implementation of stress check is merely “an entry point” to such comprehensive initiatives, the other initiatives for the secondary and tertiary preventions would not be sufficient, which could result in a higher risk of missing benefits from stress check implementation and actions for mental health (or workers who could not avoid taking sick leaves or leaving their companies).

Too heavy dependency on stress check for actions for mental health by companies could deteriorate the efficacy of planned and executed initiatives, and the risk of losing workers due to their mental health problem could turn higher, despite the fact that they could have continued to work, only if getting appropriate supports.

Points at issue of actions for mental health by company

Based on the issues identified in the previous sections, the major points at issue that require in-depth discussions regarding actions for mental health conducted by companies as follows.

(1) 【Primary prevention】Methodology to improve accuracy of diagnosis to determine individuals with higher risks of mental health problem

In the current stress check those who are not satisfied by their workplaces or who are more assertive tend to be judged as having higher risks, while those who do not have much of such tendency are likely to be judged as having lower risks, therefore, methodologies to improve accuracy to judge those who have risks of mental health problem need further discussions and researches.

For example, discussions can be held to prove if the current questionnaire method can be used as basis to add more questions or change the current questions to improve accuracy of judgement or if the current stress check done with questionnaire method can be replaced or enhanced by psychological examinations, biomarkers of heart rate test or saliva test, or big data to track changes to the history of daily behaviors. In particular, consistent monitoring utilizing IoT equipment that has been technically advanced in a last few years has great potential hidden.

(2) 【Primary prevention】 Establishment of an approach from the perspective of working environment

The current initiatives for mental health tend to put focus on individual employees only by allowing them to take training classes and stress check to be aware of their problems to take actions such as contacting occupational doctors or external resources. In case if they decide to take sick leaves, they need to get their mental health recovered to return to their works. However, in fact, “external factors” that cause healthy employees to be caught in mental health problem, such as the contents of works given, working hours, sizes of their responsibilities, relationships with their supervisors or colleagues, impact a lot, needless to say.

The current, revised Industrial Safety and Health Act does not necessarily structure initiatives to appropriately assess such external factors for improvement. It only supposes initiatives (obligation to make effort) to leverage stress check to improve working

environment. It is possible to increase efficiency of the primary prevention by selecting more impacting factors out of various external factors, measuring such individual factors to calculate scores for individual workplaces (that is, stress check of working environment), and connecting the resulting scores to specific improvement of working environment.

As a precedent, in Europe, PRIMA-EF (The European Framework for Psychosocial Risk Management) exists and identifies specific risks in working environments such as contents of works, workload, speed of work, schedule, independency, environment and facility, organizational culture, function, role in organization, visibility of career path, work-life balance.

(3) 【Primary to secondary prevention】 Smooth connection from self-care to utilization of external resource, method to remove sense of resistance

Currently, stress check is anonymously conducted to companies, and the results are only shared with individual workers only. For workers who are diagnosed as having higher risks to take interviews for guidance after they are notified, that fact then is shared with their companies.

This framework of stress check is inevitable in one aspect, but, it is also true that workers would have sense of resistance, which could give negative impact that discourages them to take interviews for guidance.

Discussions should be held to suggest how to develop a structure to help workers when they are exposed to higher risks of mental health problem, or initial symptoms are observed for them, in such a way that they can be connected with external resources of occupational doctors or external medical or supportive services, ahead from “self-care”.

Through this type of structural discussion, development of process to facilitate voluntary interviews for guidance or to refer workers to external consultation services such as psychodiagnosis medical or psychiatric services, maintaining anonymity to companies can be reviewed. However, this process could increase cost for companies, it is important to review a direction to keep an appropriate balance between cost and benefit in the structure. “Psychological” discussions would be essential, as well. To refer workers to external psychodiagnosis medical or psychiatric services, communication to them will be a key because they themselves may have bias or a sense of resistance about depression, which could prevent earlier contacts to such external services. It is necessary to discuss how to understand where such prejudice or a sense of resistance is from and design training programs or communications to remove it.

(4) 【Secondary to tertiary prevention】 Fulfilment of leave of absence program/return-to-work support program

As the above-mentioned Survey on Industrial Safety and Health reveals, initiatives for mental health problem prevention between sick leave and return to work, as well as after return to work as the tertiary prevention have not been executed by many companies yet, compared to other types of initiatives. In particular, smaller companies have not made progresses fast enough.

To mitigate commercial losses of companies after their employees left due to their mental health problem, discussions and research on how to develop the frameworks of programs easily implementable regardless of the sizes of companies to support their employees to take sick leaves and to return to their works, as well as how to expand the use of and fulfil such

programs are required.

Specifically, more broad use of and expansion of the scope of supports for small- and mid-sized businesses offered in Regional Industrial Health Centers governed by Japan Organization of Occupational Health and Safety, or effective usage of “rework program” more serviced by medical institutes can be main themes for such discussions.

Also, through the discussions, how to leverage latest technologies should be scoped in as development of programs of “work as rehab” with both work at home (telework) utilizing IT and shorter working hours.

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