

Symposium | Work place : [Symposium 110] Workplace Mental Health: significance and progress

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[Symposium 110] Workplace Mental Health: significance and progress

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[SY-110-03] Development in Japan for primary, secondary, and tertiary prevention in the workplace

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Background

Workplace mental health comprises primary, secondary, and tertiary prevention. This presentation introduces innovative tools and programs developed in Japan.

Primary Prevention

The concept of cognitive behavioral therapy conducted in a group setting (gCBT) can be extended to primary prevention, since it facilitates stress recognition and problem-solving. Two textbooks have been published. One textbook titled “Mental Health Promotion In-House Training Toolkit” comprises slides to help reduce employee stress and promote a vibrant workplace, and comprehensive document templates, including planning tools, checklists, and questionnaires. The other textbook titled “Communication Skills Workbook for Young People” explains how young company employees can acquire necessary communication skills. The contents include fundamentals of interpersonal relationships, scenarios for various situations, practical advice, and suggestions for supporters.

Secondary Prevention:

In Japan, psychological stress checks have been mandatory since 2015. Workplaces are required to conduct follow-up interviews with those identified as highly stressed. A textbook titled “Physician's Interview Guidance Manual” teaches physicians not versed in good interview skills how to perform this interview. The contents include self-care recommendations for individuals avoiding physician interviews, 10 steps of physician interviews, suggestions for non-physician staff, interview guidance for employees on discretionary working, and Q&A for trouble situations.

Tertiary Prevention:

Since past experiences of mental illness often increase vulnerability, it is imperative to assist those patients returning to work to build resilience and to prevent relapse. A resilience-building program utilizing the principles of the Illness Management and Recovery program, called the Re-work Program, was developed in 1997. Three textbooks have been published, and more than 200 Re-work programs support these patients throughout Japan. A literature search performed using PubMed and Igaku Chuo Zasshi identified 30 relevant studies. The prognosis for relapse prevention after the resumption of work may be better for Re-Work program participants than for a control group.

