

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

📅 Sun. Sep 28, 2025 4:30 PM - 6:00 PM JST | Sun. Sep 28, 2025 7:30 AM - 9:00 AM UTC 🏛️ Session Room 3
(Large Hall A)

[Symposium 110] Workplace Mental Health: significance and progress

Moderator: Tsuyoshi Akiyama (World Federation for Mental Health)

[SY-110]

Workplace Mental Health: significance and progress

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[SY-110-01]

Workplace interventions to promote sleep health of employees

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[SY-110-02]

Preventing Isolation and Loneliness in the Workplace

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[SY-110-03]

Development in Japan for primary, secondary, and tertiary prevention in the workplace

*Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan))

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In 2022, the World Health Organization (WHO) published “Guidelines on mental health at work.” In 2024, workplace mental health was chosen as the theme of World Mental Health Day (WMHD) by the World Federation for Mental Health (WFMH). Thus, the importance of workplace mental health has been recognized globally. In this symposium, Dae Jong Oh reports on workers’ sleep-related problems, such as short sleep duration, poor sleep quality, and excessive daytime sleepiness. It is crucial to actively modify poor sleep health in the workplace as it is linked to various adverse outcomes, including mental and physical health problems, reduced work performance, and a lower quality of life. He will review epidemiological data on sleep health and workplace interventions to improve employees’ sleep health. Hisashi Eguchi presents programs to prevent isolation and loneliness in the workplace. Concerns over workplace loneliness and isolation are increasing, particularly in developed countries, making this topic highly relevant. The programs are designed at three levels: organizational, supervisory, and individual. In this presentation, each program, along with preliminary results, will be introduced. Edgardo Tolentino explores how the Philippine Mental Health Act has driven changes in workplace practices, promoting mental wellness initiatives and supporting employees with mental health conditions, thereby building a culture of inclusion and resilience. The law has been pivotal in transforming public attitudes toward mental health by fostering greater awareness, reducing stigma, and ensuring access to services. Tsuyoshi Akiyama discusses the significance of workplace mental health from a recovery perspective. Appropriate support will establish people with mental issues as good workforce assets for society. This can be a win-win-win-win-win situation among persons, families, corporations, governments, and anti-stigma movements. He also reports on the WFMH activities along with the WMHD theme in collaboration with the WHO.

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[SY-110-01] Workplace interventions to promote sleep health of employees

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Keywords : sleep health、 workplace mental health、 occupational health services

Sleep health is a critical yet often overlooked component of employee well-being and organizational productivity. A substantial proportion of workers experience sleep-related problems, including insufficient sleep duration, poor sleep quality, and excessive daytime sleepiness. These issues are associated with a broad spectrum of adverse outcomes, such as increased risk of physical and mental health conditions, decreased work efficiency, higher absenteeism, and impaired quality of life. Despite the growing recognition of sleep as a key determinant of health, workplace-level strategies to promote healthy sleep remain limited in practice and scope.

This presentation proposes a model for integrating sleep health services within occupational settings by introducing a Workplace Sleep Health Clinic. The clinic provides on-site screening, diagnosis and treatment of sleep disorders, alongside employee education, consultation, and ongoing research on sleep health in working populations. It provides care to a diverse employee population, including those with chronic insomnia, obstructive sleep apnea, and shift work disorder. The presentation will describe the clinical characteristics of individuals utilizing the clinic, as well as the structure and delivery of key interventions. These include modified cognitive behavioral therapy for insomnia adapted for the workplace and stress reduction strategies incorporating relaxation techniques by psychiatrists and clinical psychologists. The clinic model suggests the potential feasibility and clinical relevance of embedding specialized sleep care within the workplace, offering a comprehensive approach to promoting sleep health and occupational functioning.

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[SY-110-02] Preventing Isolation and Loneliness in the Workplace

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Keywords : Isolation, Loneliness, Workplace, Prevention, Japan

Prevalences of general and workplace loneliness were 9.0% and 8.3%, respectively, underscoring the importance of targeted prevention. To address this challenge, we have been developing multi-level programs—organizational, supervisory, and individual—aimed at reducing isolation and loneliness in workplaces. This presentation highlights an organizational approach using Appreciative Inquiry (AI), a method that emphasizes strengths and ideal visions to foster dialogue and rebuild trust and connection. Between 2023 and 2024, pilot workshops were conducted in two workplaces. While quantitative measures did not show significant reductions in loneliness, participants reported subjective improvements in workplace atmosphere and interpersonal relationships. Careful framing and wording lowered barriers to participation by avoiding direct references to loneliness, thereby facilitating engagement and cultural change. At the same time, challenges emerged, including the need for sustained organizational commitment and structures to ensure continuity. These findings suggest that AI can serve as a promising, inclusive approach to workplace isolation and loneliness, complementing individual and supervisory interventions. Broader application and refinement of this model are expected to contribute to healthier, more connected workplaces, particularly as concerns over loneliness intensify in developed societies.

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

*Tsuyoshi Akiyama¹ (1. Rokubancho Mental Clinic (Japan))

Keywords : Workplace、 、 Japan、 Prevention、 Innovative

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.