



# MENTAL HEALTH AT WORK NEEDED IMPROVEMENTS IN FINLAND



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# Preface

Mental health of employees is an emerging concern for the public and private enterprises in the Baltic Sea Region. People's mental health and ability to take individual and collective action are imperative for enterprises and societies to function during challenging times. In the face of hardship, enterprises need resilience and a resilient workforce.

Even before the COVID-19 pandemic and the war in Europe, half of European workers considered stress to be common in their workplaces, and stress contributed to around half of all lost working days<sup>1</sup>. In addition, 1 in 6 workers experience mental health challenges in the European Union (EU)<sup>2</sup>. Combined with an already prevailing lack of qualified workforce in some key fields, such as health and social care, this may put the ability of enterprises and workplaces to withstand existing and future crises in jeopardy.

Protecting workers and preserving their work ability is the objective of Occupational Safety (OSH) and Occupational Health (OH). In the past, OSH and OH legislation, standards and education have mainly focused on physical hazards and accident prevention instead of psychosocial risks. *MentalHealthMatters* project wants to increase the attention given to psychosocial risk identification, assessment and prevention measures, addressing them as equally important as other factors.

A key requirement for improving OSH and OH policies and practices related to the psychosocial work environment and thus the mental health of the workforce is to work across sectors. Therefore, in the framework of the project, the partners from Estonia, Finland, Latvia, Norway, and Poland<sup>3</sup> have set up National Communities of Practice, consisting of key experts from the health, labour and education sectors. The core aim of the Communities of Practice is to uncover areas in need of improvement and to propose actions to address them. Each country has chosen a focus theme that encapsulates a challenge or an area of development together with their National Communities of Practice. These focus themes range, for example, from the mental health of migrant workers in Norway to awareness raising among employers in Latvia.

In the *MentalHealthMatters* project, the Communities of Practice have found out the needs for improvement related to (1) knowledge and data, (2) policies and regulations and (3) education and

<sup>&</sup>lt;sup>1</sup> European Agency for Safety and Health at Work (2024) *Mental Health at work after the COVID-19 pandemic – What European figures reveal.* Luxembourg: Publications Office of the European Union. <u>https://osha.europa.eu/en/publications/mental-health-work-after-covid-pandemic</u>

<sup>&</sup>lt;sup>2</sup> European Commission (2023). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health. COM(2023). Brussels: European Commission. <u>https://eur-lex.europa.eu/legal-</u> content/EN/TXT/HTML/?uri=CELEX%3A52023DC0298

<sup>&</sup>lt;sup>3</sup> Namely the Tallinn University of Technology, Finnish Institute of Occupational Health, Riga Stradinš University, the Norwegian Labour Inspection Authority, and the Nofer Institute of Occupational Medicine.

competences of employers, managers and OSH representatives on managing psychosocial work environment. This report presents the findings from Finland, where the focus has been on the education policy of the Occupational Safety (OSH) and Occupational Healthcare (OH) personnel.

# **Thematic focus**

In Finland, the *MentalHealthMatters* project focuses on managing psychosocial risks in the workplace and further developing the education of the OSH and OH professionals. According to research from the Finnish Institute of Occupational Health<sup>4</sup>, occupational well-being and work engagement continue to decline nationally, with increasing symptoms of work burnout, particularly among young people. At the same time, psychosocial resources that support good mental health have not increased in the workplaces.

Employers have a general duty to ensure a healthy and safe work environment for their employees. The occupational safety professionals play a pivotal role in this by assisting employers and employees with duties such as risk assessments and issues related to (psychosocial) work environment.

Occupational health professionals provide essential expertise to the workplaces focusing on the promotion of health and prevention of work-related illnesses. Their expertise enables them to assess the impact of workplace factors on employee health, suggest actions to be taken, and support work ability overall. Together with employers and employees, OSH and OH professionals can create a holistic approach to managing psychosocial risks and resources.

Despite a strong regulatory framework and a general awareness of the importance of the psychosocial work environment in Finland, several challenges persist. OSH and OH professionals may lack joint understanding and/or sufficient skills to identify and evaluate psychosocial risks and workplace resources effectively. This gap limits their ability to address these critical issues comprehensively.

The Finnish National Community of Practice tackles these issues with a focus on enhancing the competence and education of OSH and OH professionals. The initiative explores the potential for creating an interprofessional education policy to ensure these professionals possess the necessary skills and knowledge. By addressing these issues, the project aims to empower OSH and OH professionals to optimally intervene and support workplaces in situations where psychosocial risks are detected.

<sup>&</sup>lt;sup>4</sup> Suutala, S., Hakanen, J. and Kaltiainen, J. (2024) *Miten Suomi voi? -tutkimus. Työhyvinvoinnin kehittyminen kesästä 2021 loppuvuoteen 2023.* Helsinki: Finnish Institute of Occupational Health

# **National Community of Practice**

The Finnish National Community of Practice was established by the Finnish Institute of Occupational Health in collaboration with the Ministry of Social Affairs and Health. With tripartism at its core, the group ensures that all the major stakeholders are represented. As a result, the Community of Practice comprises 16 committed members from:

- Ministry of Social Affairs and Health
- Finnish Institute of Occupational Health
- Universities and Universities of Applied Sciences
- Finnish Entrepreneurs interest group
- Labour market organisations (Confederation of Finnish industries EK, labour market organisation SAK)

The Finnish National Community of Practice has identified the current areas of progress and the key gaps and needs for improvement related particularly to the education of OSH representatives and OH professionals' education and competences. The members have regularly convened in workshops and collaborated in the Howspace online environment. Before each workshop, the members have completed a preliminary exercise to shape their perspectives on the key issues. These viewpoints have then been discussed together, leading to joint agreements through a deliberative process and ensuring that diverse opinions are heard.

To support the work of the National Community of Practice, the project has been presented to the Advisory Board of Occupational Safety and Advisory Board of Occupational Health, which both operate under the Ministry of Social Affairs and Health to guide the development of OSH policies and regulations. The purpose has been to pave the way for later discussions with the National Community of Practice on how to utilise their recommendations in the decision-making.

# **Needs for improvement**

"Vision Zero mindset should be broadened to be applied to psychosocial workload factors, as well."

"Can we set limit values on psychosocial factors?"

"It is important that policies and guidelines are written accurately enough to be understood and implemented in the same way by all stakeholders." The Finnish National Community of Practice has concluded that the main area where amendments are needed lies in the regulatory framework. While psychosocial risks and mental health at work are sufficiently addressed by the regulations, there is a need to strengthen provisions on the qualifications of OSH professionals, and to set competence criteria for their education.

Time frame	Needed improvements
Long-term	• Developing and enforcing joint models and metrics for preventive and promotive measures to tackle psychosocial risks and workload factors, accepted by all tripartite stakeholders.
Medium-term	<ul> <li>Defining qualification requirements for OSH personnel in legislation.</li> <li>Establishing a national register of qualified occupational health professionals and experts.</li> <li>Establishing a national register of professionals qualified to provide psychological short-term interventions to occupational health patients.</li> <li>Measuring effectiveness and cost-effectiveness of workplace practices that affect mental health on the system, operational and individual levels.</li> <li>Providing all national occupational safety representatives and health professionals as well as OSH authority with equal basic knowledge about identifying and assessing workplace psychosocial factors through education and training.</li> <li>Assessing the effectiveness of education.</li> </ul>
Short-term	<ul> <li>Creating a mutual understanding between workplaces, occupational safety and health, and OSH authorities on psychosocial risks and workload factors, along with their impact on employee well-being, supported by political tripartite consensus.</li> <li>Developing a systematic, comparable approach to observe and evaluate psychosocial risks and workload factors by all stakeholders working within occupational safety and health.</li> <li>Developing an interprofessional education curriculum for the OSH, OH and OSH authority workforce to create an equal basic knowledge for identifying and assessing psychosocial factors in the workplace by all stakeholders.</li> <li>Establishing a legal definition for psychological short interventions and the qualifications required for professionals providing them.</li> <li>Classifying psychologists with a minimum of 15 ECTS in occupational healthcare training as occupational health professionals.</li> </ul>

**Table 1:** The needed improvements as identified and agreed by the Finnish National Community of Practice.

#### Data and knowledge

The mental health of Finland's adult population has continued to decline even after the COVID-19 pandemic, affecting both men and women, particularly those aged 20-64. In 2022, significant psychological distress was reported in one-fifth of the working-age population<sup>5</sup>. By 2023, mental health disorders accounted for 5.4 million sick leave days, making them the leading cause of illness-related absences<sup>6</sup>. This highlights the need for comprehensive data and research to support informed decision-making, effective resource allocation, and the development of strategies to improve mental health and well-being among the working-age population. Two key streams require further research and data collection: one at the policy level and the other at the workplace level.

At the policy level, the Finnish National Community of Practice has emphasised the need for a joint understanding of psychosocial risks and workload factors. Establishing common terminology and achieving tripartite consensus among stakeholders is crucial. It contributes to the engagement of all stakeholders in creating a healthier, more productive, and equitable work environment in Finland.

At the workplace level, further research is needed to assess the effectiveness and cost-effectiveness of workplace practices that affect mental health at the organisational, operational and individual levels. In the long-term, such research would pave the way for joint models and calculations of preventive and promotive measures to tackle psychosocial risks and workload factors in action. Tripartite consensus on these models would help establish them as the gold standard, fostering their widespread adoption and impact.

#### **Policies and regulations**

In Finland, the regulations and policies acknowledge the importance of a psychosocial work environment in ensuring the well-being of employees in the workplace. The Finnish National Community of Practice holds the opinion that the most urgent needs for amendment in the legal framework lie in the qualifications and registers of OSH and OH personnel, which require further definitions and details.

The Finnish Occupational Safety and Health Act (738/2002) and the Occupational Health Care Act and Decree (1383/2001, 708/2013) provide obligations to ensure health and safety at work. The Occupational Safety and Health Act requires employers to assess and mitigate all risks, including psychosocial ones, to ensure a safe and healthy work environment. The Occupational Health Care Act mandates the provision

<sup>&</sup>lt;sup>5</sup> Suvisaari, J, Solin, P, Viertiö, S & Partonen, T. (2023). *Terve Suomi -tutkimus*. Helsinki: Finnish Institute for Health and Welfare.

<sup>&</sup>lt;sup>6</sup> Kela (2024). *Taskutilasto 2024*. Available from: https://tietotarjotin.fi/julkaisu/2060042/taskutilasto

of occupational health services that include the assessment of psychosocial factors, promoting a holistic approach to employee well-being. The Finnish National Community of Practice acknowledges the disadvantages of having two separate OSH and OH legal frameworks, which could be streamlined into one. However, they deem planning such amendments in the foreseeable future to be unrealistic.

Mental health has been prioritised in various policy documents. Employers and OSH, as well as OH and OSH authority are supported through numerous guidelines and toolkits, as presented in table 2.

According to the Finnish National Community of Practice, the notable legal shortcomings lie in the OSH and OH qualifications and registers, which require more definitions and details across the board:

- The qualifications for occupational safety personnel should be defined to ensure sufficient and equal levels of competencies on psychosocial factors among these professionals.
- A national register should be established for qualified occupational health professionals and experts. This register should also include qualified professionals who provide psychological short interventions to occupational health patients. This will help establish uniform competence criteria and ensure high-quality interventions to meet the constant demand for these services.
- "Psychological short intervention" and the qualifications required for professionals providing them should be defined in legislation.
- Psychologists, who have completed the necessary training to provide occupational healthcare, should be recognised as occupational health professionals rather than occupational health experts. Currently, a referral from other occupational health professionals is required to access psychologist services. This is even though occupational health physicians, nurses, physiotherapists, and psychologists are collectively considered the core group delivering occupational health services in workplaces. This change would allow all occupational health professionals to collaborate on equal terms.

Existing policy document	Summary
National Mental Health Strategy <sup>7</sup>	The strategy highlights work-related stress as a significant threat to mental health. It emphasises goal-oriented planning and outlines measures to enhance employment- focused mental health services. It advocates for collaborative monitoring of occupational well-being with occupational healthcare services. Additionally, the strategy promotes a family-friendly work environment and supports smoother transitions into working life.
Policy for the work environment and well-being at work until 2030: Safe and healthy working conditions and workability for everyone <sup>8</sup>	The policy fosters collaboration between employers, staff, and occupational healthcare at every workplace to implement measures that enhance workability and support return-to-work efforts. Its goal is to integrate workability management and the promotion of well-being into the core management practices of companies and organisations. The policy also emphasises the importance of supporting individuals with partial workability in maintaining employment and finding new job opportunities.
Healthy work: Framework plan for occupational safety and health divisions 2024-2027 <sup>9</sup>	The framework plan targets employers' measures to identify and manage psychosocial strain in order to reduce the psychosocial workload. Cooperation between workplaces and occupational health care is promoted.
Psychosocial workload: Guidelines <sup>10</sup>	The guidelines approach the prevention and management of harmful workload factors by giving concrete instructions to all stakeholders (i.e. employers, employees, OSH authorities, and OH) about their roles and responsibilities.
Control of psychosocial workload: Guidelines <sup>11</sup>	These guidelines aim to standardise psychosocial workload monitoring and increase supervision transparency. They clarify the occupational safety authority's supervisory role and procedures, both within the administration and for clients. This ensures that clients understand the authority's capabilities and responsibilities.

Table 2: Summaries of the main policy and guidance documents in Finland

<sup>&</sup>lt;sup>7</sup> Ministry of Social Affairs and Health (2020). *National Mental Health Strategy and Programme for Suicide Prevention*. 2020:15. https://julkaisut.valtioneuvosto.fi/handle/10024/162234

<sup>&</sup>lt;sup>8</sup> Ministry of Social Affairs and Health (2019). *Safe and healthy working conditions and workability for everyone: Policy for the work environment and wellbeing at work until 2030*. 2019:4. <u>https://julkaisut.valtioneuvosto.fi/handle/10024/161451</u>

<sup>&</sup>lt;sup>9</sup> Ministry of Social Affairs and Health (2023). *Healthy work: Framework plan for occupational safety and health divisions* 2024-2027. 2023:23. <u>https://julkaisut.valtioneuvosto.fi/handle/10024/165091</u>

<sup>&</sup>lt;sup>10</sup> Occupational Safety and Health Administration in Finland (2024). *Psychosocial workload*. <u>https://tyosuojelu.fi/en/working-conditions/psychosocial-workload</u>

<sup>&</sup>lt;sup>11</sup> Työsuojelu (2023). *Psykososiaalisen työkuormituksen valvonta*. <u>https://tyosuojelu.fi/tietoa-</u> meista/toiminta/valvontaohjeet/psykososiaalisen-tyokuormituksen-valvontaohje

#### **Education and training**

In Finland, the education and training of OSH representatives and OH professionals highlight an area for improvement. The Finnish National Community of Practice deems that there is a need to standardise the training for OSH representatives. In addition, it is necessary to further develop practical skills in identifying and assessing psychosocial factors for both OSH and OH education.

Education pathways for occupational health professionals are relatively structured. Doctors specialising or specialised in occupational health can work full-time in the field. Other doctors can work part-time in occupational health, given that they have completed a 15 ECTS multiprofessional course at the Finnish Institute of Occupational Health (FIOH) within two years of starting their work. Similarly, public health nurses and physiotherapists working in occupational health are required to complete this 15 ECTS course—either at FIOH or one of the eight universities of applied sciences—within two years. Psychologists can choose between two options to qualify to work in occupational health care: completing the same 15 ECTS course within two years or undertaking a 70 ECTS specialisation in work and organisational psychology at a university.

In contrast, the education framework for the occupational safety workforce is less structured. While university-level programmes in safety engineering are available in several universities, the OSH training offered by various institutions lack standardisation which has resulted in disparities.

For OSH authority positions, there are no specific competence requirements beyond a master's degree. However, specialisation in certain themes is common, and practical knowledge and experience in supervisory topics are considered as important in recruitment. Inspectors dealing with psychosocial work environments often have a background in health care. Although continuous training on psychosocial workload factors is provided, there is a recognised need to deepen and broaden this knowledge further.

Training on psychosocial factors specifically is officially integrated into the curricula of educational institutions that prepare occupational health professionals. Regarding occupational safety training, comprehensive information about all training providers in the field and the content of their training is not available. The primary providers of occupational safety training (Finnish Institute of Occupational Health and Centre for Occupational Safety) have included teaching on psychosocial factors in their training programmes.

In January 2024, a small survey was conducted as part of the *MentalHealthMatters* project among students and teachers involved in OH and OSH education at FIOH and the universities of applied sciences in Finland. The survey aimed at evaluating their knowledge of workplace psychosocial risk factors and the adequacy of current teaching on the subject. Of the 280 students and 52 OSH teachers invited, 55 students and 21 teachers responded. 65% of students reported that they do not use any systematic methods to recognise or evaluate psychosocial risks in the workplace. Additionally, 49% of students and 62% of

teachers felt that the current education on psychosocial factors is insufficient. Students highlighted a lack of practical teaching methods and concrete examples for identifying and assessing psychosocial risks at work, describing their competence in this area as inadequate. Meanwhile, OSH and OH teachers did not report a need for more practical methods but emphasised the importance of recognising psychosocial resources.

The education and training systems for OSH and OH professionals in Finland highlight clear disparities in structure and quality. While occupational health education benefits from established frameworks and statutory requirements, occupational safety training remains inconsistent and lacks standardisation. Addressing these gaps through standardised curricula, enhanced practical teaching methods, and greater integration of training on psychosocial factors is essential to equipping professionals with the skills needed to collaborate and effectively tackle workplace challenges.

# **Future directions for development in Finland**

This paper has provided an overview of the current state of knowledge, regulations and policies, as well as the education of OSH and OH professionals and authorities on psychosocial factors in the workplace, identifying both areas of progress and areas with potential for further improvement. While Finland demonstrates a strong foundation in prioritising employee health and safety, the insights presented suggest a need to strengthen provisions on the OSH and OH professionals' qualifications and registers.

A multifaceted approach holds the key to realising these improvements. Standardising curricula and qualifications, incorporating enhanced practical methods, and integrating training on psychosocial factors, on a national level, are crucial steps towards ensuring that OSH and OH professionals possess the necessary skills to address psychosocial factors. Furthermore, fostering collaboration and creating a joint understanding between OH and OSH professionals, as well as OSH authorities, can ensure a holistic and effective approach to workplace well-being. By prioritising these advancements, Finland can continue to make significant strides in protecting the mental health of its workforce.

# **Further reading**

For further reading from Finland, we recommend consulting the following documents produced through the *MentalHealthMatters* project:

- Mental health at work: Discussion document on policy options A document that explores country-specific policy options and recommendations for addressing psychosocial factors and promoting mental health in workplaces in Estonia, Finland, Latvia, Poland, and Norway. In addition, it highlights shared challenges in the Baltic Sea Region and proposes transnational collaborative solutions to create healthier and more resilient workplaces.
- Mental health at work: Overview on definitions, regulations & further guidance A document compiling definitions, legislation, policies and guidance on psychosocial factors in the workplace in the Baltic Sea Region Countries.