Chapter 4
Guidelines for Primary Prevention for Mental Health at Work

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Abstract Occupational health experts' and practitioners' evaluated systematic reviews of primary prevention measures for occupational mental health. A consensus meeting was held with the intent of developing primary prevention guidelines for mental health at work. Three preventive strategies were developed—improving the psychosocial work environment, self-care training, and supervisor training. For improving the psychosocial work environment, eight recommendations and four proposed items were developed across four domains. These four domains are planning and organization development, basic rules of implementation, proposals for effective improvement measures, and continued implementation. The guidelines for self-care training consist of four steps that coincide with the process of formulating and implementing measures to help individuals cope with stress (self-care) in the workplace. These four steps are planning and preparing, deciding what self-care entails, and making subsequent efforts. Six recommendations and four proposed items are provided for these four steps. The evidence-based guidelines for supervisor mental health training include ten recommendations and four proposed items. These guidelines recommend providing training to all supervisors, with a particular focus on high-priority populations, and on the needs and situation in the workplace. The training content should be tailored to the different management levels of supervisor groups but also provide basic information, such as explaining the national guidelines and the major occupational stress models. The training should aim to change supervisors' behaviors and not just issue warnings. The guidelines also recommend providing supervisor training periodically (annually), because there is no evidence that the training effect lasts more than 6 months. We expect these guidelines to help to promote the adoption of evidence-based preventive strategies for the management of occupational mental health.

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Introduction

For a range of reasons, public health programs, including occupational health programs, may not reach their stated goals for success. Reasons for this failure include: (1) choosing an intervention approach which is not supported by evidence as being effective; (2) selecting a potentially effective program but with weak evidence; (3) conducting an inadequate evaluation that does accurately assess the effectiveness of a program; and (4) paying inadequate attention to the adaptation of an intervention to the population and context of interest (Brownson et al. 2010).

As is well known, scientific evidence is graded, with randomized controlled studies are considered the gold standard. However, randomized control studies are challenging to successfully implement in workplaces. Therefore, the rigorous investigation of strategies for the primary prevention of mental health problems among workers has been challenging.

Although evidence is limited, organizing recommendations about what should be done first at the workplace is useful to promote effective occupational health practices. We developed guidelines for the primary prevention of mental health problems at work for three relevant prevention strategies—improving the psychosocial work environment, self-care training, and supervisor training (see Fig. 4.1). The guidelines are based on a review of research, which has utilized

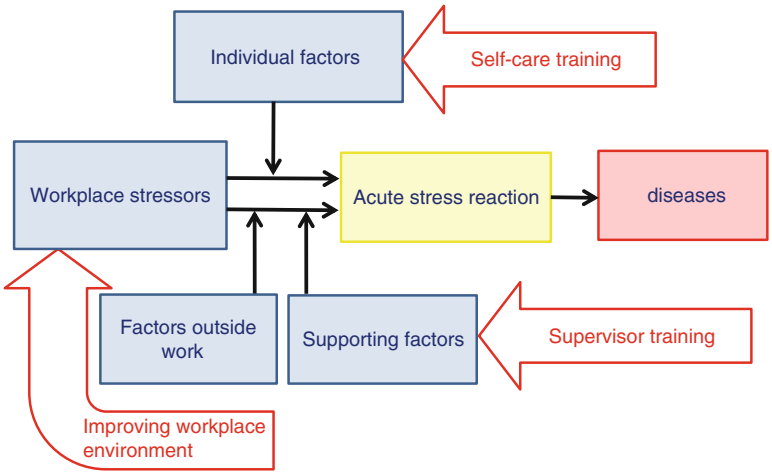

Fig. 4.1 Evidence-based guideline for primary prevention practices. Based on NIOSH occupational stress model (Hurrell and McLaney 1988)

studies that have investigated the psychological stress responses of workers as the study outcomes. In addition, expert opinions have been attained and incorporated into the suggested guidelines.

Implementing Preventive Measures for Workplace Mental Health in the Asia-Pacific Region

To improve workplace mental health, international organizations such as the WHO, the ILO, and the EU have adopted a common strategy to disseminate useful tools, such as guidelines and manuals based on evidence and best practices (ILO 2012; Leka et al. 2011; World Health Organization 2014). Although the major program adopted by the above organizations is risk management, similar strategies are appropriate for the development of practical measures for workplaces to improve the psychosocial work environment and employee training. The guidelines presented in this chapter were developed based on the best evidence currently available and are proposed for application in workplaces across the Asia-Pacific region. However, because evidence and guidelines of this kind are limited in the field of occupational health, the addition of relevant local information, specific to the cultural context of the work environment is suggested. Thus, the guidelines should be regularly reviewed and refined through the incorporation of new evidence and good practices, as they emerge particularly from the Asia-Pacific region.

Guidelines for Improving the Psychosocial Work Environment

Guidelines to facilitate improvement in the psychosocial work environment in terms of the primary prevention of mental health problems among workers were developed by Yoshikawa et al. (2013), who drew examples of good practices from 17 case reports and documents specific to Japan (Yoshikawa and Kogi 2010) and 33 documents identified through two systematic reviews (Egan et al. 2007; Lamontagne et al. 2007). These systematic reviews assessed the impact of improving psychosocial work environments associated with workplace organization, such as working methods or working conditions, and the physical and chemical environment, including human relations in the workplace, on psychological and physical health factors. In the present study, guidelines about four domains of improving the psychosocial work environment were developed. These guidelines consisted of 12 items, including eight recommended items whose validity was confirmed and four proposed items for which scientific grounds were limited but whose validity was supported by expert consensus (Table 4.1).

Table 4.1 Guideline for improving workplace environment for occupational mental health (Outline version)

Domain	Recommendations (R) and proposed items (P)
Planning and organization	Build consensus on aims and establish steering group (R) Engage in way of problem-solving manner (not problem-indicative manner) (R) Elicit proactive involvement of organizational and division heads (P)
Basic rules of implementation	Refer to good practices inside and outside the workplace (R) Facilitate workers participation in all the process (R) List and prioritize a broad range of issues related to workers' mental health (R)
Proposals for effective improvement measures	Take into account the workplace resources and do not disturb the ordinal activities of the organization (R) Employ appropriate tools to support workers (R) Use workplace mechanisms that already exist (P) Adopt an approach in accordance with the readiness of the organization (P)
Continued implementation	Sustain the autonomous activities by producing short-term wins (R) Incorporate the activity into PDCA cycle (P)

Planning and Organizational Development

Consensus building is required in the workplace with respect to the aims of improving the psychosocial work environment. The participation of workers in the process of change and planning assists with improving the mental health of the workers (Kobayashi et al. 2008). It has been confirmed that common processes such as policy setting, planning, implementation, and evaluation promote improvements in the psychosocial work environment. It has also been observed that clarification of internal company policies, development of a system, and division of roles are important to ensure ongoing improvements. Additionally, decision making that incorporates workers' participation and interventions that improve the psychosocial work environment have been shown to improve psychosocial and physical health indicators (Egan et al. 2007; Kawakami et al. 1997; Kobayashi et al. 2008; Lamontagne et al. 2007; Tsutsumi et al. 2009).

Efforts should be made to adopt a problem-solving approach. A review of improvements made to psychosocial work environments in 17 cases revealed that organizations engaged in improving psychosocial work environments emphasized the problem-solving approach (Yoshikawa and Kogi 2010). Further, the subjective work performance improved for workers in the manufacturing industry who participated in activities intended to improve the psychosocial work environments based on the problem-solving approach (Tsutsumi et al. 2009).

It is important to gain the proactive involvement of organizations and divisions that implement measures to improve psychosocial work environments. The support and commitment of the top management, such as the president or the plant manager,

is an important step in developing effective stress management programs through improvements in psychosocial work environments. With respect to initiating improvements in psychosocial work environments, it is also important to encourage dialogue with management and human resources about what is required to improve the psychosocial work environment. Highlighting the significance and benefits of activities related to improving psychosocial work environments is required to educate and gain commitment from senior management.

Basic Rules of the Implementation Procedure

A common step in stress management through improving psychosocial work environments includes identification of good practices in the workplace or elsewhere in similar industries and professions. These examples can be provided to workers, to demonstrate what is possible to achieve in improving the psychosocial work environments.

It is important to enable workers to participate in the whole process of the activity. A body of scientific evidence supports that the participation of the workers has a positive influence on the health of the individual and the organization, such as psychosocial indicators (e.g., sense of control, subjective performance) and health indicators (e.g., decrease in rate of absenteeism) (Bond and Bunce 2001; Bourbonnais et al. 2006; Hertting et al. 2003; Maes et al. 1998; Mikkelsen and Saksvik 1999; Smith et al. 1998).

It is recommended that working environments and working conditions related to physical and mental burden should be adapted extensively and improvement measures prioritized and examined. Through a multifactorial approach to the improvement of working environments and conditions related to physical and mental burden, health indicators have been demonstrated to improve (Mikkelsen and Saksvik 1999; Mikkelsen et al. 2000; Tsutsumi 2011; Smith et al. 1998).

Proposal of Effective Improvement Measures

It is recommended that planning states take into consideration workplace conditions, timing, and resources. Those charged with improving the psychosocial work environment activities should consider the workplace conditions when developing training or meeting schedules. When business conditions are unfavorable, it is difficult to obtain beneficial effects from improvements in the participation in activities conducted. Encouraging proposals tailored to the workplace conditions, with consideration to financial management is suggested.

It is recommended to take advantage of tools that encourage proposals that can easily be implemented by drawing out awareness and ideas about the workplace. Many constructive proposals can be obtained from the workplace using a tool that

organizes workplace-level discussions to identify immediate, low-cost improvements in the workplace (Tsutsumi et al. 2009). It has been shown that showing examples of good practices promotes improvements in psychosocial work environments (Yoshikawa and Kogi 2010).

To establish systems for continuous improvement, the use of existing workplace mechanisms is suggested. Such mechanisms include safety and health committees or stress reduction committees consisting of staff members, supervisors, human resources workers, and medical personnel, as well as combined programs by relevant labor and management organizations including the supervisor training division. The implementation of these programs is facilitated by the gradual progress of improving psychosocial work environments and readiness of the organization.

Continued Implementation

It is recommended that timelines be set to review implementation status and results with interim reports submitted to ensure the continued implementation of workplace environment improvements. Through participatory activities for improving the psychosocial work environment based on a step-by-step problem-solving approach, the work performance of the employees engaged in the manufacturing line has been shown to improve (Tsutsumi et al. 2009). Additionally, efforts have been made for continued implementation of improvements to psychosocial work environment activities such as workshops for the follow-up of management and supervisor training, as well as regular meetings for determining psychosocial stressors and presenting proposals for solutions to management and workers.

Improving the psychosocial work environment initiatives should preferably include a cycle of planning, implementation, assessment, and review. It is also preferable that these initiatives are implemented continuously. The worker participation type program can be incorporated in the planning, risk assessment, workplace improvement, recording, and review in the occupational safety and health management system. There are also workplace improvement efforts for stress management that can be positioned, planned, implemented, and evaluated as part of the labor safety and health management system.

Guidelines for Self-Care Training

The guidelines for self-care training consist of four steps: planning and preparing to implement self-care, determining what self-care entails, selecting the forms of self-care, and carrying out subsequent efforts (Shimazu 2013; Table 4.2).

Six recommendations and four proposed items are provided for the aforementioned four steps, and have been developed by taking into account evidence levels. Evidence substantiating each recommendation is provided, and the consensus view

Table 4.2 Guideline for self-care training for occupational mental health (Outline version)

Domain	Recommendations (R) and proposed items (P)
Planning and preparation	Include at least two training sessions and one follow-up session (R) Trainers may be specialists in occupational mental health or occupational health professionals (R) Feedback a worker profile of stress assessment in combination with stress management training (R) Start with groups that are most in need of that training, on the limited condition (P) Wrap up a session within 2 h (P)
What self-care entails Forms of self-care	Apply cognitive-behavioral techniques, combined with relaxation techniques if appropriate (R) Select the training format (group training or individual training) in accordance with characteristics of and conditions in the workplace and characteristics of and circumstances faced by participants (R) Create conditions in the workplace to encourage participants to apply what they have learned (P)
Subsequent efforts	Conduct a follow-up session where workers can reflect on the program (R) Encourage workers to apply learned knowledge and acquired skills into daily life (P)

that led to each proposed item is described. Approaches to implement recommendations and proposed items smoothly in the workplace are presented as key aspects of implementation. The guidelines have the following characteristics:

1. A total of ten suggestions (six recommendations and four proposed items) are presented in the guidelines. These suggestions are arranged, following the steps involved in formulating and implementing measures to help individuals cope with stress. Those in control of developing measures to help workers cope with stress can immediately see which actions they should take.
2. Suggestions in the guidelines are classified into recommendations and proposed items based on the scientific evidence available. This distinction in the level of a suggestion (recommendation vs. proposed item) allows individuals overseeing the formulation of measures to help workers cope with stress to more easily prioritize measures in accordance with feasibility in the workplace.
3. For each suggestion, proposed measures are presented, along with their rationale and key aspects of their implementation. The effectiveness of measures to help workers cope with stress in the workplace, based on existing scientific evidence, has been taken into account.

Planning and Preparation

Self-care training could potentially lead to reduced psychological distress through the use of newly acquired knowledge and skills. Self-care training may be provided

by specialists in worker self-care or by occupational health staff members in the workplace. When an outside specialist provides care, the specialist should be provided with information regarding workplace characteristics and needs of potential program participants. If training is conducted by an occupational health staff member with little experience in implementing self-care, this staff member should be trained in the necessary knowledge and skills.

Many workplaces use questionnaires to assess stress levels of their workers. Simply informing workers of their results on these assessments is not an appropriate method of reducing stress levels. Workers need to be informed of their results along with specific strategies (training) to reduce stress.

When self-care training is implemented in the workplace, various constraints on time, expense, and personnel can arise. In such instances, identification of groups most in need of the training can be identified, and the training can begin with those groups. In selecting a certain group, a high level of interest in self-care, conditions in the workplace (whether conditions facilitate the use of what has been learned), and the level of stress should be considered.

In light of conditions in the workplace, the burden placed on participants, and fatigue, the duration of a training session should be a maximum of 2 h. If a single session does not allow adequate time for the training, self-care training can be implemented over multiple sessions.

Deciding What Self-Care Entails

Review articles on individual stress management in the workplace (Ganster and Murphy 2000; Richardson and Rothstein 2008; van der Klink et al. 2001) have indicated that the most effective programs are those involving cognitive-behavioral training or cognitive-behavioral training in combination with relaxation techniques. A range of cognitive-behavioral training and relaxation techniques exist and as such the techniques to be taught should be chosen in accordance with the needs and circumstances of potential program participants during program planning and formulation.

An appropriate format should be chosen, taking into account the circumstances of participants, the trainer and relative advantages and disadvantages of each program format. Programs can be conducted as group training, as individual training, or through e-learning. There are advantages and disadvantages of each format. As an example, group training allows a large number of participants to be trained at one time, but participation tends to be more passive and may be challenging to meet the diverse needs of participants. Individual training involves one-on-one interaction between trainer and the participant. This method allows a flexible approach to meeting the participant's needs, but is more costly (labor costs, as well as the allocation of a location and time). Web-based independent learning (e-learning) is unaffected by time and place constraints that hamper individual training and group

training, and allows participants to learn at their own pace. However, web-based learning participants have few chances to interact with other participants, and participants can only learn in places equipped with a computer.

The effectiveness of self-care training stems from the repeated use of learned knowledge and acquired skills in everyday life. Thus, creating conditions in the workplace that encourage workers to apply the learned skills is crucial. In a workplace where workers are given appropriate discretion, opportunities to apply their newly acquired knowledge and skills will occur, enhancing the likelihood that training will be effective. Thus, self-care training should be accompanied by measures to increase worker discretion in the workplace.

Subsequent Efforts

Self-care training should lead to reduced psychological distress by teaching both knowledge and skills and by encouraging the use of this newly acquired knowledge and skills in everyday life. Following the training, a session should be conducted to have participants reflect on what they have learned, encourage them to remember the knowledge they have gained and the skills they have acquired, and to encourage participants to apply their newly acquired knowledge and skills in everyday life. This approach will help to increase the effectiveness of the training. During the follow-up session, trainers will encourage participants to reflect on what they learned during the training sessions, and whether participants are able to use the skills acquired in training. Trainers will then identify factors that encourage participants to use these techniques to cope with stress and those that prevent participants from doing this.

Even if the training is understood intellectually, failure to apply what has been learned to everyday life will not prevent mental health problems from occurring or help to sustain or improve health. Thus, the approach should encourage participants to apply the knowledge they have learned to their own problems and circumstances (e.g., by assigning homework to the participants).

Guidelines for Supervisor Training

Supervisor training is regarded as an important strategy for the primary prevention of mental health problems among workers. However, because the effectiveness of primary prevention strategies has not been sufficiently validated, supervisor training has been carried out based on the empirical values of occupational health staff members. Determining the contents and methods of training given to supervisors to improve mental health conditions of workers in the workplace remains important for developing the primary prevention system in the workplace.

Table 4.3 Guideline for supervisor training for occupational mental health (Outline version)

Domain	Recommendations (R) and proposed items (T)
Selection of training participants	Identify population with an increased need for education and prioritize their training (R) Plan training focused of the needs and circumstances of the target workplace (R) Provide mental health training to all personnel in managerial positions (R) Stratify the target management position according to needs in training content (P)
Contents and format	Include items recommended in the National Guideline and items relevant to major occupational stress models (R) Aim for behavioral modification of supervisors (R) Seek the effective way to promote better understandings of managers (R) Incorporate participatory training to develop listening and advising techniques (R) Provide training on administrative procedure of returning to work, arrangement of work condition, and procedure to cooperate with other insiders (R) Present issues and data of the workplace (P) Present case examples to increase motivation in training participation (P)
Frequency	Provide training once a year (R) Provide training periodically (not only once) (R) Plan stepwise training (P)

A review of literature identified that, at least in the short term, providing supervisors with information and techniques related to mental health contributed to beneficial effects in occupational stress factors, workers' mental health state, insomnia, and work performance (Tsutsumi 2011). Although most findings supported the hypothesis that supervisor training improves the mental health of workers, the significant results from randomized controlled studies were based on the subanalyzes or different stress responses from the primary outcomes. In developing the guidelines presented in this chapter, the characteristics of the subjects, contents, and format of the training, training period, and evaluation period were considered. Subsequently, recommended content for inclusion in training took into account experts' consensus on effectiveness (Tsutsumi 2011) (Table 4.3).

Selection of Training Participants

A body of evidence suggests that higher rates of supervisors participating in training sessions lead to more effective outcomes (Tsutsumi et al. 2005). In other words, effectiveness throughout the organization may not be entirely achieved

without the participation of a certain number of supervisors. Furthermore, the cases that have shown positive effects of supervisor training had a certain background that required mental health management, such as the presence of a population with concerns about the future prospects of their company.

According to the experts, providing training for those who supervise people on how to deal with these people and to cooperate with occupational health staff members can be meaningful. The experts also noted that, for business managers, education to ensure the significance of establishing a system for mental health support is important.

Contents and Format of the Training

Learning content indicated in the "Guideline for maintenance and improvement of workers' mental health" published by the Ministry of Health, Labor, and Welfare (2006) has been shown to be effective (Tsutsumi 2011). The effectiveness of providing knowledge of major occupational stress models along with work environment improvement methods has also been demonstrated. Furthermore, past studies have suggested that the outcome of training was achieved through enhancing knowledge and favorable behavioral changes of supervisors (Tsutsumi et al. 2005).

Online training is considered an efficient method of imparting information, because it allows course participants to learn at their own pace, without time and place restrictions that may be problematic in individual or group education.

Some attitudes and behaviors of supervisors that may impact workers with mental health problems returning to work were identified. These include knowledge about symptoms of mental health problems and administrative procedures to return to work, appropriate responses and an empathic attitude, adjustment and reallocation of job responsibilities, consideration of other workers, and cooperation with occupational health staff and external organizations (Johnston et al. 2015).

No studies were identified which evaluated the effects of active listening in improving the mental health of workers. However, previous studies have indicated that workers supervised by supervisors with good listening skills and attitudes showed responses to psychological stress that were favorable overall, compared with workers under the supervision of supervisors with poorer listening skills and attitudes (Mineyama et al. 2007). A study employing a before–after comparison design without any control groups showed favorable changes in attitudes of supervisors brought about by proactive listening training (Kubota et al. 2004). The potential of participatory training to improve active listening skills among supervisors has been suggested.

Experts' opinions suggested that incorporating data or cases specific to a particular workplace into the education program may capture the interests of participants.

Evaluation Period for the Training and its Effectiveness

Long-term effects of training greater than one year have not been fully investigated. One randomized controlled study suggested that training effects on supervisors' knowledge or behavior are of benefit for only six months following training take (Nishiuchi et al. 2007). The experts also pointed out that attempting to convey an excessive amount of information may reduce the educational effects. This evidence suggests that training needs to be repeated to maintain the effects, and it is recommended to provide training at least once each year.

During the repeated training sessions, each workplace should consider the topics to be covered. The knowledge and attitudes acquired by supervisors takes time to develop. Attempting to convey excessive amounts of information may reduce the effect of training.

Challenges and Future Directions

We acknowledge that the proposed guidelines are not ideal. The small number of previous studies, minimal effects shown, and methodological limitations, limit the conclusions that can be drawn and as such further studies with rigorous design are needed to evaluate the effects of the primary prevention measures for mental health support. The guidelines need to be enriched by incorporating positive outcomes of the cases that have not yet been published but are often seen in occupational health sites. More evidence from the Asia-Pacific region is required, as most of the intervention research to date has been conducted in Western Europe and North America, with the exception of research on supervisor training (Dollard et al. 2014). However, challenges arise in conducting randomized controlled trials in occupational settings. Intervention effects may vary by workplace or social conditions, due to a range of obstacles to implementing the intervention (e.g., type of organization, prospects, lack of resources, or insufficient skill of practitioner).

Despite the methodological challenges, we need to accumulate the evidence in occupational health interventions in particular around the area of psychosocial management. Interventions should be theory-based with provision for appropriate evaluations. Process evaluations using quantitative and qualitative methods will provide useful information on the interventions (Tashakkori and Teddlie 2010).

Guidelines are systematically developed statements to assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances. In the field of occupational health, it is the practitioner who chooses and adapts recommendations so that they are appropriate for the workplace. However, this requires an adequately skilled practitioner to use the guidelines efficiently. Evidence suggests that training of practitioners in occupational health is limited (World Health Organization 2013).

It is possible that not all of the measures of a multimodal intervention will be accepted in the workplace. Guideline developers should provide an assessment of the strength of each individual recommendation so that the practitioners can choose the recommendations more easily (Andrews et al. 2013).

Conclusion

Understanding what needs to be done first in developing organizational health interventions is challenging. The guidelines presented in this chapter are proposed to provide a range of standardized evidence informed recommendations for use in workplaces across the Asia Pacific and beyond.

References

Andrews, J., Guyatt, G., Oxman, A. D., Alderson, P., Dahm, P., Falck-Ytter, Y., et al. (2013). GRADE guidelines: 14. Going from evidence to recommendations: The significance and presentation of recommendations. *Journal of Clinical Epidemiology, 66*(7), 719–725.

Bond, F. W., & Bunce, D. (2001). Job control mediates change in a work reorganization intervention for stress reduction. *Journal of Occupational Health Psychology, 6*(4), 290–302.

Bourbonnais, R., Brisson, C., Vinet, A., Vézina, M., & Lower, A. (2006). Effectiveness of a participative intervention on psychosocial work factors to prevent mental health problems in a hospital setting. *Occupational and Environmental Medicine, 63*(5), 335–342.

Brownson, R. C., Baker, E. A., Leet, T. L., Gillespie, K. N., & True, W. R. (2010). *Evidence-based public health* (2nd ed.). New York: Oxford University Press.

Dollard, M. F., Shimazu, S., Nordin, R. B., & Brough, P. (2014). The context of psychosocial factors at work in the Asia Pacific. In M. F. Dollard, A. Shimazu, R. B. Nordin, P. Brough, & M. R. Tuckey (Eds.), *Psychosocial factors at work in the Asia Pacific* (pp. 3–27). Dordrecht: Springer International Publishing.

Egan, M., Bambra, C., Thomas, S., Petticrew, M., Whitehead, M., & Thomson, H. (2007). The psychosocial and health effects of workplace reorganisation. 1. A systematic review of organisational-level interventions that aim to increase employee control. *Journal of Epidemiology and Community Health, 61*(11), 945–954. doi:10.1136/jech.2006.054965.

Ganster, D. C., & Murphy, L. R. (2000). Workplace interventions to prevent stress-related illness: Lessons from research and practice. In C. L. Cooper & E. A. Locke (Eds.), *Industrial and Organizational Psychology* (pp. 34–51). Oxford: Blackwell.

Hertting, A., Nilsson, K., Theorell, T., & Larsson, U. S. (2003). Personnel reductions and structural changes in health care, work-life experiences of medical secretaries. *Journal of Psychosomatic Research, 54*, 161–170.

Hurrell, J. J, Jr., & McLaney, M. A. (1988). Exposure to job stress—A new psychometric instrument. *Scandinavian Journal of Work and Environmental Health, 14*(suppl I), 27–28.

ILO. (2012). *Stress prevention at work checkpoints—Practical improvements for stress prevention in the workplace*. Geneva: ILO.

Johnston, V., Way, K., Long, M. H., Wyatt, M., Gibson, L., & Shaw, W. S. (2015). Supervisor competencies for supporting return to work: A mixed-methods study. *Journal of Occupational Rehabilitation, 25*(1), 3–17. doi:10.1007/s10926-014-9511-z.

Kawakami, N., Araki, S., Kawashima, M., Masumoto, T., & Hayashi, T. (1997). Effects of work-related stress reduction on depressive symptoms among Japanese blue-collar workers. *Scandinavian Journal of Work & Environmental Health, 23*(1), 54–59.

Kobayashi, Y., Kaneyoshi, A., Yokota, A., & Kawakami, N. (2008). Effects of a worker participatory program for improving work environments on job stressors and mental health among workers: A controlled trial. *Journal of Occupational Health, 50*(6), 455–470.

Kubota, S., Mishima, N., & Nagata, S. (2004). A study of the effects of active listening on listening attitudes of middle managers. *Journal of Occupational Health, 46*(1), 60–67.

Lamontagne, A. D., Keegel, T., Louie, A. M., Ostry, A., & Landsbergis, P. A. (2007). A systematic review of the job-stress intervention evaluation literature, 1990-2005. *International Journal of Occupational and Environmental Health, 13*(3), 268–280. doi:10.1179/oeh.2007.13.3.268.

Leka, S., Jain, A., Cox, T., & Kortum, E. (2011). The development of the European framework for psychosocial risk management: PRIMA-EF. *Journal of Occupational Health, 53*(2), 137–143.

Maes, S., Verhoeven, C., Kittel, F., & Scholten, H. (1998). Effects of a Dutch work-site wellness-health program: The Brabantia Project. *American Journal of Public Health, 88*(7), 1037–1041.

Mikkelsen, A., & Saksvik, P. Ø. (1999). Impact of a participatory organizational intervention on job characteristics and job stress. *International Journal of Health Services, 29*(4), 871–893.

Mikkelsen, A., Saksvik, P. Ø., & Landsbergis, P. (2000). The impact of a participatory organizational intervention on job stress in community health care institutions. *Work and Stress, 14*(2), 156–170.

Mineyama, S., Tsutsumi, A., Takao, S., Nishiuchi, K., & Kawakami, N. (2007). Supervisors' attitudes and skills for active listening with regard to job stress and psychological stress reactions among subordinate workers. *Journal of Occupational Health, 49*(2), 81–87.

Ministry of Health, Labor and Welfare. (2006). *Japanese guideline for workers' mental health in the workplace*. http://www.mhlw.go.jp/new-info/kobetu/roudou/gyousei/anzen/101004-3.html.

Nishiuchi, K., Tsutsumi, A., Takao, S., Mineyama, S., & Kawakami, N. (2007). Effects of an education program for stress reduction on supervisor knowledge, attitudes, and behavior in the workplace: A randomized controlled trial. *Journal of Occupational Health, 49*(3), 190–198.

Richardson, K. M., & Rothstein, H. R. (2008). Effects of occupational stress management intervention programs: A meta-analysis. *Journal of Occupational Health Psychology, 13*, 69–93.

Shimazu, A. (2013). Guidelines for self-care training in occupational mental health. *Job Stress Research, 20*, 124–133.

Smith, L., Hammond, T., Macdonald, I., & Folkard, S. (1998). 12-h shifts are popular but are they a solution? *International Journal of Industrial Ergonomics, 21*, 323–331.

Tashakkori, A., & Teddlie, C. (2010). *Handbook of mixed methods in social and behavioral research* (2nd ed.). Thousand Oaks, CA: Sage.

Tsutsumi, A. (2011). Development of an evidence-based guideline for supervisor training in promoting mental health: Literature review. *Journal of Occupational Health, 53*, 1–9.

Tsutsumi, A., Nagami, M., Yoshikawa, T., Kogi, K., & Kawakami, N. (2009). Participatory intervention for workplace improvements on mental health and job performance among blue-collar workers: A cluster randomized controlled trial. *Journal of Occupational and Environmental Medicine, 51*, 554–563.

Tsutsumi, A., Takao, S., Mineyama, S., Nishiuchi, K., Komatsu, H., & Kawakami, N. (2005). Effects of a supervisory education for positive mental health in the workplace: A quasi-experimental study. *Journal of Occupational Health, 47*(3), 226–235.

van der Klink, J. J. L., Blonk, R. W. B., Schene, A. H., & van Dijk, F. J. H. (2001). The benefits of interventions for work-related stress. *American Journal of Public Health, 91*, 270–276.

World Health Organization. (2013). *WHO Global Plan of Action on Workers' Health (2008–2017): Baseline for implementation. Global Country Survey 2008/2009*, Executive summary and survey findings. Geneva, WHO.

World Health Organization. (2014). *Workers' Health Tool Kits*. http://www.who-toolkit.org/.

Yoshikawa, T., & Kogi, K. (2010). Roles in stress prevention of good practices for workplace improvements and the use of action support tool. *Job Stress Research, 17*, 267–274.

Yoshikawa, T., Yoshikawa, E., Tsuchiya, M., Kobayashi, Y., Shimazu, A., Tsutsumi, A., et al. (2013). Development of evidence-based medicine guideline for improving the workplace environment by means of primary job stress prevention. *Job Stress Research, 20*, 135–145.