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Towards the Sustainability on Safety, Health, and Well-being

Key Lessons from Japan's Occupational Health Experience



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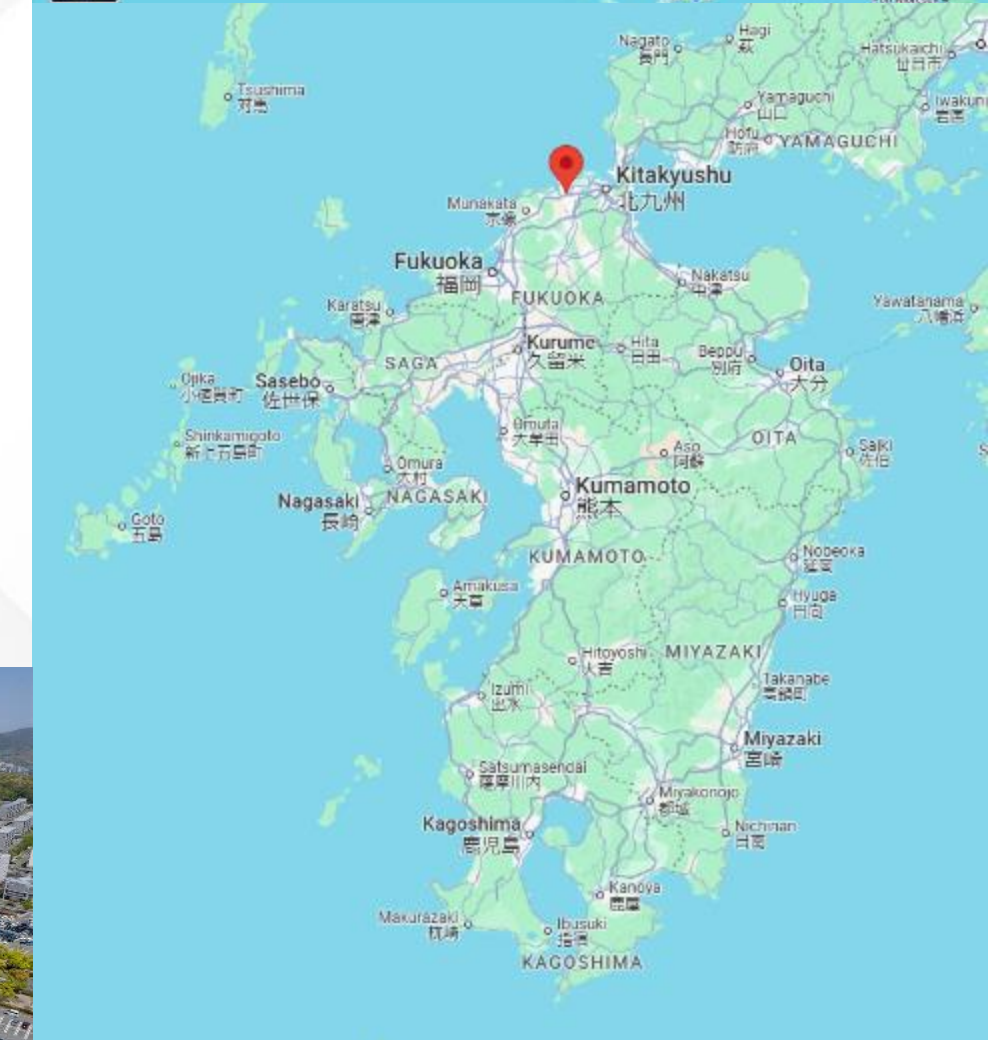
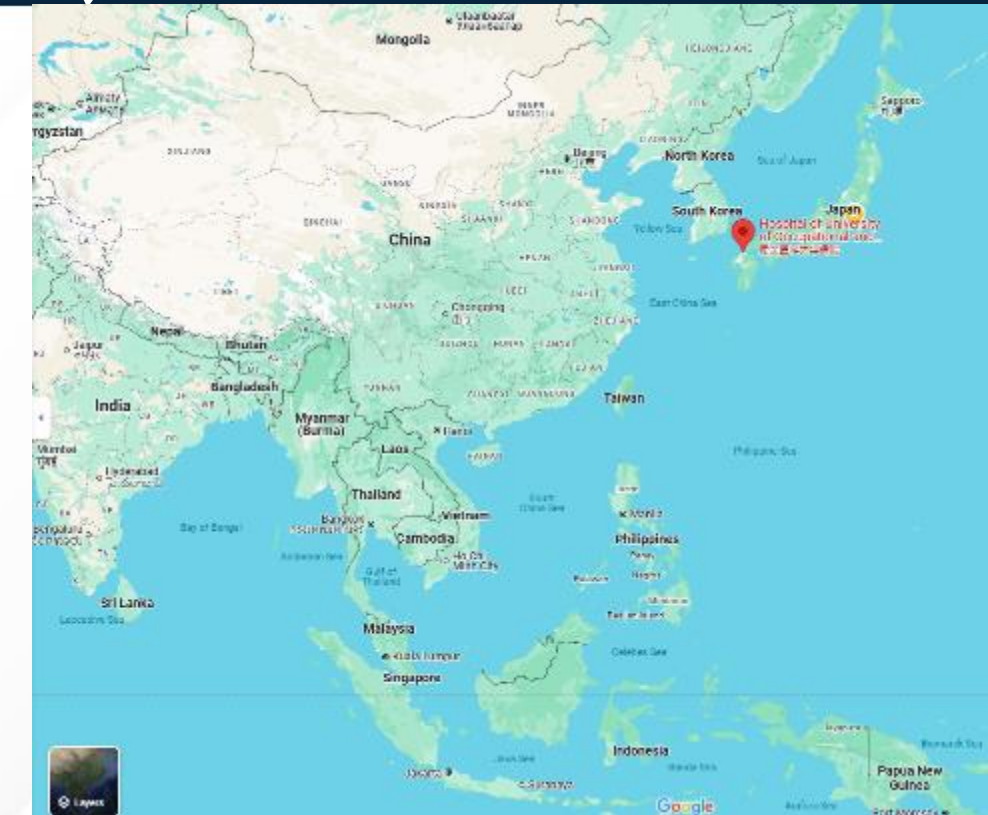
- ◆ Graduated from University of Occupational and Environmental Health, Japan
- ◆ 10-year-career as an occupational physician: Small and Medium enterprises→foreign-owned enterprise→Japanese enterprises
- ◆ From Aug 2013, working for Department of Public Health, Kitasato University School of Medicine
- ◆ From Jul 2020, working for Department of Mental Health, UOEH, Japan
- ◆ Received Master of Business Administration from Osaka Prefectural University
 - ◆ Organizational Theory into Mental Health at Workplace
- ◆ Receive PhD from Shinshu University
 - ◆ The Effects of Workplace Occupational Mental Health and Related Activities on Psychological Distress Among Workers: A Multilevel Cross-Sectional Analysis

- About UOEH

- Established: 1978
- Location: Kitakyushu, Fukuoka Prefecture, Japan
- Mission: To improve occupational health and safety through research, education, and practice, contributing to a healthier, safer workplace environment.

- Educational Programs

- Undergraduate Programs: Medicine, Nursing, Health Sciences
- Graduate Programs: Public Health, Occupational Health, Environmental Health, Mental Health, and more
- Special Programs: Courses for occupational physicians, health professionals, and safety managers



What is “Well-being”?



- The purpose of this Act is to ensure workers' safety and health in the workplace and to facilitate the creation of comfortable work environments, by advancing comprehensive and systematic measures related to industrial injury prevention, such as the taking of measures to establish standards for hazard prevention, clarifying accountability structures, and promoting autonomous action with a view to preventing industrial injuries, in conjunction with the Labor Standards Act (Act No. 49 of 1947).

WHO/ILO defines health as

WHO

A state of complete physical, mental, and social **well-being** and not merely the absence of disease or infirmity

ILO

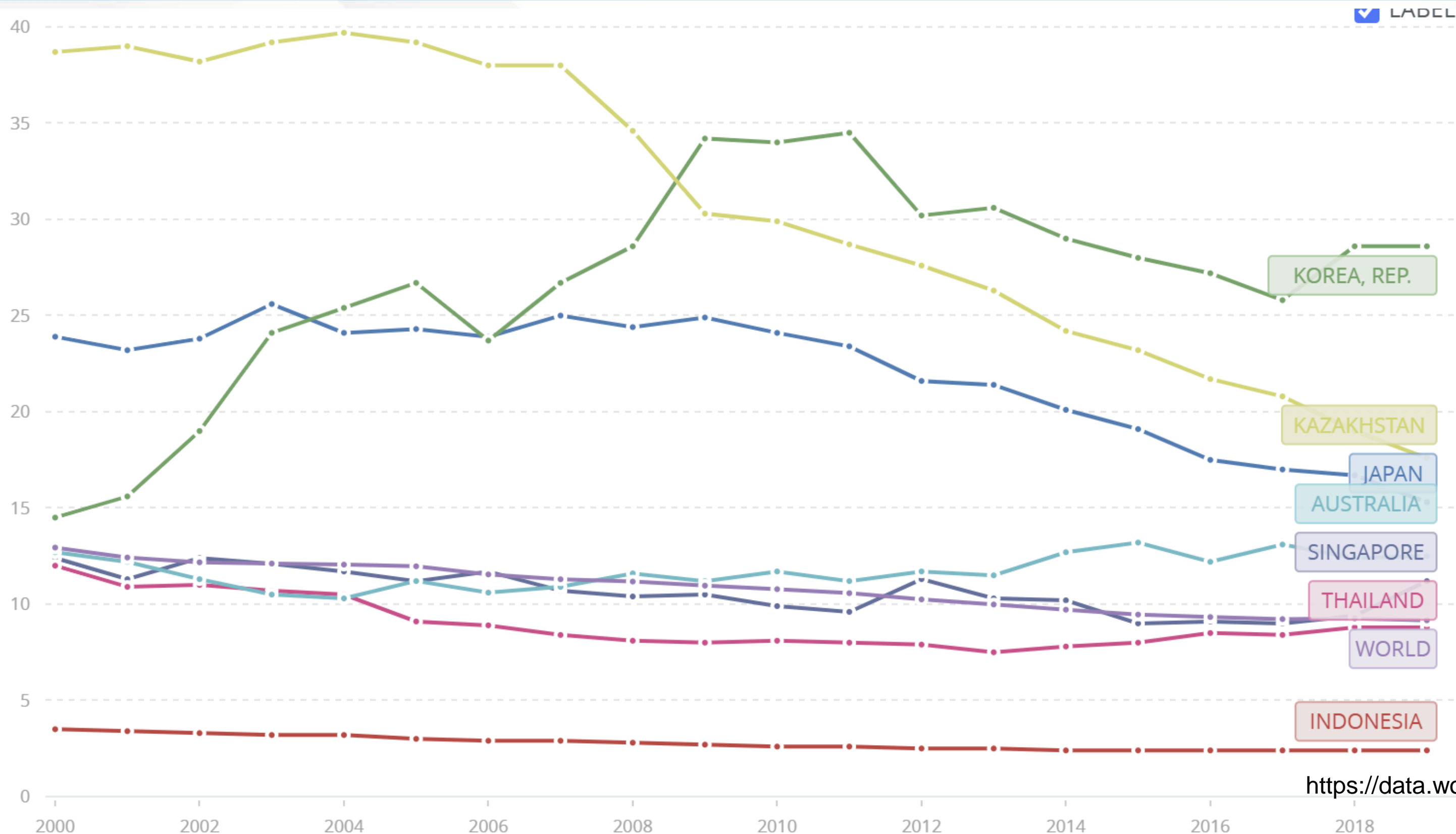
Including physical and mental health, as well as the absence of disease or infirmity

Part 1: Towards a Society Where We Can Live Well While Facing Mental Health Issues

There are numerous challenges related to mental health. In recent years, the number of outpatient visits for mental disorders has been on the rise, and the number of suicides continues to exceed 20,000 annually. In our society, people across all life stages—whether youth, working-age individuals, or the elderly—are suffering from mental health issues, losing the quality of life they should be able to enjoy.

Definition of “Mental Health” in the Ministry of Health, Labour and Welfare White Paper:
A mentally fulfilled state where individuals can handle life’s stresses, utilize their abilities, learn well, work well, and contribute to their communities.

“The secret of health and happiness lies in successfully adapting to the ever-changing conditions on this planet. The cost of failing in this grand adaptive process is illness and unhappiness.” — Hans Selye, 1976



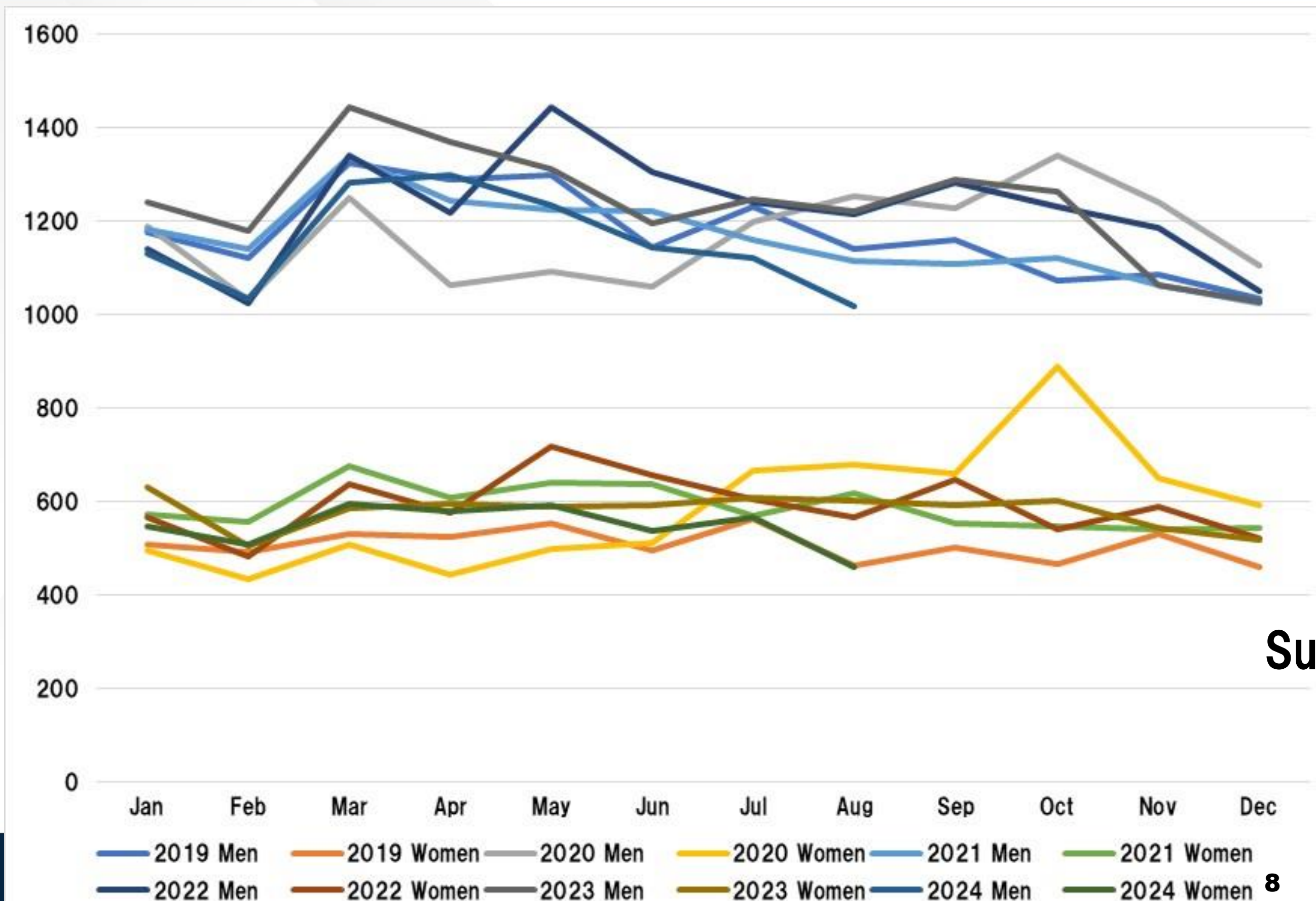
World Bank Group Data Base

<https://data.worldbank.org/indicator/SH.STA.SUIC.P5>

Suicide mortality rate (per 100,000 population)

https://data.worldbank.org/indicator/SH.STA.SUIC.P5?name_desc=true

APOSHO38 Monthly Number of Suicide Death



Unemployment ↑

Communication ↓

Remote work ↑

Suicide of famous persons

EDITORIAL

Recognition, Compensation, and Prevention of Karoshi, or Death due to Overwork

Although it may not be a familiar term in the Western world, *karoshi*, or death due to overwork, represents a growing public health issue in eastern Asia.¹ The term *karoshi* (過労死) first appeared in Japan in late 1970,² and since then, the proportion of individuals working excessive hours (>45 hours per week) has become significantly higher in Asia than in Western countries. The first reported case of *karoshi* occurred in 1969, and involved the death from stroke of a 29-year-old male worker in the shipping department of Japan's largest newspaper company.³ A culture of excessive work hours has since moved beyond Japan, alongside economic expansion, having now spread to other Asian countries, especially eastern Asia. According to an International Labour Organization report from 2014,⁴ for example, in 2012, 22% of ordinary Japanese employees worked

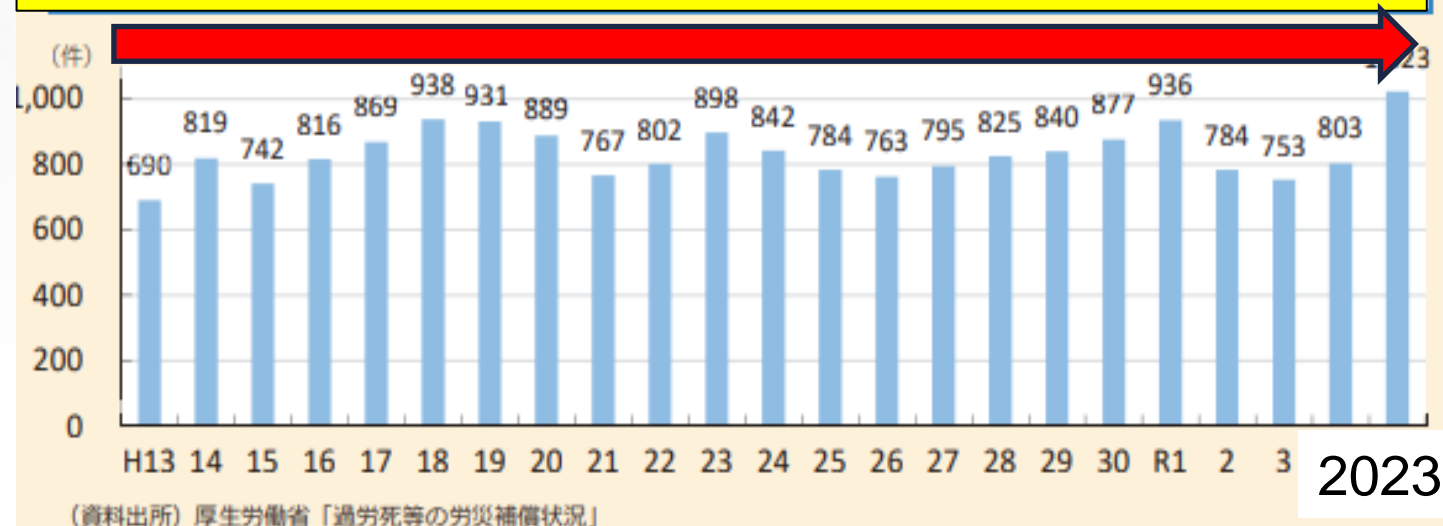
effects of excessive work hours on health has probably still not been adequately heeded by the Japanese society.

These issues have not gone unnoticed by policy makers, however, and the Japanese government has recently taken some significant steps toward the prevention of *karoshi*. In November 2014, the *Basic Act to Accelerate Moves for the Prevention of Karoshi* was created to encourage a society where people can be free from death due to overwork and can continue to work productively in good health, with a reasonable work-life balance.⁸ The 2014 Act defines *karoshi* as any of the following (translated from Japanese):

- Death from cerebrovascular or ischemic heart disease due to excessive workload or

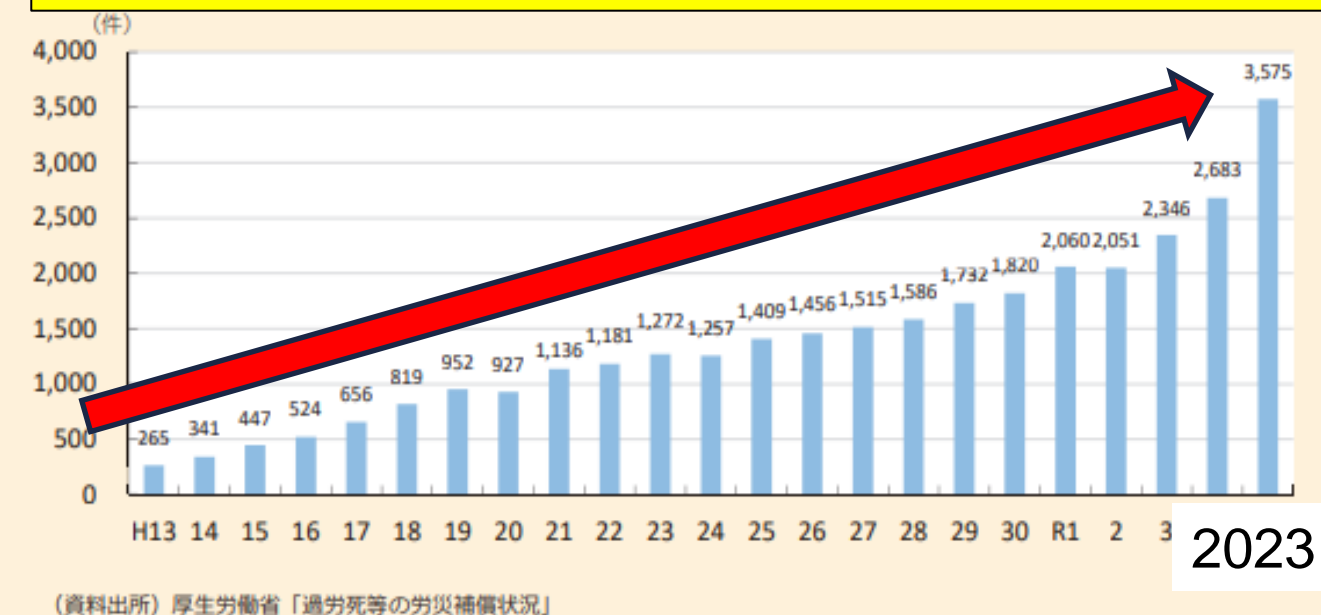
Cerebral and cardiac diseases

The number of claims

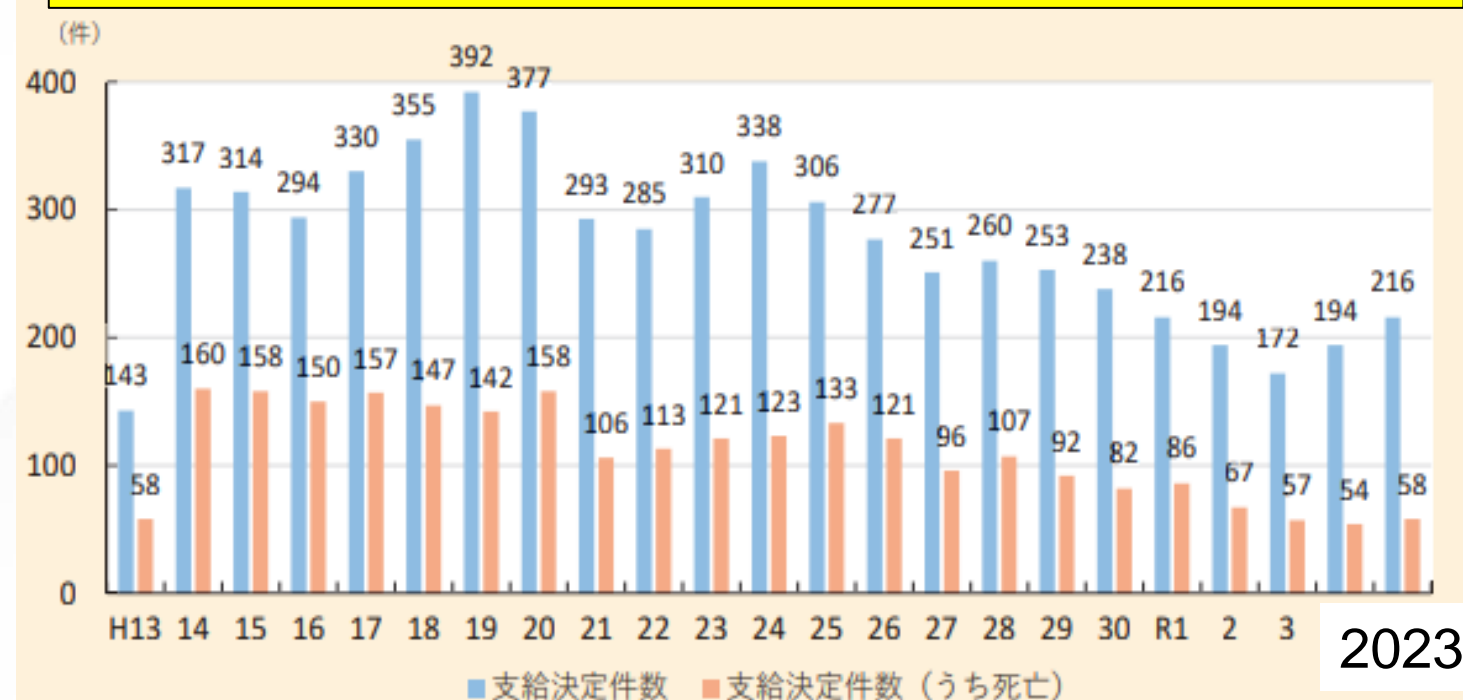


Mental disorder

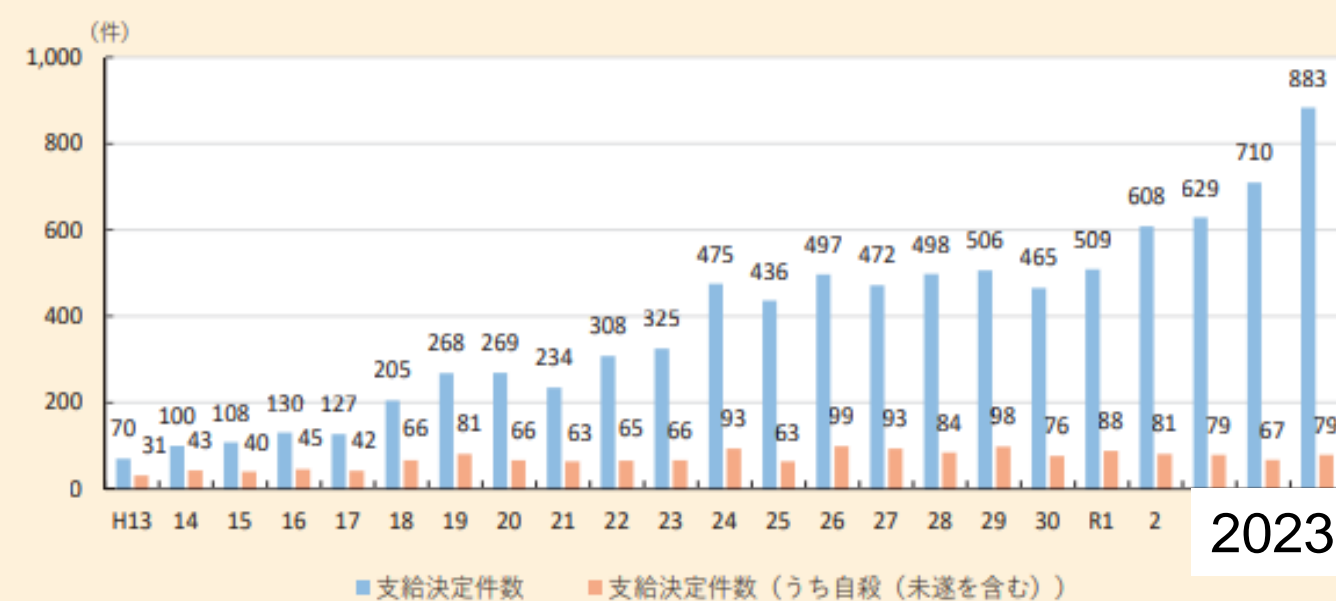
The number of claims



The number of approved cases



The number of approved cases

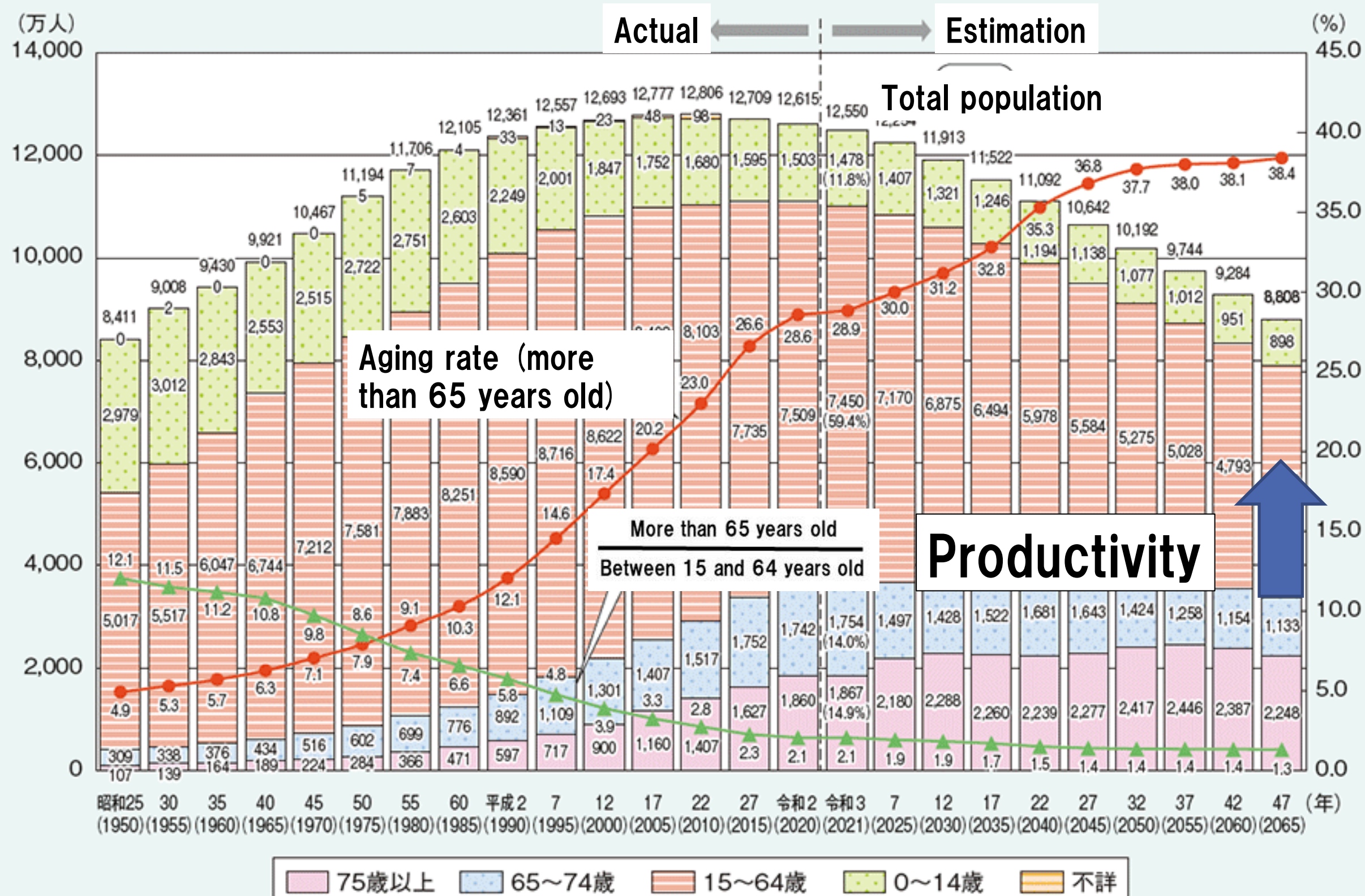


- September 1, 1988
 - "Guidelines for Maintaining and Promoting the Health of Workers at Workplaces (THP Guidelines)" established, covering mental health care and psychological counseling roles (last revised March 31, 2023).
- Fiscal Years 1995–1999
 - Ministry of Labor-commissioned research on work-related diseases (stress), leading to the development of the "Brief Job Stress Questionnaire."
- August 9, 2000
 - "Guidelines for Mental Health in the Workplace" (old guidelines) formulated.
- October 14, 2004
 - "Guidelines for Supporting the Return to Work of Workers Who Have Taken Leave for Mental Health Problems" established (last revised March 2012).
- March 31, 2006
 - "Guidelines for Maintaining and Promoting Workers' Mental Health," based on Article 69 of the Industrial Safety and Health Act.
- April 1, 2006
 - Revised Industrial Safety and Health Act implemented, introducing an interview guidance system for long-hour workers and expanding items for the Health and Safety Committee to include "measures for promoting the mental health of workers." (Implemented in April 2008 for small businesses with fewer than 50 employees.)
- From Fiscal Year 2008
 - Counseling promotion for workers with mental health issues, leading to the establishment of the Mental Health Support Center Project.

- April 2008
 - The 11th Occupational Accident Prevention Plan set goals, aiming for mental health care efforts in over 50% of workplaces.
- April 2009
 - Mental Health Support Centers (now the Industrial Health Comprehensive Support Center) began full operation.
- October 2009
 - "Kokoro no Mimi," a portal for mental health information for workers, launched.
- September 2010
 - Report compiled by the "Workplace Mental Health Measures Review Committee."
- December 22, 2010
 - The Labor Policy Council proposed introducing an interview guidance system for individuals with stress symptoms.
- March 2013
 - The 12th Occupational Accident Prevention Plan revised goals, aiming for 80% of workplaces to engage in mental health care.
- December 2013
 - The Labor Policy Council proposed the creation of a stress check and interview guidance system.

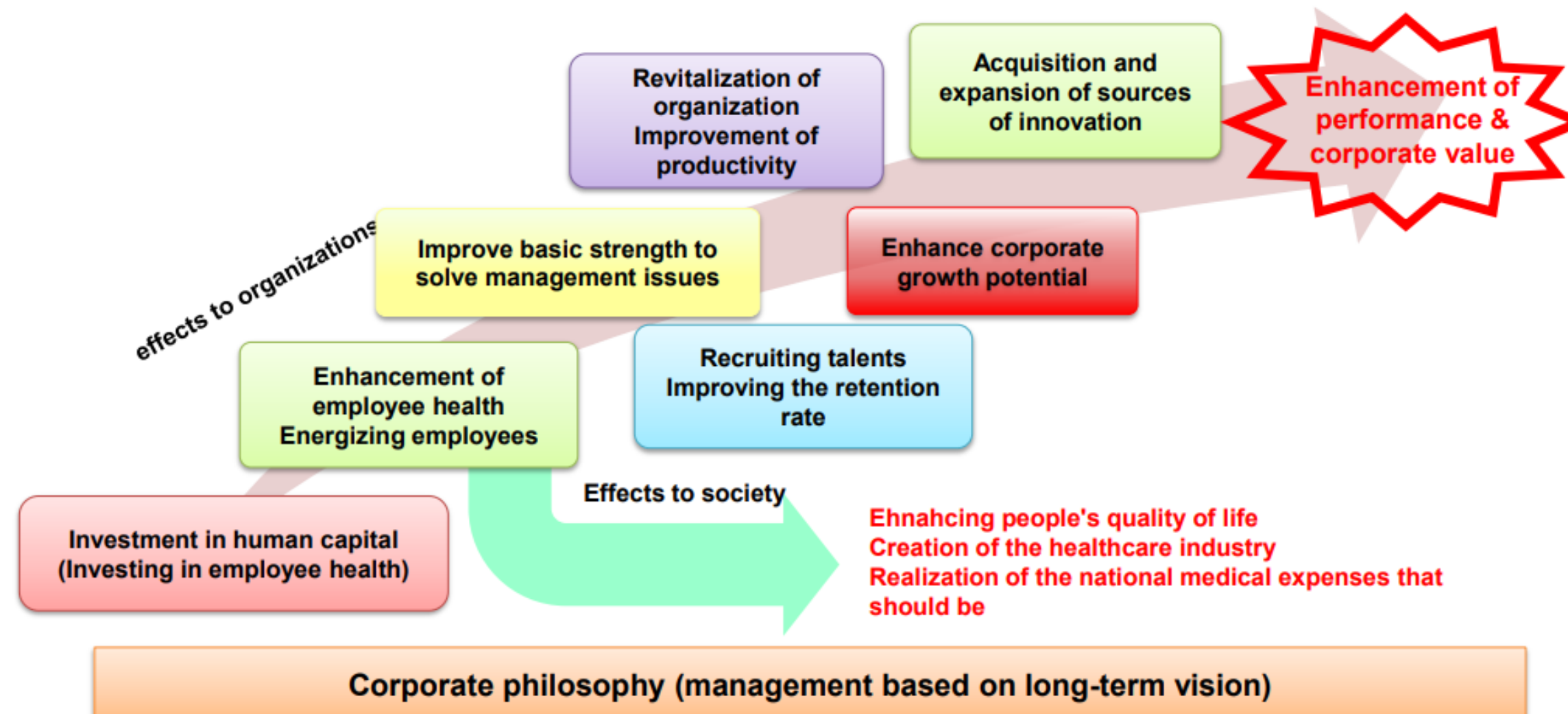
- April 2014
 - The Mental Health Support Center transitioned to the Occupational Health and Safety Organization, integrating with the Industrial Health Promotion Center Project and Regional Industrial Health Project.
- December 1, 2015
 - The Stress Check System (under the revised Industrial Safety and Health Act) came into effect.
- April 1, 2016
 - Guidelines for the promotion of mental health measures were revised to reflect the implementation of the Stress Check System (last revised March 31, 2022).
- March 31, 2017
 - Mental health measures based on the "Zero Overwork Deaths Urgent Measures" were promoted (last revised December 28, 2023).
- February 2018
 - The 13th Occupational Accident Prevention Plan set additional targets, including over 80% of workplaces implementing mental health care, 90% of workers having consultation resources for work-related stress, and 60% of workplaces utilizing group analysis of stress check results.
- March 2020
 - Publication of "Examples of Workplace Mental Health Measures."

- **March 2022 (Reiwa 4)**
 - Publication of “Guidelines for Mental Health Measures for Telework.”
 - Release of a report on the “Survey on Effectiveness Verification of the Stress Check System.”
- **March 2023 (Reiwa 5)**
 - The 14th Occupational Accident Prevention Plan was partially revised with the following goals:
 - Output Indicators: By 2027, over 80% of workplaces should implement mental health measures, and more than 50% of small businesses (with fewer than 50 employees) should conduct stress checks.
 - Outcome Indicators: By 2027, reduce the percentage of workers experiencing significant anxiety, worries, or stress about their work and professional life to below 50%.

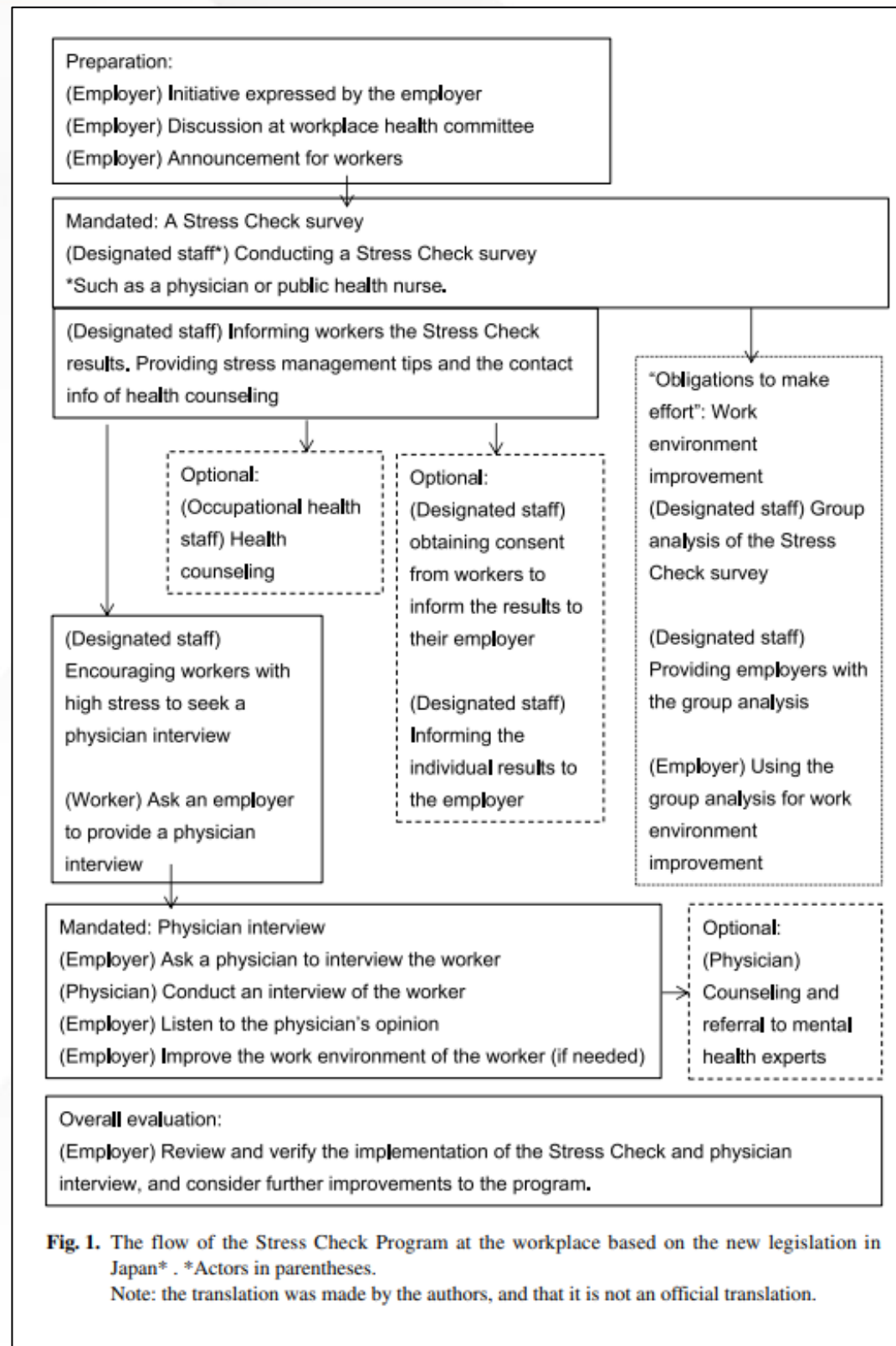


Promotion of “Health and Productivity Management”

- H&PM refers to the strategic efforts to maintain and promote the health of employees, understanding they are **investments** to enhance the profitability, etc. from the view point of **business management**.



https://www.meti.go.jp/policy/mono_info_service/healthcare/downloadfiles/healthandproductivitymanagement.pdf



	50 and more	Less than 49
Stress check	Mandate	Obligation to make the best efforts
Group analysis and Improving the work environment	Obligation to make the best efforts	Obligation to make the best efforts

The 14th Occupational Safety & Health Program (from 2023 to 2027)

- The percentage of workplaces that take mental health measures shall be 80% or more by 2027.
- The percentage of small-scale workplaces employing less than 50 workers that conduct stress checks will be at least 50% by 2027.

Brief job stress questionnaire (BJSQ) (57items)



A あなたの仕事についてうかがいます。最もあてはまるものに○を付けてください。

1. 非常にたくさんの仕事をしなければならない
2. 時間内に仕事が処理しきれない
3. 一生懸命働かなければならない
4. かなり注意を集中する必要がある
5. 高度の知識・技術が必要で難しい仕事だ
6. 勤務時間中はいつも仕事のことを考えていなければならない
7. からだを大変なく使う仕事だ
8. 自分のペースで仕事ができない
9. 自分で仕事の順番・やり方を決めることができる
10. 職場の仕事の方針に自分の意見を反映できる
11. 自分の技能や知識を仕事で使うことが少ない
12. 私の部署内で意見のくい違いがある
13. 私の部署と他の部署とはうまく合わない
14. 私の職場の雰囲気は友好的である
15. 私の職場の作業環境(騒音、照明、温度、換気など)はよくない
16. 仕事の内容は自分にあっている
17. 働きがいのある仕事だ

B 最近1か月間のあなたの状態についてうかがいます。最もあてはまるものに○を付けてください。

1. 活気がわいてくる
2. 元気がいい
3. 生き生きする
4. 怒りを感じる
5. 内心腹立たしい
6. イライラしている
7. だるい
8. べとべとに汗をかく
9. だるい
10. 気分は押しつぶされている
11. 不安だ
12. 落ち着かない

13. ゆうつだ
14. 何をするのも面倒だ
15. 物事に集中できない
16. 気が休まらない
17. 仕事が手につかない
18. 悲しいと感じる
19. めまいがする
20. 体のふしづしが痛む
21. 頭が重かったり頭痛がする
22. 首筋や肩がこる
23. 腰が痛い
24. 目が疲れる
25. 肩や腕がこる
26. 胃腸の具合が悪い
27. 食欲がない
28. 便秘や下痢をする
29. よく眠れない

C あなたの周りの方々についてうかがいます。最もあてはまるものに○を付けてください。

次の人たちはどのくらい気軽に話ができますか？

1. 上司
 2. 職場の同僚
 3. 配偶者、家族、友人等
- あなたが仕事で悩んだときはどのくらい相談しますか？
4. 上司
 5. 職場の同僚
 6. 配偶者、家族、友人等

あなたの個人的な問題を相談したら、次の人たちはどのくらいきいてくれますか？

7. 上司
8. 職場の同僚
9. 配偶者、家族、友人等

【回答肢(4段階)】

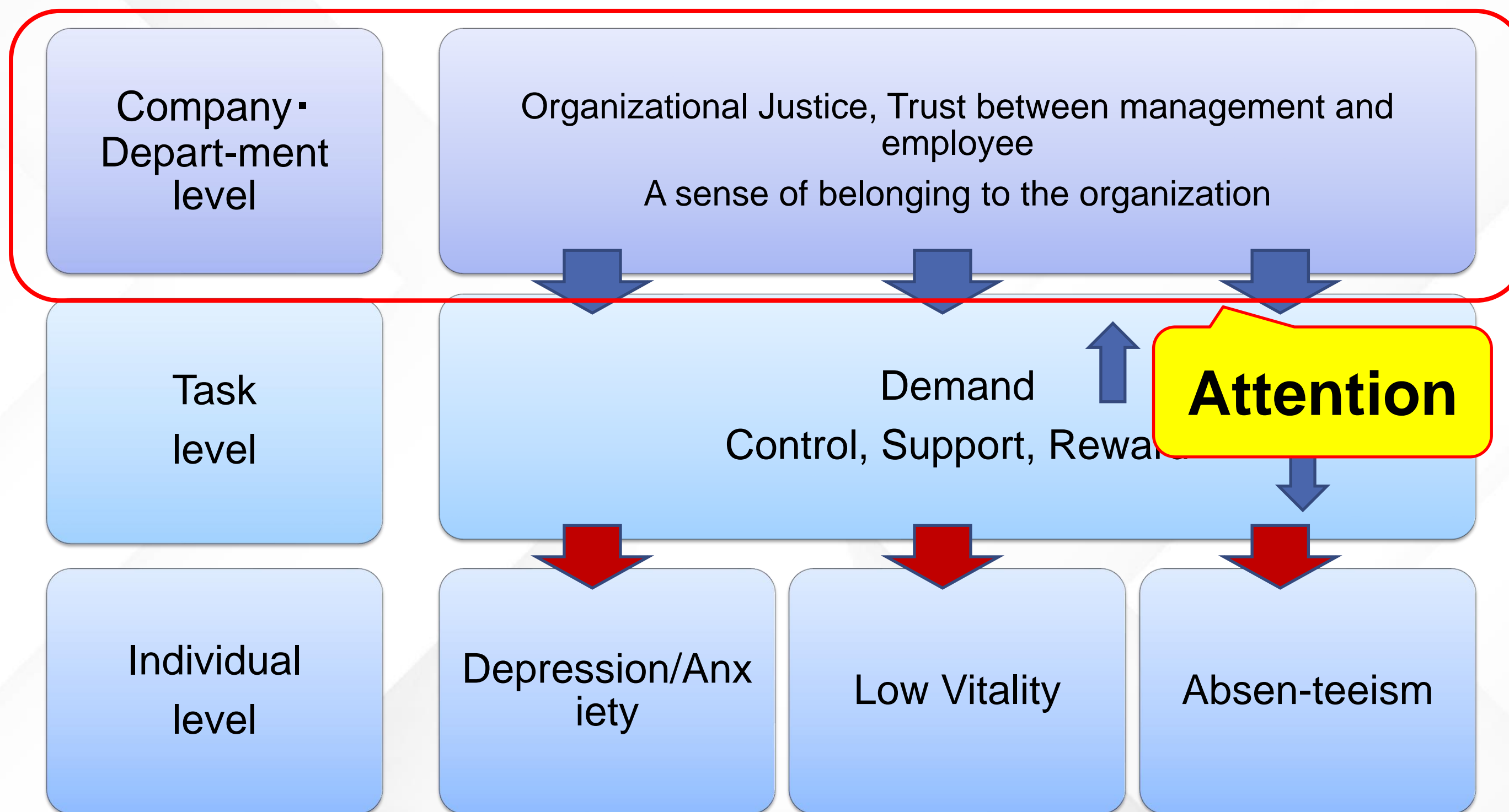
- A そうだ／まあそうだ／ややちがう／ちがう
 B ほとんどなかった／ときどきあった／しばしばあった／ほとんどいつもあった
 C 非常に／かなり／多少／全くない
 D 満足／まあ満足／やや不満足／不満足

D 満足度について

1. 仕事に満足だ
2. 家庭生活に満足だ

※労働省委託研究「労働の場におけるストレス及びその健康影響に関する研究」(平成7年度～11年度)(班長 加藤正明)

Organizational factors and worker's mental health



From Prof. Kawakami Slide



19.3%

Self-Help / Psychological Education



5.0%

Journaling



Community



5.0%

Counseling



1.5%

Meditation



Counseling



5.4%

3.0%

Corporate (EAP)



12.4%

Robotics / Hardware



2.0%

27.2%

Corporate (Occupational Health)



Created by: Mental Health Tech Research Group,
May 8, 2023 Edition

19.3%

Towards the Sustainability on Safety, Health, and Well-being

- 1. A Holistic Approach to Occupational Health is Essential**
- 2. Legal and Organizational Responsibility Matters**
- 3. Continuous Improvement in Mental Health Support Systems is Key**
- 4. Preventing Karoshi and Promoting Well-Being Requires Collective Effort**
- 5. Adapting to New Workplace Realities Post-Pandemic**
- 6. Mental Health Technology is a Growing Tool in Occupational Health**



"Father of Occupational Medicine"
Bernardino Ramazzini
(1633–1714)

Thank you for listening

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<https://aposho2024.com/>