NORWEGIAN MINISTRY OF LABOUR AND SOCIAL INCLUSION
NORWEGIAN MINISTRY OF HEALTH AND CARE SERVICES

Strategic Plan

National Strategic Plan for Work and Mental Health 2007-2012

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Preface

An inclusive workplace is a vitally important goal for the government. Getting as many people as possible into work is important for the individual and for society. We know that people with mental disorders or problems represent a large element of those excluded from the job market, or who are in danger of dropping out. Some also have substance abuse problems, making their situation even worse. They represent a significant resource unavailable to society.

Many of these people need coordinated support from the health and social services and the Labour and Welfare Administration to be able to utilise their ability to work. We need to be able to support employers with good information on how they can be good employers for people with mental disorders.

In this strategy, the government will define how people with mental disorders will more easily be able to make use of their abilities, including better follow-up for individuals.

The strategy refines and reinforces the Escalation Plan for Mental Health (1998 – 2008) aimed at the job market. It will also support the Norwegian Labour and Welfare Organisation's (NAV) work aimed at people with mental disorders and efforts to provide a more inclusive workplace (the Inclusive Workplace Agreement), and supplements Report no. 9 (2006-2007) Work, welfare and inclusion.

The government wants people with mental disorders to be able to use their resources on the job market, and that services and measures shall facilitate this. We want to build a bridge between NAV and the healthcare sector for this group through this strategy. It will contribute to a society and working life that includes and offers opportunities to everyone.

Sylvia Brustad Bjarne Håkon Hanssen

Introduction

The Strategy for Work and Mental Health shall refine and reinforce the Escalation Plan for Mental Health.

Participation in working life contributes to being able to cope and self-confidence and reduces poverty. International research shows that being employed helps to strengthen social skills and reduces the frequency of admissions to hospital.

It is based on a proposal for a national strategy for work and mental health from NAV and the Norwegian Directorate of Health from 2006. The proposal was realised through a wide-ranging process involving specialists, practitioners, users and other stakeholders in the field. We want to take this opportunity to thank everyone who has contributed by their participation in working groups, seminars, meetings and input.

The strategy plan will advance the efforts already made through the project "Where There's a Will – focus on work and mental health in Norwegian Labour and Welfare Administration (NAV)", financed by the Escalation Plan for Mental Health. New measures proposed in the strategy plan are also financed by funds from the Escalation Plan, and are largely geared for personal follow-up and raising competence, but there are also funds for other schemes at creating employment.

The strategy is a supplement to Report no. 9 to the Storting (2006-2007) Work, welfare and inclusion, and to other schemes, measures and services intended to contribute to everyone who wants to and can being able to work and retain a connection to the employment market. It will also strengthen bridge-building between NAV and the health sector, and must be viewed in close connection with the Memorandum of Understanding on an inclusive workplace and focus on sick leave reduction.

The plan applies to all mental disorders and difficulties and to people who also have substance abuse problems or other challenges.

Key terms used in the strategy:

Mental health: The ability to cope with thoughts, feelings and behaviour, and to be able to adapt to change and handle setbacks.

Mental health problems (or difficulties): Symptoms such as degrees of anxiety, depression and insomnia. Symptom levels do not have to be so great that they can be diagnosed.

Mental disorders: Changes in thought, feelings and/or behaviour combined with the experience of physical pain and/or reduced function. Such symptoms are of such a type or degree that they can be diagnosed.

The health service is used in the strategy to represent work in the field of mental health in local authorities and the psychiatric health services (specialist health services).

The terms 'mental problems' and 'mental disorders' can be interchangeable in the strategy.

A major part of the strategy is to ensure a cohesive public effort and to view work for people with mental disorders in the context of the options the NAV reform offers for collaboration and user participation, and to use the job creation and activation measures the reform provides.

The NAV reform:

The Norwegian Labour and Welfare Administration (NAV) took over the responsibilities and tasks which were previously handled on an interim basis by the Aetat Directorate of Labour, the National Insurance Administration (RTV) and NAV on 1 July 2006. NAV's overall goal is to provide the unemployed with the chance to work and be active and whilst ensuring their rights to welfare benefits. The state shall create an inclusive society and an inclusive and functional employment market.

The Norwegian Labour and Welfare Administration (NAV): Consists of NAV itself and those elements of local authority services which are part of the shared local offices. NAV and the local authorities shall have shared local offices (NAV offices) by 2010, covering all local authorities. Each office shall provide state and local authority services in pursuance of the Social Services Act. State and local authority can also agree that other local authority services shall be provided by the offices.

Part I:
Strategy for Work and Mental Health

1. Why a Strategy for Work and Mental Health?

Participation in the workplace is a central value of our society. It plays a major role in individual identity and position in society, provides an income, reduces poverty and is essential for wealth creation. Being able to cope and self-confidence are related to a large degree to working, and many of those excluded or on the edge of working life therefore want to be in work.

People with mental disorders or problems represent a large share of those excluded from working life, or who are in danger of dropping out. They represent a significant resource unavailable to society. Many of these people need coordinated support from the health and social services and the Labour and Welfare Administration to be able to utilise their ability to work. We need to be able to support employers with good information on how they can be good employers to people with mental disorders or problems.

To make it easier for people with mental disorders or problems to make use of their skills, the government has devised a strategy for work and mental health.

The government's goal is to:

- Prevent exclusion from working life
- Facilitate inclusion in working life for people with mental disorders or problems

To achieve this, the government will strive:

- to achieve good collaboration between NAV and the health service, other elements of the public service system and employers
- ensure user involvement and active participation from individuals
- ensure good, relevant job and health related measures and services
- ensure the relevant competence for work and mental health in the workplace and in the public services.
- ensure good awareness, research and development

Work is a priority area in the Escalation Plan for Mental Health to be implemented in 2008. Efforts to increase job opportunities and accessibility to labour market schemes for people with mental disorders have shown that there is a need for sustained and systematic focus on this field. The tools in the strategy supplement the existing services and measures aimed at the group in question.

The Strategy Plan for Work and Mental Health shall continue to define and ensure focus on the area even after 2008. It must help find good solutions to the challenges faced within work and mental health. The plan is based on the experience gained from the Escalation Plan, particularly

those gained from the "Where There's a Will – focus on work and mental health in Norwegian Labour and Welfare Administration (NAV)" The strategy concerns preventing exclusion from working life due to mental disorders, and to allow those who want to and can to be able to make the use of their ability to work. The strategy applies to everyone of working age with mental disorders, including those with minor disorders and those with more serious disorders.

It has work and mental health as its main perspectives, whilst many people with mental disorders and difficulties also have substance abuse problems or other problems. The strategy and proposed measures in the action plan therefore extend to such individuals. As such, efforts to include and retain people with mental disorders in the workplace will involve more than just working with their disorders or difficulties. This is stipulated in the measures if not specified elsewhere and the same applies to minority language residents, who face major problems when it comes to mental health and participation in working life.

Individuals who also have substance abuse problems are already a major part of the target group, for which NAV already caters with medication-assisted rehabilitation (LAR) for addicts under methadone or subutex treatment, and who need more help than the local NAV office can provide. The LAR service specialises within occupational rehabilitation, awareness of methadone and subutex, plus awareness of drug problems. The local NAV office assists applicants with referrals to the LAR service. The tools in the strategy supplement the existing services and measures aimed at this group.

When implementing the strategy, it will be important that focus is placed on sufferers under 35 years old, who increasingly are being placed on disability pension.

A further aim of the strategy is to encourage employers regard people with mental disorders as an important labour resource. Employers are encouraged to contribute to a more generous, open and diverse workplace. The employment of people with variable or reduced ability to work can be a challenge for employers, but they can also make a positive contribution to their working environment. The strategy includes measures to reduce employer uncertainty and support their ability to make use of this source of labour, through such measures as emphasis on monitoring their progress and individual assistance. Meaningful work and employer contact are vital criteria for being able to provide the proper support for users.

NAV's strategy for meaningful work and workplace contact already covers parts of the need for assistance, by establishing company teams, coordinating services and measures aimed at companies, and support linked to monitoring sick leave by employers. However, what is needed is a way of managing and boosting the help aimed at this group and employers.

The strategy is also a refinement and strengthening of "Where There's a Will,"

"Where There's a Will – focus on work and mental health in the Norwegian Labour and Welfare Administration (NAV)" is a primary project, with three sub-projects:

- Network-building and competence boosting – a sub-project intended to increase competence within the field of mental health by training and preparing theoretical material. The target group is NAV and local authority employees, working or soon to work at NAV's head office.
- Big City Drive – a sub-project intended to try out and develop various definition and follow-up measures for the target group, and to customise packages for individuals suffering from mental disorders who want to try out their ability to work in part or in whole.
- Work Proficiency Follow-up Programme – a sub-project intended to try out and refine methods within following up on how group members are coping with work.

Where There's a Will was set up in 2004 to increase opportunities for and participation of people with mental disorders in the workplace. The project has launched several measures and

studies to determine what users need to obtain or retain a job. The project has also defined what the public services perceived as barriers. Furthermore, focus was placed on how various agencies can work together better to service the needs of the target group. Coordinators in all regions will handle implementation locally.

One of the main conclusions for the project is that many people with mental disorders drop out during the course of rehabilitation. It transpires that many of them need flexible, customised schemes with continuity and follow-up along the way. For many of these users to be able to take part in occupational rehabilitation, definition and follow-up of measures and working conditions need to be handled by the same person, who must have the time and resources to be able to cater for the user's need for security and close dialogue. Many people in the target group will also need to have treatment in parallel with the rehabilitation course to be able to take part in workplace training in order to be able obtain and retain a job.

Critical phases are:

- The threshold in labour and welfare administration.
- When parallel rehabilitation and treatment are needed
- The transition from between different labour market schemes
- Transition from labour market schemes to work
- The need for follow-up during training
- Transition from school to work

Another primary conclusion is that NAV and local authority personnel in the front line service need more competence in the fields of work and mental health, and a network extending between agencies and levels to be able to succeed. The Where There's a Will campaign for work and mental health at NAV has begun working on this aspect through the Network-building and competence boosting sub-project, for around 4,000 people in 2007. This needs to be reinforced, expanded and refined.

A third primary conclusion is that many of those people excluded from the workplace are also in the queue for treatment, as availability has been inadequate. Giving this group adequate treatment resources parallel to other provisions from NAV will increase their chances of obtaining and retaining work.

2. Work and mental health – Situation description

High levels of employment are a central theme in work and welfare policies. Three out of four people between 15 and 74 years of age are linked to the workplace[1]. Labour force participation has grown in recent decades. Meanwhile, the number of passive benefits outside the workplace has grown significantly, including disability pensions. Disability pensioners represent around one out of three people outside the workplace, and in the first half of 2007 comprised around 328,000 people. Mental disorders are a major cause of exclusion, even though many sufferers are in work.

WHO estimated in 2003 that mental disorders accounted for 20% of sick leave within the European economy. Measured in terms of economic cost, this represents more than all types of cancer, three times that for all lung diseases, three times that for all alcohol abuse and nearly four times as much as for all traffic accidents. WHO estimates that a quarter of all families in the world have one or more members suffering from a mental disorder. In addition to the cost to society, the cost to individuals or their families affected has to be added.

Figures from Norway Statistics[2] show that 8-900,000 people of working age are excluded from or on the edge of employment, or are temporary out of employment. Mental disorders are a major cause of these statistics for a quarter of them. The proportion of those on sick leave and disability pension with mental disorders is a growing trend.

Mental health disorders/problems[3] are the overall cause of:

- One sick leave day in five
- One in four newly granted disability benefits
- One recipient in three receiving disability benefit

The prevalent trends are also cause for alarm: New recipients of disability pensions with minor mental disorders are increasing, especially in the 20-39 age group.

The number of people with variable or reduced ability to work registered by Aetat / NAV rose steeply in general between 1998-2005 from 53,100 to 93,300 (annual average). Up until 2005, the proportion with mental disorders rose steadily from 17% to 23% - i.e. from 9,300 to 21,000. In 2006, the number of people with variable or reduced ability to work dropped to 89,500, of which a total of 20,500 had mental disorders (around 23%). Out of nearly 59,900 people with variable or reduced ability to work, a total of 13,800 (23%) had mental disorders.

Experience from the definition phase of the "Where There's a Will" project shows that people with mental disorders have a more frequent need for definition and clarification periods of longer duration, close support and focused use of job-related measures for integration into ordinary workplaces. People with mental health problems need suitable measures at an early stage of their illness. They also need parallel provision of help aimed at coping with a job, which can help them obtain and retain a job.

1 Average for 2006. Workforce study, Statistics Norway (2007)

2 Lien and Kleven (2006). Includes people receiving disability pension, a pension under the AFP (Collective Agreement) scheme, social benefits or short term benefits from the National Insurance scheme in 2005.

3 Not including people with mental handicaps and old age pensioners.

3. Overarching goals Status and experience

This strategy is based on the overarching perspectives for the NAV reform, Escalation Plan for Mental Health, National Health Plan and National Strategy for Quality Improvement in the Social and Health Services.

In Report no. 9 to the Storting (2006-2007) Work, welfare and inclusion, the government specifies reinforcement, renewal and refinement of the welfare state as its task. The aim is to boost inclusion in the workplace of people of employable age with problems fitting in to working life or who are in danger of dropping out of it. Efforts to prevent exclusion and get more people into work are also closely related to the goal of abolishing poverty. Groups who do not have a foothold on the employment market have a greater risk of having to struggle with poverty.

The establishment of a new Labour and Welfare Administration is a vital organisational reform which will help reach the goals set within labour and welfare policies. The major aim of the NAV reform is to get more people into work and active, plus provision of good service adapted to user circumstances and needs, to be supported by the strategy for work and mental health.

The Escalation Plan for Mental Health 1999 – 2008 (Rep. no. 63 (1997-98)) proposed clear reinforcement of mental health support in the local authorities, and the psychiatric health services (specialist health service).

The services provided for people with mental disorders are going through major changes. Institutional capacity has been significantly reduced whilst locally-based support in the form of local authority services and District Psychiatric Centres (specialist health services) have been built up. This trend is in line with recommendations from the World Health Organisation (WHO). In national terms, the main theme of this work was defined in Report no. 25 to the Storting (1996-97) Openness and Cohesiveness on mental disorders and service provision.

The Escalation Plan stresses participation in the workplace for people with mental disorders, and has its own plans for this area. The target of offering 4,000 more people with mental disorders the opportunity to take part in labour market schemes by the end of the plan period has been reached. Work and mental health is also an area needing a greater focus in general and a stronger rehabilitation perspective in particular.

Work and health are two of the main pillars of the National Health Plan 2007-2010. Both this and the Escalation Plan focus on the health and social services helping users to be able to control their own lives as much as possible, and that by taking part in work and leisure activities will be able to build a meaningful existence. Prevention and rehabilitation in which the workplace – and particularly cooperation between the Labour and Welfare Administration, the health service, the working environment authorities and other bodies associated with the workplace – are the key.

The Ministry of Health and Care Services is working on a national strategy for habilitation and rehabilitation to be presented late 2007. In this, the government will define the national framework for rehabilitation efforts in the years to come. A vital focus area in the strategy is rehabilitation with employment as the goal, focusing on collaboration between the health and social services and the work and welfare scheme to give users a cohesive and coordinated rehabilitation service.

The goal for the national strategy for quality improvement in the social and health services ("…And it's going to get better!") is that the services are of high a quality. This means that the

services provided are effective, reassuring and safe, involve users and give them influence, are coordinated and feature continuity, utilise resources in the best way possible, are accessible and fairly distributed.

As mentioned in Chapter 1, NAV focused heavily on job-seekers with mental disorders during the Escalation Plan period. This systematic and experimental focus on the field of work and mental health was part of "Where There's a Will – focus on work and mental health in NAV".

The challenge was also to consolidate, refine and share the experience gained, such that the campaign can continue after the Escalation Plan is concluded. The strategy for work and mental health is therefore based on the important experience gained from Where There's a Will.

Reforms and focus areas which will help prevent exclusion and bring people with mental disorders into or back to work, and which the strategy should be seen in context with are:

- Report no. 20 to the Storting (2006-2007), National Strategy to Reduce Social Inequalities in Health.
- Report no. 16 to the Storting (2006-2007) "Early action to promote lifelong learning"
- Report no. 9 to the Storting (2006-2007) "Work, welfare and inclusion".
- Gvt. Bill no. 6 (2006- 2007) On the Act to change the Working Environment Act and National Insurance Act (provision and support for persons on sick leave).
- The Sick Leave Committee's report, 6 November 2006[4]
- The Memorandum of Understanding for a more inclusive workplace (IA)
- National Health Plan (2007-2010):
- Action Plan for Poverty, appendix to Report no. 1 to the Storting (2006-2007) – State Budget 2007.
- National Strategy for Quality Improvement in the Social and Health Services (2005-1162) ("…And it's going to get better!") .
- "Jobbing uten mobbing" (work without bullying) under the Directorate of Labour Inspection, November 2004
- Report no. 63 to the Storting (1997-1998) on the Escalation Plan for Mental Health 1999 – 2008

4 Consists of government and labour market partners.

4. Challenges and on-going focus on work and mental health

The strategy shall boost and support work on solving special challenges related to working life and mental health problems, by

- consolidating, refining and spreading the systematic focus on work and mental health under the Escalation Plan and Where There's a Will.
- support measures and processes presented in reports to the Storting and other focus areas

The five central areas of the strategy are:

1. Collaboration and coordination

- Employing the right people as guides and supporters within NAV, for focus areas within work and mental health
- Promote collaboration for provision to each user via NAV, other local authority services, including the social services outside NAV and the health service plus the psychiatric services
- Support the use of an Individual Plan

2. User involvement and self-help

- Support user participation
- Stimulate self-help

3. Measures and services

- Increase use of the workplace as a forum for work-related campaigns
- Refine labour market schemes
- Contribute to easier access to health services
- Focus on young people with mental disorders

4. Competence, networks, information and attitudes

- Boost competence within work and mental health in the workplace and the public services
- Develop a cooperative network between NAV, the social services outside NAV and the health service to increase awareness of each other and their areas of responsibility, and a shared development and awareness culture.
- Refine the information and communication strategies for ways of helping people with mental disorders to become included in the workplace

5. Knowledge, research and development

- Knowledge development, studies and research, including start-up seminars designed to provide the basis for assessing and prioritising research and development within work and mental disorders
- Dissemination of relevant know-how on means of collaborating, measures, procedures and treatment which are effective.

In the review of the key elements of the strategy below, services and measures are described in general, whilst the action plan is described in detail and measures are specified.

4.1. Collaboration and coordination

The NAV reform is a powerful means of strengthening collaboration and coordination of work-related help for people with mental disorders. The service provision is organised on different levels, and provided by state and local authority services. The services provided can also be purchased by the organisers of the various measures.

4.1.1 Guidance and follow-up pilot schemes – strengthening coordinated help

Measures:
Funds have been allocated as part of the strategy to set up separate guidance and follow-up guides at local NAV offices in certain towns and densely-populated areas, cf. measure 1.a of the action plan appended.

The NAV reform facilitates a more flexible and individual-oriented use of services and measures. People with mental disorders often need close follow-up over an extended period. Continuity in the relationship with their contact, advisor or treatment-provider is important and will be prioritised by NAV and the health service. There will also often be a requirement for contact with employers and workplace to ensure that employers and managers receive information, guidance and support, which can help sustain the employment. It is vital that case officers and advisors at the NAV offices who will help people with mental disorders can provide good guidance and close, coordinated follow-up to users and employers where needed.

Evaluation reports from the Escalation Plan show how important it is to strengthen the relationship between NAV and personnel in local psychiatric health services. One of the things which became apparent is that users appreciate the importance of regular contact with someone they trust in the treatment system, and that that contact can guide the user through the systems.

Where There's a Will tested its own regional coordinators who will initiate at system level and coordinate service provision and follow-up for people with mental disorders. Work has already been done to provide a good network able to support users, experience from which has been positive. It is therefore equally important to carry on the work of the regional coordinators, cf. measure 1.b in the action plan appended, and that guidance and follow-up guides must be able to provide personal support and continuity for users, measure organisers and employers throughout.

4.1.2 Collaboration agreements and forums for cooperation and coordination

Measures:
The Act relating to the Norwegian Labour and Welfare Administration obliges NAV and local authorities to enter into agreement on setting up a local NAV office. Special agreements can also be made with other elements of the public services, e.g. the health service. Coordinated effort should contribute to users with varying needs receiving coordinated help. The Ministry of Health and Care Services and the Ministry of Labour and Social Inclusion will monitor how local collaboration is working.

The government will also allocate stimulation funds to boost collaboration with regular general practitioners (GPs) and others, cf. measure 1.c in the appended action plan.

The NAV reform opens up new opportunities for collaboration via the mandatory local agreements with local authorities and other aspects. To provide users with coordinated services, partnership agreements will facilitate special agreements with other parts of the public services, such as the health service. The Ministry of Health and Care Services and the Ministry of Labour and Social Inclusion will monitor local cooperation between NAV and the health service through their respective reporting systems.

The local authorities will be responsible for ensuring coordination with the specialist health services, NAV and voluntary organisations will provide maximum benefit for the user. The regional health agencies and the Norwegian Medical Association entered into a framework agreement in 2005 on practice consultation. The scheme is designed to boost cooperation and coordination between the local and specialist health services. Agreements are to be signed between the local authorities and District Psychiatric Centres (DPCs) on psychiatric health services in the local authority and psychiatric health agency (specialist health service). NAV – under which some of the social services operate – is also a vital partner for District Psychiatric Centres. Health agencies and District Psychiatric Centres should therefore enter into agreement on coordinated procedures with NAV, cf. the guide Mental Health Services for Adults –District Psychiatric Centre, IS-1388 from 2006.

Municipal psychiatric health services are a key element of service provision. Local health authorities are a vital partner for NAV. Only 5 patients with a psychiatric diagnosis are referred to the specialist health service[5]. Regular GPs play a central role for those they treat themselves and as a door-opener for other services. It is important that regular GPs can take part in multidisciplinary collaboration with other local services when required, with the psychiatric health service, NAV and possibly with employers. This can entail participation in self-help groups, collaboration meetings and collaboration at individual patient level.

They have gained a much clearer role in supporting people on sick leave, cf. the Sick Leave Committee and changes to the law which came into effect on 1 March 2007[6]. If required by an employer or employee, doctors can take part in a dialogue meeting as part of sick leave follow-up. Treatment providers can therefore play a much more active role in helping individuals cope with work and help employers to provide for them.

For people outside working life, collaboration between regular GPs, users and NAV is not regulated in the same manner. The most important means at the disposal of the local authorities for provision of medical care mandatory by law is the local Regular doctor Liaison Committee (LSU) and individual agreements with regular GPs. The purpose of LSU is for local authorities and doctors to be able to discuss and ensure participation in the services both parties provide. Local authorities must use agreements with regular GPs to ensure provision of the mandatory services it must provide, based on discussions within the LSU. The Ministry of Health and Care Services requires local procedures for collaboration between regular GPs and other local authority agencies, such as the nursing and care services, and between regular GPs and the specialist health service. Collaboration with NAV should be included here.

4.1.3 Refinement of Individual Plans as mandatory means for agencies

Measures:
The Individual Plan (IP) is a central, legislated tool to increase coordinated help for people who need coordinated services from several agencies over time. The use of IP will be boosted and will entail more emphasis on work and work-related measures.

The Norwegian Directorate of Health and NAV are focusing on better and more effective collaboration for preparation, use and follow-up of the Individual Plan. Priority will be given to the benefit of it, developing good support for case management and ensuring that users who want and are entitled to it[7], are provided with such a plan.

When individual plans are written, they must focus on work and work-related measures. Creating a common cooperation forum for individuals and the other agencies involved, along with boosting user participation, is a challenge.

5 Hunskår (2003)

6 National Insurance Act and Working Environment Act

7 The right to have an Individual Plan (IP) written is enshrined in the Social Services Act and Patient Rights Act, whilst the right to have a plan written is enshrined in the Social Services Act, Local Authority Health Services Act, Mental Health Care Act and the Act on New Labour and Welfare Administration. Users who want and are entitled to it shall have a plan written for them.

4.2. User involvement and self-help

An overarching goal for NAV and local authority health and social services is helping to support the ability of users to cope with life and their own situation. This perspective is based on the view that individuals are the best experts on their own lives and know best what is good, useful and important to them. Self-help is a priority area in the Escalation Plan, cf. the National Plan for Self-Help.

4.2.1 User involvement and self-help

Measures:

The Norwegian Directorate of Health and NAV have started work on a joint proposal for supporting users in NAV. The proposal has been developed in collaboration with user organisations.

Training courses have been initiated to train "Personnel with User Experience" to qualify for employment in businesses providing services to people with mental disorders, cf. measure 1.1.a in the appended action plan.

Funds have been allocated to stimulate the local authorities to set up low-threshold provision of work-related measures, including "Fontenehus".

User involvement is enshrined in law and can occur at various levels. Users must have a real opportunity to participate, as individuals and at system level. The user perspective shall therefore be implemented at all levels of the various elements of the treatment and service system, and during all phases of an individual's path to the workplace. It is important that the user perspective focuses on common forums between various elements of the public services, to create understanding and attitudes. The common follow-up strategy is a vital means contributing to this.

Self-help is aimed at coping and user involvement. Self-help is described as follows in the National Plan for Self-help: "Self-help is making the most of your own opportunities, finding your own resources, taking responsibility for your own direction and wishes. Self-help is starting a process of moving from passive recipient to active participant in your own life." Self-help can boost the ability to cope with your own life, increase quality of life and improve the chances of taking part in society. Self-help is also a means of promoting user involvement. As understanding and a method of working, self-help will therefore be a major contribution to create best practices within the strategy.

There is a need for motivation and boosting the ability to cope within the local authorities which can support/lead to more work-related measures for individuals. It is important that local authorities that have not already done so, provide low-threshold schemes with a high degree of user involvement.

4.3 Measures and services

4.3.1 The workplace as a forum for prevention and integration

Measures:

The workplace is a vital forum for prevention and inclusion – for employees and when measures are implemented for people outside it. A wide spectrum of work-related measures is needed and the qualification programme proposed in Report no. 9 to the Storting (2006-2007) Work, Welfare and Inclusion can be a relevant measure for people with mental disorders belonging to the programme's target group. A version of low-threshold / ability-to-cope measures was tested in Where There's a Will cf. measure 3.1.b in the appended action plan.

The Sick Leave Committee stressed the need for close dialogue between employer and employee at an early stage of sick leave and introduced new measures and changes to the Working Environment Act and National Insurance Act. These measures give further opportunity for early action, to ensure that people on sick leave can quickly return to work.

The trial Work Proficiency Follow-up Programme will be extended to produce working models between the health service and NAV for multidisciplinary follow-up by treatment and guidance personnel, cf. measure 2.1.c in the appended action plan. The aim is that individuals will be able to receive the necessary treatment to prevent them dropping out of the job market or labour market schemes, or to get into work.

National agencies and public sector organisations shall lead the way, and employ people with mental disorders using subsidised measures, cf. measure 3.1.a in the appended action plan.

The transition to an ordinary job must be made easier by giving simpler, more flexible access to the workplace, and preserving a sense of security by providing guidance and support for employee and employer, cf. measure 3.1.d in the appended action plan.

Successful integration into the workplace is about individual ability to cope, which must be viewed as the result of interplay between the individual and their surroundings[8]. That is why the ability to cope is defined as a collective concern, which takes place in the workplace organisation[9]. This is particularly important when companies and public-sector organisations have to make room for those with no link to working life. A good workplace therefore involves the chance for development, experience in coping, job satisfaction, meaning, involvement and recognition from others.

The workplace is a vital forum for prevention of mental disorders and for implementing measures when an employee develops mental health problems. In the Memorandum of Understanding for a more inclusive workplace 2006-2009, the social (labour market) partners and the government to have joined forces to contribute to a more inclusive workplace, reducing sick leave and disability pensions, and to help develop the individual's resources and ability to work for active employment.

Efforts linked to the inclusive workplace scheme are important to get people with mental disorders into work. This applies to the operative sub-goals of the Inclusive Workplace Agreement. Within following-up sick leave, it will be essential to cater for people suffering from mental disorders as early preventive action will help reduce the number of people on sick leave transiting to other income benefits. For those with variable or reduced ability to work – including people with mental disorders – allowing them to test themselves in ordinary working situations and have the chance to fill vacancies will be vital. Sub-goal 3 of the Inclusive Workplace Agreement sets targets for us staying longer in work than at present. For ordinary employees and people with mental disorders, it is essential that companies plan their retirement age policy to allow them to continue in work as long as they wish.

8 Frøyland & Helle (2002)

9 Grimsmo & Hilsen (2000)

Following up the work of the Sick Leave Committee will also include measures to reduce the number of people dropping out of working life, including the "Yellow Card" scheme, the collaboration project "Quick Return" and the scheme to buy work-related rehabilitation.

Around 14,000 people with mental disorders take part in work-related measures under the auspices of NAV. This is a heterogeneous group with individual needs, many of whom can benefit from the current measures. However, some may need low-threshold schemes aimed at getting them into work. For these individuals, it may be necessary to start with motivational and proficiency improving measures which can lead to more work-oriented help for individuals. These could also be relevant for people with mental disorders and substance abuse problems. Collaboration between local authority services and NAV is also vital in this area and guidance and follow-up guides can help ensure more flexibility for individuals in relation to the measures on offer, closer follow-up, continuity and coordination.

The pilot scheme for the Work Proficiency Follow-up Programme needs to be expanded to be able to provide good models for interdisciplinary follow-up of treatment and guidance personnel. This is important, because many users with mental problems/disorders, including addicts, need a combination of treatment and work-related occupational rehabilitation. If they are not given adequate treatment when they need it during rehabilitation, the rehabilitation may fail.

Experience has shown that following up with the employer and the employee once a regular job has been established is often necessary to sustain it. Such experience is set out in the continuation of Report no. 9 to the Storting (2006-2007), Work, Welfare and Integration. Meeting user needs for more flexibility in ordinary work is stressed here.

For many people with mental disorders, the transition to regular work can be a major challenge. Public companies are encouraged to employ people with variable capacity to work or reduced ability to work. Research and experience show that many people can and want to work, even though their mental health may vary. The fact that a person suffers from mental disorders or problems is no indication of their ability to work. Their track record of work, social skills and their own desire to work are more important.

The government is taking the challenge seriously and will encourage public sector companies to take the lead for an inclusive workplace; to cater for and appoint people with variable or reduced ability to work, whether for mental or physical reasons. This will be achieved by ordinary appointments and use of the means made available.

Subsidised measures in ordinary businesses will help people with mental disorders or problems to gain access to ordinary businesses. Measures such as work experience and wage subsidies are examples of subsidised measures. Indefinite wage subsidies launched on a trial basis from the second half of 2007 are a general measure that can be used by all businesses, which along with other means encourages state-owned businesses to appoint people with mental disorders.

Use of labour market schemes must prioritise sampling and practice in ordinary work when appropriate with the necessary follow-up when the aim is employment in an ordinary company, rather than a sheltered forum. Many people with mental disorders both want and will benefit from being in ordinary work with tailored follow-up. Practice in ordinary work can also channel help and guidance aimed at employers. What is best will have to be evaluated in consultation with individual users/employees and employers.

4.3.2 Young people with mental disorders

Measures:

The transition from school to work is a critical phase for young people with mental disorders. NAV is to launch a pilot project in 2007 using a range of means which can make the transition from study to working life easier for young people with reduced ability to work. This will also benefit young people with mental disorders.

Extending the trial "Subsidised Studying" (SMS) in Bergen, based on the "Supported Education" method will provide more experience of close guidance support for people given approved training as occupation rehabilitation measures, cf. measure 3.2.a in the appended action plan.

Report no. 16 to the Storting (2006-2007) "Early action to promote lifelong learning" presented a range of proposals for implementing advanced training and supporting students who need it to get the necessary flexibility to complete their education and training. For those who do not manage to complete their course of study, a change in the rules for the right to further adult education is proposed, such that anyone over 25 gains entitlement. This will also benefit young people with mental disorders.

Since the mid-1990s, there has been a steady increase in the number of young people receiving subsistence support due to inability to work. Between two and three thousand people in the 18-35 age group per year receive disability pension in Norway. More than half of these have mental disorders and behavioural disorders. Only 0.5% of young handicapped people have finished their education, and often only have limited work experience.

We know that there is a much higher likelihood of people with little or no education becoming consigned to a disability pension, yet we know little about mental disorders as a cause of school dropout. However, we know that there is a need to systemise the collaboration between school, NAV office, the support services and regular GPs, that the educational and health agencies need to focus more on work as an alternative and that the interface to the workplace should be strengthened. Ensuring that people with mental disorders are identified early and given the flexibility necessary to complete their education and training is vital for their subsequent entry into the workplace. This is also stressed in Report no. 16 to the Storting (2006-2007) "Early action to promote lifelong learning".

Young people with severe mental disorders on the threshold to adult life may need treatment and support for several years to be able to establish themselves in the workplace.

"Mental Health in Schools" is a series of five educational programmes specially designed for teachers and pupils, which are being implemented in the regions. The aim is to put mental health on the agenda to contribute to greater openness about and acceptance of psychiatric problems, create more awareness of mental health and how to care for your own mental health, create more awareness of how to be a friend to a sufferer, and to increase awareness of the help available. In addition to the school programmes for pupils, there is also a course for teachers designed to increase awareness and understanding of mental problems in young people, and information on collaboration models between school and the help available.

Evaluations have shown that support along the way is vital for those receiving educational measures as part of rehabilitation. The barriers to the employment market will often not only be related to formal qualifications, but also to the circumstances of applicants. Education will be a necessary but insufficient condition for a job; the effect only arises when combined with follow-up and in combination with other measures, which will ensure support during the job application process and once employment has started.

4.3.3 Health and social services

Measures:
The provision of services and treatment for people with mental disorders will be expanded through the Escalation Plan for Mental Health in the local authorities and specialist health services.

To improve accessibility to treatment, the following will be essential:

- reinforcing psychological services in the local authorities
- refining and expanding treatment methods, e.g. through stimulation schemes
- suitability of user competence through close contact with users and other partners

This element can be seen in context with the focus on sick leave follow-up and the "Quick Return" collaboration project.

Mental health work in the local authorities

Mental health work in the local authorities is a measure aimed at people with mental disorders and the consequences of such disorders for the sufferer, their families and network. Mental health work is both a knowledge-based and a practical field, and covers work at system level such as prevention of mental disorders, information spreading and other work to counteract stigmatising and discrimination.

Mental health work is to help promote independence, belonging and strengthen the ability to cope with life for people with mental disorders. It should be focused, professional and coordinated, and primarily provide support in the user's immediate surroundings in line with the LEON principal (lowest possible level of care).

Public health clinics and school health centres are a low-threshold service for children, adolescents and pregnant women in the municipalities. The service is to help promote mental and physical health and a healthy environment – including a good psycho-social learning environment in school. Furthermore, it is to prevent physical and mental disease and injury.

When it comes to work and mental health, it is important that the local authorities prioritise development of low-threshold services, with motivation and measures to boost ability to cope for individual residents.

Psychiatric health care in the municipalities is a relatively new discipline. Calculations by SINTEF Helse showed that there were about 9,000 fulltime equivalents (FTEs) in the field in 2006, of which 6,750 were within services for adults and 2,750 within services for children and young people. In addition are regular GPs who are a vital part of mental health work.

An important function of the health service is to make a diagnosis, define treatment options and suggest a prognosis as a basis for the important work other bodies will do to help the patient to get a job or return to work and gain established employment. There are several challenges related to this, and the Norwegian Directorate of Health and NAV are therefore working to increase competence within evaluation of ability to work and function.

One of the goals for the Escalation Plan for Mental Health is to recruit more psychologists to the local authorities. The Norwegian Directorate of Health together with other relevant bodies is assessing measures for increasing recruitment. Strengthening psychological services and collaboration between doctors, psychologists and social personnel will give more professional breadth to and strengthen the provision of services.

Social services in the local authorities

Application of the Social Services Act includes subsistence support, general advice and guidance, financial advice and help to obtain temporary accommodation. The local authorities are responsible for helping to obtain accommodation for anyone who cannot provide for themselves on the housing market, give advice and guidance, such as financial counselling and guidance, which can help solve or prevent problems. They shall provide various social services to people who cannot care for themselves or who are dependent on practical or personal help to perform their daily

tasks. These are important criteria for getting and holding down a job. The new qualification programme with associated benefits described in Report no. 9 to the Storting (2006-2007) is also proposed as a local authority responsibility. The social services are often contacted by people with mental disorders, substance abuse problems or a combination of both. The social services are therefore a vital element and partner, whether as part of NAV or other services.

The District Psychiatric Centres (DPC) and other specialist health services, including contract specialists

The building of a decentralised specialist health service is well underway. District Psychiatric Centres bear a lot of responsibility for provision of services within mental health for adults, and the goal of establishing District Psychiatric Centres throughout the country is on the way to be fulfilled, and many are already well on the way to developing better treatment provision.

There continues to be a lot of variation between the District Psychiatric Centres when it comes to staffing, resources in relation to population levels, and which type of services can be offered. Furthermore, the services are sometimes perceived as being fragmented with a lack of coordination within and between the various service levels. This can lead to people in the process of dropping out of the workplace due to moderate problems and who need psychotherapeutic treatment experiencing long waiting times, or a lack of adequate services.

Treatment for sufferers of anxiety and depression

There is also a need to improve the treatment provided for people with mild mental health disorders. Treatment of mild forms of depression and anxiety is largely seen as a job for the regular GP. GPs or other qualified healthcare and social personnel within local health services – perhaps in collaboration with the specialist health services – ought to be able to offer treatment with a proven effect when it comes to reducing disease development and the likelihood of relapse. A good example is the Course on Coping with Depression (KID), a group programme which is currently being implemented into local authority health services. We need to make the programme better known and get it implemented and available throughout the country. Another good example is the "To Live a Better Life" course, which deals with help for self-help and self-development.

New knowledge is continually developing on what is a good and effective form or treatment, and it is important to ensure it is used. The Norwegian Directorate of Health is working on updating national guidelines within a range of areas, and the significance of this for mental health and the importance of always thinking about work early in the treatment will be handled in this process. Implementation of the guidelines must be done in collaboration with regional health agencies, the Norwegian Association of Local and Regional Authorities (KS) / the local authorities and relevant trade union organisations.

To stimulate the refinement and dissemination of treatment methods with proven effect, the government proposes to allocate stimulation funds, cf. measure 1.c in the appended action plan.

There is also reference to health services for people on sick leave with minor mental disorders, which is part of the Memorandum of Understanding for a more inclusive workplace. Furthermore, there is reference to ongoing improvement of the Work Proficiency Follow-up Programme and implementation and dissemination of low-threshold provision of services under Where There's a Will, cf. measures 2.1.c and 2.1.b in the appended action plan.

The role of the Occupational Health Service

The Occupational Health Service is a health and safety initiative to implement preventive measures in companies, which is a vital resource for developing health-promoting, preventive and rehabilitation-related measures in the workplace, with its working environment and health competence. Its main task is preventive working environment work, and the services have tasks related to ongoing definition, preventive measures, monitoring and checking employee health in relation to circumstances at work, and helping to adapt work for individuals, and provid-

ing information and training and internal rehabilitation.

In connection with the new legislation which defines and clarifies the requirements for following-up people on sick leave, cf. Gvt. Bill no. 6 (2006-2007), the Occupational Health Service (OHS) is also designated especially as having a role to play. A new forum has been established in the form of a mandatory dialogue meeting between employer and employee no later than 12 weeks after the latter has gone on sick leave. In companies that have an OHS, the OHS must take part in dialogue meetings because the companies that are obliged to have an OHS must ensure that it helps adapt the work performed by each employee and at company level. This has now been specified as participation in preparing and monitoring a follow-up plan for each employee on sick leave etc. Further requirements apply if the employer and employee, or the latter alone, wants a professional able to grant sick leave such as a doctor present at the meeting.

This also requires close follow-up of the person on sick leave by several bodies up to the 6 month meeting, which NAV is obliged to hold.

4.4 Competence, networks, information and attitudes

It is important to meet individual needs as a group and for individuals. The government therefore wants to boost competence within the workplace and public services to give a more focused provision of services to people with mental disorders. Better information is also needed amongst other bodies and the public in general.

Measures:

To support employers with knowledge within the field of work and mental health, a pack of courses will be developed on mental health in the workplace. User organisations and the social (labour market) partners will be invited to collaborate on developing the courses. The pack will include provision of services to all types of companies, cf. measure 4.1.a in the appended action plan.

A module-based competence improvement model for NAV, the social services and health services etc will be prepared, cf. measure 4.1.b in the appended action plan.

The need to set up a separate specialisation in clinical occupational psychology will be studied, cf. measure 4.1.c in the appended action plan.

To achieve greater openness and better information on mental disorders and work, a special communication strategy will be prepared, including an information service in collaboration between the Norwegian Directorate of Health, NAV, user organisations and the parties from the workplace, cf. measures 4.2.1 and 4.2.2 in the appended action plan.

The workplace and the public

The need for more awareness of mental disorders in the workplace is documented in a questionnaire-based study commissioned by the Council for Mental Health. Amongst managers and personnel managers in business, 9 out of 10 stated they had limited knowledge of mental disorders and the workplace.

High awareness of how mental disorders can best be prevented in the workplace is essential. We have primarily focused on general preventive measures in Norway, rather than individually-focused measures in the workplace – even though studies indicate that the latter can be the most effective. Representatives of the social (labour market) partners have also indicated the importance of focusing on the individual and the workplace as a forum. Studies have shown there is a need for focusing on attitudes amongst employers and in a survey from 2004 (MMI for the Council for Mental Health) a third of business leaders asked

stated that they will not employ anyone who has been, is or may become mentally ill. NAV's experience with employers also indicates that the will is there, if they are given access to knowledge, the means, follow-up and support along the way when required. The means provided in the strategy will support this.

To prevent such factors as stigmatisation, there is also a need to provide information to the general public in addition to those in the workplace.

The public services

To build up a common competence platform in the public services, which can collaborate with and about the users on work and mental health, a joint module-based course is proposed to boost competence and network-building for NAV, the social and health services.

Competence-building must be designed to also help build up the network which will be important to ongoing collaboration between the services and service providers.

Raising public service awareness of the tasks, services and decision-making process, on the significance of work for individuals and what is needed to be able to function at work is important. There is a need particularly in the health sector for strengthening competence when it comes to work and awareness of the demands of the workplace and work-related services, whilst NAV needs access to competence to identify mental disorders and specific dysfunctionality problems.

Awareness and significance of work for people with mental disorders varies in the primary and specialist health services and healthcare personnel must be able to ensure that sick leave includes content that will increase the likelihood of a return to work (Sick Leave Committee). In addition to treatment and rehabilitation, health care personnel need to provide motivation for contact to the workplace and collaboration with employers. Thinking in terms of work-integration measures is also important, even though the road to the workplace can be long.

NAV's ability and opportunities to provide support depend on basic understanding of mental health issues, good communication skills and an inclusive, attentive attitude focusing on the potential and options for the individual. To avoid measures becoming fragmented and uncoordinated, close coordination is needed between employers, employees, labour and welfare services and treatment provision at individual and system level.

Increasing the competence of social and health care personnel on the significance of work for people with mental disorders will also be vital. To increase awareness, the theme should be promoted in the basic training of doctors, psychologists and other health and social workers. A strong rehabilitation perspective is also needed, including work-related rehabilitation. The same applies to relevant specialisations and further / continuing education. Work on this aspect must be seen in the context of how many courses focus on the intentions of the Escalation Plan for Mental Health when it comes to users and coping with work. The Norwegian Directorate of Health is responsible for this in collaboration with the Ministry of Health and Care Services, the Ministry of Education and Research, universities and colleges, relevant trade unions and user organisations. This is a wide-ranging project which needs to be started, and which will run over several years, including focus on changes in educational plans and format.

4.5. Knowledge, research and development

Measures:
More research is needed in the field of work and mental health. Research and development (R&D) is therefore needed to support the strategy for work and mental health. Execution will be in the form of collaboration between various centres of expertise and research institutions, and the theme and direction will be defined in line with a planned initial review of literature, knowledge summation for the field and a start-up seminar, cf. measure 5.1 in the appended action plan.

Experience from the work done in Where There's a Will showed that broad and long-term effort is needed on knowledge generation within the field of work and mental health. There is some know-how including research within the field in other countries, but we still need to boost both aspects nationally and internationally.

R&D in the field as proposed here is not covered by the Norwegian Research Council's "Programme for Mental Health 2006 – 2010" or "Evaluation of Escalation Plan for Mental Health".

Research must be part of a maintenance programme and learning process. A continuous process is needed using new knowledge and experience and to ensure that such know-how is spread and its practice adapted.

We need to gain a better overview of and systemise relevant knowledge and experience from the field from Norway, Scandinavia and other countries it is natural to compare ourselves with. The same applies to examples of collaboration, methodology and treatment that are effective, which can be disseminated and implemented. Furthermore, we need regular knowledge summation within the field and to disseminate and implement know-how and research.

5. Financial and administrative consequences

The strategy measures will be financed through the budget for the Escalation Plan for Mental Health, perhaps by reallocating funds transferred from the NAV budget for the Escalation Plan.

Reporting on the campaign (including individual measures, results and resource consumption) will be separate.

Funds will be allocated for evaluation and individual measures within the strategy.

Part II
Action plan with measures

Detailed description of individual tools

1. **Collaboration and coordination**
2. **User involvement and self-help**
3. **Measures and services**
4. **Competence, networks, information and attitudes**
5. **Knowledge, research and development**

1. Collaboration and co-ordination

Collaboration and coordination within and between the agencies and other parties will be essential for giving people with mental disorders the help they need when they need it. Self-help can be a major tool to enable individual professional helpers to be better equipped for coordination and collaboration. To improve coordination and collaboration between NAV and the health sector in particular and with other relevant sectors in general, the government proposes:

Measure 1.a Establishment of guidance and follow-up guides at NAV offices

Several pilot projects in Where There's a Will tested models which facilitate locally-coordinated support for people with mental disorders on the way into the job market and who were in danger of dropping out. Collaboration between NAV, local authorities and District Psychiatric Centres (DPC) and the workplace were tried out especially in Oslo. There was close collaboration in Bergen between the health service, initiators and the workplace on open-door projects which could be used by all types of users with mental disorders, either early in disease onset (from DPC) or long-term sufferers in the public services (e.g. from local authorities or NAV).

Users with mental problems/disorders, including those with mental disorders and substance abuse problems, have tended to easily drop out of the public service and fall between different services, given their particular problems.

They need to be able to combine training/work experience or activation with treatment. Experience collected from case officers and the Where There's a Will projects showed there is a need for continuous guidance and follow-up in this group. The guides must provide support in labour market schemes, but their function is just as important in relation to local mental health services, the District Psychiatric Centre and other treatment provision. The guides can also act as a link to the education system for young people, to identify individual solutions for treatment, school and work. Many of them will need support over the long term and continuous contact will be important.

The need for a guide function for people with mental disorders was perhaps the most important thing to come out of the Where There's a Will projects. The guide function at NAV offices will not be able to undertake such a wide-ranging and specialist support role. Given that coordination of public support is a vital element of the guide function, they must be employed in one of the new public sector systems contributing to rehabilitation. To be able to fulfil such user needs between NAV, affiliated services and the workplace in a flexible and individual manner, the creation of an earmarked management position at each NAV office is proposed, in those towns covered by the current Big City Drive. Such guides will work directly with individual users, measure-providers and bodies. (See also proposal on low-threshold services linked to the guide function in item 2.1.b.)

Responsibility: The Directorate of Labour and Welfare

Timeframe: 2008-2012

Measure 1.b Refinement of NAV coordinators for work and mental health. Purpose: Maintain, refine and apply continued focus on collaboration field mental health and work

One success factor for Where There's a Will is dedicated personnel at central level and in all regions, who will work systematically and coordinate specialist efforts to follow up on the work-related element of the Escalation Plan for Mental Health. These functions have also created important collaboration forums between NAV and other public services.

Collaboration between NAV and the health services is complicated and at several different levels between the services. It is believed necessary to continue to have earmarked specialists to follow up on overall collaboration between the regions and a vital aspect will be working towards a common user perspective and focus on user involvement within the public services.

The Escalation Plan and strategy will generate tasks which need input and coordination both centrally and regionally. Experience gained from Where There's a Will showed that this is a criterion in the long run to succeed with reinforcing the field of work and mental health. That is why it is desirable to retain NAV's coordinators. A vital aspect will also be to transfer competence from the Big City Drive to guidance and follow-up guides.

Responsibility: The Directorate of Labour and Welfare

Timeframe: 2008 – 2012

Measure 1.c Stimulation funds for the following areas: 1. Collaboration and coordination, 2. Measures and services and 3. Competence and network

To stimulate more effort for work and mental health, there will be a fund for distribution amongst areas where stimulation is particularly desirable. This can be within collaboration and coordination, such as preparing Individual Plans, increased collaboration with regular GPs to stimulate the dissemination of good collaboration models between NAV, the workplace and the health services, combined follow-up and treatment models, models and methods for inclusion of people with severe disorders and the need for long-term and coordinated support etc.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health

Timeframe: From 2008. Scheme to be assessed in 2010.

2. User involvement and self-help

Self-help methodology is a vital supplement or alternative to treatment for many sufferers who need to improve their mental health, and experience shows that this is a good way to work to promote work proficiency and participation. The self-help perspective will therefore be included in training provision.

"Personnel with User Experience" (MB) has been tried with good results in the Big City Drive and Where There's a Will in Bergen. This is a model which can be used several places, in NAV, the health and social sector etc, to gain real user involvement and influence. The government will therefore facilitate the following training provision:

Measure 2.a Training in user competence – a course with a prospect of employment as Personnel with User Experience (MB)

The MB model comes from Århus, which has implemented in a successful qualification / dissemination project under Where There's a Will, Big City Drive in Bergen. 12 of the first group of 15 completed the course, and were all offered work in the public sector.

MB training will qualify previous users of the mental health services / local authority services for work in companies or organisations which provide services to people with mental disorders. The advantage is that the public services benefit from user competence brought by people who have suffered a mental disease themselves, and that this is a supplement to other competencies. It will enable such personnel to use their own experience in the best possible manner to help build bridges between healthy and sick, specialist and user and to contribute to genuine user influence. They will also be good role models for users and contribute to increased understanding between employees and to develop more user-oriented services.

MB methodology can be disseminated as a service to the regions who want to try the model. Close collaboration is needed between NAV, initiators, the local authority, health services and interested employers to ensure practice and transition to paid employment. This will have to be agreed before the qualification programme is launched.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health

Timeframe: 2008 and onwards

Measure 2.b Stimulation funds for low-threshold work-related user initiatives in the local authorities

To promote the development of low-threshold motivation and work proficiency initiatives, funds will be allocated which can support or lead to more work-related provision of services for individuals. The funds will stimulate the local authorities to set up low-threshold services with a high degree of user involvement, including Fontenehus. The state will grant funds for a limited period providing the local authority takes part right from the start and undertakes to carry on when state support expires.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health

Timeframe: 2008 – 2012

3. Measures and services

Services and treatment provision must match the needs of the population as far as possible and be of good quality. There is an overall need for a wide spectrum of services to chose from, from low-threshold and unique self-help and proficiency measures, to specialised labour market and treatment services. The government proposes the following measures to supplement current services for people with mental disorders to increase inclusion in the workplace.

3.1. The workplace as a forum

Measure 3.1.a "The State Shows the Way" – appointing personnel with variable or reduced ability to work

The public sector is encouraged to include people with variable or reduced ability to work as employees. The state is working on including several informational measures and services such as follow-up, practical experience and wage subsidies to help people with mental disorders or problems.

The pilot scheme with open-ended wage subsidy can also be relevant to support this target group and the state will consider launching a separate project for public sector employers in the five pilot regions, based on section 9 of the Civil Servants Act.

In time, this may increase the number of people with mental disorders in the general workplace. The project should be seen in the context of measure 4.1.a.

Responsibility: The Ministry of Government Administration and Reform and the Ministry of Labour and Social Inclusion

Timeframe: 2007 – 2011

Measure 3.1.b Implementation and dissemination of low-threshold services from Where There's a Will

Where There's a Will has tested various forms of low-threshold services for users who need to start with a cautious trial return to work. Various course variants with a low threshold have been implemented under Where There's a Will - Big City Drive and with good effect. These are provisions for people who have dropped out of school or the workplace due to mental problems / crises. Such courses have focused on coping with work, elements of occupational definition with the emphasis on training and work experience in the workplace.

A revised version of a low-threshold course must be implemented as a provision for users linked to local guidance and follow-up guides at NAV offices. Courses will be a supplement to the services offered by the proposed guidance and follow-up guides .

Responsibility: The Directorate of Labour and Welfare

Timeframe: 2008 – 2012

Measure 3.1.c Work Proficiency Follow-up Programme – method for cut-off point between treatment and occupational rehabilitation. Development projects

People with mental disorders – including those with substance abuse problems – can experience situations in schemes or jobs which challenge them in such a way that their job or occupational rehabilitation is at risk. Colleagues, guides from NAV or initiators will often not be aware of the difficulties which can be experienced.

The definition work performed in Where There's a Will profiled a major need for follow-up which can ensure employees / applicants can cope with work. Some people with mental disorders will need long-term support.

The method used in the Work Proficiency Follow-up Programme is taken from Individual Placement and Support (IPS). IPS is based on a model with close individual follow-up in the rehabilitation process and parallelism and integration between treatment and rehabilitation.

The Work Proficiency Follow-up Programme should thus be a mobile, multidisciplinary service for people with mental disorders who need acute follow-up and treatment in relation to labour market initiatives or work, to maintain focus on acquiring work proficiency.

Two pilot schemes were set up under Where There's a Will in Østfold and Oslo on method development based on work proficiency methodology. The target group is people with work-related problems linked to psychiatric symptoms, and for whom symptom-based treatment / support is deemed to be decisive for their ability to return to work or prevent them being excluded from the workplace. Efforts are aimed at developing methodology, specialist content, collaboration models and defining the boundary between the Work Proficiency Follow-up Programme and treatment.

The Work Proficiency Follow-up Programme is deemed to be very promising for the target group on the cusp between treatment and occupational rehabilitation / follow-up. It will however be necessary to obtain more background experience of this especially for the collaboration between NAV and the health services. Clarification of responsibility, roles and competences before, during and after the project will be a vital element of the pilot scheme. The guidance and follow-up guides will be vital in this aspect, cf. measure 1.a. Work Proficiency Follow-up Programme pilot schemes will be evaluated, and an extension with the addition of 6-8 regions giving a total of 8-10 regions is proposed.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health

Timeframe: 2008 – 2011 and onwards on a permanent basis

Measure 3.1.d Flexible work experience in ordinary and sheltered workplaces

NAV's workplace provision for people with variable or reduced ability to work is often a graduated process starting off in the sheltered sector, to progress to ordinary employment. Research has shown that many people with mental disorders express a wish to try working in an ordinary workplace as early as possible, perhaps combined with sheltered work experience.

Where There's a Will – Big City Drive developed a model to combine work experience in sheltered and ordinary workplaces and with variation between ordinary and sheltered practical experience as required. Oslo and Trondheim collaborated with the Big City Drive, initiators and private employers, with positive results. The model provided flexibility, yet fulfilled user needs for stability and security during work experience.

The pilot schemes in Trondheim and Oslo will be extended to several regions. The documented need for greater flexibility between use of sheltered and ordinary workplaces for work experience will be followed-up by initiators using external bases for work training, i.e. agreements with ordinary companies for a range of practical experience places, and the supervisor providing support for the user/employee and employer as required. When transition to work and placement with an employer with a view to long term work occurs, the person will be transferred to Subsidised Work. To smoothen the transition, the schemes should collaborate during the transition phase to ensure maximum security for the user.

Responsibility: The Directorate of Labour and Welfare

Timeframe: 2008 – 2009

3.2. Education and work

Evaluations have shown that training measures give a relatively poorer effect for people with mental disorders than for those with variable or reduced ability to work. This is despite the former being able to make better use of this type of measure than the latter (Telemark study report 6, 2005). The government proposes expansion of the "Supported Education" pilot scheme from Where There's a Will, to collect experience with provision of better support during studying.

Measure 3.2.a Supported Education – pilot scheme

Provision will be based on experience gathered from "Supported Education" (Big City Drive, Bergen), and "Supported Education" in general. People with varied or reduced ability to work during training will be offered better support when starting a course, during studies and when transiting into work.

Supported Education (SMS) in Bergen is a collaboration with Lies Korevaar in Holland, which is the leader of the "ImpulSE project", "Supported Education for people with mental disorders". This is an EU project with sub-projects in several other countries.

SMS is a follow-up programme for people with mental disorders who want to take higher education. The idea comes from the USA, where the Supported Education programme was developed.

The programme is broken down into two sections:

1. A preparation programme which prepares students to take the higher education course, and choose their subjects.
2. The support programme, which will support each individual student according to needs. The aim is that individuals should be able to achieve their study targets and make integration into the student environment easier. Support is mainly provided on an individual level, but can also be provided for groups. The programme personnel shall also help students transit between studying and work.

The project will be expanded, and offered to NAV users in the biggest educational institutions.

Responsibility: NAV in collaboration with central and regional / local agencies, student organisations, universities and colleges, the Directorate of Labour and Welfare and the Norwegian Directorate of Health.

Timeframe: Start 2007 – 2008.
To be assessed in 2011.

4. Competence, networks, information and attitudes

4.1. Competence and networks

Studies of business leaders show that more information is needed when it comes to accommodating employees with mental disorders or problems. For the investment in work and mental health to succeed, employees in the social services need the correct competences for the work they do. Experience from Where There's a Will showed that competence is needed for working with work and mental health Network-building is also important, as it can help the various bodies involved become aware of each other's procedures and provisions. The government will therefore propose:

Measure 4.1.a Course pack on mental health for the workplace

To contribute to prevention and support the workplace, a package of courses will be developed on mental health in the workplace. It will also therefore touch on addiction issues and other problems which may often occur along with psychiatric problems. User organisations and the social (labour market) partners will be invited to collaborate on developing the courses and form an editorial group. The pack will be on open offer

to the various types of organisation involved and consist of two independent modules.

A. The "Work and Mental Health" element can be offered via a company's web-based training on the working environment and HSE. Content will be seen in the context of current projects within the area.

B. A module-based course on the handling of crises and coping with stress will be developed, aimed at different groups in the workplace.

Administration (implementation and maintenance of course element B will be assessed by the NAV workplace centres / regional level when the course is fully developed.

Responsibility: The Directorate of Labour and Welfare and the Norwegian Directorate of Health in collaboration with the Directorate of Labour Inspection.

Timeframe: 2008 - 2012

Measure 4.1.b Competence boosting and network-building within NAV, the social and health services etc.

A module-based competence-boosting model is proposed for NAV, the social and health services etc. This model will ensure that all employees of such services and other public services helping people with mental disorders can make the most of their ability to work and those responsible for helping prevent employees dropping out of the workplace are given a common base of knowledge within the field of work and mental health.

Using and exploiting Individual Plans will be a consistent theme of training at all levels. Awareness of roles, content and organisation of the various services, acts and regulations, Individual Plans, coordination and collaboration are often necessary to ensure good collaboration around individuals. Training shall contribute to common language and understanding of central concepts and designations and common competence-boosting shall also help in network-building and collaboration.

A vital perspective will be strengthening the work perspective amongst mental health workers, bridge-building between NAV, the social and health services. Modules will also be possible on preventive work for businesses, and how to guide employers in the workplace.

The training courses must be developed in collaboration with the various disciplines and offered to anyone working with the target group at grass roots level. The competence-boosting model must be an integral part of other training in the various agencies.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health and the Directorate of Labour Inspection.

Timeframe: Start-up 2007 (development). Maintenance from 2008 up to 2012.

Measure 4.1.c Study the need to set up a separate specialisation in clinical occupational psychology

Whether a clinic specialising in occupational psychology is needed will be evaluated in the context of occupational medicine and rehabilitation, and with representatives from these plus the Norwegian Psychology Association.

Responsibility: The Norwegian Directorate of Health and the Norwegian Psychology Association. Disciplines within occupational medicine and rehabilitation will be involved.

Timeframe: To be assessed between 2008 – 2010

4.2. Information and attitudes

We need to boost the information and communication on opportunities and provisions which can help people with mental disorders to be included in the workplace and to avoid exclusion. The government proposes a communication strategy, linked to the strategy for work and mental health, which can include exchanging and disseminating knowledge and research, cf. item 4. An information service will also be created based on the websites of the Directorate of Labour and Welfare and the Norwegian Directorate of Health.

Measure 4.2.1 Communications Strategy

The Directorate of Labour and Welfare and the Norwegian Directorate of Health will jointly develop a communication strategy that can be seen in the context of the Labour, Welfare and Inclusion Report, the Memorandum of Understanding for a more inclusive workplace and proposals from the Sick Leave Committee. The Directorate of Labour Inspection and the Council for Mental Health will be invited to collaborate. Planning and execution must be in collaboration with the social (labour market) partners and representatives from other target groups.

Main aim:

- To normalise having a mental disorder or problem, and to spread awareness of the importance of work for mental health
- To increase awareness of the provisions on offer and to help people with mental disorders and problems to get into the workplace and prevent exclusion

Target groups:

- Senior managers, HSE managers, safety representatives, union representatives and the occupational health services
- NAV, incl. the social services
- Local health services, including local medical officer and regular GPs
- District Psychiatric Centres, contractual specialists and the psychiatric health service in general
- The general public, patients and users of NAV and the health services

Means:

- Media strategy
- Information materials
- Websites (Directorate of Labour and Welfare and the Norwegian Directorate of Health
- Public relations
- Mass communication if needed

Responsibility: The Directorate of Labour and Welfare and the Norwegian Directorate of Health in collaboration with the Directorate of Labour Inspection and the Council for Mental Health. Collaboration with the workplace, the regional health authorities and the Norwegian Association of Local and Regional Authorities (KS). An editorial / collaboration group will be set up headed by the Norwegian Directorate of Health.

Timeframe: 2007 and onwards

Measure 4.2.2 Information service

NAV is responsible for relevant information on its own services, rules and procedures being updated and easily accessible to the public, workplaces and public services, at www.nav.no. The Norwegian Directorate of Health has similar responsibility towards the public and treatment and public services at www.helsedir.no.

The Directorates will have links to each other and to other relevant stakeholders responsible for or charged with tasks within work and mental health, e.g. the Directorate of Labour Inspection, the Workplace Hotline run by Mental Health in collaboration with the Directorate, the "Work Without Bullying" project under the Directorate of Labour Inspection and the Council for Mental Health.

To develop the websites within work and mental health, and to make them more user-friendly, an interdisciplinary editorial group has been set up in which the social (labour market) partners, the Council for Mental Health and Mental Health have been invited to join.

Responsibility: Directorate of Labour and Welfare and the Norwegian Directorate of Health for their websites. Other stakeholders will be responsible for their websites.

Timeframe: 2007 and onwards

5. Knowledge, research and development

We need a better overview of relevant knowledge and experience from Norway, Scandinavia and other countries, and to make this knowledge more widely known. Similarly, there are many areas which need more knowledge and research. Various measures are therefore proposed to contribute to definition, systemisation and dissemination of knowledge and experience and to promote research in areas where the need is greatest. The communication strategy of measure 4.2.1 shall also include collaboration on the exchange and dissemination of knowledge and experience within the field. This must be seen in the context of what the knowledge research institutions and other competence-owners are responsible for. We refer to the establishment of national research forums for research within habilitation and rehabilitation. The government proposes:

Measure 5.1 Knowledge, research and development within the area of work and mental health

We need a literature review of the field of work and mental health which will assess the relevant studies at home and abroad. The review should be seen in the context of existing knowledge summaries and literature overviews in the field.

More research is also needed in the field of work and mental health. Current research forums will therefore be invited to a seminar as part of the assessment and prioritisation of further research and development efforts. R&D in collaboration between the various research forums will be the aim and the literature review will form part of the decision-making basis on which the work will be based.

Based on current knowledge of the area, it will be relevant for example to analyse why more young people are suffering from mental disorders, and what can be done to prevent them dropping out of school and the workplace. Nor do we know much about the factors which contribute to people with mental disorders being taken in to a business, being employed and retaining their job. It will be relevant here to look at workplace criteria and expectations, and those of individual jobseekers and employees.

The Report to Storting on Work, Welfare and Inclusion highlights assessment of ability to work as a method of determining the abilities of an individual, and their options in the workplace. To do so for a person with mental disorders can however be difficult, which means there may be a need for more knowledge to be able to define methodical tools for assessing this group.

The intention is that R&D work will support the content of the strategy, and contribute to the refinement and improvement of public service efforts in this area.

Responsibility: The Ministry of Health and Care Services and Ministry of Labour and Social Inclusion in collaboration with the Directorate of Labour and Welfare, the Norwegian Directorate of Health and Directorate of Labour Inspection.

Timeframe: 2007 – 20012

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