



Masto project

to reduce depression-related work disability





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“A main cause of people leaving working life early is work disability due to depression. The Masto project focuses on people’s ability to cope with and reintegrate in working life. If we can reduce by half the uptake of depression-related disability pensions, the average age at which people retire would increase some six months. The Masto project is above all a common effort, and I am glad that the main actors concerned are firmly committed to reaching its goals.”

Aiming to prolong working life

In recent years the need to prolong people’s working life has featured prominently in public discussion in Finland. Work disability is a major reason why people leave working life early, before retirement age. A major cause of this is work disability caused by depression.

One of the targets of Finnish social policy over the past decade or so has been to improve people’s ability to remain in employment. Recently, the Finnish government, together with the social partners, set the aim of ensuring an increase in working life of three years by 2025. This is being done partly by making working life more attractive, and partly by upgrading people’s capacity to manage in and return to working life.

This goal of extending working life is also a central element in the reform of social protection, in judging the functionality of the pension system and in the development of the service system in Finland.

Depression has a marked impact on people’s working capacity in Finland. The incidence of depression related disability has increased over the last 20 years, in part reflecting changes in the living, working and psychosocial environment. But it also reflects the need to develop care and rehabilitation.

In an effort to prevent depression and reduce depression-related work disability in Finland, the Ministry of Social Affairs and Health launched the Masto project in November 2007. The project will run until spring 2011.





The Masto project supports people's ability to manage in working life and to return to employment.

The Masto project promotes:

- practices increasing wellbeing at work
- early support in tackling workability problems
- good treatment for depression, and rehabilitation.

The Masto project involves key administrative sectors, social partners and the third sector. The project is targeted at both people in working life and people who are unemployed.

The project is taking place within the wider context of the Ministry of Social Affairs and Health improving the mental health and wellbeing of children and young people, and to improve their chances of successfully entering, and remaining in, working life. Efforts are underway to prevent mental health problems among children and youth, and for identifying problems and providing help at an early stage before they transmute into social exclusion and the loss of working capacity.

Depression and disability

Periods of sick leave and the incidence of disability pensions due to depression have nearly doubled since the end of the 1990s. In 2008 numbers of people starting on disability pensions due to depression started to decline over the previous year. In 2008 altogether 4,480 people in Finland took depression-related disability pension, while the number for 2007 was 4,600. At the end of the 2008, there were altogether 38,000 people on disability pension due to depression, which is 14% of all disability pensions.

Expenditure on disability pensions related to depression was almost € 500 million in 2008, while sickness benefits reached € 110 million.

Each year there are over 200 000 people, which is about 6% of all working aged people in Finland, suffering from depression.

Supporting the mental health and working capacity of working aged people

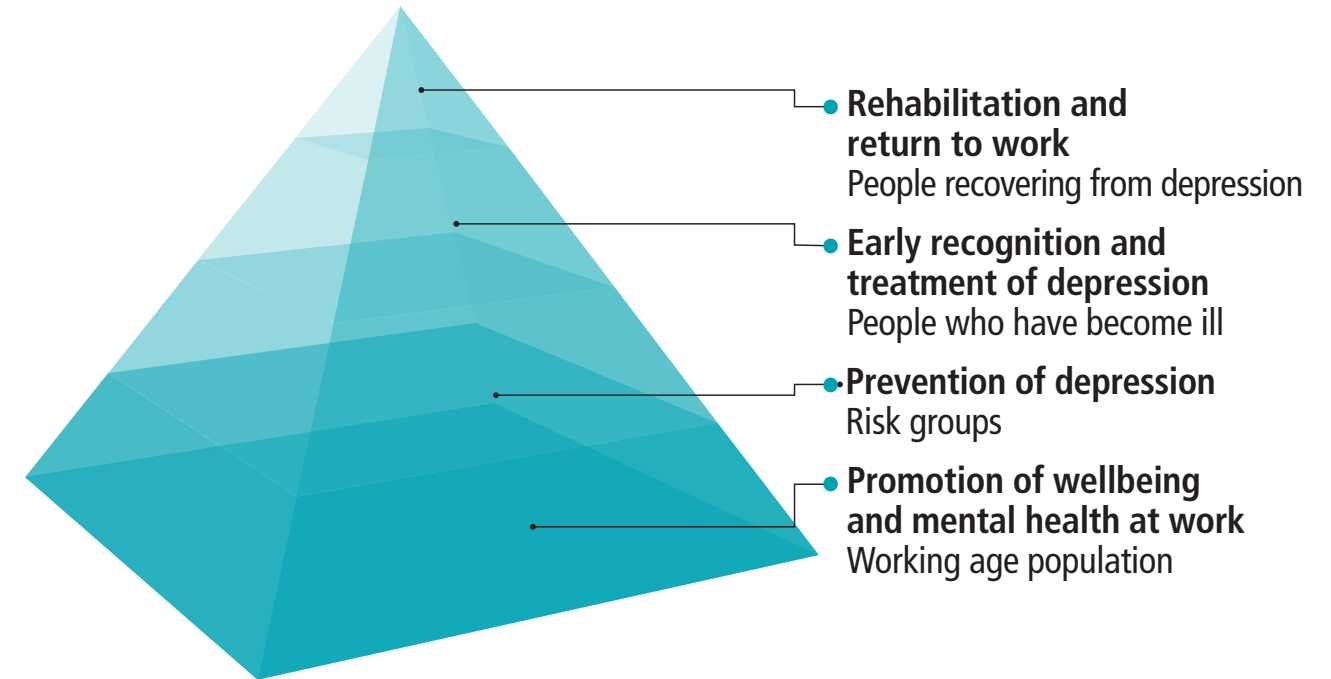
In promoting wellbeing at work, the Masto project involves mental health themes in the training of occupational safety and health personnel, workplace supervisors and management training. The aim is that workplaces use early intervention schemes to safeguard working capacity and provide assistance for people returning to employment.

A special purpose of the project is to promote collaboration between various actors and affect changes in dominant trends and customs.

The Masto project's key areas of focus are to support the treatment of depression at the level of primary health care and to increase the use of vocational rehabilitation. It is important that there is close collaboration between workplaces, occupational health services and psychiatry. Workplace conditions and demands of people suffering from depression need to be taken into account while planning treatment and rehabilitation.



The Masto project's four levels of target groups and themes



Jointly agreed practices for working places

Occupational health promotion and attention to wellbeing at work improve people's wellbeing and company productivity.

The mental wellbeing of employees is better in the sorts of jobs where the demands are reasonable, and in which employees are able to exert an influence. In addition, good workplace relations, fair and equal treatment, a good working atmosphere and support from one's superiors and colleagues all help strengthen mental health.

It is important in the workplace and in occupational health services to tackle problems at an early stage that pose a threat to employees' working capacity. The earlier support is on hand concerning problems in carrying out work, the better the prerequisites for being able to manage at work. Workplace collaborative activity for early support and models for returning to work buttress the ability of employees who have suffered from mental health and substance abuse problems to remain in employment and to succeed in returning to work.



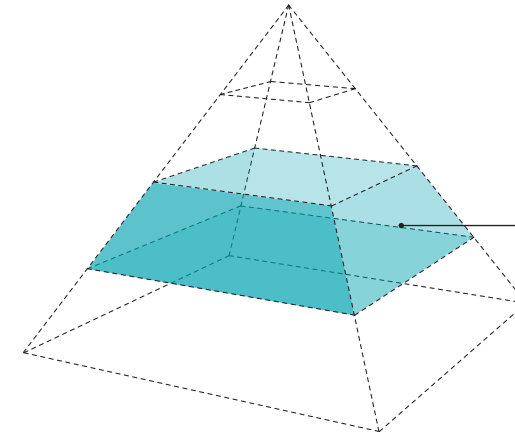
Good workplace relations, fair and equal treatment, a good working atmosphere and support from one's superiors and colleagues all help reinforce mental health.

Prevention for risk groups

People at risk of depression include those who have been ill for long periods and those who are heavy drinkers. There are also other problems that people face that can raise the level of risk of depression. They include difficulties in intimate relationships, long-term workplace bullying, occupational burnout and unemployment.

In such cases, pre-emptive measures against depression should be directed at people in risk groups, even if they have not exhibited symptoms of depression. Psychosocial support as part of the treatment and care of people who have been ill for long periods are a part of the range of measures to prevent depression. The prevention of depression can also constitute brief interventions to stop heavy drinking. Stress management methods, peer support and exercise also play a role in helping prevent depression.

Depression prevention measures for people who already experience the symptoms of depression above all concern psychoeducational group interventions.



Stress management methods, peer support and exercise play a role in helping prevent depression.

Treating depression is worthwhile and works

The challenges involved in reducing depression-related working incapacity in particular concern the early recognition of depression and accurate diagnosis, as well as active early treatment and care that supports working and functional capacity.

There need to be sufficient efforts to affect the situation of those who become ill already at the point where depression has not yet taken a serious toll on their long term working and functional capacity. It is possible to recover from depression and regain working capacity using various forms of treatment and rehabilitation.

The majority of people of working age who suffer from depression can be treated through primary health care services – at health centres or by student and occupational health services. The success of treatment requires psychosocial and psychotherapeutic support during the initial stages of care and treatment, as well as flexible psychiatric consultations. If needed, treatment can be supplemented by specialist mental health services.

It is possible to recover from depression and regain working capacity using varied forms of treatment and rehabilitation.



The seamless collaboration between workplaces, occupational health care and rehabilitation arrangements offer the opportunity for people to return securely to working life.

Rehabilitation and return to work

Depression almost always results in some form of diminished working capacity. Work incapacity due to depression is not always relieved as quickly as depressive symptoms themselves.

One's working capacity may still be vulnerable several weeks after the other depressive symptoms have lifted.

People recovering from depression must have the opportunity to return to work gradually. Returning to work can be facilitated using part-time sickness leave or vocational rehabilitation. The seamless collaboration between workplaces, occupational health services and rehabilitation arrangements offer the opportunity for people to return securely to working life. By strengthening the coordinating role of occupational health services, it is possible to reduce unnecessarily prolonged sickness absenteeism and early retirement.



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The Ministry for Social Affairs and Health is running the Masto project to reduce depression-related work disability. The project was started in November 2007 and will continue until 2011. It involves a range of administrative sectors, social partners and the third sector organizations.

The Masto project comprises 20 sub-projects and measures, which are being carried out by the organizations involved in the project. There is further information, including in English, on the programme's action plan and how it is being implemented on the project website www.tartumasennukseen.fi.