



Implementation of a comprehensive intervention for workplace mental health: lessons arned

Roosmarijn M.C. Schelvis ^{1, 2, 3} Wellbeing at Work conference 2016, Am

Thread 1: reduce risks
Thread 2: promote positive work aspects

¹ Netherlands Organization for Applied Scientific Research TNO, Leiden, The Netherlands

² Body@Work, Research Center on Physical Activity, Work and Health, TNO-VU/VUmc, The Netherlands

³ Department of Public and Occupational Health, the EMGO+ Institute for Health and Care Research, VU University Medical Center, Amsterdam, The Netherlands







What my friends think I do









What my mother thinks I do





What my friends think I do



What my mother thinks I do



What society thinks I do





What my friends think I do



What my mother thinks I do



What society thinks I do



What my students think I do





What my friends think I do



What my mother thinks I do



What society thinks I do



What my students think I do



What I think I do





What my friends think I do



What my mother thinks I do



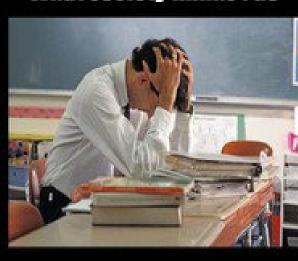
What society thinks I do



What my students think I do



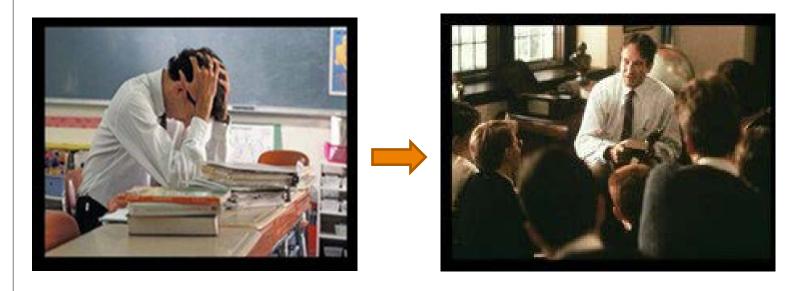
What I think I do



What I really do



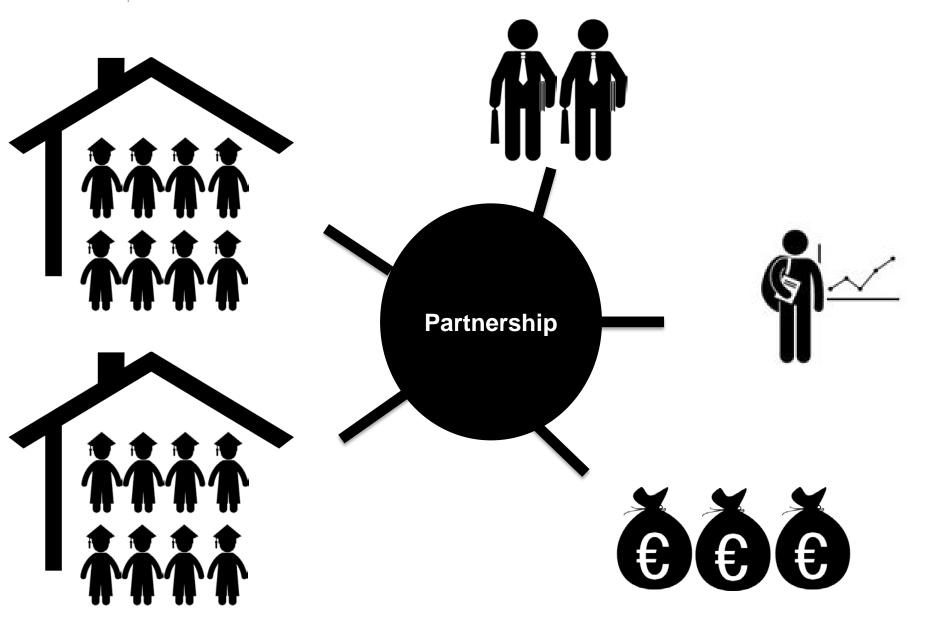
Aim of the study



To evaluate the effect of a participatory, organizational-level intervention aimed to reduce *need for recovery* and increase *vitality* in two vocational schools

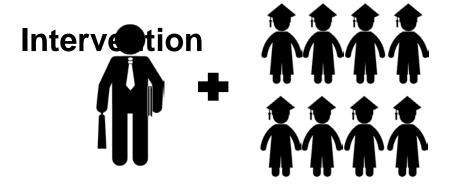




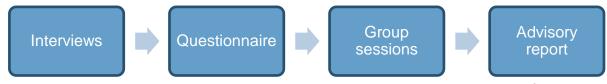








Phase 1: Needs assessment



Inadequate facilities

Ambivalent management control



Phase 2: Implementation

Bathroom for employees
Teacher/staff room

Coaching school director







Phase 2: Implementation



↑ occupational self-efficacy

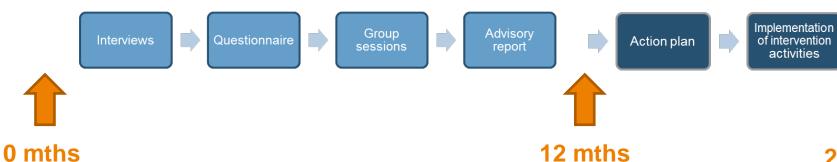
↓ need for recovery↑ vitality





Phase 1: Needs assessment

Phase 2: Implementation



24 mths













SURVEY

N = 356



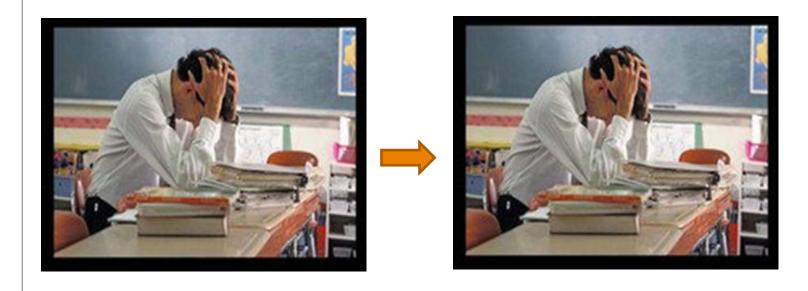
Intervention Mental models Context

(Nielsen & Randall, 2013) (Randall, Nielsen & Tvedt, 2009) (Steckler & Linnan, 2002)





Effect evaluation: results







Implementation failure?

- Process evaluation results phase 1
- In both schools...
 - The protocol was followed,
 - The target group was reached,
 - The target group was moderately satisfied,
 - and readiness for change was high.

"There's really something going to change now"

- > However...
 - the appraisal of process components differed significantly between the schools at T1, in favor of school A





Implementation failure?

- Process evaluation results phase 2
- Intervention
 - Actions were implemented in school A, not in school B
 - However, in both schools actions were not the right ones
- Mental models
 - On the time gap between communicated, resulting negative perception of th
- Context
 - Several events hindered

"And then we increasingly realized that the

"A spending cut has now been announced. This puts everything in a different light. 'Happy and healthy work' is now obsolete"

"It took a long time before anything happened and then everyone said that it was not necessary in this form."





Program failure?

- Differences in high versus low compliers in phase 1?
 - High compliers scored on average over time significantly higher on occupational self-efficacy than the control group
- Adjustments to intervention program
 - Ensure participation in phase 2
 - Verifiable translation of outcomes needs assessment to action plan





Take home message

- The story that is told matters
- Don't miss the 'window of opportunity'
- Look before you leap, management!

- Thanks for your attention!
 - > Roos.schelvis@tno.nl
 - www.tno.nl
 - www.bodyatwork.nl