

INTERVIEW

# Promoting mental health at work in Finland

Interview with Jaana Vastamäki  
Finnish Ministry of Social Affairs and Health, Helsinki, Finland

[Jaana.Vastamaki@gov.fi](mailto:Jaana.Vastamaki@gov.fi)



## About the interviewee

Jaana is a doctor of work and organizational psychology and works as a Senior Specialist in mental health and psychosocial workload at the Finnish Ministry of Social Affairs and Health. She leads the national Mental Health at Work Programme, which aims to reduce sickness absences related to mental health. Jaana's tasks also include development tasks related to mental health in work life together with institutions operating under the Ministry, drawing up national strategies, acting as an expert in legislative work, and various EU tasks.

## Abstract

This career path interview describes the work of an expert in work and organizational psychology in the Finnish central government at the Ministry of Social Affairs and Health. Research and policy are combined in the work of the Ministry's senior specialist. Mental health problems are a key factor causing sick leaves in Finnish work life and promoting mental health and preventing problems are a key objective that is promoted through various practical measures.

*Keywords:* mental health at work, psychosocial workload, workplace interventions, from research into policy and practice, evaluation, government, Finland

## The interview

**Roman:** *Welcome and thank you for taking the time for this interview, Jaana. Can you start by giving us an overview of your role in the ministry and your tasks?*

**Jaana:** I work as a Senior Specialist at the Finnish Ministry of Social Affairs and Health and my main tasks are promoting mental health in work life and managing psychosocial workload factors at workplaces. My tasks also include promoting the reconciliation of work and family life. I work in the Department for Work Life and Equality, and our department is responsible for occupational safety and health as well as well-being at work. The key tasks of government officers are determined in the current government programme. During this government term, I will lead the Mental Health at Work Programme and participate in the development of occupational health care.

Strategy work is also a key task for the Ministry. We have drawn up a National Mental Health Strategy (Ministry of Social Affairs and Health, 2020), Occupational Safety and Health Strategy (Ministry of Social Affairs and Health, 2024), and now we are working on a Working Life Development Strategy. The strategies guide not only the Ministry's own activities but also other national developments in the long term: the work of the agencies in the administrative branch, the work of the occupational safety and health authority, the work of the well-being services in counties and the work of the tripartite sector.

Stakeholder cooperation is an important part of my work. Important stakeholders include trade union confederations, social welfare and health care organisations, the Finnish Institute of Occupational Health, the Finnish Institute of Health and Welfare, and pension insurance companies. Finland is a member of the European Union, so I am also involved in many issues that fall within my area of responsibility or in shaping Finland's position. We also cooperate with the European Agency for Safety and Health at Work.

**Roman:** *What mental health issues are you currently focusing on? How are these issues identified and government programs determined?*

**Jaana:** The main concern is certainly about increasing sickness absences due to mental health disorders. Mental health disorders are clearly the main reason for Finns' long sickness absences. The growth has been strong in recent years especially in sickness absences due to anxiety disorders. It has been estimated that the costs of lost labour input related to sick leaves due to mental health reasons have nearly doubled over the past ten years (Social Insurance Institution of Finland, 2024). One third of employed persons retiring on disability pension are excluded from working life due to mental health problems - depression in particular (Finnish Centre for Pensions, 2024). Finland is a small nation, and we naturally have concerns about the sufficiency of labour. At the moment, the working-age population accounts for 62 % of the total population, but as a result of demographic change (ageing population and low birth rates), the proportion of the working-age population will decrease. That is why we pay particular attention to factors that may lead to early career breaks.

The objective of the current government programme is to reduce sickness absences due to mental health problems. A national Mental Health at Work Programme is under way. The programme is funded by the European Unions' Recovery and Resilience Fund. Preventive work at workplaces is at the core of the programme. We need to act before

someone gets sick and absent from work. In Finland, managing psychosocial workload is a statutory task of employers, but many employers still need more expertise in this task. Finland has statutory occupational health care, and it also plays an important role in supporting employees' work ability. In the Mental Health at Work Programme, we have produced easy, electronic tools for workplaces to identify and manage strain or to develop processes that support work ability in a preventive manner. The tools are also available in English (Finnish Institute of Occupational Health, 2024a).

The coping skills of young employees are currently a cause for concern. A current research project *How is Finland Doing* has shown that young people experience symptoms of burnout more often than older workers (Finnish Institute of Occupational Health, 2024b). The number of sick leaves among young people has also increased rapidly, especially due to anxiety. This is why the Mental Health at Work Programme focuses on supporting young employees and helps their supervisors to identify the needs of young people. The transition from vocational education to work life is a sensitive phase, which is why we also work with secondary level education providers.

It is also important to increase inclusion in society so that people with partial work ability can also participate in working life. Cooperation between the workplace and occupational health care is important when an employee is returning from sick leave to work. In this case, it is often necessary to modify work tasks or the working environment to correspond to the employee's current work ability. This will ensure a smooth return to work. The programme offers support for developing the cooperation between the workplace and occupational health care in work modification.

**Roman:** *Can you give examples of specific measures to promote the mental health of employees?*

**Jaana:** It is important for young people to already acquire sufficient coping and mental health skills during their studies. Nowadays, as people work remotely and have less contact with line managers, workers must be able to take care of their own coping and work ability. This is why, the Ministry of Social Affairs and Health finances activities that strengthen the competence of teachers working in vocational education and training institutions in supporting students' mental health. We will be more effective if we train secondary school teachers instead of focusing our support only on young people themselves. With the new competence, teachers can strengthen young people's working life skills and self-efficacy.

Around one in ten Finns experience symptoms of burnout. That is why we have developed a traffic light model for burnout. This tool measures the employee's well-being and indicates whether the employee's work ability is threatened by burnout. The tool measures four core symptoms of burnout: chronic fatigue, mental distancing from work, cognitive dysfunction and emotion control disorders. The indicator can be used by individuals, in the work community or by occupational health care professionals. The idea is to identify early signs of burnout and act even before people's work ability is threatened.

Depression causes a lot of absences from work. Absences are also longer than those that occur due to physical illnesses. In the past, the treatment of patients has taken place solely in the context of specialised psychiatric care. Long sickness absence is rarely a good solution. On the other hand, supported return to work supports rehabilitation. For this reason, Finland has developed a TYÖOTE-model, the idea of which is to strengthen cooperation between specialised medical care and occupational health care (Finnish Institute of Occupational Health, 2024c). Sickness absences have been shortened and solutions for returning to work have been found. Often shorter working hours, tailoring of work tasks and support from supervisors and co-workers help employees return to work even if the treatment and rehabilitation continue in specialised healthcare. It is essential that occupational health care, specialised medical care, the employee and their employer work together in planning the solutions for returning to work.

**Roman:** *You also have a background in research. In what way has this shaped your work in the Ministry? What are the differences?*

**Jaana:** I work as a senior specialist, which means that the present work is expert work, as is the researcher's work. It is important to follow the latest research, as sometimes I have to respond quickly to questions concerning my expertise from the Minister. In such cases, there is no time to open the database or search for information, so your own knowledge must be kept up to date. The biggest difference is that nowadays I don't conduct research, but I act as the party commissioning and funding the research. In addition, I will apply the research results to practice, i.e., coordinate the application of the research results into practical measures.

Another difference is the different tempo of work. As a researcher, I could delve into a specific research question for a long time and work peacefully in my study far into the

evening. Work at the Ministry is more hectic. When a minister urgently needs an expert opinion, we will deliver it within the given timeframe, sometimes within a few hours. The Ministry's work is also political. Depending on the composition of the government, politics will also change. It may also be that my expert view conflicts to some extent with the government's policy, as political decisions often are compromises between different parties and stakeholders. However, my task is to serve the government and promote the implementation of the current government programme. Research results cannot always be directly applied to practice. For example, if we want to increase the number of appointments of psychologists in occupational health care – which has been shown to support work ability – the need for corresponding services in primary health care must be considered as well. The available resources provide a framework for all activities.

As a researcher I could also focus on some very specific detail. At the time, I studied the intervening factors affecting the relationship between stress factors and mental health. There is more need for major policies in the Ministry's work. Our work affects the entire population, and we must think about citizens' well-being overall. If, as a researcher, I was able to show that “the effect of factor X on factor Y is almost significant”, I now must be able to concretise how to proceed. In other words, crystallisation is important and the screening of essential information from a large mass of data is important.

**Roman:** *Do you collaborate with scientists or research organizations? If so, what is the nature of this collaboration and what results have you achieved?*

**Jaana:** Yes, cooperation with the research sector is central to my work. I cooperate regularly with the Finnish Institute of Occupational Health, the Finnish Institute of Health and Welfare, the Research Unit of the Social Insurance Institution, the Research Unit of the Finnish Centre for Pensions and universities. The government has its own research activities and we fund research that directly serves our information needs. We work in close cooperation with the researchers. The most recent study was conducted by the Finnish Institute of Occupational Health and the University of Tampere to examine practices related to burnout in different European countries. Based on the research results, we draw up recommendations for reducing burnout in Finland. At the moment, we are preparing a plan for the implementation of these recommendations. In this way, research results can be directly used to support decision-making.

Last week, together with my colleague from the Ministry of Economic Affairs and Employment, I moderated three working groups during the Finnish Work Life Research conference. This conference is cross-disciplinary and brings together work-life researchers and other experts in Finland to discuss common topics. In addition, I attend international conferences every year, maintaining my professional competence and expanding my international network. The 2026 European Academy of Occupational Health Psychology conference will be held in Helsinki and I am involved in the work of the Scientific Committee.

**Roman:** *How do you ensure that the latest scientific findings are put into practice? Are there any specific programs or initiatives that you have developed?*

**Jaana:** When implementing the National Mental Health Strategy in the work life, research evidence played a crucial role in the development, implementation, and dissemination of measures to promote mental health in Finnish workplaces. Firstly, a systematic review was conducted to identify effective interventions for promoting mental health in the workplace, serving as the evidence base for decision-making. Secondly, researchers and specialists engaged end users in the development of digital tools that encompassed these effective measures. Implementation theory was utilized to plan the dissemination and support the use of these digital tools at the workplace. Research-based classification of implementation strategies was used to arrange the dissemination and the support of the use of digital tools at the workplace. Multifaceted evaluation was carried out in different phases, including impact process evaluation, user feedback, monitoring national mental health indicators, and assessing the implementation process. Research was also employed to monitor the progress of the measures by tracking selected indicators.

By using research data in the preparation of workplace related measures for the implementation of National Mental Health Strategy, we created an effective strategy that succeeded in guiding and influencing measures in the wanted direction. At the implementation stage, it was thus possible to allocate resources to the most effective measures. Regarding work life, the development work has focused on digital solutions that support the promotion of mental health at the workplace. The evaluation of the development of the digital tools indicated successful digitalization of the measures. At the next stage of implementation, we will focus on examining how the use of these types of tools helps workplaces to become more friendly to mental health. It has been essential for the Ministry to work in close cooperation with the Finnish Institute of Occupational

Health and to involve stakeholders. The positive experiences thus far encourage long-term collaboration between research, policy, and practice in promoting mental health at work on a large scale.

**Roman:** *What challenges do you face in translating research into the daily work of employees?*

**Jaana:** A key issue is to convince employers that taking care of employees' well-being is also profitable from the employer's perspective. Healthy employees are more productive, well-being is also reflected in customer and patient satisfaction and turnover decreases, which means savings in the workplace. Especially small workplaces need concrete evidence of the effectiveness of different measures. The fact that an intervention has been proven to increase the well-being of employees is not necessarily enough to convince employers. It is therefore important that we could also demonstrate the benefits related to the productivity of the company and the cost-effectiveness of the measures.

Another challenge is that research results do not usually directly describe what concrete action should be taken at the workplace. For example, although we know that effort-reward balance is important, it is still a different matter to tell the employer what should be done in their company. In other words, the research results must be interpreted into a practical language and the right tools must also be made available to the employer. At a small workplace, the resources can largely be spent on coping day after day, which means that they need very concrete support for developing working methods, the work environment and the work community. Projects led by research institutes often involve pioneering workplaces who are motivated to develop well-being at work. This is why the tools may not meet the demands of all workplaces. Tools and measures may be too research-driven, and not always user-friendly.

**Roman:** *How do you measure the success of your governmental programs? Are there feedback mechanisms in place to assess effectiveness?*

**Jaana:** This is an important issue, and the results and effectiveness have also become increasingly important in the Ministry's work. At present, we aim to build assessment models that monitor impacts from the outset and monitor them in the longer term. The short duration of a government term poses a challenge to the assessment: in Finland, a government term lasts only four years. The government programme often sets tough targets for the activities. When the Ministry of Social Affairs and Health is tasked with



strengthening citizens' well-being, this time span may be too short to show sustainable results. That is why we need milestones and long-term goals. For example, we can show in a short time how many workplaces adopt mental health support tools and what results individual workplaces can achieve. On the other hand, we have to wait longer for changes affecting the entire nation, for example in sickness absences. Absences due to illness are affected by many other factors besides the measures included in our programme. Global changes in working life and changes in the surrounding society affect individuals' well-being. It must therefore also be accepted that, even if we do productive work in the Ministry and in the programmes we finance, the final results are affected by many other factors beyond our control.

We report regularly to the Minister and the Ministerial Working Group on Employment on the progress made in the implementation of the government programme. The Ministry of Finance will also assess our activities. Now that we receive funding from the European Union for the Mental Health at Work Programme, we will report on the progress to the European Commission four times a year. We have both quantitative and qualitative objectives. The most effective method is to carry out a continuous assessment, i.e. to use the feedback received for the development of activities already during the programme period.

**Roman:** *What future trends or developments in research on mental health in the workplace do you see as particularly promising?*

**Jaana:** We need more research to identify best practices and cost-effectiveness. In particular, we need more intervention research. Employers are prepared to introduce practices that promote mental health if we can prove their effectiveness. It is important for employers not only to increase the well-being of employees but also to strengthen labour productivity, customer satisfaction and work performance. It would be great if we could get more information about the returns on the invested euro. Different estimates have been presented, but the estimates differ considerably from one another. Governments, too, need information on the effectiveness of the measures when deciding where to allocate resources in the budget. At present, there is still surprisingly little information on the impact of different interventions. Most of the intervention research focuses on the health effects on individuals. Considerably less information is available on the impacts at the organizational or workplace level.

For decades, a great deal of research has been conducted on the connection between workload factors and employees' health. By contrast, less longitudinal research has been carried out. For example, it remains unclear whether workloads cause depression or whether employees experiencing symptoms of depression interpret their work environment as more burdensome. Longitudinal studies would bring clarity to the situation.

**Roman:** *Thank you very much for your time and the inspiring interview.*

## References

- Ministry of Social Affairs and Health (2020). *National Mental Health Strategy and Programme for Suicide Prevention 2020–2030*. Publications of the Ministry of Social Affairs and Health 2020:15. Helsinki.  
<https://urn.fi/URN:ISBN:978-952-00-5401-4>
- Ministry of Social Affairs and Health (2024). *Safe and healthy working conditions and work ability for everyone: Policy for the work environment and well-being at work until 2030*. Publications of the Ministry of Social Affairs and Health 2024:28. Helsinki. <https://urn.fi/URN:ISBN:978-952-00-8418-9>
- Social Insurance Institution of Finland (2024, January 19). *Information package: Sickness absence*. <https://tietotarjotin.fi/en/information-package/2699253/information-package-sickness-absence>
- Finnish Centre for Pensions (2024, March 7). *Almost 18,000 new disability pensioners*. <https://www.etk.fi/en/topical-issues/almost-18000-new-disability-pensioners/>
- Finnish Institute of Occupational Health (2024a). *The Mental Health Toolkit for Workplaces and Occupational Health Care Providers*.  
<https://hyvatyo.ttl.fi/en/mental-health-toolkit/tools>
- Finnish Institute of Occupational Health (2024b). *How is Finland doing?*  
<https://www.ttl.fi/en/research/projects/how-is-finland-doing>
- Finnish Institute of Occupational Health (2024c). *Työote Operating Model*.  
<https://www.ttl.fi/en/learning-materials/tyoote-operating-model>