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cation is the first degree to be offered through the Institute's e-learning programme.

The course represents an alternative route to the existing full-time face-to-face MSc. It is offered on an international basis, both through the University of Nottingham and the University of Nottingham in Malaysia, and seeks to meet the need for more flexible, distance learning arrangements by prospective European and International students. In doing so, the qualification serves to widen access to education and training in the rapidly evolving discipline of occupational health psychology. In parallel, research is being conduced to identify learning points for the design, development and use of e-learning in this area of knowledge.

FOLIC: Competent Career Counselling For Older Workers

The Institute is participating in a training programme funded by the EC Leonardo da Vinci programme focussing on the development of competent career counselling and career development for older workers. This programme is conducted in collaboration with European partners and aims to design and test an on-line training model, which will provide a framework to facilitate the career development of older workers. This programme aims to create an innovative training model to be used by career counsellors within companies that provide guidance and consultation, with particular reference to their capacity for intervening when dealing with older workers. The training programme will be directed to 'in-house' consultants and will cover counselling methods and techniques for encouraging workplace health promotion and the development of human potential. The project aims to support the development of an innovative European approach for the distribution of counselling and career development services in the workplace, with the purpose of helping older workers to define their individual learning and career plans. The initiative will last 30 months and is collaborative with partners from Italy (IACP, ISPESL), France (CNAM), Spain (University of Valencia), Germany (BKK) and Malta (Ministry of Health).

Stress Prevention Activities

The Institute is also participating in another European project, funded by the EC Leonardo da Vinci programme, focussing on stress prevention. The main objectives of the project are to promote effective risk management and prevention of work-related stress in small and medium-sized enterprises and the maritime sector by developing transferable practices and results. The main objectives of the project are to:

1. promote effective risk management and prevention of work-related stress,
2. raise awareness on the importance of preventative actions,
3. involve key interested parties (social partners, owners, managers, employees, experts) in the activities of the project, and
4. address the diversity of micro and small enterprises in Europe by developing transferable practices and results.

Training packages are currently being developed and will be available for dissemination by September 2006. The project is collaborative with partners from the UK, Greece, Finland and the Czech Republic.

Managing Mental Health at Finnish Workplaces

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Trends in Mental Health and Work Disability

In recent years, the work disability pensions granted on the basis of mental disorders have become the largest group of all granted work disability pensions (35%) in Finland. Also sickness absenteeism due to mental disorders, particularly depression has increased drastically. Reasons to this trend are not fully known. This may be associated with working life changes or inadequate or insufficient care. National surveys are useful in describing changes in working life and psychosocial working conditions. In Finland, population surveys are carried out every year by the Ministry of Labour, every three years by FIOH, and every seven years by Statistics Finland. New research projects have been launched to investigate the work-related aetiology of mental disorders and to develop interventions.

Prevalence of Minor Mental Health Disorders and Actions Taken

During the past 20 years the occurrence of minor mental health disturbances in the working population has not increased on the basis of national epidemiologic research results (1). According to the working population surveys conducted by FIOH in 1997, 2000, and 2003 the stress symptoms did not increase in general, but they increased in the branches of whole-sale and retail, public administration, and training. Stress symptoms were most common in the branches of training (18%) and financing (17%). The probability of occurrence of stress symptoms increased by education (no education 12%, college or university education 18%), and by socioeconomic status. (2)

According to the survey in 2003 interventions in work stress and psychosocial working conditions are common at Finnish workplaces. The branches with the most stress symptoms have been active in monitoring the psychosocial working conditions with questionnaires with a 70-85% response rate. These branches are also active in carrying out psychosocial interventions (reported by 55-60% of the respondents). 57% of the whole working population reported that a psychosocial questionnaire survey had been carried out during the past three years, and 44% reported that a psychosocial intervention had been carried out. Psychosocial questionnaire surveys were not associated with the quality of psychosocial working conditions or with the level of stress symptoms, but psychosocial interventions were associated with good psychosocial working conditions and low level of stress symptoms irrespective of branch, number of employees at the workplace, and socioeconomic status of the respondents. Best results were obtained by combining a survey and an intervention. It is also possible that healthy organizations more often invest in surveys and interventions.

National Programs for Promoting Mental Health and an Attractive Working Life

On the national level, governmental programmes finance preventive projects with a focus on work organization. In 1998-2002, the National Programme on Ageing Workers aimed at

reinforcing the position of the over 45's in the job market. It focused on both unemployed and employed persons. In 2000-2003, the Well-being at Work programme aimed at promoting working capacity and maintaining well-being at the workplace. In 2003-2007, the ongoing National VETO Programme aims at increasing the attraction to working life. The measures are targeted at work and workplaces, and organizations that influence them in areas significant for maintaining and promoting an individual's ability to work.

Legislation to Boost Employers' Action

The amended Act on Occupational Health Services (2001) obligates employers to monitor the possible risks causing mental and physical overload, and to take action to balance the individual resources and work demands. The amended legislation on occupational safety and health care services has boosted developmental activities. The Act on Occupational Safety at Work (2002) stipulates that the employer has to take action to prevent mental health risks, mental load, violence, and harassment. Solitary work and working hours must be organized properly. The Act on Occupational Health Care Services (2001) obliges the employer and/or occupational health personnel to monitor the working conditions including mental load and psychosocial working conditions, and to take action when risks are observed. Promotion of the work ability of personnel is emphasized and supporting actions on individual level have to be taken when needed.

Monitoring Methods and Implementation of Good Practices

New monitoring methods have been developed in FIOH as a response to the amended legislation. A risk monitoring method based on modern information technology enables simultaneous monitoring, data entry, and reporting by hand microphone at the workplace. An observation method for monitoring loads at work is also available for safety and health specialists and other informed users (3). The last mentioned method takes into account the 1) physical load, 2) psychological load (clarity of work goals, time pressure, employees' control and learning opportunities, interruptions, reasonable responsibility, and feedback and appreciation at work), 3) social load (working alone, social interactions and collaboration, information and predictability, leadership practices, equality and appreciation of diversity, bullying and harassment, and client work evoking negative emotions), 4) safety risks, and 5) working hours (number of hours, shift systems, and irregular working hours specified in more detail). The monitoring must be carried out every time the working conditions are changed. When needed a more specific psychosocial monitoring is conducted by occupational health care psychologists.

Future challenges for national prevention of mental disability have been discussed in different fora. Constructive implementation of legislation, monitoring of risks, targeted actions for risk groups, and developing effective interventions in processes conductive to mental disability have been emphasized. Improved training of health care personnel aims at better prevention, early detection of disorders, and adequate treatment. Supporting return to work after sick leave is a newly recognized challenge for employers and occupational health personnel.

International Collaboration for Promoting Mental Health

A new WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy Implementation was established in Finland in 2005 as a network organization of the National Research and Development Centre for Welfare and Health, National Public Health Insitute, and Finnish Institute of Occupational Health.

Work-Related Post-Traumatic Stress Disorder: An Italian Preliminary Study of Bank-Employees Victims of Robbery

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Post-traumatic Stress Disorder (PTSD)

The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM IV) lists the Post-traumatic Stress Disorder (PTSD) in the section of anxiety disorders. Unlike the other anxiety disorders, PTSD is characterized by a clear aetiology, that is one or more traumatic events experienced by the subject.

The first criterion (Criterion A) for PTSD diagnosis (DSM IV) is the detailed description of the features of the traumatic event: *"the person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others"* and *"the person's response involved fear, helplessness, or horror"* (2).

The following three criteria (criteria B,C, and D in DSM IV) refer to the main symptoms of PTSD. An essential characteristic is the presence of a wide set of typical symptoms identified in the three groups:

- re-experience of the traumatic event;
- avoidance symptoms;
- hyper-arousal.

The re-experience of the traumatic event consists of psychological distress reported by the victims and related to persistent re-experiencing the trauma with thoughts, recollections, dreams, or flashbacks. Avoidance symptoms are made up of all the attempts of the victims to shun the stimuli associated with the trauma, for example, places, persons or conversations. Symptoms of hyper-arousal are different manifestations such as difficulty falling or staying asleep, outbursts of anger, hyper-vigilance or exaggerated startle responses.

PTSD is a serious disorder, that can even be debilitating. If not promptly recognized and treated it could become chronic. PTSD has high co-morbidity with other psychiatric disorders. In fact, other studies point out that subjects with PTSD have other symptoms that meet the criteria for other psychiatric disorders. Among the disorders associated with PTSD, the Major Depressive Disorder is the most frequent (11), (15), (16),