Project Title

Impact of Changing Social Structures on Stress and Quality of Life: Individual and Social perspectives

Project Acronym/Logo:

STRESS IMPACT

Work Package 2

Review and Inventory of National Systems and Policy: Finnland

Authors

Matti Joensuu
Sirkku Kivistö
Kari Lindström
Finnish Institute of Occupational Health (FIOH)
2003

Chapter 1 – Introduction

Aims of the report

In this report, we examine Finnish legislation and different stakeholder policies regarding long-term sickness absence, with specific regard to mental health issues. The aim is to provide a comprehensive picture of different legislative provisions and non-legislative policies that relate to sickness absence and psychological well-being of Finnish employees. Also, we describe different stakeholder partners who play a role in sickness absence and disability issues. Furthermore, we describe the developments and future perspectives on the issue.

In chapter 1 we present the background information on the Finnish social security and health care system. We analyse the history and philosophy behind the current system and also present figures that show the scale of sickness absence and disability in Finland. In chapter 2 we present and analyse the relevant legislation. In chapter 3 we present and analyse the relevant non-legislative provisions and initiatives. In chapter 4 we present the perspectives of different stakeholder parties on the issue. In chapter 5 we discuss the adequacy of the current provisions and policies and try to elaborate problem areas and future challenges.

Data sources

An Internet based legislation portfolio (www.finlex.fi) was used to attain different national legislative instruments, such as laws and governments decree's and their translations. The relevant acts are listed in table 1 and referenced in the text by the name of the act or decree. Non-legislative information was gathered from government's publications and memorandums and the publications of different labour market parties and health care providers. Also newspaper interviews and personal communications were used.

Literature

- Publications of the Ministry of Social Affairs and Health
- Publications of the Ministry of Labour
- Publications of the National Health Insurance
- Publications of the Finnish Institute of Occupational Health
- Publications of the Confederation of Finnish Industry and Employers

Websites

- Ministry of Social Affairs and Health (www.stm.fi)
- Ministry of Labour (www.mol.fi)
- Social Security Institution (www.kela.fi)
- Central organisation of Finnish trade unions (www.sak.fi)
- The Finnish Pension Alliance (www.tela.fi)
- The Finnish Centre for Pensions (www.elaketurvakeskus.fi)
- The Confederation of Unions for Academic Professional (www.akava.fi)

The area of stress impact in Finland

There are five areas of social policy, which relate to the Stress impact –study: occupational health and safety, sickness insurance, medical care and treatment, rehabilitation and reintegration, and disability and pension systems. Laws and

government regulations govern all of these areas, but the complexity of the system and the influences of public vs. private stakeholders vary between the different areas.

The Finnish sickness insurance system is controlled by the state through the Social Insurance Institution (SII) and covers basically all persons in Finland trough some form or another. Therefore, eligibility for sickness allowance does not vary e.g. depending on companies, occupations or employment.

Municipalities have the responsibility for the arrangement of public healthcare for which all Finnish residents are entitled. Public health care also includes specialized medical care and treatment of mental health. Guidelines for occupational health and safety are defined in the legislation and monitored by the Health and Safety Inspectorate. The employers must also provide occupational health services for its employees.

The Finnish pension system is comprised of two parts: earnings related pension and national pension. The pension system requires the cooperation of several private pension institutes, which manage the earnings related pension schemes obliged by law and the SII, which provides the national pension. The system is regulated by many pieces of legislation regarding e.g. different occupational groups. Disability pension can be granted if a person is has lost his/her work-ability due to an illness, defect or injury.

Background and philosophy of Finnish legislation in the area

The changes in the working life in Finland have increased during the last century. This due to advances in technology and growth of the industrial sector. The number of salary employees started to increase in the beginning of the 20th century. The employees' position has improved little by little due to the development of legislation, sectoral agreements and cultural changes. Examples of the developments are the decrease in working hours and the right for annual vacation for the employees.

The different parts of the Finnish system have developed quite separately. The national pension system started to develop in 1937 when the first bill on national pension was introduced and the Social Security Institution was founded. However, because it relied on the contributions of the citizens, the actual payments didn't start until 1942 for disability and 1949 for regular pensions. Since then, the system has increased and the SII has taken on many other responsibilities. One of these is the sickness insurance system, which dates back over a hundred years, when companies started to build sickness funds for their employees. The sickness insurance was introduced into the legislation in 1963 and the SII took the responsibility for arranging sickness benefits. At the moment, funding for SII comes from the payments of the insured (12 %), the payments of employers (22 %) and from the state (55 %).

The earnings related pension system evolved from voluntary pension funds and trust. In 1961 the earnings related pension system was introduced to the legislation. The employer holds a portion of the salary, which is invested in an insurance company, a pension fund or a pension trust. The Finnish Centre for Pensions was established to monitor and secure the pensions of employees. Because the pension insurance is part of the costs of employment, it is part of the collective bargaining negotiations.

Rehabilitation matters have been in the interest of many parties e.g. the SII, the pension institutes and health care providers. They have all developed different approaches and systems for the organisation and compensation of rehabilitation. Therefore rehabilitation is mentioned in many laws and regulations governing different sectors, and therefore do not necessarily correspond to each other very well.

The interest and investment into occupational health services started to increase in the 1970's and an agreement on the development of OHS was made in the collective bargaining agreement in 1971. The arrangement of OHS was introduced to the legislation in 1978. During the development of the OHS systems the aims and functions of OHS have shifted from a passive treatment of occurred illnesses to a more active and holistic direction, where the emphasis is on the maintenance and improvement of work abilities.

The Finnish system regarding areas of the Stress Impact -study is complex. This is due to the fact that different parts have developed separately from different origins. Most provisions have their origins in voluntary functions of the employers and the employees' organisations. Then they have been part of the collective bargaining agreements between the labour parties and later they have been made statutory by including them in the legislation. As the economic situation of Finland has improved, new parts have been added on top of the system to increase employees' benefits and well-being. Because of this, single pieces of legislation address relevant and concrete issues, but the structure of the system is complex and a unified philosophy is difficult to find.

At the moment there are no major non-legislative provisions or policies regarding stress or absence because they have been absorbed into the legislation. However, the relevance of the issue has been acknowledged within employers, employee organisations and service providers and concrete measures to tackle the problem are being developed to apply the legislation into practise.

Scale of absence in Finland

The scale of sickness absence has increased slowly but steadily in recent years in Finland. In 1997 there were 320 300 spells of absence compensated by the SII, whereas in 2002 the figure was 382 517. The same trend can be seen in the total number of days lost due to absence. In 2002, the SII paid sickness allowance for 14,6 million days, i.e. 4288,6 days per 1000 people in the workforce. One must also take into account that the first 9 days of absence are not compensated by the SII and do not show on the statistics. According to a change index calculated by the SII, the growth in absences comes mainly from increase in absence due to mental disorders.

The main reasons for sickness absence are musculo-sceletal disorders and mental disorders. The proportion of these groups has increased especially in absences lasting over 180 days (figures 1 and 2). However, only 5.8 % of all absences lasted over 180 days in 2001. Women have more absences altogether but men have more long spells of absence (180-300 days). The figures are from different years, because time lapse in the length statistics, but the trend can be seen also when compared within years.

Figure 1. All spells of absence (over 9 days) according to diagnostic group and gender in 2002

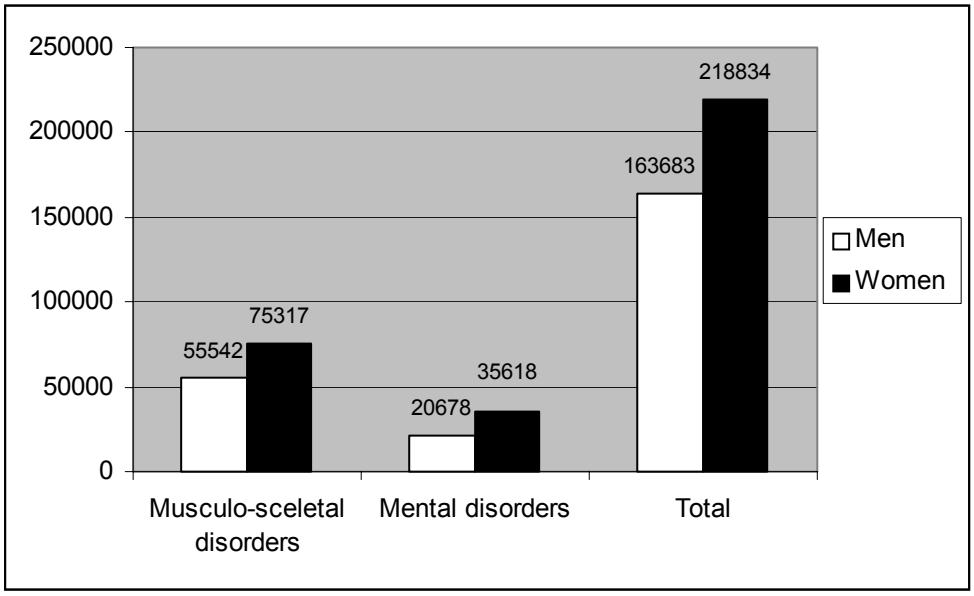
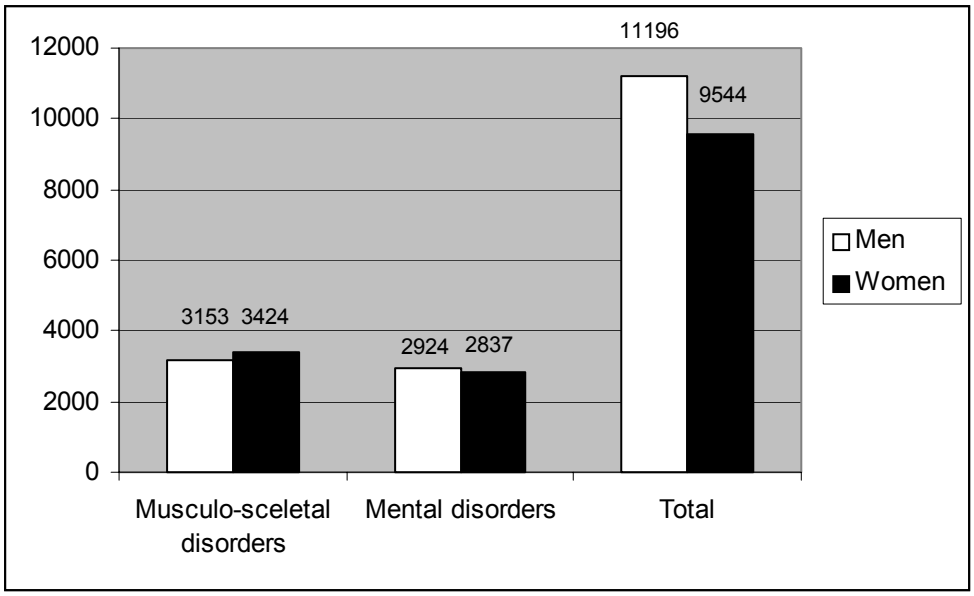
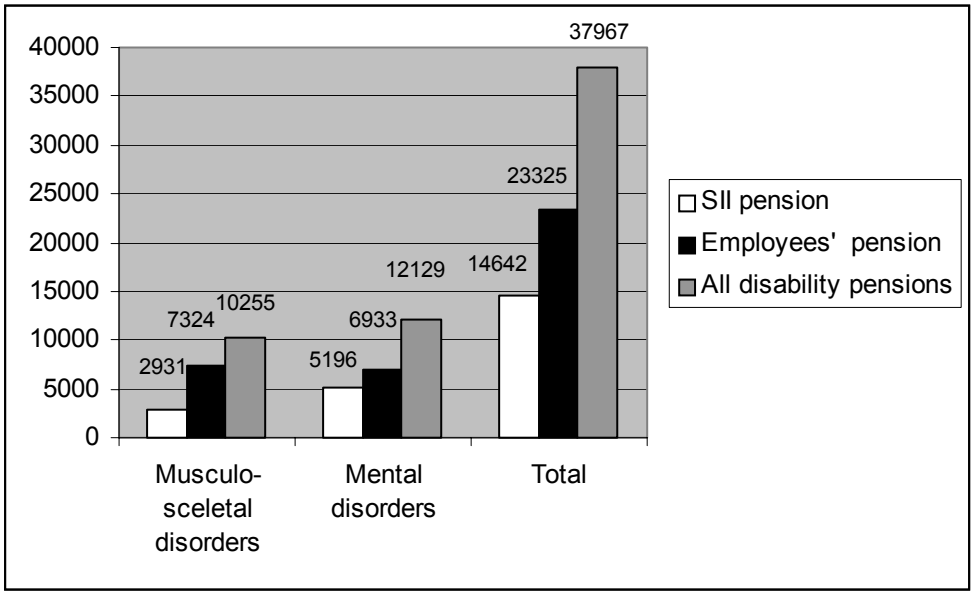


Figure 2. Spells of absences lasting 180-300 days according to diagnostic group and gender in 2001



The number of new SII disability pensions has slightly increased between 1998 and 2001 and the largest increase has been on mental disorders. In 2001 mental disorder was the reason for disability pension, temporary disability pension or individual early retirement pension in 40 % of the SII and 30 % of the employees' pension systems' disability pensions (see figure 3).

Figure 3. New disability and early retirement pensions according to diagnostic group in 2001



Literature

Eläketurvakeskus (2003). *Vuonna 2001 työeläkejärjestelmästä työkyvyttömyyseläkkeelle siirtyneet työkyvyttömyyden syyn mukaan*. Retrieved from: http://www.etk.fi/suomi/Tilastot/tyo_tkelsiir_diag.pdf [The persons who moved into disability pension in the earnings related pension scheme in 2001]

Husman, K. (2003). Työterveyslainsäädäntö. [Occupational Health Services legislation] In Antti-Poika, M. Martimo, K. &Husman, K. (eds.) *Työterveyshuolto*. Duodecim. Helsinki.

Ilmonen, K (2003). Suomalainen työelämä 2000-luvulla. [The Finnish working life in 2000] In Antti-Poika, M. Martimo, K. &Husman, K. (eds.) *Työterveyshuolto*. Duodecim. Helsinki.

KELA (1997, 1998, 1999, 2000, 2001, 2002, 2003). *Kansaneläkelaitoksen sairausvakuutus- ja perhe-etuustilastot*.[The sickness insurance and family benefit statistics.] Kansaneläkelaitos. Helsinki.

KELA (2002). *Statistical Yearbook of the Social Insurance Institution*. Kansaneläkelaitos. Helsinki.

Waris, H. (1973). *Suomalaisen yhteiskunnan sosiaalipolitiikka*. [The social policy of Finnish society] WSOY. Helsinki.

Chapter 2 – National legislative instruments

The legislation concerning Stress impact

The different laws and government decrees were analysed by their purpose, target group, scope and approach. The most relevant provisions tapped into three elements of the Stress Impact –project: reintegration to work, long-term absentees and mental health issues. If an act or decree relates to one of these aspects it is marked in the fourth column of table 1. Acts and decrees that are not directly involved in these aspects are marked either as complementary or general. Complementary provisions define or give more details to the principles of superior acts. General provisions are acts or decrees that relate to all employees not just specifically to long-term absentees. Many current provisions are related to one or two of these aspects but only a few tapped into all three elements. The different provisions are analysed according to their relevance, their approach and possible overlap or future directions that might relate to the problem at hand.

Table 1. Main acts regarding sickness absence and returning or exiting work

Name of the Act (English)	Name of the Act (Finnish)	Description of the Act	Stress Impact - elements
Primary Health Care Act	Kansanterveyslaki, 66/1972	Describes the arrangement of primary health care in the public sector.	- long-term absentees -mental health
Act on Specialized Medical Care	Erikoissairaanhoitolaki, 1062/1989	Describes the arrangement of specialized health care in the public sector	- long-term absentees -mental health
Sickness Insurance Act	Sairasvakuutuslaki, 364/1963	Insures Finnish resident for medical care, rehabilitation, and income compensation.	- long-term absentees -mental health
Governments decree on Sickness Insurance	Sairasvakuutusasetus, 473/1963		-complementary
Employment Accidents Insurance Act	Tapaturmavakuutuslaki, 608/1948	Obliges employers to have insurance that compensates work related injuries and illnesses	-reintegration - long-term absentees -mental health
Occupational Illness Act	Ammattitautilaki, 1343/1988	Describes occupational illnesses referred to in the Employment Accidents Insurance Act	- complementary
Occupational Safety Act	Työturvallisuuslaki, 738/2002	Obliges the employer to provide a safe and healthy working environment	-mental health
Occupational Health Care Act	Työterveyshuoltolaki, 1383/2001	Obliges the employer to provide OHS for it's employees	-reintegration -long-term absentees -mental health
Act on Occupational Health Care Professionals	Laki työterveyshuollon ammattihenkilöistä, 559/1994	Describes the requirements for OHS personnel	-complementary
Governments decree on the principles of good Occupational Health Care practise, the content of occupational health care and the qualifications of professionals and experts	Valtioneuvoston asetus hyvän työterveyshuolto-käytännön periaatteista, työterveyshuollon sisällöstä sekä ammattihenkilöiden ja asiantuntijoiden koulutuksesta, 1484/2001	Elaborates the aims and functions of OHS, such as multidisciplinary focus and knowledge of the work context.	-complementary
The Act on Client Service Cooperation Within Rehabilitation	Laki kuntoutuksen asiakaspalveluyhteistyöstä, 604/1991 (under renewal)	Describes the relationships, functions and responsibilities of different actors within rehabilitation	- complementary
Rehabilitation Allowance Act	Kuntoutusrahalaki, 611/1991	Provide income compensation by SII	- complementary

		during rehabilitation back to work.	
Act on Rehabilitation Arranged by SII	Laki kansaneläkelaitoksen järjestämästä kuntoutuksesta, 610/1991	SII provides vocational and discretional rehabilitation for people whose ability to work is threatened.	-reintegration -long-term absentees -mental health
Governments decree on Rehabilitation Arranged by SII	Asetus kansaneläkelaitoksen järjestämästä kuntoutuksesta, 1161/1991	Describes different forms of vocational rehabilitation covered by SII.	- complementary
Act on Public Services on Employment	Laki julkisesta työvoimapalvelusta 1295/2002	Describes the duties of the labour administration.	-reintegration -mental health
Rehabilitative Work Act	Laki kuntouttavasta työtoiminnasta, 181/2001	Obliges the municipalities to provide reintegration services for unemployed.	-reintegration -mental health
Job Alternation Act	Vuorotteluvapaalaki, 1305/2002	Promote working capacities of employees with long tenure and help transition to employment..	-reintegration -mental health
Employment Contract Act	Työsopimuslaki, 55/2001	Describes the terms of the employment relationship	-general
State Civil Servants Act	Valtion virkamieslaki, 750/1994	Describes the terms of the employment relationship	-general
Act on the Employment Relationships of Municipal Officials	Laki kunnallisen viranhaltijan palvelussuhdeturvasta, 484/1996	Describes the terms of the employment relationship	-general
National Pension Act	Kansaneläkelaki, 347/1956	Provide basic income protection for pensions.	-reintegration - long-term absentees -mental health
Employees Pension Act (and similar earnings related pension acts for different sectors of employment)	Työntekijäin eläkelaki, 395/1961	Describes the responsibilities of the workers pension system on pension and rehabilitation	-reintegration - long-term absentees -mental health
Act on the Position and Rights of a Patient	Laki potilaan asemasta ja oikeuksista, 782/1992	Describes the rights of the patient	-general
Act on the Field of Application	Soveltamisalalaki, 1573/1993	Defines the area and where different laws are applied.	-general
The Constitution of Finland	Suomen perustuslaki, 731/1999	Prohibits discrimination based on health	-general

Social Insurance/Social welfare legislation

Income replacement provided by the Social Security Institution
Sickness Insurance Act, Governments decree on Sickness Insurance
Sickness insurance is based on residence as defined in the social welfare legislation (Act on the Field of Application). All residents aged 16-64 are covered. Also the provisions of the European Community legislation (1408/1971) relate to the rights for medical care in other EU-countries. There is no work period or qualifying period required for claiming sickness allowance. There is a 9 days waiting period (excluding Sundays) following the day on which the illness begins. To receive sickness allowance from the SII, a physician's statement must be presented. For short term sick-leaves a short statement stating reason for absence (diagnosis) and the length of the absence is required (a so-called A-statement). SII requires the need for rehabilitation to be assessed when sickness absence has lasted over 60 days. The basic requirement is a more detailed physician's statement (a so-called B-statement) where the need and possibilities for rehabilitation and work resumption are mentioned. Section 31 of the Sickness Insurance Act stipulates that SII can have the absentee's work ability or health assessed. A more comprehensive evaluation of work capacity or a rehabilitation assessment can therefore be made in a rehabilitation institution by the request of the SII, a pension institute or the labour administration. Also, the absentee can apply for such an evaluation. After 150 days of absence the SII informs the absentee about the possibilities for rehabilitation or about the application for a disability pension. An allowance for the same illness is limited to 300 days (excluding Sundays) over a 2-year period.

The daily amounts are dependent on annual earnings and are calculated by specific formulas for different income groups. The formulas are same for both the annual income from work and annual income from pension insurance. When the income is salary based a 4.8% (unemployment- and pension insurance payment) deduction will be made prior to the calculation. The benefits are paid to the employer for the period the absent employee is still receiving salary. After that the allowance is paid straight to the absentee. The claim must be made within four months of the start of the absence.

Table 2. Examples from the sickness allowance in 2003

Annual income after reductions	Sickness allowance Euros/day	Sickness allowance Euros/month (25 working days)
1003	0	0
1004	2,34	58,50
1500	3,5	87,5
4905	11,45*	286,25
6000	14,00	350
8500	19,83	495,75
11000	25,67	641,75
16000	37,33	933,25
30000	66,12	1653
50000	87,89	2197,25

*)The minimum for maternity, paternity, sickness and rehabilitation allowance

Income replacement provided by other sources

Employment Accidents Insurance Act, Occupational Illness Act

The Employment Accidents Insurance Act governs sickness absence and disability resulting from occupational accidents or occupational illnesses. Occupational illnesses are defined in the Occupational Illness Act. The compensation for occupational accidents and illnesses differs from other forms of sickness absence compensation schemes, because they are compensated trough a separate accident insurance policy obligated by law for the employer.

The Ministry of Social Affairs and Health has made an investigation, whether mental factors should be included in the legislation regarding occupational diseases (Sosiaali- ja terveysministeriö, 2003a). The report was finished in June 2003. The report notes that the influence of psychological strains and mental health problems has increased in the working life context. Mental disorders are compensated, based on accident insurance fixed by law, if they are associated with an acute incident and a physical occupational disease. Mental disorders are not, however, compensated if they are associated with long lasting psychological factors at work. The report concludes that there is no undisputable knowledge that a causal inference can be drawn between a clearly defined strain at work and a mental disorder diagnosed in an individual. The problems related to the compensation for mental disorders as occupational disease are:

1. Lack of medical knowledge of the causal links between work and mental health.
2. The low degree of development for measuring and assessing psychological strain in the individual.
3. The descriptive nature of psychiatric diagnoses.
4. The practical and judicial problems associated with defining strains and disease.

The report gives several proposals for the development and study of the mental disorders associated with work. The report did not propose any changes to the legislation regarding occupational diseases.

Discussion

From the perspective of the Stress Impact- project the health care and income compensation systems are essential. They are also among the most important elements from the absentee's perspective: how can I get well again and how is my livelihood secured? The systems also include the Stress Impact target group: long-term absentees with stress related problems. The problem is that the Finnish health care and income compensation systems do exactly what they are designed to do: provide treatment and income compensation during absence. They do not have strong links to the actual working life of the absentees.

The income compensation during sickness absence is well organised and has adequate coverage. At the moment the system is passive with strict limits. It does not include any incentives or schemes that would help the reintegration of the absentee. The rehabilitation services provided by the public health care are mainly medical rehabilitation, although some of the larger units offer rehabilitation examination or

adjustment training services. The health care system does not generally include active back to work-schemes or elements that would promote the reintegration of the absentees.

Legislation related to employers and employees

Occupational Safety Act
This act obliges the employer to provide a safe working environment and take actions if the employees are subjected to workload hazardous to their health. In addition to physical threats to health, the law now also includes mental risk factors, which the employer must take into account (sections 1, 8 and 13). Section 27 obliges the employer the prevent risks related to violence. According to section 28 the employer must take appropriate action if an employer is harassed or bullied. Section 29 refers to risks when working alone, section 30 when working at night, and section 31 regulates necessary breaks for the employee.

The Occupational Health Care Act
This act derives from the policies of the Occupational Safety Act, which oblige the employer to provide for the safety and well-being of its employees. The Occupational Health Care Act stipulates that the employer must provide occupational health services (OHS) for all of its employees. According to the statistic in the year 2000, 76 % of the employed labour force, and 85 % of the salaried labour force were covered by OHS (Räsänen, 2002). The SII compensates half of the costs of OHS to the employer. Also, SII compensates 60 % of the cost of the planning of preventive actions and projects in order to improve workers health. The basic functions of OHS are preventative healthcare and counselling. However, section 14 of the Occupational Health Care Act gives the employer the possibility to provide also medical treatment to the employees through OHS. The costs from these services are also compensated by the SII, like the preventive functions. If they are in accord to the principles of good occupational health care practise, and mentioned in the OHS implementation plan. The service is usually general practise; specialized medical care is not compensated, other than as consultation. The advantages of medical care trough the OHS include accessibility, long doctor-patient relationships and possibility to monitor and change working conditions.

According to the Occupational Health Care Act section 13 the employee is obliged to take a health examination if the job poses special health threats or presents special health requirements. The employee must inform the employer of the health threats he/she notices in the workplace. According to section 12 the employee has the right for an assessment of the degree of physical and mental workload the work imposes if there is sufficient reason. Sufficient reason refers to a situation, where the employee has experienced symptoms that reduce his capacity to work, and which he/she evaluates to derive from work. The employer must also monitor and support the ability of a disabled employee to cope at work, having regard to the health requirements of the employee. The employer should also provide advice on rehabilitation and direct the employee to treatment or vocational rehabilitation.

Governments decree on the principles of good Occupational Health Care practise, the content of occupational health care and the qualifications of professionals and experts

The employer is obliged, together with the occupational health care provider, to compose a written plan of the occupational health care arrangements. The plan must include also preventive actions and actions to assist the maintenance of work-ability (MWA) of the employees.

Act on Occupational Health Care Professionals
The act describes the basic personnel requirements for OHS. Occupational health physicians and nurses, are recognised as occupational health care professionals in the act. Physiotherapists, psychologists, ergonomic experts, occupational hygienists, dieticians, optometrists, exercise counsellors and technical staff can be used for consultation and are referred to as occupational health care experts in the legislation. In 2000 there were 5649 posts in OHS, from which 1787 were physicians, 2187 nurses and 201 psychologists (Räsänen, 2002). The new Occupational Health Care Act emphasizes the impact of increased mental strain on workers health. However, the OHS resources have not been strengthened so that a psychologist would be a part of OHS basic requirements.

Discussion
In recent years the Occupational Health Care Act and the Occupational Safety Act have been changed and psychological and work climate factors have received more attention. The employees right for a safe working environment now includes more comprehensively mental and social factors. For example, if an employer has not taken appropriate actions in a case of bullying, it can face criminal liability. Also, the new amendment to the Sickness Insurance Act that entitles the employer to a compensation for 60 % of the costs of actions to assist the making of an action plan for occupational health services. This signals an emphasis on the work environment (including physical, psychological and social factors) and preventive actions on employees' health.

Occupational safety and OHS systems are key elements from the Stress Impact-perspective. There has been active development in Finland in both fields throughout the last decades. The challenge facing OHS is how to implement the principles mentioned in the new legislation. The Ministry of Social Affairs and Health is making an OHS implementation plan, which includes several projects aimed to improve the functioning of OHS.

Legislation related to rehabilitation

Rehabilitation can be provided from many sources and for different purposes. Rehabilitation in general can be divided into four branches: educational, medical, vocational and social (Hilkamo, 2003). The forms of rehabilitation that apply to long-term absentees are mainly medical and vocational rehabilitation.

Medical rehabilitation tries to improve or maintain the physical, psychological and social functioning of the person. Different forms of medical rehabilitation are e.g. physiotherapy, speech therapy, treatment in a rehabilitation facility, adjustment training, psychotherapy, and neuropsychological rehabilitation or vocationally oriented advanced medical rehabilitation courses (ASLAK). The municipalities have the primary responsibility for medical rehabilitation as all medical treatment.

However, the SII also arranges or compensates medical rehabilitation as a discretionary function, i.e. based on the evaluation of the need and coverage of rehabilitation. The SII budget for discretionary rehabilitation must be at least 4 % of the amount of annual insurance payments. If the rehabilitation is for an occupational illness or injury then it will be provided trough the accident insurance described previously. SII also compensates 60 % of the costs of treatment within private health care and the cost of medication for the individual. These costs can include a psychological assessment recommended by a physician, but not psychotherapy or other forms of treatment of mental health, which are provided by the public health care or as rehabilitation.

Vocational rehabilitation aims to improve and maintain the working capacity and the abilities to earn a livelihood of the person rehabilitated. All actions that better the capabilities and possibilities to work can be regarded as vocational rehabilitation. In practise, these can be e.g. work training, work try-outs, a rehabilitation examination, courses related to work, education for a new profession or financial support for self-employment. The responsibilities for providing vocational rehabilitation are divided based on the employment status of the individual.

Table 3. Responsibilities in rehabilitation (Hilkamo, 2003)

Rehabilitation provider	Who can be rehabilitated	What kind of rehabilitation	Income during rehabilitation
Insurance companies	Those, who need rehabilitation because of occupational injury, occupational disease, traffic accident, military accident or other accident.	Rehabilitation to support functioning and vocational rehabilitation.	From the insurance company: allowance or pension.
Work pension institutes	Insured employees and entrepreneurs and retired employees, who have a need for rehabilitation.	Vocational rehabilitation (medical rehabilitation only to support vocational rehabilitation).	From the work pension system: -rehabilitation allowance -rehabilitation benefit and raise -disability pension and rehabilitation raise
Social Security Institution (SII)	Finnish residents, whose ability to work are essentially weakened. Severely disabled	Medical (discretionary) and vocational rehabilitation. Medical and vocational.	SII's rehabilitation allowance or rehabilitation benefit. SII's rehabilitation allowance.
Labour administration	Unemployed, whose ability to work is essentially weakened.	Vocational rehabilitation.	Labour market benefit, unemployment benefit or education benefit.
Occupational Health Services	Employees, who are in need of rehabilitation.	Medical and vocational rehabilitation.	SII's rehabilitation allowance, if requirements are met. Insurance or work pension institutes' compensation, if requirements are met.
Public Health Services	Clients, with a need for rehabilitation.	Medical rehabilitation	SII's rehabilitation allowance, if requirements are met.
Social Welfare	Clients, with a need for rehabilitation.	Social rehabilitation	SII's rehabilitation allowance, if requirements are met.
School Services	Disabled children	Educational rehabilitation	

The Act on Client Service Cooperation Within Rehabilitation

Because the responsibilities for rehabilitation are divided between different actors, which represent different areas of society and governance, the legislation concerning rehabilitation is spread out in the different acts concerning the functions of the actor party. The Act on Client Service Cooperation Within Rehabilitation obliges the different parties to interact and share responsibilities and information on rehabilitation matters. However specific instructions for the co-operation or responsibilities are not defined, other than that the municipality must have a multidisciplinary work group that handles rehabilitation matters.

Employment Accidents Insurance Act

In the legislation rehabilitation based on accident insurance has precedence over other schemes of rehabilitation. The employers must have and accident insurance policy,

which covers disability and rehabilitation, caused by an occupational injury or occupational disease.

Employees Pension Act (and similar earnings related pension acts for different sectors of employment)
The earnings from work determine the amount of the pension. A person can be a part of many work pension schemes during his/her working career, which all are counted together to form the actual earnings related pension. National pension provides basic security that a person receives at least the minimum amount of pension. If the earnings related pension exceeds certain limits, national pension will not be paid.

Disability pension can be granted if a person is has lost his/her work-ability due to an illness, defect or injury. It is calculated similarly to the aforementioned pensions, but in addition to the actual working years the calculation of disability pension often includes "the future years" that the individual would have worked. Income compensation during rehabilitation is considered as a temporary disability pension and is the responsibility of the pension providers. The responsibility to provide the actual rehabilitation depends on which form of rehabilitation is needed.

The renewed legislation regarding rehabilitation will change the earnings related pension systems so that the employee will have the right for vocational rehabilitation paid from the pension funds. This will mean that if the persons health will likely cause a threat to work ability within five years, the person has a right for preventive vocational rehabilitation. The act also defines that the rehabilitation activities must have an effect that decreases future pension costs as a whole.

Rehabilitation Allowance Act, Law on Rehabilitation Arranged by SII, Governments decree on Rehabilitation Arranged by SII

The SII has a responsibility to provide rehabilitation, if rehabilitation is not provided based on any other piece of legislation. The law stipulates that the SII must provide an insured individual rehabilitation, if he has an illness, defect or injury that threatens the work capacity and the rehabilitation if it is not provided by other sources. The SII evaluates the need for rehabilitation, when sickness absence has lasted 60 days (in the B-statement) and guides the absentee to rehabilitation provided by the work pension institutes, if required. Rehabilitation schemes can also be used as preventive rehabilitation measures for people still working and to promote the capacities of people at risk. The rehabilitation allowance paid by the SII is calculated similarly to the sickness allowance.

Table 4. Income compensation during rehabilitation (Hilkamo, 2003)

Benefit	Applies to	Amount
Rehabilitation allowance	Currently employed, whose disability can be prevented by employees´ pension rehabilitation	Disability benefit + 33 %
Rehabilitation benefit	Temporarily disabled person, whose work ability can be restored with rehabilitation	Disability benefit
Rehabilitation raise	A person receiving disability benefit, whose return to work is supported by employees' pension rehabilitation.	33 % of rehabilitation benefit or pension. Rehabilitation benefit or pension will continue during rehabilitation.
Compensation for other expenses.	A person receiving rehabilitation allowance or rehabilitation raise e.g. during studies.	According to the guidelines of The Finnish Pension Alliance

Discussion

Provisions concerning rehabilitation are essential from the perspective of long-term absentees. This is also the part where the Finnish system is most complex. There are three essential elements in matters concerning rehabilitation: what kind of rehabilitation is needed, who will pay for it and where can it be attained? Because for each part there are several options, which relate to different systems, the possibilities for different combinations are almost endless. The positive aspect is that the systems allows variability and different solutions can be sought depending on the case. The negative side is that it is difficult for the individual to get a clear understanding of the systems and therefore to be actively involved in the process. Also, a person can be a part of many rehabilitation schemes and functions simultaneously without them being connected to each other or to the work situation of the individual.

At the moment the Government is preparing changes to the legislation regarding rehabilitation. Altogether six different acts regulating rehabilitation will be changed or amended. These changes will come to effect in 2004. The changes emphasize the importance of preventive rehabilitation measures in order to promote the working capacity of the labor force. One key element of the new law is that an employee would have the right for preventive vocational rehabilitation, if his/her working capacity is threatened. At the moment, vocational rehabilitation is discretionary for the employment pension institutes. Also, part-time rehabilitation allowance will be introduced, to allow continuing work while receiving rehabilitation.

Employment legislation

Law on Public Services on Employment
According to the Act on Public Services on Employment an employer can be

subsidised for hiring a person with decreased working capacity. Also, if an employer hires a person who has been unemployed over 200 days, the employer can receive subsidised employment benefit. This payment can be connected to the unemployment benefit of the employee, paid to the employer if the unemployment has lasted over 500 days. It cannot be paid if the employee is receiving sickness or rehabilitation allowance.

Rehabilitative Work Act
The municipalities have a responsibility to arrange rehabilitative work for people whose functioning and work-ability has decreased to help them enter the employment market. The rehabilitative work does not apply to people currently working or on sickness absence.

Job Alternation Act
A person can apply for job alternation, where he/she will receive an alternation benefit from the state. The benefit is 70% of the unemployment benefit, for which the employee would be entitled to. The employee must have an employment history of at least 10 years and an unemployed person must be hired to replace him/her. The job alternation can last between 90 and 359 calendar days. The purpose of the act is to improve the well-being and functioning of the workforce and help unemployed or recently graduated to start their working careers.

Employment Contract Act
According to the Employment Contract Act, the employer is obliged to pay full wages/salary for a minimum of 9 working days, if the employment has lasted at least 30 days before reporting sick or injured and 50 per cent of the full wages/salary, if the employment has lasted less than 30 days. The law also stipulates that the employer must not treat the employees unequally because of e.g. their health (Chapter 2, section 2). The employment relationship has, however, no specific protection during the sickness absence, if there are acceptable grounds for notice, e.g. economic situation of the company. The employment contract can also be terminated, if the employee's work ability is permanently reduced so that he or she can no longer perform the work referred to in the employment contract (Chapter 7, section 2-7 on grounds for notice).

Law on State Civil Servants, Law on the Employment Relationships of Municipal Officials
There are separate laws that govern the employment contracts of civil servants and municipal officials. The employment of a civil servant cannot be terminated unless the reason is exceptionally weighty. An illness or disability of the civil servant are not acceptable grounds for notice, unless the civil servant's ability to work is essentially and permanently reduced, entitling him/her to a disability pension. The regulations for municipal officials are mainly similar to those of civil servants. However, economic reasons can be used as grounds for notice for municipal officials. The state and to a larger extent the different municipalities also employ people on contractual terms, which are governed by the Employment Contract Act.

Discussion
The reintegration systems apply only to people who are not currently employed. The provisions regarding the reintegration of long-term absentees are therefore usually

governed in the sections on vocational rehabilitation or OHS mentioned previously. The employment legislation also protects the employment relationship of the absentee during sickness absence. It does not include any measures that would help the reintegration of the absentee back to work.

Equality Legislation

Constitution of Finland
In 1995, the Constitution of Finland was amended to include an anti-discrimination clause on equal treatment of people with disabilities, whereby no one is to be assigned a different status on the basis of their health and disability. An employer may not place an employee or job seeker in a worse position than others for a health-related reason that does not prevent the person from doing their work. Employers which - in advertising jobs, selecting recruits or establishing working conditions - put a job-seeker or employee in a less favorable position due to their health conditions, may be fined or imprisoned for up to six months.

General provisions regarding sick or injured employees are described in The Law on Patient's Position and Rights and include: The need for a consent of the patient for the treatment. The patient has a right for the information on his/her health, scope of the treatment, risk factors and different alternatives. Stating the reason and the length of a possible waiting period. The patient has the right to make a complaint to the institute in charge of the treatment. Also, the institute in charge of the treatment must have a patient attorney to assist the patients.

Sickness absence systems from the perspective of the absentee
The time span in sickness absence situations is presented in table 6. The most important provision regarding the absence process is the Sickness Insurance Act, which limits the absence compensation to 300 days. The policy defines also other measures so that when half of that time (150 days) has passed the SII encourages measures to be taken for either rehabilitation or pension application. Because of the changes to the rehabilitation legislation, however, the role of the absence compensation limit might decrease, because the employee will have the right for preventive rehabilitation, which can be granted while still working.

Table 6. Time schedule for absence

Time schedule	Assesment	Intervention	Income	Legislation
preceding factors	-Caring physician: OHS/ Public/ Private	-Maintenance of Work Ability (TYKY) -Preventive and supportive rehabilitation (TYK / ASLAK) -Work arrangements	-Salary -Rehabilitation allowance paid to the employer	- Primary Health Care Act -Occupational Health Care Act -Occupational Safety Act -Law on Rehabilitation Arranged by SII -Earnings Related Pension Acts - Law on Rehabilitation Allowance
day of complaint	-Caring physician: OHS/Public/ Private	-Sick leave (A-statement) -Medication -Treatment	-Salary	-Sickness Insurance Act - Employment Accidents Insurance Act - Occupational Illness Act
1+9 days of sickness absence		-Medication -Treatment -Rehabilitation	-Salary	-Law on Rehabilitation Arranged by SII - Earnings Related Pension Acts - Law on Rehabilitation Allowance
60 days	-Caring physician: OHS/ Public/ Private -Rehab evaluation centre	-A rehabilitation plan required (B-statement) -Medication -Treatment - Rehabilitation	-Salary (sickness/rehabilitation allowance paid to the employer for the time the employer pays salary)	-Law on Rehabilitation Arranged by SII - Earnings Related Pension Acts - Law on Rehabilitation Allowance
150 days		-Reminder for rehab or pension application -Medication -Treatment - Rehabilitation	-Sickness allowance - Rehabilitation allowance	-Law on Rehabilitation Arranged by SII - Earnings Related Pension Acts - Law on Rehabilitation Allowance
After 300 days of absence		-Medication -Treatment -Rehabilitation by the SII or the labour administration	- Disability pension - Rehabilitation allowance - Unemployment benefit	-Employment Contract Act -National Pension Act -Earnings Related Pension Acts

Literature
Hilkamo, P (2003). *Toimeentuloturva*. [Income security] Keskinäinen eläkevakuutusyhtiö Varma-Sampo. Helsinki.

Järvisalo, J. & Hinkka, K (2002). Return- Project. Return to work systems. Finland. Retrieved from: http://www.wrc-research.ie/return/doc/FinlandSystemsAnalysis.pdf

Regulation (EEC) No 1408/71 of the Council of 14 June 1971 on the application of social security schemes to employed persons and their families moving within the Community. Retrieved from: http://europa.eu.int/eur-lex/en/

Sosiaali- ja terveysministeriö, (2003). *Psyykkisten sairauksien ammattitautikorvausta selvittäneen työryhmän (PSYKO) muistio*.[A memorandum of the work group on the compensation of psychological illnesses as occupational disease (PSYKO)]. Sosiaali- ja terveysministeriön työryhmämuistioita 2003:19. Helsinki.

Sosiaali- ja terveysministeriö, (2002). Valtioneuvoston kuntoutusselonteko eduskunnalle 2002.[Governments notice on rehabilitation to the Parliament, 2002] Sosiaali- ja terveysministeriön julkaisuja 2002:6. Helsinki 2002. 23 s. ISBN 952-00-1105-6

Chapter 3 – Non legislative provisions and initiatives on stress and LTA

Sectoral agreements

Collective bargaining between the labour market parties and the government as a third actor has a long history in Finland and it plays a large role in determining the direction of working life in general. The current collective bargaining agreement for the years 2003 and 2004 does not include any concrete new changes regarding policies on employees' health and well-being. However, it contains a supplement on the development of working life, which urges the partners to develop new measures for improving well-being at work.

Sectoral agreements govern how long must the employer pay salary to a person on sickness absence, usually around two months. This varies, however, between different employment sectors and also regarding to the length of the employment contract.

One of the most important advances has been recommendation on maintenance of work ability (MWA), on which the labour market parties agreed on in 1990. After this MWA activities increased in workplaces and were taken into the official legislation in the changes made to the Occupational Health Care Act in 2001. To continue the development of MWA activities a network consisting of over 30 parties has also been established. The network arranges seminars, discussion and projects concerning MWA.

Activities aiming at the maintenance of work ability include all measures that the employer together with the employees and the co-operative organisations at the workplace take to promote and support the work ability and functional capacity of all persons active in work life throughout their working careers. The MWA activities at

the work place are targeted at:

1. The work itself and the work environment (especially with regard to safety measures, work tools and premises).
2. Work groups and organisations (planning and quality assurance, team work and participation, goal clarification, communication and improving leadership skills).
3. Increasing competence (training courses and support for voluntary studies)
4. Supporting the workers health and personal resources (e.g. physical activities).

The Finnish Institute for Occupational Health (FIOH) developed a barometer to assess the development of these objectives. The MWA barometer is designed to:

1. Collect information on the prevalence, resources, content, implementation and benefits of MWA activities.
2. Produce information to aid the development of MWA activities at the workplaces and for the use of OHS services.
3. Evaluate the effects of MWA activities at Finnish workplaces.

MWA barometer has been done in 1998 and 2001 and the next will be done in 2005. According to the barometer Finnish workplaces have become active in developing functions targeted at the maintenance of work ability. However, according to the barometer the managers evaluate the effects of MWA more favourable than the personnel (Peltomäki et al., 2002). Also, coping with workload and demands emerged as a theme on 2001, but was hardly mentioned in 1998.

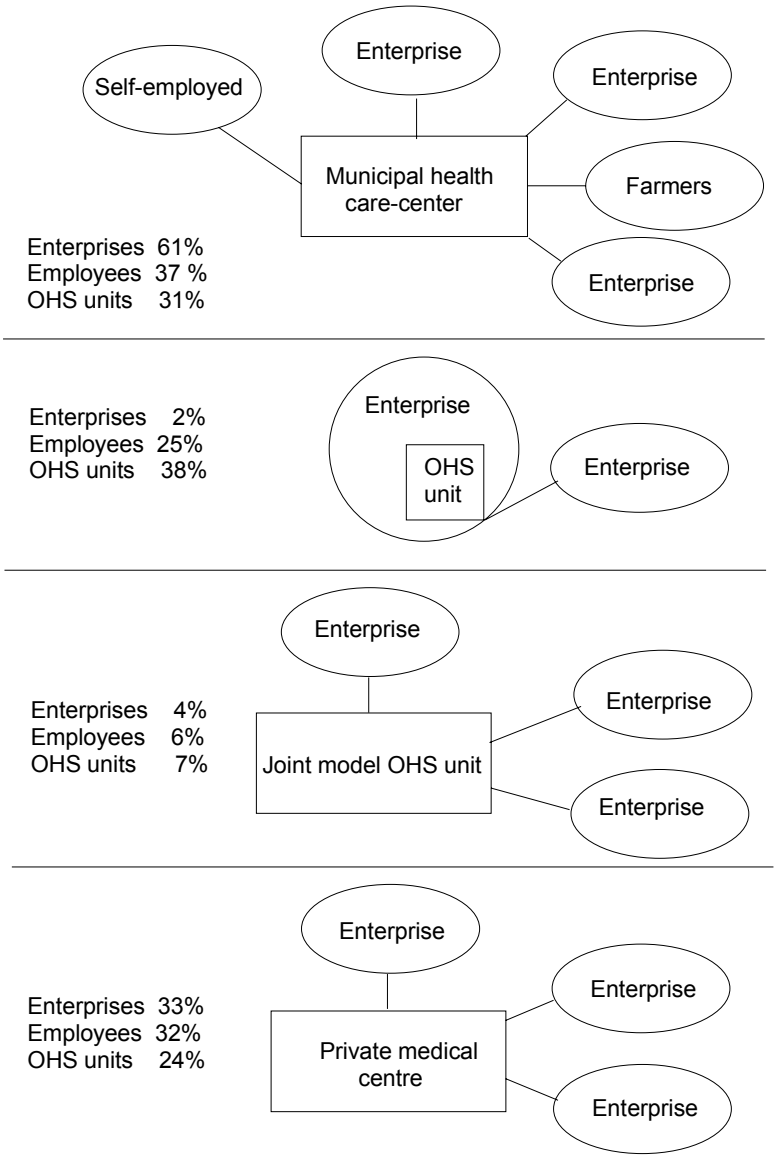
Discussion
The sectoral agreements regarding sickness absence, working conditions and promotion of employee well-being have been quite stable for the last few years. Union representatives are also involved on development projects within specific branches or organisations.

Provider agreements

The services related to the reintegrating long term absentees are mainly occupational health services and rehabilitation services. The employer must provide OHS for its employees and can choose, where to purchase these services. According to the Occupational Health care act the employer can provide OHS through the municipal health care centre, by arranging them themselves or in association with other employers or by buying the services from a private organisation that is entitled to provide OHS. The most common way of organising OHS is to buy the services from the municipal health care center (see figure 4).

For most part the authorities responsible for the costs of rehabilitation buy the actual rehabilitation services from private service providers. There are many rehabilitation centres that have originated from non-profit organisations e.g. patient associations. Also, there are smaller enterprises that provide e.g. physiotherapy or psychotherapy. Public health care, the SII, and the labour administration also produce some rehabilitation services themselves.

Figure 4. The organizational models of OHS and distribution of enterprises, employees and OHS units (Räsänen, 2002).



Specific projects

There are many projects connected to the well being of employees. The funding in this area comes mainly from six different sources, from which companies, institutions etc. can apply funds for their projects:

1. The European Social Fund finances projects that develop new models and spread good practises. The total budget for 2000-2006 for Finland is around 3 billion euros including public and private finances.
2. The national development program for working life is a part of the governments program in 2000-2003. The aim is to improve productivity and the quality of working life by developing work place practises. The funding comes from the states budget and was around 6 million euros for the year

2000.

3. The well being at work programme is a part of the governments programme in 2000-2003. The aim is to support projects that increase employees coping at work. The funding comes from the states budget.
4. The national productivity program started 11 projects in 2000 that improve the well being and productivity of the employees. The funding comes from the states budget.
5. The national age program 1998-2002 was designed to support the position of people over 45 in the labour market and to find ways of developing the working life so that the work effort of all age groups is acknowledged. The funding for the whole program was around 6 million euros and came from the states budget.
6. The Finnish work environment fund is an institution that grants funding for research, development and communication projects that improve working conditions, work life and productivity. The funding comes from the statutory accident insurance policies and was around 8, 5 million euros in 2000.

Examples of projects related to the well-being of employees

Project on Rehabilitation and Work Capacity Evaluation Network 2000-2002

In 2000 Finnish Pension Alliance (TELA) together with Finnish Institute of Occupational Health started the countrywide ”Project on Rehabilitation and Work Capacity Evaluation Network 2000-2002”. The training of Occupational Health Services (OHS)-personnel revealed, that the level of knowledge about early rehabilitation was not very high. The concept ”early vocational rehabilitation” was at the beginning of the training programme somewhat unclear. The concept was often confused to rehabilitation services and medical rehabilitation. The focus was to find the ways and a stage to work with early on, when the first threats of disability occur. During the project the early signs of the threat of disability to work were collected for use. The opinion of experts was that it is important to observe changes in workplace atmosphere, sharpen the rehabilitation practices in OHS-routines and follow-up the first signs of exhaustion. The models of good practices ”how to manage when the threat of disability to work in noticed” are under development.

The project is drafting a checklist to aid the discovery of employees, who could benefit from early vocational rehabilitation. Signs for early intervention targets could be:

1. Monitoring changes in sick leave patterns
2. Visit at OHS (repetitive, undefined, conflicts etc.)
3. “Stock-in-trade” of OHS (questionnaire results, examinations)
4. Workplaces with increased risks (physical strain, , exhaustion, changes etc.)
5. Observations by supervisors at workplace (frustration, isolation, changes etc.)

Well-being at Work- Programme

The government executed a Well-being at Work –programme during 2000-2003. The objectives were to promote work ability of the workers by developing the properties of the workplace. One of the objectives was to heighten the age of exiting the workforce by two or three years from the 59-year average. The programme worked on four levels: dispersing information, starting new studies and applying knowledge from previous studies, funding for specific development projects, and keeping the legislation up to date. The evaluation of the project is currently underway. Over 100 of

the development projects started are still going on. The total number of different projects was 176. The first reactions of the programme were that the level of awareness has increased though the effect might not show on absence statistics. Other notions were that projects succeed if the culture for development is strong and the changes are controlled and supported in the workplace. One specific problem brought up was "grey overtime", meaning overtime without compensation.

VETO-program

The government has recently started a national program for keeping workers in the workforce, maintaining work ability and promoting rehabilitation (VETO-ohjelma 2003-2007). The form of the program is to work as a general framework in which smaller projects and initiatives are developed and supported. Therefore it does not have any additional funding, but tries to control, co-ordinate and lead different projects and initiatives to increase their common impact. The objectives for this programme include e.g. lengthening the working career, i.e. promoting actions that help individuals to enter the working life sooner and exiting it older and decreasing absences due to sickness. The program also intents to promote mental well-being in work by starting development projects especially in the occupations where mental strain is high.

Table 6. Examples of projects and programmes related to the VETO-programme

Action programmes	Co-ordinator
• Development of working life (TYKES)	Ministry of Labour
• Work in the municipal sector 2010	Association of Finnish Local and Regional Authorities
• Promoting strengths at work among civil servants by management and everyday actions	Ministry of Finance
• Young people and work	Finnish Institute for Occupational Health
• Early intervention in the threat of disability	Finnish Pension Alliance
• A study programme on the health and well-being (TERVE)	Ministry of Education

Discussion

At the moment there are many development projects aimed to improve employees' well-being and reduce absenteeism. The scales of these projects depend on the source of funding and the co-ordination of the project.

Literature

Peltomäki P, Viluksela M, Hiltunen M-L, Kauppinen T, Lamberg M E, J Mikkola J, Pirttilä I, Räsänen K, Suurnäkki T, Tuomi K, & Husman K. (2002). Tyky-barometri. Työkykyä ylläpitävä ja edistävä toiminta suomalaisilla työpaikoilla vuonna 2001.[TYKY-barometer, the actions to maintain and promote work abilities in Finnish work places in 2001]. Työterveyslaitos, Sosiaali- ja terveysministeriö. Helsinki.

Räsänen, K. (2002). Työterveyshuolto Suomessa 2000.[Occupational Health services in Finland 2000] Työterveyslaitos. Helsinki.

Tulopoliittinen sopimus vuosille 2003-2004.[The Collective Bargaining Agreement

2003-2004] Retrieved from:
http://netti.sak.fi/sak/pdf/tuposopi.pdf

Työministeriö (2002).Summary of the Well-Being at Work Programme monitoring report, 2002.
Retrieved from: *http://www.mol.fi/jaksamisohjelma/svenska_english/eng_index.htm*

Sosiaali- ja terveysministeriö, (2003). VETO-OHJELMA 2003–2007. Valtakunnallinen toimenpideohjelma työssäoloajan jatkamisesta, työssä jaksamisesta ja kuntoutuksesta. [VETO-PROGRAM 2003-2007. [National action program for lengthening working careers, improving well-being at work and rehabilitation.] Sosiaali- ja terveysministeriön monisteita 2003:7. Helsinki

Chapter 4 – The current policy debate

Table 7. Involved institutions (stakeholders)

Institution name (Finnish)	Institution name (English)	Tasks
Sosiaali- ja terveysministeriö	Ministry of Social Affairs and Health	Legislation, supervision
Työministeriö	Ministry of Labour	Legislation, supervision
Kansaneläkelaitos	Social Insurance Institution	Compensate medical care, rehabilitation and loss of income.
Työeläkevakuuttajat TELA	Workers' Pension Alliance	Coordinate employees pension systems
Confederation of Finnish industry and employers	Teollisuus ja Työnantajat (TT)	Collective bargaining
The Employers´ Confederation of Service Industry in Finland	Palvelutyönantajat (PT)	Collective bargaining
The Finnish Confederation of Salaried Employees	Toimihenkilöiden keskusjärjestö (STTK)	Collective bargaining
Central organisation of Finnish trade unions	Suomen ammattijärjestöjen keskusliitto (SAK)	Collective bargaining
The Confederation of Unions for Academic Professional	AKAVA	Collective bargaining
Service Union United	Palvelualojen ammattiliitto (PAM)	Collective bargaining
Occupational Health and Safety Inspectorate	Työsuojelupiirit	Supervision of occupational health and safety
Finnish Institute of Occupational Health	Työterveyslaitos	Information , advice, education, services
Rehabilitation Foundation	Kuntoutussäätiö	Information, advice, education, services
Insurance Rehabilitation Association	Vakuutuskuntoutus (VKK)	Organizes rehabilitation matters

Perspectives of the Employers

The Confederation of Finnish Industry and Employers (TT) released a new guide for employers and employees on sickness absences on 6/2003 (Teollisuus ja työnantajat, 2003). The guide advised employers to take actions if absences increased to over 5 % of total working time over an extended period of time. The guide mentioned societal factors, work and work environment factors, evaluation of work ability and personal factors as contributing to sickness absences. The importance of a physician's statement

is emphasized. The employee should present a reliable statement of incapacity. The statement should be written so that the employer has a possibility to present the employee other work possibilities, where the illness or injury does not present incapacity to work. The employer also has the right to have the employee re-assessed by another physician. The guide does not mention stress explicitly. However, it notes that the climate at work has an influence on absences. The guide also proposed a four-stage model for controlling absences, which includes an analysis of the present situation, going trough problem areas, setting goals and taking actions. The model, however, is designed mainly for general company policies and does not provide means or suggestions for handling actual situations of absence.

Perspectives of the Trade Unions

The Finnish trade unions participate in the European Trade Union Council dialogue on work related stress 2003-2005. At the moment there are talks to achieve a general European agreement between the labour parties on work related stress. However, the agreement, if achieved, would have little effect for Finland, because the relevant issues are already included in the legislation. The trade unions have conducted several member surveys, which indicate that work related stress is common among employees e.g. the member survey of AKAVA 2002. The trade unions emphasize that it is vital to eliminate the causes of stress, but attention should also be paid to the consequences of stress.

Perspectives of the providers

The Occupational Health care service providers see deficiencies in their abilities to detect problems related to fatigue and stress in the workplaces and felt that more education is needed on how to work within the work community (Räsänen, 2002). The OHS were interested in increasing the collaboration with the personnel departments of the companies in planning and executing different projects concerning employee well being.

The guidelines for physicians assessing the employee's ability to work state that burn-out or exhaustion (Z73.0) is not a specific diagnosis, which can be used for sickness allowance, disability or rehabilitation claim (Katila & Kuoppasalmi, 1999). It is recommended that a symptom based (mood disorder etc.) diagnosis should be used even for short-term sick leaves. The assessment of incapacity to work is made regarding the current work, which the employee is performing. The physician is required to have sufficient knowledge of the work. Only those factors that influence the capacity to work should be mentioned in the diagnosis.

The possibility for lower level university diplomas on rehabilitation has existed for about ten years. Over billion Euros are spent on rehabilitation annually and a few thousand employees are working within rehabilitation services. Therefore, there is a need for more comprehensive education on rehabilitation. Earlier, rehabilitation was controlled mainly trough the perspective of the providers. Recently, there has been a shift to more client-focused rehabilitation. This change can be seen in the new legislation on rehabilitation, which will come to effect on 2004. There will be changes, which give the individual more possibilities to control the rehabilitation process. Also, new forms of rehabilitation, which do not rely so heavily on medical conditions rather than on prevention and early intervention of exclusion, will be developed. The problem today is the number of actors within the rehabilitation field. A person

receiving rehabilitation from SII, can be a rehabilitation client of over ten other organisations as well. Solutions for this problem are being sought, e.g. different rehabilitation advice services or contact persons.

Perspectives of Government

The Ministry of Social Affairs and Health and the Ministry of Labour are the Government instances that are mainly in charge of influencing long-term absences.

The objectives of the Ministry of Social Affairs and Health on workers health read as follows. "The objective of the OHS strategy adopted by the Ministry of Social Affairs and Health is to maintain and promote the working ability and functional capacity of the workforce in order to reduce premature retirement from working life. By way of promoting working conditions, the purpose is to keep up and improve the workers' health, safety and working ability as well as to reduce occupational accidents and diseases and other work-related illnesses. To this end, the workplaces' capabilities and their skill and will to handle OSH matters on their own initiative are supported in order to increase the workers' job satisfaction and the productivity of work. Similarly, the proficiency and resources of the OSH district administration are also improved. This work is done in close cooperation with parties in the labour market. "

The strategy programme of the Finnish government includes several elements of promoting factors related to work and well-being. These include developments in equality, combining work and family, well-being at work, protection against harassment and bullying, coping with strain of work, monitoring working hours, good management, increasing education and know-how, developing actions regarding maintenance of work-ability, and addressing special needs of the aging workforce.

The Government has also appointed a committee to investigate the possibilities of part time sickness allowance and rehabilitation allowance. Also, the Rehabilitation Foundation is conducting an investigation of the possibilities of a part-time sick leave.

The Health and Safety Inspectorate does not monitor stress as such in the workplace, but gathers information from the inspections on work hours, threat of violence and psychosocial factors for planning purposes for future actions.

Discussion

The issues related to absenteeism and stress have been acknowledged in all relevant actor parties in Finland. There is a lot of discussion and collaboration on the issue and the government has taken an active role by renewing the legislation and setting up programs aimed to promote employees' well-being. There seems to be a general consensus of the the importance of the issues but the different parties are still searching for remedies that they would see appropriate to tackle the problem.

Literature

AKAVA, (2003). *AKAVAN vuoden 2002 työmarkkinatutkimus*. [The work force survey of AKAVA 2002] Retrieved from: http://www.akava.fi/upload/tmt2002/tmt2002.pdf

Räsänen, K. (2002). *Työterveyshuolto Suomessa 2000*. .[Occupational Health services in Finland 2000] Työterveyslaitos. Helsinki.

Suikkanen, A (2003). Interview in the *Psykologi* –newspaper of the Finnish psychologist association 4/2003.

TELA, (2002). *Työeläkejärjestelmän ammatillisen kuntoutuksen visio 2005*. [A vision of vocational rehabilitation in the earnings related pension system 2005.] Retrieved from: http://www.tela.fi/tela/tyokunto.nsf/0/d6096cbea8b88f9cc2256cbe004ba02c/$FILE/kunt.tunnusluv.pdf

Teollisuus ja Työnantajat (2003). *Sairaus- ja tapaturmapoissaolot teollisuudessa. Työnantajan vaikutusmahdollisuudet.* [Absences due to illness and injuries in the industry. Employer's possibilities]. Teollisuuden ja Työnantajain keskusliitto. Helsinki.

Valtioneuvosto, (2003). Pääministeri Matti Vanhasen hallituksen ohjelma 24.6.2003. [The program for the Government of Matti Vanhanen 24.6. 2003]. Retrieved from: http://www.valtioneuvosto.fi/tiedostot/pdf/fi/39357.pdf

Chapter 5 – Conclusions

Adequacy of current provisions for stress and LTA

The most relevant provisions from the Stress Impact perspective are the Occupational Health Care Act and the provisions regarding rehabilitation, such as Act on Rehabilitation Arranged by the SII and the Employees Pension Act. The main difference that separates these acts from other relevant provisions, such as the Sickness Insurance Act, is that they include the element of reintegration. Many of the other relevant acts and policies are passive or indifferent to the actual return process of the employee.

Most of the acts and decrees concerning health and safety at work, occupational health services, and rehabilitation all have been renewed recently. The new changes in the occupational health legislation cover also psychological and social factors at work as contributing to the health of the employees. As such, the legislation supports ideas of maintaining good working capacity throughout the working career. Also, the changes in the rehabilitation legislation emphasize the importance of preventive measures and co-operation. At the moment changes are being planned also to the sickness absence compensation schemes.

However, the translation of principles of the legislation into supportive practises is not straightforward. One drawback of the legislation and health service policies is that it is quite easy to rely on the solid infrastructure outside the working environment. This might increase the motivation of both the employer and the employee to detach the issue from the workplace in cases of long-term absences. Also, the laws governing sickness absence and rehabilitation do not necessarily support the absentees' return to work in the best possible way. At the moment different functions related to absenteeism are the responsibility of different sectors and organisations and nobody controls the situation as a whole. However, the renewed Act on Client Co-operation

within Rehabilitation obliges the municipalities to have a rehabilitation work-group where rehabilitation matters are organised. This is however still quite distant to the actual rehabilitation client and more concrete co-operation and contact persons are needed.

Level of awareness and debate on the issue

The long-standing collaboration in issues of employment between the government, employers and trade unions has produced significant advances in the field of health and safety at work. Though the different parties might present different views and emphases, the collective bargaining agreements have usually included advances in psychological and social questions regarding work. The level of awareness is high among all stakeholders and employee well-being and the reduction of stress and absences is part of the everyday rhetoric of stakeholder representatives. Also concrete actions have been taken in form of general programs, development projects, guidebooks etc. Also different non-profit sector organisations have joined the debate on the increasing psychological strain related to work.

Future directions in policy and legislation

The most relevant pieces of legislation concerning the rehabilitation and employee health have been changed in the last years. Changes are also being considered to the sickness benefit system that would promote reintegration to work. The challenge at the moment is how the principles and aims behind the new legislation translate to practise? This will most certainly require co-operation between different parties. The new Act on Client Co-operation within Rehabilitation changed also 13 other acts where co-operation in rehabilitation matters is required. The division of responsibilities between the operators is essential. Therefore, general agreement should be reached for the division of the responsibilities and secure adequate resources for the operators for the fulfilment of these responsibilities. This should include a decision on the co-ordination responsibility in sickness absence and rehabilitation situations.

Literature

Juusti, J., (2002). Kuntoutuksessa irrallisuutta ja sattumanvaraisuutta. [Irregularities and arbitrary in rehabilitation] *Sosiaalivakuutus*, 2 / 2000.

Katila, H. & Kuoppasalmi, K. (1999) *Mielenterveyden häiriöt*. [Mental disorders] In Aro, T., Huunan-Seppälä, A., Kivekäs, J., Tola, S. & Torstila, I.(eds.): *Vakuutuslääketiede*. Duodecim. Helsinki

TELA, (2002). *Työeläkejärjestelmän ammatillisen kuntoutuksen visio 2005*. [A vision of vocational rehabilitation in the earnings related pension system 2005.] Retrieved from:
http://www.tela.fi/tela/tyokunto.nsf/0/d6096cbea8b88f9cc2256cbe004ba02c/$FILE/kunt.tunnusluv.pdf

Sosiaali- ja terveysministeriö, (2003). *Sosiaaliturvan suunta 2003*. [The direction of social security 2003] Sosiaali- ja terveysministeriön julkaisuja 2003: 6. Helsinki.