

Newsletter

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Health
Promoting
Hospitals

An International
Network Initiated
by the
WHO Regional
Office for Europe

Editorial

Dear readers,

In this year's summer edition of the HPH Newsletter you will find a summary report on the 13th International Conference on HPH which took place in Dublin (Ireland) in May this year, and which was one of the most successful events in the HPH history. Further information about the conference is available in the Virtual Proceedings, which you will find on the conference web-site <http://www.univie.ac.at/hph/dublin2005>.

The steady growth of the HPH network made it necessary to implement new steering structures: Oliver Gröne (WHO) introduces the new secretariat of the network which was established at the WHO Collaborating Centre for Evidence Based Health Promotion in Hospitals in Copenhagen.

The thematic issues section of this Newsletter features two topics:

Mental health disorders are on the rise worldwide. The European Union and WHO have made the issue a political priority. Hospitals can greatly contribute to addressing mental health. At the Dublin HPH conference, a plenary lecture and a workshop were held on the issue. Please find in this Newsletter a workshop summary and a conceptual article on mental health promotion in and by hospitals.

The WHO self-assessment tool for health promotion in hospitals was successfully pilot-tested. First results are provided in an article by Oliver Gröne. Furthermore, the Newsletter reports on activities of the HPH task force on health promotion for children and adolescents in hospitals, and of the HPH networks in Lombardia (Italy), Switzerland, and Finland, where an international HPH exchange program was started – please get in contact if you are interested. Examples on health promoting projects are provided by colleagues from Northern Ireland.

We wish you a lot of success for your own health promotion activities, and a very health promoting and relaxing summer!

*Jürgen M. Pelikan, Karl Krajic,
Christina Dietscher, Vienna*

New governance of the Health Promoting Hospitals Network

- **A new HPH network secretariat was established in Copenhagen**

Background

The Health Promoting Hospitals initiative was started more than 10 years ago, first as a pilot project with 20 hospitals and subsequently with the establishment of national and regional HPH networks. The pilot project was coordinated by the Ludwig Boltzmann Institute, a Collaborating Centre for health promoting hospitals and health care, and the WHO Regional Office for Europe took over when national and regional networks were established. After ten years of coordinating the HPH development through WHO, and annual meetings of national and regional coordinators, other approaches and future options for network coordination were discussed.

In the light of the new WHO country strategy, WHO's role in the coordination of the network also needs to be revised. In the last years, WHO has embraced the administration payment of fees and recognition of individual hospitals, the development and administration of an internet-based database, the contribution to and acknowledgement of national and international conferences, initiation, support of international working groups, and support of national training activities.

Discussions on a new governance structure of the HPH Network were initiated at the workshop of national/regional HPH network coordinators in Moscow (<http://www.euro.who.int/document/E84987.pdf>). It was concluded, that an "independent secretariat could be based at a WHO Collaborating Centre, a Ministry or an institution (e.g. University, school of public health) that has maintained an important contribution for the development of HPH".

A concrete proposal for the future governance of the HPH network was presented at the national/regional HPH network coordinators in Dublin and accepted by network coordinators. The following sections will address the two main characteristics of the new governance structure: establishing a new secretariat and setting up a steering group.

Newsletter 25-05 Content

- **New governance of the HPH Network**
- **13th international World Health Organisation HPH Network conference**
- **First results from the pilot-implementation of the WHO self-assessment tool for health promotion in hospitals**
- **Mental health promotion and mental disorder prevention: Why should Health Promoting Hospitals care?**
- **How can mental health promotion action be integrated in HPH?**
- **The coordination of a Regional HPH network – the Regione Lombardia experience**
- **The application of new WHO Standards for health promotion in hospitals in Switzerland**
- **Background Survey on Health Promotion for Children and Adolescents in Hospitals**
- **Aquanatal**
- **Smoking cessation**
- **Yogacise**
- **Headlines**



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Developments in the International HPH Network

Establishing a secretariat for the HPH network

An independent secretariat for the HPH network will be established at the WHO Collaborating Centre for Evidence-based Health Promotion in Hospitals, Copenhagen, Denmark. It will be responsible for the administration of members, internal and external communication strategy, database update and development and monitoring of membership fees.

The administrative functions currently held by WHO will be transferred to the WHO CC, which is headed by Hanne Tonnesen. The secretariat will be further staffed with a part-time operations manager, who will handle most of the current network and project management issues and part-time secretary for administrative issues. The WHO CC will be responsible for the HPH secretariat until 2008, when the progress will be discussed again with HPH network coordinators.

The WHO CC will be responsible for administrative issues, including provision of certificates, acknowledging membership level and monitoring payment of fees and for developing a communication strategy based up on an Internet solution. This will include update of the web pages, establishing a HPH library, developing the HPH database and responding to queries on HPH. The WHO CC will also play an important role in raising the research agenda within the HPH network and contribute to technical proposals and research projects.

The secretariat's budget is predominantly based upon incoming fees and the increase in the fee, as decided at the coordinators workshop in Moscow, will greatly support establishing the secretariat at the WHO CC in Copenhagen.

We are very pleased that Hanne Tonnesen and her department, with the support of the medical director of Bispebjerg hospital, has been willing to take over the secretariat and good plans have been made to ensure smooth transition and effective communication in the future.

Establishing a steering group for the HPH network

In line with the changes in the secretariat function for the network the issue of establishing a steering group for the HPH network was introduced at the coordinators workshop in Moscow. Against the background of an over increasing network and a range of working groups and task forces there was general agreement for the need of a steering group committee for the strategic HPH network development.

A concrete proposal for the steering group was made in Dublin and network coordinators accepted the proposal as an interim agreement, which will be further developed and finalized for the next national/regional coordinators meeting in Palanga, Dublin.

The steering group will aim at a better development of the network, a closer collaboration of the working group/task force leaders, national/regional coordinators and external partners. The steering committee will provide input to scientific conferences and the preparation of documents and will plan the agenda of the annual workshop of HPH coordinators throughout the year. Members of the committee are representatives of WHO, WHO CCs, working group and task force leaders and conference hosts.

It was decided that the steering group meets twice annually: a half-day meeting in conjunction with the conference and a second meeting by the end of the year.

A first meeting of the steering group took place after the workshop of national and regional coordinators in Dublin and a range of tasks for follow-up were identified by the members of the steering group. Mrs Ann O'Riordan acts as an interim chair for the steering group until the next coordinators meeting and will coordinate with members the input to various discussion points, which will then be presented to national/regional coordinators for comments. A separate report on the meeting will be made available to national/regional coordinators.

Conclusion

We hope that the new governance structure of the HPH network strengthens participation of coordinators and will better reflect the concerns and issues faced at the level of national/regional networks and hospitals. We believe that the new secretariat will provide efficient support to networks and hospitals and stimulate better communication and research among the members of the HPH network.

WHO will still play an important role through participation in the steering group and its contact to the WHO Collaborating Centres and the change in the secretariat will hopefully enable better support of countries in their hospital reform processes and adoption of quality improvement models.

Oliver Groene

WHO Regional Office for Europe

13th international World Health Organisation Health Promoting Hospitals Network conference May 18 – 20, Dublin "Empowering for health: practising the principles"

- **The conference was one of the most successful events in the HPH history.**

The 13th international conference of the World Health Organisation Health Promoting Hospitals Networks took place this year in the Burlington Hotel, Dublin May 18– 20 2005. The three day Dublin conference was the largest international HPH conference to date with representation from across the world. Close on 600 delegates attended from 40 countries such as from Russia, Italy, Spain, Estonia, Thailand, New Zealand, Canada, and USA to name but a few.

Developments in the International HPH Network

The 2005 International Conference was co-hosted by the Irish HPH network in Ireland and HPH and regional partners within Northern Ireland. The three-day conference in Dublin took empowerment as its central theme with plenary focusing on number of key aspects such as; how hospitals can adapt their systems to support and empower patients to manage their own health, the importance of empowering staff working within healthcare services as well taking a particularly focus on the needs of empowering vulnerable groups such as: the elderly, migrants and mental health patients, with the final plenary considered frameworks for enabling hospitals to become empowering organisations.

The conference also provided delegates with a variety of opportunities (parallel oral session, poster sessions, workshops, taskforce meetings and informal social events) to present details of their own activities and share and exchange ideas and experiences. Individual presentations in the parallel and posters sessions particularly emphasised the ways in which HPH members are working to proactively improve the health of patients and staff. A high level of interest and enthusiasm was maintained throughout the three-day conference and many delegates pledged to return next year for the 14th International Conference on health promoting hospitals, which takes place in Palanga, Lithuania on the 24-26 May 2006.

A number of satellite events and taskforce meetings were organised around and within the three-day international conference.

Pre Conference Events

HPH Pre conference workshop for new members: This practical and informative workshop uses a participatory approach to consider and discuss the practical implementation of the HPH concept at the organisational level from a variety of key perspectives. Unfortunately, due to technical reasons this annual workshop had to be cancelled at the last moment. The workshop has particular relevance for new

and existing HPH members that require additional support and direction for further development and to renew motivational levels.

WHO National/Regional HPH Coordinators: Representatives from 29 HPH national/regional Networks met, at a full day meeting on May 18th, to discuss developments within and the future growth not only of the European HPH Network but of the International Network. To progress this work a steering group was formally established to develop proposals over the coming year to facilitate future European and International networking growth and development. To support this and future work the HPH Secretariat will move from the WHO office in Barcelona to the new Danish WHO Collaborating Centre for Evidence-Based Health Promotion in Hospitals. The meeting also heard reports from the three European Taskforces; Health Promoting Psychiatric Services, Health Promotion for Children and Adolescents and Migrant Friendly Hospitals (to be renamed Taskforce on migrant-friendly culturally competent health care) and on a new European network project – “Handling Health Promotion in Hospitals in the DRGs – Evaluation of the registration of the procedure”.

New Events

HPH Summer School: The first ever HPH Summer School was organised by the Danish WHO Collaborating Centre for Evidence Based Health Promotion Hospitals with local Irish organisational support. This practical and constructive course, which took place over the two and a half days prior to the conference, was well received by the 47 delegates who represented 20 countries from four continents.

Mental Health Pre conference and workshop: The first conference and workshop of the European HPH Taskforce on health promoting psychiatric hospitals and mental health service organised for the day before the international conference. This event, which was co-hosted with the

Irish HPH Mental Health Interest Group, was well attended by over 50 delegates that included oral and poster presentations from across Europe. Discussions with the workshops result in recommendations being made on how members in the future can work more effectively within the European Taskforce.

Development meetings

Handling Health Promotion in Hospitals in the DRG's – Pilot Project: A briefing meeting was organised to present and discuss a technical paper prepared by Oliver Gröne (WHO Barcelona) and Hanne Tonnesen (WHO Collaborating Centre, Copenhagen) entitled “Reimbursing health promotion in hospitals through diagnosis-related groups”. An outline of the proposed European project was presented along with the agreed timeframe for participation in the project. For further information contact Jutta Skau email: js39@bbh.hosp.dk

Taskforce meetings

Taskforce on Migrant Friendly Culturally Competent health care (MFCC): For further information and participation in this taskforce, please contact email: Antonio.Chiarenza@ausl.re.it European Coordinator, Antonio Chiarenza, PhD, WHO-HPH Task Force on MFCC Staff - Direzione Generale, AUSL of Reggio Emilia, Via Amendola, 21 - 42100 Reggio Emilia, Italy.

Task force on health promotion for children and Adolescents in Hospitals (HPH-CA): For further information on the work of this taskforce and possible participation, contact email: k.majer@meyer.it. European Coordinators, Fabrizio Simonelli, Maria José Caldés Pinilla, Katalin Majer Task force on Health promotion for children and adolescents in Hospital, Health Promotion Programme A. Meyer University Children's Hospital Via Pico della Mirandola, 24 Florence, Italy.



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Thematic issues

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This year highlighted evidence of the growing level of enthusiasm and the breath of development that is happening within the International HPH Network. As a HPH coordinator in the original European pilot project on health promoting hospitals, it is extremely gratifying to see what has been achieved since the pilot project and to have been able to co-host the 13th International HPG Conference in Dublin.

According to the conference evaluation which was carried out by the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Vienna, participants judged the event quite positive: 88% were very satisfied or satisfied with the overall design. 86% judged the program as good or very good, and even 91% were very satisfied or satisfied with the social atmosphere.

Ann O’Riordan, Dublin

First results from the pilot-implementation of the WHO self-assessment tool for health promotion in hospitals

- **Standards prove to be a useful and sensitive tool for assessing health promotion in hospitals.**

Background and Methods

Within the working group on “standards for health promotion” a self-assessment tool was developed to assess

current level of performance on health promotion activities among hospitals in the international network of Health Promoting Hospitals. It is based on the standards reported previously and addresses five domains of health promotion actions in hospitals: management policy, patient assessment, patient information and intervention, promoting a healthy workplace and continuity and cooperation [1, 2].

An expert working group developed measurable elements to assess compliance with standards and a literature review was carried out to identify performance indicators on health promotion measures currently in use [3]. A self-assessment tool was then developed incorporating measurable elements and indicators, identifying roles and responsibilities, data sources, action plans and assessment procedures. The tools used for pilot implementation includes 68 measurable elements and 22 complementary performance indicators [4].

The pilot implementation started in March 2004 and was finalized in January 2005. Overall, 38 hospitals from 8 countries (Czech Republic, Germany, Ireland, Italy, Lithuania, Slovenia, Sweden and South Africa) contributed complete data for the final analysis.

Results

In order to gather results from the pilot implementation a meta-evaluation tool was developed to assess hospital quality management structures, to evaluate clarity and relevance of measurable elements and indicators, burden of data collection, current level of compliance with standards, performance on indicators and general experience with implementation.

As part of the implementation process participating hospitals established multidisciplinary groups taking responsibility for review of patient records and other data collection issues. Standards’ compliance was assessed based on audit of management procedures and patient records. Indicators were computed on the basis of patient records audit, routine surveys on patient satisfaction and staff health

and hospital information systems. Participating hospitals were mostly public institutions with a mixed urban/rural catchment area.

More than half are general hospitals, one quarter large general, and one quarter university/specialist hospitals. Hospitals were mostly median sized with about 500-600 beds, around 20000 inpatients yearly and up to 1000 full-time equivalent (FTE) staff.

Quality teams met on average six times to review patient records and fill in the meta-evaluation tool. The overall time needed to fulfill the pilot-implementation amounted in the majority of hospitals up to 100 hours and direct expenses related to material cost (excluding staff time and overhead cost) ranged between 200 and 800€

Assessed level of compliance with standards is as follows: 40% of standards are fully met, 33% partly met and 27% not met. This distribution allows for a good discrimination between hospitals, demonstrates that measurable elements are sensitive to quality improvement and are in line with the response-rates to standards as designed in other quality programmes. In short, it means that most hospitals will be able to reach the first third of standards easily, the second third with some quality improvement efforts, and only the best will be able to comply with the whole set of standards.

The normal distribution of responses further allows allocating a weight for each hospital whether any of the 68 measurable elements is fully, partly or not met to construct an overall performance score. This score reflects the construct of performance on health promotion activities and can be used for further analysis.

Preliminary regression analysis did not yield significant associations between compliance and hospital quality structures; however, further analysis will be carried out to assess associations of performance with other characteristics such as member status or accreditation.

All measurable elements were assessed regarding their perceived comprehension, applicability and importance. The results from the Likert scale rating will

Thematic issues

be used to reduce the number of measurable elements and target improvements in wording.

There was strong agreement with the need and usefulness of assessing health promotion activities in hospitals:

- 36 (94.7%) of the hospitals fully agreed or agreed that the participation in the pilot-implementation was useful;
- 35 (94.1%) of the hospitals fully agreed or agreed that it helped to identify new potentials for quality improvement;
- 26 (68.4%) of the hospitals fully agreed or agreed that data gathering can be incorporated into organizational practice;
- 32 (84.2%) of the hospitals fully agreed or agreed that other hospitals can be recommended to carry out self-assessment;
- 32 (92.1%) of the hospitals fully agreed or agreed that all HPHs should carry out a self-assessment.

A range of comments was received on the process of pilot implementation. Main critique related to the tight timeframe for pilot-implementation and comments on the simplification of the tool with regard to structure, hierarchy and language. Positive comments reflected that the tool helped health professionals in hospitals to develop a sense of ownership with the HPH initiative and that it supported negotiation with management.

Further work should be done to assess possibilities for comparisons and benchmarking and levels of certification depending on results of self-assessment in the future. It should also be discussed at network level whether all HPH should carry out self-assessment as part of the procedure to become HPH (without the need to disclose data) and whether HPH projects and activities should be derived from periodic self-assessment and priorities confirmed by management. Finally, further work needs to be done to better address hospital-community integration and the larger health promotion agenda.

Conclusions

Health promotion activities for patients and staff are important issues to improve quality of care and working conditions in today's hospitals. We developed a tool for hospitals to carry out a self-assessment in this field and piloted it to assess its comprehensibility and usefulness. Hospitals supported the use and further implementation of the tool to assess structures, processes and outcome of health promotion actions.

All members of the International Network of Health Promoting Hospitals and other quality agencies are encouraged to incorporate assessment of health promotion activities into existing quality tools.

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Oliver Groene,

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Mental health promotion and mental disorder prevention: Why should Health Promoting Hospitals care?

- **Mental health promotion and mental disorder prevention have become priority topics in European health policy.**

Problems around mental (ill) health are doubtless amongst the burning issues of the early 21st century. The prevalence of mental disorders in the adult European population is currently estimated as up to 20%, and a further increase in this percentage is predicted for the coming years. The statement "Mental illness is Europe's unseen killer" by Markos Kyprianou, European Commissioner for Health and Consumer Protection, which he made at the WHO Ministerial Conference on Mental Health in Helsinki in January 2005, is therefore no exaggeration.

Efforts to reduce the risks for mental disorder and to increase the resources for positive mental health are undertaken both by the European Commission and by the WHO, current priorities being on defining areas for action, and on building up evidence base, expertise, and partnerships for effective interventions.

Why should Health Promoting Hospitals care, and what can they do about it?

Hospitals are concerned by mental (ill) health in a number of different ways. Taking into account the Health Promoting Hospitals concept with its three target groups – patients, staff, community (Pelikan et.al. 2005) – the following areas can be distinguished:

Hospital patients

Following WHO, one in four patients visiting a health service has at least one mental, neurological or behav-



Thematic Issues

journal disorder, but most of these disorders are neither diagnosed nor treated (see http://www.who.int/mental_health/en/). Consequently, health services are defined as one important setting for action on mental health promotion and mental disease prevention both by the WHO and by the EU project “Implementing Mental Health Promotion Action” (see http://www.who.int/mental_health/en/; Jané-Llopis & Anderson, 2005).

But even for mentally healthy patients, a hospital stay may produce mental distress with resulting negative consequences on psychological and also physical health, for at least 3 reasons:

- A disease that is severe enough to cause hospital admission will be experienced as frightening and stressful by the patient – and there is evidence that psychosocial support can ease distress and improve quality of life for affected patients (see Clark et.al. 2003).
- A hospital stay separates the patient from his / her familiar environment and social contacts in times when emotional support is specifically needed.
- Unknown diagnosis, treatment and care processes may also cause distress for the patient.

In order to produce the best possible somato-psycho-social health outcomes for their patients, hospitals should therefore also consider mental (ill) health in their daily routines, e.g. by further developing empathic communication styles, by screening for mental health risks already at hospital admission, by providing psychological support for patients in specifically difficult circumstances (e.g. severely chronically or terminally ill patients and their relatives), and considering mental health needs of patients in the discharge planning. In all these aspects, specific attention should be given to the mental health of vulnerable groups, e.g. migrants and children. Within the HPH network, there are task forces for both these groups.

Hospital staff

Hospitals are risky workplaces – physically as well as mentally and socially. Several studies conclude that representatives of the nursing and medical professions suffer from higher levels of stress than the average population and workers in other professional areas (see e.g. Firth-Cozens 1998). Following the European Foundation for the Improvement of Living and Working Conditions, this is due to the fact that work in hospitals is characterised by a combination of rather high job demands and a relatively low level of control over work, i.e. a rather low level of autonomy (European Foundation for the Improvement of Living and Working Conditions 2005). Also exposure to violence at work is an above-average problem especially for hospital nurses (see e.g. Di Martino et.al. 2003).

In order to support the mental health of their staff, hospitals should – besides general stress prevention measures and support of staff in improving their coping skills – especially focus on measures to increase job autonomy, e.g. by further developing supportive and participatory leadership styles, since these have a proven impact on staff health (see Michie & Williams 2002). And because of the age structure of hospital staff, specific attention should be given to the needs of older staff members.

For further recommendations on supporting the mental health of hospital staff, see report “How can mental health promotion action be integrated in Health Promoting Hospitals? Report on a workshop at the 13th International Conference on Health Promoting Hospitals on a workshop” in this Newsletter.

Community

Depending on the hospital’s role in a given health care system, the hospital can also play a role in supporting mental health promotion and mental disorder prevention as an expert partner for mentally healthy communities. This

may include the facilitation of an easy access to hospital services especially for disadvantaged and at-risk groups, as well as the provision of information and the offer of specific training and education services for a general public, for community member who come to the hospital as visitors, or for schools, enterprises or other community sites.

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How can mental health promotion action be integrated in Health Promoting Hospitals?

- **This question was subject to a workshop at the 13th International Conference on Health Promoting Hospitals**

The International Network of Health Promoting Hospitals has a task force on health promoting mental health care services since 1998, with a focus on health promoting psychiatric hospitals. A discussion on mental health promotion as an issue and a responsibility for hospitals in general was only started in the network at the 13th International Conference on Health Promoting Hospitals which took place in Dublin, Ireland, from May 18-20, 2005.

Under the heading of “health promotion for vulnerable groups of patients”, the issue was presented and discussed by Dr. Eva Jané-Llopis in a plenary session (the slides are available in the Virtual Proceedings of the conference at: www.univie.ac.at/hph/dublin2005/htm/proceedings.htm). Following the plenary, a conference workshop was facilitated by Eva Jané-Llopis, Jürgen M. Pelikan and Christina Dietscher, inviting participants to further discuss and explore the topic. Over 50 participants attended the session.

The aims of the workshop were to

- Identify the perceived groups at risk in the hospital setting that could benefit from mental health promotion
- Identify existing health promotion practices in the hospital setting that could integrate a mental health promotion component, and what could be done
- Explore how best mental health promotion could be accepted and taken on board in hospital settings.

The workshop was organised in three parts: an introduction to the topic, group

work and general discussion. Firstly, following a short introduction by Eva Jané-Llopis, Jürgen Pelikan and Christina Dietscher presented a theoretical framework on how mental health promotion could be integrated into the 18 HPH core strategies for hospital patients, staff, and community population (the slides are available in the Virtual Proceedings of the conference at www.univie.ac.at/hph/dublin2005/htm/proceedings.htm). Some general discussion with all attendants identified four main topics of interest:

- Mental disorders as a co-morbidity to physical ill health
- Chronic mental disorders
- Mental health promotion as a community issue
- Mental health promotion for hospital staff.

Workshop participants divided into four groups to discuss the identified topics, to exchange experiences and to explore the need and options for action. Rapporteurs of each group presented the key issues discussed during the group work, which are summarized below:

Mental disorders as a co-morbidity to physical ill health

Especially severe chronic and life-threatening diseases (e.g. stroke, cancer) are associated with an increased risk of acquiring additional mental health problems. E.g. it is estimated that up to 22% of patients with myocardial infarction and 33% of people with cancer suffer from major depression. The problem seems to be increasing with the age of patients, since 1/3 of patients over 65 are affected. Although there is a lot of data on the problem, mental disorders remain often undiscovered and thus untreated, resulting in numerous problems for the hospital, including increased length of stay and unintended re-admissions, since mental health problems are rarely followed up after discharge from the hospital.

Actions for improving this situation include inpatient rehabilitation and a

better link with primary care so as to improve integrated care approaches and to allow for follow-up after discharge. In order to allow hospitals to do so, they need political commitment, for example, through a political framework and specific guidelines (as already exist e.g. in the UK). The development of supportive actions may also benefit from cooperation with and input from patients who have experienced such problems themselves, as they have insight on what is needed. Also more research is recommended, since the knowledge base on the problem is still meager.

Chronic mental disorders

The group focusing on this issue reported that adequate treatment of chronic mental disorders is challenged by societal stigmatisation, which prevents people in need from seeking care. Another problem is the lack of cooperation and integration between hospital, mental health care services, primary care and community health care services, which makes adequate access to services increasingly difficult. Also a lack of resources was reported on, since in many countries treatment of mental disorders is not adequately funded by health insurances.

In order to reduce stigma and taboo, the group recommended to cooperate with the media and with celebrities who have or have had a personal history of a mental disorder. To improve the cooperation between levels of care, it was recommended to improve the education of health care professionals and to develop specialist roles like mental health link nurses.

Mental health promotion in the community setting

Doubtless, hospitals' possibilities for mental health promotion and mental disorder prevention are limited. A lot of other partners are needed to implement effective interventions, but since hospitals dispose of a lot of expertise and trained staff, they might have an important role in coordinating activi-



Thematic Issues

ties (e.g. via care plans) in cooperation with different actors like schools, workplaces, pharmacies, and others. The group suggested that the aims of community oriented activities should include an improved access to services also for disadvantaged groups of the population, and contributions to the development of supportive public policies (including parenting interventions, housing, etc.). It was also felt that financing schemes for health care should allow not only to prescribe drugs, but also social interventions.

Staff orientation

Staff who are used to care for others often tend to neglect or do not recognize their own health problems. Especially for health care staff, personal health problems seem to present a taboo. Besides the resulting personal ill health, this may also negatively affect job performance and, in the case of hospitals, patient care and patient health.

The group on staff orientation identified a need for better training staff during professional and continuous education. In hospitals, there is also a need to develop work climate in order to improve group support. At the organisational level, the group emphasized the importance of raising awareness and providing support (counseling, coaching, supervision) for staff in need. To support this direction, it would be advisable to have an overall healthy workplace strategy. In general, the group recommended to learn from psychiatric health care where there is a long tradition in reflecting the personal situation at work.

How can mental health promotion in HPH be taken further?

The very active participation in the workshop in Dublin and the positive feedback from participants indicated a high level of interest in mental health promotion in and by hospitals. We would therefore like to invite a discussion in the international network on this topic: If you would like to react to the related articles in this Newsletter

News from networks and task forces

ter issue, you can either send an e-mail to hph-soc.gruwi@univie.ac.at, which we would publish in the next Newsletter issue, or you can use the internet discussion forum on mental health promotion which we have set up on the web-site of the WHO Collaborating Centre for Health Promotion in Hospitals and Health Care at <http://www.hph-hc.cc/forup/viewforum.php?f=6> If you are interested in further exploring this issue, we would also like to invite you to join in a group to prepare a follow-up for the next international conference on HPH in Palanga, Lithuania, from May 24-26, 2006.

*Christina Dietscher, Vienna,
Eva Jané-Llopis, Nijmegen,
Jürgen M. Pelikan, Vienna*

The coordination of a Regional HPH network – the Regione Lombardia experience

● Prizes for HPH projects contributed to raising awareness on HP in hospitals.

The Health Promoting Hospital is a network promoted by WHO since the early 1990s. Regione Lombardia agreed to join the network in 1998, and up to now there are almost 62 hospitals in the regional network.

The formal agreement between the parties was signed in 1999 at the third National Conference which was organised by the Regional network.

In 2001 the national network, composed of ten Italian regional networks, decided to share their experiences and to sustain and disseminate the culture of promoting health in the hospitals.

In the same year the Lombardy network opened the HPH network to other health service structures, e.g. homes for the elderly.

In 2003 the Regional Government initiated another way to promote this kind of network as a kind of communi-

cation network, as an instrument to share the experiences of all education and promotion projects carried out by the involved health care structures. The intent was to improve the quality of the projects by means of incentives where these projects contributed to the objectives outlined in the Regional Social Health Plan (PSSR) 2002-2004. Particularly for hospitals, the objectives were as follows:

- requalification of the hospital network;
- investments in health authority buildings;
- continuation of care and the link between hospital and districts;
- prevention of cardio and cerebrovascular diseases;

From the end of 2003 until the end of 2004, the involved health care structures initiated to carry out a total of 99 projects, related to the 4 items listed above.

The Scientific Committee of the Regional HPH network evaluated the presented projects by applying a number of criteria.

Projects which were able to comply with the four items above, which submitted a complete proposal of good quality, and which involved a sufficient number of people, were awarded a prize. Prizes were issued to the 56 of the 99 submitted projects last March. The main prize was a cash sum of € 10.000.-.

The other prizes were: the reimbursement of expenses to attend the International HPH Conference in Dublin for two person, the reimbursement of expenses for two persons to attend the National HPH Conference in Courmayeur and, finally, the reimbursement of expenses for one person to attend the National HPH Conference in Courmayeur.

This initiative contributed to numerous goals, including the following:

- to demonstrate an example of good practice of how Regional Government can interpret its own governance role;
- to promote the HPH network among the public and private health service providers;

News from networks and task forces

- to value the hospitals and the health professionals already involved in HPH projects;
- to exchange meaningful knowledge which could be fruitful to other members of the HPH network;
- to increase and spread awareness of the importance of health promotion, even inside the hospital environment.

In particular, with regard to the first point referred to above, the Region provided the framework in which to operate, guaranteeing that all the regional hospitals worked towards the same objectives, but at the same time are left to decide freely on the kind of project they want to put forward, adapted to the local situation.

This means that with this action the hospitals were given the tools for developing their future operation in a meaningful manner.

As an example we should like to mention the different areas in which the projects were carried out. Particularly interesting were the projects related to “smoke-free hospital”, “sensible way of eating”, “disability”, “migrant friendly” and “training of personnel”.

Loredana Luzzi, Carlo Alberto Tersalvi, Lucia Scrabbi, Milano

The application of new WHO Standards for health promotion in hospitals in Switzerland

- **Can the standards be used as a screening tool for diabetes treatment?**

Concern

An interdisciplinary working party of the Swiss HPH-Network tried to answer the following question:

What is the impact of the WHO Standards of Health promotion in Hospitals

as a self-assessment tool for screening health improvement in the therapy of chronically ill patients, e.g. those suffering from diabetes?

Preliminary remark

There exist already good guidelines for the treatment of diabetics which were adopted by the Swiss Diabetes Association, e.g. the Cochrane guideline. The working party agreed that the treatment of diabetes should consist mainly in typical health promotion activities (exercise, nutrition, psychosocial aspects, and measures against addictions).

Findings

The standards were considered a well structured tool for self-assessment. They are:

- standard 1: management
- standard 2 & 3: patient
- standards 4: human resources
- standard 5: co-operation

These standards permitted the working party to screen diabetes therapy according to their structure.

It was discovered

- that the organisation of treatment of diabetes in Switzerland is very diverse throughout the country e.g.:
 - care organised by a centralised out-hospital service, looking for optimal treatment by choosing one or several health care providers;
 - care organised by hospital
 - care organised by hospital out-patient clinics (polyclinic)
- networking between the different health sectors has been starting, but is not structured enough, making it difficult to measure progress of a patient's health condition, with a possibility of the case being “lost” in the system;
- diabetes care facilities are generally understaffed;
- nomenclature of medical treatment and of indicators is not uniform,
- Staff are not well enough prepared.

Measures

Need is felt for the working party

- to develop teaching
- to develop nomenclature and indicators and
- to introduce patient cards (in order to measure progress in patient's condition of health).

Overall

The working party thought the standards to be a useful tool for screening the diabetes treatment in order to measure strengths and weaknesses. But they shouldn't get more overloaded with sub-standards which would only hinder transparency.

Nils Undritz, Suhr

Background Survey on Health Promotion for Children and Adolescents in Hospitals

- **A survey on HP for children and adolescents was carried out in European hospitals.**

An international survey was carried out by the HPH Task force and the related Working Group on Health promotion for children and adolescents in hospitals, with the participation of 114 children's hospitals and paediatric hospitals of the WHO European Region.

On the occasion of the 13th International Conference on Health Promoting Hospitals (HPH) in Dublin (May 18-20th 2005), the results and the draft report of the survey were presented.

At the moment, the final version of the report is in print, and it will be distributed within the international HPH Network, through the National / Regional Co-ordinators, and will also be sent directly to the participating hospitals.



An International Network Initiated by the WHO Regional Office for Europe

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Projects and initiatives in partner hospitals

For further information please visit <http://www.meyer.it/hph/hph-ca>

*Fabrizio Simonelli, Maria José
Caldés Pinilla, Katalin Majer,
Florence*

Aquanatal

As a community midwife in the Strabane area, I was looking for different and exciting ways to enhance midwifery services. I felt that antenatal mothers needed something sociable with some time out for themselves.

On a visit to Scotland I met with a fellow midwife, who told me about Aquanatal Classes. Aquanatal is an exercise routine, specifically designed for pregnancy, performed to music in water. One of the most important of these pool exercises is the breathing exercise, which is extremely beneficial to women for relaxation and particularly during labour and delivery. I felt this was an experience that many antenatal mothers would be delighted to participate in.

After some research I discovered that, surprisingly, Aquanatal is not a service available anywhere in Northern Ireland, so having discussed it with my line manager, I sent a proposal to the Martha Mc Menamin Memorial Scholarship where I was awarded funding to organise and train a group of midwives in Aquanatal Stage 1.

In January 2005 my first class started in Strabane Leisure Centre on a Tuesday morning with 10 antenatal mothers ranging from 26–40 weeks gestation. The ladies spend 45 minutes in the pool exercising, learning relaxation techniques and most importantly mixing with other mums-to-be and sharing their experiences of pregnancy, childbirth and generally having a good time.

I am delighted to say that the class is still running very successfully and is generating a lot of interest, so much so that I actually have a long waiting list of ladies waiting to attend.

Carmel Cochrane, Strabane

Smoking cessation

A smoking cessation group for pregnant women commenced on Monday 6th June 2005 in the Well Women Centre. Sessions will be from 1pm – 2pm and Crèche facilities will be provided. The sessions are co-ordinated by Community Midwives Sr Marian Mc Gowan and Staff Midwife Moira Blee.

The group is aimed to help support pregnant mothers who want to stop smoking during pregnancy and hopefully will continue to do so after pregnancy. Understandably the women feel guilty about smoking during pregnancy but they need somewhere to start to help them kick the habit. This is where we hope the Smoking Cessation Group can help by giving support, information and guidance in a relaxed, informal group.

A pilot group will run for four weeks and have a structured format with talks from a Dietician and Pharmacist. The group will also include relaxation and hopefully will be rewarding for all involved.

*Marian McGowan, Londonderry
Community Midwifery Sister*

Yogacise

Yogacise is an innovative way for mothers to be able to enjoy the benefits of yoga in a gentle but effective way. Yoga helps to promote mental and physical wellbeing and balance. Pregnancy is a time of great change for women emotionally and physically. Therefore yoga can help them to prepare for the birth of their baby through breathing and relaxation techniques. Women can move at their own pace during the yogacise. They can learn to get in tune with their body and their baby! Yogacise is also fun and is a social event with women meeting each other and often forming friendships and other contacts. Yogacise can be used in the antenatal period and techniques can also be used in labour. Once the women have their babies it

can be done postnatally and the babies can benefit too!

Several midwives from Altnagelvin Trust and health visitors from Foyle Trust have almost completed their diploma in perinatal yoga offered by Birthlight Perinatal Foundation. Yogacise classes have already commenced in local areas and classes will be starting in Altnagelvin in July this year.

Cathy Grieves, Londonderry

Headlines

Headlines

Finland: Exchange programme starting

The Association of Health Promoting Hospitals in Finland is willing to start an exchange programme for employees (nurses, doctors, physiotherapist, social workers ect.) of member hospitals of the international HPH-network. The aim of the programme is to share good health promoting practice within normal hospital work. The exchange period would be 1-2 weeks. The stay in Finland will not cause any costs. First step for the employee willing to come to Finland for exchange, is to contact their own HPH-coordinator. After that the applicant should deal with her / his own employer about the possibility to have an exchange with some named interests. The first five months period starts in January 2006 and for that period you have to contact your own coordinator before September 2005.

*Maria Hallman-Keiskoski,
Jyväskylä*

Vienna: Healthy ageing for staff

"Healthy ageing for staff – contributions of hospitals and nursing homes" is this year's annual theme of the Viennese information network "Health promotion in hospitals and nursing homes". On June 13, an expert workshop on the topic was organised which concluded that already 48% of staff of the Viennese Hospital Association are older than 40. Hospitals, which are very risky work settings for all staff, are specifically demanding for older staff members. Therefore, specific health promotion measures (e.g. flexible working hours, specific support for continuous training and education) are required for this target group. In November this year, the Viennese information network will organise a workshop for Viennese staff and launch a factsheet on the issue, focusing on problems and possible solutions.

Christina Dietscher, Vienna

Call for Papers

Call for papers for Issue no. 26 of the HPH Newsletter

- **Would you like to submit contributions for HPH Newsletter no. 26? Please follow the guidelines below. Deadline: November 25, 2005**

Especially invited are contributions about

- specific local HPH projects (either for hospital patients, for hospital staff, or for the local community population);
- comprehensive HPH approaches including the development of the whole hospital organisation;
- experiences and developments of the national / regional HPH networks;
- conceptual and methodological issues;
- HPH conferences and publications;
- related subjects of interest to the HPH audience.

If you wish to submit an article for issue no. 26 of the HPH Newsletter, please send us a manuscript of no more than 750 words. Please use either Times New Roman or Arial 12, double spaced, with no extra formats, and please provide references in text (no footnotes!). Please include full contact address and short information about author(s) (max. 15 words).

Please send your contribution to the Ludwig Boltzmann-Institute for the Sociology of Health and Medicine, preferably as an e-mail attachment (hph.soc-gruwi@univie.ac.at), or send a floppy disc (word for Windows 2000) to Christina Dietscher, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Rooseveltplatz 2 / 4th floor, A-1090 Vienna, Austria.

If you have any questions about your contribution, please contact Ms. Christina Dietscher at hph.soc-gruwi@univie.ac.at

Announcements

Announcements

2nd Transnational Conference of the German-Speaking Networks of Health Promoting Hospitals, "Das Gesundheitsfördernde Krankenhaus – Krankenhaus mit Zukunft: Beiträge zur Positionierung des Krankenhauses in einem reformierten Gesundheitswesen"
Date: **September 21-23, 2005**
Venue: **Charité Hospital, Berlin**
Conference language: **German**
Further information:
geene@gesundheitberlin.de

13th conference of the European Public Health Association: Promoting the Public's Health: Reorienting health policies, linking health promotion and health care
Date: **10 to 12 November**
Venue: **Graz, Austria**
http://www.eupha.org/html/menu3_2.html

11th European Forum on Quality Improvement in Health Care
Date: **26-28 April 2006**
Venue: **Prague, Czech Republic**
<http://www.quality.bmjpg.com>

14th International Conference on Health Promoting Hospitals
Date: **May 24-26, 2006**
Venue: **Palanga, Lithuania.**
Information in the internet will be available in October at www.univie.ac.at/hph/palanga2006



Health
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