



Mental health in times of the pandemic

7 ways to cope with the crisis – 7 visions to reform the mental health care system



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Introduction

Responding to COVID-19: The time for mental healthcare reform is now

The global outbreak of COVID-19 forced many mental healthcare services across Europe to adjust. Lockdown restrictions led to a disruption of many services crucial for the mental wellbeing of people. In the peak phase of the pandemic, Mental Health Europe (MHE) asked members and partners about the impact of the pandemic on their lives and work and which measures they are taking or can be taken to cope with the situation – among them also MHE board member and Pfalzkrlinikum CEO Paul Bomke. The following testimonies underline the importance of putting mental health higher on the European agenda, during the crisis and afterwards, while offering a personal side and shared expertise for people within the mental health sector, decision makers, and anyone interested in improving mental health for all.



Interview with Sarah Crew, an individual member of MHE, a member of Similes Wallonia and a family carer

What impact is the current situation having on your life?

Confinement affects all the family. I am now working full-time from home, and we only leave the house for short shopping errands or walks in the neighbourhood. My 27-year-old son lives at home and receives regular medication. It has been more difficult to obtain prescriptions, but fortunately the pharmacy has been flexible and supportive.

My son's few outside activities have been curtailed, and he can no longer accompany me on even basic excursions to the supermarket. Fortunately, we have a large garden and green outside space. When the weather is fine, he sits outside or wanders around, and he walks to a night shop at least once a day to buy a drink and cigarettes.

How are you adjusting your habits?

We are quite simply respecting the confinement measures. Personally, I have no difficulty making the adjustment, although I regret the way it makes our world a narrower place. I am naturally adaptable and have lived, for example, for

long periods on a sailing boat. I find having some structure and variety to the day helps. I attempt to make a demarcation between work and leisure time. At the end of the day I like to walk, spend time in the garden and cook, before reading or watching a film. I encourage my son to walk with me, but I'm not always successful. I talk about the situation with him and give him brief updates. But he seems quieter than usual and he's had even less appetite, which can be a sign of increased anxiety. We encourage him to eat with small but regular portions of his favourite food. And we remain calm about the situation as it's important to not transmit any additional stress.

What is helping you?

Walking is a massive help. When I've had more difficult periods, I've headed outside for at least an hour. I also need to spend some time on my own. I've discussed the situation with my son's psychiatrist, and she thinks I'm managing relatively well because I've previously experienced trauma, principally through managing my son's mental health issues. I've occasionally struggled with self-discipline over work, so I've been exploring time management systems and there is definitely an improvement. I've also become involved in community activities as well as joining in the evening clapping for carers.

What would help you?

This is difficult to answer. I personally feel fine, but consider myself fortunate to have regular work, a salary and a spacious home and garden. Video conferences for work or with friends have been helpful.

My son's psychiatrist offered him a phone call, but he wasn't interested. I could not imagine him welcoming either a video conference call. Ideally, there would be someone who could visit us at home and have a chat with him while walking/maintaining a physical distance.



The local mobile team no longer works with us because my son has been stable for the past three years. He has started attending a day clinic for one activity a week – swimming – but they have not called us once to see if he is fine. Apart from the psychiatrist – I had to contact her for prescriptions – there is no follow up.

I'm used to lack of support, but many service users and their families are suffering at the moment.

What message of hope could you send to other people that might be going through similar experiences?

Quite clearly, this is a global experience and everyone is in it together, even if experiences vary tremendously. This is due to inequality – it's easier to thrive in confinement if you have space – and also if you are economically advantaged. It also appears that previous hardship can work in your favour as you can draw on previous experiences.

It is a cliché, but concentrating on the here and now can be beneficial. Try and let go of the need to plan ahead. It appears that there has been unity because everyone around is suffering a similar confinement. There is a risk with future deconfinement measures that people will have different experiences and some people may find it difficult to return to a more 'normal' life. So remain in contact with people in a similar situation to yourself and draw support from them. What small adjustments can I introduce in my life to make myself feel better? What gives me pleasure? Don't be too hard on yourself and don't feel guilty about not catching up on all those domestic and admin jobs that need doing... If possible, get involved in your community or do some volunteering. There are always people in a worse situation than yourself. Consider checking in with friends/family who may be struggling.

Sarah Crew



Interview with Paul Bomke, member of MHE's Board and CEO of Pfalzkrlinikum, a service provider of mental health care in the Palatinate region, Germany

What impact is the current situation having on your organisation?

The current situation has had a huge impact on our organisation – partly on the hospital service we provide but particularly on the community-based services and communities. We had to close nearly every service which was not focused on hospital beds, including the day-care hospital and a lot of places where people normally meet on a daily basis.

In our group homes and hospitals, there are no visitors allowed at the moment. There were people who didn't want to stay in the hospital under these circumstances, so they left. On a ward where we normally had 20 people, now we have ten clients with nearly the same amount of staff. My colleagues observe that the coping process intensifies for some of the clients. Some might think: "This is good. It's like being in a monastery. You are with yourself, you have the psychologists, you have doctors and nurses who have enough time. And it's better for me because I can get closer to my own experiences and I'm not as affected by other things."

Other clients, however, are getting very upset about the situation, mostly due to economic concerns or worries about their relationships. It's a crisis situation: "normal" things are not normal; abnormal things are normal.

There's a risk that after the crisis, our services will be overcrowded and overused. This is another reason why we try to keep all of the staff on our payroll, which is not easy despite the financial support given to hospitals. We are fighting very hard to ensure that financial support will keep coming despite some of our services not being delivered at the moment.

How are you adjusting your services?

We have a lot of staff members who want to work more, they want to feel that they are fighting the virus, they are on the front line! At the same time, some of our staff feels worried about their own health. Some of them might be looking after other members of the family: their mothers, their fathers, their children, their siblings. They don't come to work in a bid to protect others. The rate of people staying at home has increased during the last four weeks. Normally we have an average of 15% of people staying at home, now we have an average of 20%.

We reduced our service to nearly 40% of our normal workload. We did this with the intention to have enough staff to run our services if the virus was to spread not only to clients, but especially to our own staff. Employees' pay is still protected by special State programmes.

How are you arranging things in order to safeguard your employees' physical and mental health?

We have produced a lot of guidelines. For example, we have set in place procedures to allow for daily contact (phone or video calls) between homeworking employees and the employer, so that staff feels less lonely. As most of our current services take

place in institutions, we try to protect our staff with personal safety gear (masks, gloves and protection suits), although there isn't enough of it at the moment.

Concerning their mental health, we try to enforce our leadership concept: managing by talking to people. It's very simple. We try to train our leaders to be more visible. You cannot be just a digital leader, you have to be physically visible. You have to talk to people, go to the wards. Finding the right words and the right way to communicate to employees is not easy of course. It's a communication challenge.

What is helping your organisation?

Mostly ourselves. We realised that our team is competent to manage the crisis. All the managers are standing together. We're focusing on one goal – to provide services to the people. This is working very well.

The crisis has also put an emphasis on digitalisation. Before the crisis people were more reluctant to digitalise. Now, there is a boost in teleconferencing and bringing digital solutions to the outreach services we offer. The pandemic offered an opportunity to add this to our service provision.

What would further help your organisation?

A change in attitude towards service providers from ministries and public bodies. What would be helpful is if these institutions called us and said: "We are in a huge crisis and you are very important – how can we help you?" But so far it has been the opposite: they are almost like clients, constantly asking something from us. I call it the "corona bureaucracy". Instead of the normal bureaucracy, they substitute it with the corona bureaucracy. We have to provide more documentation, send more e-mails, letters and data sets than before. This is my wish for the time after the crisis: for public bodies, ministries and governments to approach service

providers differently, to have a trust-based relationship.

What message of hope could you send to other professionals that might be facing problems similar to those of your organisation?

First of all, become a member of Mental Health Europe! I'll tell you a personal story to answer this question. We have a WhatsApp group with some MHE members from Scotland, Serbia and Belgium. Every day we are exchanging brief messages and checking in on each other. This is so helpful. I realised that having friends all over Europe gives me hope.

Finding new ways to connect is something we haven't done before. My hope is that having good networks, such as MHE, will help us to get through the crisis.

Paul Bomke



Interview with Dominique de Marné, MHE's Senior Policy Advisor for Youth and CEO of Mental Health Crowd, a Mental Health Café in Munich, Germany

What impact is the current situation having on your life?

The impact on my private life is indeed limited. Since I am an introvert in general who needs a lot of time to myself, this part of my life remains almost untouched. What I do miss is being able to simply give my friends a hug. In terms of my work, things are different: we opened Germany's first Mental Health Café in December in Munich. The current situation is disastrous for a starting business like ours. It is causing a lot of concerns for us. At the moment, my business partner and I are working far more than we usually do.

How are you adjusting your habits?

I've barely adjusted my habits. What changed most is that we don't drive to our store several times a week anymore as we used to before the pandemic. As a person affected by mental ill-health, things like structure, exercise, mindfulness etc. are important for me to stay healthy and stable

– not just during corona times but they are part of my daily life. Some things have become digitalised of course: lectures, team meetings or meetings with friends. Although it cannot replace meetings in person, I'm still glad that technology is so advanced. It makes these times easier.

What is helping you?

What helps me is having a daily routine – set times to sleep, get up, work but also to relax, exercise and free time. It is important to allow every feeling and thought. In this extraordinary situation, everything is allowed. I am allowed to be angry and desperate given my business that is on the rocks. It is important not to suppress these feelings but to give them space. Other than that, what helps me is to not compare myself too much with other people – there is no one, right way to deal with this situation. We are all different, and we all need different methods to help us cope right now. Then, of course, it is great to find purpose in my work still. As an advocate for mental health, it is especially interesting to observe which mental implications the pandemic has on people – I am sure the topic is even more important right now than it already is.

What would help you?

Here I can and have to say: money clearly. The financial support we have received from the government so far is not nearly sufficient to balance out our minus. Further aid programmes and support would help us the most. We have launched a crowdfunding campaign, and we are offering virtual cafés. Through this, we are already receiving a lot of support, even though it is unfortunately not enough (yet) to cushion the blow. The more awareness our project and work receive the better are the chances to continue our work after the crisis – to create an environment where we can talk about mental health in the first place, earlier, better and in a more normalised way.



What message of hope could you send to other people that might be going through similar experiences?

Try to focus on good things every day. That is what is helping me at the moment. Focusing on the many things I can be grateful for – whether that be my physical health, my partner, tap water, a sip of coffee or the beautiful light at dusk. In addition to that, the knowledge to live in a country where the worst-case scenario is still by far better than the normal state in other countries; family and friends who support us – we are not alone. And finally, radical acceptance can be helpful.

Accepting the situation instead of asking yourself “why?”. You do not have to approve of the situation but stop wasting your energy on thinking “what if”. For everyone working within the mental health sector, this crisis can also be a great opportunity because many people and businesses now, for the first time, notice that they have mental health. The consequences that curfews & Co have on mental health will stay with us for a long time. Then people and organisations like us will be needed.

Dominique de Marné



Interview with Simone Cheli, president at Tages Onlus, Italy

What impact is the current situation having on your organisation?

On the one hand, the clinical intervention saw a significant change. We were not totally prepared to deal with this crisis, neither were our patients. On the other hand, we have become more involved in social initiatives and projects, aimed at supporting a strategy for dealing with COVID-19. I would say the impact is mainly on the clinical intervention.

The crisis has also reduced the income of our organisation. At the same time, we've had an increase in requests for our free-of-charge services. So, there is a paradox between the reduction of financial resources and increased demand in clinical and research activities.

How are you adjusting your services?

We have significantly changed everything. In a recent webinar organised by the Lancet about mental health and the impact of COVID-19, Emily Holmes said that in just

ten days we have adapted to the change in transforming in vivo mental health intervention which we had not been able to do for ten years. We have moved all interventions online, both the clinical one and the training and research activities. We have maintained a few emergency interventions because we work with people who are affected by psychoses, schizophrenia and highly complex post-traumatic disorders. Therefore, we have maintained the possibility to have in-person consultations. These are regulated by strict rules: wearing masks and keeping 2 metres of distance at all times among other things. Besides, only a limited number of people are allowed to enter our facilities.

How are you arranging things in order to safeguard your employees' physical and mental health?

We have moved everything online, and only a few colleagues are allowed to use the clinical centre. We had to stop interventions for children and for the elderly with neurological diseases. I can say to a

client not to pass the 2 metres boundary, but I cannot ask the same of a patient who has Alzheimer's disease.

What is helping your organisation?

Two strategies. First, we have started weekly online meetings with all the professionals from our two centres in Florence and Bologna. Our aim was to create a sense of community and support. Especially during the first 3-4 weeks after the pandemic broke out, the online meetings were meant to support the staff.

The second strategy is about trying to reframe all services, not in the short-term but in the long-term. We are creating a new online training platform. Besides, we have come up with a new strategy assessing mental health delivery services for the different working groups of our association. We have also re-organised in different areas and joined a few international projects. We are the Italian coordinators of a study from the University of Coimbra, Portugal on the impact of COVID-19 on wellbeing in 18 countries. Additionally, we are the promoter of a study on the psychological impact of COVID-19 on cancer patients and survivors in 13 nations.

What would further help your organisation? What actions by national government and EU are needed to help your organisation?

We need a European mental health strategy. That is what is lacking now. Single regions in countries like Italy or the US are moving independently from the central government, creating a lot of chaos. You can see the high rate of infections in these countries as a result. It is crazy to see this pattern in contrast to Germany or France, where there is a central direction. This centralised approach lacks from a European level. I am not talking about

money; I am talking about a common strategy, which seems the main problem to me. Then for sure, there is an international problem: how to support the creation of groups, charities, academic institutions and how to get us to work together.

What message of hope could you send to other professionals that might be facing problems similar to those of your organisation?

I would say that the digital barrier is not a big problem. Both the mental health staff and clients receive significant support from Telehealth. So, it is not a question of additional barriers. It is required to find effective ways to support people, and so we need to outline and apply evidence-based interventions.

At the same time, as a mental health organisation, we cannot forget one of the basic principles in our profession – you cannot take care of someone else without taking care of yourself. What works for the client works for the mental health professional. We are in online communities, join national projects, local projects – they are important not simply in collecting evidence but also in maintaining a sense of community among mental health professionals. It can feel very lonely sometimes.

Simone Cheli



Interview with Jan Berndsen, President of MHE and CEO of Lister, a community-based mental health care service provider in Utrecht, the Netherlands

What impact is the current situation having on your organisation?

We had to find solutions quite rapidly. We closed all our activity facilities and day care centres, while reinforcing door-to-door and digital outreach. We also have hostels for drug users, and there the situation is rather tense. On the one hand clients who'd normally go into the city in search for money to purchase drugs cannot rely on this anymore and therefore there is a lot of anger and frustration. On the other hand, drug dealers have now moved closer to the hostels. We had to hire extra surveillance to ensure the safety of all.

Overall, I am worried about how things will develop in the next few weeks: people are more and more worried about getting infected and their daily structure (day facilities and workshops are closed) has been disrupted. Moreover, services such as psychiatric group treatment has stopped, and this can have deleterious consequences on people's recovery paths.

These changes in service provision and routine disruption are likely to bring about a worsening in the mental health of clients. This will probably only become evident in a few months. We try to adapt our services as much as possible, but the needs of some people might be hard to meet under the current circumstances. There will be a point in which one will wonder what is worse, catching the virus or have mental health rapidly deteriorating.

How are you adjusting your services?

We introduced different new ways of working. For instance, for clients living on their own we started the "coffee to go" programme. As in the Netherlands we are still allowed to go for walks, keeping the right distance, our case workers are reaching out to clients: they go to their homes, ring the bell and say "I'm here, I have coffee, let's go for a walk!". In some cases, of course as we are in the Netherlands, they go for a bike ride. This helps with the clients' and case workers' fear of contaminating the clients' home.

For clients living independently but catching the virus and needed physical care, we have ensured some emergency beds in special facilities. We are considering re-starting psychiatric group treatments, but with smaller groups, so that the safety distances can be respected.

How are you arranging things in order to safeguard your employees' physical and mental health?

At the moment we're working on "Sunday service" levels. Half of the staff is currently at home. This is done to lower the risk of infection but also so that, should some become ill, there will be replacements available. All staff is of course still paid. We also give live updates to staff every day, to assure them about the wellbeing of colleagues and clients and tell them about service adjustments.



What is helping your organisation?

It is important to remain objective and to be clear in our message that this is not the end of the world, we will make it out of this, and we might even learn something that will help us improve our services even more. For instance, we're already noticing a "positive" effect of this situation: case workers that were initially reluctant to change traditional service delivery are now more open, and even keen, in trying digital alternatives. Where before it would have taken a long time to implement new service provision styles, now it has already become a habit. Without forgetting the importance of face-to-face contact with our clients, our services will become even more flexible and adaptable to clients' needs.

What would further help your organisation?

On a practical level, it would be good if governments thought about providing personal protection gear, such as masks, gloves, etc, and of tests for care professionals

working outside of hospitals. This would help both with maintaining a healthy workforce and ensuring services, and giving a sense of safety to employees and clients.

What message of hope could you send to other professionals that might be facing problems similar to those of your organisation?

Of course, we all need to make quite some efforts at the moment, but together we are managing, and we will survive!



Jan Berndsen



Interview with Guadalupe Morales, director at Fundación Mundo Bipolar, Spain

What impact is the current situation having on your life?

It has had and still has a huge impact. In the first place, I had to adapt to a new, traumatic situation. For the first ten days, I was very energetic. I did a lot of new things. For example, exercising, looking after my diet and constantly cleaning my house. Looking back, I think that I was very afraid and a way to deal with this was to keep myself busy. Little by little, things have settled down. I started to have a lack of energy. I was not able to work until last week. I couldn't concentrate. It was very difficult for me. I would feel down for a day. What happens to me is that every day when I wake up, I think "It's the same all over again".

Besides, one of my main concerns was my husband. He works at a TV channel as a producer. He didn't have enough protection in his job. At the beginning, there

were a lot of people in the room with no masks and no protection. I was very scared he would get infected with the coronavirus. I was constantly checking the news so I got overwhelmed. At the beginning, I was very lenient towards the government, but by now I have become more critical.

Are you or the members of your organisation currently facing any obstacles in accessing mental health care services or support? If yes, could you describe the main changes since the outbreak of the pandemic?

It has changed dramatically. Of course, nobody can go to mental health services anymore to visit their psychiatrist or psychologist. But I have to say mental health services have given a lot of support by phone, teleconferences etc. So, from my point of view, or my organisation's point of view, that is working very well. They are highly involved, and it is running very smoothly.

When it comes to inpatient services and people that are in psychiatric hospitals – that has been much more difficult. Many patients had to be moved to other hospitals because all patients of one hospital got infected with coronavirus. Additionally, many patients in institutions have been released. On top of that, digital barriers are a big problem for some people. For them, isolation is terrible. This is a kind of discrimination for them.

In your opinion, what is needed at national and European level to improve the situation for persons with psychosocial disabilities?

In the first place, we need to have a higher budget for mental health. That was agreed in 2005 in the Declaration of Helsinki but nothing has happened for 15 years.

Secondly, this is not only a mental health problem but a social, legal and human rights problem. To give an example: we trained different non-socio-sanitarian collectives in Spain and professionals (psychiatrists, psychologists, social workers, etc.) and persons with psychosocial disabilities in Eastern Europe. None of them had ever heard about the UN Convention on the Rights of Persons with Disabilities (UNCRPD). We need political involvement when it comes to mental health and rights of persons with psychosocial disabilities. It needs to be on the agenda of politicians. Thinking that this is a cross-sectoral, multi-dimensional problem, we cannot only talk about health or social support, but we have to start at rights and the UNCRPD because that is a binding convention to everyone who has signed and ratified it. In our view, everything is there. The meaningful involvement of (ex-) users and survivors is not warranted at all.

First, we need to have a louder voice. We are very proud to be involved in the Horizon 2020 project Recover-E. It is the

first time that a person with psychosocial disability is involved in a European project (myself). This should be happening on a constant basis. We need to have real participation, and we need to have the possibility to network.

What message of hope could you send to other people that might be going through similar experiences?

We are networking more than ever with our peers. Phone calls, Facebook groups, video conferences etc. Creating this online community has helped us a lot. I believe that after everything ends, we could continue with this mutual respect by digital means and gradually by face-to-face. I feel that we have been stronger than many other people because of our experience with suffering and confinement. We know what it is like to lose our freedom. I'm very optimistic in that sense.

Self-help groups and mutual support have shown that it is the best way to work towards the future. It has been very amazing to find out how everybody is supporting each other and share his or her experience during these hard days.

Guadalupe Morales



Interview with Stephen Bevan, head of HR research development at Institute for Employment Studies about the challenges and needs of homeworkers, the type of support to provide and what could be learned from these circumstances

The outbreak of the COVID-19 pandemic is forcing many people to work from home. Home settings are not always ideal: from those who live on their own and might experience isolation, to those who share their house with others (like flatmates or their family). How can people best adapt to enforced or unplanned homeworking?

A survey we did to look at the experience of homeworkers in the first weeks of the lockdown points to four challenges:

- Sleep;
- Mental health and feeling of isolation;

- Physical health, particularly in relation to musculoskeletal health (e.g. neck and back problems);

- Exercise, diet and alcohol.

There are four things that homeworkers can do to make things better and to thrive at work:

- Stay connected with colleagues as well as friends and families. It is important not to forget external connections;
- Develop a routine that has boundaries between the different parts of working and private life, particularly for workers

with caring responsibilities;

- Create a working environment that is physically comfortable for them to avoid strain;
- Try to move if you can, exercise, eat healthily, get some sunshine: these are basic activities, but it is important not to neglect them.

How does the idea of “right to disconnect” fit into this new way of working?

There is a lot of debate about this topic and there have been various attempts across Europe to legislate on the right of workers to disconnect. I had a look at how successful these attempts have been and there is not much evidence, even before the COVID-19 outbreak, to suggest that the right to disconnect works or is enforceable, particularly through regulations.

What we know from the research is that workers want control and want to feel trusted to work when they want to work. It is the discretion and control that makes most difference.

The objective of the right to disconnect is well-meaning and a more voluntary approach seems to be the one that works best. Germany, for instance, has a more laissez-faire approach: individual employers are setting rules in collaboration with their employees.

Managers also play an important role to provide employees with the support they need to work from home. What could managers do in these circumstances? And what type of managerial styles could work better?

Managers are in the middle: they are in between the employees and the managers above them, so it is important to pay attention of the mental health of managers

as well since this is a difficult time for them too.

When they are managing people, they need to be clear about what they are expecting of people and they need to be more empathetic and compassionate. They also need to be more flexible in recognising that people have different needs and caring responsibilities and might not be able to be as productive for the whole week as they were previously.

Our survey also shows that regular, supportive communication between managers and staff can positively impact the mental health of workers. Conversely, if people feel that their managers are ignoring or abandoning them, this can start a slow decline into depression or anxiety.

In term of managerial styles, some managers think that a random act of kindness towards their staff is an act of weakness. We are living in times where we cannot have this sort of attitude: we need managers to be very sensitive, particularly because homeworking does not allow to detect signals of distress through body language. Managers need to be ultra-sensitive and observant to changes in mood and the mental health of their employees.

What practices should be set in place by organisations and workplaces in general? How can organisational structures enable managers to fulfil their support role to staff?

Our work indicates that the following organisational practices could provide better support to workers:

- Discussing and agreeing on performance measures and targets, both for individuals and teams;
- Being clear about work schedules, particularly for workers with caring

responsibilities that might not be available to work for certain times of the day, as well as informing colleagues of what works for you and how to fit around the schedule;

- Recognising the value and supportive nature of teams, particularly in taking decisions, to build resilience and support people in coping with times of uncertainty.

Given the challenges we are facing, actions cannot only come from workers and their employers. What should governments do to provide support to both workers and businesses? What kind of policies are more conducive to mentally healthy workplaces when homework is required?

This is obviously a difficult time for governments. In this particular situation, to preserve the mental health of workers, regulation is not something that needs to happen. The role of policy makers should be more to provide information and guidance.

One of the areas in which there is a regulatory gap is the implementation of health and safety legislation in home settings. Employer retains a legal duty of care of the health of their workers, even when they work from home. Governments could provide guidance on how to conduct risk assessments of people's physical and mental health when homeworking. They could also help employers connect with each other to share good practice and introduce incentives for employers to use support interventions such as Employee Assistance Programmes.

These exceptional circumstances are forcing everyone to take quick actions and find creative solutions. Once lockdown measures will start to loosen up, what will be the lessons learned

and lockdown practices/habits that might be worthwhile keeping as beneficial to the general work environment?

There are two things that will be interesting and beneficial:

- Some employers will start to rethink the assumptions they have traditionally made about what type of work can be done at home and whether different types of flexible working are feasible. We can consider these times as a live experiment which may demonstrate to many employers that their prejudices about flexible working may be wrong and that people, particularly when trusted, want some types of flexible arrangement and can make them work without reducing productivity.
- The debate about compressed hours working and the four-day working week: for health, commuting and environmental reasons, we will see more interest in how to make the four-day working week work well in certain types of organisations.

Stephen Bevan

“The debate about compressed hours working and the four-day working week: for health, commuting and environmental reasons, we will see more interest in how to make the four-day working week work well in certain types of organisations.”



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