

# Protecting and Promoting Mental Health in the Workplace

A Guide to EU Policy Initiatives

Christine Marking, Marking Consulting

Richard Wynne, ENWHP

August 2024



## Introduction

The mental health of the workforce is of increasing importance to all. Employers, employees, occupational health and general health services are all currently grappling with developing new approaches to the issue, with a range of policy statements, position papers and legislative initiatives all impinging directly or indirectly on how mental health and wellbeing is to be addressed in the workplace.

However, despite this increasing level of activity, there is much confusion still about what exactly mental health and wellbeing is and how best to address it. Levels of understanding about how to mobilise the policy making apparatus of the EU are often low, with the result that much of the activity that is seen in the area is uncoordinated, diffuse and of low impact.

This paper seeks to do two things:

- It maps and describes the main players at EU level and their roles in developing policy; and
- It describes the main policy initiatives that have taken place (as of late 2023) at EU and national level to develop mental health strategies and policies.

Based on work carried out in the recently completed (2023) H-Work project, it is hoped that this paper will assist all who wish to learn more about national and particularly EU policy in the area and also to assist those who wish to influence the development of new approaches to workplace mental health and wellbeing at transnational level.

## About the Authors

**Christine Marking** is a Dutch clinical psychologist, with a specialisation in psycho-gerontology and social gerontology. She has worked previously as a psychologist in a nursing home setting in Amsterdam, where she was involved with assessment and treatment aspects of psycho-geriatric patients as well as managing support groups for carers and relatives.



After moving to Brussels in 1988 she worked as an **external expert with the Ageing Unit of Directorate General V (Health and Social Affairs)** of the **European Commission**, where she was responsible for the creation of two European wide networks of innovative grass roots projects (e.g. addressing innovative housing for older people affected by Alzheimer's Disease), project assessment and preparation of the 1993 European Year of Older People.

In 1992, she joined **Eurolink Age**, a European-wide network of older people's advocacy organisations, representing the interests of older people at EU policy level, and was responsible for the co-operation with a wide range of social and health advocacy groups. In 1997 she became its director.

As one of the initiators and main driving forces behind the **creation of AGE-Platform Europe**, she was appointed its first Director when the organisation started its activities in January 2001.

**In September 2002 she joined Weber Shandwick|Adamson as Director of the Pharmaceuticals and Health Care Practice.** In this position she and her team worked with some fifteen global pharmaceutical companies, e.g., on advising on and supporting their advocacy surrounding the EU pharma strategy and clinical trial regulation. Ensuring a sound health content in EU R&D Framework Programmes was another priority.

Since September 2003, Christine runs **Marking Public Affairs sprl** in Brussels, which provides strategic advice and support on a wide variety of EU health, social and ageing policy-related projects and issues.

She has worked and is working on a wide variety of health and social topics (e.g., cancer, rare disorders, cardiovascular disorders, mental ill health...) with some eighty different organisations, institutions and companies, (including Johnson & Johnson, BioMarin, Pfizer, the European Patients' Forum and the Patient Access Partnership.

**Dr. Richard Wynne (PHD)** was educated in Trinity College Dublin, and has worked in the area of occupational psychology as a researcher and consultant since 1981. He is a founder Director of the **Work Research Centre (WRC)** (1988). Within the WRC he was responsible for projects in the areas of workplace health and wellbeing and workplace related disability issues. He lectures part time at UCD. He is a founder member and current Board member of the **European Network for Workplace Health Promotion** ([www.enwhp.net](http://www.enwhp.net)).



He has worked on and led many international research projects under a range of EU research programmes. He has also worked for a range of European Institutions including DG Sanco, WHO Europe, EU-OSHA and the European Foundation for the Improvement of Living and Working Conditions. In Ireland, he has worked for a number of players in the field of health and work. These have included The Department of Health, The Health and Safety Authority, the National Disability Authority and a number of NGOs operating in the mental health area.

He has also been involved in a number of transnational training development projects in the area of health and work and has contributed to producing a number of online courses in the area.

## Contents

Current EU Policies on Mental Health Promotion in the Workplace .....	7
What is meant by ‘policy’?.....	7
The role and remit of the EU .....	7
How does the EU work? .....	7
What does the Treaty say about public health and health and safety in the workplace? .....	8
How does the EU develop and implement policy?.....	9
The EU and international bodies.....	11
EU Social Partners.....	11
EU Agencies .....	11
Other organisations.....	11
Mental Health in the Workplace .....	13
The Framework Directive and Mental Health at Work.....	14
Council of Ministers - Non-binding policy initiatives .....	16
European Parliament Non-binding policy initiatives .....	16
Social Partners .....	17
European Trade Union Congress (ETUC) Non-binding policy initiatives .....	17
BusinessEurope Non-binding policy initiatives.....	18
EU Agencies .....	18
European Agency for Safety and Health at Work (EU-OSHA) Non-binding policy initiatives	18
Eurofound Non-binding policy initiatives .....	20
Other Policy Bodies .....	20
European Network for Workplace Health Promotion (ENWHP) Non-binding policy	20
initiatives .....	20
Organisation for Economic Co-operation and Development (OECD) Non-binding policy	21
initiatives .....	21
International Labour Organisation (ILO) Non-binding policy initiatives .....	23
World Health Organisation (WHO) Non-binding policy initiatives .....	24
International Organisation for Standardisation (ISO) Non-binding policy initiatives .....	25
Insights on EU Policies on Mental Health Promotion.....	25
Strengths and shortcomings of EU policy development and next steps .....	25
Conclusions and recommendations for policymakers.....	27
Policy recommendations for the EU institutions.....	29
Practical Recommendations.....	30
APPENDIX. Relevant EU-Level Policies .....	32
European Commission - Directorate General Employment.....	33

European Commission - Directorate General Santé.....	34
Council of Ministers - Non-binding policy initiatives .....	35
European Parliament Non-binding policy initiatives .....	36
<b>Social Partners</b> .....	<b>37</b>
European Trade Union Congress (ETUC) Non-binding policy initiatives .....	37
BusinessEurope Non-binding policy initiatives.....	37
<b>EU Agencies</b> .....	<b>38</b>
European Agency for Safety and Health at Work (EU-OSHA) Non-binding policy initiatives 38	
Eurofound Non-binding policy initiatives .....	39
<b>Other Policy Bodies</b> .....	<b>40</b>
European Network for Workplace Health Promotion (ENWHP) Non-binding policy initiatives .....	40
Organisation for Economic Co-operation and Development (OECD) Non-binding policy initiatives .....	41
International Labour Organisation (ILO) Non-binding policy initiatives .....	42
World Health Organisation (WHO) Non-binding policy initiatives .....	42
International Organisation for Standardisation (ISO) Non-binding policy initiatives .....	43
<b>References</b> .....	<b>44</b>

# Current EU Policies on Mental Health Promotion in the Workplace<sup>1</sup>

## What is meant by ‘policy’?

‘Policy’ takes many shapes and forms. It can take the form of binding and prescriptive legal measures that describe methods and desired outcomes. It can also be non-binding, describing the desired outcome, while leaving the ways and means to obtain the goal to the players concerned. In addition, there are other measures which can be seen as ‘policies’, such as initiatives aiming to stimulate cooperation in certain fields, which can prepare the ground for more formal or binding policies at a later stage.

This document takes a broad view of what is a policy and addresses both binding measures as well as the range of non-binding ways in which policy can be developed. Policy is developed at many levels: international, European, EU, national, regional, and local levels. It focuses on providing a detailed review of recent and relevant EU and transnational policy initiatives in mental health at work, with an overview of the role and competency of the EU and its relevant bodies in mental health policy, followed by an analysis of measures and approaches taken to date.

## The role and remit of the EU

The European Union (EU) is a federation of 27 Member States, with the objective to bring its Member States closer together with respect to trade, human rights and democracy. Its activities and rules of functioning are set out in the Treaty on the Functioning of the EU (TFEU), which was adopted in 2007, commonly known as the ‘Lisbon Treaty’. This lays down the EU’s objectives, the rules for EU institutions, how decisions are made and the relationship between the EU and its Member States. The EU Treaties are amended from time to time to reform the EU institutions and to give it new areas of responsibility. The Treaties are negotiated and agreed by all the EU countries and then ratified by their Parliaments, sometimes following a referendum.

## How does the EU work?

To develop and implement policies, several institutions have been set up, each with a different role. The three most important ones are as follows.

---

<sup>1</sup> An extended version of this paper was first developed as part of the H-Work project. For more information on the project, go to: <https://h-work.eu/>

- The **European Commission** is the EU's primary executive body. Its work is steered by the College of Commissioners. Each Member State has a Commissioner in this College, responsible for a certain policy area. The current Commission President is Ursula von der Leyen. The Commission proposes laws, manages the budget, implements decisions, issues regulations, and represents the EU around the world at summits, in negotiations, and in international organisations. The Commission is composed of several departments, Directorates General (DG's), which are active in designated areas of policy. For mental health, the most important DGs are DG Health and Food Safety ('DG Santé') and DG Employment, Social Affairs and Social Inclusion ('DG EMPL').
- The **Council of the EU**, also known as the Council of Ministers, is another legislative branch whose approval is also needed for all legislation to pass. This Council consists of the government ministers from all EU Members, organised by policy area. In the case of health and mental health at work, Member States' ministers for health and social policy meet in the Environment, Public Health, and Social Affairs Council (EPSCO).
- The **European Parliament** is the only directly elected EU body, with representatives apportioned by each Member State's population. Unlike traditional legislatures it cannot propose legislation, but laws cannot pass without its approval. It also negotiates and approves the EU budget and oversees the Commission. Work is done in various specific Committees. For mental health, the Committee on Health, Environment and Food Safety (ENVI) and the Committee on Employment and Social Affairs (EMPL) are the most relevant. Decisions are taken by the Parliament as a whole in plenary sessions.

In many instances, the Council and the Parliament must agree on a Commission proposal, before passing it back to the Commission for implementation.

## What does the Treaty say about public health and health and safety in the workplace?

### EU Policy on Health and Safety at Work

Improving health and safety at work has been an important issue for the EU since the 1980s. The introduction of legislation at European level set minimum standards for the protection of workers, while allowing Member States to maintain or introduce more stringent measures with legal basis under Articles 91, 114, 115, 153 and 352 of the TFEU. The EU can adopt legislation on health and safety at work in order to support and complement the activities of the Member States. To this end, minimum requirements are laid down at EU level allowing Member States to introduce a



higher level of protection at national level if they so wish (European Parliament, 2022a).

### EU Public Health Policy

The TFEU stipulates that *'a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities'* with legal basis under Article 168 (protection of public health), Article 114 (single market) and Article 153 (social policy) of the TFEU.

While the primary responsibility for health protection and healthcare systems lies with the Member States, the EU has an important role to play in improving public health, preventing and managing diseases, mitigating sources of danger to human health, and harmonising health strategies between Member States (European Parliament, 2022b).

### How does the EU develop and implement policy?

First, the Commission can propose 'hard' legislation, which is binding to those to whom it is addressed. 'Regulations' are the main tool for binding legislation. The TFEU describes regulations as follows, 'a regulation shall have general application. It shall be binding in its entirety and directly applicable in all Member States'. D2.2 Update on Digital Technologies and Policies

Second, there are 'soft law' instruments to progress important policy topics at EU level. 'Soft law' relates to EU measures that are not binding to those to whom they are addressed, such as guidelines, recommendations, declarations, and opinions. According to Article 288 of the TFEU:

- A 'directive' shall be binding, as to the result to be achieved, upon each Member State to which it is addressed, but shall leave to the national authorities the choice of form and methods.
- A 'decision' shall be binding in its entirety. A decision which specifies those to whom it is addressed shall be binding only on them.
- Recommendations and opinions shall have no binding force.

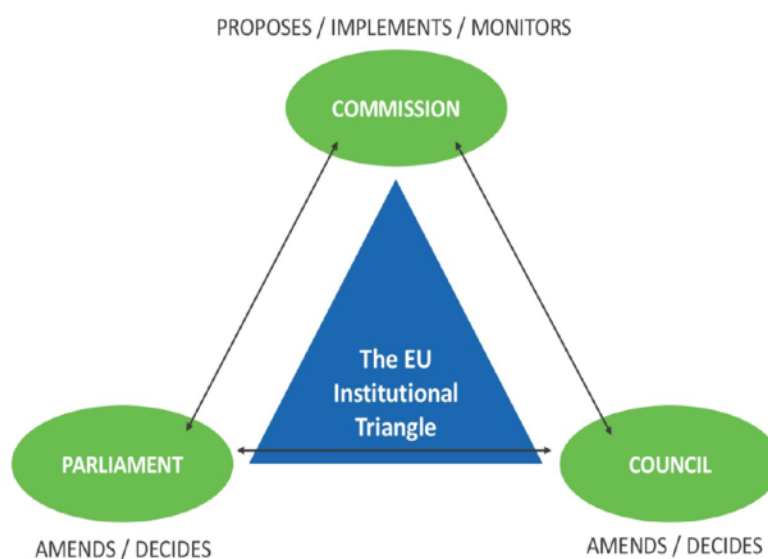
Soft law can indeed have a legal impact as Member States may be more inclined to act voluntarily rather than if obliged by hard law. In other words, soft law can be viewed as a more flexible instrument to reach policy objectives. In most cases, however, soft law tends to be used in situations where Member States are unable to agree on legally binding measures, or where the EU lacks competency to put forward hard law measures. By using soft law, the Member States and EU institutions are able to adopt EU policy proposals, while leaving their implementation optional. In other words, they can overcome resistance from some Member States.

Apart from legal measures ('hard' or 'soft' law), the Commission can make use of 'action programmes' or 'strategies' to develop and promote certain policy measures. These can be 'EU-level only' or be accompanied by national action programmes. Good examples can be found in the areas of cancer and rare disorders. The programmes are based on agreed principles and objectives, leaving Member States to reach these in their own way.

In addition, the exchange of good practices and mutual learning is increasingly proposed and supported in areas where the EU has no say. This is particularly helpful to stimulate cooperation and mutual learning between Member States, which in turn can lead to policy change and development. 'Joint actions' should be seen in a similar vein. These relate to Member States working together with the Commission on a specific policy area on a voluntary basis, in order to develop common ground or specific recommendations for action. The Joint Action for Mental Health and Well-being, launched in 2013, is a useful example. This aimed to build a framework for action in mental health policy at EU level, considering the previous work developed under the European Pact for Mental Health and Well-being (EU, 2013). This included representatives for all Member States, together with 11 European organisations and led to the adoption of an EU Framework for Mental Health in 2017.

**Figure 1. How policy is developed at the EU level**

## The main EU level players and their roles



## The EU and international bodies

### EU Social Partners

*BusinessEurope* - BusinessEurope is the leading advocate for growth and competitiveness at European level, standing up for companies across the continent and campaigning on the issues that most influence their performance. A recognised social partner, the organisation represents all-sized enterprises in 35 European countries whose national business federations are its direct members.

*European Trade Union Confederation (ETUC)* - ETUC speaks with a single voice on behalf of European workers to have a stronger say in EU decision-making. The ETUC aims to ensure that the EU is not just a single market for goods and services, but is also a Social Europe, where improving the well-being of workers and their families is an equally important priority.

### EU Agencies

*European Agency for Health and Safety at Work (EU-OSHA)* - EU-OSHA is the EU information agency for occupational safety and health and contributes to the European Commission's Strategic Framework on Health and Safety at Work 2021-2027 and other relevant EU strategies and programmes.

*European Foundation for the Improvement of Living and Working Conditions (Eurofound)* - Eurofound is the EU agency for the improvement of living and working conditions, carrying out research in line with EU's current social priorities, as set out in the European Council's Strategic Agenda for 2019– 2024.

### Other organisations

*Organisation for Economic Co-operation and Development (OECD)* - OECD is an international organisation that works to build better policies for better lives. The goal is to shape policies that foster prosperity, equality, opportunity, and well-being for all. Together with governments, policymakers and citizens, OECD works on establishing evidence-based international standards and finding solutions to a range of social, economic, and environmental challenges.

*International Labour Organisation (ILO)* - ILO is a tripartite United Nations agency, it brings together governments, employers, and workers representatives of 187 member states, to set labour standards, develop policies and devise programmes promoting decent work for all women and men. ILO is devoted to promoting social justice and internationally recognised human and labour rights, pursuing its founding mission that social justice is essential to universal and lasting peace.

World Health Organisation (WHO) - WHO works worldwide to promote health, keep the world safe, and serve the vulnerable with the goal to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and to provide a further billion people with better health and well-being.

International Organisation for Standardisation (ISO) - ISO consists of 167 national standards bodies. Through its members, it brings together experts to share knowledge and develop voluntary, consensus-based, market relevant International Standards that support innovation and provide solutions to global challenges.

European Network for Workplace Health Promotion (ENWHP) - ENWHP is a network of organisations and individuals committed to developing and promoting good workplace health practice, which in turn contributes to sustainable economic and social development in Europe. It has a long history of developing policies in the area that aim to influence national agencies and companies to improve the practice of workplace health promotion.

## Mental Health in the Workplace

Threats to health, both general and mental, that emanate in the workplace are covered by the 1989 Framework Directive (89/391/EEC of 12 June 1989) on health and safety at work. Though originally introduced to provide a common level of protection against workplace hazards for accidents and occupational disease (i.e., initially emphasising physical threats only), it has increasingly covered the area of more general health and well-being, both physical and mental.

Psychosocial stress at the workplace has been a focus of attention as it is covered under health and safety legislation. Even though the health outcomes of workplace stress for the individual are not uniquely influenced by stress from this source, workplaces must engage in managing the risks that exist within the workplace. This has direct effects on mental health and well-being.

Mental health practice at the workplace reflects 3 main approaches to the issue:

- occupational safety and health, which incorporates preventive and return to work approaches to the issues of mental health risks in the workplace;
- mental health promotion, which deals with the broader issue of promoting mental health of the workforce, regardless of issues of the location of risk;
- return to work following health breakdown.

In practice, the instruments used in these approaches overlap somewhat, though some are unique to each approach (Wynne et. al., 2014). The concept of 'occupation related disease' can be taken to include mental health conditions, thereby falling within the ambit of OSH legislation.

Beyond the coverage of legislation, workplaces increasingly adopt two other approaches to mental health at work. The first of these, 'workplace mental health promotion', emanates from public health approaches and is defined by its use of the workplace as a setting for promoting mental health. The second of these, 'return to work', uses the tools of workplace health management to assist employees in returning to work following a mental health breakdown. This latter approach may in part be covered by non-discrimination legislation as it applies to the workplace, though this does not seem to be a major influence on practice. One final development in the past 3 years, the COVID-19 pandemic, has also added impetus to the ways in which mental health issues are dealt with in the workplace. In particular, the pressures of working from home and the effects of social isolation have been brought to the fore.

In policy terms however, there are considerable differences between the approaches in terms of legislation, though perhaps less so in terms of other policy instruments. Policy is taken to address general principles of approach to an issue, which can

then be implemented or supported by a range of policy instruments such as legislation, guidance, advice, methodologies to support implementation and so on.

At EU level the distinction is clear: the Framework Directive is the relevant OSH instrument. However, there is no legislative equivalent to this that relates to Mental Health Promotion. Instead, Mental Health Promotion relies on a range of other policy instruments that emanate from various parts of the European Commission and its agencies. In addition, there is a range of transnational organisations which have developed policy in the area, e.g., the WHO, the ILO, and the OECD.

## The Framework Directive and Mental Health at Work

The legislation governing all aspects of OSH in the EU is the Framework Directive 89/391/EEC on Safety and Health of Workers at Work. This specifies employers' general obligations to ensure workers' health and safety in every aspect related to work, 'addressing all types of risk' based on the principles of prevention. The Framework Directive has been followed by a set of individual directives on a range of areas which have been adopted over the past 34 years. The general principles of the Framework Directive continue to apply in full to all areas covered by the individual directives, but where individual directives contain more stringent and/or specific provisions, these special provisions of individual directives prevail.

Work-related risks relevant to mental health, often termed 'psychosocial risks', and their management are among employers' responsibilities as stipulated in the Framework Directive. It obliges employers to address and manage all types of risk in a preventive manner and to establish health and safety procedures and systems to do so.

The Framework Directive and other directives were not directly designed to deal with mental health issues at work. Instead, they act as generic and specific pieces of legislation that cover all aspects of health and safety, and the procedures that should be followed when designing and implementing health and safety practice. For example, the Framework Directive specifies that employers should ensure workers' health and safety in every aspect related to work, 'addressing all types of risk at source'. While it does not include the terms 'psychosocial risk' or 'work-related stress', it does include provisions to adapt the work to the individual, especially in regard to the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view to alleviating monotonous work and work at a predetermined work-rate, developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors related to the working environment. In this way, the Framework Directive is directly concerned with some of the main sources of psychosocial stress in the workplace. Furthermore, in specifying the methods that should be used to prevent and control workplace risks to health and safety, some of which are especially relevant to dealing with mental

health hazards in the workplace. The Framework Directive and related directives specify that these risks must be identified, assessed, and be prevented and managed.

However, despite this apparent lack of specificity on the issue, there is no doubt that psychosocial risks in the workplace are included in health and safety frameworks at both national and EU level. Guidance, campaigns, and other initiatives in the area by the EU Commission and bodies such as the ILO make it clear that this is the case, while agreements between the social partners on work-related stress (European Commission, 2011) and on harassment and violence at work (BusinessEurope et. al., 2007) reinforce this position.

Beyond these provisions for undertaking risk assessments of workplace hazards, the Framework and other directives refer to the duty of care that employers have towards employees. This may be interpreted as ensuring that the health and well-being of the employee is taken account of in relation to the working conditions of the individual. This also concerns employees who are returning to work after illness. The health assessment of the individual, the matching of work organisation and conditions to the capacity of the employee and making provisions for gradual return to work are considerations here.

2016

#### *European Health Policy Forum - Working Group on Mental health (2020)*

The EU Health Policy Platform is the European Commission's online platform to facilitate contacts with and between health stakeholders. In addition to hosting formal EU expert groups on mental health, the Platform also serves as an open forum for health stakeholders and makes health policy dialogue transparent. Furthermore, it builds knowledge of public health issues, co-funded Health Programme projects, and encourages replication of good health policy practices.

#### *Healthier Together (2022-2027)*

Healthier Together is an EU non-communicable diseases initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases and improve citizens' health and well-being. The initiative has 5 strands, including mental health. It promotes a holistic and coordinated approach to prevention and care and supports better knowledge and data, screening and early detection, diagnosis and treatment management, and the improvement of quality of life for patients (European Commission, 2022a).

#### *Comprehensive Approach to Mental Health (2023)*

Announced by Commission President Ursula von der Leyen (European Commission, 2023a), the Commission has been working on the development of a comprehensive

approach to mental health, with the objective to address ‘The Call for Evidence’ paper which proposed several potential workstreams for the future initiative, including ‘actions to further tackle psychosocial risks at work’ and ‘improved quality of life, appropriate and patient-centred follow-up care, facilitating return to school and work, and advancing on key elements such as de-stigmatisation and rights’ (European Commission, 2023). A stakeholder consultation was concluded in February 2023 and a Communication was published in June 2023. This Communication focuses on how to bring relief to people suffering from mental health and on prevention policies. ‘It draws on three guiding principles that should apply to every EU citizen: (i) to have access to adequate and effective prevention, (ii) to have access to high quality and affordable mental healthcare and treatment, and (iii) to be able to reintegrate society after recovery.’ In regard to tackling psychosocial risk at work, there is an emphasis on (i) the right to disconnect which is seen as an integral part of reducing work-related stress and promoting a better work-life balance; and (ii) the right to return to work after mental illness as well as a psychologically safe working environment which are crucial factors to promoting mental health and to creating a more inclusive society (European Commission, 2023b).

## Council of Ministers - Non-binding policy initiatives

### Swedish EU Presidency (2019)

Conclusions of the Swedish EU Presidency calling on the European Commission to come forward with a 'comprehensive EU Mental Health Strategy'. It states that the ‘Economy of Well-being underlines the mutually reinforcing nature of well-being and economic growth’. It advocates for the creation of an environment to enable people to reach their full potential and promote good mental health including prevention, early diagnosis, treatment, and destigmatisation of mental disorders (European Union, 2019).

## European Parliament Non-binding policy initiatives

### The Right to Disconnect (2021)

On 21 January 2021 the European Parliament adopted a resolution, calling on the Commission to come up with a law allowing employees to disconnect from work during non-work hours without consequences and setting minimum standards for remote work. It underlines the need for the following measures: (i) employers should not require workers to be available outside their working time and co-workers should refrain from contacting colleagues for work purposes; (ii) EU countries should ensure that workers who invoke their right to disconnect are protected from victimisation and other repercussions and that there are mechanisms in place to deal with complaints or breaches of the right to disconnect; and (iii) remote professional learning and training activities must be counted as work activity and



must not take place during overtime or days off without adequate compensation (European Parliament, 2021). These measures are considered to be an integral part of reducing work-related stress and promoting a better work-life balance.

#### *A New Strategic Framework on Health and Safety at Work Post 2020 (2022)*

In March 2022, Parliament adopted a resolution on a new EU strategic framework on health and safety at work post 2020. It acknowledges that a good psychosocial working environment enhances workers' mental and physical well-being, and improved levels of psychological and physical well-being are directly associated with better workplace performance (European Parliament, 2022c). This makes a series of demands, including for more ambitious action on mental health, for example, to include the right to disconnect in the Commission's Strategic Framework and for a directive to be proposed on the prevention of psychosocial risks.

#### *Mental Health in the Digital World of Work (2022)*

In July 2022, the European Parliament adopted a report entitled 'Mental Health in the Digital World of Work' (European Parliament, 2022d). This lists the key risks to workers' mental health and the right to privacy and points to the impact that the shift to teleworking has on the mental health of those at risk of digital exclusion. It also stresses the importance of fighting against the digital divide. The Parliament calls for mental health issues to be tackled urgently through cross-sectional and integrated policies, as part of an EU Mental Health Strategy, a European Care Strategy, and a European Year of Mental Health in 2023. In addition, it calls for the Commission to propose, in consultation with social partners, a directive on minimum standards and conditions to ensure that all workers are able to exercise effectively their right to disconnect and to regulate the use of existing and new digital tools for work purposes.

## Social Partners

### European Trade Union Congress (ETUC) Non-binding policy initiatives

#### *Actions for combatting stress and eliminating psychosocial risks in the workplace: putting an EU Directive on the agenda (2018)*

This resolution of the ETUC Council aims to put pressure on the Commission to produce a Directive in relation to workplace stress and risk management. It contains 3 priority actions, namely (i) to strengthen workers' and their unions' ability to address work-related stress; (ii) to strengthen the employers' obligations to conduct proper risk management; and (iii) to ensure that employers' legal obligations in the prevention of stress and psychosocial risks are enforced (ETUC, 2018). This resolution calls for group and organisational level interventions.

### Position on the EU strategic framework on health and safety at work 2021-2027

This resolution, inter alia, criticises the weaknesses of the measures to address workplace psychosocial risks and their sequelae. It highlights that merely addressing individual level interventions is not sufficient to protect workers from such risks and fails to address the implications of work organisation. In addition, it states that female-dominated sectors (e.g., health and social care, education, retail, and service) are particularly exposed to psychosocial risks, making this area an important intersection of gender equality and OSH. Furthermore, it calls for the Commission to clarify the actions against workplace violence and harassment (ETUC, 2021). This resolution calls for group- and organisational-level interventions.

### BusinessEurope Non-binding policy initiatives

#### European Social Partners Framework Agreement on Digitalisation (2020)

This social partner framework agreement aims to ‘(i) raise awareness and improve understanding of employers, workers and their representatives of the opportunities and challenges in the world of work resulting from the digital transformation; (ii) provide an action-oriented framework to encourage, guide and assist employers, workers and their representatives in devising measures and actions aimed at reaping these opportunities and dealing with the challenges, whilst taking into account existing initiatives, practices and collective agreements; (iii) encourage a partnership approach between employers, workers and their representatives; and (iv) support development of a human-oriented approach to integration of digital technology in the world of work, to support/assist workers and enhance productivity’. It specifically mentions that psychological safety must be ensured in the deployment of artificial intelligence, and mental demands must be considered when dealing with working conditions from the digital transformation process (BusinessEurope, 2020). This framework addresses the group- and organisational-level interventions.

### EU Agencies

#### European Agency for Safety and Health at Work (EU-OSHA) Non-binding policy initiatives

##### Mental Health Promotion in the Workplace: A good practice report (2011)

The report elaborates on mental health and ill-health in the workplace and its causes and consequences. It highlights that optimally effective MHP should include a combination of both risk management and health promotion. It also provides an overview of mental health promotion initiatives on how to integrate MHP into a comprehensive approach to enhancing and promoting the health, safety and well-being of employees. The focus of the report is the results of its case study analysis

of good practice examples on mental health at work based on a prior collection of case studies (EU-OSHA, 2011).

### *European Campaign: Healthy Workplaces Manage Stress (2014-2015)*

This Campaign aims at raising awareness of the growing problem of work-related stress and psychosocial risks and enhancing practical skills to prevent and manage them successfully across European workplaces. The campaign website presents a range of tools and resources to employers of small-sized companies on how to deal with psychosocial risks and MHP. This campaign is important in addressing misunderstandings around psychosocial risks in the workplace and stigma around mental health problems (EU-OSHA, 2014).

### *EU Strategic Framework on Health and Safety at Work (2021-2027)*

Implementing the framework is a key role for EU-OSHA. The success of the framework depends on its implementation at EU, national, sectoral and enterprise levels, with effective enforcement, social dialogue, funding, awareness-raising, and data collection. Through its extensive network of partners, EUOSHA is well placed to facilitate action, cooperation, and exchange, and deliver on the ambitions of the framework. EU-OSHA's foresight studies and overview projects aim to anticipate risks and identify priorities, to inform the development of OSH practice and policy in areas such as digitalisation and green jobs, and stress and psychosocial risks. EU-OSHA also provides easy-to-use resources to help workplaces put prevention into practice, with a wealth of guidance being produced to help keep workers safe during the pandemic, whether exposed on the frontline or adapting to working from home. Its involvement in the Roadmap on Carcinogens and its Healthy Workplaces campaigns demonstrate the Agency's commitment to promoting a culture of prevention across Europe and beyond.

### *OSH Pulse - Occupational Safety and Health in Post-Pandemic Workplaces (2022)*

The 'Flash Eurobarometer – OSH Pulse survey', commissioned by EU-OSHA, offers valuable insights into a range of impacts the COVID-19 pandemic has had on workers' health and well-being and related workplace measures, also in combination with the increasing use of digital technologies in the workplace. The survey focuses on the mental and physical health stressors workers are confronted with and the occupational safety and health measures implemented in their workplace. More specifically, the survey addresses the following areas: psychosocial risk factors, stress, and mental health; and OSH preventive measures with a focus on mental health (EU-OSHA, 2022).

### *Managing Stress and Psychosocial Risks E-guide (2023)*

The tool (EU-OSHA, 2023) responds to the needs of employers and workers in small enterprises who need to get practical advice and guidance on the first steps for managing psychosocial risks in the workplace. It provides information on stress definition, cause, management, and effects on businesses and workers. This guidance addresses individual- and organisational-level interventions.

## Eurofound Non-binding policy initiatives

### *Right to Disconnect: Exploring Company Practices (2021)*

This report (Eurofound, 2021) describes company practice in relation to the right to disconnect in 10 countries. Key findings include:

- (i) home-based teleworkers are twice as likely to exceed the 48-hour working time limit as workers onsite and are significantly more likely to work in their free time;
- (ii) the experience of the first four Member States that have introduced rules and agreements on the right to disconnect prior to 2021 has demonstrated the pivotal role of the social partners in ensuring these rules are translated into reality on the ground. In countries with weaker industrial relations, legislation can provide a fallback option to ensure minimum standards are met;
- (iii) the introduction of the right to disconnect in companies has revealed that a ‘soft’ approach through awareness raising, training and the management of out of hours connection is more common than a ‘hard disconnection’;
- (iv) new agreements and texts addressing the right to disconnect will need to consider the issues that lead to the ‘perceived’ need for constant connection, such as workload, lack of training and work processes that feed over-connection;
- (v) although evidence of the impact of the right to disconnect on employee health and well-being, work-life balance, gender equality and company performance is lacking, social partners’ experiences at company level suggest that positive changes in company culture are taking place following the introduction of the right to disconnect. This report relates to group- and organisational-level interventions.

## Other Policy Bodies

### European Network for Workplace Health Promotion (ENWHP) Non-binding policy initiatives

#### *The Brussels Declaration on Workplace Health Practices for Employees with Chronic Illness (2013)*

This declaration aims to enhance the coordination and communication between healthcare professionals and the workplace in Europe. It focuses on work-related issues, such as adaptation of the workplace, reorganisation of tasks, and matching jobs to abilities, and establishes public health – private sector partnerships for investing in workplace health promotion. It also provides a set of guidelines for comprehensive strategies and interventions on return to work of chronically ill workers. The guidelines are targeted towards employers, including basic information, action plan and a checklist on behaviour towards employees with a chronic condition (ENWHP, 2013).

The policy initiatives relate to individual- and organisational-level interventions. Furthermore, a European campaign 'Work Adapted for all. Move Europe', was launched in 17 Member States, encouraging enterprises to implement comprehensive health strategies for the retention or return-to-work of chronically ill employees.

Based on the results of the 'Work Adapted for All. Move Europe' campaign, the ENWHP made constructive recommendations for politicians, employer organisations and unions at EU and national level, which include focusing on the prevention of chronic diseases at the workplace and its detection at an early stage; shifting the paradigm from reduced performance to retaining current and future working ability; focusing on the abilities and resources of the individual and not only on limitations or restrictions; addressing discrimination against people with chronic diseases; and fill the gaps in existing knowledge, extending evidence and experience-based interventions.

#### *The Luxembourg Declaration on Workplace Health Promotion (2018)*

In the Luxembourg Declaration, version of 2018, the members of the network agreed on a common understanding of Workplace Health Promotion which is 'the combined efforts of employers, employees, and society to improve the health and well-being of people at work. This can be achieved through a combination of improving work organisation and the working environment, promoting active participation, and encouraging personal development' (ENWHP, 2018). This represents a 'modern corporate strategy' that aims to prevent ill-health and enhance health promotion and well-being at work. In addition, it also identifies the challenges faced by the world of work which has undergone major change in the 21st century.

### Organisation for Economic Co-operation and Development (OECD) Non-binding policy initiatives

#### *Recommendation of the Council on Integrated Mental Health, Skills and Work Policy (2014)*

This Recommendation on Integrated Mental Health, Skills and Work Policy was adopted by the OECD Council on 14 December 2015 on the proposal of the Employment, Labour and Social Affairs Committee and the Health Committee in consultation with the Education Policy Committee. Building on 10 country reviews, synthesis publication, and High-Level Policy Forum involving health and employment Ministers on 4 March 2015. This Council resolution recommends a set of policy guidelines for an integrated approach to address the impact of mental health problems on health, education, employment, and social outcomes. It presents a ‘mental-health-in-all-policies’ approach which has four key sections, including health systems, education and youth systems, workplaces, and welfare systems. In particular, this resolution calls for policies to promote psychosocial risk assessment, to increase mental health awareness at work, and to provide return-to-work support for workers experiencing mental health issues (OECD, 2014).

*Mental Health and Work: Achieving Well-integrated Policies and Service Delivery (2014)*

This paper provides examples of policy initiatives from 10 OECD countries for integrated services, along with outcomes, and strengths and weaknesses. The main conclusions for future integrated mental health and work policies and services are: (i) more rigorous implementation and evaluation of integrated policies are necessary to improve labour market outcomes; (ii) implementation cannot be left to the discretion of stakeholders only; (iii) better financial incentives and clearer obligations and guidelines for stakeholders and professionals to participate in integrated service delivery; (iv) each sector has a responsibility to assure integrated services in line with client needs; and (v) more integrated provision of services within each sector (Arends et. al., 2014). T

*High-Level Policy Forum on Mental Health at Work (2015)*

This discussion paper provides input to a high-level policy forum run by OECD on the issues of mental health, disability, and work. A follow on from a previous forum on the issue in 2010. It highlights that workers suffering from mental ill-health are less productive and the problem of mental health stigma at work (OECD, 2015b).

*Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work (2015)*

This report provides a synthesis of the findings of the OECD’s four-year review. It concludes that a transformation is required in policy thinking about mental health and work in regard to when and what type of intervention is needed and who should carry it out. It sets out the key elements for an integrated policy including (i) better competences for key first-line actors to deal with mental ill-health; (ii) responsibilities of the primary actors need to be explained more clearly; (iii) financial incentives help to ensure the interested parties fulfil their responsibilities; and (iv) rigorous policy implementation is vital (OECD, 2015a). The costs of mental ill-health for individuals,

employers and society at large are enormous. Mental illness is responsible for a very significant loss of potential labour supply, high rates of unemployment, and a high incidence of sickness absence and reduced productivity at work. Following an introductory report titled 'Sick on the Job: Myths and Realities about Mental Health and Work', and nine country reports, this final synthesis report summarises the findings from the participating countries and makes the case for a stronger policy to promoting better mental health and employment outcomes. This report addresses interventions at the individual and organisational level.

*Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies (2021)*

This report complements a legal document prepared by the OECD on the implementation of the Recommendation five years after its adoption and adds quantitative evidence to it as well as considerations about the implications of the experiences during the COVID-19 pandemic on future versions of the Recommendation. It concluded that an integrated whole-of-government approach involving all policy fields (in particular, youth, workplace, welfare, and health policy) was needed to tackle the poor social, education and employment outcomes of individuals with mental health conditions. Policy is in flux in most countries but much more will have to be done to implement the principles and fulfil the promises of the Recommendation (OECD, 2021a).

## International Labour Organisation (ILO) Non-binding policy initiatives

*Safety and Health at the Heart of the Future of Work: Building on 100 years of experience (2019)*

This report reviews the organisation's century of work on OSH issues and highlights emerging concerns in the workplace, including recommendations to policymakers. In relation to MH, it stresses as a future challenge further consideration and research on psychosocial risks, such as its integration on risk assessments as part of OSH management, and on how to develop a psychosocial safety climate and better manage MH at the workplace (ILO, 2019). This report addresses all IGLO levels.

*WHO / ILO Joint Policy Brief on Mental Health at Work (2022)*

This WHO/ILO joint policy brief calls for global action to address mental health at work. The brief illustrates practical strategies for governments, employers, workers, and their organisations in the public and private sectors. It focuses on the prevention of psychosocial risks, protection and promotion of mental health and support of workers with mental health conditions (ILO & WHO, 2022).

## World Health Organisation (WHO) Non-binding policy initiatives

### *The European Mental Health Action Plan 2013–2020*

The Action Plan proposes a three-pronged interdependent approach based on individual and organisational levels. It aims to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights, address stigma and discrimination, and reduce the mortality, and disability for persons with mental disorders. It proposes effective actions to strengthen MH and well-being, including incentives for employers to reduce psychosocial risks and job-related stress, and introducing programmes to enhance stress management, promote well-being and encourage optimal organisation of work to achieve work-life balance (WHO, 2013b).

### *Comprehensive Mental Health Action Plan 2013-2030*

This updated Comprehensive Mental Health Action Plan 2013-2030 builds upon its predecessor and sets out clear actions for Member States, the WHO Secretariat, and international, regional, and national partners to promote mental health and well-being for all, to prevent mental health conditions for those at risk and to achieve universal coverage for mental health services. While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged, namely (i) more effective leadership and governance for mental health; (ii) the provision of comprehensive, integrated mental health and social care services in community-based settings; (iii) implementation of strategies for promotion and prevention; and (iv) strengthened information systems, evidence, and research (WHO, 2013a).

### *Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region (2021)*

The Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region has made 11 recommendations with a focus in three key areas of impact, namely general population and communities; vulnerable groups; and health and social care services (WHO, 2021).

### *WHO Guidelines on Mental Health at Work (2022)*

The WHO guidelines on mental health at work provide evidence-based recommendations and practical strategies to promote mental health, prevent mental health conditions, and enable people living with mental health conditions to participate and thrive in work. They include organisational interventions, manager training and worker training, individual interventions, return to work, and gaining employment (WHO, 2022).



## International Organisation for Standardisation (ISO) Non-binding policy initiatives

### *Ergonomic principles related to mental workload (2017)*

ISO 10075-1:2017, reviewed in 2023, consists of 4 Standards established to meet the requirements of managing the ergonomics of mental workload at work, which include general issues, terms and definitions, design principles, and requirements concerning methods for measuring and assessing mental workload. The short- and long-term, positive and negative consequences of mental strain are defined. It also offers guidance on the design of work systems, workplace, and working conditions..

## Insights on EU Policies on Mental Health Promotion

### Strengths and shortcomings of EU policy development and next steps

The European Framework Directive 89/391 ECC is the relevant OSH instrument although it was not directly designed to deal with mental health issues at work. Instead, they act as generic and specific pieces of legislation that cover all aspects of health and safety and the procedures that should be followed when designing and implementing health and safety practice. Based on this key piece of legislation, different instruments have been established and are consistently used as a means of ensuring the implementation of the legislation.

However, there is no legislative equivalent to the Framework Directive that relates to MHP. Instead, MHP relies on a range of other policy instruments that emanate from various parts of the European Commission and its agencies, and other transnational organisations as described above.

Despite the absence of a clear legal basis, public health policy had developed in several areas, including mental health. The Commission Green Paper in 2004 titled 'Improving the mental health of the population: Towards a strategy on mental health for the European Union' proposed an EU strategy to focus on promoting the mental health of all. However, the idea of a concrete strategy did not meet with sufficient support from the Member States. Instead, the Commission came forward with the European Pact for Mental Health and Well-being in 2008 which concentrated on 5 themes, including mental health in workplace settings.

This has led to a set of Council Conclusions in 2011, inviting Member States to make mental health and well-being a priority of their health policies. The Conclusions also called for a Joint Action on Mental Health and Well-being in 2013, aiming at building a framework for action in mental health policy at EU level. Focus has been on 'soft' measures, knowledge gathering and good practice exchange,

leading to an EU Framework for Mental Health in 2017, containing a number of guiding principles and policy recommendations for mainly national policymakers. However, when the Framework was adopted, interest in mental health waned. Meanwhile the EU-Compass for Action on Mental Health and Well-being, a mechanism to collect, exchange and analyse information on policy and stakeholder activities in mental health, took over. When the Compass came to an end in 2018, mental health no longer had the specific attention it had before. Instead, it became part of the general chronic disease agenda.

In 2022, the topic became one of the 5 main health conditions addressed by the 'Healthier Together' initiative, which has a main objective to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases and improve citizens' health and well-being (European Commission, 2022).

The advocacy activities of many stakeholders, together with national governments and the European Parliament calling for a comprehensive EU mental health strategy and activity, have led to the Commission's announcement in October 2022 to develop 'a comprehensive approach to mental health', a Communication on this proposal was published in June 2023 (European Commission, 2023b). This proposal has taken into account the responses received to a public consultation that took place in early 2023. It will be important to follow this process closely and carefully analyse the proposed action for its potential relevance for mental health at work. The consultation paper (European Commission, 2023a) proposed a focus on 6 workstreams; two of these address mental health at work, namely:

- Actions to further tackle psychosocial risks at work, focusing on the outcomes of discussions with Member States and social partners, with the input of EU-OSHA;
- Improved quality of life, appropriate and patient-centred follow-up care, facilitating return to school and work, and advancing on key elements such as de-stigmatisation and rights.

Despite the conflation of mental health and mental illness, the EU has no competency in illness or treatment which could be a possible weakness when it comes to policy development. However, it does through various methods have some say on promotion, including 'health-in-all-policies' material, and has a specific and strong remit in workplace health.

Regarding treatment, in the workplace context, there are regulations concerning occupational health which allow for treatment to be addressed and adaptations to be made in the context of return to work following health breakdown.

While it is recognised that the multiple influences on mental health do not all come from within the workplace, it is a weakness of much current policy and practice that this is used as a reason for not compelling action on mental health in the workplace.

This argument needs to be combated. Nevertheless, society at large appears to be more open to debate and discussion of mental health issues. This presents an opportunity to extend the debate and the actions taken in the workplace context.

### Conclusions and recommendations for policymakers

A comprehensive approach to mental health means that to effectively address employee health, MHP policies should focus on both the prevention of mental illnesses and on the positive variables that maintain and promote mental health. According to the WHO (2012), MH describes not only the absence of mental ill health, but also a level of psychological well-being. As noted by Wahlbeck et al. (2010), good MHP should include not only psychosocial risk prevention, but also positive MH and well-being enhancement. In line with this assumption, positive psychology highlights the importance of addressing not only pathologies, but also enhancing the strengths and building positive qualities of both individuals and organisations (Parks & Schueller, 2014; Proctor, 2017; Van Zyl et al., 2019).

A significant amount of EU non-binding policies has in common the provision for employers and workers with action-oriented guidelines to identify, prevent and/or manage problems related to stress or other psychosocial risk factors such as violence, harassment or bullying at the workplace. However, they generally focus on psychosocial risks; just a small number of policies support the promotion of actions to strengthen positive MH and well-being in the workplace and describe examples of good practice in Europe addressing MHP at various levels. Early intervention measures should not only prevent psychosocial risks, but also strengthen resilience, hope, and build the capacity to adapt to change (WHO - Regional Office for Europe, 2015). In other words, there is still a gap relating to providing a healthy working environment that focuses on the strengths, abilities and resources of the workers, and not only on limitations or restrictions. To this end, identifying and providing good MHP practice and evidence-based interventions at the workplace within the policy documents would be advisable to orientate future actions in this respect. Policymakers can build on and elaborate further on the interventions already indicated in present policies and initiatives by detailing on actions more specific to MHP. One example is related to providing instructions and education to workers who are involved in high-risk jobs due to hazardous factors in their working environment (such as proper use of work equipment, protection from exposure to dangerous substances, etc.). The content of these trainings can be broadened to include education on risk factors concerning work-related stress and to raise awareness among employees and leaders regarding the importance of mental health.

While it is encouraging to see most EU-level non-binding policies address more than one level of intervention, a comprehensive protocol on how to deal with MHP at the workplace is lacking. It would be advisable for policymakers to refine and offer guidance on existing multilevel interventions that are effective to promote positive MH in organisations; leadership practices and training to increase their

mental resources and well-being and as drivers for resilience and MHP within their teams; and evidence-based protocols for optimising not only the individual worker functioning, but also teams and organisations from a global perspective.

Despite all policies analysed addressing all ages and gender at work, only a few EU policies explicitly deal with cross-cutting issues in their objectives or action plans, for example, Healthier Together 2022-2027 strategy indicated that one of the priority areas was the implementation of age-, gender- and culture sensitive interventions for health promotion (European Commission, 2022a); and the Safety and Health at the Heart of the Future of Work report (ILO, 2019) promotes the active participation of older people in community life. In general, the policies lack in providing specific actions to promote MH for this target group at the workplace. Other cross-cutting issues related to MH are stigma and discrimination. A few policies consider these issues by addressing them with respect to the rights of people with MH problems and offering equitable opportunities to attain a quality of life; by providing measures to support the recruitment, retention or rehabilitation and return to work of people with MH problems or disorders; or by supporting anti-stigma campaigns and activities at the workplace to promote the integration of people with mental disorders. Future OSH and MH policies should continue to work in this direction by providing anti-stigma and non-discrimination programs to reduce vulnerability and exclusion of people with mental disorders. Overall, MH and well-being of workers, including all age groups, different genders, socio-economic and vulnerable groups, needs to be promoted based on targeted interventions that consider and are sensitive to the diversity of the European population (Schefflein, 2011).

With new ways of working (e.g., hybrid and remote working) and digital transformation, it is important to protect workers' right to disconnect and prevent digital exclusion. The European Parliament has adopted a resolution in 2021, calling on the Commission to come up with a law allowing employees to disconnect from work during non-work hours without consequences and setting minimum standards for remote work. Future MHP policies should consider mental health in the digital world of work and provide guidance on how this can be implemented in practice to enable workers to maintain a balanced digital hygiene, prevent technostress and ensure psychological safety in the deployment of artificial intelligence, and other digital tools for work purposes.

Moreover, further efforts are required in developing international standards and dissemination of European good practices, along with providing practical psychosocial tools, such as the ESENER survey, the Eurofound's European Working Conditions Surveys, the Eurofound's Living Conditions Surveys and the Online Interactive Risk Assessment (OiRA) tool at the EU level. To this end, policymakers can consider reporting specifically on how certain organisations are able to effectively promote mental health among their employees and enhance the exchange of evidence-based multilevel best practices in MHP, with a particular focus on strengthening positive resources and fostering psychological well-being. Future policies should also include the development of specific indicators of the

MHP objectives and the establishment of effective monitoring mechanisms responsible for their success.

Lastly, when building future policies, policymakers are recommended to refer to the available data and publications to assess what tools and support are available for SMEs and public organisations. These organisations often have limited resources or capabilities for MHP in their respective workplaces. This will allow policymakers to orientate their strategies towards helping SMEs and public organisations to achieve not only OSH requirements, but also those of MHP. In addition, MHP policies should increase the efforts to collect and disseminate reliable data on SMEs and public organisations which could, in turn, inform the psychosocial risk management process.

## Policy recommendations for the EU institutions

Specific policy recommendations provided below focus only on the EU level, though they may be relevant at national and transnational levels. This work is linked to activities carried out in other Work Packages, in particular, WP7 which focuses on the development of specific policy briefs, containing recommendations for policymakers, social partners, and other key players in the policy development process.

### Recommendations for the European Commission

1. Organise an annual mental health at work summit for Ministers of Employment and Health to highlight the main issues and aim to gain commitment to minimum standards of policy and service supply.
2. Prepare an annual 'State of the Union' report on mental health at work (including prevalence, type of issue, measures taken, etc.) at Member States level and EU level.
3. Ensure that MH at work training is an explicit topic in Erasmus Plus calls for proposals.
4. Ensure that the upcoming proposal on EU action in MH explicitly addresses mental health at work.
5. Ensure that mental health and well-being at work becomes a standard dimension of other policies that impact on mental health at work, taking the 'mental health in all policies' approach as advocated by the Commission's January 2023 feedback paper (e.g., EU Semester Process, EU4Health, Employment Guidelines, work on social inclusion, digital developments in the workplace, research on MH and well-being in the workplace).
6. Work closely together with WHO on the implementation of its MH action plan, to ensure synergies as well as the broadest possible attention for this topic.
7. Stimulate research and innovation via EU-funded programmes as well as by Eurofound.

### Recommendations for the EU Social Partners

1. Ensure that the working environment and mental health is a central part of any initiatives on health and safety in the workplace.
2. For the Social Partners, develop integrated and coherent policies for their memberships on MH at work. These should cover occupational stress prevention, mental health promotion and return to work following mental health breakdown.

#### Recommendations for the European Parliament

1. For the Parliamentary Committee on the Environment, Public Health and Food Safety (ENVI) and the Parliamentary Committee on Employment and Social Affairs (EMPL), monitor the Commission and EU-OSHA in relation to its MH at work activities to ensure strategic compliance with overall policy goals.
2. Provide recommendations for the Council of Ministers.
3. Implement the Commission's future MH approach and ensure the development of national action plans on MH, which address MH at work in a comprehensive way.
4. For Ministers of Employment and Health, issue a joint statement on MH at work issues.

#### Recommendations for EU-OSHA

- Ensure consistent and more attention for MH, not just on project or campaign basis but as an integral and standard part of health and safety measures.
- Ensure synergies with the Commission's future plan on MH, making sure that MH in employment is being addressed.
- Continue to monitor approaches and identify good practices through tools, such as the European Survey of Enterprises on New and Emerging Risks (ESENER), the Senior Labour Inspectors Committee (SLIC) committee and Online Interactive Risk Assessment (OiRA).

### Practical Recommendations

The practical recommendations below are based on the insights gained during the H-WORK project

1. **A supportive culture and leadership team** are essential and come from a management team that encourages employee participation. But words are not enough. Leadership and HR teams must understand the implications of intervention programs and formally agree to communicate and collaborate throughout the intervention process.
2. **Line managers and senior managers can support the initiative by raising awareness of mental health and well-being at work among employees.**

And encourage participation and adherence to the program by helping them understand the benefits of the intervention.

3. **Internal project champions** that support the project and positive communication between facilitators and leaders contribute to the successful implementation of an intervention.
4. The best combination to maintain motivation and interest in the project is to have **positive psychology experts work with internal facilitators**. Such collaboration helps to interpret and translate results from a scientific perspective into practical applications.
5. Facilitators should maintain **constant dialogues with the key stakeholders** at the intervention sites to ensure the interventions are tailored to suit the needs and contextual work environment of the sites as well as integrating and leveraging any existing well-being efforts already existing in the organisation.
6. Pre-intervention **engagement and communication** plays an important role in increasing the level of participation and commitment. Kickoff meetings increase engagement and motivation, especially for online interventions where there is no individual guidance from a consultant. It is often helpful to explain to the participants, especially to those at the individual-level interventions, the wider approach of multilevel intervention protocol being implemented at their organisations.
7. In addition to obtaining **informed consent from the participants**, it is advisable to also check if they are undergoing any therapy and/or are dealing with mental health issues during the screening process, especially for intervention, such as mindfulness. Intake conversations for intervention such as Leadership Intervention, are particularly helpful to safeguard the atmosphere and openness in the sessions. When the interventions, such as Positive Leadership Development and Compassion at Work, entail a substantial component of individual self-reflection facilitated by the trainer, encouraging participants' focus and a sense of privacy becomes essential.
8. Facilitating sessions in a **physical modality increases participation, commitment, and social interaction**, in particular, for interventions like Positive Leadership Coaching, Positive Social Interaction and Career Crafting. When intervention sessions are online, increasing facilitator interaction in the process is necessary for maintaining participant motivation levels and preventing dropout.
9. It is necessary to **give enough time within sessions** to plan the accomplishment of team goals and actions, especially when there is a high number of participants at the group-level interventions.
10. Operational shift patterns within production facilities made it difficult to allocate time for all participants to attend. So, the **active support of top management and the HR department is crucial** for developing new practices and making resources available for the intervention process, particularly at leader- and organisational-level interventions.

11. Time pressure and time constraint is a common theme that runs through all the implementation at all intervention levels, it is, therefore, highly recommended to **integrate all mental health promoting interventions into employees' working hours.**
12. The self-guided online approach, such as HelloBetter Stress Intervention, often comes with motivation, attention, and adherence issues as participants attempt to multitask during the sessions. **Regular check-ins with a coach provide support for self-guided interventions.**
13. User concerns about data security were another main barrier cited, even though there was an explicit declaration that all information collected was GDPR-compliant. One way to increase the visibility of data protection practices might be to **provide intervention recipients with information via data management sheets or infographics.**
14. As people continue to work remotely since the pandemic, they might perceive interventions via digital technologies as yet another thing on the screen, which could lead to digital overload or technostress. So, it is necessary to strive for a balanced approach.
15. The effective use of digital technologies for PPIs and MHP depends on **adequate infrastructure, devices, internet connection speeds within the organisation, and the level of digital literacy** of employees. It is also important to ensure participants are attending the online interventions in a suitable environment with minimum interruptions.
16. When traditional workplace mental health interventions are translated for the digital environment, **participants' familiarity with digital technology should be sufficiently ensured** for them to feel comfortable and maximise the benefits of the intervention.
17. To enhance the effectiveness of interventions for MHP, it is highly recommended to apply the four principal pillars proposed by the H-WORK conceptual framework namely, **integrated multilevel interventions; bottom-up and participative approach; application of positive occupational health psychology; and exploitation of digital technologies.**

## APPENDIX. Relevant EU-Level Policies<sup>2</sup>

The aim of this section is to identify and refer to current and relevant EU-level and international policies in the mental health promotion area, while at the same time situating them in the context of OSH obligations. A total of 36 policies are listed under the different issuing bodies and divided into binding and/or non-binding initiatives. The aims and focus of the policies are described.

---

<sup>2</sup> This review was developed as part of the H-Work project and covers developments in the area up to the middle of 2023.



## European Commission - Directorate General Employment

The European Framework Directive 89/391 ECC on Safety and Health of Workers at Work (1989) is a binding regulatory policy. The objective of the Directive is to introduce measures to encourage improvements and establish an equal level of safety and health for the benefit of all workers. It guarantees minimum safety and health requirements throughout Europe while Member States are allowed to maintain or establish more stringent measures. It specifies employers' general obligations to ensure workers' OSH in every aspect related to work, addressing all types of risk.

The Directive contains provisions on prevention relevant to dealing with mental health hazards in the workplace, developing an overall prevention policy which covers working conditions, social relationships and the influence of factors related to the working environment.

In summary, these are: avoiding risks; evaluating the risks which cannot be avoided; combating the risks at source; adapting work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health; and developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors related to the working environment.

Nonetheless, this Directive is not directly designed to deal with mental health issues at work. Instead, it acts as generic and specific pieces of legislation that cover all aspects of health and safety and the procedures that should be followed when designing and implementing health and safety practice. Based on this key piece of legislation, different instruments have been established and are consistently used as a means of ensuring the implementation of the legislation.

There are also a number of non-binding policy initiatives:

*Community Strategy on Health and Safety at Work - "Improving quality and productivity at work" (2007-2012)* - The Commission aims to reduce the high cost of occupational accidents and diseases and to make wellbeing at work a tangible reality for European citizens. Confronting new and increasing risks is one of its objectives, which includes promoting mental health at the workplace, by encouraging Member States to incorporate specific initiatives to address this goal and stressing the importance of preventing violence and harassment at the workplace (European Union, 2007).

*Promoting Mental Health in the Workplace (2014)* - This initiative aims to provide high level guidance on the implementation of MHP as well as prevention for employers and employees. It also intends to be of practical value to further stakeholders, focusing on providing an integrated framework on MHP and providing examples of good practice. It details methods for risk assessment for mental health and outlines the main psychosocial risks to mental health and well-being (European Commission, DG Employment, 2014).

*EU Strategic Framework on Health and Safety at Work (2014–2020)* - This is an ongoing periodic EU level policy mandated by the Framework Directive and applied to all workers regardless of the size of their employer's enterprise or type of contract. This identifies key challenges and strategic objectives for health and safety at work, presents key actions and identifies instruments to address them. It also seeks to strengthen the prevention of work-related diseases, including mental health, and taking account of the ageing workforce (European Commission, 2014). The strategy addresses its key actions at an individual and organisational level of intervention. Particular attention is given to the needs of micro- and small businesses.

*The European Pillar of Social Rights and related Action Programme (2017)* - The European Parliament, the Council and the Commission proclaimed the European Pillar of Social Rights in 2017 at the Gothenburg Summit, which sets out 20 key principles that aims to support a strong Social Europe that is fair, inclusive and full of opportunity. Principle 10 stipulates a healthy, safe, and well-adapted work environment and data protection where 'workers have the right to a high level of protection of their health and safety at work' and 'workers have the right to a working environment adapted to their professional needs and which enables them to prolong their participation in the labour market'. Principle 9 states the right to healthy work-life balance. An accompanying action programme supports the implementation of the Pillar (European Commission, 2020).

## European Commission - Directorate General Santé

Non-binding policy initiatives include:

*EU Framework for Action on Mental Health and Well-being (2013)* - Developed as part of a 3-year Joint Action encouraging cooperation between Member States and the Commission, this framework aims to promote action on MH prevention, treatment, and quality care, and strengthen knowledge and best practice sharing in several settings, including the workplace. It seeks to develop an action framework including supportive infrastructures to support enterprises in adopting practices to prevent mental ill-health and strengthen positive MH (Directorate-General for Health and Food Safety, 2013).

*European Health Policy Forum - Working Group on Mental health (2020)* - The EU Health Policy Platform is the European Commission's online platform to facilitate

contacts with and between health stakeholders. In addition to hosting formal EU expert groups on mental health, the Platform also serves as an open forum for health stakeholders and makes health policy dialogue transparent. Furthermore, it builds knowledge of public health issues, co-funded Health Programme projects, and encourages replication of good health policy practices.

*Healthier Together (2022-2027)* - Healthier Together is an EU non-communicable diseases initiative to support EU countries in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases and improve citizens' health and well-being. The initiative has 5 strands, including mental health. It promotes a holistic and coordinated approach to prevention and care and supports better knowledge and data, screening and early detection, diagnosis and treatment management, and the improvement of quality of life for patients (European Commission, 2022a).

*Comprehensive Approach to Mental Health (2023)* - Announced by Commission President Ursula von der Leyen (European Commission, 2023a), the Commission has been working on the development of a comprehensive approach to mental health, with the objective to address 'The Call for Evidence' paper which proposed several potential workstreams for the future initiative, including 'actions to further tackle psychosocial risks at work' and 'improved quality of life, appropriate and patient-centred follow-up care, facilitating return to school and work, and advancing on key elements such as de-stigmatisation and rights' (European Commission, 2023). A stakeholder consultation was concluded in February 2023 and a Communication was published in June 2023. This Communication focuses on how to bring relief to people suffering from mental health and on prevention policies. 'It draws on three guiding principles that should apply to every EU citizen: (i) to have access to adequate and effective prevention, (ii) to have access to high quality and affordable mental healthcare and treatment, and (iii) to be able to reintegrate society after recovery.' In regard to tackling psychosocial risk at work, there is an emphasis on (i) the right to disconnect which is seen as an integral part of reducing work-related stress and promoting a better work-life balance; and (ii) the right to return to work after mental illness as well as a psychologically safe working environment which are crucial factors to promoting mental health and to creating a more inclusive society (European Commission, 2023b).

## Council of Ministers - Non-binding policy initiatives

*Swedish EU Presidency (2019)* - Conclusions of the Swedish EU Presidency calling on the European Commission to come forward with a 'comprehensive EU Mental Health Strategy'. It states that the 'Economy of Well-being underlines the mutually reinforcing nature of well-being and economic growth'. It advocates for the creation of an environment to enable people to reach their full potential and promote good mental health including prevention, early diagnosis, treatment, and destigmatisation of mental disorders (European Union, 2019).

## European Parliament Non-binding policy initiatives

*The Right to Disconnect (2021)* - On 21 January 2021 the European Parliament adopted a resolution, calling on the Commission to come up with a law allowing employees to disconnect from work during non-work hours without consequences and setting minimum standards for remote work. It underlines the need for the following measures: (i) employers should not require workers to be available outside their working time and co-workers should refrain from contacting colleagues for work purposes; (ii) EU countries should ensure that workers who invoke their right to disconnect are protected from victimisation and other repercussions and that there are mechanisms in place to deal with complaints or breaches of the right to disconnect; and (iii) remote professional learning and training activities must be counted as work activity and must not take place during overtime or days off without adequate compensation (European Parliament, 2021). These measures are considered to be an integral part of reducing work-related stress and promoting a better work-life balance.

*A New Strategic Framework on Health and Safety at Work Post 2020 (2022)* - In March 2022, Parliament adopted a resolution on a new EU strategic framework on health and safety at work post 2020. It acknowledges that a good psychosocial working environment enhances workers' mental and physical well-being, and improved levels of psychological and physical well-being are directly associated with better workplace performance (European Parliament, 2022c). This makes a series of demands, including for more ambitious action on mental health, for example, to include the right to disconnect in the Commission's Strategic Framework and for a directive to be proposed on the prevention of psychosocial risks.

*Mental Health in the Digital World of Work (2022)* - In July 2022, the European Parliament adopted a report entitled 'Mental Health in the Digital World of Work' (European Parliament, 2022d). This lists the key risks to workers' mental health and the right to privacy and points to the impact that the shift to teleworking has on the mental health of those at risk of digital exclusion. It also stresses the importance of fighting against the digital divide. The Parliament calls for mental health issues to be tackled urgently through cross-sectional and integrated policies, as part of an EU Mental Health Strategy, a European Care Strategy, and a European Year of Mental Health in 2023. In addition, it calls for the Commission to propose, in consultation with social partners, a directive on minimum standards and conditions to ensure that all workers are able to exercise effectively their right to disconnect and to regulate the use of existing and new digital tools for work purposes.

## Social Partners

### European Trade Union Congress (ETUC) Non-binding policy initiatives

*Actions for combatting stress and eliminating psychosocial risks in the workplace: putting an EU Directive on the agenda (2018)* - This resolution of the ETUC Council aims to put pressure on the Commission to produce a Directive in relation to workplace stress and risk management. It contains 3 priority actions, namely (i) to strengthen workers' and their unions' ability to address work-related stress; (ii) to strengthen the employers' obligations to conduct proper risk management; and (iii) to ensure that employers' legal obligations in the prevention of stress and psychosocial risks are enforced (ETUC, 2018). This resolution calls for group and organisational level interventions.

*Position on the EU strategic framework on health and safety at work 2021-2027* - This resolution, inter alia, criticises the weaknesses of the measures to address workplace psychosocial risks and their sequelae. It highlights that merely addressing individual level interventions is not sufficient to protect workers from such risks and fails to address the implications of work organisation. In addition, it states that female-dominated sectors (e.g., health and social care, education, retail, and service) are particularly exposed to psychosocial risks, making this area an important intersection of gender equality and OSH. Furthermore, it calls for the Commission to clarify the actions against workplace violence and harassment (ETUC, 2021). This resolution calls for group- and organisational-level interventions.

### BusinessEurope Non-binding policy initiatives

*European Social Partners Framework Agreement on Digitalisation (2020)* - This social partner framework agreement aims to '(i) raise awareness and improve understanding of employers, workers and their representatives of the opportunities and challenges in the world of work resulting from the digital transformation; (ii) provide an action-oriented framework to encourage, guide and assist employers, workers and their representatives in devising measures and actions aimed at reaping these opportunities and dealing with the challenges, whilst taking into account existing initiatives, practices and collective agreements; (iii) encourage a partnership approach between employers, workers and their representatives; and (iv) support development of a human-oriented approach to integration of digital technology in the world of work, to support/assist workers and enhance productivity'. It specifically mentions that psychological safety must be ensured in the deployment of artificial intelligence, and mental demands must be considered when dealing with working conditions from the digital transformation process (BusinessEurope, 2020). This framework addresses the group- and organisational-level interventions.

## EU Agencies

### European Agency for Safety and Health at Work (EU-OSHA) Non-binding policy initiatives

*Mental Health Promotion in the Workplace: A good practice report (2011)* - The report elaborates on mental health and ill-health in the workplace and its causes and consequences. It highlights that optimally effective MHP should include a combination of both risk management and health promotion. It also provides an overview of mental health promotion initiatives on how to integrate MHP into a comprehensive approach to enhancing and promoting the health, safety and well-being of employees. The focus of the report is the results of its case study analysis of good practice examples on mental health at work based on a prior collection of case studies (EU-OSHA, 2011).

*European Campaign: Healthy Workplaces Manage Stress (2014-2015)* - This Campaign aims at raising awareness of the growing problem of work-related stress and psychosocial risks and enhancing practical skills to prevent and manage them successfully across European workplaces. The campaign website presents a range of tools and resources to employers of small-sized companies on how to deal with psychosocial risks and MHP. This campaign is important in addressing misunderstandings around psychosocial risks in the workplace and stigma around mental health problems (EU-OSHA, 2014).

*EU Strategic Framework on Health and Safety at Work (2021-2027)* - Implementing the framework is a key role for EU-OSHA. The success of the framework depends on its implementation at EU, national, sectoral and enterprise levels, with effective enforcement, social dialogue, funding, awareness-raising, and data collection. Through its extensive network of partners, EU-OSHA is well placed to facilitate action, cooperation, and exchange, and deliver on the ambitions of the framework. EU-OSHA's foresight studies and overview projects aim to anticipate risks and identify priorities, to inform the development of OSH practice and policy in areas such as digitalisation and green jobs, and stress and psychosocial risks. EU-OSHA also provides easy-to-use resources to help workplaces put prevention into practice, with a wealth of guidance being produced to help keep workers safe during the pandemic, whether exposed on the frontline or adapting to working from home. Its involvement in the Roadmap on Carcinogens and its Healthy Workplaces campaigns demonstrate the Agency's commitment to promoting a culture of prevention across Europe and beyond.

*OSH Pulse - Occupational Safety and Health in Post-Pandemic Workplaces (2022)* - The 'Flash Eurobarometer – OSH Pulse survey', commissioned by EU-OSHA, offers valuable insights into a range of impacts the COVID-19 pandemic has had on workers' health and well-being and related workplace measures, also in



combination with the increasing use of digital technologies in the workplace. The survey focuses on the mental and physical health stressors workers are confronted with and the occupational safety and health measures implemented in their workplace. More specifically, the survey addresses the following areas: psychosocial risk factors, stress, and mental health; and OSH preventive measures with a focus on mental health (EU-OSHA, 2022).

*Managing Stress and Psychosocial Risks E-guide (2023)* - The tool (EU-OSHA, 2023) responds to the needs of employers and workers in small enterprises who need to get practical advice and guidance on the first steps for managing psychosocial risks in the workplace. It provides information on stress definition, cause, management, and effects on businesses and workers. This guidance addresses individual- and organisational-level interventions.

## Eurofound Non-binding policy initiatives

*Right to Disconnect: Exploring Company Practices (2021)* - This report (Eurofound, 2021) describes company practice in relation to the right to disconnect in 10 countries. Key findings include:

- (vi) home-based teleworkers are twice as likely to exceed the 48-hour working time limit as workers onsite and are significantly more likely to work in their free time;
- (vii) the experience of the first four Member States that have introduced rules and agreements on the right to disconnect prior to 2021 has demonstrated the pivotal role of the social partners in ensuring these rules are translated into reality on the ground. In countries with weaker industrial relations, legislation can provide a fallback option to ensure minimum standards are met;
- (viii) the introduction of the right to disconnect in companies has revealed that a 'soft' approach through awareness raising, training and the management of out of hours connection is more common than a 'hard disconnection';
- (ix) new agreements and texts addressing the right to disconnect will need to consider the issues that lead to the 'perceived' need for constant connection, such as workload, lack of training and work processes that feed over-connection;
- (x) although evidence of the impact of the right to disconnect on employee health and well-being, work-life balance, gender equality and company performance is lacking, social partners' experiences at company level suggest that positive changes in company culture are taking place following the introduction of the right to disconnect. This report relates to group- and organisational-level interventions.

## Other Policy Bodies

### European Network for Workplace Health Promotion (ENWHP) Non-binding policy initiatives

*The Brussels Declaration on Workplace Health Practices for Employees with Chronic Illness (2013)* - This declaration aims to enhance the coordination and communication between healthcare professionals and the workplace in Europe. It focuses on work-related issues, such as adaptation of the workplace, reorganisation of tasks, and matching jobs to abilities, and establishes public health – private sector partnerships for investing in workplace health promotion. It also provides a set of guidelines for comprehensive strategies and interventions on return to work of chronically ill workers. The guidelines are targeted towards employers, including basic information, action plan and a checklist on behaviour towards employees with a chronic condition (ENWHP, 2013).

The policy initiatives relate to individual- and organisational-level interventions. Furthermore, a European campaign 'Work Adapted for all. Move Europe', was launched in 17 Member States, encouraging enterprises to implement comprehensive health strategies for the retention or return-to-work of chronically ill employees.

Based on the results of the 'Work Adapted for All. Move Europe' campaign, the ENWHP made constructive recommendations for politicians, employer organisations and unions at EU and national level, which include focusing on the prevention of chronic diseases at the workplace and its detection at an early stage; shifting the paradigm from reduced performance to retaining current and future working ability; focusing on the abilities and resources of the individual and not only on limitations or restrictions; addressing discrimination against people with chronic diseases; and fill the gaps in existing knowledge, extending evidence and experience-based interventions.

*The Luxembourg Declaration on Workplace Health Promotion (2018)* - In the Luxembourg Declaration, version of 2018, the members of the network agreed on a common understanding of Workplace Health Promotion which is 'the combined efforts of employers, employees, and society to improve the health and well-being of people at work. This can be achieved through a combination of improving work organisation and the working environment, promoting active participation, and encouraging personal development' (ENWHP, 2018). This represents a 'modern corporate strategy' that aims to prevent ill-health and enhance health promotion and well-being at work. In addition, it also identifies the challenges faced by the world of work which has undergone major change in the 21st century.



## Organisation for Economic Co-operation and Development (OECD) Non-binding policy initiatives

*Recommendation of the Council on Integrated Mental Health, Skills and Work Policy (2014)* - This Recommendation on Integrated Mental Health, Skills and Work Policy was adopted by the OECD Council on 14 December 2015 on the proposal of the Employment, Labour and Social Affairs Committee and the Health Committee in consultation with the Education Policy Committee. Building on 10 country reviews, synthesis publication, and High-Level Policy Forum involving health and employment Ministers on 4 March 2015. This Council resolution recommends a set of policy guidelines for an integrated approach to address the impact of mental health problems on health, education, employment, and social outcomes. It presents a 'mental-health-in-all-policies' approach which has four key sections, including health systems, education and youth systems, workplaces, and welfare systems. In particular, this resolution calls for policies to promote psychosocial risk assessment, to increase mental health awareness at work, and to provide return-to-work support for workers experiencing mental health issues (OECD, 2014).

*Mental Health and Work: Achieving Well-integrated Policies and Service Delivery (2014)* - This paper provides examples of policy initiatives from 10 OECD countries for integrated services, along with outcomes, and strengths and weaknesses. The main conclusions for future integrated mental health and work policies and services are: (i) more rigorous implementation and evaluation of integrated policies are necessary to improve labour market outcomes; (ii) implementation cannot be left to the discretion of stakeholders only; (iii) better financial incentives and clearer obligations and guidelines for stakeholders and professionals to participate in integrated service delivery; (iv) each sector has a responsibility to assure integrated services in line with client needs; and (v) more integrated provision of services within each sector (Arends et. al., 2014). T

*High-Level Policy Forum on Mental Health at Work (2015)* - This discussion paper provides input to a high-level policy forum run by OECD on the issues of mental health, disability, and work. A follow on from a previous forum on the issue in 2010. It highlights that workers suffering from mental ill-health are less productive and the problem of mental health stigma at work (OECD, 2015b).

*Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work (2015)* - This report provides a synthesis of the findings of the OECD's four-year review. It concludes that a transformation is required in policy thinking about mental health and work in regard to when and what type of intervention is needed and who should carry it out. It sets out the key elements for an integrated policy including (i) better competences for key first-line actors to deal with mental ill-health; (ii) responsibilities of the primary actors need to be explained more clearly; (iii) financial incentives help to ensure the interested parties fulfil their responsibilities; and (iv) rigorous policy implementation is vital (OECD, 2015a). The costs of mental ill-health for individuals, employers and society at large are enormous. Mental illness is responsible for a

very significant loss of potential labour supply, high rates of unemployment, and a high incidence of sickness absence and reduced productivity at work. Following an introductory report titled ‘Sick on the Job: Myths and Realities about Mental Health and Work’, and nine country reports, this final synthesis report summarises the findings from the participating countries and makes the case for a stronger policy to promoting better mental health and employment outcomes. This report addresses interventions at the individual and organisational level.

*Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies (2021)* - This report complements a legal document prepared by the OECD on the implementation of the Recommendation five years after its adoption and adds quantitative evidence to it as well as considerations about the implications of the experiences during the COVID-19 pandemic on future versions of the Recommendation. It concluded that an integrated whole-of-government approach involving all policy fields (in particular, youth, workplace, welfare, and health policy) was needed to tackle the poor social, education and employment outcomes of individuals with mental health conditions. Policy is in flux in most countries but much more will have to be done to implement the principles and fulfil the promises of the Recommendation (OECD, 2021a).

### International Labour Organisation (ILO) Non-binding policy initiatives

*Safety and Health at the Heart of the Future of Work: Building on 100 years of experience (2019)* - This report reviews the organisation’s century of work on OSH issues and highlights emerging concerns in the workplace, including recommendations to policymakers. In relation to MH, it stresses as a future challenge further consideration and research on psychosocial risks, such as its integration on risk assessments as part of OSH management, and on how to develop a psychosocial safety climate and better manage MH at the workplace (ILO, 2019).

*WHO / ILO Joint Policy Brief on Mental Health at Work (2022)* - This WHO/ILO joint policy brief calls for global action to address mental health at work. The brief illustrates practical strategies for governments, employers, workers, and their organisations in the public and private sectors. It focuses on the prevention of psychosocial risks, protection and promotion of mental health and support of workers with mental health conditions (ILO & WHO, 2022).

### World Health Organisation (WHO) Non-binding policy initiatives

*The European Mental Health Action Plan 2013–2020* - The Action Plan proposes a three-pronged interdependent approach based on individual and organisational levels. It aims to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights, address stigma and discrimination, and reduce the mortality, and disability for persons with mental disorders. It proposes

effective actions to strengthen MH and well-being, including incentives for employers to reduce psychosocial risks and job-related stress, and introducing programmes to enhance stress management, promote well-being and encourage optimal organisation of work to achieve work-life balance (WHO, 2013b).

Comprehensive Mental Health Action Plan 2013-2030 - This updated Comprehensive Mental Health Action Plan 2013-2030 builds upon its predecessor and sets out clear actions for Member States, the WHO Secretariat, and international, regional, and national partners to promote mental health and well-being for all, to prevent mental health conditions for those at risk and to achieve universal coverage for mental health services. While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged, namely (i) more effective leadership and governance for mental health; (ii) the provision of comprehensive, integrated mental health and social care services in community-based settings; (iii) implementation of strategies for promotion and prevention; and (iv) strengthened information systems, evidence, and research (WHO, 2013a).

Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region (2021) - The Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region has made 11 recommendations with a focus in three key areas of impact, namely general population and communities; vulnerable groups; and health and social care services (WHO, 2021).

WHO Guidelines on Mental Health at Work (2022) - The WHO guidelines on mental health at work provide evidence-based recommendations and practical strategies to promote mental health, prevent mental health conditions, and enable people living with mental health conditions to participate and thrive in work. The include organisational interventions, manager training and worker training, individual interventions, return to work, and gaining employment (WHO, 2022).

#### International Organisation for Standardisation (ISO) Non-binding policy initiatives

Ergonomic principles related to mental workload (2017) - ISO 10075-1:2017, reviewed in 2023, consists of 4 Standards established to meet the requirements of managing the ergonomics of mental workload at work, which include general issues, terms and definitions, design principles, and requirements concerning methods for measuring and assessing mental workload. The short- and long-term, positive and negative consequences of mental strain are defined. It also offers guidance on the design of work systems, workplace, and working conditions.

## References

- Arends, I., Baer, N., Miranda, V., Prinz, C. & Singh, S. (2014, November). Mental health and work: Achieving well-integrated policies and service delivery (OECD Social, Employment and Migration Working Papers No. 161). <https://doi.org/10.1787/5jxsvvn6pq6g-en>
- BusinessEurope. (2020). European social partners framework agreement on digitalisation. [https://www.businesseurope.eu/sites/buseur/files/media/reports\\_and\\_studies/2020-06-22\\_agreement\\_on\\_digitalisation\\_-\\_with\\_signatures.pdf](https://www.businesseurope.eu/sites/buseur/files/media/reports_and_studies/2020-06-22_agreement_on_digitalisation_-_with_signatures.pdf)
- BusinessEurope, UEAPME, CEEP & ETUC. (2007). Framework agreement on harassment and violence at work. <https://osha.europa.eu/en/legislation/guidelines/framework-agreement-harassmentand-violence-work> D2.2 Update on Digital Technologies and Policies
- ENWHP (2013). The Brussels Declaration on Workplace Health Practices for Employees with Chronic Illness. [https://www.enwhp.org/resources/toolip/doc/2018/04/23/brussels\\_declaration.pdf](https://www.enwhp.org/resources/toolip/doc/2018/04/23/brussels_declaration.pdf)
- ENWHP (2018). The Luxembourg Declaration on Workplace Health Promotion. [https://www.enwhp.org/resources/toolip/doc/2022/01/26/1\\_luxembourg\\_declaration\\_2018.pdf](https://www.enwhp.org/resources/toolip/doc/2022/01/26/1_luxembourg_declaration_2018.pdf)
- EU-OSHA (2011). Mental health promotion in the workplace – A good practice report. <https://osha.europa.eu/en/publications/mental-health-promotion-workplace-good-practicereport>
- EU-OSHA (2014). European Campaign: "Healthy Workplaces Manage Stress (2014-2015)". <https://osha.europa.eu/en/healthy-workplaces-campaigns/healthy-workplaces-manage-stress>
- EU-OSHA (2022). OSH Pulse - Occupational safety and health in post-pandemic workplaces. <https://osha.europa.eu/en/facts-and-figures/osh-pulse-occupational-safety-and-health-postpandemic-workplaces>
- EU-OSHA (2023). Managing stress and psychosocial risks E-guide. <https://osha.europa.eu/en/tools-andresources/e-guides/e-guide-managing-stress-and-psychosocial-risks>
- Eurofound (2021, November 8). About Eurofound's random probability surveys. <https://www.eurofound.europa.eu/surveys/about-eurofound-surveys>
- Eurofound (2021). Right to disconnect: Exploring company practices. [https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef21049en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21049en.pdf)
- European Commission (2011). Commission staff working paper: Report on the implementation of the European Social Partners' Framework Agreement on Work-related Stress. [https://www.europarl.europa.eu/registre/docs\\_autres\\_institutions/commission\\_europeenne/sec/2011/0241/COM\\_SEC%282011%290241\\_EN.pdf](https://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC%282011%290241_EN.pdf)
- European Commission (2014). Strategic framework on health and safety at work 2014–2020. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332>
- European Commission (2020). The European Pillar of Social Rights in 20 principles. <https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-workspeople/>

jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles\_en

European Commission (2022a) Healthier Together – EU non-communicable diseases initiative. [https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-noncommunicable-diseases-initiative\\_en](https://health.ec.europa.eu/non-communicable-diseases/healthier-together-eu-noncommunicable-diseases-initiative_en)

European Commission (2023). EU Have Your Say: A comprehensive approach to mental health. <https://ec.europa.eu/752ac06d-e603-43c0-9c70-9339d8e683de>

European Commission (2023b). [A comprehensive approach to mental health - European Commission \(europa.eu\)](#)

EU-OSHA – 2023). [E-guide to managing stress and psychosocial risks | Safety and health at work EU-OSHA \(europa.eu\)](#)

European Parliament (2021). The right to disconnect. [https://www.europarl.europa.eu/doceo/document/TA-9-2021-0021\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2021-0021_EN.html)

European Parliament (2022a). Health and Safety at work. Fact Sheets on the European Union. <https://www.europarl.europa.eu/factsheets/en/sheet/56/health-and-safety-at-work>

European Parliament (2022b). Public health. Fact Sheets on the European Union. <https://www.europarl.europa.eu/factsheets/en/sheet/49/public-health>

European Parliament (2022c). A New Strategic Framework on Health and Safety Post 2020 at Work. [https://www.europarl.europa.eu/doceo/document/TA-9-2022-0068\\_EN.html](https://www.europarl.europa.eu/doceo/document/TA-9-2022-0068_EN.html)

European Parliament (2022d). Mental health in the digital world of work. [https://www.europarl.europa.eu/doceo/document/A-9-2022-0184\\_EN.html](https://www.europarl.europa.eu/doceo/document/A-9-2022-0184_EN.html)

European Parliament (2022c). Mental Health in the Digital World of Work' [https://www.europarl.europa.eu/doceo/document/A-9-2022-0184\\_EN.html](https://www.europarl.europa.eu/doceo/document/A-9-2022-0184_EN.html)

European Trade Union Congress (2018). Resolution on actions for combatting stress and eliminating psychosocial risks in the workplace: putting an EU Directive on the agenda. <https://etuc.org/en/document/etuc-resolution-actions-combatting-stress-and-eliminatingpsychosocial-risks-workplace>

European Trade Union Congress (2021). Position on the EU strategic framework on health and safety at work 2021-2027. <https://etuc.org/en/document/etuc-position-eu-strategic-framework-healthand-safety-work-2021-2027>

European Union (2007). Community strategy on health and safety at work. Official Journal of the European Union. <https://eur-lex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:52008IP0009&rid=10>

European Union (2019). The Economy of Well-being Council Conclusions. <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

ILO (2019). Safety and Health at the heart of the Future of Work: Building on 100 years of experience. [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_686645.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_686645.pdf)

ILO & WHO (2022). WHO & ILO Joint Policy Brief on Mental Health at Work. [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---)

OECD (2014). Recommendation of the Council on Integrated Mental Health, Skills and Work Policy. OECD/LEGAL/0420. <https://legalinstruments.oecd.org/public/doc/334/334.en.pdf>

OECD (2015a). Fit Mind, Fit Job: From Evidence to Practice in Mental Health and Work. [https://read.oecdilibrary.org/employment/fit-mind-fit-job\\_9789264228283-en#page4](https://read.oecdilibrary.org/employment/fit-mind-fit-job_9789264228283-en#page4)

OECD (2015b). High Level Policy Forum on Mental Health at Work – Issues for Discussion. <https://www.oecd.org/mental-health-and-work-forum/documents/ISSUES-FOR-DISCUSSION.pdf>

OECD (2021a). Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies. <https://www.oecd-ilibrary.org/sites/a0815d0fen/index.html?itemId=/content/publication/a0815d0f-en>

Parks, A. C., & Schueller, S. (2014). The Wiley Blackwell Handbook of Positive Psychological Interventions. John Wiley & Sons.

Proctor, C. (2017). Positive Psychology Interventions in Practice. Springer.

Schefflein, J. (2011). The European Pact for Mental Health and Well-being. *Psychiatrische Praxis*, 38(S01), 12-13. <http://doi.org/10.1055/s-0031-1277729>

Van Zyl, L. E., Efendic, E., Rothmann, S., & Shankland, R. (2019). Best-practice guidelines for positive psychological intervention research design. In L. E. Van Zyl and S. Rothmann (Eds.), *Positive Psychological Intervention Design and Protocols for Multi-Cultural Contexts* (pp. 1-32). Springer. [https://doi.org/10.1007/978-3-030-20020-6\\_1](https://doi.org/10.1007/978-3-030-20020-6_1)

Wahlbeck, K., Braddick, F., Gabilondo, A., McDaid, D., Lang, G., & O'Sullivan, C. (2010). European Pact for Mental Health and Well-being. *Die Psychiatrie*, 7(2), 74-80. <https://doi.org/10.1055/s-0038-1669590>

World Health Organisation (2012). Risks to mental health: an overview of vulnerabilities and risk factors. [www.who.int/mental\\_health/mhgap/risks\\_to\\_mental\\_health\\_EN\\_27\\_08\\_12.pdf](http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf)

World Health Organisation (2013a). Comprehensive Mental Health Action Plan 2013-2030. <https://www.who.int/initiatives/mental-health-action-plan-2013-2030>

World Health Organisation (2022). WHO guidelines on mental health at work. <https://www.who.int/publications/i/item/9789240053052>

World Health Organisation - Regional Office for Europe (2015). The European Mental Health Action Plan 2013-2020. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/280604/WHO-EuropeMental-Health-Acion-Plan-2013-2020.pdf](http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-EuropeMental-Health-Acion-Plan-2013-2020.pdf)

Wynne, R., De Broeck, V., Vandenbroek, K., Leka, S., Jain, A., Houtman, I., & McDaid, D. (2014). Promoting mental health in the workplace: Guidance to implementing a comprehensive approach. European Commission, DG Employment, Social Affairs & Inclusion. <https://ec.europa.eu/social/main.jsp?catId=738&furtherPubs=yes&pubId=8098&langId=en&>