



# Promoting mental health in the workplace

*Guidance to implementing a comprehensive approach*

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## Glossary of terms

<b>Term</b>	<b>Definition</b>
<b>Critical event (individual)</b>	An event or a series of events that has a stressful impact sufficient enough to overwhelm the usually effective coping skills of either an individual or a group.
<b>Critical event (organization)</b>	An event or a series of events that interrupts the normal flow of activities of the organization in a way that impacts psychological health and safety.
<b>Harm</b>	Subsequent and related ill effects on the health of an employee(s) following exposure to hazards at work.
<b>Hazard</b>	Source, situation or act with a potential for harm in terms of human injury or ill health, or a combination of these.
<b>Health</b>	A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity.
<b>Health promotion</b>	The process of enabling people to increase control over and to improve their health.
<b>Mental health</b>	A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
<b>Organizational culture</b>	A pattern of basic assumptions invented, discovered, or developed by a given group that are a mix of values, beliefs, meanings, and expectations that group members hold in common and use as behavioural and problem-solving cues.
<b>Psychologically healthy and safe workplace</b>	A workplace that promotes workers' psychological well-being and actively works to prevent harm to worker psychological health including in negligent, reckless, or intentional ways.
<b>Risk</b>	Combination of the likelihood of an occurrence of a hazardous event or exposure(s) and the severity of injury or ill health that can be caused by the event or exposure(s).
<b>Risk analysis</b>	The systematic use of information to identify hazards and to estimate the risk.
<b>Risk assessment</b>	Systematic examination of the work undertaken to consider what causes injury or harm, whether hazards could be eliminated and, if not, what preventive or protective measures are, or should be, in place to control the risks.
<b>Risk criteria</b>	Terms of reference by which the significance of risk is assessed.
<b>Risk evaluation</b>	The process of comparing the estimated risk against given risk criteria to determine the significance of the risk.
<b>Psychosocial factor</b>	Interaction among job content, work organization and management, and other environmental and organizational conditions, and the employees' competencies and needs.
<b>Psychosocial hazard</b>	Elements of the design and management of work and its social and organisational contexts that have the potential for causing psychological or physical harm.
<b>Psychosocial risk</b>	Likelihood that psychosocial factors have a hazardous influence on employees' health through their perceptions and experience and the severity of ill health that can be caused by exposure to them.
<b>Harassment (bullying,</b>	Harassing, offending, socially excluding someone or negatively affecting someone's work tasks; negative activity is repeated

<b>mobbing) at work</b>	and regular and lasts over a period of time.
<b>Occupational health and safety (OH&amp;S)</b>	Conditions and factors that affect, or could affect, the health and safety of employees or other workers (including temporary workers), visitors or any other person in the workplace. Organizations can be subject to legal requirements for the health and safety of persons beyond the immediate workplace or who are exposed to the workplace activities.
<b>OH&amp;S management system</b>	Part of an organization's management system used to develop and implement its OH&S policy and manage its OH&S risks. A management system is a set of interrelated elements used to establish policy and objectives, and to achieve those objectives; it includes organizational structure, planning activities (including, for example, risk assessment and the setting of objectives), responsibilities, practices, procedures, processes and resources.
<b>Primary intervention</b>	Attempt to prevent harmful effects or phenomena emerging. Primary stage interventions are proactive by nature and about creating understanding in the organization.
<b>Rehabilitation</b>	Process aimed at enabling people to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels.
<b>Secondary intervention</b>	Intervention aimed at taking steps to improve the perception or to increase individual resources of groups that could be at risk of exposure. The focus of these actions is on the provision of education and training.
<b>Tertiary intervention</b>	Intervention aimed at reducing negative impacts and healing damages. Tertiary interventions are rehabilitative by nature.
<b>Work-related stress</b>	Pattern of emotional, cognitive, behavioural and physiological reactions to adverse and noxious aspects of work content, work organization and work environment.
<b>Mental health promotion</b>	Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable
<b>Return to work</b>	Managing all of the issues concerning getting back to work following illness.
<b>Disability management</b>	Disability Management is used by employers to assist employees who are unable to work due to injury or illness. The purpose of DM is to benefit the employer by returning experienced, trained employees to work quickly.
<b>Case management</b>	The process of actively managing the sickness absence of an individual employee.

## 1. Aims of the guidance document

The mental health and wellbeing of the European workforce is increasingly recognised as an important issue for the European workplace stakeholders:

- For employers, it is increasingly clear that there are costs involved - these may be expressed in terms of absenteeism, presenteeism and lost productivity. In addition, there are issues concerning how mental health and wellbeing are handled - how may risk be mitigated, how may mental health and wellbeing be promoted, how can return to work processes be managed and how may recruitment processes for people with mental health problems be handled.
- For employees, there are also costs in terms of health care, loss of wages and the health and social impacts of mental health breakdown. In addition, there are issues concerning stigma, recovery and reintegration into employment which take on special significance in the case of mental health breakdown.
- Professionals too are impacted by these issues - from health care to occupational health and safety to HR professionals and others - mental health issues pose special challenges to their practice which physical health issues rarely do. Processes concerning taboos, lack of awareness, discrimination and stigma operate in ways that are much more significant for mental health issues than for physical health.
- There are costs to society at large - the health care and social insurance systems bear real financial costs while individuals, families and communities also carry health and social costs.

It is beyond the scope of this Guidance Document to address all of these issues for each stakeholder. However, it does introduce and provide guidance for employers, employees and other stakeholders on the management of mental health issues in the workplace. It aims to provide high level guidance on the issue which can be used to direct policy and practice at the workplace. At the same time the document aims to direct readers to the EU level policy background in the area. Finally, the document aims to describe and provide access to some of the research findings that underpin the guidance.

Fundamentally, this Guidance document aims to be of practical value to **all** concerned stakeholders in the area (employers, trade unions, policy makers or professionals). It therefore takes a practical approach, focusing on providing an integrated framework for the promotion of mental health at workplace as well as providing examples of good practice.

The Guidance recognises that there is a plethora of other guidance documents in the area and draws from them where appropriate. However, the unique element of the current Guidance is that it comes from a holistic perspective - it seeks to deal with all aspects of the issue of mental health and wellbeing in the workplace, rather than focusing on single issues. It therefore brings together material from the fields of health and safety, health promotion, reintegration and recruitment to provide a comprehensive set of procedures for handling all aspects of mental health and wellbeing in the workplace.

The Guidance is **based on the Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. This Directive (known as the Framework Directive) is the first of the EU's legislative initiatives on health and safety and presents an overall approach to how health and safety at work should be managed. There are other**

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**Directives and policies<sup>1</sup> which are also relevant (covered in Chapter 4).** The Guidance is also based on good practice in the areas of workplace mental health promotion and on job retention and return to work.

The specific aims of the Guidance are:

- To situate the management of mental health issues in the workplace (prevention, promotion and return to work) within the context of the Framework Directive and related legislation and good practice in the area
- To raise awareness of the importance of mental health and wellbeing management in the workplace
- To provide an overview of the necessary procedures on managing the issue of mental health in the workplace for employers, trade unions, employees, policy makers and practitioners
- To provide practical examples of how this can be done through the medium of case studies
- To provide reference to other relevant sources of guidance, research and policy information

## **2. Structure of the guidance**

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<sup>1</sup> See Annex 1 and 2 for details of these instruments

The Guidance document is divided into a number of chapters which serve fundamentally different functions:

- **Chapter 3: The importance of mental health at work** - outlines the main arguments in relation to why mental health should be promoted and proactively managed in the workplace. It also provides background information on the issue in relation to costs and impacts and on the business and health related cases for taking action.
- **Chapter 4: Key EU OSH legislation and mental health at work** - outlines how the Framework Directive is consistent with, and relevant for, the management of psychosocial risks at work and the prevention of harm to mental health and wellbeing. It also provides an outline description of, and reference to, relevant EU and national level legislation in the area. It covers both hard (regulatory) and soft (voluntary) policy approaches to the issues at hand e.g. legislation, framework agreements.
- **Chapter 5: Risk assessment for mental health** - details methods for risk assessment for mental health. It also outlines the main psychosocial risks to mental health and wellbeing and the kinds of interventions that can be made to manage those risks.
- **Chapter 6: Guidelines on Mental health prevention and promotion at the workplace** - provides guidance on a comprehensive approach to the management of mental health in the workplace drawing upon the three key perspectives of health and safety, health promotion, and return to work. A common approach is taken, whereby information on workplace risks, mental health needs, and return to work requirements is gathered. This information is then used as the basis for generating interventions. Guidance is offered in relation to both of these phases of activity.
- **Chapter 7: Reference to existing guidance** - describes in brief some of the major guides that already exist in the area. These largely relate to major national or transnational initiatives and guidelines in the area of stress at work such as those by EU-OSHA, the British Standards Institution Guidance on the Management of Psychosocial Risks in the workplace, and the recent Canadian standard on psychological health and safety in the workplace. In addition, initiatives from the ENWHP on mental health promotion at work, return to work practices are relevant, as is the PRIMA-EF guidance on developing a European Framework for Psychosocial Risk Management. These initiatives have been chosen because they have been widely applied, have been developed at European level, or because they represent new and promising approaches to the issues.
- **Chapter 8: Case Studies** - provides excerpts from a range of case studies that illustrate how guidelines on workplace mental health may be put into practice. They include case studies on mental health promotion, managing stress at work, and managing return to work. They are intended to support the guidelines presented in Chapters 5 and 6.



### 3. The importance of mental health at work

#### What is mental health and wellbeing

The World Health Organisation's (WHO) **definition of health** is the best known definition available (1946<sup>2</sup>):

*"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*

This definition recognises the mental, physical and social dimensions of health. It also recognises that health does not just refer to the absence of disease or illness, but that health is a more positive state which involves wellbeing.

In relation to **mental health**, the WHO (2001<sup>3</sup>) provides the following definition:

*"Mental health can be understood as a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life<sup>4</sup>, can work productively and fruitfully, and is able to make a contribution to his or her own community".*

#### Positive Mental Health

Mental health is a **state of wellbeing that is characterised by feeling well, having fulfilling relationships, as well as having the ability to cope**. Mental health influences how people think, communicate, learn and grow. Perceived wellbeing strengthens resilience and self-esteem. These are the ingredients for successful involvement in the community, in society, in professional life and in relationships.

Mental health and mental illness have often been described as points on a continuum. However, research suggests that there are two continuums to be considered and that the absence of mental illness may not always be reflective of genuine mental health (see figure 1). The continuum of **flourishing and languishing**<sup>1</sup> (Keyes, 2002) takes the positive approach to mental health and proposes that even in the absence of full mental wellbeing, a person may still flourish.

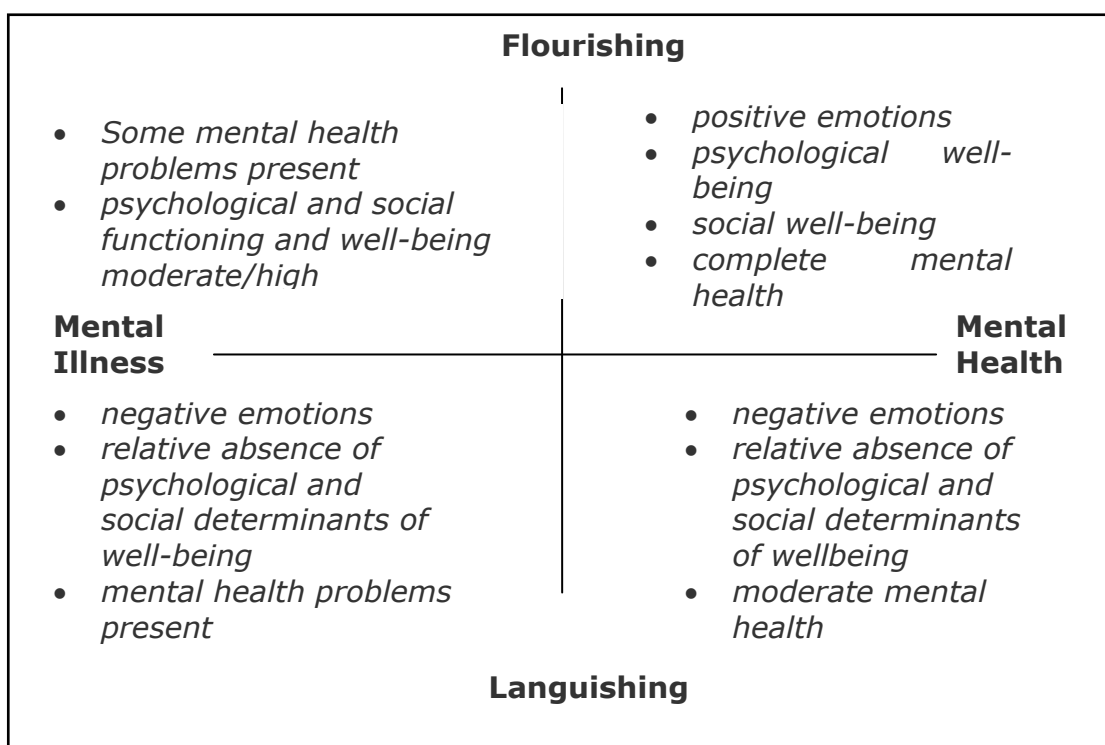
This approach is important in the context of mental health promotion - the process whereby positive mental health and wellbeing is maintained or improved.

<sup>2</sup> WHO (1946) Constitution of the World Health Organization.

<sup>3</sup> WHO (2001) Mental Health: Strengthening Mental Health Promotion. Factsheet No. 220. <http://www.who.int/mediacentre/factsheets/fs220/en/>

<sup>4</sup> For example, Stresses from work, home, family etc.

**Figure 1: Continuum of mental health<sup>5</sup>**



*Mental health problems and disorders*

**Mental health problems<sup>6</sup>**, as compared to mental illness, are fairly common and are often experienced during periods of high stress or following upsetting events. For example, bereavement symptoms of less than two months' duration do not qualify as mental disorders. Nevertheless, bereavement can become debilitating if the individual receives no support during this period and it may also be necessary for the bereaved person to attend counselling during this time. Active efforts in mental health promotion, prevention, and treatment<sup>7</sup> can significantly reduce an individual's risk of developing a mental illness.

The WHO suggest that nearly **half of people will suffer from a mental illness** at some point in their lifetime, while it is estimated that almost 10% of the population suffer from depression in any one year while a further 2.6% suffer from a psychotic disorder. Anxiety is also a major issue. In the EU27 it has been found that 15% of people had sought help for a psychological or emotional problem, while 72% of people had taken antidepressants at some point in their lives<sup>8</sup>.

<sup>5</sup> Adapted from Keyes, 2002. Keyes, C. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behaviour*, 43, 207-222

<sup>6</sup> These are less serious disruptions to mental wellbeing

<sup>7</sup> See Chapter 9 for definitions of these terms

<sup>8</sup> European Commission (2010). Eurobarometer on mental health. Available at: [http://ec.europa.eu/health/mental\\_health/eurobarometers/index\\_en.htm](http://ec.europa.eu/health/mental_health/eurobarometers/index_en.htm)

## Risks to mental health and wellbeing

Risks to mental health and wellbeing can come from a number of sources and include sources related to the workplace (Table 1).

**Table 1<sup>9</sup>: Examples of risks to mental health from inside and outside of the workplace**

Source of risk	Risk factor
<b>Personal and social</b>	<ul style="list-style-type: none"> <li>• Genetics</li> <li>• Previous life experience</li> <li>• Life events</li> <li>• Traumatic incidents</li> <li>• Social supports</li> <li>• Coping skills</li> <li>• Resources</li> <li>• Personal health related behaviours, e.g. alcohol and drugs</li> </ul>
<b>Workplace</b>	<ul style="list-style-type: none"> <li>• Job Content</li> <li>• Workload and work pace</li> <li>• Work schedule</li> <li>• Control</li> <li>• Environment and equipment</li> <li>• Organisational culture and function</li> <li>• Interpersonal relationships at work</li> <li>• Role in the organisation</li> <li>• Career development</li> <li>• Violence and bullying</li> </ul>
<b>Socio-economic</b>	<ul style="list-style-type: none"> <li>• The economy and labour market                             <ul style="list-style-type: none"> <li>○ Threat of and state of unemployment</li> <li>○ Type of job contract</li> <li>○ Job security</li> <li>○ Reductions in availability of services</li> <li>○ Income</li> </ul> </li> <li>• Geography</li> <li>• Legislation                             <ul style="list-style-type: none"> <li>○ Labour</li> <li>○ Welfare</li> <li>○ OSH</li> </ul> </li> </ul>

The factors listed in Table 1 are not exhaustive, but they illustrate well the wide range of issues that can contribute to mental health problems and disorders. Many of the factors are well known - genetics may influence the development of psychotic disorders, while social factors such as income and levels of deprivation may influence both mental health problems and illness. Within the workplace, **psychosocial risk**

<sup>9</sup> Adapted from Op De Beeck, R. and Van Den Broek, K. and De Meyer, S. (2009). In: Haratau, T. and Wynne, R. (eds.). Workplace health promotion: Definitions, methods and techniques. Romtens Foundation, Bucharest.

**factors have been associated with mental health problems**, for example, structural features of the workplace and working methods may influence mental health and wellbeing.

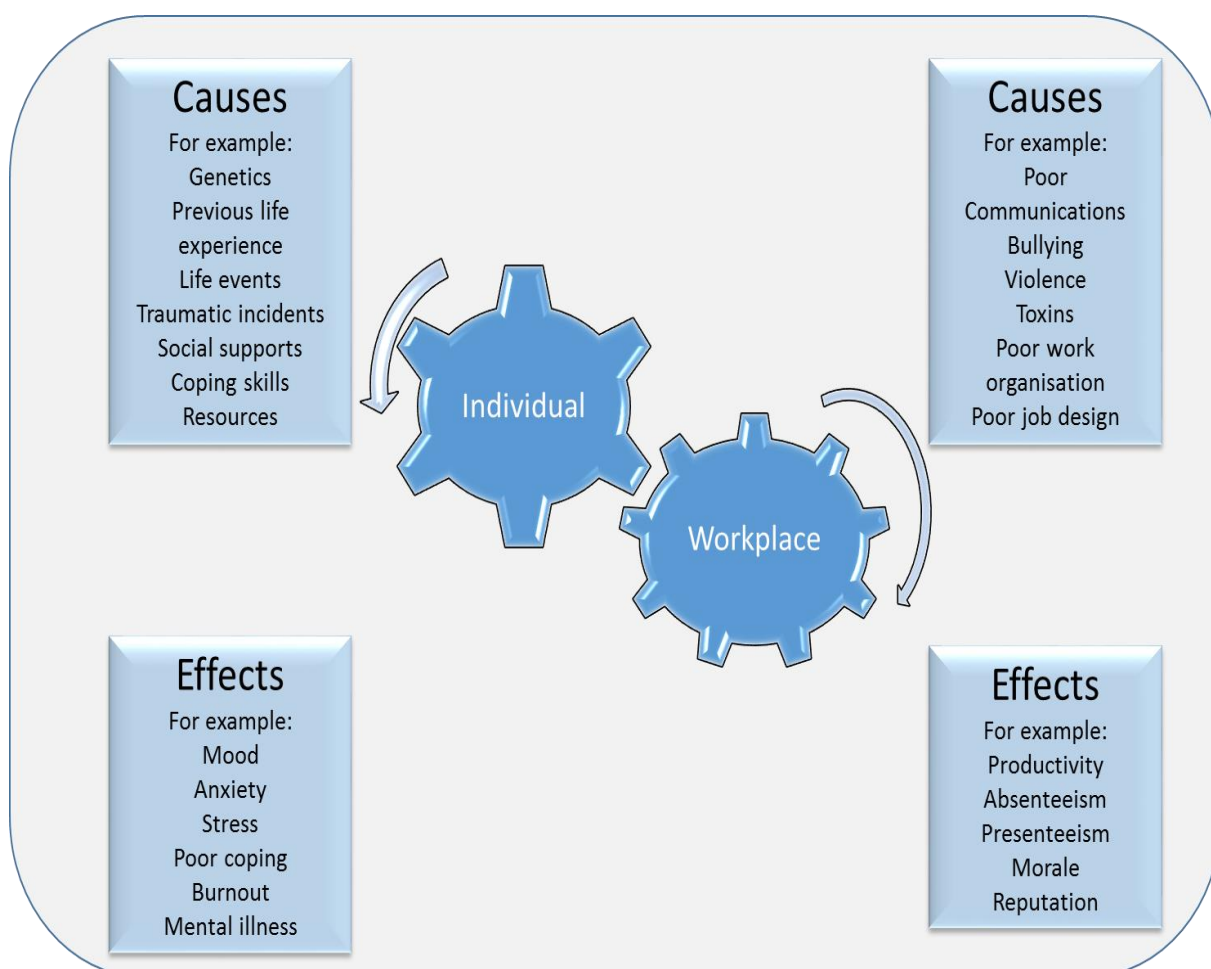
Not all of these factors operate in a negative way. For example, social support is a factor that operates both within and outside of the workplace to mitigate the effects of mental health risk factors and coping styles and behaviours also help to reduce the impact of negative risk factors for mental health.

In addition, these factors do not necessarily operate in isolation - they are commonly found in clusters both within and outside of the workplace. For example, low income, poor working conditions, high levels of job demands and negative coping behaviours may often be associated with one another. These clusters of risk factors illustrate the need to intervene in multiple settings if mental health and wellbeing is to be effectively promoted.

## **Impacts of mental health in the workplace**

Mental health issues in the workplace concern the individual, organisations and society at large and they can impact on health and wellbeing, behaviour, organisational performance and social wellbeing. Figure 2 below depicts some of these impacts.

**Figure 2: The impacts of mental health in the workplace**



Factors affecting mental health may be found both inside and outside of the workplace. Outside of the workplace these include factors related to the individual and their behaviour, and the general physical and psychosocial environment. These also exist within the workplace, but psychosocial hazards such as inappropriate workload, poor management style, poor communications at work, as well as many others.

*The workplace: cause and effect – a dynamic process*

There is often a one-to-one relationship between, for example, a chemical hazard and its health and other outcomes, but the causes of mental distress do not always have such a relationship. Instead, different causes can produce the same effect, whether they come from the inside or outside of the workplace. For example, depression may be caused by a bereavement, a change in life circumstances, or becoming

unemployed<sup>10</sup>. Equally, a similar set of causes can produce different mental health outcomes, e.g. one person may become depressed in the face of constant work overload, while another may suffer from burnout and another may become anxious. Moreover, these factors interact – **causes of distress from outside of the workplace interact with those from within** to produce mental health and wellbeing outcomes<sup>11</sup>.

These interactions and non-specific relationships mean that it is not enough to control the causes of mental distress in one setting – **interventions must ideally address all causes** (or at least help to manage them) if they are to be effective. This Guidance document aims to promote good practice in promoting mental health in the workplace while encouraging employers to fulfil their legal obligations in this area.

The impacts on the individual are not confined to the direct health effects on mental and affective functioning, but also include effects on income and often on social acceptance (the stigma associated with mental health issues is still a powerful social process). In addition, there also likely to be impacts on the individual's family and social networks outside of work (see for example, the Stress Impact Study<sup>12</sup>).

However, the impacts of poor mental health in the workplace are not confined to individual health effects. They also include **impacts on organisational performance in terms of lost productivity, the costs of absenteeism, presenteeism**<sup>13</sup> and more intangible but nonetheless important issues such as poor workforce morale and unfavourable organisational reputation. The recent European Survey of Enterprises on New & Emerging Risks<sup>14</sup> (ESENER) provides insight on key psychosocial risks affecting European workplaces according to their managers' perspective.

#### *The positive impacts of work on mental health and wellbeing*

Despite the concerns outlined so far, **work** in general, **is good for both mental and physical health**. Research has consistently shown that good quality work (i.e. work which has positive features) can boost and protect health. Features of working life that are known to promote mental health and wellbeing include:

- Being valued at work
- Having meaningful work
- Being able to make decisions on issues that affect you
- Being adequately trained for the work that you do
- Having the resources you need to do the work
- Having a job that is well designed, i.e. not overloaded

<sup>10</sup> Kuoppala, J., Lamminpää, A, Liira, J. & Vaino, H (2008). Leadership. Job Well-Being, and Health Effects – A Systematic Review and a Meta- Analysis. J. Occupational & Environmental Medicine, 50, 904-915.

<sup>11</sup> For example, Waddell, G, & Burton, A.K. (2006). Is work good for your health and well-being? London: The Stationery Office.

<sup>12</sup> [www.surrey.ac.uk/psychology/projects/stress-impact/files/Stress%20Impact%20Integrated%20Report.pdf](http://www.surrey.ac.uk/psychology/projects/stress-impact/files/Stress%20Impact%20Integrated%20Report.pdf)

<sup>13</sup> This is most often defined as going to work while being unwell

<sup>14</sup> EU-OSHA – European Agency for Safety and Health at Work. European Survey of Enterprises on New and Emerging Risks: Managing safety and health at work. European Risk Observatory Report. Luxembourg: Office for Official Publications of the European Communities, 2010.

- Having work that is well organised in terms of work schedules and time off

One further positive element of the workplace concerns organisational culture which can be supportive of mental health and wellbeing. Elements of culture such as management style and communications style can contribute to positive mental wellbeing. In addition, positive management practices in relation to such areas as participation in decision making, providing timely and supportive feedback can contribute positively to employee wellbeing. Of course, promoting a positive health and safety culture has a role to play also.

The social aspects of the workplace can also provide a supportive environment for mental health and wellbeing. For example, it can provide:

- Social support – workmates can help individuals share, cope with and overcome personal problems.
- Coping skills – social interaction in the workplace can directly or indirectly provide opportunities to learn effective coping skills.
- Material support – workplaces provide resources in terms of monetary income. They can also provide direct material support to help solve problems from work colleagues.

#### *The costs of mental ill health in the workplace*

The **costs of mental ill health have a major impact on workplaces**. As part of the work on the European Mental Health Pact<sup>15</sup>, it has been estimated that the total productivity costs of absenteeism due to mental illness was €136 billion in 2007. This equated to approximately €624 per employed person in the EU at that time. €99 billion of these costs were linked to depression and anxiety related disorders. The costs of mental illness can be compared to those for cardiovascular disease, which amounted to €36 billion in 2007. It should be noted that these costs do not relate to treatment, social welfare benefits or other costs to society at large.

Many other studies have also indicated that the costs of mental ill health are very large. For example, in 2002 the European Commission<sup>16</sup> estimated that the costs of work-related stress amounted to 3-4% of gross national product, while in Germany<sup>17</sup> the annual cost of psychological disorders was estimated to €3bn. A good overview of studies on costs is provided by Leka<sup>18</sup> et al.

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<sup>15</sup> McDaid, D. (2008). Mental health in workplace settings. Consensus paper, European Communities, Luxembourg.

<sup>16</sup> Levi, L., 'Spice of life or kiss of death. In *Working on Stress, Magazine of the European Agency of Safety and Health at Work No.5*. Luxembourg: Office for Official Publications of the European Communities, 2002. Available at: <http://osha.europa.eu/en/publications>

<sup>17</sup> EU-OSHA – European Agency for Safety and Health at Work (2009). OSH in figures: stress at work - facts and figures. Luxembourg: Office for Official Publications of the European Communities.

<sup>18</sup> Leka, S, Van Wassenhove, W. and Jain, A. (2014 in press). Is psychosocial risk prevention possible? Deconstructing common presumptions. Safety Science.



### *Mental ill health impact on employment*

Mental ill health has a disproportionate influence on absence from work, disability and early retirement. When people develop a mental health problem, they are likely to be out of work for longer, they are more likely to become disabled and they are more likely to retire early<sup>19</sup>. Moreover, data from a number of countries indicate that **mental ill health accounts for an increasing proportion of absenteeism, disability and early retirement** as time passes.

For example, in Germany early retirements due to mental ill health have risen from just over 20% to almost 40% of all retirements due to ill health between 1989 and 2010. The proportion of such mental health related early retirements has continued to rise since<sup>20</sup>. Moreover, mental ill health as a cause of absence from work in Germany has also increased – between 1989 and 2012 it has risen 2.5 times while absence due to other health causes has remained substantially the same. These trends in Germany are reflected in data from many other countries across the EU. Data from the UK suggests that not only is there an increase in stress or mental health related disorders as a cause of absence, but that the absences due to these conditions are longer than those for physical health causes<sup>21</sup>.

Employees who develop mental ill health problems often are comorbid, i.e. they also have a physical health problem. Moreover, there is evidence to suggest that people who become long term absent for physical health reasons go on to develop a mental health problem as well<sup>22</sup>. These findings mean that focusing only on a single type of condition is unlikely to be effective when promoting mental health and return to work.

### *Return to work strategies*

There are many reasons why employers should actively manage return to work (RTW) for people with mental health difficulties. Fundamentally, there is an obligation for employers to ensure that they are not contravening equality or non-discrimination legislation, i.e. that they are not discriminating against the returning employee on health grounds.

**Employers and employees can benefit from appropriate RTW strategies** – health and wellbeing improve for the individual, while the cost of absence is reduced for employers.

Strategies for RTW for people with physical health problems are well established at this time. Disability Management approaches are appropriate here – they involve for example, establishing workplace policy in the area, ensuring that there are trained individuals to manage the process, contacting the absentee early and making arrangements for a safe and timely return to work process (see Chapter 6 for details).

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<sup>19</sup> Evans-Lacko, S., Knapp, M., McCrone, P., Thornicroft, G., & Mojtabai, R. (2013). The Mental Health Consequences of the Recession: Economic Hardship and Employment of People with Mental Health Problems in 27 European Countries. *PLoS ONE*, 8(7).

<sup>20</sup> SUGA (Bericht zur Sicherheit und Gesundheit bei der Arbeit) 1998-2008. **Bundesanstalt für Arbeitsschutz und Medizin (BAUA), Federal Institute for Occupational Safety and Health** <http://www.baua.de/de/Startseite.html>

<sup>21</sup> Department of Work and Pensions 2013. *DWP Statistics*. Available at <http://statistics.dwp.gov.uk/asd/>, London, DWP.

<sup>22</sup> [www.surrey.ac.uk/psychology/projects/stress-impact/files/Stress%20Impact%20Integrated%20Report.pdf](http://www.surrey.ac.uk/psychology/projects/stress-impact/files/Stress%20Impact%20Integrated%20Report.pdf)



These strategies can be adapted for managing the return to work of an employee with a mental health problem. The main differences in approach concern ensuring that there is a sufficient level of awareness amongst all stakeholders of what is involved with mental health and illness, dealing with stigma, maintaining confidentiality and making sure that there are sufficient options available for work adaptations so that the returnee can readapt to working life.

## The links between physical and mental health

**Physical and mental health are interrelated** – studies show that stress factors in and outside of the workplace can contribute to heart disease. Recent reviews indicate that psychosocial risks that may cause mental health problems are also systematically and causally related to other kind of health outcomes such as physical health problems<sup>23</sup> as well as cardiovascular morbidity<sup>24</sup> and mortality and diabetes<sup>25</sup>. The INTERHEART<sup>26</sup> study of 24767 participants from 52 countries found that people with myocardial infarction (cases) reported higher prevalence of stress factors from work, home, life events and finances. The Hearts and Minds Report<sup>27</sup> summarises the relationships between mental ill health and heart disease. Other recent reviews indicate that psychosocial risks that may cause mental health problems, are also systematically and causally related to other kind of health outcomes such as physical health problems<sup>28, 29</sup> as well as cardiovascular morbidity and mortality<sup>30</sup> and diabetes<sup>31</sup>.

<sup>23</sup> Briggs, A.M., Bragge, P., Smith, A., Govil, D. & Straker, L.M. (2009). Prevalence and Associated Factors for Thoracic Spine Pain in the Adult Working Population: A Literature Review. *J Occup Health*, 51, 177-192.

<sup>24</sup> Kivimaki, M., Nyberg, S.T., Batty, G.D. et al. (2012). Job strain as a risk factor for future coronary heart disease : collaborative meta-analysis of 2358 events in 197,473 men and women. *The Lancet*, 2012 (380):1491-97 (Early Online Publication, doi:10.1016/S0140-6736(12)60994-5).

<sup>25</sup> De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., Leucht, S. 2011. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, 10, 52-77.

<sup>26</sup> Rosengren, A., Hawken, S., Ôunpuu, S., Sliwa, K., Zubaid, M., Almahmeed, W. A., Blackett, K. N., Sitthiamorn, C., Sato, H., Yusuf, S., 'Association of psychosocial risk factors with risk of acute myocardial infarction in 11 119 cases and 13 648 controls from 52 countries (the INTERHEART study): case-control study', *Lancet*, 364, 2004, 953-962.

<sup>27</sup> Boedeker, W. and Klindworth, H. (2007). Hearts and minds at work in Europe: A European work-related public health report on cardiovascular diseases and mental ill health. BKK Bundesverband, Essen, 2007.

[http://www.enwhp.org/fileadmin/downloads/Workhealth\\_II/Buch\\_WH-Report\\_v09.pdf](http://www.enwhp.org/fileadmin/downloads/Workhealth_II/Buch_WH-Report_v09.pdf)

<sup>28</sup> Briggs, A.M., Bragge, P., Smith, A., Govil, D. & Straker, L.M. (2009). Prevalence and Associated Factors for Thoracic Spine Pain in the Adult Working Population: A Literature Review. *J Occup Health*, 51, 177-192.

<sup>29</sup> Da Costa, B.E. & Vieira, E.R. (2009). Risk factors for work-related musculoskeletal disorders: a systematic review of recent longitudinal studies. *Am. J. Ind. Med.* 48,1-39

<sup>30</sup> Kivimaki, M., Nyberg, S.T., Batty, G.D. et al. (2012). Job strain as a risk factor for future coronary heart disease: collaborative meta-analysis of 2358 events in 197,473

Other studies show that many people who develop a physical health problem will go on to develop a mental health problem as well. For example, the Stress Impact study<sup>32</sup> showed that many people on short term sickness registers for physical health reasons developed mental health problems (usually depression). As many as 13% of people who were absent from work for more than 12 weeks had both physical and mental health problems.

## Why employers should manage mental health in the workplace

There are **many reasons why employers should engage proactively with mental health and wellbeing**. Firstly, there is an obligation under health and safety legislation to prevent damage to mental health due to workplace causes. The Seoul Declaration<sup>33</sup> of the ILO and partners states that health and safety is a fundamental human right. Also, there is an obligation under equality legislation to ensure that people with mental health problems are not discriminated against in areas such as recruitment, promotion and access to training.

Beyond these obligations, many employers see the benefits of investment in mental health as being part of the ethos and culture of the organisation. Being active in the area helps fulfil the social contract that employers have with their employees and with society at large and it also helps maintain a good public image of the employer. Many employers also see that engaging in good practice regarding mental health in the workplace helps them to meet their obligations with regard to corporate social responsibility, especially, where the employers' practice moves beyond legislative requirements.

However, the most convincing reasons for many employers relate to the fact that interventions to improve mental health and wellbeing are effective. They may be effective in terms of addressing problems of absenteeism, for example, but fundamentally, interventions have been shown to have significant monetary benefits. Research in the UK shows that many of the interventions evaluated generate sufficient benefits to outweigh the costs. Quite recently<sup>34</sup>, it was estimated that the net return

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men and women. The Lancet, 2012 (380):1491-97 (Early Online Publication, doi:10.1016/S0140-6736(12)60994-5).

<sup>31</sup> De Hert, M., Correll, C. U., Bobes, J., Cetkovich-Bakmas, M., Cohen, D., Asai, I., . . . Leucht, S. 2011. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. *World Psychiatry*, 10, 52-77.

<sup>32</sup> Integrated report of Stress Impact: The impact of changing social structures on stress and quality of life: Individual and social perspectives.

[http://www.fahs.surrey.ac.uk/stress\\_impact/publications/wp8/Stress%20Impact%20Integrated%20Report.pdf](http://www.fahs.surrey.ac.uk/stress_impact/publications/wp8/Stress%20Impact%20Integrated%20Report.pdf)

<sup>33</sup> <http://www.seouldeclaration.org/>

<sup>34</sup> Matrix Insight (2013). Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives, Matrix Insight, Research commissioned by the European Agency for Health and Consumers. Available at

[http://ec.europa.eu/health/mental\\_health/docs/matrix\\_economic\\_analysis\\_mh\\_promotion\\_en.pdf](http://ec.europa.eu/health/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf)

on investment generated by workplace mental health promotion programmes over a 1 year period varied from €0.81 to €13.62 for every €1 of expenditure in the programme.

The National Institute for Health and Care Excellence in a 2009 UK study modelled the effects of a comprehensive approach to promote mental well-being at work. It suggested that productivity losses to employers as a result of undue stress and poor mental health could fall by 30% and that for a 1000 employee company there would be a net reduction in costs in excess of £473,000.

## 10 reasons for managing mental health and wellbeing - The business case

There are a number of reasons why employers need to take a more proactive approach to managing mental health at work:

- Mental health problems and illness are rising throughout Europe
- They are an ever increasing cause of absence amongst employees in Europe
- The costs of mental health related absence are bigger than any other type of illness
- Absences due to mental ill health are longer than those from other ill health causes
- Changes in the nature of work are leading to higher stress and more mental health related problems
- The workplace is a particularly useful setting to intervene to promote good mental health
- Good quality work promotes good mental health and wellbeing
- Managing psychosocial risks at work is required by legislation
- Managing return to work is increasingly the responsibility of/beneficial to employers in many countries
- Interventions to improve mental health and wellbeing at work help employers to meet the principles of the social contract
- Interventions targeted at the individual to improve mental health and wellbeing are cost effective

Taken together, where positive factors in workplace culture operate, this generally has a positive impact on work engagement by employees which in turn leads to productivity gains for the organisation. Beyond the workplace, gains to society at large also occur. The costs of treating mental ill health are reduced, while there are also benefits in terms of higher levels of participation by workers in a range of socially and personally beneficial activities.

## 4. Key EU OSH legislation and mental health at work

### The Framework Directive and mental health

The overarching 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' on the basis of the principles of prevention. The Framework Directive has been followed by a set of individual directives on a range of areas (see Chapter 7 for more detail) which have been adopted over the past 25 years. The general principles of the Framework Directive continues 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 as 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.

On the basis of this key piece of legislation, a number of policies and guidance of relevance<sup>35</sup> to mental health have been developed and are applicable to the European level. These include legally binding instruments at EU, transnational and national levels as well as policies such as decisions, recommendations, resolutions, opinions, proposals, conclusions of EU institutions, the Committee of the Regions and the European Economic and Social Committee. In addition, social partner agreements and frameworks of actions, specifications, guidance, campaigns etc. initiated by European and international committees, agencies and organisations have stemmed from the Framework Directive.

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 as regards 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, organization 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, the Framework and related Directives specify that these risks must be identified, assessed and be prevented and managed.<sup>36</sup>

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<sup>35</sup> The term mental health and related terms such as stress, and psychosocial risk are rarely mentioned in legislation.

<sup>36</sup> For more on this issue, see the interpretative document produced by this project

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<sup>37,38</sup> between the social partners on work-related stress and on harassment and violence at work 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 wellbeing of the employee is taken account of in relation to the working conditions of the individual. This concerns also 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. This issue is returned to in Chapter 6 of the Guidance.

The Framework Directive also contains provisions on principles of prevention, some of which are especially relevant to dealing with mental health hazards in the workplace. 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 work places, 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
- developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment

## Other policy instruments

### EU Regulatory policies

Annex 1 presents regulatory instruments of relevance to mental health and psychosocial risks applicable to the EU member states<sup>39</sup>. Even though each of these regulations addresses certain aspects of mental health and/or the psychosocial work environment, it should be noted that the terms 'mental health', 'stress' and 'psychosocial risks' are not mentioned explicitly in most pieces of legislation.

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<sup>37</sup> Commission staff working paper: Report on the implementation of the European Social Partners' Framework Agreement on Work-related Stress. [http://www.europarl.europa.eu/registre/docs\\_autres\\_institutions/commission\\_europeenne/sec/2011/0241/COM\\_SEC%282011%290241\\_EN.pdf](http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC%282011%290241_EN.pdf)

<sup>38</sup> Framework agreement on harassment and violence at work. <https://docs.google.com/file/d/0B9RTV08-rjErYURTckhMZzFETEk/edit>

<sup>39</sup> It should be noted that individual Member States may exceed the provisions of EU level legislative instruments.

Recent findings from the ESENER survey suggest that although OSH legislation is seen by European employers as a key driver to address OSH issues, it has been less effective for the management of psychosocial risks and the promotion of mental health in the workplace.

## **Policy initiatives**

In addition to the regulatory instruments, a significantly larger number of 'soft' policy initiatives of relevance to mental health and psychosocial risks in the workplace have been developed and implemented at the EU level. Some of the more recent policy documents and initiatives within the EU relevant to mental health at work include:

1. Lisbon Strategy: EU goal for economic growth and competitiveness. Targets towards full employment and greater social inclusion
2. Community Strategy on Health and Safety at Work, 2007-2012
3. Commission White Paper "Together for Health"
4. Framework Agreement on Work-related Stress
5. Framework Agreement on Harassment and Violence at Work (2010)
6. The Mental Health Pact.

There is a wide scope of policies in this area, which range from broad EU strategies, public health policies to social dialogue initiatives. In addition to these, other policy initiatives of relevance to mental health and psychosocial risks in the workplace include the setting up of formalised stakeholder committees, EU level campaigns, policies on managing disability and other initiatives by organizations such as the WHO and ILO. Annex 2 presents an overview of these policies.

## **National policies**

Within the project an extensive review was conducted to collect national policies and programmes on mental health in the workplace. The review includes regulatory and voluntary policies. Although on EU level few regulatory policies can be found that explicitly refer to mental health issues, psychosocial risks, etc., this is not the case on national level. Several countries have regulatory policies requiring employers to implement prevention and promotion strategies on mental health in the workplace. The results of this review are available on the project website<sup>40</sup> and final report.

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<sup>40</sup> <http://www.prevent.be/en/knowledge/mental-health-at-work>

## 5. Risk assessment for mental health

The Framework and related Directives place **risk assessment** at the heart of the health and safety process. In line with this, this chapter deals with how to undertake risk assessment in relation to hazards associated with mental health in the workplace. These include risks to mental health can come from physical or chemical hazards that may interact with psychosocial hazards. All known risks to mental health should be the subject of risk assessment.

### What are the major psychosocial hazards in the workplace?

There are many models of stress at work<sup>41</sup> which point to the kinds of psychosocial hazards that may be encountered in workplaces. Research on psychosocial hazards has taken place for more than 40 years and there is broad agreement on the nature of these hazards as well as on the theories of how they affect the health of the individual and organisational outcomes such as productivity, quality of work, job satisfaction and absenteeism.

The PRIMA-EF<sup>42</sup> project, funded by the European Commission, proposes a **European Framework for Psychosocial Risk Management**. As part of this work, it refers to 10 major types psychosocial hazards that exist in the workplace:

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<sup>41</sup> Psychosocial hazards at work are not equivalent to stress at work – if they are not prevented they may lead to stress and stress-related outcomes (such as poor mental or physical health).

<sup>42</sup> <http://www.prima-ef.org/prima-ef-book.html>



**Table 2: Psychosocial hazards in the workplace<sup>43</sup>**

Type of hazard	Definition
<b>Job Content</b>	Lack of variety or short work cycles, fragmented or meaningless work, under use of skills, high uncertainty, continuous exposure to people through work
<b>Workload and work pace</b>	Work overload or underload, machine pacing, high levels of time pressure, continually subject to deadlines
<b>Work schedule</b>	Shift working, night shifts, inflexible work schedules, and unpredictable hours, long or unsociable hours.
<b>Control</b>	Low participation in decision making, lack of control over workload, pacing, shift work etc.
<b>Environment and equipment</b>	Inadequate equipment, availability of equipment, suitability or maintenance, poor environmental conditions such as lack of space, poor lighting, excessive noise
<b>Organisational culture and function</b>	Poor communication, low levels of support for problem solving and personal development, lack of definition of, or agreement on organisational objectives
<b>Interpersonal relationships at work</b>	Social or physical exclusion or isolation, poor relationships with superiors, interpersonal conflict, lack of social support, harassment, bullying
<b>Role in the organisation</b>	Role ambiguity, role conflict, responsibility for people
<b>Career development</b>	Career stagnation and uncertainty, under or over promotion, poor pay, job insecurity, low social value of work
<b>Home-work interface</b>	Conflicting demands of work and home, low support at home, dual career problems

These hazards vary, of course, from workplace to workplace, but they also vary across time. **New or emergent hazards may occur**, and in recent years issues such as harassment, violence and bullying at work have become more explicitly recognised as psychosocial hazards. Economic recessions also have an effect on emerging psychosocial hazards. Hazards of concern here include the threat of unemployment, a reduction in the quality of working conditions, and working in jobs where there is a misfit between the individual's capacities and the utilisation of their skills.

A recent **European Survey of Enterprises on New & Emerging Risks (ESENER)** which covered over 28,000 enterprises in 31 countries across Europe has revealed that despite work-related stress being reported as one of the key OSH concerns for European enterprises, only about half of the establishments surveyed reported that they inform their employees about psychosocial risks and their effects on health and safety and less than a third had procedures in place to deal with work-related stress. The findings of the survey also showed that 42% of management representatives consider it more difficult to tackle psychosocial risks, compared with other safety and health issues. The most important factors that make psychosocial risks particularly difficult to deal with were reported to be 'the sensitivity of the issue', 'lack of awareness', 'lack of resources' and 'lack of training'.

<sup>43</sup> Ibid. Page 2

There is also evidence that there has been **an increase in low paid, short term, precarious work** (in part linked with the economic downturn and organisational restructuring<sup>44</sup>). In effect, this is a reduction in the quality of work, and it compounds the sources of risk to mental health in the workplace. Furthermore, there is a cyclical or dynamic component to some risks with some being more relevant at different lifecycle stages. These interactions between risks, lifecycle, income and social class means that more tailored interventions are needed that address mental health risks in all of their complexity. Such interventions demand a comprehensive and integrated approach that would involve not only employers, but also public health agents and relevant NGOs. From the employers' perspective, legislation requires that it addresses workplace based risks, but best practice suggests that taking a broader perspective would produce benefits for both employer and employee.

In addition, the **dynamic nature of risk assessment** must take account of changes in knowledge and context in a proactive way. Employers have a responsibility to keep up to date with developments in an actively managed way.

## **Mental health risk assessment methodology**

The PRIMA-EF (2008) initiative has developed a framework for risk assessment in relation to psychosocial hazards that is based on research and best practice from across Europe. It is a framework for undertaking risk assessment and management rather than a single, specific methodology – it is intended to accommodate variations in approach that are found in different countries while at the same time drawing attention to the essential elements of good practice.

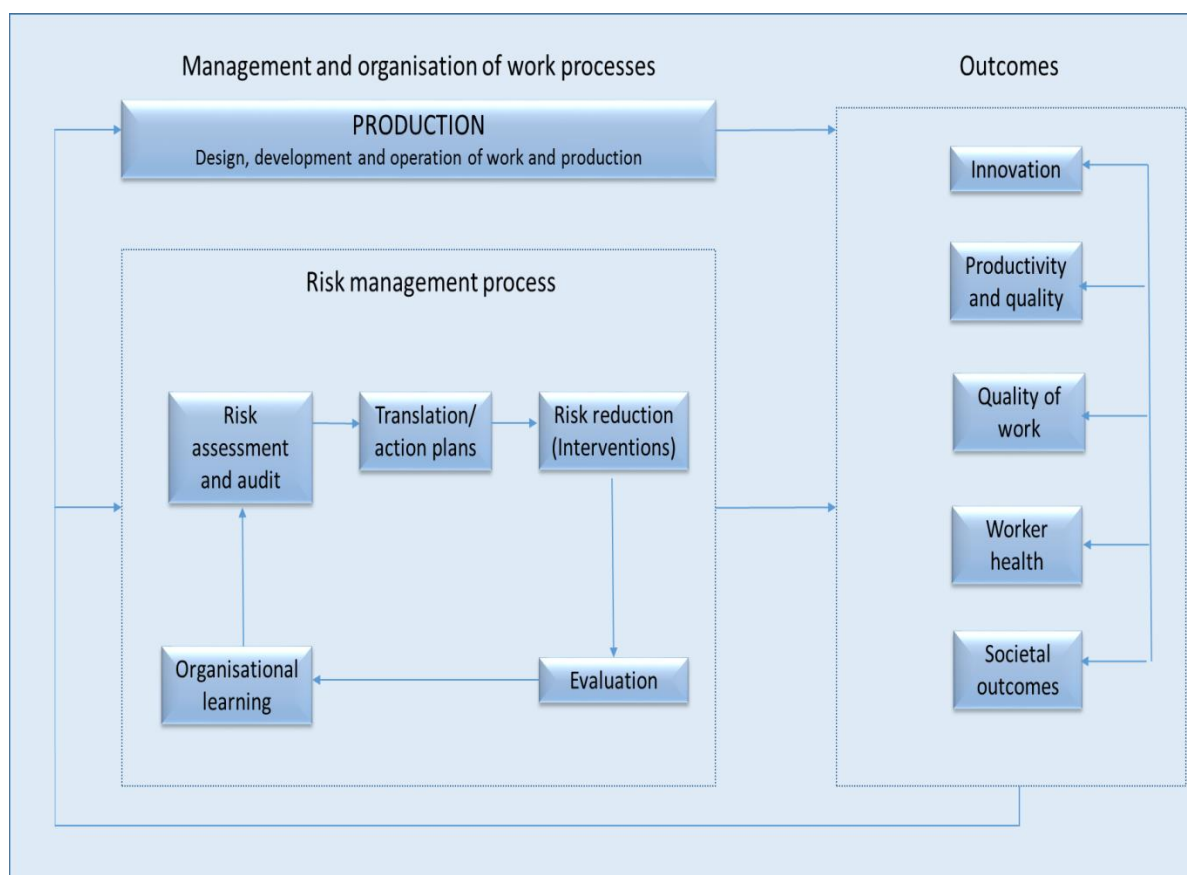
Figure 3 outlines the **main elements of psychosocial risk assessment**<sup>45</sup>. It is seen as being part of the overall management and organisation of work processes and being part of the production process within an enterprise. The risk management process begins with an audit and risk assessment of the psychosocial hazards within the workplace. Risks are then prioritised and translated into an action plan for interventions. Three levels of interventions are possible. The measures outlined within the risk management plan are then implemented and evaluated while the lessons from the evaluation process result in organisational learning which is fed back into the next cycle of the risk management process. Throughout this process, it is important to identify not only problem areas but also good practices that the organisation can maintain and further develop.

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<sup>44</sup> [http://www.gcph.co.uk/assets/0000/4018/In-work\\_poverty\\_FINAL\\_Oct.pdf](http://www.gcph.co.uk/assets/0000/4018/In-work_poverty_FINAL_Oct.pdf)

<sup>45</sup> Ibid. Page 8.

**Figure 3. The framework model for the management of psychosocial risks**



The implementation of the risk management process can be expected to have impacts beyond the confines of occupational health. As it addresses the primary production processes and the organisational context in which it takes place, it can be expected to impact on both individual and organisational outcomes such as health, productivity and quality, innovation and quality of work.

When undertaking a psychosocial risk assessment, a number of principles should be applied in order to increase its effectiveness. The principles outlined in the BSI guidance on managing psychosocial risks in the workplace<sup>46</sup> are presented in the Box as an example of such principles.

<sup>46</sup> British Standards Institute (2011). Guidance on the Management of Psychosocial Risks at the Workplace

## Types and effectiveness of interventions

Being able to assess the risks associated with hazards is not an end in itself – it is a means to identifying and prioritising these problems so that appropriate interventions can be made. It is best to prevent these hazards from occurring at source (primary interventions), but in most cases, it may also be appropriate to implement secondary or tertiary level interventions, especially in situations where the nature of work might make primary interventions difficult.

There has been a large amount of research available on interventions to address psychosocial hazards in the workplace (this is summarised well in the PRIMA-EF publications and elsewhere). Three types of intervention are theoretically possible.

### PRINCIPLES OF RISK ASSESSMENT

The UK Standard on risk management specifies a number of principles that should be applied when managing psychosocial risks:

- Work with defined groups
- Focus on working conditions, not individuals
- Focus on big issues
- Provide evidence of the effects of working conditions on health
- Use valid and reliable measures
- Ensure confidentiality of information
- Focus on risk removal or reduction
- Involve employees

(Adapted from BSI, 2011)

- **Primary intervention** is concerned with prevention and falls clearly within the tradition of OSH. It is not always possible, however, to prevent psychosocial risks at source – for example, night working will always be needed in essential services and teachers cannot entirely escape stress that arises from teaching pupils. On the other hand, work overload can be prevented in many situations. Examples of primary interventions include shift schedule design, workload management and improvement of communication and the physical work environment.
- **Secondary intervention** is concerned with changing the way that workers perceive the psychosocial hazards and with improving their ability to cope with them. It often involves training and awareness raising amongst employees and is one of the most common types of intervention. Secondary interventions are more common, are perceived to be easier to implement and have seen a larger amount of research being undertaken on their effectiveness. Raising awareness of psychosocial hazards, providing training to cope with specific hazards as well as general coping skills are all effective methods of secondary prevention.
- **Tertiary intervention** usually involves some kind of symptom mitigation or treatment. It is often a part of the process of rehabilitation and is therefore closely tied in with all return to work processes. Tertiary interventions include treatment for psychological symptoms such as burnout, depression or anxiety. It should also include measures that aid the employee to return to work in a safe and timely manner. Tertiary interventions are not usually carried out by workplace actors, but by treatment and

rehabilitation at the workplace. These are usually undertaken by public health services of some kind, though private health services also play a role. In some countries health services internal to the enterprise may also be involved in treatment. Workplaces may play a role in the organisation of and liaison with these services – in effect, they provide or organise a disability management service. This is especially important in the context of recovery and return to work practices.

All three types of intervention are appropriate when managing psychosocial risks. OSH legislation requires preventive measures to be put in place in workplaces. A mix of interventions has been found to work well across workplaces that ensures various strategies are in place to address the impact of psychosocial risks in its totality.

The effectiveness of these interventions does not just depend on the intervention itself, but also on the ways they are organised and the context in which they take place. Key issues here include:

- **Employee participation** – interventions ultimately affect employees most and they have the highest level of knowledge about their own jobs. Involving employees in the design, implementation and evaluation of interventions will therefore improve their effectiveness and efficiency.
- **Evaluation and reassessment of interventions** – the design and implementation of mental health related interventions needs tailoring to the circumstances of each workplace context. Evaluating interventions as they happen and reorienting them as required will ensure more effective interventions.
- **Ethics** – when dealing with mental health issues, ethics are especially important. At minimum, steps need to be taken to ensure confidentiality of information and that interventions are clearly targeted to benefit employees as well as employers are needed. It should also be made clear that no harm can come to employees as a result of taking part in mental health related interventions.

**Business responsibility** – undertaking well designed and implemented interventions is consistent with the good practice of social responsibility for employers.

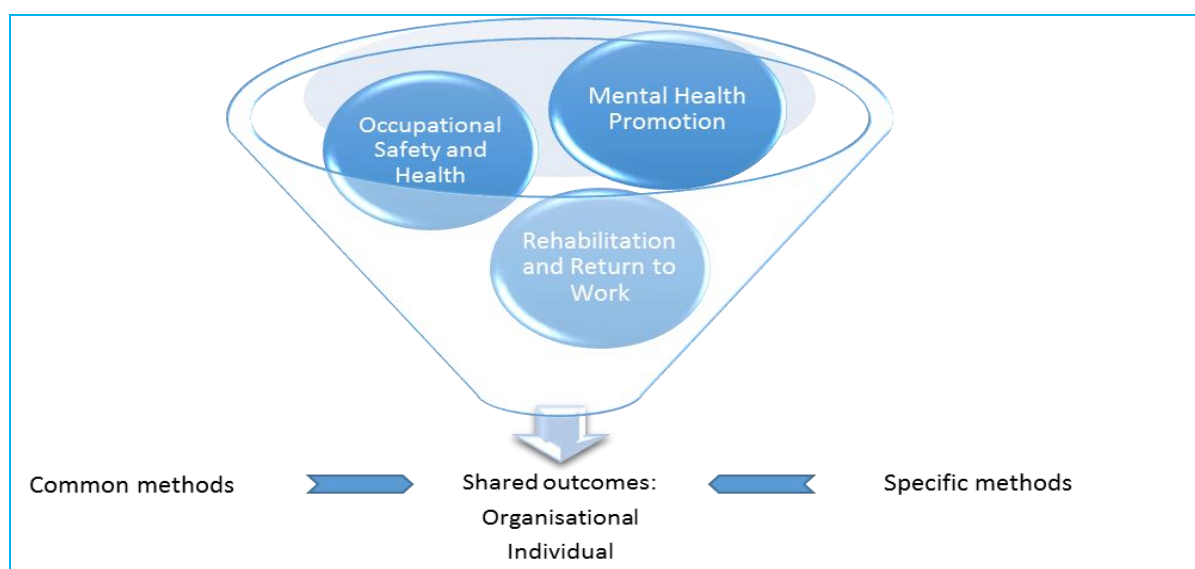
## 6. Guidelines on Mental health prevention and promotion at the workplace

### A common approach

Dealing with mental health issues in the workplace involves **three main approaches**: occupational safety and health (**OSH**), mental health promotion (**MHP**) in the workplace and rehabilitation/return to work (**RTW**), and these are the subject of the guidance presented below. Although these three approaches are often promoted in isolation, best practice should include elements from all three to ensure maximum impact.

There are some differences between the approaches. OSH is primarily concerned with the control of occupational hazards and with the prevention of occupational injury or illness. MHP on the other hand is concerned with all causes of risk to mental health regardless of whether they come from the workplace or not. RTW aims to support the rehabilitation of the employee following a health breakdown and to return them in a safe and timely manner to work. It focuses on two main elements – the external providers of services who support rehabilitation and also on the return to work process within the employing organisation. There is also a difference in the legal basis of the three approaches. OSH is mandated by legislation and other instruments while the MHP approach is usually voluntary. RTW, on the other hand is partly supported by legislation, either explicitly or implicitly (e.g. where provisions on matching work to the capacities of the individual are in place, and where obligations are placed on the employer to ensure RTW).

**Figure 4: Integrated workplace mental health management**

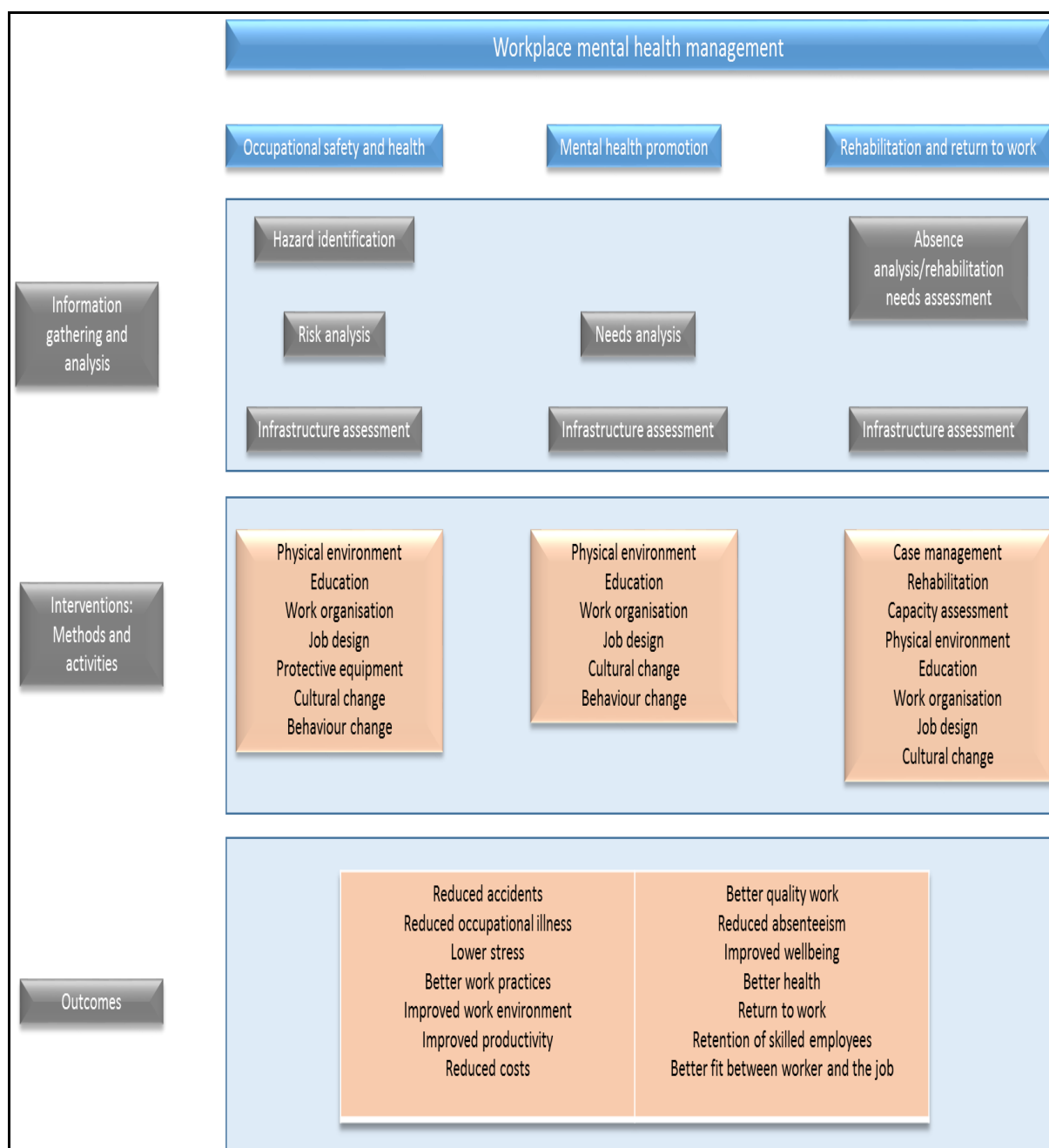


There are also many similarities (see Figure 4). The methods of an integrated approach to workplace mental health management draw from OSH, MHP and RTW. The three approaches can take place simultaneously and are complementary to one

another – they address different facets of the issues raised by mental health and wellbeing in the workplace.

Mental health issues in the workplace can be managed using a modified approach to risk assessment as indicated in Figure 5 below. The three approaches can combine to produce a set of common outcomes that are beneficial to both the employer and the employee. In addition, there is a set of interventions and methods that are associated with more than one of these approaches and in some cases all three. Some examples of these common approaches are given in Figure 5.

**Figure 5. A common approach to workplace mental health management**





**All three approaches have an information gathering and analysis phase.** Here the methods used tend to be specific to each approach – in the case of OSH it involves hazard identification and risk assessment (see previous chapter), in MHP it involves needs assessment, while in RTW it involves the analysis of absence management data and needs assessment. In addition, all three approaches share an ‘infrastructure assessment’ activity, which assess the knowledge, skills and capacities available to carry out their functions.

**The three approaches also share some common methods and interventions,** i.e. the means by which they produce their intended outcomes. Common approaches include altering the physical and psychosocial environment through better job design, promoting an appropriate organisational culture change, improving work organisation and so on.

Finally, **the outcomes of each of the approaches have much in common.** They include reduce accidents and illnesses, better wellbeing and better health for the individual. On the organisational side, they include improved productivity, reduce absenteeism and the retention of skilled and valued employees.

This commonality between the approaches means that it makes good sense to engage in all three strategies towards mental health at work, and this is the subject of the guidance outlined below.

## Policy and infrastructure

Strong **workplace policy and infrastructure is at the core of good practice** in promoting mental health in the workplace. In practice this means that workplaces should have:

- A policy that is clear, with strong provisions, that is well communicated to all employees
- A clear budget for implementing the policy
- A designated function (person or persons) who are responsible for the implementation of the policy
- A well trained person or group with the necessary skills to implement the policy
- Strong leadership and high levels of employee support

The policy and infrastructure elements should be backed up by a usable methodology for implementing the policy.

Workplace policies can cover the mental health issue within specific sub-policies relating to a range of areas, but there can also be an overarching policy statement which focuses exclusively on the mental health and wellbeing. Given the relative lack of emphasis on workplace mental health issues, it is essential that the policy commitment is strong, whether it be expressed as a single policy or as an element of other relevant policies. An example of a strong overall policy statement from the telecommunications company BT<sup>47</sup> is given in the box below.

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<sup>47</sup> Kilfedder, C. (2009). Improving practice and policy.  
[www.mentalhealthpromotion.net/?i=promenpol.en.events.763](http://www.mentalhealthpromotion.net/?i=promenpol.en.events.763)  
Lichfield, P. (2007). At the forefront of wellbeing at work:  
[www.theguardian.com/society/2007/nov/14/mentalhealth6](http://www.theguardian.com/society/2007/nov/14/mentalhealth6)



However it is framed, mental health and wellbeing policy at the workplace level needs to cover the following areas:

- Health and safety
- Health promotion
- Rehabilitation and return to work
- Equality and non-discrimination

### **Occupational health and safety policy**

In the context of occupational health and safety, mental health and wellbeing policy should relate to:

- Sources of stress at work - their identification and control
- A commitment to managing and preventing workplace hazards to mental health
- A statement of how mental health and wellbeing is to be addressed through hazards identification, risk assessment and control measures
- The explicit role of reporting should be specified, e.g. through safety statements, audits etc.
- The necessary qualifications and training of personnel involved
- Clear responsibility and accountability for all aspects of the health and safety system
- The relationships between the health and safety policy and system and other relevant policies, i.e. health promotion, rehabilitation and return to work, equality and anti-discrimination, human resource management

OSH policy should clearly be in compliance with legislation and with other guidance and standards in the area or sectoral agreements that may apply.

A recent example of a good OSH policy in the area is provided by the Norwegian oil company Statoil<sup>48</sup>, which has developed a comprehensive approach to the management of psychosocial risks in the workplace. This policy contains a number of specific elements:

<sup>48</sup> Bergh, L., Hinna, S. and Leka, S. (2014). Sustainable Business Practice in a Norwegian Oil and Gas Company: Integrating Psychosocial Risk Management into the Company Management System. In: Contemporary Occupational Health Psychology: Global Perspectives on Research and Practice, Volume 3, First Edition. Edited by S. Leka and R. Sinclair. John Wiley & Sons, Ltd.

## **MENTAL HEALTH AND WELLBEING POLICY IN BT**

The telecommunications company BT has one of the most proactive mental health policies that has been documented in recent years. They have a three level mental health framework:

- Promoting employee wellbeing and preventing distress – including tips on the company intranet and management training.
- Identifying distress and intervening early through online stress risk assessment and companion training for line managers
- Support and treatment for people experiencing mental health problems

As part of this policy, BT have representation at company Board level and must justify (in terms of a business case) the actions that they take. Evaluations to date indicate that not only is the policy effective in health terms, it is also successful in terms of cost effectiveness.

- Localisation of the psychosocial risk management framework within the overall health and safety management of the company
- Integration into the existing body of OSH documentation
- Development and provision of training for managers and employees
- Development of a tailored system of indicators of psychosocial risks and follow up actions
- Development of a verification tool as part of the OSH monitoring system

### **Workplace health promotion policy**

Workplace health promotion policy is concerned with the development and specification of an approach to maintaining and improving the mental health and wellbeing of employees using the workplace as a setting. Specific aspects of workplace mental health promotion policy include:

- The policy should cover both occupational issues and issues related to general mental health and wellbeing. It should focus not only on the individual, but also on their working environment. It should deal with boosting the resilience of the individual through, for example, improving coping skills.
- The policy should also cover links to health and safety policy. Specifically, it should cover ways of making the work environment more conducive to mental health and wellbeing. This might be achieved through various interventions in relation to job design, work organisation or culture change.
- The policy should designate responsible individuals for policy implementation. It should specify the knowledge and skills they need and the activities they should engage in.

### **Rehabilitation and return to work policy**

The overall aim of an organisation's RTW policy for any cause of absence should be to ensure that:

- There is a clear statement that early return to work is the norm within the organisation, and
- There are the necessary infrastructures, skills and practices in place to realise this aim

The policy should:

- State how mediation between the absent worker and the organisation takes place
- State how early monitoring, assessment and referral to appropriate services takes place
- State how the employee can access a person to advocate for them with medical professionals, the supervisor or family where required

- Specify the right to a customised and flexible individualised return to work plan for the absent worker
- State how work ability will be assessed
- State how stable and appropriately individualized, supported accommodations and adjustments are to be provided
- Specify the right to measures for a gradual resumption of work
- Provide for an active case management system for overseeing the reintegration process
- State how opportunities for the absent worker to build their capacity through retraining and workplace rehabilitation activities will be provided
- Provide for opportunities to explore work readiness or obtain experience in an alternative, transitional work position
- Provide for the use of technical support and advice
- Promote awareness of RTW and rehabilitation policy throughout the organisation

These provisions refer to a general RTW policy which deals with illness or injury of any type. However, there are a number of provisions that could be included that are especially relevant to mental health and wellbeing. These include:

- The need to raise awareness amongst all workplace stakeholders about mental health and wellbeing
- The need to combat stigma and discrimination where this arises
- The availability of trained staff – most employees or managers do not have the knowledge and skills to deal with mental health and RTW issues without training
- The need to take account of the different implications of mental illness or mental health problems, for example:
  - What the symptoms of different kinds of illness are
  - What are reasonable expectations on returning employees?
- The need to ensure confidentiality of information – given the sensitivities that apply to mental health issues, polices should guarantee confidentiality where this is required

## INFRASTRUCTURE FOR WORKPLACE MENTAL HEALTH MANAGEMENT

Good policy is not sufficient to ensure good practice – a proper infrastructure is also needed. In this context, infrastructure refers to:

- Having staff with clear responsibilities and accountability
- Assigning time and budget to workplace mental health management
- Providing access to appropriate expertise when needed
- Ensuring that staff are adequately trained for their roles in the mental health management system
- Ensuring that there is an adequate policy structure within the organisation for mental health management

Some good examples of policy in this area are provided by a HSE study in the UK. In all, 14 case studies of policy are provided. The study concluded that there is no definitive policy in the area of RTW, and that often policy in the area is contained within a number of policies such as OSH, specific policies on stress, absence management and others. One example of such a policy is provided by Flintshire County Council<sup>49</sup>:

#### Rehabilitation and return-to-work policies – Flintshire County Council (UK)

- Absence reporting - The employee contacts the supervisor/line manager within the first hour of the normal working shift
- Contacting the employee during absence - Managers should try to remain in regular contact with employees who are sick by telephone, letter and visit. The first contact should be made within the first three weeks of the absence.
- Establishing the cause of the ill-health - Referrals to OH should occur immediately if stress, anxiety or depression are indicated on the medical certificate.
- Developing and agreeing a rehabilitation plan - OH and the employee will consider a phased return to work, and this will be notified to the line manager.
- The typical rehabilitation plan - A phased return to work with restrictions in work activities and/or reductions in working hours, normally over a four-week period.
- Monitoring the rehabilitation and return to work - OH contacts the employee during the fourth week of the programme to ensure that there are no problems before the employee returns to normal duties. The line manager is expected to monitor the return to work. The Human Resources department can also get involved if it is a particularly difficult case.

## Information gathering and analysis

Once appropriate policies have been developed, the practice of workplace mental health management takes place. The **initial stages of the process involve the gathering of information** to help characterise any problems that may exist. The overall aim is to systematically investigate potential threats to mental health, to identify the risks involved, to assess the needs and preferences of employees for action and to define the needs for rehabilitation and return to work actions.

The focus of investigations and the methods that may be used differ somewhat, but their aim is common – to assess the nature of actual or potential problems and to analyse this data so that an intervention plan can be put in place.

<sup>49</sup> Adapted from: Thomson, L., Neathey, F. and Rick, J. (2003). Best practice in rehabilitating employees following absence due to work-related stress. <http://www.hse.gov.uk/research/rrpdf/rr138.pdf>

### *Information gathering on psychosocial hazards in the workplace*

In the case of OSH practice, the techniques of hazard identification and risk assessment are used for this purpose. These usually involve some form of survey (or discussion with employees in smaller organisations) and may be supplemented by expert opinion. It should always focus on a specific workplace or work population and should seek to understand the causes and consequences of the hazards that are identified. It should also include an estimate of the harm associated with the risks for purposes of identifying the type and priority of intervention that may be taken.

Where information on health status is gathered, the highest standards of confidentiality need to be applied. Hazard identification is not only concerned with assessing psychosocial hazards – physical hazards should also be considered, identified and managed, e.g. working with dangerous substances

The hazards information to emerge from this process is then subjected to risk analysis using commonly available techniques in the case of physical hazards. For psychosocial risk analysis, the methods described in PRIMA-EF, the BSI Guidance Standard on the management of psychosocial risks and the Canadian Standard for Psychological Health and Safety can be applied (see previous chapter for details). Once risk analysis has taken place, this information should be considered in conjunction with data available on accidents, absence, etc. In addition, management and support systems should be considered before moving to the next stage in the process, developing an action plan of appropriate interventions.

### *Information gathering on mental health promotion needs in the workplace*

Gathering information on mental health promotion needs **focuses on both objective risks to mental health and on the preferences of the workforce** for action. Unlike risk assessment, which is often based on objective measures and criteria, health needs assessment tends to be user led and expert supported. This emphasis on user participation in the specification of needs and interventions arises because of the voluntary nature of MHP as well as being good practice in terms of ensuring buy-in to whatever interventions are made.

A range of tools can be used to gather information for mental health needs assessment – the most common are questionnaire surveys, but it is also common to use group based interview methods, especially where the numbers of employees in an organisation are small. Further information on tools that may be used can be found on

## PRINCIPLES OF PREVENTION

The principles of prevention as they apply in the health and safety area are well known. However, with a few additions, they can be applied to both mental health promotion and absence management as well. These principles include:

- Legal requirements must be met
- All workplace actors are responsible for managing mental health at work
- Participation in managing workplace mental health is a right
- Initiatives for mental health management are supported by all layers of the organisation

the ENWHP<sup>50</sup> and ProMenPol websites. In addition, the PRIMA-EF<sup>51</sup> and EU-OSHA websites also have useful tools for gathering information.

### *Information gathering for return to work needs in the workplace*

Information collection for the purpose of RTW processes involves assessing the levels of health related absenteeism in the workplace. Specific information that should be collected includes:

- Health related absenteeism rate
- Number of spells of absenteeism
- Duration of absence
- Reasons for absence (health related and otherwise)
- Contacts made
- Interventions made
- Outcomes of interventions
- Proportion of the workforce with no absence
- Contacts with health services
- Breakdown of absence data by organisational and individual parameters such as department, shift type, type of working environment, grade, age etc.

These and other data may then be used to build up a picture of the patterns of absence within an organisation. This can be used to design appropriate interventions to manage absence more effectively.

For an approach to establishing the status of RTW practice within an organisation, the Canadian organisation NIDMAR<sup>52</sup> provide a detailed audit tool for describing organisational policy and practice. A simplified version of this is available through the website of the Re-Integrate project.<sup>53</sup>

## **Designing interventions**

The information gathering phase is followed by a phase of activity that sees **the design and implementation of interventions**. There are differences between the

## MHP INTERVENTIONS

The design of interventions to promote mental health was the subject of a major EU project called MHP Handbooks. This project has recently produced a 'how to' manual for designing and implementing mental health promotion activities in the workplace. These include activities in the key areas of leadership, communications and stress.

The project adopts a project based process which can easily fit in with the common stages of more traditional risk assessment approaches.

The workplace manual includes exercises on how to self-assess for stress, health promotion circles, team management and many others.

The manual is available at:  
<http://www.mentalhealthpromotion.net/?i=handbook.en.e-handbooks-old>

<sup>50</sup> <http://www.enwhp.org/>; <http://www.mentalhealthpromotion.net/>

<sup>51</sup> <http://www.prima-ef.org/index.html>; <https://osha.europa.eu/en>

<sup>52</sup> <https://www.nidmar.ca/index.asp>

<sup>53</sup> <http://www.re-integrate.eu/>



kinds of interventions that are typically designed between the three approaches to managing mental health at work. This is because they are designed to meet different objectives, but despite these differences, there are many methods that have effects across more than one area.

For example, improving job design by reducing job demands not only reduces psychosocial risk, but it also promotes mental health. Equally, promoting mental health by improving the general coping skills of the employee, will have effects on how the individual copes with specific work related stressors and monitoring the demands of the job on a returning employee, can have benefits in terms of reducing stress.

Whereas health and safety and mental health promotion have common elements of approach to making interventions, rehabilitation and return to work interventions carry some significant differences from these two approaches. The most significant difference concerns the case management approach – this is where a responsible individual proactively manages the case of the individual returnee. It involves liaising with agents external to the organisation such as health services, rehabilitation services, social insurers, training agencies and so on, as well as actors within the employer organisations, such as OSH, HR and line management with the aim of ensuring a safety and timely return to work.

Unlike the other two approaches, RTW practice is usually focused on the individual case and this leads to activities such as individual capacity assessment and the assessment of the demands of individual jobs so that the returnee can return safely.

It should be noted that many of the interventions that are made under the three approaches are not exclusively health oriented in focus. For example, designing machinery to maximise efficiency may also maximise safety; improving social support in the workplace as a mental health promotion measure will also improve communications in the workplace about operational matters; and improving workstation design as a return to work measure will also improve safety.

The recent ENWHP project 'Work in Tune with life' published a set of mental health promotion case studies from across Europe<sup>54</sup>. It has also produced case studies on return to work.

## **Common outcomes**

The varied interventions of the three approaches all aim towards the maintenance and improvement of health and safety. However the benefits obtained from these interventions are not confined to the health sphere – benefits are also seen in relation to efficiency, productivity, effectiveness, the retention of valued employees and other significant organisational performance indicators. Benefits also accrue outside of the organisation in terms of reduced costs to health services and social insurers.

The benefits to employers are potentially quite significant. Improvements may be seen in absenteeism – focusing on absenteeism related to mental health can yield large reductions on overall days lost. Workforce morale may improve leading to sustained

<sup>54</sup>

<http://www.healthscotland.com/uploads/documents/15747-WorkInTuneEmployersAppendix.pdf>

improvements in productivity and output. However, undertaking mental health related interventions should not only be a matter calculating the benefits, but should also be driven by employers' larger responsibilities to the society in which they and their employees operate and live.

These outcomes need to be monitored – an integrated mental health management system will collect data on these dimensions at regular intervals. In doing so, the overall performance of the system can be maintained and improved at the same time as ensuring that mental health is maintained and improved. In adopting this systematic and integrated approach, organisational learning can be facilitated in a structured and effective way – policies, systems and people can benefit not only from the experience of undertaking related mental health activities, but also from the process monitoring and measuring the process and its outcomes.

## **What are employers obliged to do?**

### **Employers and risk management**

The Framework Directive and related Directives set out clearly what the responsibility of employers is regarding the implementation of health and safety procedures, and this applies to the prevention of psychosocial risks and the prevention of harm to mental health and wellbeing. There are many ways of organising these responsibilities, but the steps that should be followed in the risk management process are:

1. Hazard identification and risk assessment
2. Planning for action
3. Risk reduction implementation
4. Evaluation and review
5. Organisational learning and development

Whereas OSH practice has a strong legal basis, workplace health promotion (WHP) generally has a weak one. Germany, for example, places a legal obligation on health insurance organisations to engage in WHP (including MHP), but this arrangement is not common in Europe. As a result, employers who engage in MHP do so on a voluntary basis.

The practice of RTW is also not usually directly legislated for<sup>55</sup>, though it may be the subject of softer approaches such as social partner agreements. However, there are provisions within OSH legislation that stem directly from the Framework Directive that are indirectly relevant to the process of RTW. In particular, provisions concerning duty of care, matching work to the abilities and capacities of the worker and others bear upon the interventions needed to safely return a worker to work following an illness. Some important principles here are avoiding risks, combating the risks at source, and adapting the work to the individual.

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<sup>55</sup> Countries such as the Netherlands are an exception – here the processes which must take place following a health related absence are specified and are backed up by financial measures.



## The role of employees

Employees also have a role in relation to the issue of mental health at work. They have specific rights under OSH legislation such as those concerning rights to information about hazards in the workplace and the right to be consulted about the workplace hazards and all aspects of workplace safety and health.

Employees also have obligations under OSH legislation. These include the obligation to take care of their own health, the obligation to inform employers of workplace hazards and the obligation to co-operate with health and safety initiatives.

The situation is different with regard to MHP in the workplace (insofar as it deals with non-occupational issues), as there are no legislatively based obligations or rights. However, the requirements of good practice demand the extensive involvement of employees in MHP initiatives. If such initiatives are to be effective, employee involvement is essential as it is not possible to oblige employees to take part in or cooperate with MHP initiatives against their will.

Best practice indicates that employee involvement in MHP at work should begin with the design stage of policies and interventions, that it should extend to the assessment of needs and preferences for interventions and that it should include implementation and evaluation activities as well.

Employees generally do have some directly legislated for rights and obligations in the process of RTW, though they may not be conceptualised as such. For example, welfare benefits for sickness absence are usually subject to some kind of monitoring and assessment, the result of which may be to promote the return to work of the individual. Equally, anti-discrimination legislation proffers the right not to be discriminated against on the grounds of health.

However, within the workplace, the employee is also subject to the provisions of workplace level policy or custom and practice. Such policies (generally absence management policies) usually specify reporting relationships and requirements, the types of activities to be engaged in by both employer and employee and the financial arrangements that might apply. Good practice in the area indicates that employee representatives would be involved in the design and monitoring of workplace policies in the area.

## 7. Existing guidance

There are many existing guidelines in the area of mental health and work. These generally come from within the three relevant approaches to managing mental health issues at work - Health and Safety, Mental Health Promotion and Return to Work and the brief descriptions of these guides that are presented below are organised under these three headings.

The guides themselves vary in terms of their origin, their status their aims and their target groups. Transnational and National Agencies have been active in the field, and these guidelines often carry considerable weight in terms of their implications for practice. These guides tend to be aimed at employers and are generally set out in high level terms, often outlining responsibilities under the law and principles of approach, rather than providing guidance for implementing good practice.

Good practice guidelines tend to be somewhat different in emphasis – they provided guidance on the procedures that should be followed in implementation. These guides are often backed up by case studies of good practice and by implementation tools. These tend to have been developed within specific projects, often having been funded by the European Commission.

This overview of available guidance is not exhaustive but mainly emphasises websites that offer a good starting point in searching for practical guidance.

### Mental health promotion guidance

#### **European Network for Workplace Health Promotion (ENWHP) – Work in tune with life**

The European Network for Workplace Health Promotion (ENWHP) started an initiative to help promote mental health in workplaces. The campaign was co-funded by the European Commission under the Public Health Programme 2003 - 2008.

Within the framework of the campaign three guides were developed:

- A guide to the business case for mental health - This brochure is designed to assist corporate players to gain more insight into the economic aspect of psychosocial issues in the workplace (stress, violence, harassment, burnout, etc.).
- A guide to promoting mental health in the workplace - Employers Resource
- A guide to creating a mentally healthy workplace - Employees Resource

<http://www.enwhp.org/enwhp-initiatives/8th-initiative-work-in-tune-with-life.html>

#### **Promoting mental health policy and practice – ProMenPol:**

The website of the ProMenPol project aims to support the practices and policies of mental health promotion over the 2006-2009 period in three settings: schools, workplaces and older people's residences. The website provides a toolkit with practical instruments.

The ProMenPol toolkit consists of 4 inter-related manuals on how to implement mental health promotion.

- a Generic Manual on Implementing MHP
- a Manual for Implementing MHP in Schools
- a Manual for Implementing MHP in Workplaces
- a Manual for Implementing MHP in Older people's Residences

A search engine allows to select tools on criteria such as language, setting, type of tool, the aim of the tool, and other features.

<http://www.mentalhealthpromotion.net/>

### **Mental Health Promotion Handbooks**

The MHP Handbook website gives access to implementation manuals for mental health promotion in three settings:

- Schools
- Workplaces
- Older people's homes

The handbooks can be used to implement MHP activities within these settings. Each handbook has detailed MHP information associated with the setting, useful exercises and recommended interventions.

<http://www.mentalhealthpromotion.net/?i=handbook.en.about>

## **Health and safety guidance**

### **European Agency for Safety and Health at Work (EU-OSHA)**

The European Agency for Safety and Health at Work (EU-OSHA) launched a two-year European campaign: "Healthy Workplaces Manage Stress (2014-2015)". The 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. It includes a collection of links to national tools <https://www.healthy-workplaces.eu/en/tools-and-resources/practical-tools>. In addition an e-guide gives a short and practical introduction to employers of small sized companies on how to deal with psychosocial risks<sup>56</sup>.

Mental health promotion and well-being are further covered in two additional reports<sup>57</sup>, one focusing on good practice examples and the other on policy approaches.

<sup>56</sup> <https://www.healthy-workplaces.eu/en/tools-and-resources/a-guide-to-psychosocial-risks>

<sup>57</sup> [https://www.healthy-workplaces.eu/++theme++osha.hwctheme/HWManageStress\\_files/images/mat-pdf.gif](https://www.healthy-workplaces.eu/++theme++osha.hwctheme/HWManageStress_files/images/mat-pdf.gif)

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## **Health and Safety Executive (UK): Management standards for work-related stress**

The website of the Health and Safety Executive (UK) offers support for setting up a management system to tackle work-related stress by offering Management Standards. The Management Standards define the characteristics, or culture, of an organisation where the risks from work related stress are being effectively managed and controlled.

The Management Standards cover six key areas of work design that, if not properly managed, are associated with poor health and well-being, lower productivity and increased sickness absence (the primary sources of stress at work).

The Management Standards allow assessment of the current situation using surveys and other techniques; and help employers focussing on the underlying causes and their prevention.

<http://www.hse.gov.uk/stress/standards/index.htm>

## **The PRIMA-EF initiative (European Union)**

This European Commission funded initiative created a framework for the management of psychosocial risk in the European workplace. It has drawn upon a wide range of approaches to the issue that exist across Europe and beyond and rather than proposing a single method for assessing psychosocial risk, it proposes a framework for assessing these risks which may be adapted to a range of situations.

It provides guidance and access to practical tools for psychosocial risk assessment as well as providing the research and policy basis for the framework.

<http://www.prima-ef.org/prima-ef-book.html>

## **British Standards Institute (2011). Guidance on the Management of Psychosocial Risks at the Workplace (United Kingdom)**

These ground breaking standards provide an approach to managing psychosocial risks at the workplace. It contains information on policy, and key principles, guidance on how to set up and run the risk management process and on how to monitor performance and review the management of the process.

<http://shop.bsigroup.com/en/ProductDetail/?pid=00000000030213276>

## **Standards Council of Canada – Psychological health and safety in the workplace: Prevention, promotion and guidance to staged implementation**

This recently developed standard offers a comprehensive approach to managing psychological stress as it arises in the workplace. It outlines principles of approach, the planning and implementation of a hazard control system, and it points to how to

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[https://osha.europa.eu/en/publications/literature\\_reviews/well-being-at-work-creating-a-positive-work-environment/download](https://osha.europa.eu/en/publications/literature_reviews/well-being-at-work-creating-a-positive-work-environment/download)

manage some of the major sources of occupational stress. It also provides support for implementation in terms of resources, implementation models, audit tools and related documents.

<http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013>

## **Return to work guidance**

### **SHIFT: Line Managers resource – A practical guide to managing and supporting people with mental health problems in the workplace.**

This manual, developed by the Department of Health in the UK, provides guidance to line managers on how to promote wellbeing, manage recruitment, intervene at an early stage when absence occurs, manage the return to work process and manage an ongoing illness while at work.

The guide has also been endorsed by the Health and Safety Executive and the Department of Work and Pensions in the UK.

<http://www.hse.gov.uk/stress/pdfs/manage-mental-health.pdf>

### **Health and Safety Executive (UK). Best practice in rehabilitating employees following absence due to work-related stress**

This report contains two useful tools in relation to managing the rehabilitation and return to work of employees with mental health problems. It is a research report and the first part outlines the processes that are effective in terms of the management of the rehabilitation and return to work process. The second part describes the RTW process in 7 case study organisations in the UK. This research basis for the report ensures that it contains many practical insights and tips on how best to organise RTW for employees with mental health problems.

<http://www.hse.gov.uk/research/rrpdf/rr138.pdf>

### **IRSST (Canada). Supporting a Return to Work after an Absence for a Mental Health Problem: Design, Implementation, and Evaluation of an Integrated Practices Program**

This report concerns the design, implementation, and evaluation of an integrated practices program for supporting a return to work following an absence for a mental health problem. The research project was carried out in response to a joint employee/employer request made by a health and social services establishment in Québec, Canada, for intervention regarding the problem of mental health - related work absences among its personnel and their return to work. It is a practical guide that spells out both individual support strategies and organizational changes that can be made. The guide is intended for company executives and managers, human resources departments, and union groups concerned about workers' health and job retention, but also for practitioners in the workplace, particularly physicians,

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occupational health professionals, company psychologists, and rehabilitation counsellors.

<http://www.irsst.qc.ca/media/documents/PubIRSST/R-823.pdf>

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## **8. National case studies of policy supporting Mental Health at work**

The description of the policy framework demonstrates that several policy options exist to support mental health promotion in the workplace. Regulatory or voluntary policies oblige and/or motivate workplaces to set up prevention and promotion strategies to tackle mental health problems.

The overview of the case studies below provide an insight in the range of policies that exist. Most case studies are voluntary policies.

The case studies presented are:

- Legislation,
- Management standards,
- National strategies,
- An initiative of the inspectorate,
- A sectoral initiative,
- An agreement between social partners,
- An initiative-campaign by social security organizations
- A list of occupational diseases.



## Belgium: Prevention of psychosocial load caused by work

<b>Developed by</b>	Federal Public Service Employment, Labour and Social Dialogue
<b>Type</b>	Legal instrument
<b>Focus, aim and objectives</b>	<p>This decree was taken in execution of the law of 4 August 1996 that defines in general terms employer's obligations related to safety and health at work. It completes the obligations included in the wellbeing law and the royal decree of 27 March 1998 on the wellbeing of workers during the execution of their work company policy in terms of psychosocial risks prevention.</p> <p>In particular, it specifies the role and personal skills of the "confidential counsellor", a member of the personnel appointed by the employer who plays a mediating role, the role of the prevention adviser and of the occupational physician as regard to psychosocial issues. It introduces the possibility of an informal and formal procedure when a worker estimates he/she is a victim of bullying, violence or sexual harassment.</p>
<b>Key principles</b>	<p>According to the dynamic system of risk management (law of 4 August 1996), the employer identifies situations that can lead to psychosocial risks. He must identify and assess the risks, considering all situations that could lead to stress, conflict, violence or harassment or sexual harassment at work.</p> <p>This risk assessment is carried out in collaboration with the competent preventive advisor and reflects the content of the work, working conditions, interpersonal relations and allows the employer to take appropriate preventive measures to prevent psychosocial load.</p>

## The UK: Management Standards for work-related stress

<b>Developed by</b>	The Health and Safety Executive (HSE).
<b>Type</b>	<p>A Standard is a guidance based approach. Although the Standards are voluntary they perform similarly to an Approved Code of Practice (ACoP) in that although an employer cannot be prosecuted for failing to implement them, they can be prosecuted for failing to fulfil their duty under the Health &amp; Safety at Work Act (HSWA).</p> <p>In many court judgments since the intervening period of the MS' development, it has taken on a de-facto ACoP stance, in that employers need to demonstrate they are doing at least as much as the guidance describes.</p>
<b>Associated / relevant initiatives</b>	The Standards reflect the UK national legislative framework of two key pieces of health and safety legislation: the Health and Safety at Work Act (1974) (which requires UK employers to secure the health (including mental health), safety and welfare of employees whilst at work), and the Management of Health and Safety at Work Regulations (1999) (which requires employers to carry out a suitable and sufficient assessment of significant health and safety risks, including the risk of stress-related ill health arising from work activities, and take measures to control that risk).
<b>Focus, aim and objectives</b>	<p>The Management Standards approach gives employers/managers the help they need to continually improve the way they manage the pressures in their workplace that can result in work-related stress. Key principles include a systematic approach based on risk management for tackling work-related stress (WRS) implemented through management commitment and employee participation.</p> <p>Objectives include risk assessment in relation to work-related stress, implementation of interventions, raising awareness on WRS, work organisation improvement, managing individual cases.</p>

## Italy: Management Standards for Health and Safety Management

<p><b>Developed by</b></p>	<p>The European framework agreement on work-related stress was accepted into Italian regulations with Italian legislative decree 81/2008. This implied a voluntary acceptance by the signatories for responsibility to adopt measures related to communication, training and information aimed at prevention, reduction or elimination of work-related stress.</p> <p>It is in response to the Legislative Decree 81/2008 that ISPESL – now part of the Department of Occupational Medicine of the Italian Workers’ Compensation Authority (INAIL) adapted the UK HSE Management Standards approach. INAIL are the main organisation responsible for the promotion of the Management Standards.</p>
<p><b>Type</b></p>	<p>The Management Standards are a voluntary measurement and guidance tool to fulfil legal requirement as laid out in Italian Legislative Decree 81/08. Therefore while a failure to administer the Management Standards does not lead to violation of legislative requirement, a failure to include factors related to work-related stress in risk assessments can be considered a violation of the Legislative Decree 81/08.</p>
<p><b>Focus, aim and objectives</b></p>	<p>The aim of the Management Standards is to provide a methodological path for assessing work-related stress, based on a scientific method, benchmarked by other EU countries’ experiences. This in turn provides companies with validated instruments to assess and manage work-related stress in compliance with national regulations</p>
<p><b>Key principles</b></p>	<p>The Standards cover the primary sources of stress at work and define the characteristics of an organisation in which the risks from work-related stress are being effectively managed. They present a set of conditions that would, if met, reflect a high level of health and well-being and organisational performance.</p>

## Scotland: Towards a Mentally Flourishing Scotland

<b>Developed by</b>	The Scottish Government appears to place a significant focus on mental health in general. These three initiatives consist of the government's latest strategic positions on the issue, looking to build on the progress made previously.
<b>Type</b>	The initiatives are holistic national strategies. They set out broad goals that are often loosely defined and involve other stakeholders for their practical implementation.
<b>Responsible actors / Stakeholders promoting it</b>	<p>In <i>Towards a Mentally Flourishing Scotland</i>, the Scottish government sets the direction, policy and overarching outcomes for policy, but the detailed management of local services is left to local authorities to develop and deliver in co-operation with Community Planning Partnerships.</p> <p><i>Health Works</i> takes a similar approach commenting on the role of the above stakeholders, as well as more explicitly regarding employers, enterprise agencies, and trade unions.</p>
<b>Focus, aim and objectives</b>	<p>The purpose of <i>Towards a Mentally Flourishing Scotland</i> was to detail the policy and action plan on how to build on existing initiatives targeting mental health. Promoting mental wellbeing, reducing the occurrence of mental illness and improving the quality of life of those experiencing mental illness was seen as vital to the government's objective of offering everyone the opportunity to reach their full potential and creating a more successful Scotland. The document set out to illustrate how everyone can understand how mental health can be improved, detailing a collaborative effort to tackle mental health improvement.</p> <p><i>Health Works</i> reiterates the overarching goal of the Scottish Government is to create a more successful country with opportunities for all of Scotland to flourish through increasing sustainable economic growth. The <i>Health Works</i> Strategy was seen as a part of this, fostering collaboration with key stakeholders to work towards healthy workplaces. This was seen as not only sustaining the existing workforce but facilitating mentally ill unemployed into the workforce, and prolonging the ability of individuals to stay within the workforce.</p>
<b>Key principles</b>	In <i>Towards a Mentally Flourishing Scotland</i> the government commits to three areas under Priority 4 (Mentally Healthy Employment and Working Life): for the Scottish Centre for Healthy Working Lives to develop a comprehensive programme of work to promote mentally healthy workplaces focussing on the public sector and SMEs; to undertake a review of the current Healthy Working Lives policy focusing on mental health improvement and to develop consensus on what it would mean to be an exemplar employer and agree standards and consider an implementation plan for public health bodies to achieve those

	<p>standards.</p> <p>The <i>Health Works</i> review of the Scottish Government's Healthy Working Lives Strategy clearly positions the health and well-being of the working population as a fundamental aspect of the future economic success of Scotland.</p> <p>The Scottish Government sets the vision and facilitates other stakeholders towards achieving this vision. The implementation of the strategies is based on a partnership approach.</p>
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## Norway: National Strategic Plan for Work and Mental Health

<b>Developed by</b>	Norwegian Ministry of Labour and Social Inclusion and Norwegian Ministry of Health and Care Services.
<b>Type</b>	Strategic plan for job retention and return to work for people with a mental illness.
<b>Focus, aim and objectives</b>	<p>The plan applies to all mental disorders and difficulties and to people who also have substance abuse problems or other challenges that are excluded or at risk of being excluded from working life.</p> <p>In this strategy, the government defines how people with mental disorders will more easily be able to make use of their abilities, including better follow-up for individuals. It is aimed at supporting the Norwegian Labour and Welfare Organisation's (NAV) work to provide a more inclusive workplace.</p> <p>The strategic plan refines and strengthens the "There's a will" plan set up in 2004 the goal of which was to increase opportunities for and participation of people with mental disorders in the workplace. This previous project has launched several measures and studies to determine what people with mental health problems need to obtain or remain in a job. This previous project has also defined what the public services perceived as existing barriers to employment for people with mental health problems. Furthermore, focus was placed on how various agencies can better work together to fulfil the needs of the target group.</p>
<b>Operationalisation</b>	<p>Actions aims at:</p> <ul style="list-style-type: none"> <li>- Ensuring individualized follow-up.</li> <li>- Ensuring a coordinated activities and services related to job reintegration.</li> <li>- Ensuring active and work-related processes so that workers with mental health problems can faster be reintegrated at the workplace.</li> </ul>

## Denmark: Initiative to improve the inspection of psychosocial factors

<b>Developed by</b>	The strategy on tackling the psychosocial working environment was introduced in 2004, by the Danish Government. The Working Environment Authority launched a new strategy in April 2007, in which a guidance tool was developed, assessing six psychosocial risks, and assisting inspectors in conducting assessments of the psychosocial working environment.
<b>Type</b>	Although the majority of the initiative is based on recognising priorities for action and guidance, the aim of this is to facilitate the labour inspectorate to target the psychosocial working environment in inspections. Thus, the initiative relates to delivering a legal policy tool effectively, ensuring its compliance with the Danish Working Environment Act.
<b>Responsible actors / Stakeholders promoting it</b>	The Danish government is responsible for the recognition of psychosocial risks as a priority target. The guidance and associated tool relates to labour inspections was developed by the Danish Working Environment Authority.
<b>Focus, aim and objectives</b>	Using a risk based approach, the purpose of the inspections is to assess whether any psychosocial issues exist in the company, their source, and their potential for harm. The assessment also considers what management initiatives have been taken to either eliminate, reduce or handle the psychosocial issues to prevent health risks.



## The Netherlands: Work and Health Covenants

<b>Developed by</b>	Sectors themselves with grants/subsidies from the Ministry of Social Affairs and Employment (SZW; with max 50% contribution from the Ministry).
<b>Type</b>	<p>It is a 'soft law' approach, where the representatives/stakeholders of a sector indicate what they are planning. A procedure was started in which several steps were foreseen:</p> <ul style="list-style-type: none"> <li>- The search for commitment of stakeholders in the sector and the draft of a 'Letter or declaration of intent'</li> <li>- The intention phase. A covenant or project organization as well as a 'Sector Committee for Guidance &amp; Consultation' (BBC) were installed by the stakeholders. A representative of the Ministry (SZW) was a member of these groups/committees. Preparatory research –often including psychosocial risks- (aimed at problem analysis/risk assessment), and studies into 'the state of the art on working conditions management' Signing off a 'Plan of action' on how to deal with the relevant risks in the sector closed this phase.</li> <li>- The implementation phase.</li> <li>- The expiration phase.</li> </ul>
<b>Focus, aim and objectives</b>	In the first phase (1999-2002) it was aimed to at least reduce the risks identified to be managed by 10%. In the second phase (2002-2007) the aim shifted a bit from reduction of exposure to reduction of absence or disability. The degree of reduction to be aimed at should be part of the plan of action.
<b>Coverage of mental health problems at work and related outcomes</b>	May be very different per sector! Particularly in the first phase of the work & health covenants (1999-2002), psychosocial risks and psychosocial risk management were a major issue. In the second phase (2002-2007) absence and disability reduction, also because of mental health became more central.

## Finland: Framework Agreement to Ensure Competitiveness and Employment

<b>Developed by</b>	The agreement was developed by the central labour market organisations of Finland.
<b>Type</b>	The initiative is a form of social partner agreement. Although not legally binding in itself, the partners commit to carrying out what is agreed upon. Several of the recommendations eventually enter legislation.
<b>Associated / relevant initiatives</b>	The Government Programme was established in 2011 and set out the main initiatives and targets of the Finnish government. The three priorities targeted were the reduction of poverty, inequality and social exclusion; consolidation of public finances; and enhancing sustainable economic growth, employment and competitiveness. This Programme serves as the backdrop to government and social partner initiatives in the area of mental health.
<b>Focus, aim and objectives</b>	The objective of the central labour market organisations is to continue the good co-operation with the Government regarding the themes that could contribute to economic growth, productivity and employment in Finland, as well as, on the one hand, to secure the competitiveness of Finnish companies in the global markets and, on the other hand, to strengthen the economic base of the welfare society.
<b>Coverage of exposure factors in relation to mental health in the workplace</b>	The agreement targets several risk factors for the development of mental health in the workplace. These include an ageing workforce, job insecurity, career/individual development/work-life balance, workload, and nature of work (shift or temporary work etc.). More broadly, the agreement mentions promoting employment and economic growth. Given that all psychosocial risks threaten these outcomes, the agreement implicitly targets all psychosocial issues as well.

## Germany: PsyGA - Mental health in the workplace

<p><b>Developed by</b></p>	<p>The project psyGA - Psychische Gesundheit in der Arbeitswelt (Mental Health in the World of Work) is promoted by the German Federal Ministry of Labour and Social Affairs. The Federal Association of Company Health Insurance Funds (BKK Bundesverband) is responsible for the project management.</p> <p>The project is funded under the New Quality of Work Initiative <a href="http://www.inqa.de">www.inqa.de</a> disseminates information, studies and best practices on mental health at the workplace, with an emphasis on stress at work. The New Quality of Work Initiative (INQA) is a joint initiative launched in 2001 by the federal government, Länder governments, social partners, social insurance partners, foundations and enterprises, promoting healthy working conditions.</p>
<p><b>Type</b></p>	<p>Awareness-raising project offering tools for companies to assess the risks and implement preventative measures for mental health exposure in the workplace.</p>
<p><b>Associated / relevant initiatives</b></p>	<p>In Germany, the main legal text on Occupational Health and Safety is the <b>Occupational Health and Safety Act of 07.08.1996</b>, which transposes Directives 89/391/EEC and 91/383/EEC and which has been last amended in 2009. Although the Act does not explicitly mention mental health or psychosocial risks, experts, employers, unions and enforcement authorities agree that, in principle, the scope of the law and the risk assessment also include mental health and psychosocial risks. However, only few employers take these risks into account for the risk assessment.</p> <p>The German Occupational Health and Safety Act has recently been amended in 2013. Employers are now required to conduct risk assessments that include psychosocial risks. Under Section 5, measures taken to follow up risk assessment have to consider physical and mental health as well.</p> <p>The Federal Ministry of Labour and Social Affairs has recently prepared an amendment to the Occupational Health and Safety Act, according to which mental health shall explicitly be included in the extent of protection. Mental burdens will also be referred to as health risks to be taken into account in the risk assessment by employers.</p> <p>Related parts of the initiative include the development of a guide for managers<sup>58</sup> and a guide for employees<sup>59</sup>.</p>

<sup>58</sup>

[http://psyga.info/fileadmin/user\\_upload/PDFs/BKK\\_Taking\\_the\\_stress\\_out\\_of\\_stress\\_Guide\\_for\\_Managers.pdf](http://psyga.info/fileadmin/user_upload/PDFs/BKK_Taking_the_stress_out_of_stress_Guide_for_Managers.pdf)

<sup>59</sup>[http://www.inqa.de/SharedDocs/PDFs/EN/psyga-taking-the-stress-out-of-stress-a-guide-for-workers.pdf?\\_\\_blob=publicationFile](http://www.inqa.de/SharedDocs/PDFs/EN/psyga-taking-the-stress-out-of-stress-a-guide-for-workers.pdf?__blob=publicationFile)

<p><b>Focus, aim and objectives</b></p>	<p>In order to increase the awareness about the importance of mental health and the exchange of know-how and experiences in this field, the project combines a topic-oriented knowledge base with good practice and tools for practitioners to promote mental health at the workplaces: self-assessment tools, guidelines for managers and employees, an audiobook and an e-learning tool. The internet portal <a href="http://www.psyga-transfer.de">www.psyga-transfer.de</a> informs about the project and the results for example the developed tools and media. The dissemination in different workplace settings is implemented by 18 co-operation partners.</p>
<p><b>Key principles</b></p>	<p>A quality concept has been developed that creates the model of a "healthy company". The focus is on the quality of leadership - both individual leadership behaviour as well as the structural framework for an employee-oriented leadership.</p> <p>On the basis of the criteria model, a self-assessment tool has been developed (1<sup>st</sup> phase 2009-2010) that supports the practitioner to assess the actual state of his organization in the field of mental health promotion and to improve practice.</p> <p>Core of the 2<sup>nd</sup> phase of the project (2011- 2013) is the coordinated implementation of distributed and target group-specific transfer measures and activities by the BKK Federal Association and its 18 national partners. The project relies on the transfer of knowledge and experience on successful approaches to mental health promotion and networking of actors with each other. The focus is on distributed and coordinated implementation of targeted measures and transfer activities by the BKK Federal Association and its partners. The existing organizational structures of the German Network for Workplace Health Promotion in particular are used, different events are held and media and public relations initiated.</p>

## Annex 1: Regulatory instruments at European level

Focus	Instrument	Content / Selected Excerpts
<p>General occupational safety and health at work</p>	<p><b>Directive 89/391/EEC</b> the European Framework Directive on Safety and Health at Work</p>	<p>According to the Directive, employers have “a duty to ensure the safety and health of workers in every aspect related to work”. They have to develop “a coherent overall prevention policy.” Some important principles are: “avoiding risks”, “combating the risks at source”, “adapting the work to the individual”.</p> <p>“The employer shall implement the measures (...) on the basis of the following general principles of prevention: (...) adapting the work to the individual, especially as regards the design of work places, 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. (...) developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment”.</p>
	<p><b>C155</b> Occupational Safety and Health Convention (ILO), 1981  (ratified in 15 EU member states)</p>	<p>The convention states that, “Each Member shall, in the light of national conditions and practice, and in consultation with the most representative organisations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment”.</p> <p>The policy should take into account, “relationships between the material elements of work and the persons who carry out or</p>

		<p>supervise the work, and adaptation of machinery, equipment, working time, organisation of work and work processes to the physical and mental capacities of the workers”.</p>
	<p><b>C187</b> Promotional Framework for Occupational Safety and Health Convention (ILO), 2006 (ratified in 12 EU member states)</p>	<p>The convention states that “In formulating its national policy, each Member, (...) in consultation with the most representative organisations of employers and workers, shall promote basic principles such as assessing occupational risks or hazards; combating occupational risks or hazards at source; and developing a national preventative safety and health culture that includes information, consultation and training”. “(...) the principle of prevention is accorded the highest priority”.</p>
<p>General Workplace requirements</p>	<p><b>Directive 89/654/EEC</b> concerning the minimum safety and health requirements for the workplace (first individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC)</p>	<p>This directive “lays down minimum requirements for safety and health at the workplace”. It covers aspects of the physical working environment which include, “Ventilation of enclosed workplaces (...), room temperature (...), Natural and artificial room lighting (...)”.</p>
	<p><b>Directive 2009/104/EC</b> concerning the minimum safety and health requirements for the use of work equipment by workers at work (second individual Directive within the meaning of Article 16(1) of Directive 89/391/EEC) [replacing Directive 89/655/EEC]</p>	<p>The directive highlights the employer’s obligation to, “take the measures necessary to ensure that the work equipment made available to workers in the undertaking or establishment is suitable for the work to be carried out or properly adapted for that purpose and may be used by workers without impairment to their safety or health”.</p> <p>Article 7 of the Directive covers ‘ergonomics and occupational health’, which states that, “The workplace and position of workers while using work equipment and ergonomic principles shall be taken fully into account by the employer when applying minimum health</p>

		and safety requirements”.
	<b>Directive 89/656/EEC</b> on the minimum health and safety requirements for the use by workers of personal protective equipment at the workplace (third individual directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	The directive specifies that, “All personal protective equipment must: (a) be appropriate for the risks involved, without itself leading to any increased risk; (b) correspond to existing conditions at the workplace; (c) take account of ergonomic requirements and the worker's state of health(...)”.
Sector specific workplace requirements	<b>Directive 93/103/EC</b> concerning the minimum safety and health requirements for work on board fishing vessels (thirteenth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	The directive “lays down minimum safety and health requirements applicable to work on board [fishing] vessels”.  It stipulates that, “the workers' living quarters and facilities, (...) should be such as to provide adequate protection against weather and sea, vibration, noise and unpleasant odours from other parts of the vessel likely to disturb the workers during their period of rest”.
	<b>Directive 92/91/EEC</b> - concerning the minimum requirements for improving the safety and health protection of workers in the mineral-extracting industries through drilling (eleventh individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	This Directive “lays down minimum requirements for the safety and health protection of workers in the mineral-extracting industries through drilling”.  It stipulates that “Workplaces must be so organized as to provide adequate protection against hazards. (...). Workstations must be designed and constructed according to ergonomic principles taking into account the need for workers to be able to follow operations taking place at their workstations. Where workstations are occupied by lone workers, adequate supervision or means of communication must be provided”.
	<b>Directive 92/104/EEC on the minimum</b> requirements for improving the safety and health protection of workers in surface and underground mineral-extracting industries	This directive lays down minimum requirements for the safety and health protection of workers in the surface and underground mineral-extracting industries.



	(twelfth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	It also stipulates that "Workplaces must be so organized as to provide adequate protection against hazards. (...). Workstations must be designed and constructed according to ergonomic principles taking into account the need for workers to be able to follow operations taking place at their workstations. Where workstations are occupied by lone workers, adequate supervision or means of communication must be provided".
	<b>Directive 92/57/EEC</b> on the implementation of minimum safety and health requirements at temporary or mobile construction sites (eighth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	This Directive, "lays down minimum safety and health requirements for temporary or mobile construction sites".  It states that, "Where the safety or health of workers, in particular because of the type of activity carried out or the presence of more than a certain number of employees as well as the remote nature of the site, so require, workers must be provided with easily accessible rest rooms and/or accommodation areas. Rest rooms and/or accommodation areas must be large enough and equipped with an adequate number of tables and seats with backs for the number of workers concerned".
Physical work environment – hazard specific	<b>Directive 90/270/EEC</b> on the minimum safety and health requirements for work with display screen equipment (fifth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)	This directive lays down the minimum safety and health requirements for work with display screen equipment. It states that, "Employers shall be obliged to perform an analysis of workstations in order to evaluate the safety and health conditions to which they give rise for their workers, particularly as regards possible risks to eyesight, physical problems and problems of mental stress".
	<b>Directive 2010/32/EU</b> implementing the Framework Agreement on prevention from sharp injuries in the hospital and	This Directive implements the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector. One of its principles states

	<p>healthcare sector concluded by HOSPEEM and EPSU</p>	<p>that “The employer has a duty to ensure the safety and health of workers in every aspect related to the work, including psycho-social factors and work organisation”.</p> <p>It further specifies, that “Risk assessments shall take into account technology, organisation of work, working conditions, level of qualifications, work related psycho-social factors and the influence of factors related to the working environment.”</p> <p>“Prevent the risk of infections by implementing safe systems of work, by: (a) developing a coherent overall prevention policy, which covers technology, organisation of work, working conditions, work related psycho-social factors and the influence of factors related to the working environment (...)”.</p>
	<p><b>Directive 90/269/EEC</b> on the minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers (fourth individual Directive within the meaning of Article 16 (1) of Directive 89/391/EEC)</p>	<p>This directive lays down minimum health and safety requirements for the manual handling of loads where there is a risk particularly of back injury to workers. It places responsibility on the employer to, “take care to avoid or reduce the risk particularly of back injury to workers, by taking appropriate measures, considering in particular the characteristics of the working environment and the requirements of the activity (...)”.</p>
<p>Working time</p>	<p><b>Directive 2003/88/EC</b> concerning certain aspects of the organisation of working time (consolidates and repeals Directive 93/104/EC )</p> <p><b>C175</b> Part-time Work Convention (ILO), 1994 (ratified in 9 EU member</p>	<p>“This Directive lays down minimum safety and health requirements for the organisation of working time”. It applies to, “minimum periods of daily rest, weekly rest and annual leave, to breaks and maximum weekly working time; and certain aspects of night work, shift work and patterns of work”.</p> <p>The convention requires signatories to take measures to, “ensure that part-time workers receive the same protection as</p>

	states)	that accorded to comparable full-time workers in respect of: the right to organize, the right to bargain collectively and the right to act as workers' representatives; occupational safety and health; and, discrimination in employment and occupation".
	<b>Directive 97/81/EC</b> concerning the framework agreement on part-time work	The purpose of this Directive is to implement the Framework Agreement on part-time work. The agreement provides, "for the removal of discrimination against part-time workers and to improve the quality of part-time work".
	<b>Directive 99/70/EC</b> concerning the framework agreement on fixed-term work	The purpose of the Directive is to put into effect the framework agreement on fixed-term contracts, The agreement seeks to, "improve the quality of fixed-term work by ensuring the application of the principle of non-discrimination; establish a framework to prevent abuse arising from the use of successive fixed-term employment contracts or relationships".
	<b>Directive 2000/79/EC</b> concerning the European Agreement on the Organisation of Working Time of Mobile Workers in Civil Aviation.	The purpose of this Directive is to implement the European Agreement on the organisation of working time of mobile staff in civil aviation. It requires employers to take necessary measures, "to ensure that an employer, who intends to organise work according to a certain pattern, takes account of the general principle of adapting work to the worker".
	<b>Directive 2002/15/EC</b> on the organisation of working time of persons performing mobile road transport activities	This Directive establishes, "minimum requirements in relation to the organisation of working time in order to improve the health and safety protection of persons performing mobile road transport activities".
Discrimination	<b>Directive 2000/43/EC</b> implementing the principle of equal treatment between persons irrespective of racial	"The purpose of this Directive is to lay down a framework for combating discrimination on the grounds of racial or ethnic origin,

	or ethnic origin	with a view to putting into effect in the Member States the principle of equal treatment”.
	<b>Directive 2000/78/EC</b> establishing a general framework for equal treatment in employment and occupation	“The purpose of this Directive is to lay down a general framework for combating discrimination on the grounds of religion or belief, disability, age or sexual orientation as regards employment and occupation, with a view to putting into effect in the Member States the principle of equal treatment”.
Equal treatment for men and women	<b>Directive 2002/73/EC</b> on equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions (amending Directive 76/207/EEC)	The Directive states that, “Member States shall actively take into account the objective of equality between men and women when formulating and implementing laws, regulations, administrative provisions, policies and activities”, “conditions for access to employment (...) including promotion”, “access to all types and to all levels of vocational guidance (...)” and as regards, “employment and working conditions, including dismissals, as well as pay as provided for in Directive 75/117/EEC (...)”.
	<b>Directive 2006/54/EC</b> on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation	“The purpose of this Directive is to ensure the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation. To that end, it contains provisions to implement the principle of equal treatment in relation to: access to employment, including promotion, and to vocational training; working conditions, including pay (...)”.
Maternity and related issues	<b>C 183</b> Maternity Protection Convention (ILO), 2000  (ratified in 13 EU member states)	The convention states that, “Each Member shall, (...) adopt appropriate measures to ensure that pregnant or breastfeeding women are not obliged to perform work which has been determined (...) to be prejudicial to the health of the mother or the child (...)”.

	<p><b>Directive 92/85/EC</b> on pregnant workers, women who have recently given birth, or are breast-feeding</p>	<p>The purpose of this Directive is to implement measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or who are breastfeeding.</p> <p>It states that, "In consultation with the Member States and assisted by the Advisory Committee on Safety, Hygiene and Health Protection at Work, the Commission shall draw up guidelines on the assessment of the chemical, physical and biological agents and industrial processes considered hazardous for the safety or health of workers (...). These guidelines shall also cover, "movements and postures, mental and physical fatigue and other types of physical and mental stress connected with the work done by workers (...).</p>
	<p><b>Directive 2010/18/EU</b> implementing the revised Framework Agreement on parental leave (repealing Directive 96/34/EC)</p>	<p>This Directive puts into effect the revised Framework Agreement on parental leave concluded on 18 June 2009 by the European cross-industry social partner organisations (BUSINESSEUROPE, UEAPME, CEEP and ETUC). "This agreement lays down minimum requirements designed to facilitate the reconciliation of parental and professional responsibilities for working parents".</p>
<p>Young people at work</p>	<p><b>Directive 94/33/EC</b> on the protection of young people at work</p>	<p>This directive stipulates that The Member States, "shall ensure in general that employers guarantee that young people have working conditions which suit their age. They shall ensure that young people are protected against economic exploitation and against any work likely to harm their safety, health or physical, mental, moral or social development (...)".</p> <p>It includes provisions relating to the employer's general obligations,</p>

		such as protection of the health and safety of young people, and assessment and monitoring of the, "risks to the safety, the physical or mental health or development of young people".
Temporary workers	<b>Directive 91/383/EEC</b> supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed-duration employment relationship or a temporary employment relationship	"The purpose of this Directive is to ensure that workers with an employment relationship ( <i>governed by a fixed-duration contract of employment or temporary employment relationships</i> ) are afforded, as regards safety and health at work, the same level of protection as that of other workers in the user undertaking and/or establishment".
Informing and consulting employees	<b>Directive 2002/14/EC</b> establishing a general framework for informing and consulting employees in the European Community	The purpose of this Directive is to establish a general framework setting out minimum requirements for the right to information and consultation of employees in undertakings or establishments within the Community. It states, "Information and consultation shall cover (...) information and consultation on decisions likely to lead to substantial changes in work organisation or in contractual relations (...)".
	<b>Directive 2009/38/EC</b> on the establishment of a European Works Council or a procedure in Community-scale undertakings and Community-scale groups of undertakings for the purposes of informing and consulting employees (recast)	The main aim the directive is to make sure that management informs and consults with members of European Works Councils (EWCs) in exceptional situations that affect the interests of workers, especially in terms of relocation, closure or mass layoffs.
Restructuring	<b>Directive 98/59/EC</b> on the approximation of the laws of the Member States relating to collective redundancies	"Where an employer is contemplating collective redundancies, he shall begin consultations with the workers' representatives in good time with a view to reaching an agreement".  "These consultations shall, at

		<p>least, cover ways and means of avoiding collective redundancies or reducing the number of workers affected, and of mitigating the consequences by recourse to accompanying social measures aimed, inter alia, at aid for redeploying or retraining workers made redundant”.</p>
	<p><b>Directive 2001/23/EC</b> on the approximation of the laws of the Member States relating to the safeguarding of employees' rights in the event of transfers of undertakings, businesses or parts of undertakings or businesses</p>	<p>The purpose of the Directive is to protect employees' rights in case of a 'transfer of an undertaking, business or part of a business to another employer as a result of a legal transfer or merger'. The aim of the Directive is to ensure, as far as possible, that the employment relation continues unchanged with the transferee and that the workers are not placed in a less favourable position solely as a result of the transfer.</p>
	<p><b>Directive 2008/94/EC</b> on the protection of employees in the event of the insolvency of their employer (repealing Directive 2002/74/EC and Council Directive 80/987/EEC)</p>	<p>This directive requires aims, “to provide a minimum degree of protection for employees in the event of the insolvency of their employer. To this end, it obliges the Member States to establish a body which guarantees payment of the outstanding claims of the employees concerned”.</p> <p>“It should be ensured that the employees referred to in Directive 97/81/EC concerning the Framework Agreement on part-time work(...), Council Directive 1999/70/EC concerning the framework agreement on fixed-term work (...) and Council Directive 91/383/EEC supplementing the measures to encourage improvements in the safety and health at work of workers with a fixed-duration employment relationship or a temporary employment relationship are not excluded from the scope of this Directive”.</p>



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It should be noted that some provisions similar to these can be found in a number of other individual Directives not included in Table 2. For example:

- Directive 92/57/EEC (temporary or mobile construction sites) – Annex IV Part A - 15.4. *“Fixed accommodation areas unless used only in exceptional cases, must have sufficient sanitary equipment, a rest room and a leisure room”.*
- Directive 93/103/EC (work on board fishing vessels) – Annex I “13. Living quarters -13.1. *The location, structure, soundproofing, means of insulation and layout of the workers’ living quarters and facilities, where these exist, and means of access thereto*
- Directive 2010/32/EU (Sharps) which makes an express reference to psychosocial factors in clause 4.3.

## Annex 2: Non-binding policy initiatives

Focus	Document	Content / Selected Excerpts
Mental Health at Work	<b>Guidance: ILO, 1986</b> Psychosocial factors at work: Recognition and control	Psychosocial hazards = “interactions among job content, work organisation and management, and other environmental and organisational conditions, on the one hand, and employees’ competencies and needs on the other. Psychosocial hazards are relevant to imbalances in the psychosocial arena and refer to those interactions that prove to have a hazardous influences over employees’ health through their perceptions and experience”
	<b>R194 revised annex, ILO 2010</b> Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases	“Post-traumatic stress disorder (...) and (...) other mental or behavioural disorders (...) where a direct link is established (...) between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker”
	<b>WHO Mental health declaration for Europe, 2005</b> and Mental Health Action Plan for Europe	The Ministerial declaration highlighted the responsibility of each country to commit resources to, “prevent risk factors where they occur, for instance, by supporting the development of working environments conducive to mental health and creating incentives for the provision of support at work or the earliest return for those who have recovered from mental health problems”.  The Mental Health Action Plan for Europe called on countries in the region to, “Develop the capacities for protection and promotion of mental health at work through risk assessment and management of stress and psychosocial factors, training of

Focus	Document	Content / Selected Excerpts
		<p>personnel, and awareness raising”.</p> <p>“Establish vocational training for people suffering from mental health problems and support the adaptation of workplaces and working practices to their special needs, with the aim of securing their entry into competitive employment”.</p> <p>“Create healthy workplaces by introducing measures such as exercise, changes to work patterns, sensible hours and healthy management styles.”</p>
	<p><b>WHO Healthy Workplaces Framework, 2010</b> Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners</p>	<p>“The psychosocial work environment includes organizational culture as well as attitudes, values, beliefs and daily practices in the enterprise that affect the mental and physical well-being of employees”.</p> <p>“Examples of psychosocial hazards include but are not limited to: poor work organization (...), organizational culture (...), command and control management style (...), lack of support for work-life balance, fear of job loss related to mergers, acquisitions, reorganizations or the labour market/ economy”.</p> <p>“Psychosocial hazards typically are identified and assessed using surveys or interviews, as compared to inspections for physical work hazards. A hierarchy of controls would then be applied to address hazards identified, including: Eliminate or modify at the source (...), Lessen impact on workers (...), Protect workers by raising awareness and providing training to workers (...)”.</p>

Focus	Document	Content / Selected Excerpts
	<p><b>WHO European Mental Health Strategy, 2011</b></p>	<p>“There is a need to balance between the economic gain of good mental health in terms of wellbeing and productivity and providing the care people want and need”.</p> <p>The first objective of the mental health strategy states, “Everyone has an equal opportunity to experience mental wellbeing throughout their lifespan, particularly those who are most vulnerable or at risk”.</p>
	<p><b>Council Resolution 2000/C86/01</b>, on the promotion of mental health</p>	<p>“Considers that there is a need for enhancing the value and visibility of mental health and to promote good mental health, in particular among children, young people, elderly people and at work”.</p>
	<p><b>Council of the European Union Conclusions, 2003</b> on Mental health – Conference on Mental Illness and Stigma in Europe: facing up the challenges of social inclusion and equity</p>	<p>The Council of the European Union invites the Commission to, “give specific attention to active collaboration in all relevant Community policies and actions, and in particular in activities relating to employment, non-discrimination, social protection, education and health, in order to reduce stigma and discrimination in relation to mental illness (...)”.</p>
	<p><b>Council of the European Union Conclusions, 2005</b> on a Community Mental Health Action – Outcome of proceedings</p>	<p>The Council of the European Union invites the Commission to, “support the implementation of the Declaration and Action plan endorsed by the World Health Organisation European Ministerial Conference on Mental Health, in collaboration with the World Health Organisation and other relevant international organisations; ensure that integrated impact assessment of</p>

Focus	Document	Content / Selected Excerpts
		future relevant Community legislation takes account of mental health aspects; emphasise the strong links between mental and physical health and drug and alcohol abuse (...)"
	<b>Green paper – EC, 2005</b> Improving the mental health of the population: Towards a strategy on mental health for the European Union	"Promotion of mental health and prevention of mental ill health address individual, family, community and social determinants of mental health, by strengthening protective factors and reducing risk factors (..). Schools and workplaces, where people spend large parts of their time, are crucial settings for action".
	<b>European Parliament resolution (2006/2058(INI))</b> on improving the mental health of the population. Towards a strategy on mental health for the European Union	"Considers that good working conditions contribute to mental health and calls for employers to introduce 'Mental Health at Work' policies as a necessary part of their health and safety at work responsibility, with a view to ensuring the 'best possible jobs' for and best possible incorporation into the labour market of persons with mental disorders, and that these should be published and monitored within existing health and safety legislation, while also taking workers' needs and views into account".  "Welcomes the social initiatives within social policy and employment policy to promote the non-discriminatory treatment of individuals with mental ill health, the social integration of individuals with mental disabilities, and the prevention of stress in the workplace".  "With regard to the EU employment strategy,

Focus	Document	Content / Selected Excerpts
		<p>emphasises the influence of mental health on employment as well as the influence of unemployment on people's state of mental health".</p>
	<p><b>EC 2007 - White paper</b> - Together for health - A Strategic Approach for the EU 2008-2013</p>	<p>The white paper called on the Commission and Member States to work towards the, "Development and delivery of actions on tobacco, nutrition, alcohol, mental health and other broader environmental and socioeconomic factors affecting health". It also called on the Commission to take, "Measures to promote the health of older people and the workforce (...)".</p> <p>"Community-level work includes scientific risk assessment, (...), strategies to tackle risks from specific diseases and conditions, action on accidents and injuries, improving workers' safety (...)".</p>
	<p><b>European Pact for Mental Health and Wellbeing, 2008</b> Together for mental health and wellbeing</p>	<p>"Employment is beneficial to physical and mental health...action is needed to tackle the steady increase in work absenteeism and incapacity, and to utilise the unused potential for improving productivity that is linked to stress and mental disorders"</p>
	<p><b>European Parliament resolution T6-0063/2009</b> on Mental Health, Reference 2008/2209(INI), non-legislative resolution</p>	<p>The resolution, calls on "the Member States to encourage research into the working conditions which may increase the incidence of mental illness, particularly among women"; it calls on "employers to promote a healthy working climate, paying attention to work-related stress, the underlying causes of mental disorder at the workplace, and tackling those causes" and it calls on "the Commission to require businesses and public bodies to</p>

Focus	Document	Content / Selected Excerpts
		<p>publish annually a report on their policy and work for the mental health of their employees on the same basis as they report on physical health and safety at work” .</p>
	<p><b>EU High-level Conference, Brussels, 2010</b> - Investing into wellbeing at work: Managing psychosocial risks in times of change</p>	<p>The European Commission together with the Belgium presidency of the Council of the European Union organised a high-level conference on “Investing in well-being at work” looks at the psychosocial risks in time of change. The conference and related papers, “highlighted some of the central issues associated with organizational change, restructuring, health and well-being, and (...) what can be done to prepare organizations and people more effectively for major changes”.</p>
	<p><b>EU-Conference, Berlin, 2011</b> - Promoting mental health and well-being in workplaces</p>	<p>“Mental health is an important indicator of the quality of social cohesion and the quality of work. It is also a core element of Europe's social model”.</p> <p>“The protection and promotion of mental health can make a vital contribution to the implementation of the European Union's ‘Europe 2020’ agenda with its objective of smart, sustainable and inclusive growth”.</p> <p>“In the area of mental health, prevention and promotion require a holistic approach which also takes the conditions at the workplace into account (...) – in particular the structure and organisation of workplaces – (...)”.</p>
	<p><b>Council of the European Union Conclusions, 2011</b> on 'The European Pact for Mental Health</p>	<p>The Council of the European Union invites Member states to, “Take measures against the</p>

Focus	Document	Content / Selected Excerpts
	and Well-being- results and future action'	<p>stigmatisation and exclusion of and discrimination against people with mental health problems and to promote their social inclusion and their access to (...) work”.</p> <p>It invites Member States and the Commission to, “Take steps towards greater involvement of the health and social sectors along with social partners in the field of mental health and well-being at the workplace, to support and complement employer-led programmes where appropriate”; “Support activities (e.g. training programmes) that enable professionals and managers particularly in healthcare, social care, and workplaces to deal with matters concerning mental well-being and mental disorders”.</p>
	<p><b>Opinion of the European Economic and Social Committee, 2013</b> on the European Year of Mental Health — Better work, better quality of life (2013/C 44/06)</p>	<p>“A publicly supported health promotion plan and a modern corporate culture can support people with disabilities and minimise the occurrence of work-related problems”.</p> <p>“Proactive stress risk management, based on research into stress factors and their reduction and elimination, should be part of a consistent prevention strategy, in accordance with the Treaty provisions, Framework Directive 89/391/EEC (...) and the Framework agreement on work-related stress (...)”.</p> <p>“Bodies should be set up either inside the company or externally to represent the interests of working people with disabilities and mental health issues at the workplace”.</p>



Focus	Document	Content / Selected Excerpts
	<p><b>Committee of Senior Labour Inspectors (SLIC), 2012</b>                      Campaign on psychosocial risks at work in</p>	<p>The Committee of Senior Labour Inspectors (SLIC) undertook a campaign on psychosocial risks in 2012. The goal was to develop an inspection toolkit for targeted interventions on occupational health and safety (psycho-social risks).</p> <p>“The Framework Directive 89/391/EEC and the social partner agreements constitute a common legal basis for supervision in the area of psychosocial risks (...). In summary, inspections on psychosocial risks are possible in all Member States, in some cases with some restrictions”.</p> <p>“(...) the number of workplaces which have included psychosocial risks in the risk assessments has increased. Knowledge of psychosocial risks has increased among labour inspectors in all countries. Awareness of psychosocial risks at work at the workplaces has increased”.</p> <p>“Tools are now available for all European labour inspections to inspect psychosocial risks at work. Increased knowledge among labour inspectors will in the long run lead to improvements concerning psychosocial risks”.</p>
	<p><b>Mental and Physical Health Platform (MPHP) 2009</b> the Mental and Physical Health Charter and Call for Action</p>	<p>“The links between mental and physical health must be recognised and addressed in all health-related strategies and programmes at EU and national level, including disease-specific and other policies such as social, employment, discrimination, research and education, nutrition, tobacco and alcohol”.</p> <p>“(...) promoting mental (and</p>

Focus	Document	Content / Selected Excerpts
	<p><b>Recommendations from Mental Health Europe (MHE), 2009</b> Work Programme of the Spanish-Belgian-Hungarian Trio Presidency of the Council of the EU (2010 – 2011)</p> <p><b>The Standing Committee of European Doctors (CPME) Position Paper, 2009</b> Mental Health in workplace settings "Fit and healthy at work"</p>	<p>physical) well-being can help the European Union attain its Lisbon Agenda targets for economic growth and employment".</p> <p>"MHE emphasises that sustainable support for a (mentally) healthy working life can be achieved by minimizing the precariousness of work contracts and by the provision of a minimum income for everyone to live in dignity. MHE points out that the benefit of a minimum income should not be bound to employment contracts only. People who are (temporarily) unable to work must have a minimum income to cover expenses for their basic needs".</p> <p>"(...) it is important first of all to recognize and identify employees that suffer from mental disorders, either in early stages or when absent from work. Dedicated intervention programs with counselling or other support programs and active rehabilitation is of the greatest importance and should be in place (...). Next to these measures prevention programs are to be installed on both the organisational level as on the individual level. These programs should focus on the creation of working conditions in which employees can work in a healthy fashion and in which they are stimulated to live an active and healthy life".</p>
Work-related stress	<b>EN ISO 10075-1: 1991</b> Ergonomic principles related to work-load – General terms and definitions	Mental stress = "The total of all assessable influences impinging upon a human being from external sources and affecting it mentally". Mental stress is a source of mental strain (=

Focus	Document	Content / Selected Excerpts
		<p>“immediate effect of mental stress within individual (not the long-term effect) depending on his/her individual habitual and actual preconditions, including individual coping styles.)”.</p> <p>“There are four main categories of sources of mental stress: task, equipment, physical environment, social environment”. “Impairing (short term) effects of mental stress are: mental fatigue, and fatigue-like states (i.e.: monotony, reduced vigilance, and satiation)”.</p>
	<p><b>EN ISO 10075-2: 1996</b> Ergonomic principles related to work-load – Design principles</p>	<p>“Sources of fatigue: intensity of mental workload and temporal distribution of mental workload”.</p> <p>“The intensity of mental workload is affected by the following characteristics: ambiguity of the task goals, complexity of task, requirements, serving strategies, adequacy of information, ambiguity of information, signal discriminability, working memory load, long-term memory load, recognition vs. recall memory, decision support (...)”. Factors of temporal distribution of mental workload include, “duration of working hours, time off between successive work days or shift, time of day, shift work, breaks and rest pauses, changes in task activities with different task demands or kinds of mental workload”.</p>
	<p><b>Guidance: EC, 1999</b> Guidance on work-related stress – Spice of life or kiss of death?</p>	<p>“This Guidance provides general information on the causes, manifestations and consequences of work-related stress, both for workers and</p>

Focus	Document	Content / Selected Excerpts
		<p>work organisations. It also offers general advice on how work-related stress problems and their causes can be identified and proposes a practical and flexible framework for action that social partners, both at national level and in individual companies, can adapt to suit their own situation. The focus is on primary prevention of work-related stress and ill-health, rather than on treatment”.</p>
	<p><b>Council of the European Union Conclusions, 2002</b> on combating stress and depression-related problems</p>	<p>The Council of the European Union invites Member states to, “give due attention to the impact of stress and depression-related problems in all age groups and ensure that these problems are recognised; in this context, give special attention to the increasing problem of work-related stress and depression”.</p> <p>It invites the Commission to, “consider opportunities to prevent stress and depression in the definition and implementation of relevant Community policies and activities which shall complement national policies”.</p>
	<p><b>Guidance: EU-OSHA, 2002</b> How to Tackle Psychosocial Issues and Reduce Work-Related Stress</p>	<p>“The aim of this report is to raise awareness of work-related psychosocial issues, to promote a preventive culture against psychosocial hazards including stress, violence and bullying, to contribute to a reduction in the number of workers being exposed to such hazards, to facilitate the development and dissemination of good practice information, and to stimulate activities at the European and Member State levels”.</p>
	<p><b>Guidance: WHO, 2003</b> Work</p>	<p>“This booklet provides practical</p>

Focus	Document	Content / Selected Excerpts
	Organization and Stress	<p>advice on how to deal with work stress. It is intended that employers, managers and trade union representatives use this booklet as part of an initiative to educate on the management of work stress".</p> <p>Guidance is provided on, "the nature of stress of stress at work, the causes and effects of stress, as well as prevention strategies and risk assessment and management methods (...) the role of the organisational culture in this process and the resources to be drawn upon for managing work stress".</p>
	<p><b>Guidance: WHO, 2007</b> Raising awareness of stress at work in developing countries: a modern hazard in a traditional working environment: advice to employers and worker representatives</p>	<p>"The purpose of this booklet is to raise awareness for employers and worker representatives of work-related stress in developing countries. Work-related stress is an issue of growing concern in developing countries due to important developments in the modern world; two of the most significant being globalisation and the changing nature of work".</p>
	<p><b>Guidance: WHO, 2008</b> PRIMA-EF: Guidance on the European Framework for Psychosocial Risk Management: A Resource for Employers and Worker Representatives</p>	<p>"It provides guidance on the European framework for psychosocial risk management (PRIMA-EF) and concerns the management of psychosocial risks at the workplace, aiming at the prevention of work-related stress, workplace violence and bullying. Such a framework, bringing together a number of key issues in the area and providing guidance on them, has so far been lacking and is necessary for employer and worker representatives to take effective action to address the issues of concern".</p>

Focus	Document	Content / Selected Excerpts
	<p><b>Framework Agreement on Work-related Stress, 2004</b>                      European social partners - ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP</p>	<p>“The overarching aim of this document is the promotion of the translation of policy and knowledge into practice”.</p> <p>“Stress is a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them”.</p> <p>“Identifying whether there is a problem of work-related stress can involve an analysis of factors such as work organisation and processes (...), working conditions and environment (...), communication (...) and subjective factors (...). “If a problem of work-related stress is identified, action must be taken to prevent, eliminate or reduce it. The responsibility for determining the appropriate measures rests with the employer”.</p>
Violence and Harassment	<p><b>Guidance: WHO, 2003</b> Raising awareness to psychological harassment at work</p> <p><b>Guidance: ILO, 2006</b> Violence at Work</p>	<p>“Psychological harassment is a form of employee abuse arising from unethical behaviour and leading to victimisation of the worker (...). It can produce serious negative consequences on the quality of life and on individuals’ health (...)”. “This booklet aims at raising awareness (...) by providing information on its characteristics (...)”.</p> <p>Violence at Work (3<sup>rd</sup> Edition) examines aggressive acts that occur in workplaces (...) bullying, mobbing and verbal abuse. It provides information and evidence about the incidence and severity of</p>

Focus	Document	Content / Selected Excerpts
		<p>workplace violence in countries around the world (...) evaluates various causal explanations and details some of the social and economic costs. It evaluates the effectiveness of workplace anti-violence measures and responses such as regulatory innovations, policy interventions, workplace design that may reduce risks, collective agreements and various "best practice" options worldwide.</p>
	<p><b>Guidance: EU-OSHA, 2011</b>                      Workplace Violence and Harassment: a European Picture</p>	<p>The aims of the report are to, "scrutinise differences in EU Member States in terms of the level of occurrence of different forms of violence and harassment at work (...), as well as examples of the use of preventive measures; review the methodology and data sources used in different countries to assess the risk, prevalence and consequences of both workplace violence and harassment".</p>
	<p><b>Framework Agreement on Harassment and Violence at Work, 2007</b> European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP</p>	<p>"Harassment and violence are due to unacceptable behaviour by one or more individuals and can take many different forms, some of which may be more easily identified than others. The work environment can influence people's exposure to harassment and violence".</p> <p>"Raising awareness and appropriate training of managers and workers can reduce the likelihood of harassment and violence at work. Enterprises need to have a clear statement outlining that harassment and violence will not be tolerated. This statement will specify procedures to be followed where cases arise".</p>

Focus	Document	Content / Selected Excerpts
Other relevant initiatives	<p><b>WHO Action Plan, 2012</b> for implementation of the European Strategy for the Prevention and Control of <u>Non-communicable Diseases</u> 2012–2016,</p>	<p>A key goal of the action plan is, "To improve health and well-being by making school and workplace settings more supportive of health".</p> <p>"Workplaces also provide an important entry point for NCD prevention and health promotion programmes. Workplace health promotion (WHP), when designed and executed as a comprehensive initiative for healthy workplaces, is effective in reducing NCD risk factors by tackling physical inactivity, unhealthy dietary habits, smoke- and alcohol-free work environments, and psychosocial risk factors, with the participation of workers and managers".</p>
	<p><b>Council of the European Union, 2000</b> Lisbon Strategy: to become the most competitive and dynamic knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion</p>	<p>In context of generating more and better jobs for Europe: developing an active employment policy, the Council and the Commission are invited to address, " improving employability and reducing skills gaps, in particular by providing employment services with a Europe-wide data base on jobs and learning opportunities; promoting special programmes to enable unemployed people to fill skill gaps; (...) by exploiting the complementarity between lifelong learning and adaptability through flexible management of working time and job rotation; (...) furthering all aspects of equal opportunities, including reducing occupational segregation, and making it easier to reconcile working life and family life, (...)".</p>
	<p><b>Council Resolution 2000/C218/02</b>, on the balanced participation of women and men in</p>	<p>The resolution called on employers in the public and private sectors, workers and the</p>



Focus	Document	Content / Selected Excerpts
	family and working life	social partners at national and European level “to step up their efforts to ensure balanced participation of men and women in family and working life, notably through the organisation of working time and the abolition of conditions which lead to wage differentials between men and women”.
	<b>Council Resolution 2000/C218/03</b> , on action on health determinants	<p>“Takes note of the results of the debates held at the European Conference on health determinants in the European Union held at Evora on 15 and 16 March 2000, which placed particular emphasis on mental health (...)and recommended a series of practical and targeted steps to address the challenges in these areas”.</p> <p>“Underlines the need for the Community to direct its action towards preventing disease and promoting health”.</p> <p>“Welcomes the Commission's commitment to developing a broad health strategy and the presentation of its proposal for a new health programme, containing a specific strand of action aimed at addressing health determinants by means of health promotion and disease prevention underpinned by inter-sectoral policy (...)”.</p>
	<b>Council of the European Union Conclusions, 2001</b> on a Community strategy to reduce alcohol-related harm	<p>“Underlines the close link between alcohol abuse and reduced productivity at work, unemployment, social marginalisation (...) and mental illness”.</p> <p>“Considers that any Community action should focus on measures with a European added value, taking full account of</p>

Focus	Document	Content / Selected Excerpts
		<p>possibilities offered by the future action programme in the field of public health, but also including measures in policy areas other than public health”.</p>
	<p><b>Framework Agreement on Telework, 2002</b> European social partners - ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP</p>	<p>“The agreement identifies the key areas requiring adaptation or particular attention when people work away from the employer’s premises, for instance data protection, privacy, health and safety, organisation of work, training, etc.”</p> <p>“Within the framework of applicable legislation, collective agreements and company rules, the teleworker manages the organisation of his/her working time. The workload and performance standards of the teleworker are equivalent to those of comparable workers at the employers’ premises. The employer ensures that measures are taken preventing the teleworker from being isolated from the rest of the working community in the company (...)”.</p>
	<p><b>Framework of Actions for the Lifelong Development of Competencies and Qualifications, 2002</b> European social partners - ETUC, BUSINESSEUROPE, UEAPME and CEEP</p>	<p>“In the context of technological developments and of diversification of work relations and organisations, employees are confronted with greater mobility (...) and to the need to maintain and improve competencies and qualifications levels. Against this background of rapid pace of change, the social partners at European level affirm the development of competencies and the acquisition of qualifications as major challenges of lifelong learning”.</p>

Focus	Document	Content / Selected Excerpts
	<p><b>Council Decision 2003/C 218/01</b>, on setting up an Advisory Committee on Safety and Health at Work</p>	<p>The Advisory Committee for Safety and Health “shall have the task of assisting the Commission in the preparation, implementation and evaluation of activities in the fields of safety and health at work”.</p> <p>“Help to devise a common approach to problems in the fields of safety and health at work and identify Community priorities as well as the measures necessary for implementing them”.</p> <p>“Contribute, alongside the European Agency for Safety and Health at Work, to keeping national administrations, trades unions and employers' organisations informed of Community measures in order to facilitate cooperation and to encourage any initiatives on their part to exchange experience and establish codes of practice”.</p>
	<p><b>Opinion of the European Economic and Social Committee, 2005</b> on Health safety: a collective obligation and a new right (2005/C 120/10)</p>	<p>“Action by the Union, which shall complement national policies, shall be directed towards improving public health, preventing human illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover:</p> <p>(a) the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education (...)”.</p>
	<p><b>Framework of Actions on Gender Equality, 2005</b> European social partners - ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP</p>	<p>“Traditional gender roles and stereotypes continue to have a strong influence on the division of labour between men and women at home, in the workplace and in society at</p>

Focus	Document	Content / Selected Excerpts
		<p>large, and tend to continue a vicious circle of obstacles for achieving gender equality (...) social partners do have a role to play in addressing gender roles and stereotypes in employment and in the workplace".</p> <p>"Evidence [indicates] that women continue to do the majority of work in the home or family, tend to have in interrupted patterns of employment, with all potential negative effects for career, wages and pensions, and are over-represented in part-time jobs".</p>
	<p><b>Recommendations of the European Parliament and of the Council, 2006</b> on key competences for lifelong learning</p>	<p>"Social competence is linked to personal and social well-being which requires an understanding of how individuals can ensure optimum physical and mental health, including as a resource for oneself and one's family and one's immediate social environment, and knowledge of how a healthy lifestyle can contribute to this. For successful interpersonal and social participation it is essential to understand the codes of conduct and manners generally accepted in different societies and environments (e.g. at work). It is equally important to be aware of basic concepts relating to individuals, groups, work organisations, gender equality and non-discrimination, society and culture".</p>
	<p><b>Opinion of the Committee of the Regions, 2006</b> on the Proposal for a Recommendation of the European Parliament and of the Council on key competences for lifelong learning</p>	<p>"This field of competence includes social aspects in the sense that the individual sees himself as a resource for himself, his family and his environment. It also includes medicinal aspects such as an insight into the importance of a</p>

Focus	Document	Content / Selected Excerpts
		<p>healthy lifestyle, physical and mental health and an active lifestyle. As medicine advances, the health of children and young people is deteriorating in many societies, owing to poor dietary and exercise habits. This will become very serious unless something is done”.</p>
	<p><b>Communication from the Commission {SEC(2007) 214-216}</b> Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work</p>	<p>The strategy for health and safety at work 2007-2012 calls for a more preventive culture with priority for mental health in the workplace.</p> <p>“The Commission encourages Member States to incorporate into their national strategies specific initiatives aimed at preventing mental health problems and promoting mental health more effectively, in combination with Community initiatives on the subject, including the employment of persons with a mental disability”.</p> <p>“The Commission stresses the importance of negotiations between the social partners on preventing violence and harassment at the workplace and encourages them to draw conclusions from the assessment of the implementation of the European framework agreement on work-related stress”.</p>
	<p><b>EC 2007 - White paper</b> on a Strategy for Europe on Nutrition, Overweight and Obesity related health issues</p>	<p>The white paper calls on Businesses to, “support the development of healthy lifestyles in the workplace. Together with employee organisations, they should also develop proposals/guidelines for ways in which companies of different sizes can introduce simple, cost-effective measures</p>

Focus	Document	Content / Selected Excerpts
	<p><b>Commission Recommendation 2008/867/EC</b> on the active inclusion of people excluded from the labour market</p>	<p>to promote healthy lifestyles of employees”.</p> <p>“People most excluded from work need more personalised pathways to employment”.</p> <p>“People lacking basic learning capacities or suffering from long periods of unemployment do not easily benefit from standard training or rehabilitation policies. Moreover, once they are in employment, they are still in a vulnerable position in the absence of a supportive environment”.</p> <p>“Health is an important requirement for participation in the labour market. People suffering from chronic health impediments cannot successfully participate in lasting employment or in training in preparation for employment”.</p>
	<p><b>Opinion of the Committee of the Regions 2008</b> on Flexicurity</p>	<p>“Believes that a lack of social protection can threaten labour market flexibility. To minimise this risk, the four principles of flexicurity should be established and upheld in equal measure;</p> <ul style="list-style-type: none"> <li>— flexible contractual arrangements for the employer and employee</li> <li>— active labour market policies</li> <li>— reliable and responsive lifelong learning systems to ensure continual adaptability and employability of workers</li> <li>— modern social security systems should combine adequate income support with the need to facilitate labour market mobility</li> </ul>
	<p><b>Guidance: European Commission, 2009</b> Report of Ad Hoc Expert Group on the Transition from Institutional to Community-</p>	<p>“Issues concerning transition from institutional to community-based care must be addressed across all the relevant policy</p>

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	based Care	<p>areas, such as employment, education, health, social policy and others”.</p> <p>“Promote improved working conditions of professional carers, aiming to make the jobs in the sector attractive. Require that bodies representing, training and accrediting the professional practice of staff working with elderly people, children, persons with mental health problems and persons with disabilities adopt a commitment to supporting the human dignity, inclusion and autonomy of service users in their work”.</p>
	<p><b>Framework Agreement on Inclusive Labour Markets, 2010</b>                      European social partners - ETUC, UNICE(BUSINESSEUROPE), UEAPME and CEEP</p>	<p>“This Framework Agreement covers those persons who encounter difficulties in entering, returning to or integrating into the labour market and those who, although in employment, are at risk of losing their job due to [several] factors”.</p> <p>“Work-related factors include amongst others work organisation and work environment, recruitment processes, technological evolution and training policies”.</p> <p>“Individual factors are linked to aspects such as skills, qualification and education levels, motivation, language knowledge, health status and frequent or long unemployment periods”.</p>
	<p><b>Communication from the Commission COM(2010) 2020</b>                      EUROPE 2020: A strategy for smart, sustainable and inclusive growth</p>	<p>“Action under this priority[Inclusive growth – a high-employment economy delivering economic, social and territorial cohesion] will require modernising, strengthening our</p>

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		<p>employment education and training policies and social protection systems by increasing labour participation and reducing structural unemployment, as well as raising corporate social responsibility among the business community. (...) Implementing flexicurity principles and enabling people to acquire new skills to adapt to new conditions and potential career shifts will be key. A major effort will be needed to combat poverty and social exclusion and reduce health inequalities to ensure that everybody can benefit from growth (...)"</p> <p>"Flagship Initiative: An Agenda for new skills and jobs. The aim is to create conditions for modernising labour markets with a view to raising employment levels and ensuring the sustainability of our social models. This means empowering people through the acquisition of new skills to enable our current and future workforce to adapt to new conditions and potential career shifts, reduce unemployment and raise labour productivity".</p>
	<p><b>Communication from the Commission COM(2010) 682</b>                      An Agenda for new skills and jobs:                      A European contribution towards full employment</p>	<p>"There is no trade-off between quality and quantity of employment: high levels of job quality in the EU are associated with equally high labour productivity and employment participation. Working conditions and workers' physical and mental health need to be taken into account to address the demands of today's working careers, which are characterised by more transitions between more intense and demanding jobs and by new forms of work</p>



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		<p>organisation”.</p> <p>“Adopting targeted approaches for the more vulnerable workers, particularly the low skilled, unemployed, (...), people with mental disorders, (...)”.</p> <p>“In the area of occupational health and safety, priorities will include (...) the prevention of musculoskeletal disorders. (...) risks associated with nano-materials and the causes of the growing incidence of mental illnesses in the work place will be investigated”.</p>
	<p><b>Council of the European Union Conclusions, 2011</b> on closing health gaps within the EU through concerted action to promote healthy lifestyle behaviours</p>	<p>The Council expressed its commitment to, “accelerate progress on combating unhealthy lifestyle behaviours, such as tobacco use, alcohol related harm, unhealthy diet and lack of physical activity, leading to increased incidence of non-communicable chronic diseases, such as cancer, respiratory diseases, cardiovascular diseases, diabetes and mental illnesses, which are recognised to be important causes of premature mortality, morbidity and disability in the European Union”.</p>