



DIRECTORATE-GENERAL FOR INTERNAL POLICIES

POLICY DEPARTMENT **A**
ECONOMIC AND SCIENTIFIC POLICY



Occupational health concerns: stress-related and psychological problems associated with work



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STUDY



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POLICY DEPARTMENT A: EMPLOYMENT POLICY

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Abstract

The study presents recent trends on stress at work as well as an overview of EU and national measures to tackle this problem, especially in the context of the economic and financial crisis. The report also includes a number of case studies illustrating initiatives that have proven successful in improving workers' mental well-being, in particular during restructuring. Given the growing concerns on the impact of the economic and financial crisis on workers' mental health, one of the main recommendations put forward in the study is that the next Strategy, or any other relevant European framework on occupational health and safety, should include stress at work as a priority area.

This document was requested by the European Parliament's Committee on Employment and Social Affairs.

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LIST OF ABBREVIATIONS

- ACAS** UK Conciliation and Arbitration Service
- ANACT** French National Agency for the Improvement of Working Conditions (Agence Nationale pour l'Amélioration des Conditions de Travail)
- ARACT** Regional divisions of the ANACT
- AV** Swedish Work Environment Authority (Arbetsmiljöverket)
- BauA** German Federal Institute for Occupational Safety and Health (Bundesanstalt für Arbeitsschutz und Arbeitsmedizin)
- BDA** Confederation of German Employers' Associations
- BSI** British Standards Institute
- CARSAT** French Insurance Fund for pension and health at work, regional units. (Caisse d'Assurance Retraite et de la Santé au Travail).
- CBI** Confederation of British Industry
- CCOO** Spanish Workers' Commissions (Confederación Sindical de Comisiones Obreras)
- CEOE** Spanish Confederation of Employers' Organizations (Confederación Española de organizaciones Empresariales)
- CIPD** UK Chartered Institute of Personnel and Development
- COPSOQ** Copenhagen Psychosocial Questionnaire
- DEIF** Directorate for Engineering Establishments France (Renault)
- DGB** Confederation of German Trade Unions
- DH** UK Department for Health
- DWP** UK Department for Work and Pensions
- EEA** European Economic Area
- ELINYAE** Hellenic Institute of Occupational Health and Safety at Work
- EMCC** European Monitoring Centre on Change
- ENWHP** European Network for Workplace Health Promotion
- ESENER** European Survey of Enterprises on New and Emerging Risks
- ESF** European Social Fund
- ETNO** European Telecommunications Network Operators Association

EU-OSHA	European Agency for Safety and Health at Work
EUPAN	European Public Administration Network
FAS	Swedish Council for Working Life and Social Research (Forskningsrådet för Arbetsliv och Socialvetenskap)
GDA	German Joint Occupational Safety and Health Strategy (Gemeinsame Deutsche Arbeitsschutzstrategie)
GDP	Gross Domestic Product
GHQ	General Health Questionnaire
GIB	Society for the Promotion of Employment (Gesellschaft für innovative Beschäftigungsförderung)
GSEE	Greek General Confederation of Labour
HIRES	Health in Restructuring
HORECA	Hotel, Restauration, Catering
HR	Human Resources
HSE	UK Health and Safety Executive
ILO	International Labour Office
INRS	French National Institute for Research and Safety
INSHT	National Institute of Safety and Hygiene at Work (Instituto Nacional de Seguridad e Higiene en el Trabajo)
ISTAS	Union Institute of Work, Environment and Health (Instituto Sindical de Trabajo, Ambiente y Salud)
LO	Swedish Trade Union Confederation (Landsorganisationen)
MSDs	Musculoskeletal disorders
MIRE	Monitoring Innovative Enterprise Restructuring in Europe
NICE	National Institute for Health and Clinical Excellence
NHS	National Health Services
NRW	North Rhine Westphalia
OSH	Occupational Health and Safety
Pacta	Swedish Employers' Association of Local Federations of Local Authorities and Enterprises
PAS	Publicly Available Specification (UK)

- PSR** Psychosocial Risks
- PTK** The Council for Negotiation and Cooperation (Förhandlings- och samverkansrådet)
- SACO** Swedish Confederation of Professional Associations (Sveriges Akademikers Centralorganisation)
- SAM** Systematic Work Environment Management (Systematiskt arbetsmiljöarbete)
- SALAR** Swedish Association of Local Authorities and Regions (Sveriges Kommuner och landsting)
- SEV** Hellenic Federation of Enterprises
- SLI** Polish State Labour Inspectorate
- SMEs** Small and Medium Enterprises
- SLIC** Senior Labour Inspectors Committee
- TCO** Swedish Confederation of Professional Employees
- TUC** Trade Union Congress
- TUNED** Trade Unions' National and European Administration Delegation
- UGT** Spanish General Union of Workers (Unión General de Trabajadores)
- WHO** World Health Organization

EXECUTIVE SUMMARY

This study, prepared at the request of the Committee on Employment and Social Affairs of the European Parliament (EMPL), aims to provide a comprehensive picture of the latest developments in the area of occupational health and work-related stress in the European Union. It presents recent trends on stress at work and an overview of EU and national measures to tackle this problem, especially in the context of the economic and financial crisis. The report also includes case studies illustrating successful initiatives for managing workers' stress and improving their mental well-being, in particular during restructuring. Finally, recommendations are put forward to improve the current policy and legislative framework.

Stress at work: causes, consequences and recent trends

According to the European Agency for Safety and Health at Work (EU-OSHA), people experience stress "when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands". Other common causes determining work-related stress include lack of control over work and lack of support from colleagues and management. Stress at work has an impact not only at the individual level, with health effects ranging from coronary heart disease to depression, but also at the organisational level, with increased workers' absenteeism or "presenteeism" (i.e. attending work when not fit enough to do so), reduced productivity and high staff turnover. Therefore, it is in the interest of companies to tackle stress at work: both to enhance employees' mental well-being and to improve organisational efficiency and productivity.

Recent trends suggest an increase of stress at work during the current economic crisis. Although it is difficult to establish any reliable causal relationships at present, many of the recognised factors driving stress, e.g. job insecurity, rising unemployment rates and under-employment, tend to increase in times of economic stringency. In particular, vulnerable groups - including female, ageing, disabled, young, migrant, temporary and low-qualified workers - are hit hardest by the crisis and hence are at higher risk of being affected by workplace stress.

In addition, restructuring - often a consequence of economic downturns - affects the mental health not only of those who lose their job, but also for those who remain in place. This so-called "survivor syndrome" is characterised by higher anxiety and stress levels, lack of motivation and commitment, general dissatisfaction with working conditions and a distrust towards the enterprise. A review of the evidence suggests that the effects of restructuring on workers' mental health ultimately depend on how change is communicated and managed within the company.

Tackling the issue of stress at work at the EU level

At the EU level, stress at work is mainly tackled through occupational health and safety legislation and policy. Framework Directive 89/391/EC on Safety and Health at Work includes requirements for European employers to assess and manage psychosocial risks. Additionally, the EU adopted a Community Strategy on health and safety at work (2007-2012), urging Member States to incorporate specific initiatives in their national strategies to address mental well-being at the workplace. At the time of writing this report, it is still not clear when the Commission will publish a proposal for a follow-up Community Strategy (2014-2020).

The Senior Labour Inspectors Committee (SLIC), a key actor in the EU OSH policy framework, ran a European campaign on psychosocial risks and workplace stress in 2012.

The campaign was aimed at raising awareness and providing specific training to labour inspectors on psychosocial risks in three targeted sectors, i.e. health and social care, services (in particular hotels and restaurants, HORECA) and transport. Overall, the campaign was assessed as meaningful and effective by labour inspectors all over Europe and has led to concrete improvements in the way companies deal with psychosocial risks.

In the wider context of EU employment policy, other initiatives have been promoted to address economic restructuring and related mental health impacts, such as the European Commission's Green Paper on "Restructuring and anticipation of change" of January 2012 and the European Parliament's Resolution on "Information and consultation of workers, anticipation and management of restructuring" of January 2013.

In addition to the EU Framework Directive, a number of EU-wide initiatives exist to tackle stress and other work-related psychological problems. These include the Framework Agreement on work-related stress, which was concluded in 2004 by the European Social Partners. It sought to increase understanding of the issue, viewing stress at work not as a disease *per se*, but leading possibly to reduced effectiveness at work and ill-health. It is important to note that the Framework Agreement was negotiated prior to the start of the economic and financial crisis. Since then, the priorities for some of the European and national social partners have shifted away from the issue of stress at work, to focus more on other problems, such as unemployment. For the time being, no further initiative is foreseen at the European level to follow up this Framework Agreement. Action on stress at work will most probably be taken up at the sectoral level, in the context of social dialogue.

Another initiative is the Joint Action on Mental Health, launched in early 2013 and led by the European Commission DG Health and Consumers. In particular, it aims at determining how health services can support workplaces in the promotion of mental health in times of economic crisis.

The EU-OSHA has also paid close attention to the issue of work-related stress, recognising it as one of the biggest health and safety challenges in Europe. The Agency has recently published the results of a European Survey of Enterprises on New and Emerging Risks (ESENER), which focussed on psychosocial risks. The report concludes that there is still a long way to go before these risks are effectively managed, which is essential if Europe's workplaces are to be ready for the challenges of the economic and financial crisis. To raise awareness and increase knowledge on this issue, the next EU-OSHA Healthy Workplaces Campaign in 2014-2015 will focus on practical solutions to address psychosocial risks.

Tackling the issue of stress at work at the national level

All Member States have undertaken at least some activities related to the promotion of mental well-being or setting in place of a preventive framework at the workplace. However, only 16 Member States have explicitly included psychosocial risks in their national plans following the recommendations of the EU Strategy on Health and Safety at Work. The national approaches vary considerably. They range from legislating on psychosocial risks, supporting employers through guidance and training, strengthening co-operation between different authorities and running awareness-raising campaigns.

In most countries, social partners are playing a fundamental role in addressing psychosocial risks, particularly as a result of the Framework Agreement on Work-related stress. However, the degree of their involvement also varies depending on the country and the dynamics of social dialogue at the national level has not changed substantially as a result of the crisis. In several Member States, the involvement of labour inspectorates in this context is also prominent, particularly through the participation of national labour inspectorates in the EU SLIC 2012 campaign on psychosocial risks.

An in-depth investigation in eight selected countries (France, Germany, Greece, Lithuania, Poland, Spain, Sweden and the United Kingdom) confirms that here at least some measures and initiatives are in place to address stress at work and other psychosocial risks. In some cases, the system is well developed and has been adapted in response to the economic and financial crisis. For example, in France, the “Plan Darcos” for the prevention of stress at work has contributed to tackling stress in large companies and to changing habits and structures within intermediary bodies. In most countries, however, the crisis has not led to new initiatives on work-related stress. In particular, in two of the countries most hit by the crisis (Spain and Greece), the issue of stress at work is not high on the political agenda. Despite the worrying impacts of the economic downturn on the mental health of workers, priority is given to other problems, such as unemployment and work without social security. Although social partners recognise the importance of tackling psychosocial risks, social dialogue since the beginning of the crisis has focussed more on purely financial and economic aspects.

In other countries, such as Germany and Sweden, the inclusion of binding provisions in legislation on mental health and psychosocial risks is currently being discussed. In the UK, a number of initiatives have also been taken in relation to mental well-being and stress, particularly through the Health and Safety Executive Management Standards. However, these measures are not to be seen as a consequence of the economic downturn, but rather as a continuation of work that had already started prior to the onset of the crisis.

Case studies of successful initiatives

Four case studies demonstrate innovative and successful initiatives for tackling stress at work. They were selected to present a variety of approaches from different sectors (telecommunication, energy, services and automotive), different countries (France, UK, Germany and a cross-country study) as well as from different-sized companies.

The first case study focuses on the telecommunication sector, which has been particularly affected by the crisis and has been pioneer in introducing measures to address stress and mental health. A range of solutions and initiatives have been adopted to tackle the problem of work-related stress, including organisational and person-directed interventions for mental well-being, working time adjustments, organisational justice and training for managers and supervisors. One of the main conclusions from the case study is that there is unlikely to be a single solution to such a complex issue and that a range of solutions is likely to be most effective. The lessons learned were developed into guidance to be shared within the telecommunications industry to aid in the development of assessment and support of mental wellbeing. However, as intended from the project conception, the guidelines are also relevant to other sectors.

The second example looks at the Employee Support Programme put in place by EDF Energy, one of the largest energy companies in the UK. What is interesting in this case is that all stakeholders were involved in the development of the programme, including managers, employees, occupational health experts, human resources, psychologists etc. The involvement of all stakeholders in developing the programme is likely to have been a key contributor to its success and is a lesson which other employers could learn. The programme has been so successful that it has been extended to the whole of the EDF Group.

The third case study reviews policies and initiatives taken in the German region of North Rhine-Westphalia to support SMEs in (re)designing healthy organisations. These initiatives aimed to increase the competitiveness of enterprises and improve the well-being of workers. Innovative approaches here included developing original partnerships to provide SME managers with knowledge on health risks and improving co-operation between health

and labour stakeholders. Such a holistic approach integrating health and labour policies has helped respond to the specific problems affecting SMEs, namely the lack of dedicated resources and capacity to address stress at work and other psychosocial risks.

Finally, the last example focuses on a company within the manufacturing sector, i.e. the Technocentre of Renault in France. After a wave of suicides among the employees, the company put in place measures to address the issue of stress at work, in the context of on-going restructuring. The introduction of a long-term plan aiming to improve both the work organisation and the management of human resources is allowing the company to gradually reduce stress at work despite growing economic difficulties.

Policy recommendations

On the basis of the conclusions of the study, the following policy recommendations can be put forward to improve the current legislative and policy framework:

1. The new Community Strategy on Health and Safety at work 2014-2020 should include stress at work and other psychosocial hazards as a specific priority area.
2. The Framework Agreement on Work-related Stress should be revitalised in the context of the economic and financial crisis.
3. Tackling stress at work should be part of a clear and coherent framework at the EU level bringing together the occupational and public health dimensions.
4. Any new legislative instrument on restructuring should take into account the impact of organisational change on workers' mental health.
5. The inclusion of mental health disorders in the list of occupational diseases should be thoroughly researched to take into account the differences between countries.
6. Awareness raising campaigns should continue as they provide effective tools to increase knowledge of the issue and to train relevant stakeholders (e.g. labour inspectors).
7. More research is needed to collect EU-wide and consistent data on the effects of the crisis and restructuring on workers' mental health.

1. RECENT TRENDS IN EXPOSURE TO STRESS AT WORK

KEY FINDINGS

- According to EU-OSHA, people experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands. Common factors in work-related stress include lack of control over work, unsuitable demands being made of workers and lack of support from colleagues and management.
- Stress at work has an impact at the individual level, with health effects ranging from coronary heart disease to depression, as well as at the organisational level, reflected in increased absenteeism, reduced productivity and high staff turnover.
- Recent trends seem to suggest an increase of stress at work at times of economic crisis, although it is difficult to establish any reliable causal relationships at present. Many of the recognised factors which contribute to the stress burden, e.g. job insecurity, rising unemployment rates and under-employment, tend to increase in times of economic hardship and stringency.
- Vulnerable groups, including female, ageing, disabled, young, migrant, temporary and low-qualified workers, are hit hardest by the crisis and hence at higher risk of being affected by stress at work.
- Restructuring processes have an impact on workers' mental health, not only for those who lose their job, but also for those who remain ("survivor syndrome").

This Chapter introduces the definition of stress at work and analyses the main factors causing it. It also identifies the consequences of work-related stress both from an individual and from an organisational perspective. Recent trends are presented for levels of stress in the EU-27, as well as for the recognised factors that contribute to the stress burden. Finally, the impact of stress on vulnerable workers and as a consequence of restructuring is outlined in the last two sections.

1.1. Stress at work and consequences on mental well-being

1.1.1. What is stress and what are its causes?

Although there is widespread acceptance that stress presents a significant burden, both on individual employees and on employers, one challenge faced by those seeking to address stress at the EU level is the variation in the definition of the term.

In 2010, a Eurofound report referred to this problem, concluding that:

"Although there may not be an accepted universal definition of stress, there is broad consensus that it involves an imbalance between perceived demands and the resources to cope with them."¹

This is consistent with the definition or use of the term by EU-OSHA:

"People experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands."²

¹ See: http://www.employment-studies.co.uk/pdflibrary/ef_1110.pdf

² See: https://osha.europa.eu/en/topics/stress/index_html/definitions_and_causes

The definition is also consistent with how stress is referred to in a number of individual Member States such as the UK³, Ireland⁴, France⁵ and Italy⁶.

The concept of stress as a negative factor differentiates the use of the term from other applications, where the term 'pressure', as a neutral description of the level of the demands placed on individuals, can be more appropriate (as in the commonly-held idea that 'we all need a little pressure to work at our best'). Confusion between these two terms lies behind many of the common misconceptions and misunderstandings regarding stress at work.

In broad terms, the workplace factors which can cause or contribute to the experience of stress have been well-known for many years. A recent Eurofound report⁷ listed these as: demands (both qualitative and quantitative), autonomy and control, organisational change, support and relationships at work (including bullying and violence), role conflict or lack of clarity, and job insecurity.

A report from EU-OSHA⁸ refers to changes in the workplace, which have contributed to the emergence of many of the so-called 'psychosocial hazards', i.e. aspects of the workplace and social contexts with the potential for causing psychological, social and physical harm. The main psychosocial hazards relate both to the content of and context to work and can affect both physical and mental health through work stress.

In particular, the EU-OSHA report identifies the main psychosocial hazards as:

- Job content - lack of variety, meaningless work, short work cycles, under use of skills
- Workload and work pace - both work underload and overload, machine paces, high time pressures, tight deadlines
- Work schedule - shift work, night work, inflexibility in work systems, unpredictable hours, long hours or unsociable hours
- Control - low participation in decision making, no control over workload, pacing or shift work
- Environment and equipment - inadequate equipment, poor environment e.g., noise or poor lighting
- Organisational culture - poor communication, low levels of support, lack of definition or agreement on organisational objectives
- Interpersonal relationships at work - social or physical isolation, poor relationship with managers, lack of social support, interpersonal conflict
- Role in organisation - role ambiguity, role conflict, responsibility for people
- Career development - career stagnation, uncertainty, under-promotion or over-promotion, poor pay, job insecurity, low social value of work
- Home-work interface - conflicting demands, low support at home, dual career issues.

³ See: <http://www.hse.gov.uk/stress/furtheradvice/wrs.htm>

⁴ See: http://www.hsa.ie/eng/Workplace_Health/Workplace_Stress/

⁵ See: <http://www.inrs.fr/accueil/risques/psychosociaux/stress.html>

⁶ See: <http://www.ispesl.it/networkmobbing/valutazioneStressLavoroCorrelato.asp>

⁷ See: http://www.eurofound.europa.eu/ewco/studies/tn1004059s/tn1004059s_3.htm

⁸ European Risk Observatory (2010) European Survey of New and Emerging Risks: Managing Safety and Health at Work. European Agency for Safety and Health

Further stressors identified from research include physical violence and harassment⁹, which comprises third party violence from a client or customer; harassment (bullying or mobbing or physical violence) from colleagues or supervisors; and unwanted sexual attention. In particular, the impact of harassment at work can be both physical and psychological. Health symptoms in relation to physical violence and harassment include sleep disorders, loss of appetite, hypertension, vomiting, chronic fatigue, muscular pain and headaches¹⁰. However, data collected in relation to physical violence identified that 40% of incidents resulted in physical injury, although this was mostly minor injury. With regard to the impact on mental health when exposed to these stressors, symptoms include loss of self-esteem, anxiety, depression, apathy, irritability and memory disorders.

Organisational justice, defined here as the perceived fairness of an organisation, is another workplace characteristic which has been related to mental well-being. It includes the elements of distributive justice, perceived equity of rewards, procedural justice (i.e. whether decisions are perceived as being participatory and applied fairly) and interactional justice (i.e. whether employees are treated with fairness and politeness). In a systematic review of psychosocial workplace factors and the risk of depression, the risk of depression was significantly increased in relation to lower levels of perceived organisational justice¹¹.

Management style has also been suggested as a potential stressor at work. At present, there is still limited evidence in relation to this, but there are indications that the style of management used can impact on helplessness and alienation - with a blunt management style being associated with burnout; a controlling management style associated with increased stress; and an abusive management style associated with lower levels of job satisfaction, increased work-home conflict and increased psychological distress¹².

A review of the literature indicates that the negative factors affecting stress are relatively well understood. However, as with any area of employment, there are constantly new hazards identified in relation to new ways of working, which are not necessarily evident in the research literature at the moment. Some examples where there might be additional or different emerging hazards influencing stress levels include home-working, remote and mobile working, contingent working and working as a migrant.

Along with the potential hazards identified above, it is worth mentioning that there are a number of other factors that have been found to enhance mental well-being and reduce stress including¹³:

- Taking a summer vacation;
- Increasing job control;
- Improving task design;
- Having clear roles;
- Taking a participatory approach to problem solving;
- Having good relationships at work.

⁹ European Risk Observatory, (2009) OSH in figures: stress at work, facts and figures, European Agency for Safety and Health at Work

¹⁰ <https://osha.europa.eu/en/publications/reports/7807118>

¹¹ Bonde JPE. (2008) Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occup Environ Med* 1;65(7):438-45.

¹² Barling J. The impact of management style on mental well-being at work. Mental capital and well-being: Making the most of ourselves in the 21st century. London: Government Office of Science; 2008. Report No.: State-of-Science Review SR-C3.

¹³ Crawford JO, George JPK, Graveling RA, Cowie H and Dixon K. (2010) Good work good health: identifying good practice in managing mental well-being in the EU telecommunications Industry, IOM Edinburgh.

1.1.2. What are the consequences of stress at work?

According to EU-OSHA¹⁴, the consequences of stress include:

At the organisation level:

- absenteeism, high staff turnover, poor time-keeping, disciplinary problems, harassment, reduced productivity, accidents, errors, and increased costs from compensation or health care.

At the individual or personal level:

- emotional reactions (irritability, anxiety, sleep problems, depression, hypochondria, alienation, burnout, family relationship problems);
- cognitive reactions (difficulty in concentrating, remembering, learning new things, making decisions);
- behavioural reactions (abuse of drugs, alcohol, and tobacco; destructive behaviour), and
- physiological reactions (back problems, weakened immunity, peptic ulcers, heart problems, hypertension).

Although it would clearly be erroneous to suggest that all of these factors are attributable to stress all of the time, the general idea that stress can at least influence such indices is again widely accepted. At an individual level, long-term exposure to stressors can result in serious health concerns. In particular, continued or long-term exposure to stress at work has been linked to pathology, including coronary heart disease, immunological problems, as well as anxiety and depression disorders¹¹.

At an organisational level, stress has been associated with an impact on the performance of people at work, which can then impact on the performance of the organisation as a whole. High levels of stress can be reflected in organisational performance indicators, such as staff turnover (i.e. how long employees tend to stay in a company) or reduced productivity. Individuals may also be coming to work when not fit enough to do so ("presenteeism") as a result of insecurity about their current position or fear of reporting that they are having problems, and associated stigma in relation to mental health.

Because of their complexities and wide-reaching consequences, assigning costs to these factors is difficult and only few studies exist in this context. For example, one US-based study¹⁵ reported that stress was responsible for 60-90% of all health-care problems; that those suffering from stress were twice as likely to take repeated (>5 times) absence in a year; that there were (unquantified) costs from lost productivity and replacing lost staff; and that those in highly stressful jobs were more likely to be involved in accidents at work.

In a European study, Bejean and Sultan-Taïeb (2005)¹⁶ concluded that, in France alone, in one year (2000) work-related stress cost society between €1,167 and €1,975 million, representing 14.4-24.2% of the total spending of the social security occupational illnesses and work injuries branch.

¹⁴ European Risk Observatory (2009) OSH in figures: stress at work facts and figures. European Agency for Safety and Health at Work EN9

¹⁵ alia M (2002) Assessing the economic impact of stress – the modern day hidden epidemic. *Metabolism* 51, Suppl 1, 49-53.

¹⁶ Bejean S, Sultan-Taïeb H (2005) Modeling the economic burden of diseases imputable to stress at work. *The European Journal of Health Economics*, 6, 16-23

1.2. Stress at work: the impact of the current social and economic crisis within the EU-27

1.2.1. Current trends in reported levels of stress within the EU-27

Recent detailed data across all Member States on levels of work-related stress are not readily available. The Government Interest Group (GIG) of the EU Advisory Committee on Safety and Health at Work (ACSH) conducted a survey amongst all Member States, published as Scoreboard 2009¹⁷.

According to the self-reported data summarised in the Table on the next page, the three-year trend in the rate of work-related stress was for a decrease in one Member State, a stable situation in two of the Member States, and no significant change in two other Member States (the difference between there being no significant trend and a stable situation was not explained). In nine of the Member States the rate was reported to be increasing. No data were available for the remaining Member States. These results appeared to suggest an increase in problems as, in the same report, six Member States reported that levels were increasing over the preceding ten years. However, the change reflected more of the countries having data over the shorter period, rather than any shift in direction within individual Member States.

Although more detailed data might be available at the individual Member State level, the complexities of work-related illness and its causes are such that it is difficult to establish any reliable causal relationships or genuine trends. For example, recent UK data¹⁸ indicates that the estimated number of cases of work-related stress, both total and new cases, have remained broadly flat over the past decade, suggesting no real trend. However, this should be seen against overall data suggesting a reduction in work-related illness in general, and Musculoskeletal Disorders (MSDs) in particular, over the same period, which could suggest an increase in stress cases in relative terms.

¹⁷ Scoreboard 2009. Community strategy on health and safety at work, European Commission.

¹⁸ <http://www.hse.gov.uk/statistics/causdis/stress/index.htm>

Table: Reported trends in rate of work-related stress (re-drawn from Scoreboard 2009)

Member State	Reported trends in rate of work-related stress	
	Three –year trend	Ten- year trend
Austria	↑	↑
Belgium	↔	?
Bulgaria	↔	?
Cyprus	No information	No information
Czech Republic	Not applicable	Not applicable
Denmark	↑	↑
Estonia	↑	?
Finland	↑	↑
France	No information	No information
Germany	↑	↑
Greece	No answer	No answer
Hungary	Not applicable	Not applicable
Ireland	↑	No information
Italy	Not applicable	Not applicable
Latvia	↑	↑
Lithuania	Not applicable	Not applicable
Luxembourg	No information	No information
Malta	Not applicable	Not applicable
Netherlands	↔	↔
Poland	No trend	No information
Portugal	Not applicable	Not applicable
Romania	Not applicable	Not applicable
Slovak Republic	↑	↑
Slovenia	No information	No information
Spain	No information	No information
Sweden	↓	↓
United Kingdom	No trend	↔
Summary		
↑ Increasing	9	6
↓ Decreasing	1	1
↔ Stable	2	2
No sign. trend	2	0
No info. avail	5	10
No answer	1	1
Not applicable	7	7

One study of civil service employees in Northern Ireland identified that there was an increase in psychosocial hazard exposures between the first survey in 2005 and the second survey in 2009¹⁹. Psychosocial hazard exposures were assessed using the HSE Management Standard Indicator Tool (see section 3.2.8), which evaluates demands, control, peer and manager support, role, relationships, perceived work-related stress and self-reported sickness absence related to stress. The analysis of the data identified that

¹⁹ Houdmont J, Kerr R, Addley K, (2012) Psychosocial factors and economic recession: the Stormont study. Occupational Medicine, 62: 98-104

exposure to hazards including demands, control, peer support, relationships, role and change (as assessed by the indicator tool) were significantly worse during the assessment period in 2009.

A paper from Slovenia²⁰ based on data from 2008-2012 identified a number of patterns in this state when comparing the data to those of other EU Member States. For example, 28.1% of Slovenian workers reported working more than 70 hours per week, compared to 21.7% in the EU-27 overall. This was particularly marked amongst Slovenian women, 41% of whom reported such long hours. When examining job security, 27% thought it was possible they would lose their job in the next 6 months compared to 16.4% in EU-27. Data were also examined in relation to presenteeism: 59.2% of Slovenian workers reported working when sick compared with 39.2% in EU-27. The paper also examined self-reported stress with 7.77% experiencing stress always, 12.8% most of the time, 41.8% sometimes, 16.5% rarely and 21.1% never. The experience of stress was more often reported by individuals in the age band 25-54 years. Stress was more frequently reported in education, public administration and financial services sectors. Increasing work intensity was also identified in the report from data collected in both 2007 and 2010. This is seen as a direct result of economic changes since 2007.

Whatever formal statistics might show, there is a clear expectation that there will be a negative effect of the current social and economic climate on stress levels. A pan-European poll of the general population showed that 77% of those questioned within the EU-27 thought that job-related stress will increase over the next five years²¹.

1.2.2. Current trends in reported levels of factors likely to cause stress within the EU-27

In the absence of clear indicators of variations in levels of work-related stress associated with the current economic and social crisis, one option is to consider documented changes in known sources of stress that are likely to have increased as a result of the crisis and could be expected to impact upon stress and mental well-being. In particular, **job insecurity, unemployment and under-employment** will be considered in this section.

The current economic crisis has created unstable labour markets which are likely to increase perceptions of decreased job security. **Job insecurity** has been associated with both physical and psychological ill health outcomes²². These include reduced levels of job satisfaction, increased levels of irritation and anxiety as well as physical health issues, including increased blood pressure.

Thus, academic research has identified that job insecurity has an impact on psychological well-being. More recent research²³ has examined the impact that GDP and unemployment levels have on life satisfaction. The authors analysed data from the European Social Survey, which identified that life satisfaction is negatively associated with job insecurity; this association apparently strengthens in areas of lower employment and lower GDP output²⁴.

²⁰ EUROFOUND (2012) Psychosocial risks in the workplace in Slovenia. European Foundation for the Improvement of Working and Living Conditions, Dublin Ireland

²¹ EU-OSHA-European Agency for Safety and Health at Work, Pan-European opinion poll on occupational safety and health. 2012

²² De Witte, H. (1999) 'Job insecurity and psychological well-being: Review of the literature and exploration of some unresolved issues', *European Journal of Work and Organizational Psychology*, 8(2), pp. 155-177

²³ Carr E, Elliot M and Tranner M (2011) A multilevel analysis of the relationship between national economic conditions, an individual's job insecurity and well-being in Western Europe. CSSR Report 2011- 05

²⁴ Ibid.

When examining the impact of job insecurity, one Finnish research paper has identified links between job insecurity and well-being²⁵. The study highlighted gender differences in relation to job insecurity, where the impact on women was increased when job exhaustion and negative work spill over into home life. The same effect was not found for men in the study. The authors do highlight that this is a small study and further research is required to identify whether the findings are more generalizable. In a larger meta-analysis²⁶, similar results were not found for female workers. However, the same study reported associations between job insecurity and psychological health in older workers and between job insecurity, staff turnover and physical health in younger workers.

A further consequence of the current economic crisis within the EU-27 is the **high level of unemployment**, especially in some Member States. Research on the impact of unemployment identifies that there is an association between unemployment and psychological ill-health and this varies in relation to age, gender and social status²⁷. Furthermore the psychological impact of employment is thought to be due to factors beyond the financial impact. However, there is a confounder to consider within research in this area²⁸. In particular, when considering differences between employed and unemployed individuals, it is difficult to determine the extent to which these are due to employment status or can be attributed to the psychological make-up of those in employment and those unemployed (for example, has an individual had to leave employment due to psychological ill-health?).

A report by the World Health Organization concludes that unemployment is also associated with financial changes and family disruption, and has been linked to a number of mental illness issues including depression, alcohol use and suicide²⁹. The report also identifies that, within the EU, where there is an increase in unemployment rates, this has been associated with an increase in suicide rates. In addition to suicide, within the EU there has also been a 28% increase in deaths from alcohol use.

The issue of **underemployment**, occurring when individuals are taking on job roles for which they may be overqualified, should also be considered, but there is currently a lack of information on any impact that this is having on stress at work. As part of this, underload at work, whether in terms of a physical lack of work or in terms of an under-use of capabilities, is already considered as a source of stress, as previously mentioned.

There is also the potential for an increase in work overload in workplaces where restructuring has reduced the number of people available to do the work. When work organisation or re-organisation is not considered under such circumstances, this can result in increased stress due to the impact of overload on remaining employees and should be treated as a priority when restructuring occurs (see Chapter 1.4)³⁰.

Across the EU-27, there has been a relative increase in the number of workers employed in **public-facing roles** including service industries, health care and education³¹. At times,

²⁵ Mauno S and Kinnunen U (1999) Job insecurity and well-being: a longitudinal study among male and female employees in Finland. *Community Work and Family* 2 (2) 147-171

²⁶ Cheng GHL and Chan DKS (2008) Who suffers more from job insecurity? A meta-analytic review. *Applied Psychology: An International Review*. 57 (2) 272-303

²⁷ Hallsten L and Isakson K, Unemployment, precarious employment and psychological ill-health. In ed S Markland *Worklife and Health in Sweden 2000*. The National Institute for Working Life Sweden

²⁸ Winefield AH, (2002) Unemployment, underemployment occupational stress and psychological well-being. *Australian Journal of Management* Vol 27 Special Issue 137-148

²⁹ WHO Europe Office (2010) Impact of economic crisis on mental health. WHO

³⁰ Background paper: Psychosocial risks and health effects of restructuring. High Level Conference organised by the European Commission and the Belgian EU Presidency, Brussels, 22 – 24 November 2010.

³¹ Occupational health and safety risks for the most vulnerable workers. 2011 <http://www.europarl.europa.eu/document/activities/cont/201108/20110829ATT25418/20110829ATT25418EN.pdf>

individuals in such roles face the stressors of violence and aggression in the workplace³². Thus with increasing numbers in these roles, the potential to be exposed to this source of stress is also amplified.

1.2.3. Studies from other countries and other times of economic and social difficulty

Studies from countries outside the EU and considering the effects of other economic crisis on stress levels have also been reviewed and are briefly summarised in this section.

A study in Croatia³³ examined the quality of working life between 2008 and 2011. The survey was based on a nationally representative group and used a Quality of Working Life assessment tool. The analysis identified that quality of working life scores reduced across the time period assessed, which corresponds to the onset of the crisis. Further analysis identified that this reduction was associated with aspects of adequate pay, fair pay and job security.

From the USA, data collected at State level from 1992 to 2009 were analysed³⁴. These data included unemployment rate, sickness absence and sickness absence due to violent incidents. The analysis identified that there was a positive association between unemployment rate and the two absence indicators, with absence increasing at times of high unemployment. This refutes previous research which suggested that the opposite would occur. Further data collection and analysis is anyway required to evaluate if sickness absence actually increases when unemployment increases in the country.

A study from Malaysia investigated employment security, job security, job satisfaction and well-being in the banking, electronics and textiles sectors³⁵. The study of 600 workers used the Employment Security Scale, the Job Security Scale, the Job Satisfaction Scale and the Well-being Scale. The analysis of the results identified that 22.6% of job satisfaction could be explained by a regression analysis combining both employment security and job security. For direct relationships, job security was related to job satisfaction, but employment security was not found to have a direct relationship to job satisfaction. The authors suggest that where individuals consider themselves sure of employment, security in their current job was seen as less of a threat to well-being. However, where their employment is insecure, perceived threats to job security will have an impact on both job satisfaction and well-being.

A further study³⁶ from Taipei examined the impact of stress on financial workers and lawyers in 2008. Using the Job Content Questionnaire and the Copenhagen Burnout Inventory, the results identified that the psychosocial stress reported by financial workers deteriorated more in comparison with the lawyers studied. The sources of stress reported by the financial workers were fear of redundancy and more fear of making mistakes at work. The lawyers studied had higher scores of reward from the analysis, fewer psychological demands and less exhaustion. This suggests that the stress from the most recent crisis was not felt equally across different professional groups.

³² EU-OSHA European Risk Observatory Report OSH in figures: stress at work — facts and figures. EU-OSHA 2009.

³³ Galic Z and Plecas M, (2012) Quality of working life during the recession: the case of Croatia. *Croatian Economic Survey* 14 (1) 5-41

³⁴ Shoss, M. K., & Penney, L. M. (2012, January 9). The Economy and Absenteeism: A Macro-Level Study. *Journal of Applied Psychology*. Advance online publication. doi:10.1037/a0026953

³⁵ Fatimah O, Noraisha D, Nasir R and Kahiruddin R (2012) Employment security as a moderator on the effect of job security on worker's job satisfaction and well-being. *Asian Social Science* 8 (9) 50-54

³⁶ Tsai F-J and Chan C-C (2011) The impact of the 2008 financial crisis on psychological work stress among financial workers and lawyers. *International Archives of Occupational and Environmental Health* 84 445-452

In examining research from previous recessions, a number of different studies were identified. Lee³⁷ examined psychological distress in relationship to events in 1998 in Hong Kong. Using the General Health Questionnaire (GHQ-36), individuals were invited to complete the questionnaire over a period from July 1998 to September 1998. Results were analysed in comparison with the Hang Seng Index, i.e. the market capitalization-weighted stock market index in Hong Kong. Although the authors do point out that the research was not well controlled, the study identified that there was a correlation between the daily GHQ responses and the Hang Seng Index, suggesting that day to day economic fluctuations have an impact on people's psychological health.

1.3. Impacts and difficulties for vulnerable workers

A report by the World Health Organization (WHO)³⁸ has identified that it is the poor who will be hit hardest by the most recent economic crisis. These and other vulnerable workers including the unemployed, young people, single parents, older workers, ethnic minorities and migrant workers should be considered.

A recent review on the health and safety risks faced by vulnerable groups of workers³⁹ identified a number of instances where stress and its consequences are of particular significance. As the review pointed out, the categories of groups of vulnerable workers are not mutually exclusive and an individual worker can often be classed into several of these (such as a female migrant worker in a low-paid temporary job). Many of the particular problems associated with the type of work undertaken by these groups, such as uncertainty, lack of job security, poor job satisfaction, etc. have the propensity to cause or contribute to stress-related ill-health. Equally, many of such problems are likely to become more significant in times of economic pressure and stringency.

1.3.1. Female workers

The employment rate for women has not reduced as much as that for men in respect of the most recent crisis. However, female workers are more likely than men to report stress at work, partly because they predominate in those jobs where interactions with third parties (parents, patients, customers) lead to potential confrontational situations, which can be the source of frustration, stress, anxiety and even depression.

In addition, surveys show that about 6% of women under 30 in the EU have reported sexual harassment at work. This is believed to be an under-estimate, which could further add to stress-related problems.

A higher proportion of women than men also work part-time or are active in the home and caring, and work in the health, service or education sectors. Therefore, women may find themselves in less fulfilling roles, be exposed to repetitive work and/or monotonous work, and lack of control over their work - any of which can expose them to additional stressors.

1.3.2. Ageing workers

Ageing workers were identified as another vulnerable group in the review. Ageing is associated with a natural deterioration of physical and mental capacities and this might lead to a reduced resilience and tolerance.

³⁷ Lee S-L, Leung J, Chiu C-Y and Magennis P (2002) Economic adversity and psychological health: does monitoring help? *Journal of Social and Clinical Psychology* 21 (2) 116-128

³⁸ WHO Europe Office (2010) Impact of economic crisis on mental health. WHO Geneva

³⁹ Belin A, Zamparutti T, Tull K, Hernandez G, Graveling R (2011) Occupational health and safety risks for the most vulnerable workers. Directorate General for Internal Policies. European Parliament

In consideration of older workers, research suggests that self-reported stress reaches its peak between the ages of 45 and 54 years⁴⁰. A number of different suggestions have been made to the reasons for this, including the so-called "healthy worker effect". The healthy worker effect states that those who cannot cope with work may leave the workforce early. Other reasons include the fact that older workers develop better coping strategies or that they have more control over their work.

One consequence of the current economic climate in several Member States has been the financial pressure on older workers to remain at work longer. As a result, the solution of seeking retirement, commonly adopted in the past by workers no longer able to cope, is no longer available. This is leading to increased resentment and job dissatisfaction amongst some workers. However, although anecdotal evidence is available, there is no specific data to illustrate this phenomenon, which does not appear to have been formally studied yet.

1.3.3. Disabled workers

According to the above-mentioned review on vulnerable workers, it appears that, in most EU countries, only a small proportion of people of working age with disabilities are in employment. Many workers with disabilities have low-skilled jobs and many have part-time contracts: both forms of work bring higher health and safety risks, including little autonomy in tasks and working time.

Because of the perceived additional costs involved in employing disabled workers, such people might find themselves 'squeezed out' of employment and experience difficulties in obtaining or remaining in employment. Again, this is likely to increase the adverse pressures on those fortunate enough to be in employment, leading to an increased risk of stress-related illness.

1.3.4. Young workers

As with female workers, young workers dominate certain occupations, such as call-centre activities, which are associated with specific OSH risks, including some psychosocial risks.

In addition, young people are more at risk of getting mental health problems when unemployed in comparison to being employed⁴¹. Clearly this is of a particular concern when the unemployment rate across EU-27 as a whole has increased from 18% in 2000 to 23% in 2012⁴², and the unemployment rate in certain Member States is even higher.

1.3.5. Migrant workers

Migrant workers are very often employed under atypical forms of contract, especially temporary contracts. As such, these workers will be more vulnerable when downward economic pressures threaten employment. In addition, migrants are also reported to face worse working conditions than native workers, for instance working night shifts or week-ends.

Although undocumented migrants might be considered to be particularly at risk because of their situation, no data have been found to support this hypothesis.

⁴⁰ Griffiths A Knight A, Mohd Mahudin DM. (2009). Ageing, work-related stress and health. London: Age Uk/The Age and Employment Network.

⁴¹ WHO Europe Office (2010) Impact of economic crisis on mental health. WHO Geneva

⁴² Eurostat (2013) Youth unemployment rates, EU-27 and EA-17, seasonally adjusted, January 2000 – February 2013: http://epp.eurostat.ec.europa.eu/statistics_explained/index.php?title=File:Youth_unemployment_rates,_EU-27_and_EA-17,_seasonally_adjusted,_January_2000_-_February_2013.png&filetimestamp=20130402080902

1.3.6. Temporary and Contingent workers

From a psychosocial point of view, job instability is inherent to temporary and contingent types of contract and can be a source of high stress levels, frustration and depression. As a result of the crisis, data summarised in 2012 indicate a sharp reduction by approximately 6% in temporary employment in 2009. Temporary employment then returned to growth in 2010 and 2011⁴³. In comparison, permanent employment started to contract later, but only returned to growth in 2011. When examining the age range of individuals employed on temporary contracts, it is interesting to note that young people are the most affected, as 42.35% of 15-24 year olds were employed in this way. This review has however not identified any data on contingent working available across the EU.

1.3.7. Low-qualified workers

Low-qualified workers have less autonomy, less responsibility and overall experience, as well as lower job satisfaction than workers with higher qualifications. Most low-qualified workers have low-paid jobs and non-standard forms of contractual agreements, meaning that they often suffer from job insecurity. All of these factors create stress and anxiety and have negative consequences on their health and lifestyle.

1.4. Impact of restructuring

Although restructuring processes are commonplace in enterprises, the current recession has increased their importance and frequency. Recent projects, such as the "Monitoring Innovative Enterprise Restructuring in Europe" (MIRE) and "Health in Restructuring" (HIRES), funded by the European Commission DG Employment, have underlined the link between mental health problems and restructuring processes.

Restructuring encompasses a number of different forms of reorganisation of the activities of an enterprise, any of which can have consequences on the workforce both in terms of size and conditions of employment. In particular, restructuring is not limited to "crisis" events involving large downsizing, but covers multiple situations such as reorganisation processes aiming at increasing the performance and competitiveness of the company (e.g. changes in management, changes in company structure, etc.). The European Monitoring Centre on Change (EMCC) has established the following typology of restructuring: relocation, outsourcing, offshoring/delocalisation, closure/bankruptcy, merger/acquisition, internal restructuring and business expansion⁴⁴.

Psychosocial risks can be identified at all stages of the restructuring process: 1) the pre-restructuring phase, corresponding to the plan announcement, 2) the implementation of the plan, and 3) the post-restructuring phase, mostly affecting the "survivors" who have to adapt to the new structure⁴⁵. Although job loss is the most obvious source of distress, both pre- and post-restructuring stages can also have major effects on mental health.

The prospect of a restructuring plan increases job insecurity, particularly if information is not shared within the organisation or if the practical details remain vague. This prospect is also likely to increase "presenteeism", if employees believe that they are at higher risk of getting fired if they take sick leave. In the post-restructuring phase, downsizing may

⁴³ European Commission (2012) Labour market developments in Europe 2012 http://ec.europa.eu/economy_finance/publications/european_economy/2012/pdf/ee-2012-5_en.pdf

⁴⁴ European industrial relations dictionary, Eurofound : <http://www.eurofound.europa.eu/areas/industrialrelations/dictionary/definitions/RESTRUCTURING.htm>

⁴⁵ Paulsen, N., Callan, V. J., Grice, T. A., Rooney, D., Gallois, C., Jones, E., Jimmieson, N. L. & Bordia, P. (2005). Job uncertainty and personal control during downsizing: A comparison of survivors and victims. *Human Relations*, 58, 463-496.

impact the “survivors”. The so-called “survivor syndrome”⁴⁶ has received increasing attention since its introduction in organisational management literature in the 1980s, and describes the emotional status and behaviour of the workers who kept their jobs after a downsizing process. The “survivor syndrome” is characterised by higher anxiety and stress levels, lack of motivation and commitment, general dissatisfaction with working conditions and distrust towards the enterprise.

A lack of information, or misinformation, about the reorganisation of a company may increase job insecurity and anxiety, for example if it is not clear whether the process is complete or further job cuts can be expected. The lack of information about the new work organisation, work demands, performance standards or changes in hierarchy can also be a major cause of stress. Besides, job insecurity depends on whether decisions have been perceived as fair by employees. For example, the fact that dismissals might be seen as arbitrary will represent an additional factor of stress and insecurity.

Perceived justice (or injustice) in the restructuring process also has major effects on workers’ commitment and level of satisfaction. If performance is not seen as a criterion to remain in the company, this will impact negatively on employees’ motivation, compromise long-term planning and expectations as well as reduce risk-taking since employees would not want to fail in new tasks. As a result, there can be a severe impact in reduced job satisfaction. Finally, restructuring often results in an intensification of the workload for those remaining, notably as individuals have to take on more work to cover for those that have left, with little consideration of the pressure that this brings. Further pressures can arise at the end of a recession, as recruitment to replace staff tends to lag behind any upturn in demand and workload. The loss of core competencies within an organisation may also add issues of individuals feeling incompetent or not having the skills to take on particular roles.

Restructuring does not only impact on employees, but also on those mid-level managers who are usually in charge of implementing decisions and find themselves with the double duty of laying-off employees and protecting the health of their staff⁴⁷. Consequently, managers involved in restructuring processes are likely to experience emotional and mental exhaustion resulting in more physical health problems and insomnia⁴⁸.

However, literature suggests that the impacts of organisational change largely depend on how change is managed in the company⁴⁹. For instance, the perceived unfairness of the decisions in a procedure of downsizing can be reduced if employees are well and equitably compensated and if the selection process for redundancy is seen as fair and balanced. Similarly, communication is a vital element in restructuring, both to reduce job insecurity and to decrease the impression of permanent, useless change. Finally, as OSH internal management structures can be destabilised by reorganisation processes, efforts should be made to maintain functioning support services for employees in this context⁵⁰.

⁴⁶ Steven H. Appelbaum, Claude Delage, Nadia Labib and George Gault (1997), The survivor syndrome: aftermath of downsizing, *Career Development International* 2/6, 278–286.

⁴⁷ DeWitt, R., Trevino, L., & Mollica, K. (2003). Stuck in the middle: A control-based model of managers’ reactions to their subordinates’ layoffs. *Journal of Managerial Issues*, 15, 32-49.

⁴⁸ Grunberg, L., Moore, S., & Greenberg, E. S. (2006). Managers' reactions to implementing layoffs: Relationship to health problems and withdrawal behaviors. *Human Resource Management*, 45, 159-178.

⁴⁹ Datta, D.K., Guthrie, J.P., Basuil, D., Pandey, A. (2010). Causes and effects of downsizing: A review and a synthesis. *Journal of Management*, 36, 281-348.

⁵⁰ Thomson, G., Triomphe, C., Widerszal-Bazyl, M. (2009). Health in Restructuring: Innovative Approaches and Policy Recommendations (HIRES). Final Report.

2. TACKLING THE ISSUE OF STRESS AT WORK AT EU LEVEL

KEY FINDINGS

- Stress at work is tackled at the EU level mainly through legislation and policy on occupational health and safety. In particular, the Community Strategy on health and safety at work (2007-2012) urged Member States to incorporate specific initiatives in their national strategies aimed at addressing mental well-being at the workplace. At the time of writing, it is not certain when a new Strategy will be proposed for the period 2014-2020.
- Although the International Labour Office (ILO) has included mental and behavioural disorders in the list of occupational diseases, as revised in 2010, it is worth noting that the current EU inventory does not include a reference to mental health diseases and that mental health disorders are recognised as occupational diseases only in a few EU Member States (Italy, Lithuania, Latvia, Romania and Hungary).
- The Senior Labour Inspectors Committee (SLIC) ran a European campaign on psychosocial risks and workplace stress in 2012. Overall, the campaign was assessed as meaningful and effective by labour inspectors.
- In the wider context of EU policy and legislation on employment, some initiatives have been specifically undertaken to address economic restructuring. Mental health impacts are starting to be addressed, at least to some extent, in this area.
- In addition to the EU legal and policy framework on health and safety at work, a number of EU-wide initiatives exist, including the Framework Agreement on work-related stress, concluded in 2004 by the European Social Partners, and the Joint Action on Mental Health led by DG Health and Consumers. In particular, the Joint Action will aim, amongst others, at determining how health services can support workplaces in the promotion of mental health at work in times of economic crisis.
- The EU-OSHA has recently published the results of a European Survey of Enterprises on New and Emerging Risks (ESENER), which focussed on psychosocial risks. The report concluded that there is still a long way to go before these risks are effectively managed, which is essential if Europe's workplaces are to be ready for the challenges linked to the economic and financial crisis. The next EU-OSHA Healthy Workplaces Campaign in 2014-2015 will focus on practical solutions for psychosocial risks.

This Chapter will review the measures in place at the EU level to tackle the issue of stress at work. In particular, EU policy and legislation in the area of health and safety at work will be analysed, including relevant Directives, Reports and Strategies. Other relevant initiatives will also be described, namely the 2004 European Framework Agreement on Stress at Work as well as the European Pact on Mental Health and Well-being and the recent Joint Action on Mental Health. Finally, the activities in this area of relevant EU Agencies, in particular EU-OSHA, will be summarised.

2.1. Health and safety at work in EU legislation and policy

2.1.1. Framework Directive 89/391/EEC on Safety and Health at Work

Article 153 of the Treaty on the Functioning of the European Union (TFEU)⁵¹ defines a role for the EU to support and complement the activities of Member States on the improvement of the working environment to protect workers' health and safety. Workers' right to healthy and safe working conditions is also enshrined in the Charter of Fundamental Rights⁵², which became legally binding with the Lisbon Treaty.

The issue of improving the health and safety of workers was addressed through legislation at the EU level for the first time in 1989 with Framework Directive 89/391/EEC on Safety and Health at Work⁵³, which guarantees minimum safety and health requirements throughout the EU while allowing Member States to maintain or establish more stringent measures. The Directive requires employers to carry out risk assessments at work and introduce measures to mitigate identified risks. Following the requirements of the Framework Directive, European employers are also obliged to assess and manage psychosocial risks.

On the basis of the Framework Directive, a series of subsequent individual directives govern specific issues related to safety and health at work. Some of these address questions related to the workplace itself, the types of work equipment or the prevention of work-related health problems, such as musculoskeletal disorders (MSDs).

Another important instrument in this context is the EU inventory of occupational disease under Commission Recommendation 2003/670/EC⁵⁴. Although the International Labour Office (ILO) has included mental and behavioural disorders in the list of occupational diseases⁵⁵, as revised in 2010, it is worth noting that the current EU inventory does not include a reference to mental health diseases and that mental health disorders are recognised as an occupational disease only in a few EU Member States (Italy, Lithuania, Latvia, Romania and Hungary).

The development of new legislation on occupational disease inventories is currently being considered by the European Commission. In particular, it is possible that the Commission, in consultation with the interested parties, will analyse the possibility of extending the number and scope of occupational diseases in the Recommendation's lists to also address new health risks, including mental health disorders.

2.1.2. Community Strategy on health and safety at work

In addition to the Framework Directive, the European Union has developed policy tools which complement legislation and provide an integrated framework on occupational health and safety. The first policy framework was provided by the Community programme concerning safety, hygiene and health at work (1996-2000), followed by the first

⁵¹ Consolidated version of the Treaty on the Functioning of the European Union. OJ C 115, 9.5.2008, p. 47–388

⁵² Article 31 of the Charter of Fundamental Rights of the European Union. OJ C 364, 18.12.2000, p. 1–22

⁵³ 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. OJ L 183, 29.6.1989, p. 1–8

⁵⁴ Commission Recommendation of 19 September 2003 concerning the European schedule of occupational diseases (notified under document number C(2003) 3297) (1) 28 (2003/671/EC).

⁵⁵ International Labour Office, List of Occupational Diseases (revised 2010) :

http://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/@publ/documents/publication/wcms_150323.pdf

Community Strategy 2002-2006 on health and safety at work entitled "Adapting to change in work and society"⁵⁶.

The most recent Community Strategy on health and safety at work⁵⁷, running from 2007 to 2012, is entitled "Improving quality and productivity at work". In its introductory chapter, the Strategy recalls that quality jobs and the well-being of workers are major contributors to economic growth and the improvement of public health. The Strategy calls for further improvements in workers' health and safety, in particular through a 25% reduction in the total incidence rate of accidents at work by 2012 in the EU-27 in comparison to 2007 levels.

The most relevant part of the Strategy for the purpose of this study is the one related to the emergence of new and emerging risks. Psychosocial problems, dangerous substances, nanotechnologies, reproductive health are all emerging issues that affect some workers more than others. Particular emphasis was given in the Strategy to the prevention of mental health problems, including stress, as well as to better integration of workers with mental disabilities. In this context, the Strategy encouraged Member States to incorporate specific initiatives in their national plans aimed at addressing mental well-being at the workplace.

On 27 April 2011, the European Commission published its mid-term review of the Strategy, which evokes the difficulties associated with the political and socio-economic context of the first three years of the Strategy and the fact that the financial and economic crisis has reduced the margin of manoeuvre of national governments for the implementation of innovative social policies. The main conclusion from the mid-term evaluation is that, despite the changes linked to the crisis, the broad goals of the Strategy remain valid and the Commission is committed to their achievement. With regard to the promotion of mental health in the workplace, the mid-term review reiterates the assessment of the Commission's report on the implementation of the social partners' agreement on work-related stress (see below in Chapter 2.2.1), as well as mentions the different initiatives carried out at the EU level on psychosocial factors (see below in Chapter 2.2.2).

In the two Resolutions on the Community Strategy 2007-2012⁵⁸ and on its mid-term review⁵⁹, the European Parliament emphasized the need to address work-related stress and other psychosocial risks in order to protect workers' health. In particular, in its second Resolution, the Parliament criticised the fact that several Member States had not sufficiently focussed their national plans on stress and burn-out at work - which is one of the priorities of the strategy. The report also highlighted the uneven application across the EU of the Framework Agreement on Work-related Stress (see Chapter 3.1.3) and called on the Commission to take action to promote its implementation. Finally, it suggested that, in order to reduce stress at work, specialised training on working under conditions of stress should be introduced and developed.

At the time of writing this report, the European Commission is finalising the evaluation of the Community Strategy 2007-2012. After the publication of the evaluation, the Commission is planning to launch a three-month public consultation to identify future priorities. On the basis of the results of the consultation, it is understood that the

⁵⁶ Communication from the Commission - Adapting to change in work and society: a new Community strategy on health and safety at work 2002-2006 /* COM/2002/0118 final */

⁵⁷ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work {SEC(2007) 214} {SEC(2007) 215} {SEC(2007) 216} /* COM/2007/0062 final */.

⁵⁸ European Parliament resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work (Willmott Report)

⁵⁹ European Parliament resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work (Delli Report).

Commission will assess the need for a new Strategy and, eventually, its content. In particular, European Commissioner László Andor, responsible for Employment, Social Affairs and Inclusion, speaking at a conference organised by the European Trade Union Institute in March 2013, stated that the Commission is considering giving priority, amongst others, to tackling health (including mental health) issues and preventing work-related health problems more effectively⁶⁰.

2.1.3. Senior Labour Inspectors Committee (SLIC) campaign on psychosocial risks

The Senior Labour Inspectors Committee (SLIC)⁶¹ is involved in tackling work-related stress at the EU level. In particular, in 2012, it ran a European campaign on psychosocial risks and workplace stress⁶², which focussed on three sectors: 1) health and social care (both public and private), 2) services (in particular hotels and restaurants, HORECA) and 3) transport. The campaign included the development, in collaboration with EU-OSHA, of a toolkit for inspection of psychosocial risks. The toolkit, available in 22 languages, consisted of some background information and specific guidance tools for the three targeted sectors. It also included an interactive self-evaluation tool to help the employers investigate and assess the psychosocial risks at work. Twenty-seven countries, including Iceland, Norway and Switzerland, participated in the campaign, which was co-ordinated by the Swedish Labour Inspectorate.

The results and conclusions of the campaign were presented at a final conference in Sweden on 19 March 2013, on the basis of the reports submitted by the participating countries. In total, 11,356 inspections were carried out during the campaign and 9,850 workplaces were visited across Europe. 3,835 labour inspectors were specifically trained on psychosocial risks and were actively involved. Overall, the campaign was assessed as meaningful and effective by labour inspectors. In most cases, they noted a concrete improvement in the companies between a first visit (when only half of the companies carried out risk assessment on psychosocial risks) and a second visit (when the proportion increased to 90%). Although employers generally appreciated receiving help and advice on how to address psychosocial risks, an important number of them considered that the campaign was not well-timed, as in a period of economic crisis public administration should focus on job creation rather than on stress at work. The employers' approach varied a lot depending on the country and on the size of the company, with micro-companies with less than 10 employees being more reluctant to take on what they perceived as a further administrative burden.

Finally, it is worth noting that EU-OSHA will draw on the SLIC campaign's experience to organise its own Healthy Workplaces campaign on psychosocial risks, which is planned to take place in 2014-2015 (see below in section 2.3).

⁶⁰ See Commissioner Andor's speech, ETUI conference "Trade unions and civil society for a strong and ambitious EU strategy for health and safety at work 2013-2020", 27 March 2013: http://europa.eu/rapid/press-release_SPEECH-13-272_en.htm.

⁶¹ The Senior Labour Inspectors' Committee (SLIC) was first set up in 1982 to assist the European Commission in monitoring the enforcement of EU legislation on health and safety at work. A Commission Decision (95/319/EC) gave the Committee formal status in 1995 with a mandate to give its opinion to the Commission, either at the Commission's request or on its own initiative, on all problems relating to the enforcement by the Member States of Community law on health and safety at work. For more information, see : <http://ec.europa.eu/social/main.jsp?catId=148&langId=en&intPageId=685>

⁶² See the campaign website at : <http://www.av.se/SLIC2012/>

2.1.4. Other related EU legislation and policy

In the wider context of EU policy and legislation on employment, some initiatives have been specifically undertaken to address economic restructuring and related mental health impacts.

The European Commission started working on corporate restructuring about ten years ago. Although skills and employability have been addressed in Commission's initiatives since then, health, and more specifically mental health, is a relatively recent topic addressed in documents tackling restructuring. The health dimension of organisational change first appeared in 2008, when the EU Commission Staff Working Document "Restructuring in Europe 2008: a review of EU action to anticipate and manage employment change"⁶³ called for a deeper examination of health in restructuring. In addition, the Commission "Checklist on restructuring processes"⁶⁴ of 2009 included the monitoring of psychosocial health with a specific focus on adaptation to change as one of the measures to be taken prior and during the restructuring process. This coincides with the beginning of the Health in Restructuring (HIRES) project, and the recognition in the Green Paper on mental health of the link between mental health and work capacity (see below in section 2.2.2).

In the context of the current economic and financial crisis and as part of the Europe 2020 "Agenda for new skills and jobs"⁶⁵, the Commission adopted in January 2012 a Green Paper on "Restructuring and anticipation of change: what lessons from recent experience?"⁶⁶. The Green Paper addresses the social consequences of restructuring and calls for effective approaches to deal with the health effects of employment insecurity and transitions. Building on the results of the HIRES report, the Staff Working Document⁶⁷ accompanying the Green Paper addresses the effects of restructuring on redundant workers, survivors of restructuring and middle managers.

The Resolution of the European Parliament of 15 January 2013 on "Information and consultation of workers, anticipation and management of restructuring"⁶⁸ urges the Commission to put forward a proposal for a legal instrument on restructuring and organisational change. The Resolution, adopted by a large majority and supported by most political groups, tackles psychosocial risks explicitly and puts forward recommendations for better communication between the company and workers prior to the restructuring process. It also calls for the monitoring of adverse effects of restructuring both on the physical and on the psychosocial health of workers.

2.2. EU specific initiatives on work-related stress and psychosocial risks

In addition to the EU legal and policy framework on occupational health and safety, a number of EU-wide initiatives exist on work-related stress and psychosocial risks.

⁶³ European Commission (2008) Restructuring in Europe 2008: a review of EU action to anticipate and manage employment change. Commission Staff Working document.

<http://ec.europa.eu/social/BlobServlet?docId=1495&langId=en>

⁶⁴ European Commission (2009) Checklist on restructuring processes.

<http://ec.europa.eu/social/main.jsp?catId=103&langId=en>

⁶⁵ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - An Agenda for new skills and jobs: A European contribution towards full employment /* COM/2010/0682 final/2 */

⁶⁶ European Commission (2012) Green Paper. Restructuring and anticipation of change: what lessons from recent experience? <http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=1166&furtherNews=yes>

⁶⁷ European Commission (2012) Restructuring in Europe 2011. Commission Staff Working Document. <http://ec.europa.eu/social/main.jsp?langId=en&catId=699&consultId=9&furtherConsult=yes>

⁶⁸ European Parliament (2013) Resolution of 15 January 2013 with recommendations to the Commission on information and consultation of workers, anticipation and management of restructuring. <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P7-TA-2013-0005+0+DOC+XML+V0//EN>

2.2.1. Framework Agreement on Work-related Stress

In 2004, the EU social partners⁶⁹ concluded the “Framework Agreement on work-related stress”, which provided employers and workers with action-oriented guidelines to identify, prevent or manage problems of stress at the workplace. This voluntary and autonomous Framework Agreement aimed at increasing the awareness and understanding of the issue, recognising that stress at work is not a disease *per se*, but could lead to reduced effectiveness at work and may cause ill-health. Anti-stress measures identified in the Agreement included for example management and communication measures, training activities for managers and workers, as well as mechanisms to improve information flows and consultation.

With the Framework Agreement, the EU social partners acknowledged that tackling stress at work was essential to improve occupational health and safety and would provide economic and social benefits for employers, workers and society as a whole. The choice of an autonomous Framework Agreement as an instrument (as opposed to a Directive, for example) enabled the social partners to adopt a tailored approach. A one-size-fits-all approach would not have been appropriate, as the issue of stress at work varies significantly depending on the size of the organisation (e.g. small businesses tend to be less affected) and on the concerned sector (e.g. the telecommunications and finance sectors tend to be more affected). On the other side, the Framework Agreement as an instrument has not resulted in the same level of harmonisation as a Directive, which means that social partners can use it only if certain conditions exist at country level.

The Agreement committed signatories and their members to ensuring implementation at the national level. Implementation was reviewed by the EU social partners in a report adopted in 2008⁷⁰. The main conclusion of the report was that the agreement had indeed provided real added value by promoting different levels of activities and measures in Member States. In certain countries, the agreement had helped improve existing structures (e.g. Belgium, UK). In other cases, it had triggered the introduction of new initiatives and the conclusion of collective agreements (e.g. Spain, France, Denmark etc.). In those Member States that had no structure in place to deal with stress at work (e.g. Romania, Portugal, and Czech Republic), the agreement had effectively contributed to raising awareness and creating momentum for the development of social dialogue. The Framework agreement had also prompted several sectoral initiatives taken by social partners at the European level, e.g. the joint guidelines for central government administrations adopted by the European Public Administration Network (EUPAN) and the Trade Unions’ National and European Administration Delegation (TUNED)⁷¹, and the joint declaration on stress signed in 2007 by European social partners in the electricity sector⁷².

On the basis of the 2008 EU social partners’ implementation report, the Commission drafted in 2011 its own conclusions on the implementation of the Agreement in the Member States⁷³. The report acknowledged that the implementation of the Agreement was a step forward, although some shortcomings in coverage, impact of measures and the provision of a comprehensive action-oriented framework were identified. A detailed overview of initiatives triggered by the Framework Agreement in the Member States is included in

⁶⁹ The European Trade Unions Confederation (ETUC), the European Association of Craft, Small and Medium-Sized Enterprises (UEAPME), the Union of Industrial and Employers’ Confederations of Europe (UNICE) and the European Centre of Enterprises with public participation and Enterprises of general economic interest (CEEP).

⁷⁰ Implementation of the European Autonomous Framework Agreement on Work-Related Stress, Report by the European Social Partners, Adopted at the Social Dialogue Committee on 18 June 2008

⁷¹ Joint position of EUPAN and TUNED on work-related stress in central government administrations, 2008. Available at : http://www.dgaep.gov.pt/upload/newsletter/News_02/Joint_positionstress_at_work_en.pdf

⁷² See: <http://ec.europa.eu/social/main.jsp?catId=480&langId=en&intPageId=25>

⁷³ Commission Staff Working Paper, Report on the implementation of the European social partners’ Framework Agreement on Work-related Stress, SEC(2011) 241 final, Brussels, February 2011

Chapter 3 of this study. The Commission report further highlighted that there was room for improvement, both at the national and EU levels, as regards extending protection and further developing adequate responses to the challenge of work-related stress.

It is important to note that the Framework Agreement on work-related stress was negotiated prior to the start of the economic and financial crisis. Since then, the priorities for some of the European and national social partners have shifted away from the issue of stress at work, to focus more on other problems such as unemployment. In times of crisis and of uncertain employment prospects, it becomes more difficult for companies, especially for SMEs, to manage workers' stress related to uncertainties. For the time being, no further initiative is foreseen at the European level to follow up on the Framework Agreement, and social dialogue in the context of stress at work will most probably be taken up at sectoral level (e.g. in the education or health care sector).

2.2.2. European Pact for Mental Health and Well Being

In 2005, the European Commission published a Green Paper on "Improving the Mental Health of the Population: Towards a strategy on mental health for the European Union", in response to the World Health Organization (WHO) Mental Health Declaration for Europe. The Green Paper already identified a need to promote mental health in the working population, recognising that "interventions to improve individual capacity and to reduce stressors in the work environment increase health and economic development"⁷⁴.

The adoption of the Green Paper paved the way for the European Pact for Mental Health and Well Being⁷⁵, concluded in 2008 as an informal commitment between governments and stakeholders (mainly from the health sector) to working together on mental health challenges and opportunities. The European Pact was underpinned by a Consensus Paper on Mental Health in Workplace Settings⁷⁶, a joint initiative by the European Commission DG Health and Consumers (DG SANCO) and DG Employment, Social Affairs and Inclusion (DG EMPL), which further emphasised the importance of mental health in workplace settings for good health and quality of life.

In the context of the Pact, a number of conferences have been organised on mental health in the workplace, providing a review of the evidence and an opportunity to exchange information and best practices on the management of stress and psychosocial risks. In particular, the following conferences focussed on mental health in the workplace: "Investing in well-being at work: Addressing psychosocial risks in times of change"⁷⁷, which took place in 2010 in the context of the Belgian Presidency, and "Promoting Mental Health and Well-being at Workplaces", which took place in Berlin in March 2011⁷⁸.

In 2011, the European Pact resulted in Council Conclusions, which invited EU Member States 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

⁷⁴ Green Paper on "Improving the Mental Health of the Population: Towards a strategy on mental health for the European Union", European Communities 2005. Available at : http://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

⁷⁵ European Pact for Mental Health and Well-Being: http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/pact_en.pdf

⁷⁶ See: http://ec.europa.eu/health/ph_determinants/life_style/mental/docs/consensus_workplace_en.pdf

⁷⁷ Conference "Investing in well being at work: Addressing psychosocial risks in times of change, 22-24 November 2010". See : <http://www.eutrio.be/investing-well-being-work-addressing-psychosocial-risks-times-change>

⁷⁸ Conference "Promoting Mental Health and Well-being at Workplaces", 3-4 March 2011. See : http://ec.europa.eu/health/mental_health/events/ev_20110303_en.htm

support and complement employer-led programmes where appropriate”⁷⁹. The Council also invited Member States and the Commission to start a Joint Action on Mental Health and Well-being, which should aim *inter alia* to promote mental health and well-being at the workplace and should be financed under the EU Public Health Programme 2008-2013⁸⁰.

The implementation of the Joint Action on Mental Health and Well-being was launched in early 2013 for a period of three years, with a Work Package (WP 6) aiming to determine how health services can support workplaces in the promotion of mental health at work, in particular in times of economic crisis. WP 6 is led by Germany, involves eleven EU Member States and Iceland, and builds on the Move Europe campaign promoted by the European Network for Workplace Health Promotion (ENWHP) in 2007-2009⁸¹. The main objective is to develop an action framework to support enterprises in adopting policies and practices which prevent mental ill-health and promote mental well-being. This should be based on improved co-operation among relevant stakeholders, including government authorities from the health and the labour sectors, social security institutions and social partner organisations. Involving the health sector along with the labour sector is considered as a key action to improve support for employees and enhance the role of positive mental health.

In this context, the Joint Action will: 1) assess the situation in Member States through a SWOT-methodology with the aim of identifying Strengths, Weaknesses, Opportunities and Threats in national frameworks; 2) conduct a structured review on activities related to mental health; 3) deliver country specific recommendations; and 4) organise workshops with the aim of promoting information exchange among countries and among the three stakeholder groups. Expected outcomes of the Joint Action include the adoption of a position paper at the concluding European Symposium (in mid-2015) and the development of a specific action framework with recommendations for follow-up measures as well as best practices.

In 2012, in the context of the EU employment and social solidarity programme PROGRESS⁸², the European Commission also tendered a study service contract⁸³ to review the situation in EU and EEA/EFTA countries on Mental Health in the Workplace and to analyse the suitability of the current framework. The study will provide a range of scenarios and policy options for possible modifications of relevant EU OSH legislation as well as a guidance document to help employers and workers fulfil their obligations (according to Framework Directive 89/391/EEC) regarding mental health at the workplace. On the basis of the final report, which is not to be expected before the second half of 2014, the European Commission will decide on future action on this topic.

⁷⁹ Council conclusions on 'The European Pact for Mental Health and Well-being: results and future action', 3095th EMPLOYMENT, SOCIAL POLICY, HEALTH and CONSUMER AFFAIRS Council meeting, Luxembourg, 6 June 2011. Available at : http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/122389.pdf

⁸⁰ Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13) (Text with EEA relevance). OJ L 301, 20.11.2007, p. 3-13

⁸¹ Move Europe campaign website : <http://www.enwhp.org/enwhp-initiatives/7th-initiative-move-europe.html>

⁸² Decision No 1672/2006/EC of the European Parliament and of the Council of 24 October 2006 establishing a Community Programme for Employment and Social Solidarity — Progress, JO L 315 of 15.11.2006

⁸³ Call for Tenders VT/2012/028 "Study service contract to establish the situation in EU and EEA/EFTA countries on mental health in the workplace, evaluate the scope and requirements of possible modifications of relevant EU safety and health at work legislation and elaborate a guidance document to accommodate corresponding risks/concerns, with a view to ultimately ensure adequate protection of workers' mental health from workplace-related risks", Published in Official Journal no. 2012/S 133-220195 on 13/07/2012.

2.3. Role of EU agencies

In recent years, the European Agency for Safety and Health at Work (EU-OSHA)⁸⁴ has paid particular attention to the issue of work-related stress, recognising that it is one of the biggest health and safety challenges in Europe. The European Foundation for the Improvement of Living and Working Conditions (Eurofound) has also worked extensively on raising awareness on the issue of stress at the workplace since the 1990s. In particular, it collects information on working conditions, including stress, through European Working Conditions Surveys⁸⁵. Further activities on psychosocial risk factors have been transferred to the EU-OSHA after its establishment.

In 2009, EU-OSHA launched the European Survey of Enterprises on New and Emerging Risks (ESENER)⁸⁶, which is the first Europe-wide survey on health and safety at the workplace. The survey was directed at managers, as well as at health and safety representatives, and covered private and public sector establishments with ten or more employees in the 27 EU Member States as well as Croatia, Turkey, Norway and Switzerland. Despite focusing on a wide range of workplace risks, ESENER paid particular attention to the area of psychosocial risks, including stress.

The purpose of the survey was to identify good practices associated with the effective management of psychosocial risk factors. In this context, the survey found that companies take a number of measures to address psychosocial risks, mostly related to training and awareness-raising. Less frequent measures include the existence of specific procedures and the involvement of a psychologist to support affected workers. The survey also showed that the management of psychosocial risks largely depends on the sector, with the health care and social sectors more used to dealing with these issues compared to, for example, the construction sector. In addition, companies with a good structure to deal with occupational health and safety are generally better placed to also deal with psychosocial aspects. Finally, the research highlighted that the most important drivers for action at the level of establishment are legal requirements, absenteeism and requests for support from the employees. The main barriers were identified in the lack of support and guidance on how to deal with psychosocial risks in the company. Also, the research highlighted that establishments generally deal with psychosocial risks by providing training and implementing organisational changes, rather than by establishing longer term policies or procedures.

The ESENER survey concluded that the improvement of psychosocial risk management in European enterprises depends on: 1) ensuring that establishments implement a systematic approach by sharing experiences and promoting solutions, 2) providing practical guidance as well as supporting the evidence of an impact of psychosocial risks on absenteeism and accidents at work, and 3) promoting a business case related to psychosocial risks. Although ESENER showed that a significant number of employers are already taking action on psychosocial risks, the report concluded that there is still a long way to go before these risks are effectively managed, which is essential if Europe's workplaces are to be ready for the challenges linked to the economic and financial crisis.

In addition, EU-OSHA is currently preparing a report on the costs of psychosocial risks at the workplace. The aim of this assessment is to present the costs of work-related stress and psychosocial risks at the societal, sectoral and organisational levels. Moreover, EU-OSHA and Eurofound have recently started a project on psychosocial risks at work aimed at

⁸⁴ EU-OSHA website : <https://osha.europa.eu/en>

⁸⁵ See : <http://www.eurofound.europa.eu/ewco/reports/TN0502TR01/TN0502TR01.pdf>

⁸⁶ EU OSHA, European Survey of Enterprises on New and Emerging Risks - Managing safety and health at work, June 2010. See: <https://osha.europa.eu/sub/esener/en/front-page>

the target group of intermediaries (social partners and policy makers at the national and EU levels) as well as at preventive services and OSH experts. The output will be a report which will include information on initiatives from social partners and labour inspectorates as well as a short overview on what kind of organisational interventions exist and are recommendable. Finally, it is worth highlighting that the next EU-OSHA Healthy Workplaces Campaign in 2014-2015 will be entitled "Practical solutions for psychosocial risks" and will focus on the prevention and management of psychosocial risks at the workplace.

3. TACKLING THE ISSUE OF STRESS AT WORK AT NATIONAL LEVEL

KEY FINDINGS

- All Member States have undertaken at least some activities related to the promotion of mental well-being or to setting in place a preventive framework at the workplace. However, only 16 Member States have explicitly included psychosocial risks in their national plans following the recommendations of the Community Strategy on health and safety at work. The national approaches vary considerably. They range from legislating on psychosocial risks, supporting employers through guidance and training, strengthening co-operation between different authorities and running awareness raising campaigns.
- An in-depth investigation in eight selected countries (France, Germany, Greece, Lithuania, Poland, Spain, Sweden and the United Kingdom) confirms that at least some measures and initiatives are in place in these Member States to address stress at work and other psychosocial risks. It also shows that the Community Strategy on health and safety at work has been instrumental in promoting the uptake of measures on work-related stress, at least in some of these countries.
- In most countries, social partners are playing a role in addressing psychosocial risks, particularly as a result of the Framework Agreement on Work-related stress. However, the degree of their involvement also varies depending on the country and the dynamics of social dialogue at the national level has not changed substantially as a result of the crisis.
- In several Member States, the involvement of labour inspectorates in this context is also prominent, amongst other things through the participation of national labour inspectorates in the EU SLIC 2012 campaign on psychosocial risks.
- In general, and with the exception of some countries (e.g. France), the economic and financial crisis has not triggered specific measures to address increasing levels of stress at the workplace. On the contrary, in some case (e.g. Greece and Spain), the crisis seems to have put an emphasis on other political priorities, in particular unemployment.

The purpose of this Chapter is to review measures in place in Member States to tackle the issue of stress at work. In particular, Chapter 3.1 provides an overview of if and how national action plans have addressed psychosocial risks according to the recommendations of the Community Strategy on health and safety at work (2007-2012). It also identifies other related initiatives that have been taken at the national level, including measures implementing the 2004 Framework Agreement on Work-related stress. A more detailed breakdown of activities per country is presented in Annex 1 and 2.

Chapter 3.2 summarises the results of a more in-depth investigation carried out through desk review and interviews with stakeholders in eight countries: France, Germany, Greece, Lithuania, Poland, Spain, Sweden and the United Kingdom. The eight countries have been selected to ensure geographical balance and representation of Member States across the EU. The selection also reflects the different economic conditions as a result of the crisis, with some countries (such as Spain and Greece) being more affected than others. Each country section briefly describes the policy and legal framework for prevention of work-related stress and promotion of mental health at the workplace, as well as the implementation of the 2004 European Framework Agreement. It analyses, where

appropriate, the uptake of measures on work-related stress as a consequence of the economic crisis and the positions of the social partners in this context.

3.1. Overview of measures on work-related stress and psychosocial risks in the EU-27

3.1.1. National plans and strategies on health and safety at work

As illustrated in the table in Annex 1, 16 Member States⁸⁷ have explicitly included psychosocial risks as an objective in their national strategy on Occupational Health and Safety. In particular, five of them⁸⁸ have included it under the heading of “new and emerging risks” as it is done in the Community Strategy for health and safety at work (2007-2012). In the German strategy, mental health is even one of the three main priorities.

The degree to which mental health and psychosocial risks are dealt with in the national plans varies substantially. Some Member States merely mention the need to ensure implementation of preventive measures on psychosocial risks or the need to raise awareness on the topic; other Member States define a series of concrete steps to address the issue. Broadly speaking, the types of measures included in the national strategies can be grouped into five categories:

- **Adoption of new or revision of existing legislation** (e.g. elaboration in the Belgian Code of Work of more specific provisions on psychosocial risks). Only two Member States⁸⁹ have included such provisions in their strategy;
- **Adoption of quantitative targets** (e.g. number of employees in Denmark who are psychologically overloaded to be reduced by 20%). Only three Member States⁹⁰ have adopted quantitative targets. In one case, Hungary, the target relates to improving the *reporting* of diseases caused by stress, rather than *reducing* the number of cases;
- **Supporting employers** with meeting their obligations, in particular through the improvement of the identification and assessment of psychosocial risks and the establishment of related prevention measures (e.g. the development by the Malta OHS Authority of a framework for the control of work-related stress including a system of early identification of symptoms. Or the participation of Slovenia in the OiRA project of EU OSHA). These are the most common measures related to psychosocial risks, with 10 Member States⁹¹ adopting them in national strategies;
- **Development of training** (e.g. of labour inspectors) and university curricula focussed on psychosocial risks, which can include provisions to improve the competences of OHS and HR specialists in this context. Four Member States⁹² have adopted such measures (often in combination);
- **Strengthening cooperation among authorities**, labour inspectorates, social partners and other intermediaries on the topic of psychosocial risks (e.g. cooperation with social partners on psychosocial risks in the Bulgarian strategy).

⁸⁷ Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden.

⁸⁸ Bulgaria, Estonia, Poland, Slovakia, Spain.

⁸⁹ Belgium and Romania.

⁹⁰ Denmark, Finland and Hungary.

⁹¹ Belgium, Czech Republic, Estonia, France, Germany, Hungary, Malta, Poland, Slovakia, Slovenia.

⁹² France, Estonia, Malta, Slovenia.

Four Member States⁹³ included provisions in their national strategy highlighting the need to work with other bodies to develop a preventive approach.

Additional types of measures include communication and awareness-raising (e.g. through the development of good practice guides in Germany), mainstreaming mental health in OHS and public health policies (e.g. in the Spanish strategy) and the setting up of expert working groups (e.g. organisation of expert roundtables in Belgium).

Overall, a majority of Member States have followed the recommendations of the Community strategy to address mental health and other psychosocial risks in their national strategies, with more than half of these foreseeing concrete actions to tackle psychosocial risks. However, it is interesting to note that the five Member States⁹⁴ that have included mental and behavioural disorders in the national system of recognition of occupational diseases have not adopted particularly innovative measures in relation to psychosocial risks in their national strategies. In fact, two of these Member States⁹⁵ have not even mentioned psychosocial risks in their national strategies.

3.1.2. Overall national frameworks

In addition to the provisions included in the national strategies, many Member States have developed, over the past decade, a number of legislative and policy instruments to deal with the issue of stress at work and mental health in general (see table in Annex 1).

First of all, all Member States have transposed the 1989 Framework Directive, which includes an obligation to employers to “take the measures necessary for the safety and health protection of workers”. By not specifying “physical” health, this provision, transposed in the national legislation, includes by default the protection of workers’ mental health. Some Member States, such as Ireland or Sweden, have further specified this general obligation by introducing terms such as “physical and mental ill-health” or “physical, psychological and social factors”.

To complement the overarching legislation on workers’ health and safety, most Member States have developed tools to help employers implement their obligation to protect workers’ mental health. All Member States have undertaken at least some activities promoting mental well-being or setting in place a preventive framework. Only seven Member States have not developed tools for employers, but even those have organised conferences and seminars or have launched research projects to gather more knowledge.

The tools most commonly developed by Member States include guidance documents/guidelines for employers. Seven Member States⁹⁶ have developed web-based tools to help employers assess risks related to mental health. Most of the time, these tools are developed by the national authorities or labour inspectorates. In at least sixteen Member States, the social partners have complemented the government’s work by developing tools and guidance for employers (e.g. the development of Arbocatalogue by the Dutch social partners providing sector specific information and solutions to tackle psychosocial risks, or the development by the Irish Confederation of Employers of a training programme for managers including courses on dealing with stress at the workplace). In several Member States, the involvement of labour inspectorates is also prominent, amongst other things through the participation of national labour inspectorates in the SLIC 2012 campaign on psychosocial risks (see Chapter 2.1.3).

⁹³ Bulgaria, Belgium, Denmark, Finland.

⁹⁴ Hungary, Italy, Latvia, Lithuania, Romania

⁹⁵ Latvia, Lithuania

⁹⁶ Belgium, Estonia, France, Germany, Ireland, Netherlands and United Kingdom

3.1.3. Implementation of the 2004 European Agreement on Work-related Stress

In eight Member States⁹⁷, the legislation on health and safety at work (transposing the provisions of the Framework Directive) was revised and adapted to incorporate all or part of the 2004 Framework Agreement (see the table in Annex 2). In the Czech Republic for instance, the agreement was transposed in the Labour Code in 2006 while in Italy the provisions of the Agreement were included in the Occupational Health and Safety legislation in 2008. In Hungary, the Health and Safety at Work Act was amended in 2008 to include stress as a risk factor.

In nine Member States⁹⁸, the social partners have transposed the European agreement by adopting cross-industry or sectoral agreements (in some countries, this happened in parallel to a revision of the legislation). In nine countries⁹⁹, the social partners transposed the agreement through other types of non-binding policy documents (e.g. joint policy statement in Cyprus, joint recommendations in Finland, trade union guide to implement the agreement in the UK). Finally, in four countries¹⁰⁰, it is acknowledged that the social partners have not transposed the provisions of the European agreement yet.

3.2. Detailed analysis of measures on work-related stress and psychosocial risks in eight selected countries

3.2.1. France

Policy and legal framework

Directive 89/391 was transposed in France in 1991, but risk assessments in enterprises were made compulsory only in 2001. The specific provision is found in the **Labour Code**¹⁰¹ in Article L4121-1, which states that employers have the obligation to evaluate and prevent physical and mental risks to workers in the workplace. At the time of the adoption of the risk assessments, mental health and harassment problems were addressed mostly on an individual basis, rather than being seen as the concern of companies as a whole. The obligation to assess more “typical” risks (e.g. exposure to chemical and physical risks) already provoked a lot of discussions in 2001, therefore psychosocial risks were not prioritised. Although the transposition of the Directive 89/391 made employers responsible for their employees’ mental health, psychosocial risks were not tackled *per se* in the political debate.

The “France Telecom” crisis of summer 2009 (31 employees of the company committed suicide in 2008-2009) shed light on a wider context of “*mal être*” (uneasiness, malaise) at work. Other similar crises had already taken place, in particular in the automotive sector (see case study on the suicides in the Renault enterprise in 2006-2007 presented in Chapter 4.4). However, previous cases were often linked to an on-going restructuring process, which was not the case in France Telecom at the time of the suicides.

To respond to this crisis, the Ministry of Labour deliberately chose not to adopt new legislation or to amend existing legal texts considering that, in legal terms, the employer’s responsibility for the mental health and safety of the workers is sufficiently covered through the existing provisions of the Labour Code. In addition, the national cross-industry agreement on stress at work, adopted by trade unions and employers’ organisations in July

⁹⁷ Belgium, Czech Republic, Hungary, Italy, Latvia, Lithuania, Portugal, Slovakia

⁹⁸ Denmark, France, Greece, Italy, Finland, Belgium, Romania, Spain and Sweden

⁹⁹ Austria, Cyprus, Germany, Ireland, Luxembourg, Latvia, Netherland, Poland and United Kingdom

¹⁰⁰ Bulgaria, Estonia, Malta and Slovenia

¹⁰¹ Code du travail, applicable version on 2 April 2013, available in French on Legifrance:

<http://www.legifrance.gouv.fr/affichCode.do?cidTexte=LEGITEXT000006072050&dateTexte=20130402>.

2008 and transposing the European social partners' Framework Agreement, also pushed for the implementation of measures at company level rather than for a legislative option. On 9 October 2009, the "**Emergency plan for the prevention of stress at work**" (or "**Plan Darcos**" from the Minister of Labour at the time, Xavier Darcos) was adopted. The plan was structured around four main objectives:

1. *Obligation for companies employing more than 1000 workers to start negotiations towards the elaboration of an Agreement or an Action Plan on stress at work by February 2010*

An important aspect of this objective is that the Agreement or Action Plan should be negotiated with the social partners. Originally, it was planned to publish on the Ministry's website the names of the companies that had not complied. However, this "name and shame" procedure was widely criticised and only the list of companies that have adopted an agreement has been made public. A qualitative analysis of the agreements was published in April 2011¹⁰². At the time of the analysis, 234 agreements had been ratified, 91% of which were concluded in the first 6 months of 2010 (i.e. within 10 months of the adoption of the Emergency Plan). The report concludes, inter alia, that:

- Only a very limited number of agreements include a decisive involvement of the company's top management.
- Information to, and involvement of, employees is relatively limited and only declarative and does not include the necessary conditions for involvement in the assessment of risks.
- The identification of psychosocial risks remains generic and is not linked to the actual economic activity of the companies.
- The assessment of risks is done mostly through quantitative tools (e.g. questionnaires) rather than qualitative tools (e.g. interviews).
- Action plans will only be finalised after the assessment phase.
- The agreement should be monitored in the future.

The report also noted that, unsurprisingly, the most comprehensive plans occurred in companies with the strongest tradition of social dialogue. Some of the stakeholders interviewed for this study confirmed the lack of focus of the agreements on a holistic approach to psychosocial risks, i.e. an approach that would involve looking at prevention measures not only at the level of individual employees but also at the level of the work organisation as a whole. No evaluation has been carried out yet on the actual implementation of these agreements. This is foreseen in the 2013 work programme of the National Agency for the Improvement of Working Conditions (Agence Nationale pour l'Amélioration des Conditions de Travail – ANACT¹⁰³). According to ANACT representatives, the evaluation should be finalised by the end of 2013.

2. *Organisation of 22 regional seminars on psychosocial risks*

The seminars were organised essentially for SMEs, with the collaboration of the ANACT and its regional network as well as the regional CARSAT (Social Security units). The seminars were assessed by the government representatives as having been a great success, with high turn-out and real interest from company owners. This could be explained in part by the fact that many enterprises were already experiencing internal crises related to psychosocial risks.

¹⁰² http://www.travailler-mieux.gouv.fr/IMG/pdf/synthese-19avril2011_def.pdf

¹⁰³ <http://www.anact.fr/>

3. *Work to integrate psychosocial risks in restructuring plans*

The objective of this work was to encourage companies to include measures on psychosocial risks in their restructuring plans, targeting both those who lose their jobs and those who stay at work. However, this third objective was not achieved. As economic difficulties mounted, work on restructuring focused almost exclusively on the safeguarding of jobs and conditions for those losing their jobs. It is interesting to note for instance that no company agreement on stress at work included a section on psychosocial risks in case of restructuring¹⁰⁴.

4. *Creation of a Department on psychosocial risks in the General Labour Department of the Ministry of Labour*

This Department has been developing a model to understand and prevent psychosocial risks based on the findings of several studies, including the 2010 expert report convened by the Prime Minister (Rapport Lachmann, Larose and Pénicaud)¹⁰⁵, which developed 10 proposals to assess, prevent and monitor psychosocial risks. On the basis of this model of understanding and prevention, the government developed tools¹⁰⁶ and guidance to help companies, and in particular SMEs, comply with their obligations and manage internal crises. The tools are publicly available on the website www.travailler-mieux.gouv.fr in the section dedicated to psychosocial risks.

Individual assessments concluded that the Plan had definitely contributed to changing habits and structures within intermediary bodies. The regional Social Security units (CARSAT) and regional divisions of the ANACT (ARACT) created support structures to help companies, in particular SMEs, deal with psychosocial risks (e.g. through HR training). However, the full impact of the Plan on companies has not yet been evaluated. It is acknowledged by different stakeholders that even the most practical tools developed for SMEs are difficult to use for SME-owners who do not have HR or OHS training. A possibility would therefore be to shift the focus to improving SME access to external prevention services, which have the right training and tools to help implement effective preventive measures. However, as noted by some of the representatives interviewed, the market for external services in the field of psychosocial risk prevention has exploded over the past 5-6 years, completely overwhelming companies and lacking any sort of regulation.

In addition to the existing legislation and the Emergency Plan of 2009, France has adopted in 2010 its second “**Health at Work Plan 2010-2014**”¹⁰⁷, which comprises a specific section on psychosocial risks, including provisions for:

- Implementing the proposals of the report of the expert panel on psychosocial risks (Lachmann, Larose and Pénicaud) of February 2010;
- Monitoring the conclusions of negotiation on work-related stress in all companies of more than 1000 employees and voluntary actions in smaller companies;
- Improving knowledge on psychosocial risks by setting up national statistical indicators (INSEE);
- Disseminating prevention tools via professional branches;
- Including prevention of psychosocial risks in restructuring processes;

¹⁰⁴ http://www.travailler-mieux.gouv.fr/IMG/pdf/synthese-19avril2011_def.pdf, p8.

¹⁰⁵ http://www.travailler-mieux.gouv.fr/IMG/pdf/RapportHenri_LACHMANN_-Bien-etre_et_efficacite_au_travail_.pdf

¹⁰⁶ E.g. tool to help with the assessment of psychosocial risks http://www.travailler-mieux.gouv.fr/risques_ps/index.html or guide: « Psychosocial risks : How to choose a consultant » http://www.travailler-mieux.gouv.fr/IMG/pdf/RPS_WEB.pdf

¹⁰⁷ Ministry of Labour, Employment, Professional Education and Social Dialogue (2010) ‘Plan Santé au travail 2010-2014’. http://travail-emploi.gouv.fr/IMG/pdf/PST_2010-2014.pdf

- Developing training of company staff on psychosocial risks; compulsory training on health and security at work for managers and HR;
- Improving multidisciplinary training for inspection services and OSH professionals, including psychosocial risks.

A relatively high degree of convergence and consistency can be seen between the overall political framework for health and safety at work, as synthesised in the 'Health at Work' Plan, and the ad hoc measures taken specifically to address psychosocial risks following the various crises of the past six years.

The focus of today's political agenda has shifted from the "hot issue" of psychosocial risks to the more positive concept of "quality of life at work", pushed by ANACT and the social partners. Through the promotion of this concept, the aim is, before reorganisations and restructuring occur, to anticipate future working conditions and to better integrate health issues, such as the impacts of stress, into company plans. However this shift in focus also illustrates the reduced importance given to psychosocial risks both in the public debate and social dialogue (see below).

In addition to the legal and policy framework, several institutions provide **technical guidance to companies**, either through publications or through tailor-made interventions to help set up company agreements on work-related stress. In particular, ANACT, under the authority of the Ministry of Employment, is supported by a network of 26 regional associations, ARACT. It helps enterprises adopt policies on the prevention of psychosocial risks through direct interventions in enterprises and publication of guidelines. The agency still deals with company demands but, in 2013, will essentially focus on the evaluation of companies' agreements as a lot of consultants have already been trained on psychosocial risks and can take over. The National Institute for Research and Safety (INRS)¹⁰⁸ brings technical and scientific expertise to institutional bodies and enterprises on risk prevention. Technical units of Social Security CARSAT-CRAM-CGSS also help train company members (e.g. OHS representatives, HR, etc.) on psychosocial risks and monitor the elaboration of the company action plan.

Several **financing schemes** exist for the improvement of working conditions in relation to stress at work. For example, the Fund for the improvement of working conditions¹⁰⁹, managed by ANACT, finances company projects aiming at improving working conditions. One of the four focus areas is stress and psychosocial risks. This Fund is available to enterprises employing less than 250 workers, clusters of several enterprises or professional branches organisations. Although no formal evaluation has been carried out regarding the use made of the Fund by companies to address PSR, stakeholders interviewed have reported that it was relatively limited. The National Fund for the prevention of occupational risks, managed by the pension fund of local authorities' staff, also finances prevention actions implemented by regional and local authorities and public healthcare institutions. A call for projects to support actions towards the evaluation and the prevention of psychosocial risks was launched for the period 2012-2014.

Finally, several **training and education programmes** for prevention of psychosocial risks have been promoted. ANACT and CARSAT provide training on the prevention of psychosocial risks for company staff dealing with risk prevention. A Master's Degree was created at the University of Paris Dauphine for professionals (trade unions representatives, lawyers, consultants, etc.) on labour management, including subjects like ergonomics, sociology and psychology.

¹⁰⁸ <http://en.inrs.fr/>

¹⁰⁹ Fund for the improvement of working conditions (FACT), allocated by the National Agency for the Improvement of Working conditions, presentation available at: <http://www.anact.fr/web/services/FACT>

From the analysis of the Health at Work Plan 2010-2014 and the review of the various initiatives in place, it can be said that the Community Strategy on health and safety at work (2007-2012) has had a certain impact on the inclusion of the prevention of psychosocial risks as a priority in the national policy framework in France. However, it is clear that the national context in 2009-2010 has been equally, if not more, influential in this matter.

Implementation of 2004 European Framework Agreement and social dialogue

The implementation of the European Framework Agreement on work-related stress in France is closely linked to the political developments explained in the section above.

In July 2008, trade unions and employers' organisations adopted the **national cross-industry agreement on stress at work**¹¹⁰, which transposed the European Framework Agreement signed in October 2004. The agreement defines the notion of stress at work and stress factors. It reminds employers of their responsibility to prevent and eliminate stress factors in the workplace. It also highlights relevant measures to prevent and reduce stress at work, such as measures regarding work organisation, conditions and environment; training on identification and prevention of stress factors for all company staff; clarification of company objectives and the role of each worker; dialogue structures inside companies for every staff members to talk about their work; information and consultation of workers, etc. It is important to note that the agreement does not sanction employers who do not take preventive or ameliorative measures and does not make transposition compulsory at sectoral level.

The implementation of the national agreement was greatly strengthened by the adoption of the government's Emergency Plan in 2009, at least in companies of more than 1,000 workers. The obligation for companies to draw up an Agreement or Action Plan on psychosocial risks in coordination with the social partners rendered effective the social partners' National Agreement of 2008.

One of the consequences of the economic crisis and the great impact it has had on employment has been a shift of the attention of policy-makers and social partners from psychosocial risks to the issues of employment and dismissals. To their own admission, social partners have stopped prioritising psychosocial risks entirely, in particular during restructuring processes, when safeguarding jobs is considered as the only priority.

However, as a result of recent negotiations on employment security, the social partners included specific provisions in the national cross-sectoral agreement of 11 January 2013¹¹¹, which could indirectly allow for better management of psychosocial risks during restructuring processes. In particular, a greater involvement of employers' and employees' representatives in the governance of the company has been negotiated, as well as greater transparency on data related to the activity of the company. This will help anticipate future developments and address the consequences of restructuring on employees.

In addition, social partners are currently negotiating on the concept of "quality of life at work", which according to certain stakeholders means shifting the debate from a negative definition of work to a more positive one.

¹¹⁰ 'Accord Interprofessionnel sur le stress au travail' of 2 July 2008 : <http://www.anact.fr/portal/pls/portal/docs/1/968345.PDF>.

¹¹¹ 'Accord interprofessionnel pour un nouveau modèle économique et social au service de la compétitivité des entreprises et de la sécurisation de l'emploi et des parcours professionnels des salariés' (National cross-sectoral agreement on a new economic and social model for enterprises' competitiveness and the security of employment and of professional lives of employees) of 11 January 2013: http://direccte.gouv.fr/IMG/pdf/ANI_securisation_de_l_emploi-2.pdf

The negotiations on “quality of life at work” are structured around three axes:

1. Work organisation
2. Gender equality
3. Working time (including separation between private and professional lives)

Psychosocial risks are indirectly addressed in the debate, in particular through axes 1 and 3 and through the more general objective of improving well-being at work. The results of the social partners’ consultation are expected in June 2013.

3.2.2. Germany

Policy and legal framework

In Germany, the main legal text on Occupational Health and Safety is the **Occupational Health and Safety Act of 07.08.1996**, which transposes Directives 89/391/EEC and 91/383/EEC and which has been last amended in 2009¹¹². The Act stipulates that the employer must take the necessary measures to ensure and improve the safety and health protection of the employees during work, through the assessment of health risks at the workplace. 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 assessment¹¹³. It is noted that the risk assessment should only include mental burdens resulting from the work itself, e.g. working hours, monotony of work etc. It does not, however, include psychosocial aspects, such as mobbing.

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 employers¹¹⁴. This amendment is expected to be passed by the Bundestag before the summer break 2013. The unions call for an underlying ordinance to specify the methods of measurement of mental burdens and the measures to be taken in case of risks to mental health¹¹⁵. In their view, this is a necessary measure both to specify the requirements of the Occupational Health and Safety Act and to enforce them effectively. This view is also shared by some enforcement authorities. In addition, a few Länder have taken up the initiative of the unions and have drafted an underlying ordinance that they intend to propose to the Bundesrat¹¹⁶. The position of the Ministry is that an ordinance is neither a necessary nor an appropriate measure.

¹¹² Gesetz über die Durchführung von Maßnahmen des Arbeitsschutzes zur Verbesserung der Sicherheit und des Gesundheitsschutzes der Beschäftigten bei der Arbeit (Arbeitsschutzgesetz - ArbSchG); available at: <http://www.gesetze-im-internet.de/bundesrecht/arbschg/gesamt.pdf>.

¹¹³ Beck, David et al., ‘Gefährdungsbeurteilung bei psychischen Belastungen in Deutschland’ in the journal Prävention und Gesundheitsförderung (2012, Volume 7, Number 2), p.116, available on the website of the Federal Agency for Occupational Safety and Health (BAuA): <http://www.baua.de/de/Publikationen/Fachbeitraege/artikel28.html>.

¹¹⁴ The amending Act is the Gesetz zur Neuorganisation der bundesunmittelbaren Unfallkassen. Its draft can be viewed here: <http://dipbt.bundestag.de/dip21/btd/17/122/1712297.pdf>

¹¹⁵ See the websites of Deutscher Gewerkschaftsbund (DBG) Psychological stress in the workplace - the perspective of the social partners: http://www.dgb.de/themen/++co++5b7ac49c-6a25-11e2-84da-00188b4dc422/@@index.html?search_text=stress and IG Metall (German metal workers union) http://www.igmetall.de/cps/rde/xbcr/internet/docs_ig_metall_xcms_188529_2.pdf.

¹¹⁶ Fergen, Andrea, in ‘Gute Arbeit’ published by Lothar Schröder and Hans-Jürgen Urban, 2013, p.69. The Länder are Hamburg (lead), Brandenburg, Bremen and Nordrhein-Westfalen.

The Joint Occupational Safety and Health Strategy (**Gemeinsame Deutsche Arbeitsschutzstrategie (GDA)**), adopted in response to the Community strategy on health and safety at work (2007-2012), is a concerted action of Bund, Länder and accident insurers to foster safety and health at the workplace. The Strategy is coordinated by the NAK (Nationale Arbeitsschutzkonferenz), members of which are representatives of the Bund, the occupational health authorities of the Länder and the central association of the public accident insurers. In addition, representatives of the central associations of employers and employees participate in the NAK as advisors. For the years 2013 – 2018, the GDA plans to **focus on the protection of mental health** as one of its three main goals¹¹⁷. In particular, it includes plans to develop early detection methods and tools for the assessment of stress-related health risks. In addition, it aims to develop work organisational measures helping to reduce work-related mental burdens and to provide examples of good practice¹¹⁸.

The competent authorities to enforce the provisions of the Occupational Health and Safety Act are the **labour inspectorates** in the Länder. These are, however, rather technical authorities focussing on the safety of work places related to physical health. Therefore, most of the controls take place in the chemical and metalworking industry. Retailers and nursing homes are targeted more and more, and the situation of employees as regards stress at work is also looked into. To this end, inspectors are trained by psychologists. In addition (and to a larger extent than the above-mentioned authorities), inspectors of the statutory occupational accident insurance bodies inspect the health and safety of employees at work. In theory, they are competent to sanction violations of the Occupational Health and Safety Act related to stress. However, in practice the inspectors only recently started to take stress-related factors into account during their inspections. Also, there are different inspectors for different sectors, and the inspection practice is hence not uniform.

Other relevant national and regional initiatives in this context include:

- The **Federal Institute for Occupational Safety and Health (BauA)** published an online **toolbox** presenting methods to evaluate stress at work¹¹⁹. It also published a **guidance document** aiming to enable companies to develop their own strategy to tackle the problem¹²⁰. Furthermore, it published the German report on stress (**'Stressreport Deutschland 2012'**) based on interviews with over 20,000 employees conducted between October 2011 and March 2012. It explores the extent to which employees are exposed to stress and strain in Germany¹²¹.
- The information platform **Ergo-online** (initiated by the Hessian Ministry of Social Affairs) collects literature and information on health and safety at work and provides direct support (personal counselling, risk assessments, seminars, health circles...) ¹²². The website also contains a self-assessment questionnaire on stress.
- Finally, an example from a private health insurance company (BKK), which manages the project **"Mental health in the workplace" (psyGA)**¹²³. The project, funded

¹¹⁷ Geschäftsstelle der Nationalen Arbeitsschutzkonferenz, GDA-Periode 2013 – 2018 Arbeitsschutzziele:

<http://www.gda-portal.de/de/Ziele/Arbeitsschutzziele2013-18.html>.

¹¹⁸ GDA, information sheet on the Protection and strengthening of health in the case of work-related mental load:

http://www.gda-portal.de/en/pdf/InfoSheet-PSYCH.pdf?_blob=publicationFile&v=2.

¹¹⁹ Federal Institute for Occupational Safety and Health (BauA), <http://www.baua.de/de/Informationen-fuer-die-Praxis/Handlungshilfen-und-Praxisbeispiele/Toolbox/Toolbox.html>.

¹²⁰ Federal Institute for Occupational Safety and Health (BauA),

<http://www.baua.de/de/Publikationen/Broschueren/Gesundheitsschutz/Gs20.html>.

¹²¹ Federal Institute for Occupational Safety and Health (BauA),

<http://www.baua.de/de/Publikationen/Fachbeitraege/Gd68.html>.

¹²² Website : <http://www.ergo-online.de/> .

¹²³ psyGA: <http://psyqa.info/> .

under the New Quality of Work Initiative¹²⁴, disseminates information, studies and best practices on mental health at the workplace, with an emphasis on stress at work. In particular, a practical guide for employers was published in March 2012 to help managing stress at work – “Kein Stress mit dem Stress”¹²⁵. A free e-learning tool for managers has been developed in cooperation with the Technical University of Aachen to help them identify stress factors and find practical solutions to prevent and overcome stressful situations¹²⁶.

From the analysis of the Joint Occupational Safety and Health Strategy and the review of the numerous initiatives in place, it can be concluded that the Community Strategy on health and safety at work (2007-2012) has had an important impact on the development of a national framework to tackle work-related stress in Germany.

Implementation of 2004 European Framework Agreement and social dialogue

Regarding the measures implementing the Framework Agreement at national level, a **joint translation** of the agreement was agreed by German social partners in 2005. Although a common social agreement on work-related stress had been planned for the beginning of 2013, the parties could not agree on a common text¹²⁷. However, in the meantime, the German cross-industry confederations, the Confederation of German Employers' Associations (BDA) and the Confederation of German Trade Unions (DGB) developed separate initiatives to implement the Agreement¹²⁸. In addition, a number of initiatives have been undertaken by social partners to tackle the issue of stress at work.

The Confederation of German Trade Unions (DGB) has developed the 'Good Work Index', a tool to perform surveys among employees. Data are compiled in an annual survey assessing the quality of working conditions¹²⁹. In January 2013, the DGB-Index Gute Arbeit GmbH published the results of the survey on work-related stress of the previous year¹³⁰. As part of its initiative '**Gute Arbeit**', the trade union ver.di has published an online guidance document on risk assessment¹³¹. Furthermore, in the publication "Anti-Stress Initiativen", ver.di presents possible ways to tackle mental strain at work and summarises the experience made with these activities¹³². Its Hessian branch provides a helpline counselling on managerial measures to combat mobbing and burnout¹³³. Another example is that of IG Metall, which has published an online guidance document on mental

¹²⁴ 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. Website: <http://www.inqa.de/DE/Startseite/start.html>.

¹²⁵ psyGA, http://www.inqa.de/SharedDocs/PDFs/DE/Publikationen/psyga-kein-stress-mit-dem-stress-sammelordner.pdf?__blob=publicationFile.

¹²⁶ psyGA, <http://psyga.info/ueber-psyga/materialien/psyga-material/elearning-tool/>.

¹²⁷ Information obtained by interview with stakeholder.

¹²⁸ European Commission, Report on the implementation of the European Social Partners' Framework Agreement on work related stress, 24 February 2011, SEC(2011) 241 final, p.43, available at: http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC%282011%290241_EN.pdf.

¹²⁹ DGB-Index Gute Arbeit GmbH, <http://www.dgb-index-gute-arbeit.de/>.

¹³⁰ DGB-Index Gute Arbeit GmbH, http://www.dgb-index-gute-arbeit.de/downloads/publikationen/data/wachsender_psycho-stress- wenig_praevention_-_wie_halten_es_die_betriebe_mit_dem_arbeitschutzgesetz.pdf.

¹³¹ ver.di Gute Arbeit, <http://www.verdi-gefaehrdungsbeurteilung.de/meldung.php?k1=main&k2=index&k3=&k4=&view=&lang=&si=>.

¹³² ver.di Gute Arbeit, http://www.verdi-gute-arbeit.de/meldung_volltext.php?si=51346798e9790&id=508e62a961cce&akt=news&view=&lang=1. See also the publication 'Arbeitssetze' ('work race'): http://www.verdi-gute-arbeit.de/meldung_volltext.php?si=51346798e9790&id=4e2001582a5d7&akt=material_berichterstattung&view=&lang=1.

¹³³ Sozialnetz Hessen, <http://mobbing-und-burnout.sozialnetz.de/>.

strain at work¹³⁴. Also, it developed a 'stress barometer', i.e. a stress evaluation tool for employees¹³⁵.

The **Confederation of German Employers Associations (BDA)** has also confirmed its commitment to the Framework Agreement. Whilst it gave up its initial opposition to sectoral or company agreements, the BDA opposes a further regulation of the issue beyond the explicit inclusion of mental burdens in the scope of the Occupational Health and Safety Act, which is already foreseen. The BDA (co-)organised conferences related to the topic in 2005, 2006, 2008 and 2010. In 2012, it organised an event in cooperation with the Association of German Company Doctors¹³⁶. In addition, the employers' Institut für angewandte Arbeitswissenschaft e.V. (Institute for Applied Work Science - IFAA) issued guidance to take mental problems into account during the risk assessment by the employer. Since March 2013, application software (i.e. an app) is also available to register stress factors at the working place¹³⁷.

In this context, it is also worth mentioning other **sectoral agreements on stress at work**. In particular, specific sectoral agreements relating to psychosocial risks have been made in the areas of agriculture, for police forces, hairdressers and kindergarten teachers¹³⁸. At company level, Daimler AG approached the Department of Occupational and Organisational Psychology at Heidelberg University to develop a procedure that "enables an interdisciplinary team of experts to objectively analyse a workplace and identify possible sources of psychological stress". It introduced the procedure to all its locations in 2008¹³⁹. The Hans Böckler Foundation published an analysis of fifteen company agreements, which were concluded to tackle mental strain at work in the years 1998 - 2010¹⁴⁰.

In conclusion, several initiatives have been, and are being, conducted by social partners in Germany to address stress and other psychological problems related to work. However, such initiatives have not been necessarily sparked by the economic crisis.

3.2.3. Greece

Policy and legal framework

In Greece, Directive 89/391/EC and its daughter Directives have been fully and effectively transposed in the national legal order through a series of Presidential Decrees and through **Law 3850/2010** (OJA 84/02.06.2010), which constitutes a Codification of the National Health and Safety Legislation. No legal gaps exist, but, at the same time, proactive measures are seldom put in place. Article 8 par. 2 of Law 3850/2010 provides that, in undertakings with more than 50 workers, the employer must use the services of an occupational doctor who shall advise employers, workers and their representatives on measures regarding the physical and mental health of workers¹⁴¹. Article 42 also provides

¹³⁴ IG Metall, 'online-Ratgeber Psychische Belastungen', <http://www.igmetall.de/cps/rde/xchg/internet/style.xsl/online-ratgeber-psychische-belastungen-5122.htm>.

¹³⁵ IG Metall, <http://www.igmetall.de/cps/rde/xchg/internet/style.xsl/qute-arbeit-im-buero-5195.htm>. The barometer is available only for union members.

¹³⁶ Bundesvereinigung Deutscher Arbeitgeberverbände, [http://www.arbeitgeber.de/www/arbeitgeber.nsf/res/ErfolgsfaktorPsychischeGesundheit.pdf/\\$file/ErfolgsfaktorPsychischeGesundheit.pdf](http://www.arbeitgeber.de/www/arbeitgeber.nsf/res/ErfolgsfaktorPsychischeGesundheit.pdf/$file/ErfolgsfaktorPsychischeGesundheit.pdf).

¹³⁷ IFAA, http://www.arbeitswissenschaft.net/fileadmin/Redaktion/Pressemitteilungen/2013/PI_-_Psychische_Gesundheit_in_der_Arbeitswelt_im_Fokus_des_ifaa.pdf

¹³⁸ Information obtained by interviews with stakeholders.

¹³⁹ Daimler AG, <http://sustainability2009.daimler.com/reports/daimler/annual/2009/nb/english/60305020/the-mental-stress-risk-assessment-project.html>.

¹⁴⁰ Heinrich Geißler, 'Umgang mit psychischen Belastungen und Fehlbeanspruchungen', 2011, http://www.boeckler.de/pdf/mbf_bvd_psychische_belastungen.pdf

¹⁴¹ In particular, Article 17 par. 1 of the Law states that: "The occupational doctor shall provide advice and recommendations to the employers, the workers and their representatives, written or orally, on the necessary measures to be taken regarding the physical and mental health of the workers. These recommendations are

that the employer is obliged to ensure the health and safety of workers regarding all aspects of their work. The same Article emphasises that the employer must take all necessary measures to protect the health and safety of workers, including adapting the work to the individual and alleviating monotonous work and work at a predetermined work-rate, to safeguard the workers' physical and mental health.

The **Ministry of Labour, Social Security and Welfare** is the competent Ministry for the formulation, update and implementation of the legislative framework and policy in the field of health and safety. In particular, on the issue of mental health at the workplace, the Ministry of Labour and Social Security ran a campaign on healthy workplaces in 2008-2009. The issue of work-related stress is considered by the Ministry a problem of vital importance, which is expected to grow even further due to the financial crisis. However, further to the aforementioned campaign, little has been done to tackle this risk, mainly due to the following reasons:

- The **National Strategy on Health and Safety**, harmonised with the relevant goals of the EU Community Strategy 2007-2012, gave a distinctive priority to other issues, namely to the overall target to reduce by 25% the total incidence rate of accidents at work per 100,000 workers;
- Priority was given, especially after the crisis (2009), to combat work without social security;
- Also, particular attention is focussed on other issues, such as musculoskeletal disorders (MSDs) at work, since this type of risk is very common and can lead to temporary or even permanent disability and loss of employment, thus posing an economic threat to the social security system;
- Resources are limited to effectively cover all issues related to health and safety.

The **Labour Inspectorate Body**, which operates within the Ministry of Labour, is mainly responsible for the monitoring of the implementation of health and safety policy. The Body possesses adequate administrative infrastructure and operates satisfactorily, especially when receiving a complaint. However, the level of awareness regarding stress at work is currently very low and this factor leads to a very small number of complaints being filed. The Labour Inspectorate, acknowledging the growing importance of the problem and its sensitive role in promoting and protecting mental health at work, ran a wide campaign in 2012 as part of the European SLIC campaign (see Chapter 2.1.3). In particular, two large-scale workshops were conducted in Greece, one in Athens (March 2012) and one in Thessaloniki (May 2012) to provide information and raise awareness. The workshops were open for inspectors, employers and employees of the three sectors targeted by the campaign (i.e. health sector, HORECA and transport). Within this framework, more than 5,000 SLIC campaign informative booklets¹⁴² were distributed to the participants and to the Regional Labour Inspection Authorities. An additional initiative undertaken by the Labour Inspectorate, which can be registered also as a best practice, is that the booklets were translated in seven languages (English, Greek, Albanian, Bulgarian, Romanian, Polish, Russian), to address the needs of the significant number of immigrants currently working in Greece, mainly in the service sector (hotels and restaurants).

As part of the SLIC initiative, a wide inspection campaign was conducted by the Labour Inspectorate in installations all over Greece from April to October 2012. More than 470

registered in the Special Book of Article 14 and the employer is informed regarding these recommendations, by signing the Special Book". Furthermore, the occupational doctor, according to Article 17 par. 2 of Law 3850/2010 provides advice on issues – inter alia – regarding the physiology and psychology in the workplace, the formulation of the working environment and the organisation of the production process.

¹⁴² Electronic versions of the booklets are also available at the internet site of the Ministry www.yppak.gr

inspections were performed, mainly in the service sector, which were conducted in two phases. From the first phase of inspections, the main outcome was that only 35% of the employers had included psychosocial factors in their occupational risk assessment. The most frequent problems reported by the employees causing work-related stress were work load, time pressure, work at night, violence/threats and relations with their employer. During the second phase, the Inspectors visited these installations once again, to assess whether the proposed measures were actually implemented. The outcome was that the vast majority of employers demonstrated full compliance. The Labour Inspectorate considers psychosocial factors an important problem and emphasises that, especially amid the economic crisis, the health and safety culture of both employers and employees needs to be enhanced. Therefore, the Inspectorate intends to continue inspections throughout 2013 with the emphasis on work-related stress.

Within the general framework on health and safety at work, it is also worth mentioning the role of the **Hellenic Institute of Occupational Health and Safety at Work (ELINYAE)**, which is the outcome of the cooperation and consensus between employers and workers in Greece. In particular, ELINYAE participated as project leader in an EU funded project addressing health and safety of workers in the context of "Kallikratis", a significant restructuring programme in local administration in Greece¹⁴³. In particular, Kallikratis saw the abolition of 4000 legal entities in local government, following a subsequent reduction of primary level local authorities from 1,034 to 325. The ELINYAE project aimed at safeguarding health and safety during and after the move to the new system, **mainly focusing on the mental health of workers and on work-related stress caused by the overall administrative restructuring**. The project involved a field study for investigating the effects on health and safety on employees in 13 municipalities. The sample was fairly good, since 1,600 questionnaires were compiled from the employees. The main problems identified were the "express" and "violent" implementation of restructuring in combination with a lack of or limited information and training. Moreover, restructuring resulted in work intensification and increased reported stress. The most affected groups were employees in urban planning and waste collection services with increased work load and deteriorating working conditions. As a result of the project, a good practice guide during restructuring was prepared aiming at early prevention. A customised OSH management system was developed for local administration. Also, a considerable number of managers, employees and safety engineers received special training on the effects of restructuring¹⁴⁴.

In conclusion, a significant number of initiatives have been implemented in Greece to tackle the issue of stress at work. However, the National Strategy on Health and Safety, adopted in response to the Community Strategy 2007-2012, focusses on the overall target of reducing by 25% the total incidence rate of accidents at work, without including the issue of stress at work among its policy priorities. Therefore, the actions undertaken by the various stakeholders are mainly proactive initiatives and do not seem to respond to a coherent, organised and explicitly stated government policy. The Community Strategy has thus not had any direct impact on the development of a national framework in the field of stress at work, although it might have inspired some of the stakeholders' initiatives.

¹⁴³ "Hygeia in Kallikratis- Safeguarding health and safety of workers after the transposition to the New Architecture of Regional Administration and Decentralisation «Programme Kallikratis» in Greece". Analytical information regarding the project, its findings and outcomes is downloadable in Greek at: http://www.elinyae.gr/el/lib_file_upload/FILLADIO.1342700561812.pdf

¹⁴⁴ For more information, see : <http://hygeia.elinyae.gr>

Implementation of 2004 European Framework Agreement and social dialogue

Greek social partners included an obligation to implement the European Agreement on Work-Related Stress in **Article 7 of the National General Collective Labour Agreement**¹⁴⁵ (*Εθνική Συλλογική Σύμβαση Εργασίας* – EGSSE) for 2008-2009, signed on 26 March 2008. The EGSEE constitutes an agreement between the social partners at national level, which determines minimum working conditions for workers throughout the country. The text of the European Agreement is annexed (Annex B) to the EGSSE and forms an integral part of it. The EGSEE was signed on the workers' side by the Greek General Confederation of Labour (GSEE), and on the employers' side by the Hellenic Federation of Enterprises (SEV), the General Confederation of Greek Small Businesses and Trades (GSEVEE) and the National Confederation of Greek Traders (ESEE). However, the Agreement was not discussed within the Health and Safety at Work Council (SYAE), which constitutes the official council of the social dialogue on health and safety issues in Greece. Additionally, the social partners have not yet reported on the implementation of the Agreement to their European confederations.

In 2009, the Greek economy entered a prolonged phase of financial and economic crisis. Despite the worrying impacts of the crisis on the mental health of workers, including rising levels of suicides¹⁴⁶, the issue of stress at work seems not to be high on the political agenda.

According to the views of the **Greek General Confederation of Labour (GSEE)**, stress at work is becoming a rapidly growing problem in Greece. Despite the fact that the Agreement has been signed by the social partners, thus demonstrating the significance of the issue, few initiatives have taken place in practice. Although the crisis led to constantly rising levels of stress at work (as reflected in the results of the European Poll of 2011¹⁴⁷), taking concrete steps to deal with it shifted gradually lower in the policy agenda, due to the fact that unemployment became the main priority. As a consequence, stress at work became a "luxury", since the main problem was "stress due to the lack of work". In addition, illegal employment without social security coverage started growing rapidly and cuts in wages (reaching an average of 29% from 2009¹⁴⁸), both in the public and the private sector, shifted the social dialogue towards purely financial and economic issues.

Although no concrete studies have been conducted in Greece related to stress at work, it is obvious that the problem has reached an alarming level, mainly due to the actual annulment of the National General Collective Labour Agreements, which are now replaced by Sectoral or even Individual Labour Agreements. This poses significant pressure on workers, who are now called to negotiate with their employer the terms of their labour agreement on an individual level, which makes them more vulnerable. Moreover, the growing number of companies closing down in Greece, due to the crisis, represents a constant stress factor for every worker. However, it should be mentioned that even the workers themselves are more interested in the conservation of their jobs, rather than in the actual working conditions and impacts on their physical and mental health¹⁴⁹.

¹⁴⁵ The full text of the EGSSE 2008-2009 in Greek is downloadable at the internet site of GSEE: http://www.gsee.gr/userfiles/file/2008_NEWS_KEIMENA/egsse_2008-2009.pdf

¹⁴⁶ Kentikelenis A, Karanikolos M, Papanicolas I, Basu S, McKee M, and Stuckler D. "Health effects of financial crisis: Omens of a Greek tragedy, 2011", *Lancet*, 378(9801): 1457 – 1458. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61556-0/fulltext#aff1](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61556-0/fulltext#aff1)

¹⁴⁷ 93% of Greeks believe that job related stress will increase in the next five years and 83% believes it will increase a lot. (EU-OSHA : Pan-European Opinion Poll on Occupational Safety and Health – Press Kit, p. 19)

¹⁴⁸ GSEE Press Release, 21.03.2013 - http://www.gsee.gr/news/news_view.php?id=2020

¹⁴⁹ Interview with Mr Yiannis Adamakis, Director of GSEE

The Greek General Confederation of Labour (GSEE), fully acknowledging the importance of the problem of stress at work (and of stress due to lack of work), is currently seeking funding to implement a campaign at national level regarding "Psychosocial factors and stress at work due to the economic crisis in Greece". The aim is to run a campaign to inform and raise awareness of both workers and employers on the impacts of stress at work, on methods to monitor the problem and on potential appropriate solutions, focusing mainly on prevention.

The **Hellenic Federation of Enterprises (SEV)** constitutes the main, independent representative of private firms in Greece. Its members are mainly industrial companies or relevant industrial regional or sectoral organizations. The majority of the companies represented by SEV are small-medium sized companies, according to the relevant EU definition. Apart from being one of the signatories of Article 7 of the National Labour Collective Agreement in 2008, the SEV has not taken any further initiatives in the context of stress at work.

In addition to national initiatives, it is worth mentioning that integrated corporate strategies and policies have been developed by a number of companies, mainly from the service sector, to protect workers from work-related stress. For example, **Eurobank SA**¹⁵⁰ has established since 2006 an integrated policy on health and safety issues (OSHAS 18001 certified), which emphasises – inter alia - the psychosocial factors and work-related stress. In addition, the company introduced in 2006 the "Crisis Incident Stress Management", providing psychological assistance to employees exposed to crisis situations (robberies, hostage situations, etc.). Furthermore, since 2011, a Programme has been developed, called LIFE SKILLS. Following an innovative procedure, through story-telling and an interactive workshop, the Programme provides at the end for tools, which can be used by the participants to "train" their brain, so that they can adopt a more positive stance against stressful events. A second example is provided by the company **Interamerican**¹⁵¹, active in the insurance sector. In response to the crisis, two workshops regarding work-related stress were conducted in 2012, with more than 150 participants. The workshops were held in cooperation with the National Network for Workplace Health Promotion, which operates under the auspices of the European Network for Workplace Health Promotion. A similar series of workshops regarding work-related stress is expected to be launched also in 2013.

3.2.4. Lithuania

Policy and legal framework

A number of pieces of legislation and other national instruments were implemented in Lithuania prior to the Community Strategy (2007-2012), which have a bearing on the management of stress and mental well-being at work. These include:

- The law on safety and health at work of the Republic of Lithuania – 2003: this lays down competency requirements for risk factors of research bodies specified by the Ministry of Health and the Ministry of Social Security and Labour¹⁵².
- Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania – 2003: this established an obligation on employers to assess all risks factors at work including any psychosocial risks factors¹⁵³.

¹⁵⁰ Eurobank is a European banking organization with total assets of € 71.3 bn, offering banking services across eight countries. In February 2013, Eurobank became a member of the NBG Group. (www.eurobank.gr)

¹⁵¹ INTERAMERICAN is one of the three top companies in the Greek insurance market and part of the ACHMEA GROUP. (www.interamerican.gr)

¹⁵² Law on safety and health at work of the Republic of Lithuania. July 1, 2003. No. IX-1672. [http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=301102;\(in Lithuanian\).](http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=301102;(in Lithuanian).)

- Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania – 2005: this included approved methodological guidelines for the assessment of psychosocial risk factors¹⁵⁴.
- Order of the Minister for Health of the Republic of Lithuania – 2006: this incorporated an approved training programme for the assessment of ergonomic and psychosocial risk factors¹⁵⁵.

Following the recommendations of the Strategy, a further order was produced:

- Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania – 2012: this expanded the provisions for risk assessment supplementing conditionally acceptable risks, and complemented other provisions¹⁵⁶.

Given the timing of the last order, it is likely that its content was influenced by the on-going economic and financial crisis. However, this is not explicitly stated and no additional measures specifically in response to the crisis have been enacted or are known to be under development. In particular, although assessment of psychosocial risks would be covered by the provisions of this order, no additional measures were enacted in relation to stress at work following the publication of the Community strategy.

In addition to the legal framework, a number of national initiatives have been launched, relating to the issue of stress and mental well-being in the workplace. For example, training courses with an examination have been provided since 2008 in Vilnius Gediminas Technical University for company staff dealing with risk prevention and for safety and health services company staff, in compliance with the above-mentioned training programme for the assessment of psychosocial risk factors¹⁵⁷.

In addition, there has been a significant increase over the last three years in research papers on stress at work and surveys of psychosocial factors at company level from the three Lithuanian Universities of Vilnius Gediminas Technical, Vytautas Magnus, and Mykolas Romeris. As part of the implementation of the Republic of Lithuania Occupational Safety and Health Strategy in the universities, many students Master's Theses have addressed the impact of stress at work and other psychosocial factors on workers' quality of life. This shows the increased concern over this issue and efforts to provide a sound research base for future activities.

Under the auspices of the Institute of Hygiene and as part of the EU-funded project "Qualification improvement of public health care professionals and nursing staff, contributing to the morbidity and mortality from the major non-infective diseases reduction" (No SFEMIS. VP1-1.1-SADM-V-01-007)¹⁵⁸, training courses have been provided in 2010 on "Mental health in the workplace". These qualification improvement courses are designed for public health professionals working in local public health offices, specialised staff in public health care facilities, county public health centres, schools, and other public health professionals. In January and February 2013, training courses on "Mental health

¹⁵³ Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania, October 16, 2003 No. A1-159/V-612 „ For the approval of the regulations of occupational risk assessment. (Žin., 2003, Nr. 100-4504) (in Lithuanian).

¹⁵⁴ Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania, August 24, 2005 No. V-699/A1-24, "For the approval of methodological guidelines of psychosocial risk factors assessment" (in Lithuanian). http://sena.sam.lt/lt/main/teisine_informacija/ministro_isakymai?id=26015

¹⁵⁵ Order of the Minister for Health of the Republic of Lithuania, January 4, 2006, No. V-12, "For the approval of training programme of ergonomic and psychosocial risks factors assessment" (in Lithuanian). <http://tar.tic.lt/Default.aspx?id=2&item=results&aktoid=A42E36C7-3DEE-4DE2-AC13-DC3D587585D1>

¹⁵⁶ Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania, October 25, 2012 No. A1-457/V-961, "For the approval of the general provisions of occupational risk assessment" (Žin., 2012-10-31, Nr. 126-6350) (in Lithuanian).

¹⁵⁷ Vilnius Gediminas Technical University. 2008. Training courses programme for psychosocial risk factors assessment (in Lithuanian). <http://www.ergon.vgtu.lt/>

¹⁵⁸ Hygiene Institute. 2010. The EU-funded project "Qualification improvement of public health care professionals and nursing staff, contributing to the morbidity and mortality from the major non-infective diseases reduction" (SFEMIS Nr. VP1-1.1-SADM-V-01-007). Training courses "Mental health in the workplace" (in Lithuanian) www.smlpc.lt

enhancing in the workplace” have been presented, again under the auspices of the Institute of Hygiene. These courses are designed for public health professionals, occupational health professionals or other professionals who perform or seek to perform safety and health specialist functions in enterprises, institutions and organizations¹⁵⁹.

In 2012, Lithuania was also involved in the EU SLIC campaign on psychosocial risks at work (see chapter 2.1.3), focusing in particular on the transport sector. The campaign focussed on the inspection of 89 companies, aiming to identify whether the employer carried out a psychosocial risk assessment, which psychosocial risks were discussed and what actions have been taken following such risk assessment. Preliminary findings include that assessments of psychosocial risk factors have been carried out in 39% of the companies examined. In particular, among these companies, 63% identified risks due to high workloads and 57% identified risks due to violence, intimidation, night and shift work.

Implementation of 2004 European Framework Agreement and social dialogue

Since the promulgation of the 2004 European Framework Agreement on Work-related stress, three Orders specifically relating to psychosocial risks have been enacted, as outlined in the section above. However, it is not known to what extent these were prompted, or influenced by the Agreement.

In addition, some further initiatives have taken place to address specific elements relating to stress and poor mental well-being at work. Violence, bullying and harassment in the workplace are a particular problem in some sectors, especially those with a predominantly female workforce. In 2009, the Lithuanian State Mental Health Centre joined the European Commission funded project: "Violence against women at work... Let's talk about it", led by the international organization Mental Health Europe^{160,161}. The overall aim of the project is to contribute to the protection of women against all forms of violence at work – (sexual) harassment, bullying – and to promote mental health and well-being and prevent mental health problems through awareness-raising campaigns. The project provided for the use of the group method to gain deep understanding of the problem in each of the participating countries and to disseminate examples of good practice. The project deliverables included drawing society's and employers' attention to the issue of violence in the workplace (and its impact on mental as well as physical well-being) and to promote the adoption of preventive measures.

3.2.5. Poland

Policy and legal framework

In Poland, key provisions concerning the protection of people's mental health can be found in the Mental Health Protection Act¹⁶². The Act does not make any direct reference to the prevention of, or the protection from, work-related stress as such. Similarly, 'the workplace' is not recognised as a possible setting for such activities. The Act has, however, prompted the formulation of a **National Programme for Mental Health Protection (2011- 2015)**, which has been established, via a due Ordinance, by the Council of Ministers in 2010¹⁶³. According to § 2 of the Ordinance, the main themes of the Programme include:

¹⁵⁹ Hygiene Institute.2013. The EU-funded project "Establishment of planning needs system in the preparation, training and development of public health professionals" (SFEMIS Nr. VP1-4.3-VRM-02-V-01-001). Training courses "Mental health enhancing in the workplace"(in Lithuanian). http://www.hi.lt/content/ES_fin_proj.html

¹⁶⁰ <http://www.violence-against-women.eu/>

¹⁶¹ 10. Violence against women at work: and again in the forefront? 2009. (in Lithuanian).

<http://www.mobingas.lt/straipsniai-spaudoje/1/8/smurtas-pries-moteris-darbe-ir-vel-pirmaujame>

¹⁶² Mental Health Protection Act of 19.08.1994, with subsequent amendments [in Polish].

¹⁶³ Ordinance of the Council of Ministers of 28.12.2010, concerning the establishment of the National Programme for Mental Health Protection [in Polish]. <http://isap.sejm.gov.pl/DetailsServlet?id=WDUJ20110240128>

the promotion of mental health and prevention of respective disorders; the provision of healthcare and other support services to people with mental health disorders, so that they can fully participate in family and social life; and the evolution of scientific works and information systems concerning mental health.

The Programme is supervised by the Minister of Health and carried out, depending on the specific tasks enumerated in the Ordinance, by a number of different Ministries as well as the National Health Fund and Self-governments (at the voivodship, district and municipal level). The main targets of the Programme are children and youth (mental health and eating disorders), adolescents and adults (prevention of depression and suicides) as well as those employers who are in the position to offer jobs to people with mental health and/or behavioural disorders. Overall, it appears that the ultimate aim of the Programme is to introduce mental health aspects into the public discourse and to help shape appropriate social approaches towards people with acquired mental health disorders. However, as with the Mental Health Protection Act, the Programme does not recommend any specific actions or measures, which would combat or prevent work-related stress, or ones that would specifically promote mental health at the workplace.

In the context of health and safety at work, there is a long-term **Programme for the Improvement of Work Safety and Work Conditions**. This Programme stemmed from many regulations, both national and international - including the Community Strategy 2007- 2012 on health and safety at work. Currently, the Programme is in the second phase of realisation (2011- 2013) and its structure is divided into two major 'building blocks' which, in turn, contain detailed activities to be carried out. Block 1 contains 7 'thematic groups' whose execution is the responsibility of various national services. Block 2 contains 6 'project undertakings', which comprise scientific and exploratory works. Within these two frameworks, thematic group number five (*improvement of occupational safety and hygiene promotion and information systems*) and project undertaking number four (*identification, evaluation and reduction of psycho-physical hazards found in the work environment*) are, at least indirectly, related to the promotion of mental health and the prevention of work-related stress.

Although the Community Strategy on health and safety at work has certainly influenced the creation of this long-term programme on health and safety, its impact on the adoption of new policy measures related specifically to stress at work appears to be very limited, even if other measures have been enacted which have some bearing on this important issue.

For example, the issue of stress at work is addressed, albeit indirectly, by the **Polish Labour Code Act**, particularly in the provisions concerning mobbing, working time and the assessment of occupational risks. An amendment concerning working time is currently being processed by the Lower House of the Parliament.

In addition, the problem of stress at work has been raised by the **Labour Protection Council**, a parliamentary body which advises the Parliament on all aspects of working conditions and supervises the activity of the **State Labour Inspectorate (SLI)**. At two of the three most recent monthly meetings of the Council, its members were briefed on the current position, and were presented with the results of stress prevention activities conducted by the SLI^{164,165}. In 2006, the SLI launched a long-term programme for the prevention of the negative effects of stress and other psychosocial factors at the workplace. The main aim of the programme was to draw the attention of employers and employees to such phenomena as mental overstrain and work-related stress.

¹⁶⁴ Report from the 29th meeting of the Labour Protection Council, held on 10.12.2012 [in Polish, text not authorised]. http://rop.sejm.gov.pl/1_Old/posiedzenia/pdf/0129807.pdf

¹⁶⁵ Report from the 30th meeting of the Labour Protection Council, held on 22.01.2013 [in Polish, text not authorised]. http://rop.sejm.gov.pl/1_Old/posiedzenia/pdf/0138907.pdf

In 2011, the Inspectorate launched a continuation of this programme relating to stress at the workplace and other psychosocial factors related to corporate work. Based on the two programmes, the SLI has developed an approach concerning management standards, which addresses the prevention of stress and facilitates the development of an appropriate organisational culture¹⁶⁶, together with background information on the prevention of stress at work, including a brief stress management scheme and a set of related guidelines for employers¹⁶⁷. In April 2012, the SLI also organised an international conference and a workshop concerning psycho-social factors at work as a part of their campaign concerning the prevention of psycho-social factors.

The **Central Institute of Labour Protection** - National Research Institute hosts a website dedicated to stress at work¹⁶⁸. In addition, as one of four European entities, the Institute has taken part in the 'PSYRES' project, (Psychological health and well-being in restructuring: key effects and mechanisms¹⁶⁹). The Central Institute also currently deals with seven stress-related projects, financed as project undertakings within the "Programme for the Improvement of Work Safety and Work Conditions".

From 2008 to 2013, the **Nofer Institute of Occupational Medicine** has run a project on psychosocial risks at the workplace. The aim of the project was to develop the know-how necessary for the realisation of preventive actions concerning the reduction of psychosocial risks at work¹⁷⁰. From 2011 to 2014, a second project, in collaboration with the "Solidarność" trade union, is developing a tool to enable the self-assessment of psychosocial risks amongst employers and employees¹⁷¹.

Implementation of 2004 European Framework Agreement and social dialogue

In 2006, the national trade union organisation, Solidarność, was awarded an EU- funded project (VS/2006/0552) entitled: "Work-related stress as a supranational problem to employees and employers: Methods for counteracting the phenomenon by the exchange of good practice". The project included an international conference focussed on the prevention of work-related stress and the resulting socio-economic advantages for employees and enterprises. The content reflected that of the 2004 Framework Agreement from the perspective of Polish social partners. During the conference, a representative of the Ministry of Labour and Social Affairs declared that the government would support the implementation of the European Framework Agreement¹⁷². In September 2007, negotiation workshops were organised for the Polish social partners. During these workshops, the attendees agreed on the timeline and steps necessary to implement the Framework Agreement.

As an outcome, a **Joint Declaration on Preventing and Combating Work-related Stress** was adopted in 2008 to implement the 2004 Framework Agreement. The aims of this Declaration are to raise the awareness of employees and employers concerning work-related stress and the means of its prevention; to make the employers more sensitive to the importance of undertaking preventive actions in relation to stress at work; and to disseminate the provisions of the 2004 Framework Agreement. Signatories on behalf of the employers are the Confederation of Polish Employers, the Polish Craft Association and the Polish Confederation of Private Employers 'Lewiatan'. On behalf of the employees it has been signed by All- Poland Alliance of Trade Unions, 'Solidarność' Trade Union and Trade

¹⁶⁶ <http://www.pip.gov.pl/html/pl/prewencja/stres/03110004.htm> [in Polish]

¹⁶⁷ <http://www.pip.gov.pl/html/pl/doc/07040090.pdf> [in Polish]

¹⁶⁸ <http://www.ciop.pl/452.html#1>

¹⁶⁹ <http://www.psyres.pl/21963.html>.

¹⁷⁰ <http://www.programyzdrowotne.pl/proramypofilaktyczne/zagrozenia/Default.aspx>

¹⁷¹ <http://www.psychostreswpracy.pl/index.php>

¹⁷² http://www.solidarnosc.org.pl/uploads/oryginal/2/d2ff3_Przeciwdzialanie_stresowi.pdf

Unions' Forum. According to the trade unions, the problem of work-related stress is not sufficiently well-recognised at the national level for any sectoral agreements to exist.

In addition, *Solidarność* has initiated several campaigns, all of which have, to a greater or lesser extent, touched upon the problem of stress at work. For example, the most recent campaign ('Nie daj się orznać' [Do not let them rip you off]) is the union's response to the government's plans of making the working time more flexible (including extending working time). The union has prepared information leaflets, which warn employees against the possible effects of such changes, including stress caused by work instability. Another initiative with a psycho-social aspect to it was the union's 'Stop 67' campaign against the lengthening of retirement age (to 67 for both men and women). In both of these campaigns, the union has mentioned work-related stress as a possible consequence of the planned changes.

In the social dialogue, the problem of stress at work has indeed become a more important aspect, which is not however reflected in the national policies. It appears that the national authorities do not associate stress at work with the economic crisis; in fact, the problem seems not to be noticed at all. On the other hand, the social partners do raise this problem in the tripartite dialogue sessions as well as through campaigns, which focus not only on the psychosocial risks at the workplace but also on the overall safety of workers.

3.2.6. Spain

Policy and legal framework

Although Spain does not have specific legislation on psychosocial risks, **Law 31/95 of 8 November 1995 on Prevention of Occupational Hazards**¹⁷³, transposing Directive 89/391/EEC, is commonly understood as applying to situations of stress, violence or moral harassment arising from working conditions. If the original text only refers to the general term of 'occupational risks', the jurisprudence of the High Court of Justice of Cantabria of 2 November 2007 clearly establishes that Law 31/95 applies to psychosocial risks.

The Law includes an obligation for the employer to take action against all occupational risks, defining a general preventive approach, going from eliminating occupational risks to assessing them if they cannot be prevented. Employers are also expected to investigate the causes of ill-health at work, to adapt the job to the workers, to implement preventive actions integrating all aspects of the work environment, e.g. working conditions, work organisation and schedule, social relations, and to consult workers' representatives prior to actions that may affect health and safety. Law 31/95 profoundly reshaped the legal framework on occupational risks in Spain, introducing a preventive approach that was absent until then.

In addition to this general framework, a decision from the Spanish High Court of 26 October 2000, based on the ruling of the High Court of the Basque Country of 1999, defines burnout as an occupational accident, although Spanish law does not recognise stress as an occupational disease.

In this context, the **General Direction of the Labour Inspectorate and Social Security** has issued specific guidelines on psychosocial risks¹⁷⁴ that are binding for labour inspectorates. The guide, published during the SLIC campaign in 2012, describes how

¹⁷³ Ley 31/95, de 8 de noviembre, de prevención de riesgos laborales, BOE nº269 of 10/11/1995. Text available at : <http://www.boe.es/buscar/act.php?id=BOE-A-1995-24292>

¹⁷⁴ Dirección General de la Inspección de Trabajo y Seguridad Social (2012). 'Guía de actuaciones de la inspección de trabajo y seguridad social sobre riesgos psicosociales'. Available at : http://www.empleo.gob.es/itss/web/Atencion_al_Ciudadano/normativa_y_Documentacion/Documentacion/Documentacion_ITSS/001/Guia_psicosociales.pdf

labour law should be enforced in relation to psychosocial risks. In addition, during the campaign, a hundred labour inspectorates were specifically trained on psychosocial risks.

The **Spanish strategy on safety and health at work 2007-2012** mentions the need to focus on emerging risks, including psychosocial risks. It creates a temporary working group on psychosocial risks in the National Commission for Health and Safety at work - a coordinating body comprising representatives of national and regional administrations formed to assess existing policies and make proposals to improve psychosocial risk prevention. This group was set up in May 2012 and has a mandate for assessing existing public policies, proposing an action plan and developing specific measures to improve the prevention of psychosocial risks. The group has already started working on these issues, but the results have not been published yet. A new Strategy on safety and health at work, which will also address psychosocial risks, is currently being developed. In addition, following the National Strategy, all regions have set up **regional strategies** on safety and health at work, which have often led to the creation of observatories on occupational risks, including psychosocial risks. In particular, the regional strategies specifically address psychosocial risks in thirteen regions.

The **Spanish Strategy on Mental Health of the National Health System**¹⁷⁵, adopted in 2006 and updated in 2009, also includes objectives related occupational health, especially recommending that regions should support the prevention of work-related stress, burn-out and mental disorders associated with work. The update of the strategy in 2009 added as a recommendation that regions should tackle mental health and promote better working conditions for vulnerable groups, especially women.

In addition to the legal and policy framework, extensive literature on psychosocial risks and evaluation methods exist in Spain from both the Ministry and social partners.

The **National Institute of Safety and Hygiene at Work (INSHT)**, within the Ministry of Labour, is the main technical national body promoting health and safety at work and disseminating knowledge on psychosocial risks. The Institute has organised training on the identification and evaluation of psychosocial risks and especially stress at work; it also provides information and documentation through its thematic portal on psychosocial risks. The National Observatory of Working Conditions, attached to the Institute, was created by the National Strategy on Safety and health at work, to become an information and dissemination service to a wider audience and provide statistics on health at work. Published on the observatory's website every four years by the INSHT since 1987, the National Surveys on Working Conditions focus on workers' perceptions of occupational risks and include a chapter on psychosocial risks.

Regarding evaluation methods and tools, the INSHT has developed its own quantitative method for evaluation of psychosocial risks at the workplace through a specific questionnaire (PFSICO). The questionnaire, updated in 2011 to include new risk factors, is currently the most used methodology in Spain. Some tools have been specifically created to address the difficulties of SMEs in implementing preventive measures. In particular, the INSHT developed, with the Institute of Biomechanics of Valencia, a manual for the evaluation of psychosocial risks dedicated to SMEs. The State Secretary of Social Security created an evaluation tool, 'evalua-t', which is part of a wider programme for SMEs, 'Prevención 10'. The tools already include elements on psychosocial risks, but are not yet fully developed on this issue.

¹⁷⁵ Estrategia en Salud Mental del Sistema Nacional de Salud 2009-2013: http://www.feap.es/userfiles/file/Estrategia_en_Salud_Mental_Actualizacin_2009-2013.pdf

ISTAS, together with a task force of specialists¹⁷⁶, adapted in 2003 the Copenhagen questionnaire and created the CoPsoQ-istas21 methodology. The methodology was based on pilot projects to obtain an assessment tool really adapted to the Spanish context. The questionnaire is accessible online for free, and is available in a long version, for enterprises employing more than twenty-five people and in a short version for auto-evaluation and smaller enterprises. This methodology was chosen as methodology of reference by the Catalan Government, and is widely used in Spain¹⁷⁷.

From the analysis of the Spanish strategy on safety and health at work and the review of the numerous initiatives in place, it can be deduced that the Community Strategy on health and safety at work (2007-2012) has had an impact on the development of a national and regional framework to tackle work-related stress in Spain, although the economic and financial crisis has not contributed to developing the framework further.

Implementation of 2004 European Framework Agreement and social dialogue

The 2004 Framework Agreement has been translated and put in annex of the **Biennial Interconfederal Agreements on Collective Bargaining** in 2005¹⁷⁸. This Agreement does not have binding legal force, but provides recommendations to signatories' member organisations for their collective bargaining. A few collective labour agreements have been included in the Agreement, notably in the chemical and the telemarketing sector.

Social partners have also been major actors in the dissemination of knowledge. The workers' organisations UGT (General Union of Workers) and its Federation of Services (FeS) and CCOO (workers' commissions) have both set up technical advisory bodies focusing on health at work and working conditions: the 'Gabinete de Salud Laboral' (Occupational health office) belonging to the Secretariat on occupational health, trade union training of FES-UGT, and the Union Institute of Work Environment and Health (ISTAS), attached to CCOO. ISTAS, in addition to publishing guides for risks prevention representatives, carries out regularly surveys on exposure to psychosocial risks. The latest survey¹⁷⁹, conducted in 2010 on 5100 workers, quantifies most frequent risks among the working population (cognitive demands, poor development perspectives, job insecurity, lack of predictability, interpersonal relationships).

UGT has set up a Permanent observatory of psychosocial risks presenting online information kit to help identify, evaluate and prevent these risks. To gather up to date knowledge on all aspects related to psychosocial risks, FeS-UGT has also organised a seminar in 2010, comprising four panels: *theoretical* on the definition of psychosocial risks, *legal* on the legislative framework, *technical* on evaluation methods, and *sectoral*. The seminar resulted in the publication of a general guide¹⁸⁰ on the four dimensions tackled in the presentations. The trade union also published a large number of sectoral guides tackling psychosocial risks in call centres and private security services, in collaboration with the National Observatory of Working Conditions in 2007. FeS-UGT has also provided advice and training to regional federations on health and safety.

¹⁷⁶ Universities, the INSHT, the Catalan's government health and safety unit, the Danish National Research Center for the Working Environment, the Autonomous government of Navarra, the mutual insurance agency Fraternidad Muprespa, and CCOO health and safety departments.

¹⁷⁷ Moncada S., Llorens C., Moreno N., Rodrigo F., Landbergis P. (2011) 'CC.OO. ("Comisiones Obreras") – ISTAS (Union Institute of Work, Environment and Health) participatory action plan for a healthier work organization: A case study', *Safety Science* 49(2011): 591–598.

¹⁷⁸ Acuerdo Interconfederal para la negociación colectiva 2005, BOE n°64 of 16 March 2005. Text Available at : <http://www.boe.es/boe/dias/2005/03/16/pdfs/A09354-09363.pdf>

¹⁷⁹ ISTAS (2011) 'Exposición a riesgos psicosociales en el trabajo y desigualdades sociales entre la población asalariada en España'. Available at : <http://www.istas.net/web/abreenlace.asp?idenlace=9319>

¹⁸⁰ Fes-UGT (2010) 'Guía de la V jornada de salud laboral - riesgos psicosociales, riesgos emergentes en los sectores de la Fes-UGT'. Available at : <http://www.ugt.es/saludlaboral/Guia%20FES.pdf>

The Employers' Federation (CEOE) has a web portal dedicated to the prevention of occupational risks, and has organised conferences and seminars on this issue.

The economic crisis did not lead to changes in legislation, and no legislation on restructuring processes is planned in the near future. The only text tackling indirectly the consequences of the crisis on health at work, is the **second Agreement on Employment and Collective Bargaining of February 2012**¹⁸¹, which mentions restructuring processes and the need to better anticipate changes and inform employees of company reorganisations.

The consequences of the crisis on psychosocial risks have been clearly identified and quantified by surveys. ISTAS has carried out a study of on the evolution of exposure to psychosocial risks among employees between 2005 and 2010¹⁸², demonstrating that working conditions have generally worsened in the context of the economic crisis, especially when it comes to job insecurity, higher mental strain and poorer development perspectives. A second study carried out by ISTAS in 2011 focuses on the exposure to psychosocial risks in restructuring processes¹⁸³. The study concluded that the exposure to psychosocial risks increased by 15% for survivors compared to workers not experiencing restructuring.

In this context, the recent labour reform of 2012 has been widely criticised by workers' federations as dangerous for employees' psychosocial health, as it facilitates dismissals and enables employers to change work schedules, organisation, tasks and wages in a discretionary manner.

3.2.7. Sweden

Policy and legal framework

In terms of general legislation on occupational health and safety, the **Work Environment Act**¹⁸⁴ was adopted in 1977, prior to the introduction of Directive 1989/391, and was further amended in 2002. The amendments introduced a section requiring employers to take all measures necessary to protect workers from illnesses and accidents. The amended Act also gave the Swedish Work Environment Authority the competence to issue regulations in this area. In addition, the **Systematic Work Environment Management**¹⁸⁵ contains binding provisions and non-binding recommendations to employers. The binding provisions require employers to have sufficient knowledge about physical, psychological and social factors affecting the health of employees. The guidelines explain that illness is defined both according to medical criteria, but it is also related to bodily and psychological dysfunctions, such as stress reactions.

In addition, the **Swedish national action plan on working environment for 2010-2015**, which follows the recommendations of the Community Strategy on health and safety at work (2007-2012), includes psychosocial risks as a priority action. Therefore, the

¹⁸¹ 'Resolución de 30 de enero de 2012, de la Dirección General de Empleo, por la que se registra y publica el II Acuerdo para el Empleo y la Negociación Colectiva 2012, 2013 y 2014', BOE nº316 of February 2012. Available at :

http://www.ugr.es/~ustea/comunicados/II_acuerdo_empleo_negociacion_colectiva_2012_2014.pdf

¹⁸² ISTAS (2011) 'Evolución de la exposición de los asalariados a los riesgos psicosociales en España entre los años 2005 y 2010'. Available at : <http://www.istas.net/web/abreenlace.asp?idenlace=9345>

¹⁸³ ISTAS (2011) 'Ajustes de plantilla, exposición a riesgos psicosociales y salud'. Available at : <http://www.istas.net/web/abreenlace.asp?idenlace=9320>

¹⁸⁴ *Arbetsmiljölagen (1977:1160)* adopted on 19 December 1977 and entered into force on 1 July 1978, last amended on 1 August 2011

¹⁸⁵ (Systematiskt arbetsmiljöarbete, SAM (AFS 2001:1)), adopted and entered into force on 15 February 2001, last amended on 30 September 2008

Community Strategy has had an impact in shaping the development of the national framework on the issue of stress at work and has inspired several initiatives in this context.

For example, a number of financing schemes exist in Sweden for the improvement of working conditions in relation to stress at work. In particular, the **Swedish Council for Working Life and Social Research** (Forskningsrådet för Arbetsliv och Socialvetenskap, FAS), which was established in 2001 through a merger of the Swedish Council for Work Life Research and the Swedish Council for Social Research, supports studies in different areas, including stress, work and health¹⁸⁶. The FAS is also financing the Stockholm Stress Center, which was created in 2009 as an interdisciplinary centre for research on work-related stress¹⁸⁷. In addition, Satsa friskt (roughly translated as: "Go for health") is a project carried out at the local level, where the social partners in the governmental sector have agreed to support the authorities' work on improving the work environment and lowering sick-leave¹⁸⁸.

A number of specific training and education programmes also address prevention of psychosocial risks for company staff dealing with risk prevention. In this context, the **Swedish Work Environment Authority** (Arbetsmiljöverket, AV) has published a number of handbooks and reports on work-related stress for employers and union representatives. Examples include the publications "Systematic work environment management against stress" (2002)¹⁸⁹ and "Illness and negative stress – in a changing work environment" (2002)¹⁹⁰.

Other related initiatives include **communications campaigns by specific stakeholders**. In particular, **Prevent**¹⁹¹, a cooperative institute of the Confederation of Swedish Enterprise, the Swedish Trade Union Confederation, and the Council for Negotiation and Cooperation (Förhandlings- och samverkansrådet, PTK), provides guidance and training for employers on work related stress. It also organises educational activities, conferences and seminars for employers. A survey on stress is also available on the organisation's website¹⁹². In 2011, Prevent launched a new initiative on **IT-related stress**¹⁹³, which tackles stress related to problems with technology, constant online presence and information, social media updates, the constant receiving of emails which require replies, etc. Prevent provides a website with information about IT-related stress, what measures can be taken to reduce the stress, a stress test and a survey to map the IT-related work load.

Regarding research programmes on work-related stress, one of the main actors is the **Institute of Stress Medicine**¹⁹⁴ (Institutet för stressmedicin), which was set up by the Västra Götaland Region in 2002. It is a knowledge centre which conducts research and provides treatment in this area. It also spreads knowledge about stress, health and psychosocial work environment with the purpose to decrease the occurrence of stress-related illnesses. Representatives of trade unions take part in the meetings of the steering committee, which is politically appointed. Moreover, the Stress Research Institute¹⁹⁵, which is a part of the Faculty of Social Sciences at Stockholm University, is a national knowledge centre conducting research on stress reactions, sleep and health. The mission is

¹⁸⁶ Available at: <http://www.fas.se/en/About-FAS/>

¹⁸⁷ Available at: <http://www.stressforskning.su.se/english/ssc/stockholm-stress-center-start>

¹⁸⁸ See: <http://www.partsradet.se/2275>

¹⁸⁹ Available at: <http://www.av.se/publikationer/bocker/h351.aspx>

¹⁹⁰ Available at: <http://www.av.se/publikationer/bocker/h361.aspx>

¹⁹¹ www.prevent.se/sv/Amnesomrade/Stress

¹⁹² Available at: <http://www.prevent.se/Stressenkatt/>

¹⁹³ Available at: <http://www.prevent.se/itstress>

¹⁹⁴ Available at: <http://www.stressmedicin.com/sv/Institutet-for-stressmedicin/>

¹⁹⁵ Available at: <http://www.stressforskning.su.se/>

to study how different social environments can affect individuals and groups, focusing in particular on stress reactions and health factors.

Implementation of 2004 European Framework Agreement and social dialogue

The Confederation of Swedish Enterprise (Svenskt Näringsliv), the Swedish Trade Union Confederation (Landsorganisationen, LO), the Swedish Confederation of Professional Employees (TCO) and the Swedish Confederation of Professional Associations (Sveriges Akademikers Centralorganisation, SACO) signed a joint agreement for the **private sector** concerning the implementation of the 2004 Framework Agreement on 16 June 2005. Although their agreement contains a translation of the Framework Agreement, according to the text this should only serve as a guideline when taking initiatives to identify and prevent or manage problems of work-related stress. It leaves it up to the parties whether to sign collective agreements at branch level or to adopt plans of action, policy documents, guidelines or educational programmes¹⁹⁶.

The Swedish CEEP section, LO, TCO and SACO signed a similar agreement for the **public sector** in spring 2006. After signing the agreement, the social partners started working on a project that focussed on work-related stress with the aim of providing support for different stakeholders, such as employers, supervisors, and employees¹⁹⁷.

Another nationwide program initiated by the social partners in the municipal sector is called “**Healthy Life**” (Sunt liv¹⁹⁸). The purpose of the program is to contribute to good health and good work environment. The website provides material on work-related stress, information about different projects and joint ventures by employers and trade unions, and information on research projects on the work environment, health and life style. In addition, in 2012, TCO released a survey on work-related stress among employees called the ‘stress barometer’¹⁹⁹. The stress barometer will be published annually to track changes in the work environment and work-related stress among the members of the union.

A number of collective agreements were also concluded at sectoral and regional or local level, for example:

- The Swedish Organisation for Local Enterprises (KFS) included the recommendations of the joint agreements in its collective bargaining agreement, which stipulates that work-related stress shall be integrated in the parties’ common program, Healthier Companies (Friskare företag)²⁰⁰;
- The social partners in local authorities and regions, the Swedish Association of Local Authorities and Regions (SALAR) and the Employers’ Association of Local Federations of Local Authorities and Enterprises (Pacta) signed a collective agreement in 2005 on cooperation and the work environment²⁰¹. The Framework Agreement is included as an issue for future commitment;

¹⁹⁶ Information available at: http://www.skl.se/vi_arbetar_med/arbetsgivarpolitik/arbetsgivarfragor/arbetsgivarfragor-i-eu/europeiska-ramavtal See “Svensk genomföranderapport om ramavtalet om arbetsrelaterad stress, 2008 (accessed on 18.03.2012)

¹⁹⁷ Ibid.

¹⁹⁸ www.suntliv.nu

¹⁹⁹ Available at: <http://www.tco.se/4799ad7f-d438-4979-8470-a08a139e56f6.fodoc>

²⁰⁰ Ibid.

²⁰¹ Available at: http://www.skl.se/avtal-laagar/samverkan_fas

- The 2004 Framework Agreement serves as a non-binding guideline for the identification and prevention or management of problems of work-related stress in steel and mining industries²⁰², the hotel and catering sector, and commerce;
- The Swedish Electric Contractor's Association (EIO) and the Swedish Electricians' Union (SEF) signed a collective agreement in May 2004 which requires employers to enter negotiations whenever a union representative indicates that there is a physical or psychological work-load that can lead to illness²⁰³. It is the only collective agreement which contains mandatory provisions concerning work-related stress. The collective agreement was renewed in 2012.

According to the views collected from stakeholders, the 2004 Framework Agreement did not have a particular impact on Swedish legislation or policy in the area of work-related stress. On the one side, the trade union representatives argue that, to be effective, the Framework Agreement should be binding on the parties who have signed it. On the other side, the stakeholders representing employers believe that there is no need for additional binding rules, as there are already binding provisions in the Work Environment Act and the SAM, but they note that there is room for more guidelines and recommendations in this area. The Swedish Work Environment Authority is currently in discussions with the stakeholders regarding the possible introduction of psychosocial risks and work-related stress in new, binding regulations.

Although Sweden was affected by the global financial crisis, which contributed to lower growth and lower employment in 2008 and 2009, the country's economy has performed relatively well since then²⁰⁴. Therefore, the financial crisis did not have a significant impact in Sweden compared to other countries and was not a trigger to introduce any new measures in relation to stress at work.

3.2.8. United Kingdom

Policy and legal framework

Key provisions in relation to preventing work-related stress and promoting mental health at work within the UK are covered by the Health and Safety at Work Act (1974), which requires risks including stress to be controlled, and the Management of Health and Safety at Work Regulations (1999), which requires risks in relation to stress at work to be assessed. It should be noted that the UK already had a mature strategy on health and safety at work and no additional regulatory measures (on stress or other occupational health or safety issues) were considered to be necessary following the publication of the Community strategy on health and safety at work (2007-2012). Therefore, the Strategy had no real impact on the UK policy and legal framework on stress at work. In addition, these statutes have been in place for many years and thus existed before the beginning of the economic and financial crisis in 2008.

It is recognised that bullying and harassment at work are a particularly pernicious cause of stress in some workplaces (although such behaviour is also recognised as a symptom of stress in some individuals). In 2010, the Equality Act was introduced which, amongst its measures, sought to address the specific issue of harassment. This Act was not implemented because of the economic crisis but was an update of an earlier instrument. Within the Act, harassment is defined as "unwanted conduct related to a relevant protected

²⁰² See, e.g. http://www.industriochkemigruppen.se/kollektivavtal/lader-och-sportartikelindustrin-avtal-2012/europeiska_ramavtalet_om_arbetsrelaterad_stress_4 (accessed on 18.03.2013)

²⁰³ See chapter 12, Sections 1-4, available at: http://www.e-magin.se/v5/viewer/files/viewer_s.aspx?qKey=cfsk4t83&qInitPage=1

²⁰⁴ See : <http://www.government.se/sb/d/2798/a/214268> (accessed on 17.04.2013)

characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual". In this context, the 'environment' could include the workplace although its scope is wider-reaching.

The expectation implicit in the legislation is that organisations will carry out a suitable and sufficient risk assessment and take risk reduction measures in relation to stress as they would for any physical risk in the workplace. In this framework, the **Health and Safety Executive (HSE)** has developed the **Management Standards** approach with the aim of supporting the assessment of risk and the development of risk reduction measures. The Management Standards²⁰⁵ are meant as a guidance tool for employers to identify the causes of stress in the workplace and to develop solutions to minimise the effects they have on workers. As such, the standards cover the following six primary sources of stress at work:

- Demands – this includes issues such as workload, work patterns and the work environment;
- Control – i.e. how much say a person has in the way they do their work;
- Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues;
- Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour;
- Role – i.e. whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles;
- Change – how organisational change (large or small) is managed and communicated in the organisation.

The Management Standards provide information on good practice in relation to work-related stress through a step-wise methodology. The HSE commissioned a report²⁰⁶ that suggested there are three main steps in an organisational approach to dealing with work-related stress. The first step is the preparation of an organisation through the process of gaining the commitment of senior management and understanding the drivers within the organisation. This assessment of the current situation can be done using techniques such as surveys. Secondly, the implementation of a comprehensive risk assessment can be done using the HSE Management Standards Approach. The third step involves the learning element through embedding and reviewing of the policies and procedures in relation to work-related stress. This step-wise approach was adopted by the HSE in their package of measures incorporating the Management Standards. It promotes an active partnership between the employers and their employees, due to their involvement in decisions of practical improvement that can be made. The process involved in the Management Standards allows for a simple approach to risk assessment. In particular, it enables employers to identify the main risks from workplace stress. The data collected as part of the risk assessment process can also be used to benchmark against other companies to gauge their performance in identifying and managing risks.

The HSE states that the responsibility of work-related stress is shared amongst the following actors: board directors/CEOs, health and safety managers, human resources managers, line managers, employees, trade union representatives and occupational health services. The degree of responsibility varies and overlaps between these groups. However,

²⁰⁵ See : <http://www.hse.gov.uk/stress/standards/index.htm>

²⁰⁶ Cox T, Griffiths A, Barlowe C, Randall R, Rial-Gonzalez E. (2000). Organisational Interventions for Work Stress: A Risk Management Approach. Sudbury: HSE Books.

it is important for the board directors/CEO to believe in the issue in the first place, to show their commitment to the other groups. The HSE provides these stakeholders with tools and documents²⁰⁷ for the identification of their role in the organisation with regard to work-related stress. A recent addition to the tool set was the Line Manager Competency Indicator Tool²⁰⁸, which was introduced as a means of evaluating line manager behaviours to ensure they had the correct skills to effectively prevent and reduce stress in their employees. Again, this tool was not introduced as a result of the economic crisis, but rather as part of a process of continuing development of the management standards carried out by HSE.

Since 2005, the HSE, in conjunction with the Chartered Institute of Personnel and Development (CIPD), have also been conducting a **research programme on "Preventing stress: promoting positive manager behaviour"**²⁰⁹. Phase 4 (2011) of this work concluded that, to ensure the success of interventions to promote positive behaviour, there needs to be an element of planning to map out how the intervention fits in to the wider organisation. It was also suggested that there is great importance in the relationship building surrounding the intervention between professionals who are involved and those who are leading it.

In relation to policy, there is on-going work at HSE building on the Management Standards. These activities include working with other groups, including the Chartered Institute of Personnel and Development (CIPD)²¹⁰ and the Arbitration and Conciliation Advisory Service (ACAS)²¹¹ to widen the dissemination of information and guidance on the Management Standards. This process has included the consideration of bullying and harassment as sources of stress. There is also on-going work using e-communication, building up of the number of case studies available on the World Wide Web, e-bulletins and communication with 4000 members. It has also been indicated that, although the HSE is not taking such a proactive role, the issue of mental health and well-being at work is now being taken on by other organisations and that the HSE is now working more with partners including Workplace Health Direct from the NHS and the Department of Health. Feedback from interviews would suggest that stress remains a high priority for stakeholders, but some take the view that other factors, such as the Fit-note²¹², might be having a negative effect in being seen to encourage employees to return to work who were not fit to do so. This was possibly more of an issue with mental health problems where the disability was not so readily apparent.

In addition to the HSE activities, three new standards are being developed under the supervision of the **British Standards Institute (BSI)**²¹³ to provide guidance on managing psychosocial risks in the workplace and to provide a structured framework for effectively managing such risks, adopting best practice in organisational management and exceeding legal requirements. The aim of these new standards is to provide a clear and quality-controlled route for effective stress management across any sector. They will help to reach those employers who are accustomed to working within a standards framework (such as

²⁰⁷ Examples include the HSE Indicator Tool <http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>; the user manual <http://www.hse.gov.uk/stress/standards/pdfs/indicatortoolmanual.pdf> and an Excel-based analysis tool <http://www.hse.gov.uk/stress/standards/downloads.htm>

²⁰⁸ See : <http://www.hse.gov.uk/stress/mcit.htm>

²⁰⁹ The results of the research programme are available at : <http://www.cipd.co.uk/hr-resources/research/preventing-stress-promoting-positive-manager-behaviour.aspx>

²¹⁰ See : <http://www.cipd.co.uk/cipd-hr-profession/about-us/default.aspx>

²¹¹ See: <http://www.acas.org.uk/index.aspx?articleid=1461>

²¹² The so-called "Fit-note" was introduced in the UK as of 6 April 2010. This was seen as a key cultural change in comparison with the previous sick-note, which was required after seven days absence from work. The fit-note requires a general practitioner or other health professional to give a functional assessment of their patient, when they are fit to return to work and what adjustments could be helpful to enable the individual to return to work. As such it is seen as reflecting a change in emphasis to what the patient can do, rather than simply stating that they are unfit for their job.

²¹³ See: <http://www.bsigroup.com/>

the ISO 9000 series on quality management and the ISO 31000 series on risk management). In particular, the following standards have been, or are in the process of being, published:

- PAS 1010 (Guidance on the management of psychosocial risks in the workplace) provides guidance and good practice on assessing and managing psychosocial risks at work, and implementing a risk assessment and policy for dealing with stress. This standard was published in 2011.
- PAS 1011 (Management Competencies and Standards) provides guidelines for managers to ensure they have the core knowledge to implement their organisation's policy and to understand their own responsibility in relation to the policy of managing stress. Publication of this standard is imminent.
- PAS 1012 (Resilience, Well-being and Returning to Work) is split into two parts. The first part provides guidance in relation to prevention or resilience in the workplace by individual employees taking personal responsibility for their own well-being whilst the second part lays out clear procedures to ensure that employees receive an effective return to work programme.

Other initiatives were undertaken in 2009 by the **National Institute for Health and Clinical Excellence (NICE)**, which produced guidance for employers on promoting health and well-being through productive and healthy working conditions²¹⁴. Adherence to guidance from NICE is mandatory for the UK National Health Service. Furthermore, additional work carried out by the Department of Work and Pensions (DWP) and the Department of Health (DH) resulted in the publication of a "Mental health and employment strategy"²¹⁵.

In 2012, the **UK Advisory, Conciliation and Arbitration Service (ACAS)** produced a guide on "Promoting positive mental health at work"²¹⁶. In this, they acknowledge the connection between the economic climate and the nation's mental well-being. They mention factors such as: jobs being under threat, pay packets being frozen and workloads increasing. Specifically mentioned is the mental well-being of groups of a workforce, as it is noted that managers may be aware of a collective distress amongst their employees. They suggest that managers need to build in suitable mechanisms of support, for example if they are planning to undertake redundancies.

A number of different initiatives have therefore been undertaken in the UK in relation to occupational health in general, and mental well-being and stress in particular. As already mentioned, these initiatives were not introduced as a result of the economic crisis, but planned work or continuation of work which had already started. As the available data from the most recent Labour Force Survey suggested that there was no increase in self-reported stress²¹⁷, no further resources have been made available to HSE to deal with stress at work further. It was stated that the management standards are robust and treat stress like any other hazard. It was also suggested that if an employer gets the job environment correct, identifies risks early enough and redesigns the job to reduce stress then the framework for action already exists and no additional developments are required by government agencies.

However, an alternative viewpoint would suggest that, because of the economic crisis, the budget available to the enforcement agencies, such as the HSE, has been considerably

²¹⁴ The guidance is available at : <http://www.nice.org.uk/PH22>

²¹⁵ <http://www.dwp.gov.uk/docs/hwwb-working-our-way-to-better-mental-health.pdf>

²¹⁶ Available at: <http://www.acas.org.uk/media/pdf/j/2/Promoting-positive-mental-health-at-work-accessible-version.pdf>

²¹⁷ <http://www.hse.gov.uk/statistics/causdis/stress/index.htm>

reduced. This has led to a change in focus for remaining resources and, as a result, less is being done to enforce appropriate action in respect of stress at work than before the crisis.

Implementation of 2004 European Framework Agreement and social dialogue

As described, the UK already had a mature and on-going programme relating to stress at work and, as with the Community Strategy on health and safety at work (2007-2012), no additional measures were considered necessary in response to the Framework Agreement on work-related stress. A leaflet published in 2005 on "Work-Related Stress: Implementing a European Social Partner agreement"²¹⁸ and endorsed by the social partners acknowledged the agreement, placing it firmly in the context of the existing framework of UK legislation. It focuses on the HSE Management Standards as the pathway for addressing stress at work in the UK. No additional material has been published to supplement this in reflection of the current crisis.

The **Trades Union Congress (TUC)**, one of the main social partners, is understood to have recently updated their book on "Hazards at Work" with a new chapter on stress. Again, this has been on-going work and has not reportedly been seen as a result of the economic crisis. Nevertheless, there is a suggestion from employees that, since the onset of the crisis, considerably fewer employers are taking pro-active action to address stress and improve well-being at work.

3.2.9. Conclusions

The in-depth investigation in the eight selected countries confirms that at least some measures and initiatives are in place in these Member States to address stress at work and other psychosocial risks. It also shows that the Community Strategy on health and safety at work (2007-2012) has been instrumental in promoting the uptake of measures on work-related stress, at least in some of these countries. In a few cases, the system is well developed and has been adapted in response to the economic and financial crisis. For example, in France, the "Plan Darcos" for the prevention of stress at work has contributed to tackling this issue in big companies and to changing habits and structures within intermediary bodies. The Plan has also strengthened the implementation of the national cross-industry agreement on stress at work concluded by the social partners.

In most cases, however, the crisis has not led to new initiatives on work-related stress. In particular, in two of the countries most hit by the crisis (Spain and Greece), the issue of stress at work is not high on the political agenda. Despite the worrying impacts of the economic downturn on the mental health of workers, priority is given to other problems, such as unemployment and work without social security. Although social partners recognise the importance of tackling psychosocial risks, social dialogue has also tended to focus more on purely financial and economic aspects since the beginning of the crisis. Similarly, in Poland and Lithuania, no specific initiative has been taken on work-related stress following the crisis as this issue is not considered as a priority on the political agenda. However, psychosocial aspects have become more prominent in social dialogue in Poland.

In other countries, such as Germany and Sweden, the inclusion of binding provisions in legislation on mental health and psychosocial risks is currently being discussed. In the UK, a number of initiatives have also been taken in relation to mental well-being and stress, particularly through the HSE Management Standards. However, the measures taken in these countries are not to be seen as a consequence of the economic downturn, but rather as a continuation of work that had already started prior to the commencement of the crisis. In the case of the UK, the crisis seems to have produced the opposite effect, i.e. more

²¹⁸ <http://www.hse.gov.uk/stress/pdfs/eurostress.pdf>

limited resources have considerably reduced the budget available to the enforcement agencies to tackle stress at work.

4. CASE STUDIES

KEY FINDINGS

- The first case study focuses on the telecommunication sector, which has been particularly affected by the crisis and has been pioneer in introducing measures to address stress and mental health. A range of solutions and initiatives have been adopted to tackle the problem of work-related stress, including organisational and person-directed interventions for mental well-being, working time adjustments, organisational justice and training for managers and supervisors. One of the main conclusions from the case study is that there is unlikely to be a single solution to such a complex issue and that a range of solutions is likely to be most effective. The lessons learned were developed into guidance to be shared within the telecommunications industry to aid in the development of assessment and support of mental wellbeing. However, as intended from the project conception, the guidelines are also relevant to other sectors.
- The second case study looks at the Employee Support Programme put in place by EDF Energy, one of the largest energy companies in the UK. What is interesting in this case is that all stakeholders were involved in the development of the programme, including managers, employees, occupational health experts, human resources, psychologists etc. The involvement of all stakeholders in developing the programme is likely to have been a key contributor to its success and is a lesson which other employers could learn. The programme has been so successful that it has been extended to the whole of the EDF Group.
- The third case study reviews policies and initiatives undertaken in the German region of North Rhine-Westphalia to support SMEs in (re)designing healthy organisations, with the aim of increasing the competitiveness of the enterprises and improving the well-being of workers. The initiatives promoted in NRW have been successful thanks to the involvement of various stakeholders, including the public administration, SME managers, consultants as well as representatives from the public health sector. Such a holistic approach integrating health and labour policies has helped respond to the specific problems affecting SMEs, namely the lack of dedicated resources and capacity to address stress at work and other psychosocial risks.
- The fourth case study focuses on the measures taken by a company within the manufacturing sector, i.e. the Technocentre of Renault in France, following a wave of suicides among the employees in 2007. The introduction of a long-term plan aiming to improve both the work organisation and the management of human resources is allowing the company to gradually reduce stress at work despite growing economic difficulties.

In this Chapter, four case studies will be used to illustrate innovative initiatives and measures which have proven successful in addressing the issue of stress at work. Some of these will focus in particular on the challenges presented by restructuring. The selection of the case studies has been made to present a variety of approaches from different sectors (telecommunication, energy, services and automotive), different countries (France, UK, Germany and a cross-country study) as well as from different-sized companies.

4.1. Managing mental well-being in the EU telecommunication sector

A key element of initiatives to manage mental well-being across the European telecommunications sector has been the Good Work Good Health project²¹⁹. The aim of this project, which was started in 2009, was to identify good practice in managing mental well-being in the telecommunications industry in Europe, find evidence of good practice in the industry and share this through multi-lingual guidance. The study was prepared in a response to a formal call for proposals via the Social Dialogue Committee for telecommunications (European Commission, DG Employment, Social Affairs and Equal Opportunities)²²⁰ and was one of a series of good practice and guideline documents. In particular, the project had been developed as an action after stress and mental wellbeing were identified as a priority within the telecommunications sector. It was anticipated that this review would act as a pointer to good practice, which would have relevance not just to telecommunications companies, but also to the wider employment market.

The project was not conceived as a response to the economic crisis, but as a planned initiative partly funded by the European Commission and managed by the European Telecommunications Network Operators Association (ETNO) and UNI Europa, a European trade union federation. However, the timing of the project, which coincided with the early years of the economic downturn, means that the project took place against the socio-economic background of the developing crisis.

It was reported in 2008 that there were 1.2 million individuals employed in the EU telecommunications sector²²¹. This sector covers the telephone infrastructure (including cables and satellites); delivery of service; and customer management.

4.1.1. Work factors associated with mental well-being

The first phase of the Good Work Good Health project encompassed a systematic review of secondary research of workplace factors that may impact on mental well-being. This identified work factors associated with impaired mental well-being, work factors associated with enhanced mental well-being and work factors that mitigate or facilitate return to work for individuals with poor mental well-being.

1. Work factors associated with impaired mental well-being:

- **Strong evidence** of an impact on impaired mental well-being was found for task factors including high demands, low decision latitude, lack of social support from peers and managers and low levels of control over work. Lower levels of job satisfaction were associated with increased burnout, lower self-esteem, increased depression and anxiety and long term sickness absence. Long term sickness absence was found to be associated with high demand jobs, lack of skill discretion, lack of manager support and a perception of not being welcomed back to work. A lack of perceived organisational justice was found to be linked to poor mental well-being and depression.
- **Moderate evidence** existed for an association between mental well-being and high emotional demands, having an undervalued social position, monotony, skill underutilisation and poor communication.

²¹⁹ Good Work Good Health: <http://www.gwgh.eu/>

²²⁰ For more information, see : <http://ec.europa.eu/social/main.jsp?catId=480&langId=en&intPageId=73>

²²¹ European Commission - Eurostat : http://epp.eurostat.ec.europa.eu/statistics_explained/index.php/Telecommunications_services_statistics_-_NACE_Rev._2

- **Limited evidence** was found for the impact on mental well-being of role conflict and ambiguity, career stagnation, home/work conflict, tight deadlines, poor management style and remote or home working.

2. Work factors associated with enhanced mental well-being:

- **Strong evidence** was found of the positive impact that a summer vacation has on mental well-being; this is thought to last for between 2 and 4 weeks.
- **Moderate evidence** of enhanced mental well-being was shown in relation to increasing job control, improving task design, ensuring employees can cope, good work relationships, clear roles, participation and engagement during organisational change and having a participatory approach. In relation to workplace interventions, longer multi-modal interventions that include support as well as social and coping skills training are likely to be beneficial. The use of a compressed working week was also found to improve health and well-being.
- **Limited evidence** was found on the relation between mental well-being and flexible working, improving job satisfaction and valuing the workforce. However, the evidence did suggest that managers and supervisors are essential in supporting employees, but often lack confidence in how to do this.

3. Work factors that mitigate or facilitate return to work for individuals with poor mental well-being:

- There was little research identified in relation to return to work but a number of factors were identified that have the potential to be positive in relation to this. These include a phased return to work, psychological rehabilitation, maintaining regular contact with the employee, finding out what caused the problem and identifying any potential workplace adjustments.

The review of the evidence was followed by a series of interviews to aid in the identification of good practices within the telecommunications industry. The companies interviewed were representative of different-sized organisations and different geographical areas across the EU and EEA, including companies in the UK, France, Belgium, Norway, Romania, Portugal, Spain and Germany. The findings, summarised in the next section, indicate the good practices identified within individual companies. Not all companies had the same processes in place as these were steered by local legislation and requirements in relation to occupational health and safety.

4.1.2. Initiatives and measures addressing mental well-being in the telecom industry

The collective activities of the various companies participating in the project were summarised under a number of categories, including measurement and procedures for mental well-being, organisational interventions for mental well-being, person-directed interventions, return to work after sickness absence, working time, organisational justice, managers and supervisors, training and new technology. The list of initiatives and measures addressing mental well-being in the telecom industry are outlined below. Three specific examples from individual companies are also presented for Belgacom, Telefónica (principally Spain) and France Telecom.

1. Measurement and Assessment for Mental Well-being:

- Assessing mental well-being by examination, risk assessment and or questionnaire survey.
- Development of assessment tools based on recognised models of workplace stress, including demands and control at work.

- Assessing areas where mental well-being is not at an optimum, for example, call centre workers or field engineers, and prioritising these as the focus of attention.
- Induction processes in place for new employees in relation to their role, training, how and where to access support.
- Development of procedures to help include first contact with the line manager followed by support from human resources and the trade unions, if individuals feel they have role conflicts, role ambiguity, poor work-life balance, overly tight deadlines or underutilisation,
- Contact is maintained with individuals working outside the office.
- Procedures are in place for any incidents of bullying, mobbing, violence or aggression against employees.

2. Organisational Interventions for Mental Well-being:

- Use of risk assessment or toolkits to evaluate the impact of change management.
- Promotional campaigns on mental well-being across the company.
- Use of the intranet, company newsletters to advertise initiatives.
- Involvement of all stakeholders in the development of organisational interventions including human resources, health and safety, trade unions and employee representatives.
- Encouraging people to increase levels of physical activity.
- Evaluation of levels of engagement within the workforce at all levels.
- Access to senior management.

3. Person-directed Interventions:

- A reporting system in place for individuals who are having problems that is accessible and used by employees.
- Immediate access to help and support.
- Help and support available whether the source of the problem was at work or at home.
- Recognition of good work through either bonus systems or advertising of an individual or team achievement.
- Having a code of conduct for individuals at work that encompasses the values of the company.

4. Return to Work after Sickness Absence:

- Contact being made as soon as possible between the company and the employee.
- Having a management system in place for individuals who take frequent short-term sickness absence.
- For long term absence, maintaining contact with the individual for the duration of the illness (where local legislation allows this).
- Offering continued support to individuals on return to work after long term absence.
- Allowing time for individuals to come back to full capacity or using a graduated return to work.

5. Working Time:

- Wherever possible, allowing flexible working practices.
- Monitoring levels of overtime and ensuring this is not excessive.
- Having annual leave and ensuring employees take leave.
- Where individuals become ill on annual leave, recording this as sick leave not annual leave.
- Having rest breaks built into the working day and ensuring breaks are taken.

6. Organisational Justice:

- Clear and transparent recruitment processes agreed by all stakeholders.
- Clear and transparent promotion processes agreed by all stakeholders.
- Use of talent management programmes to improve retention and development of employees.
- Clear appraisal processes which allow training needs to be identified and goals to be set for the individual employee; with an opportunity for appeal.
- Use of job descriptions and job families to allow role clarity.
- Consulting with employees to evaluate decision making and having routes to bring any complaints such as local human resources.
- Dealing with employees with respect and fairness.
- Having a communications strategy including both electronic and paper based.
- Ensuring a top down approach for communications that comes down to every employee.
- The use of mediation where it is perceived the wrong decisions have been made.

7. Managers and Supervisors

- Employing managers who have both business skills and people skills.
- Training managers to identify poor mental health within their teams.
- Giving professional support to managers when dealing with team members with poor mental well-being.

8. Training and New Technology

- Having access to training for all employees.
- Ensuring line managers encourage and are not a block to training opportunities.
- Identifying training needs for all levels of employees.
- Access to specific training for different groups.
- Ensuring adequate training and support for new product launches.

Box: Examples from Belgacom, Telefónica and France Telecom

Belgacom operates a three-tier approach to mental health at work relating to primary prevention (training and education); secondary prevention (stress surveys and risk analysis and reduction); and tertiary prevention (addressing individual and collective problems). This approach therefore encapsulates many of the practices outlined above.

Telefónica has implemented specific actions to prevent, detect, assess, and improve the mental well-being of workers. In this case, there are also elements of a three-tiered approach although the emphasis is more towards addressing the needs of the individual. However, risk assessments and interventions still play a role, especially where it becomes apparent that the problems of a group of individuals stem from a particular department or are attributable to specific managerial problems.

The project took place across a period when there had been particular difficulties at **France Telecom** with a well-publicised series of suicides amongst the staff (it should be noted that, although the suicide rate amongst employees was less than the national statistics would suggest in relation to the number of staff employed, several had specifically implicated their employer). As part of the project, it was reported that the organisation had established an approach whereby managers are trained in people management and how to detect signals of psychological distress. The aim is to guide managers in providing initial support and signposting additional resources, rather than trying to solve employees' problems for them. Team leaders are coached in how to manage teams, develop their leadership skills and to pick up on both verbal and behavioural signals from their colleagues. Greater clarity has been provided to team leaders about their role and the behaviours expected in carrying out their duties.

The research concluded that there is evidence of good practice available from all the companies interviewed, but the different companies are at different stages of implementing procedures to evaluate and improve mental well-being. At the time of the project, only one company had evaluated the impact of its interventions.

Guidance was developed from the research component of the project, which aimed to deliver information about good practice in lay language, but also using case studies from each of the countries involved to contextualise the information and to show what was both possible and occurring in different states. The guidance was translated into 12 languages²²².

4.1.3. Achievements

A review of the impact of the project and guidance produced was reported in 2012²²³. The impact assessment was carried out by questionnaire survey, and invitations to complete the survey were sent to 84 representatives of the European Telecommunication Network Operators Association (ETNO) and the European trade union federation for services and communication (UNI Europa); this received an overall response rate of 23%.

The survey identified that, of all respondents, 84% found the guidelines useful and 83% had disseminated the information. The dissemination was on the whole via human resources departments and occupational safety and health. The most useful areas of the guidance identified were the organisational interventions, work hazards to mental health and the implementation of good practice. There were no specific indications relating to the effects of the deteriorating socio-economic climate.

²²² <http://www.gwqh.eu/>

²²³ Ibid.

Measurable change was also assessed, but most organisations did not report any change in the rates of days lost or costs of mental health since the guidelines were produced. However, this is difficult to interpret as, when seen against an increasingly difficult period, it could be suggested that the absence of change is a positive outcome. In relation to evidence for change, only one company responded that they had a reduction in costs and a reduction by 2% of days lost to poor mental health. However, it should be noted that the focus of this survey was specifically on the impact of the guidelines and it did not explore the wider context of changes related to the socio-economic crisis.

Further contact has been made with the companies involved in this work for the 2013 impact assessment report, specifically to explore any observed impact of the current socio-economic climate. At the time of writing this study, only two have responded in relation to any further intervention work they have carried out since the 2012 report. The first has indicated that no further work has been carried out and there has been no activity specifically prompted by the financial crisis. The second respondent states that they have started a programme of resilience training for their staff to enable them to develop better coping strategies in the workplace. This has not been fully evaluated yet. It is not clear to what extent this programme is as a result of the current climate or whether it would have been developed in any case.

4.2. EDF Energy (UK): Monitoring psychological well-being during change

EDF Energy²²⁴ is one of the largest energy companies in the UK. It employs nearly 13,000 people at locations across the UK and is a core part of EDF Group, one of Europe's largest power companies. It provides power to a quarter of the UK's population via the electricity distribution networks in London, the South East and the East of England. Gas and electricity is supplied to over five million customers and about 5GW of energy is generated from the coal and gas power stations, as well as combined heat and power plants and wind farms²²⁵.

In 2010, a workplace audit at EDF Energy showed that the major electricity provider was losing around £1.4m in productivity each year as a result of mental ill-health among its employees, with over 300 employees diagnosed with psychological ill health every year through its Occupational Health Service.

In response to this, EDF Occupational Health Service established an **Employee Support Programme**²²⁶. This was a partnership between occupational health professionals and psychologists, which aimed to reduce both the incidence and impact of psychological ill health at work, whether or not caused by work. The programme was part of an overall strategy to address the issue of work-related stress, which included prevention through risk management and employee engagement (with strong support from the Trades Unions) as well as support for those affected.

As part of this initiative, the company offered psychological support (cognitive behavioural therapy) to employees and trained over 1,000 managers (91% of the target population) through a series of change management workshops for the different branches of the company, including the senior management team. The focus of the workshops was to help managers understand the personal effects of change; to enable them to take their teams through a change project aimed at minimising the risk of psychological ill-effects; and to build resilience and team cohesion.

²²⁴ See: <http://www.edfenergy.com/>

²²⁵ HIRES project "Health in restructuring" – Innovative approaches and Policy Recommendations: http://www.ipg.uni-bremen.de/research/hires/HIRES_FR_090518_english.pdf.

²²⁶ See: <http://www.edfenergy.com/careers/rewards-benefits/staying-healthy-at-work.shtml>

As a result, over 75% of the managers attending these courses reported that they had a better idea of the factors that can contribute to stress in the workplace and how management style can influence those factors. 80% felt that they were better able to recognise the early signs of stress in themselves and in others.

Employees are encouraged to use the support service when they start to feel any stress-related symptoms, to help counteract potential long-term sickness absence. Since the initiative has been in place, there has been a significant reduction in the percentage of employees who are already absent from work by the time they seek access to support through the Employee Support Programme (from 28% in 2003 to 14.7% in 2012). This progressive increase in the proportion seeking help at an early stage benefits EDF in reducing the extent of stress-related absence. It also benefits the employee in helping to avoid the descent into the spiral of long-term absence, which is often associated with such health conditions.

If an employee does need time off, there is a positive and progressive system in place to help them work towards returning to their job. For example, regular meetings take place with the employee, their managers and the treatment team. These meetings are used to discuss any factors which could have contributed to their mental health problem and to look at ways of resolving any barriers to returning to work. Since the introduction of the programme, although formal statistics are not available, it is recognised within EDF that more employees have also successfully returned to work after mental-health related sickness absence, with a very low relapse rate.

In 2003, when the programme first got underway, 56% of people who used the service were classed as having work-related psychological difficulties. It should be noted that the use of the service was open to all employees, regardless of the apparent cause of their problems. By 2006, this figure had fallen to just 35% and job satisfaction within EDF rose from 36 to 68%. By 2010, the number off work at referral had fallen to less than 30%. Over the same period, the proportion of employees reporting that their problems were primarily work-related also fell, from over 50% to 15%. As a result of these activities, there was a drop in working days lost due to psychological ill health between 2003 and 2006, which resulted in a cost saving of approximately £1.3 million across this period²²⁷. However, recent contact with EDF has indicated that no data is available at the moment to assess whether or not on-going changes to the socio-economic climate have impacted on their workforce and usage of the programme.

The Employee Support Programme has been so successful that it has been extended to the whole of the EDF Group.

4.3. Providing consultancy to SMEs for healthy restructuring: Regional initiatives in North Rhine-Westphalia (Germany)

North Rhine-Westphalia (NRW) is the largest state of Germany. After the Second World War, it included one of the most important industrial regions in Europe, the Ruhr region, known as the "land of coal and steel". After the crisis of these industrial sectors in the late 1960s, a large re-organisation process started in the 1970s to move from an economy centred on coal, steel and textile to a differentiated industrial structure focusing on the service sector, mainly business, social and personal services²²⁸. As a result of this radical

²²⁷ Additional information about aspects of the EDF Programme can be found at:

<http://www.hafal.org/hafal/casestudies.php>

http://www.mind.org.uk/campaigns_and_issues/case_studies/5031_edf_energy

<http://www.dwp.gov.uk/docs/hwwb-healthy-people-healthy-profits.pdf>

²²⁸ HIRE project "Health in restructuring" – Innovative approaches and Policy Recommendations, University of Bremen 2009. Project supported by DG Employment, Social Affairs and Equal Opportunities, European

shift in the economy, today only 18.4% of the employed population work in the industrial sector²²⁹.

Alongside the shift from the industrial to the service sector, another central feature of the restructuring of the NRW economy has been the growing importance of Small and Medium-Sized Enterprises (SMEs) in the labour market. The 763,000 SMEs based in the state currently account for 99 per cent of business enterprises and 70 per cent of employees²³⁰. NRW has a long tradition of supporting SMEs in all areas, through the provision of funding and specialised consulting services. From the 1980s, support from the state has mainly focussed on fostering technological change and competitiveness, as well as on providing financial incentives for innovation²³¹, which are co-financed by the European Social Fund. These programmes are still in place today. However, more recently, support to SMEs has broadened to also include preventive labour market initiatives to preserve and promote employment and employability, as well as to enhance the competences and mental health of employees in SMEs.

As part of a holistic approach "combining skills development, job security, health and better work environment"²³², the Ministry of Labour, Health and Social Affairs of North Rhine-Westphalia set up in 1986 a public-private partnership, the Gesellschaft für innovative Beschäftigungsförderung mbH (G.I.B. - Innovative employment promotion company GmbH)²³³, to manage regional labour programmes. The overall aim is to respond to specific problems affecting SMEs, namely the lack of dedicated resources and capacity to address issues linked to employability, training and career development. In this context, particular attention is focussed on improving the overall quality of the working environment and to address stress at work and other psychosocial risks, thus integrating mental health issues into labour policy. Emphasis is placed on active measures enabling employers to (re)design healthy organisations in order to increase the competitiveness of the enterprises and improve the employability of workers²³⁴.

The development of original partnerships to provide SME managers with knowledge regarding health risks, as well as the link between the health and labour dimensions, are the key elements of the policies and programmes promoted in NRW that make these initiatives an innovative and interesting case study to analyse.

One of the main programmes promoted by the Ministry in this context is called "Potentialberatung"²³⁵. It aims to develop the potential of SMEs through consulting services for the dissemination of new management methods and tools. The programme, which is partly funded by European Social Fund (ESF), has been running since 2000 and includes counselling in work organisation, vocational competences (e.g. through education cheques for lifelong learning) and health and safety at work. It aims to provide advice to

Commission (Progress Programme): http://www.ipg.uni-bremen.de/research/hires/HIRES_FR_090518_english.pdf

²²⁹ NRW Invest : http://www.nrwinvest.com/NRW_at_a_glance/Facts_Figures/Economic_Structure/index.php

²³⁰ See the NRW Ministry of Economy website:

http://www.wirtschaft.nrw.de/Standort_NRW/Daten_und_Fakten/index.php, and <http://www.eu2020goinglocal.eu/partner.aspx?MenuID=69643&showmenuid=68751>.

²³¹ Bross, U., Walter, G., 'Social-economic analysis of North Rhine-Westphalia', Joint research Project INCO-COPERNICUS: http://isi.fraunhofer.de/isi-media/docs/p/de/arbpaap_unternehmen_region/ap_r2_2000.pdf?WSESSIONID=4fde2c5d62bc605acc96df5abd4fb2e

²³² See: http://www.arbeit.nrw.de/arbeit/erfolgreich_arbeiten/angebote_nutzen/index.php
²³³ See GIB website: <http://www.gib.nrw.de/homepage>

²³⁴ Background paper "Investing in well-being at work: Addressing psychosocial risks in times of change" (prepared for the high-level conference organised by the Commission and the Belgian EU Presidency on Psychosocial risks and health effects of restructuring: <http://www.eutrio.be/investing-well-being-work-addressing-psychosocial-risks-times-change>)

²³⁵ http://www.gib.nrw.de/site/homepage/arbeitsbereiche/beschaefigungsfaehigkeit/potentialberatung?darstellung_sart=themen&fieldset=arbeit

SMEs on how to change the culture of the enterprise and the work processes with the purpose of improving the quality of work for employees, as well as their employability. Employees are involved throughout the counselling process and work with managers towards the modernisation of the company. The consulting services usually go through four steps: the first step is a SWOT analysis of strengths, weaknesses, opportunities and threats within the company; the second step is the development of a strategy; third is the drafting of an action plan; and fourth is the implementation of the plan.

The Innovative employment promotion company GmbH Society for the Promotion of Employment (G.I.B.) acts as an interface between the state and the different actors involved in the programme (municipalities, consultants and companies). In particular, G.I.B. has developed specific guidelines for consultants related to stress and other psychological problems at the workplace. The guidelines include updated information on work-related psychosocial risks and describe ways to overcome obstacles that consultants can meet in practice when addressing mental health. They also provide advice for the identification of stress and psychosocial risks as well as an insight of mental health issues from the perspective of the company. In addition to the guidelines, G.I.B. has organised a series of trainings on "Mental health at work - a growing challenge for the modernisation of enterprises", with the purpose of providing basic knowledge on mental health at work, highlight opportunities for action and related risk assessment tools.

Counsellors can be used by SMEs for a maximum of 15 days for each company within 9 months and the company can ask for such support every three years. 50% of the cost of consulting services (up to 500€) per consulting day is funded by the programme. The programme only concerns enterprises of less than 250 employees and targets new companies that exist since less than 5 years. Other recipients can be associations. "Potentialberatung" is an on-going programme, which is regularly evaluated. So far, it has successfully reached around 20,000 companies since its inception. 82% have less than 50 employees and companies from all sectors have used the programme. It is worth highlighting that employment has increased in all companies that benefited from consulting, and 99% of companies declare that they are satisfied with the counselling.

Another initiative promoted in NRW is the "**workload management**" tool, which links organisational development and psychosocial risks. It consists of a "Work Ability Index" (i.e. an instrument used in occupational health to assess work ability during health examinations and workplace surveys) and a coaching process for SMEs. The coaching process is one hour per worker followed by a discussion on the aggregated results with leaders of the company. The objective is to work with counsellors to identify and implement organisational changes. As part of the coaching process, workers may also identify psychosocial risks and impact of work on their private life. In this sense, the coaching process also addresses mental health and stress at work. It is a simple tool that has shown very good results both for the individual worker and for the company as a whole. The "workload management" tool is amongst the tools promoted in the nationwide project "psyGA-Psychische Gesundheit in der Arbeitswelt" (mental health at work) by the Federal Association of Company Health Insurance Funds (BKK-Bundesverband) funded by the Federal Ministry of Labour and Social Affairs and the "New Quality of Work Initiative" (see Chapter 3.2.2).

Finally, the **pilot project 'Intakt'** carried out in 2009-2010²³⁶ was also part of an integrated and coherent consulting approach to support SMEs in preserving and developing the work ability of their workforce. Through a practical handbook, the project aimed to provide tools to address work organisation, health protection, work satisfaction and

²³⁶ See: http://www.prognos.com/fileadmin/pdf/publikationsdatenbank/110112_Prognos_Intakt_Handbuch.pdf ; Prognos website: <http://www.prognos.com/index.php?id=633>

development of individual competences in a holistic manner. In particular, the manual was addressed to consultants and advisors, SME managers and employees, and provided a four-step approach to improving work ability, including: 1) awareness-raising in the companies, 2) assessment of the working conditions, 3) identification and implementation of measures to improve workers' motivation and satisfaction, and 4) actions to ensure the sustainability of the results.

Although the scope of the project is wider than tackling the prevention of stress at work in SMEs, it is interesting to note that health promotion is considered as a key aspect in the improvement of work ability. Therefore, the project contributes to the overall policy framework of fostering co-operation between different stakeholders in the health and labour areas, as well as of providing support to SMEs for healthy restructuring in NRW.

4.4. Renault – Technocenter (France): A global plan to improve working conditions after an internal crisis

The Technocentre of the car company Renault²³⁷, located in Guyancourt, France, is a very large research centre where the vehicles are designed; it gathers around 12,000 workers on the same site.

In 2006-2007, three suicides occurred on the site of the Technocentre, and one outside the workplace, for which the link with the working conditions was clearly established. In particular, in 2009, the Social Security Affairs Court recognised the 'inexcusable negligence' of Renault in the case of an engineer's suicide. The Court stated that the company had failed to take into account the adaptation capacity of the employees to changes in the work organisation as well as the psychosocial risks linked to this process. The Court of Appeal of Versailles confirmed the ruling in 2011. It was the first time that a lawsuit on occupational risk went that far in the procedure.

These events shed light on the issue of psychosocial risks and raised awareness on the need to shape a comprehensive policy tackling the causes of these risks and abandon the overly simple schemes that prevailed among the management and social partners until that moment.

The first measure implemented by the company was to create, in mid-2007, the **Directorate for Engineering Establishments France (DEIF)**, whose mission was to prevent psychosocial risks and generally improve the working environment and working conditions in the company. The director of this structure, mandated by the president of Renault, has extensive powers over working schedule, conditions and opening hours of the company sites.

Following the creation of the DEIF, "**Plan for the improvement of living and working conditions of the teams**" (PACTE)²³⁸ was launched. A joint commission comprising employees, representatives and management was set up to monitor its implementation. The Commission's main purpose was to analyse the audit carried out by the consultancy Technologia in 2007 and to set up, on this basis, evaluation and alert tools, as well as staff counselling systems. **This action plan was deliberately global**, targeting all aspects of work organisation, and including an objective to reduce job strain to 28%, allowing one year and a half to conduct the re-organisation.

Management and work organisation were generally simplified to avoid workers reporting to several managers, which was a common feature of the complex organisation of the Technocentre before the action plan. The changes also included the following features:

²³⁷ See: <http://www.renault.com/fr/groupe/developpement-durable/fiches-sites/pages/guyancourt.aspx>

²³⁸ See website of the Ministry of Labour on health and safety at work: <http://www.travailler-mieux.gouv.fr/Note-de-presentation-du-Plan-d.html>

- Separation of the functions of 'project' managers and 'staff' managers.
- Delaying process (i.e. reduction in the number of layers of the management hierarchy) and creation of teams of a reasonable size, between seven and twelve people, thus avoiding the negative effects of too small and too large teams.
- Appointment of thirteen deputies in charge of managing work/resources ratio in order to reduce the inequalities pointed out in the Technologia report. This function has been generalised in the company afterwards.
- Creation of local Human Resources executives ("responsable ressources humaines de proximité" in French) to enable all employees to have access to HR department easily. These HR departments have been attached to the DEIF and not to management, which has made them look more "neutral" to employees. Their first action has been to undertake a series of personal interviews (in total, 7000 were conducted).
- Additional employment of 350 workers under permanent contract and 200 interim workers to decrease the workload.

A new reward system was also implemented to ensure higher recognition of technical competencies over management qualities. A comparable promotion scheme was set up with the ranks of 'expert', 'expert leader' or 'expert fellow'. Such a system also facilitated a better distribution of competencies, avoiding management responsibilities to be systematically given to the best experts without consideration of management abilities.

In addition, measures to control working hours were adopted. In particular, opening hours of engineering sites have been reduced (7am-8:30pm instead of 5:30am-10:30pm) and meeting schedules have been regulated to remain within working hours. Communication campaigns on the respect of breaks during the working day have been regularly carried out in the company since 2007. In addition, since 2012, the company has implemented a monitoring system of working hours to ensure both working and rest periods are respected.

Another aspect of the action plan was the rearrangement of the working space, with the renovation of meeting rooms, the creation of areas for encounters and exchanges in all engineering sites. These changes aimed to promote a comfortable and friendly work environment, to create social links and to reduce feelings of isolation in the workplace. Team-building activities were also organised, for example the 'Team Day' taking place once a year, with the purpose of gathering all employees of engineering sites to exchange views and discuss the human dimension of team work.

Finally, further measures were taken specifically to prevent psychosocial risks, including:

- Organisation in 2007-2008 of training sessions for managers on the identification and management of stress factors (1500 workers in 2007).
- Communication campaigns on psychosocial risks targeting employees.
- Creation of personalised assistance systems: since 2008, an occupational psychologist has been visiting all sites every two weeks. In addition, since 2009, employees can ask for free personalised assistance outside the company, provided by specialists on psychosocial risks.

The action plan was further completed by a company agreement, which followed the obligation of the National Plan on stress at work of 2009 (see Chapter 3.2.1) and was negotiated with the internal committee on hygiene, security and working conditions. The plan is renewed every year, reinstating measures that are now fully part of the management of the company.

The surveys conducted inside the company show that the implemented measures had a positive impact on the level of psychosocial risks among employees. In June 2007, Renault commissioned the consultancy Technologia to do a complete audit of work organisation and related psychosocial risks in the centre²³⁹. The audit consisted in a survey of 9,250 employees (120 individual interviews) and 2,240 providers. 62.7% of the employees answered the survey. The report was severe, judging the level of psychosocial risks very high in the company: 31,2% of employees were suffering from job strain (compared to 10,3% on average for managers and engineers - INSERM), 60% in some services. The questionnaire was based on the Karasek's demand-control model of occupational stress. The report also criticised the Renault Observatory of Stress already in place when the suicides occurred. As a matter of fact, Renault was one of the first companies to set up an Observatory of stress with the help of the French Institute for action on stress (Ifas), but it failed to alert the company management on the situation.

Two years after this first assessment, a second one was requested by the company and conducted by the same consultancy in 2009 in all engineering sites of Renault (meaning a total of 10,000 employees out of 15,000). 70% of the employees answered the survey. The results of this second survey showed that job strain went down to 27.7%, in times of economic crisis. The survey also showed an improvement in workers' autonomy and in the reduction of workload. Although indicators demonstrate an overall improvement in tackling psychosocial risks, the company remains careful on the results, as the management of such big work sites, employing over 12 000 workers, makes the detection of individual cases more difficult.

²³⁹ Technologia (2008) 'Technocentre Renault de Guyancourt. Expertise CHSCT. Analyse de trois suicides. Etudes des risques psychosociaux liés à l'organisation du travail'. Available at : <http://www.lesechos.fr/pdf/technologia.pdf>

5. CONCLUSIONS AND POLICY RECOMMENDATIONS

5.1. Conclusions

The main conclusions of the study can be summarised as follows:

- Since the start of the financial and economic crisis, exposure to stress at work and its impact on the mental health of the European workforce seems to have worsened considerably. Although it is difficult to establish any reliable causal relationships at present, recent trends presented in the study indicate that several of the recognised factors contributing to the stress burden (e.g. job insecurity, rising unemployment levels and under-unemployment) tend to increase in times of economic hardship and stringency. Vulnerable groups that are at a higher risk of stress at work include female, ageing, disabled, young, migrant, temporary and low-qualified workers. The study also shows that restructuring during the recession impacts workers' mental health - not only for those who lose their jobs, but also for those who remain at work ("survivor syndrome"). Evidence suggests that the actual impacts of organisational change depend on how change is managed in the company.
- Several measures are in place at the EU level to tackle the issue of stress at work. The main legal provisions are included in the occupational health and safety framework, namely through Directive 89/391/EEC on Safety and Health at work, which implicitly requires European employers to assess and manage psychosocial risks, amongst others. More recent initiatives are directly related to restructuring processes. Other actions have been taken in the context of EU public health policy, for example the European Pact for Mental Health and Well-being and the related Joint Action that has been recently launched. Specific campaigns or activities on psychosocial risks have also been promoted by the Senior Labour Inspectors Committee (SLIC) and the European Agency for Safety and Health at Work (EU-OSHA).
- A key instrument to promote the uptake of measures on work-related stress in Member States has been the Community Strategy on health and safety at work (2007-2012). The Strategy explicitly encouraged Member States to incorporate specific initiatives in their national plans to address mental well-being in the workplace. The study demonstrates that, over the past five years, *all* 27 Member States have undertaken at least *some* activities promoting mental well-being or setting up preventive frameworks at the workplace, which has been inspired, at least to some extent, by the Strategy. In particular, 16 Member States have explicitly included psychosocial risks in their national plans following the Community Strategy. However, it should be noted that the approaches vary considerably depending on the Member State, ranging from the adoption of new legislation specifically addressing psychosocial risks to supporting employers through guidance and training, to communication and awareness-raising campaigns.
- In general, and with the exception of some countries (e.g. France), the economic and financial crisis has not led policy makers to adopt specific measures to address the increasing levels of stress at the workplace. On the contrary, in some case (e.g. Greece, Spain), the crisis seems to have put an emphasis on other political priorities, in particular unemployment.
- The 2004 European Framework Agreement on Work-related stress, concluded by the European Social Partners, has provided employers and workers with action-oriented guidelines to identify, prevent or manage problems of stress at the workplace.

Although the implementation of the Agreement at the national level has varied considerably depending on the country, it has indeed provided real added-value by promoting various activities and measures, including changes in legislation. In most countries, social partners are playing a key role in addressing psychosocial risks, particularly as a result of the Agreement. However, the degree of their involvement also varies depending on the country, and the dynamics of social dialogue at the national level has not changed substantially as a result of the crisis. It should be noted that the Agreement was negotiated prior to the crisis and, at present, no follow-up initiatives are foreseen at the European level.

- Another important instrument in this context is the EU inventory of occupational diseases under Commission Recommendation 2003/670/EC. Although the International Labour Office (ILO) has included mental and behavioural disorders in the list of occupational diseases, as revised in 2010, the current EU inventory does not include a reference to mental health diseases. Mental health disorders are therefore recognised as occupational diseases only in a few EU Member States (Italy, Lithuania, Latvia, Romania and Hungary). However, it is interesting to note that these countries have not adopted particularly innovative measures in relation to psychosocial risks in their national strategies. In fact, two of these Member States have not even mentioned psychosocial risks in their national plans.
- The case studies presented in the report illustrate innovative initiatives and measures, which have proven successful in addressing the issue of stress at work. A common message from these examples is that the psychosocial distress linked to the crisis can be handled successfully when companies, organisations and main stakeholders invest in policies to mitigate the negative effects of restructuring.

5.2. Recommendations

Based on the conclusions of the study, the following policy recommendations can be put forward to improve the current legislative and policy framework:

1. The new Community Strategy on Health and Safety at work (2014-2020) should include stress at work and other psychosocial hazards as a specific priority area

The Community Strategy on health and safety at work (2007-2012) has provided important inspiration and a common frame of reference for the uptake of initiatives and measures on stress at work and other psychosocial risks in Member States. Given the growing concerns on the impact of the economic and financial crisis on workers' mental health, it is recommended that the next Strategy, or any other relevant European framework on occupational health and safety, includes stress at work as a priority area.

2. The Framework Agreement on Work-related Stress should be revitalised in the context of the economic and financial crisis

The 2004 Framework Agreement has been a significant tool to raise the awareness of employers and workers on work-related stress and has provided a useful context for social dialogue in this respect. In addition, several Member States have included measures inspired by the Framework Agreement in their national legislation. Building on the existing instrument, it would be advisable to revitalise and update the Agreement in the context of the crisis, for example by addressing the specific needs of small and medium-sized enterprises for external support to address and manage work-related stress.

3. Tackling stress at work should be part of a clear and coherent framework at the EU level bringing together the occupational and public health dimensions

A number of initiatives and measures exist at the EU level to tackle the issue of stress at work. However, this fragmentation does not help raise the profile of work-related stress, both as an occupational and a public health problem. A stronger integration of these dimensions and a closer co-operation of all relevant actors would contribute to look at this issue in a more holistic manner.

4. Any new legislative instrument on restructuring should take into account the impact of organisational change on workers' mental health

Better integration of employment and health policies is particularly needed to address the effects of organisational change on workers' mental health, both during the economic crisis and after the crisis, i.e. when the system will need to slowly re-adapt to the upturn of economic activities. Tackling health in restructuring is important not just because restructuring can have a harmful effect on workers' health, but also because it is a useful investment to ensure the European model is sustainable and competitive. Any new legislative instrument on restructuring, such as the legal act on anticipation and management of restructuring called for by the European Parliament, should take into account the impact of organisational change on workers' mental health.

5. The inclusion of mental health disorders in the list of occupational diseases should be thoroughly researched to take into account the differences between countries

The diagnostic definition of mental health disorders as an occupational disease varies by Member State. Therefore, the possible inclusion of mental health disorders in the list of occupational diseases has to be thoroughly researched before any decision can be made. Although this is outside the scope of the present report, it is understood that a study has already been contracted by the European Commission to look at the situation of mental health in the workplace in all EU Member States.

6. Awareness raising campaigns should continue as they provide effective tools to increase knowledge of the issue and to train relevant stakeholders (e.g. labour inspectors)

Awareness raising campaigns promoted at the EU level, e.g. the recent campaign by the Senior Labour Inspectors Committee (SLIC), have proven successful to build capacity for assessing and managing stress at the workplace. Similar initiatives should therefore continue. In addition, the EU OSHA is playing a fundamental role in keeping the issue of psychosocial risks high on the political agenda, which should be further encouraged.

7. More research is needed to collect EU-wide and consistent data on the effects of the crisis and of restructuring on workers' mental health

At the moment, the available information to assess the impact of the current economic and financial crisis on workers' mental health is still scarce. EU-wide and consistent data are therefore essential to assess and monitor the magnitude of the problem, as well as to evaluate the need for further initiatives.

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LIST OF INTERVIEWS

1) Interviews with European stakeholders and for case studies

- Dr Jorge Costa David, European Commission, DG Employment, Social Affairs and Inclusion
- Mr Jürgen Scheftlein, European Commission, DG Health and Consumer
- Ms Julia Flintrop, European Agency for Health and Safety at Work
- Ms Liliane Volozinskis and Ms Helen Hoffman, European Association of Crafts, Small and Medium-Sized Enterprises
- Mr Laurent Vogel, European Trade Union Institute
- Mr Dominique Vacher, EDF Group, European Centre of Employers and Enterprises providing Public services
- Dr Gregor Breucker, Work Package 6 on mental health at the workplace of the Joint Action Plan on Mental Health and Well-being
- Mr Arsenio Fernandez Rodriguez, European Commission, DG Employment, Social Affairs and Inclusion, Senior Labour Inspectors Committee
- Mr Andreas Bendig, Gesellschaft für innovative Beschäftigungsförderung mbH (G.I.B.) Innovative employment promotion company GmbH
- Mr Jonathan Levy, Media Manager, EDF Energy UK
- Mr Nicolas Barrier, Renault Ile de France

2) Interviews with national stakeholders (for country investigations)

France

- Mr Boris Vieillard and Ms Marianne Richard-Molard, Ministry of Labour
- Mr Hervé Lanouzière, Agency for the improvement of working conditions (ANACT)
- Mr François Gambelli, Business Union (MEDEF-UIMM)
- Mr Henri Forest, Confederation of French Trade Unions (CFDT)

Germany

- Ms Bettina Splittgerber, Ministry of Social Affairs of the Hesse Region, Labour Inspectorate
- Mr Andreas Horst, Federal Ministry of Labour and Social Affairs
- Mr Norbert Breutmann, Confederation of German Employers' Associations (BDA)
- Dr Hanns Pauli, Confederation of German Trade Unions (DGB)

Greece

- Mr Adamakis Yannis, General Federation of Greek Workers
- Mr Christodoulou Antonios, Ministry of Labour, Social Security and Welfare
- Mr Theodoros Konstantinidis, National Health and Safety Institute ELINYAE
- Mrs Dourou Klairi, INTERAMERICAN S.A.

- Mrs Alexandra Skoura, Eurobank SA
- Mrs Marianna Kontogianni, Eurobank SA
- Mrs Chryssoula Toufekoula, Ministry of Labour, Social Security and Welfare - Labour Inspectorate SEPE
- Mrs Koukoulaki Theoni, Occupational Centre of the National Health and Safety Institute

Lithuania

- Mr Vaidotas Levickis, Lithuanian Business Employers' Confederation
- Ms Inga Ruginienė, Federation of Lithuanian forest and wood worker trade unions
- Dr Jonas Gričius, Senior Labour Inspector Committee

Poland

- Dr Wiktor Marek Zawieska, Central Institute for Labour Protection - National Labour Institute
- Mrs Marzena Flis, Solidarnosc Trade Union
- Mr Zbigniew Żurek, Business Centre Club

Spain

- Mr Salvador Moncada i Lluís, Trade Union Institute of Work, Environment and Health
- Mr Manuel Velásquez, Labour and Social Security Inspectorate
- Mr Ángel Lara Ruiz, Technical Unit on Psychosociology at the National Centre of New Technology

Sweden

- Mr Sten Gellerstedt, Swedish Trade Union Confederation
- Mr Bodil Mellblom, Confederation of Swedish Enterprises
- Mr Tomas Rosenblad, Swedish Work Environment Authority

UK

- Dr Peter Kelly, Health and Safety Executive
- Dr Rob McGreal, Health and Safety Executive
- Mr Hugh Robertson, Trades Union Congress
- Mr Guy Bailey, Confederation of British Industry

ANNEX 1 – REVIEW OF MEASURES ON WORK-RELATED STRESS IN NATIONAL STRATEGIES ON OCCUPATIONAL HEALTH AND SAFETY AT WORK

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Austria ^{*240} <i>Joint Resolution on the Occupational Safety and Health Strategy 2007- 2012</i>	No	+	<p>The reduction of psychosocial stress factors and musculoskeletal disorders are listed in the joint resolution prevention targets.</p> <p>Stress is addressed by the working group on Prevention of work-related and occupational diseases (representatives from ministries, accident insurance companies, social partners, research centres and stakeholders groups)</p>			<p>Organisation of conferences and workshops by working group on Prevention of work-related and occupational diseases</p>	<p>Publication of guidelines to prevent musculoskeletal and psychological strain by working group on Prevention of work-related and occupational diseases.</p>

²⁴⁰ An asterisk (*) has been added when answers have been received by EU-OSHA national contact points.

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Belgium * <i>National Strategy on well-being at work 2008-2012</i>	No	+	<p>Evaluation of the Belgian law on PSR in 2010, followed by the elaboration of more specific provisions on psychosocial risks and stress at work in the Code of well-being at work.</p> <p>Round tables with experts were organised to develop a better definition of psychosocial risks.</p>	Strengthen cooperation between social partners, prevention services, social inspections and the Occupational Diseases Fund.	<p>Research on the link between PSR and work accidents, PSR indicators, well-being in call centres, research about return to work after a long absence.</p> <p>Research about a responsible communication of the company during a restructuration.</p> <p>ESF projects 2007-2013 on PSR to improve assessment tools with a focus on violence prevention and pathogenic relations at work.</p>	<p>Dissemination of information material, teaching pack and assessment tools on key websites, such as www.BeSWIC.be, www.emploi.belgique.be, or www.respectautravail.be. These tools were funded by the Ministry of Labour and the ESF.</p> <p>Dissemination of tools to prevent PSR, esp. stress and harassment.</p>	<p>Belgian Campaign for a better prevention of PSR (2012-2013), funded by the Belgian Ministry of Labour and the European Social Fund.</p> <p>National survey in 2010 on health and safety at work, as part of the Working Conditions Survey of 2010 by Eurofound: interviews of 4000 workers</p> <p>Belgian study about Burn out in the Belgian population (2009-2010)</p>
Bulgaria <i>Strategy on safety and health at work 2008-2012</i>	No	+	PSR are covered under the priority 'occupational risk management of the new and emerging risks' with chemical risks.	Cooperation with social partners on the prevention of new risks, especially psychosocial issues.	The Strategy stresses the need to include these risks into research priorities to improve knowledge.		

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Cyprus <i>Strategy of Cyprus on Safety and Health at Work 2007 – 2012</i>	No	-	Psychosocial risks are not addressed in the strategy.			Analytical surveys in workplaces for the evaluation of new and emerging risks focusing more on musculoskeletal disorders led by the Directorate of Labour Inspection from 2007.	
Czech Republic * <i>National Policy on Occupational Safety and Health in the Czech Republic (2008)</i>	No	+		Ensure implementation of preventive measure in the workplace in the area of safety at work including stress and violence prevention.	Focus research on preventing new and potential risks, particularly psycho-social risks and musculoskeletal diseases.		Counselling for re-employment: job clubs organized with people who lost their job to support them in maintaining their mental balance.
Denmark <i>A strategy for working environment efforts up to 2020</i>	No	+	Number of employees psychologically overloaded to be reduced by 20%. Mid-term evaluation of targets in 2014 and 2017. Risk-based inspections including on the psychosocial working environment by Danish Working Environment Authority	Danish Working Environment Authority and social partners should work on methods to identify and resolve PSR, resulting in a catalogue of ideas listing the methods and tools including workplace assessments to improve prevention of PSR.			

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Estonia * <i>Occupational Health & Safety Strategy 2009-2013: towards health-sustaining working environment</i>	No	+	<p>PSR are covered under the category 'emerging risks' with chemical risks and exposure to dangerous radiation.</p> <p>The Strategy suggests defining minimum requirements for the competence of occupational health specialists (ergonomists, occupational hygienists and occupational psychologists).</p>		The Strategy stresses necessity to identify and improve knowledge.	<p>The Strategy stresses necessity to provide guidelines and raise awareness on these risks.</p> <p>The strategy proposes the creation of curriculum, specialisation opportunities in some Estonian universities on occupational psychology or the possibility to support training abroad through scholarships.</p> <p>The National Institute for Health Development issued in 2012 the handbook 'Mental health in the workplace. Handbook for employers and workers'.</p>	<p>The National Institute for Health Development organises 8 hour introductory courses on workplace health promotion for enterprises: "Supporting mental health in the workplace".</p> <p>Pilot project "Promoting mental health in the workplace in Kristiine borough", project in Tallinn from 2011 to 2013.</p>
Finland * <i>Policies for the work environment and well-being at work until 2020</i>	No	+	<p>Reduction of work related harmful strain: Perceived psychic strain reduced by 20%.</p>			Creation of a cooperation network for the work environment and well-being at work.	

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
France <i>'Health at work' Plan 2010-2014</i>	No	+	<p>2009 "Emergency plan for the prevention of stress at work" structured around four objectives:</p> <ol style="list-style-type: none"> Obligation for companies > 1000 workers to elaborate an Agreement/ Action Plan on stress at work Organisation of 22 regional seminars on psychosocial risks Work on restructuring process to integrate psychosocial risks in restructuring plans Creation of a Department on psychosocial risks in the General Labour Department of the Ministry of Labour 	<p>Monitoring the conclusion of negotiation on work related stress in all companies of more than 1000 employees and voluntary actions in smaller companies.</p> <p>Including prevention of psychosocial risks in restructuring processes.</p> <p>Dissemination of prevention tools via professional branches.</p>		<p>Improving knowledge on psychosocial risks: set up national statistical indicators (INSEE).</p> <p>Creation of a database of local services (travaillermieux.gouv.fr).</p>	<p>Improve training for inspection services and OSH professionals: trainings, educational material on psychosocial risks.</p> <p>Include PSR in education curricula, compulsory training on health and security at work for managers and HR.</p>

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
<p>Germany <i>Joint Occupational Safety and Health Objective 2013 – 2018</i></p>	<p>No</p>	<p>+</p>	<p>The protection of mental health is one of the three main goals of the Strategy.</p>			<p>For the prevention of psychosocial risks the strategy defines these objectives:</p> <ul style="list-style-type: none"> • The identification or preparation of suitable procedures for assessing physical and mental load situations • The dissemination of examples of good practice. • Information, sensitisation and qualification of the company and external stakeholders and company design solution. 	<p>Project “mental health in the workplace” (psyGA): disseminates information, studies and best practices on mental health at the workplace, with an emphasis on stress at work.</p> <p>As part of the project “Mental health in the workplace” (psyGA): free e-learning tool for managers developed with the University of Aachen to identify stress factors.</p>

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Greece The <i>National Strategy on Health and Safety</i> (2010-2012)	No	-	The <i>National Strategy on Health and Safety</i> (2010-2012) does not address stress and psychosocial risks.			The Ministry published a book serving as a tool for risk assessment with a chapter on stress.	During the 2012 SLIC campaign on PSR, two workshops on psychosocial risks were organised, and booklets were distributed. Labour Inspectorate is attentive that PSR are included in occupational risk assessments.

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Hungary * <i>Hungarian National Program on Occupational Safety and Health 2001-2006</i>	Yes	+	<p>Improving physical and psychosocial well-being in the work environment is listed as a national interest in the National Programme.</p> <p>National programme 2001-2006 sets the objective of improving the registration of occupational diseases by ensuring notification, investigation and proper actions for new types of illnesses (non-optimal stress, increased mental stress, etc.)</p> <p>The National Programme 2009-2012 (not approved by Parliament) sets the objective of improving the diagnosis and the reporting of diseases caused by stress and sets targets: the proportion of the reported diseases would be 15-20% and 5-10% of the total cases until the end of the year 2012.</p>		Improving research aiming at identification and moderation the sources of psychosocial factors, stress, psychosomatic diseases, laying down the methodology of restriction of psychosocial effects at work and laying down the methodology of Good Practice in prevention.		<p>Hungary took part in the 2012 SLIC campaign on PSR.</p> <p>Participation in IOSHA2 project STOP STRESS in 2012, coordinated by the Confederation of Hungarian Employers and Industrialists (MGYOSZ), in which 6 countries took part.</p>

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Ireland * <i>Strategy Statement 2013-2015</i>	No	-	<p>Mental health and stress are not addressed as separate issues but addressed in general health issues.</p> <p>Ireland has introduced a Code of Practice on Bullying and Control Measures for Improper Behaviour at Work</p>			<p>Guide on prevention and management of musculoskeletal disorders, published by Health and Safety Authority in 2013.</p> <p>Work Related Stress – A Guide for Employers, published by the Health and Safety Authority (2009).</p> <p>The website www.managingwellbeing.com gives access to guidance and toolkits to set up company action plan and to manage stress at work</p> <p>The Workplace Contact Unit deals with calls and queries on occupational health issues</p> <p>On-line tool for carrying out a psychosocial Risk assessment – Work Positive and Irish benchmark, developed with the University of Ulster.</p> <p>‘Work Positive’ tool by HSA for risk management (from 2002 until now).</p>	<p>The Irish Business Employers’ Confederation (IBEC) has set up a training programme for managers with courses on dealing with stress in the workplace or dealing with depression and anxiety at work (2013).</p>

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Italy *	Yes	-	<p>Legislative Decree n. 81 of 9 April 2008 Implementation of Article 1 of Law n. 123 of 3 August 2007 concerning occupational health and safety</p> <p>No specific actions included in the national strategy regarding PSR factors or mental health.</p>		<p>Network composed of INAIL and research institutions aiming at improving knowledge on occupational diseases</p>	<p>Assessment and risk management of work-related stress - Manual for company use in the implementation of the legislative Decree 81 (OSH national legislation)</p> <p>“Operational Guide for the Evaluation and Management of Risk of Work-Related Stress” adopted by the Inter-regional Workplace Prevention Committee (2010).</p> <p>“Methodological Proposal for the Assessment of Work-Related Stress” by The National Institute for Occupational Safety and Prevention.</p> <p>INAIL - The Workers Compensation Authority adapted the UK Health and Safety Executive Management Standards approach for assessing work-related stress.</p>	

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Latvia * <i>Strategy for the Development of the Labour Protection Field 2008-2013</i>	Yes	-	No specific actions included in the national strategy regarding PSR factors or mental health. Provisions in the Plan for 2008-2010 and the Plan for 2011-2013 to pay more attention and raise awareness to mental health problems (mainly work-related stress)	At company level: Obligation for employers to make workplace risk assessment including PSR.		Campaign on "Stop overwork!"; campaign on "Love your Heart!" by social partners.	Latvia participated in the 2012 SLIC campaign on PSR. Project led by social partners: 'Practical Application of Labour Relations and Health and Safety Regulations in Enterprises and Branches' supported by ESF: consultation centres for employers and employees.
Lithuania <i>National Strategy for health and safety at work 2009-2012 / Action Plan 2009-2010</i>	Yes	-	PSR are not addressed in the Strategy.			Establishment of an institution to collect and analyse data on occupational safety and health in order to identify new and emerging risks, to carry out health and safety studies and draft risk prevention recommendations	

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Luxembourg	No	-	Luxembourg does not have an OSH strategy.	Inclusion of measures related to stress at work in certain company agreements.		<p>Help centre on ITM (inspection) website with FAQ providing information on the legal and political basis for PSR prevention in Luxembourg.</p> <p>Several communication activities on prevention of stress at work (some of which received media awards).</p>	Participation in 2012 SLIC campaign on PSR.

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Malta * <i>OHS: Consolidating Achievements and Engaging further Commitment</i>	No	-	OHS Authority Act, determines employers 'duties of evaluation and control of stress. The Occupational Health and Safety Authority developed a framework for the control of Work Related Stress, focusing on a preventive approach and systems of early identification of symptoms.	Specific clauses in the collective agreements introduced by trade unions providing for psychological evaluation and review and management Employee Support Programmes for all Government employees emphasising early detection and control of work related stress Objective to make Richmond Foundation's Staff and Organisation Support Programme ²⁴¹ available to a larger number of companies			Conferences, seminars and training courses organised by the Occupational Health and Safety Authority since 2000
Netherlands *	No	-	No formal policy document on the issue of stress and mental health.				

²⁴¹ NGO involved in the promotion of mental health and the prevention of mental illnesses, created 1993. The Staff and organization support programme provides managers and employees stress management training programmes.

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Poland <i>National Programme 2008-2010 Improvement of safety and working conditions</i>	No	+	Strategy stresses the necessity to identify emerging risks.				Thematic group on 'Methods and tools for preventing and reducing occupational risk' focusing on emerging risks such as psychosocial factors.
Portugal*	No	-	No current National Strategy. In previous Strategy (2008-2012) psychosocial risks were not addressed.				Public policies at different levels (education, employment and vocational training, industrial development, etc.) should incorporate approaches regarding occupational risks with special attention to emerging risks, for instance, PSR.

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Romania <i>National Strategy on Safety and Health at Work 2008 - 2013</i>	Yes	+	The strategy sets as an objective to establish minimum requirements and introduce legal measures to protect workers against psychosocial risks				
Slovakia * <i>Concept of Health and Safety at Work in the Slovak Republic from 2008 to 2012</i>	No	+	Stress and excessive burden are mentioned under the category 'new and potential risks of health problems'. Priority is given to preventive approach: the necessity to improve identification and management of these new risks is mentioned.	Stress elimination and creating condition of social wellbeing are listed among employer's measures to achieve the objective of decreasing the number of occupational accidents.			

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Slovenia * <i>Resolution on national programme on OSH (O.G. RS 126/2003)</i>	No	+	<p>Analysis of various causes of stress.</p> <p>Participation in the European project OiRA: Online risks assessment tool of psychosocial risks by Ministry of Labour in 2014.</p>	<p>Introduction of training programmes on stress management and activities related to work organisation, or human resources management.</p>		<p>Project 'Safety and health at work in postal services' (2014-2015): handbook and web application, short films, seminars. PSR will be one of the topics of the activities.</p> <p>National Campaign on Combating Psychosocial Risks at the Workplace 2014-2015, as part of the EU-OSHA campaign.</p> <p>The National Institute of Public Health published a report on 'Mental Health in Slovenia' (2010).</p>	<p>Eurofound report on Psychosocial risks at workplace in Slovenia (2012) in cooperation with the Ministry of Labour. Public event for the launching of the report with large media coverage</p> <p>Call for proposal of training programmes in 2012: Ministry approved 7 programmes on work psychology, 5 on work organisation, 9 on workplace health promotion.</p>

Countries	Mental and behavioural disorders listed as OD in national system	PSR as objective in the strategy	General framework (including policy and legislation)	Measures at sectoral and company level	Research	Support and communication activities (including guidance, toolkits, campaigns, etc.)	Complementary initiatives (not in strategy)
Spain <i>Spanish Strategy on Health and Safety at Work (2007-2012)</i>	No	+	Strengthen preventive culture: health and social public policies must address all kinds of risks, paying special attention to emerging risks and psychosocial risks. Working Groups in the Occupational Health and Safety National Committee must work on new and emerging risks.			Guidelines, trainings by National Institute of Safety and Hygiene at Work	
Sweden <i>National action plan on work environment for 2010-2015</i>	No	+	Focus on creating sane working environments to promote good work.			Swedish Work Environment Authority has published handbooks and reports on work-related stress and make information available on its website	

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<p>United Kingdom</p> <p><i>The Health and Safety of Great Britain: be part of the solution</i></p>	<p>No</p>	<p>-</p>	<p>Not explicitly included in the strategy.</p>				<p>Stress priority programme focussed on five sectors developed by Health and Safety Executive (HSE): helpline and guidance on HSE website (2005).</p> <p>Over 60 healthy workplace solutions workshops organised by HSE in 2006-2007.</p> <p>Downloadable tools and package of online resources for managers on HSE website.</p>

ANNEX 2 – IMPLEMENTATION AT NATIONAL LEVEL OF EUROPEAN SOCIAL PARTNERS' FRAMEWORK AGREEMENT

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Austria	<p>The Protection of Employee Act (ArbeitnehmerInnenschutzgesetz) transposes provisions of HSF directive (1995)</p> <p>Amendment of the Protection of Employees Act makes risk assessment of psychological hazards compulsory for employers.</p> <p>Health is defined more precisely as physical and mental health.</p> <p>Psychosocial hazards better defined in the law, together with obligations regarding work organisation, job content, social climate, work schedule and environment.</p> <p>The amendment came into force on 1 January 2013</p>			<p>Joint guidelines promoting the Agreement (not binding) and pointing out relevant existing legislations and practices such as the IMPULS test (questionnaire assessing employees' working conditions) (2006)</p>	<p>Austria took part in 2012 in SLIC campaign: the inspections were conducted in the traffic and service sectors.</p> <p>The IMPULS test and the IMPULS brochures were developed in cooperation with the main Austrian Trade Unions (WKÖ, BAK, ÖGB).</p> <p>Austrian Central Labour Inspectorate published guidelines on how to address psychosocial risks; they are widely used by Labour Inspectors, preventive experts, employers and employees representatives.</p> <p>Consultations for stress prevention in companies sponsored by the Accident Insurances (AUVA)</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Belgium	<p>'Code sur le bien-être au travail' – Code on Wellbeing at Work (1993).</p> <p>Law of 4 August 1996 on the welfare of workers.</p>	<p>Royal Decree of 2007, integration into legislation of the 1999 collective agreement: applying to both private and public sectors and addressing collective and individual (new dimension) aspects of psychosocial risks.</p> <p>Appointing a psychosocial prevention advisor becomes mandatory for employers.</p>		<p>Brochure on 'Stress Prevention' by the National Labour Council (2004) gathering social partners – guidelines on how to implement the Agreement.</p>	
Bulgaria	<p>Health and Safety at Work Act – as amended in 2003.</p>		<p>Social partners have not yet implemented the Framework Agreement.</p>		<p>Questionnaires at company level to assess work-related stress and propose tailored measures to individual employers (2005).</p> <p>Inclusion of stress and checking of stress prevention programs in the General Labour Inspectorate's inspections, and distribution of Guide for risk assessment of mental workload in SMEs by labour inspectors (2009).</p>
Cyprus	<p>Safety and Health at Work Laws – of 1996 to 2011: the definition of health does not refer only to the absence of disease or infirmity but includes physical, mental and psychological elements affecting health.</p>			<p>Joint Policy Statement on the Framework Agreement on Work Related Stress signed by social partners and the Ministry of Labour and Social Insurance (June 2008).</p>	<p>Participation in the SLIC campaign: inspections in 60 workplaces involving 9 inspectors.</p> <p>Articles and seminars organised by social partners.</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Czech Republic	Labour Code Act No 262/2006.	Transposition of the agreement in the Labour Code (2006) imposing a duty upon the employer to ensure employees' wellbeing at work.			<p>Production of guidelines: practical information booklet on autonomous European social dialogue agreements, including the one on stress (2007).</p> <p>Leonardo da Vinci project 'Stress Prevention Activities': publication of educational material by trade union.</p> <p>Educational activities led by the Ministry of Labour (2008/2009).</p>
Denmark	Consolidated Danish Working Environment Act (2005).	<p>Health and Safety at Work Act: obligation to assess psychosocial conditions in conformity with the Framework Directive.</p> <p>Adoption of priorities for a global approach to the working environment by Danish government (2005).</p>	Collective Bargaining Agreement (2005) / Specific agreement for state sector (2005).		<p>Social partners' conference (2005).</p> <p>General handbook published by social partners (2008).</p> <p>Guide for local cooperation committees' work (2006).</p> <p>Stress Barometer in public sector.</p> <p>Sector specific guidance documents issued by the National Working Environment Authority (2006).</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Estonia	Occupational Health and Safety Act (1999)		Social partners have not yet reached an agreement or reported to the European social partners on the process.		<p>The Labour Inspectorate created an online instrument to assess stress at work: questionnaire with 35 questions measuring six important types of work-related stressors.</p> <p>This instrument enables companies to compare their results with other companies' situation on the basis of a national survey on work-related stress in 2010 based on 1200 workers, initiated by the Labour Inspectorate.</p> <p>Public awareness campaign on work-related stress from the Labour Inspectorate in partnership with Estonian Trade Union Confederation and Estonian Employers' Confederation (2010).</p>
Finland	<p>Occupational Safety and Health Act (738/2002) transpose Framework Directive: obligation for employers to assess working environment and conditions</p> <p>Occupational Health Care Act (1383/2001): obligation for employers to arrange occupational healthcare (workplace visits).</p>			Joint recommendation on preventing and managing work related stress (2007). Not binding.	<p>Websites, journals, seminars set up by signatories.</p> <p>Centre for Occupational Safety contributed to a brochure on work related stress.</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
France	Law No 2002-73 of 17 January 2002: transposition of Framework Directive into Labour Code.		Binding cross-industry national agreement - 2008, extended to all employers and workers in 2009. In the agreement, assessment of stress factors by employers is mandatory.		Production of guidance by National Agency for the Improvement of Working Conditions (ANACT) and Research and Safety Institute (INRS). Information campaign for SMEs in the emergency plan on the prevention of stress at work. Project to include occupational health and safety into the curricula of management schools.
Germany	Occupational Health and Safety Act as amended in 1976 Occupational Safety Act (1996)			Joint translation of the Agreement by social partners (2005). Separate company or sector agreements.	Survey 'Good Work' by DGB (Confederation of German Trade Unions) aiming at developing standard on quality of work. Several separate awareness raising and training activities by sectoral social partners (seminars, brochures...) Risk assessment tool for work-related mental strain specifically designed for SMEs. Questionnaire called stress barometer by trade union IG Metall for self-evaluation by employees.
Greece	Law 3850/2010 (OJA 84/02.06.2010) - Codification of the National Health and Safety Legislation		National Collective Agreement (2008). General Labour (EGSSE)		

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Hungary	Health and Safety at Work Act (1993)	Amendments to the Health and Safety at Work Act – 2008 include stress as a risk factor, and mandatory evaluation of work environment			<p>A “Communication related to stress at work” launched by and uploaded to the website of the Labour Inspectorate in 2008. It has been the major dissemination tool.</p> <p>Seminar gathering interprofessional social partners on the prevention of work-related stress.</p>
Ireland	Health and Welfare at Work Act (2005), requires employers to protect employees from hazards which could lead to mental or physical ill-health.			<p>Guide on Workplace Stress implementing the Agreement, issued by the Labour Relations Commission and approved by interprofessional social partners; no binding effect (2007).</p>	<p>‘Work Positive’ tool by HSA for risk management (from 2002 until now).</p> <p>The Irish Business Employers’ Confederation (IBEC) has set up a training programme for managers with courses on dealing with stress in the workplace or dealing with depression and anxiety at work (2013).</p>
Italy	<p>Legislative Decree n. 81 of 9/04/2008</p> <p>Law 123/2007 on Safety and Health.</p>	<p>Revision of occupational health and safety legislation in 2008 (Legislative Decree 81/08) to include the provisions of the agreements. Risk assessment should cover all risks for the workers safety and health, including those relating to stress (enforcement since 2010 with publication of ministerial guidelines).</p>	Interconfederal Agreement (2008).		<p>“Operational Guide for the Evaluation and Management of Risk of Work-Related Stress” adopted by the Inter-regional Workplace Prevention Committee (2010).</p> <p>“Methodological Proposal for the Assessment of Work-Related Stress” by The National Institute for Occupational Safety and Prevention.</p> <p>INAIL - The Workers Compensation Authority adapted the United Kingdom Health and Safety Executive Management Standards approach for assessing work-related stress.</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Latvia	Latvian Labour Protection Law (2002) Regulation of Cabinet of Ministers No 660 (2007).	Regulation of Cabinet of Ministers No 660 of 2007 amending Latvian Labour Protection Law defines rules for risk assessment: must include psychosocial risks. Obligation for employers to take protective measures following the assessment.		Framework agreement on work-related stress adopted by social partners with general recommendation to members (2006)	Latvian Free Trade Union Confederation organized seminars for social partners and trainings for trade unions representatives in companies; signed in 2007 a cooperation agreement with the State Labour Inspection to foster assessments of psychosocial risks. The Latvian Employers' Confederation organised workshops on health and safety for management representatives
Lithuania	Law on Safety and Health at Work (2003).	Order of the Minister for Health and the Minister for Social Security and Labour of the Republic of Lithuania (2005): obligation to assess risk factors.			Training programme on risk assessment created by an Order in 2006. Seminar organised by trade unions in the care sector. Inspections by State Labour Inspectorate check compliance to risk assessment obligation (wide inspection in 2009).
Luxembourg	Labour Code (2006) integrating Laws of 17 June 1994 on health and safety at work and health services at work. 2006 Law against tobacco specifies that health also include "mental health".			Adoption of guiding principles with a view to implementing the Agreement (2006). Inclusion of work-related stress in certain company agreements.	National and sectoral surveys (2006 and 2010). Economic and Social Council's guidelines on risk factors and remedial measures.

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Malta	Maltese Occupational Health and Safety Authority Act - 2000: introduces preventive approach complying with HSF directive		Maltese social partners have not yet reported on the implementation of the agreement.		
Netherlands	Working Conditions Act (Arbeidsomstandigheden wet) as amended in 2007. The Working Conditions Act was amended in 2007: obligation for employers to make risk inventory and evaluation.			Social partners updated in 2006 the Dutch Labour Foundation brochure 'Busy (at) work?! Dealing with work pressure and stress'. Specific solutions to be agreed at sectoral level on the basis of the health and safety catalogue (Arbocatalogus) approved by the labour inspectorate	Arbocatalogus (working conditions catalogue, produced since 2007 by social partners at branch-level) provides specific branch solutions and information to tackle psychosocial risks. Web-based stress-measurement tool specifically designed for public sector. Pilot projects on stress led by social partners (2007-2010). Workload detection method and workload questionnaire developed by Labour Inspectorate.

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Poland	Polish Labour Code / Regulation of the Minister of Labour and Social Affairs of 26 September 1997 on general rules for health and safety at work transpose HSF directive.			Joint Declaration on Preventing and Combating Work-Related Stress (2008).	<p>Following the Declaration: courses, international conference, and brochure on the agreement by social partners (2006-2007).</p> <p>Campaign by labour inspectorate on preventing impacts of stress since 2006 (trainings, seminars, company visits).</p> <p>EU funded project on "Work-related stress as a supranational problem to employees and employers: Methods for counteracting the phenomenon by exchanging good practices": trainings, brochure, international conference, negotiation workshops (2006-2007).</p>
Portugal	Occupational health and safety framework law No 102/2009 (2009).			No joint initiative to implement the Agreement but dissemination of the translated Agreement	<p>Protocol signed between Portuguese Commerce and Services Confederation and main trade union – 2007: dissemination, study in commerce sector, training kit.</p> <p>Protocol signed between CCP, trade union and National Working Conditions Authority: studies in commerce, road transport, and temporary agency work sectors, trainings, dissemination.</p>
Romania	Labour Code: art. 171 of Law 53/2003 and the Law on Health and Safety at Work: Law 319/2006 transpose HSF directive.		2007-2010 binding national collective labour agreement setting minimum standards (no clear mention of psychosocial risks and does not define work related stress)		<p>Project on work-related stress led by Regional Labour Inspectorates since 2007.</p> <p>Translation of a best practice guide from France on Labour Inspectorate website.</p>

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
Slovakia		Act on Safety and Health at Work (No 124/2006 Coll.) Decree of the Ministry of Health No 542/2007 on details of health protection against physical strain at work, mental workload and sensory load at work.			18 labour inspectors were trained in 2004 by National Labour Inspectorate to identify risk factors in the workplace.
Slovenia	Health and Safety at work Act - Official Gazette of the Republic of Slovenia 43/2011: defines the employer's responsibility to prevent psychosocial risks		The social partners have not concluded a national agreement so far, but have committed to implement the European Agreement (which has been translated into Slovenian).		General information provided on the Ministry of Labour, Family and Social Affairs' website. The trade union confederation ZDSS provided general information about stress at work in 2004 and 2007
Spain	Law 31/95 on Prevention of occupation risks (1995).		Interconfederal Agreements on Collective Bargaining 2005/2007		General and sector specific guides disseminated by the trade-union UGT. Guidelines and surveys conducted by workers' organisation CCOO Campaigns, material and training on work-related stress developed by trade unions, employers' association
Sweden	Systematic Work Environment Management (2001): employers must address all physical, psychological and social factors affecting employees' health.		Joint agreement for the private sector (2005). Joint agreement for public sector (2006).	Guidelines leave open the choice of implementing instrument.	Project led by trade unions on work related stress from 2005: publication of a handbook; survey to assist in the implementation of the Agreement. Complementary activities at sectoral or company level.

Countries	Current legislation on occupational health	Transposition by law	Transposition by collective and general agreements	Other policy documents	Complementary activities (trainings, assessment tools, surveys)
United Kingdom	Health and Safety at Work Act (1974) / Health and Safety at Work Regulations (1999) containing provisions of HSF directive.			Implementation through the booklet drafted by trade unions in 2005: 'Work-related Stress: a Guide — Implementing a European Social Partner Agreement'.	Dissemination of the booklet, and of information through Health and Safety Executive. Management Standards, 2004: guidelines for companies and organizations to comply with legal obligations.

NOTES

DIRECTORATE-GENERAL FOR INTERNAL POLICIES

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