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1. Introduction

1.1. Executive Summary

Mental health in the workplace is central, particularly in the metalworking sector, where psychosocial risks are widespread but often underestimated. Although awareness among companies, social partners, and workers is growing, there is still difficulty, on the one hand, in implementing effective measures to prevent and manage these issues, and, on the other hand, in promoting mental health and well-being for workers.

This report analyses the management of mental health in the Italian metalworking sector (both in terms of promotion and prevention of risks that could negatively impact mental health) through an analysis of current legislation, the most relevant academic and institutional literature, as well as a field survey based on a questionnaire intended for metalworking workers and semi-structured interviews with company and union representatives.

The research highlights that, despite Italian regulations requiring employers to conduct a regular assessment of psychosocial risks that may affect workers' mental health, attention to this issue is uneven across different work contexts. Mental health policies are often fragmented and poorly integrated into organisational strategies, compounded by a corporate culture that can sometimes disregard these issues. Furthermore, it has emerged that while technological innovation has improved the efficiency of work processes, it has also increased workloads, heightened digital surveillance, and blurred the boundaries between professional and private life, with consequences for workers' psychological well-being.

The survey conducted among workers confirms that the most common psychosocial risk factors include excessive workloads, poor communication, and an overlapping between private life and work life; financial worries and poor internal communication within companies, however, also represent particularly significant risk factors. Conditions such as stress, burnout, and anxiety are widespread, with a particularly high impact on parents, women, and precarious workers. However, only a minority of workers have access to psychological support programmes, and prevention initiatives remain limited. Interviews with company and union representatives reveal a growing awareness of this issue, but also difficulties in managing it effectively.

To address these challenges, it is necessary to strengthen existing regulations and encourage greater involvement of worker representatives in the development of company policies. There is a need to implement concrete strategies to promote a better work-life balance, strengthen training on mental health, and ensure broader access to psychological support services. Furthermore, it is crucial to develop monitoring tools to detect risks early and prevent the deterioration of working conditions.

Based on the framework described in this report, the researchers involved in the [IncreMe\(n\)tal project](#) (hereinafter referred to as the Project) will design targeted training modules to support trade unionists and worker representatives in promoting, protecting, and managing the mental health of Italian metalworkers. Consistent with the focus developed

during the research phase and outlined in this report, the educational initiatives will concern three areas: the theoretical and regulatory framework related to the prevention of psychosocial risks and the management of mental health issues in the workplace; the implications of digitalisation on workers' psychological well-being; and the links between the work environment, inequalities, and workers' mental health.

1.2. Objectives

The present document has the objective of providing a general overview of the state of play concerning mental health prevention and protection in the workplace in the Italian context. This document addresses Italian trade unionists and workers' representatives, who, in the authors' intent, are to be informed on how to prevent, promote and manage potential mental health disorders arising among workers. Therefore, this document also constitutes the theoretical basis for the provision of the three training sessions (Module #1, #2, and #3) envisaged by the Project between April and September 2025. Module #1 is focused on an overview of the theoretical and regulatory framework for the prevention of psychosocial risks and management of the consequences of any pathologies related to workers' mental health. Module #2 aims at exploring the links between digitalisation and mental health, while Module #3 concerns the connections between work environment, inequalities and workers' mental health.

1.3. Methodology

In order to achieve the goals described in the previous paragraph, the research team carried out desk and field research activities. As for desk research, the authors carried out a brief analysis of the regulatory framework concerning mental health in the Italian context, with a focus on the social partners' role, complemented by a literature review of the most relevant academic and grey literature related to the topics prior to the Project. The desk research also includes a review of relevant social partners' practices concerning collective agreements' provisions linked to mental health promotion and protection.

The field research activities served to focus the analysis on the Project's target sector, the metalworking one. To this end, 5 representatives of the sector (2 HR representatives, 2 company-level workers' representatives, 1 sectoral-level trade unionist) were involved in a round of semi-structured interviews aimed at gaining a deeper understanding of the dynamics and general views related to mental health protection and promotion in the metalworking sector. Moreover, this report also includes the results of an online questionnaire directed at workers employed in Italian metalworking companies (35 replies¹) aimed at gathering first-hand information from metalworkers on mental health issues.

¹ In accordance with the indications provided in the project proposal and in line with the general objectives of the Project, the online questionnaire should be considered as an exploratory qualitative investigation tool. Its purpose is to complement, verify, and critically assess the key findings that emerged during the documentary research phase. It should be noted that the questionnaire does not aim for statistical significance, as per its qualitative nature. In any case, the target of 30 respondents has been successfully achieved.

The online survey consists of three sections. The first section collects all the socio-demographic variables of respondents such as gender, age, professional profile as well as the specific sector (described by the Nomenclature of Economic Activities or NACE classification) and size of the company in which they are employed. The second section is devoted to psychosocial risks in organisational contexts and, more generally, in the metalworking sector. Finally, in the third and last section, the attention is on mental health in the workplace, investigating the strategies and instruments aimed at protecting and promoting employees' mental health and considering the changes in work organisation brought by the digital transition.

The interview questions were divided into four sections. The first section included questions aimed at understanding the respondents' perspectives on mental health within their sector/company. The second section focused on actions aimed at preventing and managing emerging mental health issues in the workplace. The third section allowed for an in-depth discussion on the role of social dialogue in ensuring mental health in the workplace. Finally, the fourth section gathered participants' opinions on future prospects regarding the prevention of psychosocial risks and the protection of mental health in the workplace.

With regard to the methodology and objectives of this report, it should also be emphasised that, in order to increase the usability of the document, self-standing annexes including fictional cases concerning workers' mental health, a FAQs section and tips and guidance for organisational-level interventions for protecting and promoting mental health in the workplace are provided.

2. Theoretical framework (desk research)

2.1. The Regulatory framework

The Italian Constitution

In the Italian legal framework, the protection of workers' health finds a fundamental basis in the principles established by the Constitution. Article 41, as recently amended, affirms that private economic initiative is free, but it cannot take place in conflict with "social utility" or in a manner that causes harm to "health, the environment, safety, freedom, or human dignity". This explicit reference to health strengthens its position as a core constitutional value, emphasising its importance alongside other fundamental principles. The law further determines programmes and checks to ensure that public and private economic activities are directed and coordinated toward social and environmental goals (Tritto, 2022).

Among the limits outlined in Article 41, the reference to "health" is particularly significant due to its direct connection to Article 32 of the Constitution, which ensures the protection of health as a fundamental right, not only in the relationship between individuals and the state but also in interactions among private parties (Mazzola, 2021).

The concept of health within the Italian Constitution is interpreted broadly, encompassing physical, psychological, social, and environmental dimensions. This comprehensive

understanding aligns with the definition advanced by the World Health Organization (hereinafter WHO) and reflects the Constitution's vision of health as essential for achieving equality, freedom, and the full development of individuals (Ludovico, 2022).

Articles 2 and 3 of the Constitution further reinforce this perspective, positioning health as a key instrument for ensuring equality among citizens, fostering individual liberty, and enabling personal and social development (Montuschi, 1976).

The recent inclusion of health as an explicit limit within Article 41 signals the increasing constitutional recognition of its centrality to the protection of workers and broader societal welfare. By doing so, the Italian Constitution affirms the primacy of health over economic interests in cases of conflict, while also embedding it within the broader framework of sustainability and environmental protection. This change reflects a growing awareness of the interconnected nature of health as integral to the pursuit of social utility and human dignity.

The Civil Code

When it comes to psychosocial risks, Italy's health and safety regulations do not include specific legislation; however, these risks clearly fall under the employer's obligation to protect workers.

Italy's regulations on Occupational Safety and Health (henceforth OSH) draw on the Civil Code, specifically Article 2087, which establishes that "the employer is required to adopt, in the exercise of the enterprise, the measures which, based on the specific nature of the work, experience, and technical advancements, are necessary to protect the physical integrity and moral personality of workers".

Italian judges have maximised the operational potential of this rule, recognising that the provision of Article 2087 of the Civil Code implies that workers need only prove the damage and the causal nexus, leaving it to the employer to demonstrate that they have done everything possible to prevent it. Moreover, the employer is required to exercise constant control and supervision to prevent worker behaviours that could render the adopted technical precautions ineffective or insufficient and, if necessary, to impose disciplinary measures, including dismissal (see Italian Supreme Civil Court 8 February 1993, n.1523).

Thus, Article 2087 of the Civil Code articulates the fundamental obligation of the employer, as the guarantor of workplace safety, to consistently pursue the highest feasible technical, organisational, or procedural safety standards. Article 2087 functions as a "catch-all provision": The safety obligation it imposes requires the employer to adopt all measures that, even if not explicitly specified in particular regulations or whose violation is classified as an autonomous offense, are concretely necessary to ensure safety. Consequently, it is not sensible to argue that, in certain cases, specific legislative is lacking: Article 2087 of the Civil Code operates as an instrument to fill potential legislative gaps and adapt regulations to concrete and evolving situations (Squeglia, 2017).

In particular, this broad provision mandates that employers take appropriate measures based on the nature of the tasks, the technology used, and the experience required. Importantly, this article emphasises the protection of both physical integrity and moral personality of workers, extending to mental health.

The Italian Constitutional Court also redefined Article 2087 of the Civil Code, asserting that the employer has a general obligation to prevent any possible negative consequences arising from the imbalance between work organisation and the personnel employed. It follows that attention must be paid to all behaviours, even those not inherently unlawful, which may cause discomfort or stress—whether occurring in isolation or in connection with other non-compliant behaviours—contributing to exacerbating the effects and severity of harm, broadly understood as affecting health and personality (see Italian Civil Supreme Court, 7 February 2023 n. 3692). This notion makes it evident that any conduct capable of causing harm to the worker's psychological integrity constitutes a potential factor of psychological risk, thereby making the unlawfulness of the conduct irrelevant as a prerequisite for compensatory protection (De Marinis, 2023).

Legislative Decree No. 81/2008 and Work-related Stress

In the Italian legal framework, the European Framework Agreement on Work-related Stress was implemented by the social partners through the Inter-confederal Agreement of June 9, 2008, and explicitly referenced in Art. 28, paragraph 1, of Legislative Decree No. 81/2008 (known in Italy as the “Testo Unico per la Sicurezza sul Lavoro”, henceforth “Consolidated Law”). This provision establishes that the mandatory assessment of risks to workers' health must consider “those concerning groups of workers exposed to particular risks, including those related to work-related stress, in accordance with the contents of the European Agreement of October 8, 2004”.

This requirement could already be inferred from other provisions of the Consolidated Law, which defines health as a “state of complete physical, mental, and social well-being, not merely the absence of illness or infirmity” (Art. 2, paragraph 1, letter o) and mandates a “comprehensive and documented assessment of all risks to the health and safety of workers present within the organisation” (Art. 2, paragraph 1, letter q).

A further significant element is represented by the ruling of the Court of Justice of the European Union, which in 2001 condemned Italy for its incorrect transposition of Framework Directive 89/391/EEC. The Court emphasised that the directive requires employers to assess “all risks” to workers' health, including psychological and social conditions stemming from work organisation (Court of Justice of the European Union, 2002, 246).

Art. 28 of the Consolidated Law does not provide a specific definition of work-related stress, merely referring to the European Framework Agreement. The latter, in turn, does not offer a comprehensive definition of this risk, but only lists some stress factors. To address this gap, Legislative Decree No. 106 of August 3, 2009 introduced Paragraph 1-bis to Art. 28 of the Consolidated Law, assigning the task of developing specific criteria for assessing this risk to the Permanent Advisory Committee on Health and Safety at Work, established by the Ministry of Labour and Social Policies (Ludovico, 2022).

With its internal document of November 18, 2010, the Committee provided operational guidelines for the evaluation of work-related stress, which became mandatory for all employers starting from December 31, 2010.

Thus, the document from the Advisory Committee outlines a methodological approach that represents the minimum level of implementation of the obligation to assess the risk of work-related stress for all employers emphasising that the approach to evaluation (methodological pathway) is bound by only minimal requirements (minimum level), thereby not excluding the possibility of a more detailed process based on the specific needs and complexities of the companies themselves. Therefore, the assessment is defined in two phases: an objective evaluation, conducted through direct observation methods and checklists, and a subjective evaluation, carried out through structured questionnaires, focus groups, or interviews. In particular, the subjective evaluation investigates the individual perception of work-related stress risk, using assessment tools for key work dimensions such as job satisfaction, psychophysical discomfort at work, emotional exhaustion, and burnout. The guidelines developed by the Advisory Committee reaffirm that the assessment of work-related stress risk is "an integral part of the risk assessment" and is carried out by the employer (an irrevocable duty under Article 17, paragraph 1, letter a), in collaboration with the Head of the Prevention and Protection Service and the Occupational Doctor (Article 29, paragraph 1), following consultation with the Workers' Safety Representative (Article 29, paragraph 2) (Squeglia, 2017).

The role of social partners

In Italy, the involvement of social partners and workers' representatives in prevention is structured at multiple levels. At both national and local levels, social partners engage in committees focused on evaluating and promoting OSH. Within individual companies, workers' safety representatives assume specific responsibilities and play key roles in the prevention system. Although social partners and workers' representatives are not given special roles in this context, the organisational nature of psychosocial risks has led to several agreements that specifically address this issue. These agreements build upon the previous commitment of social partners to implement the European Framework Agreement on Work-related Stress (mentioned in the preceding paragraphs), as evidenced by the conclusion of an Inter-confederal agreement.

The purpose of the agreement is to raise awareness, draw attention, and at the same time provide "a framework for identifying and preventing or managing work-related stress issues" (Article 2). The approach has appeared inclusive, as demonstrated by the reference to "stress originating outside the work environment" which "can lead to changes in behaviour and reduced efficiency at work", as well as the reference to causes, which can include "the content of the work, possible inadequacies in the management of work organisation and the work environment, communication shortcomings, etc." as well as signals such as "a high absenteeism rate, high staff turnover, frequent interpersonal conflicts, or complaints from workers". Measures can be collective, individual, or mixed, specific or integrated, preventive or subsequent. The agreement outlines some of these measures, many of which relate to information, consultation, training, and communication, but also extend to "the management of organisation and work processes, working conditions, and work environment". The responsibility for establishing the measures lies with the employer, but their adoption must involve "the participation and collaboration of workers and/or their representatives". The

conclusion of this agreement was also significant in the Italian context, as it revitalised and gave meaning to the instrument of the Inter-confederal agreement itself” (Gottardi, 2008).

2.2. Literature Review

Scholarly literature

Psychosocial risk management in the workplace has been one of the main concerns of OSH in Europe over the last decades. In Italy, the term "work-related stress" was first introduced into the policy framework in June 2008, following the translation and implementation of the European Framework Agreement on Work-related Stress into Legislative Decree 81/2008, which updated the OSH regulations. Prior to this, the national policy contained only general provisions with no specific reference to psychosocial risks. The European Union Strategic Framework on OSH 2021-2027 calls for cooperation between Member States and social partners to anticipate emerging risks linked to changes in the world, and psychosocial risks are recognised as one of the main priorities for the future of work (§1).

The focus on "fair and sustainable well-being" in the Italian context has emerged in recent years in economic and financial planning, with the aim of identifying indicators that contribute to the "well-being of citizens" and that can become priorities for political action. In this context, the quality of work is established as strategic, not only as a driving force for the revitalisation of the economic system, but also for other purposes; Corporate Social Responsibility (CSR) plays an important role: among work-related practices, we talk about favourable working conditions, risk prevention through training and the adoption of safety devices, attention to work-life balance needs, etc.; ensuring safe working conditions is also defined, among others, as a parameter of decent work (Buoso, 2019).

In this context, the importance of psychosocial risks in the workplace is steadily increasing, as the mental well-being of workers has become a key priority for stakeholders in the occupational field (Chirico, Giorgi 2023). Emerging risk factors brought about by the socio-economic crisis, global climate change, such as the COVID-19 pandemic, have a profound impact on work organisation and may also contribute to increasing levels of mental and physical stress in the working population. New forms of work organisation and new information and digital technologies pose additional challenges to the health and well-being of workers in the workplace (Chirico, 2017). This form of stress, which increased during the COVID-19 pandemic, is particularly prevalent among those who work remotely; "technostress" was described in 1984 by the American psychologist Craig Brod as a disorder characterised by an inability to cope with modern information technology. Since then, numerous studies have linked this type of stress to the use of new technologies and described it as an emerging psychosocial risk factor in both the work and non-work environment. Technostress takes place when the worker perceives work experience, which is characterised by the intensive use of technological tools necessary to perform the job, in a negative way. This brings technostress closer to the meaning of work-related stress, defined by EU OSHA as a worker's perception of an imbalance between the job demands he or she receives and the individual capabilities possessed and needed to meet those demands. The main

psychosocial risk factors identified in technostress include work overload, role ambiguity and job insecurity.

In addition to organisational working conditions (Tiraboschi, 2022), psychosocial risks may include individual characteristics of workers that make them potentially vulnerable in the context of current labour market dynamics (Tiraboschi, 2023a): the ageing of the population, the increase in chronic diseases, migratory flows and the internationalisation of markets. These are examples that will have a major impact on the composition of the workforce in public, private and non-profit organisations, which will need to plan a paradigm shift in order to manage the impact of these changes on the labour market.

The complex interplay between organisational factors and individual characteristics highlights the difficulty in defining psychosocial factors; such risks are often defined by listing some manifestations of distress such as stress, burnout, bullying, harassment and negative behaviour. Cox et al. define them as “those aspects of work design, work organisation and work management, and their social and organisational contexts, that have the potential to cause psychological or physical harm” (Cox et al., in Clarke e Cooper, 2004, p. 3). The concept of psychosocial risk should be broader and embrace any risk to safety, health and well-being: psychosocial risks are those that, as the word implies, result from psychosocial phenomena that exist when people interact (Di Bisio, 2009). When these interactions occur in a dysfunctional way, a possible negative outcome is stress or mobbing, which is a legal concept based on four elements: persecutory behaviour carried out systematically by the employer or a person in a position of authority, the event of harm to the health or personality of the employee, the link between the behaviour and the harm suffered by the victim, and the persecutory intent unifying various types of behaviour (Pedrazzoli, 2007; Nunin, 2019; D’Aponte, 2019).

Another possible example is burnout, an emotional exhaustion syndrome that can occur in professional relationships that are both engaging and particularly exhausting, as happens in many helping professions such as healthcare or teaching (Rosiello, 2017). Finally, among the organisational dysfunctions, there is stress, which is considered by some to be “mild mobbing” and refers to an isolated and non-recurring action whose effects persist over time, and by others to be “episodic mobbing”, i.e., lacking the characteristic of continuity, “but not necessarily a source of less serious damage” (Garofalo, 2016).

The relationship between work organisation, policies and mental well-being

Recent literature has highlighted that the prediction of national policies on mental health – even within sector-specific legislation – is generally associated with a greater number of organizations implementing action plans to prevent work-related stress. However, this typically occurs in terms of forecasting more workforce resources, rather than reducing the workload (Jain, Torres, Teoh, Leka, 2022).

In addition, job resources were found to be associated with less reported work-related stress in European countries with specific legislation on work-related stress and psychosocial risks, e.g., Italy. A recent study (Ronchetti, Russo, Di Tecco, Iavicoli, 2021) drawing on these findings and focusing on Italy extends Jain et al.’s research by exploring the role of key OSH policy

principles as motivators for organisational action on work-related stress. The study strongly supports the relationship between key OSH policy principles embedded in Italian legislation and organisational action on work-related stress. Legislation creates a climate that encourages organisations to take action on stress. However, the findings suggest that while legislation and OSH principles motivate action, they are not sufficient to guide organisations towards effective interventions or the implementation of preventive approaches to address psychosocial risks and work-related stress. Despite the policy context in Italy, with specific legislation, tools and guidelines, organisations tend to focus on secondary- and tertiary- level interventions, such as improving workers' stress management skills and providing rehabilitation for stress-related health problems, rather than on primary level interventions that address the causes of work-related stress, such as work organisation and the creation of a healthy psychosocial working environment. Organisations often perceive interventions at the primary level as complex or time-consuming, or they may lack the skills to effectively translate risk assessment results into appropriate actions at the organisational level.

While OSH legislation aims to identify and reduce risks to workers' health, safety, and well-being, more efforts are needed to educate organisations on the benefits of managing psychosocial risks. This could encourage greater investment in creating healthy work environments, rather than just focusing on individual coping strategies.

Grey literature

Grey literature provides information on the situation of mental health in Italian workplaces. In recent years, EU-OSHA has included questions and indicators concerning mental health in its regular surveys issued to companies and workers and aimed at assessing the general health and safety levels in European workplaces.

Based on the findings from the Third and Fourth European Survey of Enterprises on New and Emerging Risks (ESENER 2019 and 2024)², Italian establishments report psychosocial risks at consistently lower rates than the EU-27 average.

Only 37% of establishments report risks associated with difficult customers, patients, or pupils, compared to an EU average of 59%. Similarly, just 19% identify time pressure as a risk, far below the EU average of 45%. Other risks, such as long or irregular working hours, are reported by 9% of Italian establishments, against an EU average of 21%. Poor communication or cooperation within organisations is flagged by 8% of establishments in Italy, while the EU average is 18%. Finally, 9% of Italian establishments recognise job insecurity as a risk, aligning more closely with the EU average of 11% (EU-OSHA, 2019).

Moreover, the survey shows how Italian establishments have implemented measures to mitigate psychosocial risks, although their adoption rates are often lower compared to the EU-27 average. In Italy, 49% of establishments allow employees to make more decisions

² At the date of publication of this report, only the preliminary findings of the ESENER 2024 survey were published. Therefore, the largest part of the reported data was retrieved from the third round of the ESENER survey (2019).

about how to perform their work. This is significantly below the EU average of 68%, suggesting that Italian workplaces could do more to promote employee autonomy.

The reorganisation of work, another key measure, is reported by 41% of Italian establishments, close to the EU-27 average of 43%. However, the provision of confidential counselling for employees is implemented by only 21% of Italian establishments, which is well below the EU average of 42%. Similarly, training on conflict resolution is provided in just 26% of Italian workplaces, compared to an EU average of 34%. Intervention in cases of excessively long or irregular working hours is relatively rare in Italy, with only 24% of establishments doing so; this is also below the EU-27 average of 29% (Table 12) (EU-OSHA 2019).

The results from ESENER 2019 show how Italy faces a wide range of challenges in addressing psychosocial risks, i.e.:

1. Reluctance to talk openly about these issues: In Italy, 54% of establishments reported this as a significant barrier, compared to the EU-27 average of 60%. This indicates a slightly lower level of discomfort in discussing psychosocial risks, though it remains a prominent obstacle.
2. Lack of expertise or specialised support: This barrier was referred to by 35% of Italian establishments, lower than the EU average of 45%, suggesting that Italian workplaces may have comparatively better access to or reliance on available expertise.
3. Lack of awareness among staff: About 43% of Italian establishments consider this to be a challenge, close to the EU average of 44%. This reflects a need for increased training and awareness programmes to enhance understanding among employees.
4. Lack of awareness among management: Italian establishments reported this at a slightly higher rate (38%) compared to the EU average of 33%, indicating room for improvement in management's recognition and understanding of psychosocial risks.

These findings show that, while Italy performs relatively better than the EU average in some areas, such as access to mental health expertise, challenges related to awareness, both at the employee and management level, and openness to discussing psychosocial risks remain substantial (EU-OSHA, 2019).

Approximately half of the establishments reported conducting employee surveys that included questions on work-related stress within the past three years, aligning closely with the EU average of 44%. While this demonstrates that Italy is comparable to the broader European context in this practice, it lags behind Nordic countries, where 84% of establishments in Sweden, 81% in Finland, and 72% in Denmark conduct such surveys. Furthermore, only 46% of Italian establishments actively involve employees in identifying potential causes of work-related stress, such as time pressure or dealing with difficult clients, in line with EU average. This figure reflects trends observed in southern and eastern European countries, where employee involvement tends to be lower. In contrast, countries such as Switzerland (65%), Sweden (64%) and Germany (63%), report much higher levels of employee participation (EU-OSHA, 2019).

Additionally, when it comes to providing training on how to prevent psychosocial risks, 49% of Italian establishments reported offering this type of training, which is above the EU-27 average of 34% (EU-OSHA, 2019). While this demonstrates a relatively stronger focus on addressing psychosocial risks compared to other EU countries, it still highlights the need for

further improvements. Italian workplaces show a growing recognition of the importance of equipping employees with the tools and knowledge to manage these risks, though this remains an area where greater emphasis and resources could be directed.

These findings underscore areas where Italy could improve by fostering greater employee engagement and adopting more proactive and participatory approaches to managing workplace stress. The findings retrieved from the fourth ESENER survey will help to acquire a more comprehensive and updated overview on mental health in Italian workplaces.

It is to be noted, however, that ESENER surveys are only directed to company-level OSH experts - both on the worker and management side. The OSH Pulse survey concerning OSH in Post-Pandemic Workplaces, carried out between April and May 2022, was instead directed at a sample of around 27,000 “regular” European workers, therefore showcasing a different perspective on the topic.

The results of the OSH Pulse survey show how mental health remains a sensitive topic in Italian workplaces. In Italy, 64% of respondents believe that disclosing a mental health condition could negatively impact their career, significantly higher than the EU average of 50%. This places Italy among the countries with the strongest stigma around mental health disclosures, alongside Cyprus (66%), Greece (66%), and France (68%), in contrast to Nordic countries like Iceland (21%), which exhibit more welcoming workplace cultures. Furthermore, only 56% of Italian respondents feel comfortable discussing their mental health with their manager or supervisor, a figure below the EU average of 58%. This level of openness is far lower than in Denmark (78%), Sweden and Finland (75%), which lead in fostering supportive workplace environments. These findings highlight the twofold challenge Italian workplaces face: reducing the stigma of mental health disclosures and creating a culture where employees feel safe discussing these issues (EU-OSHA, 2022).

The COVID-19 pandemic has had a mixed impact on stress and mental health management in Italian workplaces. According to the survey, 64% of respondents in Italy agree (combining “strongly agree” and “agree”) that the pandemic has made it easier to talk about stress and mental health at work. This is higher than the EU average of 51%, positioning Italy alongside Spain (64%) and Malta (72%) as one of the leading countries in terms of progress in fostering open discussions on mental health during the pandemic. However, the pandemic has also exacerbated work-related stress for many. 46% of Italian respondents report that their work stress has increased as a result of the COVID-19 pandemic, slightly above the EU average of 44%. This indicates that, while Italy has made progress in facilitating conversations about stress and mental health, the overall stress levels among workers remain a significant concern (EU-OSHA, 2022).

Moreover, according to the OSH Pulse survey, Italy shows limited availability of initiatives to address workplace stress and mental health. Only 33% of Italian respondents indicated that workers are consulted about stressful aspects of their work, compared to the EU average of 43%. Similarly, 37% of respondents in Italy reported access to information and training on well-being and stress management, which is slightly below the EU average of 42%. Access to counselling or psychological support is available in just 29% of Italian workplaces, falling short of the EU average of 38%. Finally, only 16% of Italian respondents reported the presence of other measures to address workplace stress, significantly below the EU average of 26%.

These figures suggest that while some initiatives are present, Italian workplaces lag behind the European average in providing support for managing workplace stress and mental health (EU-OSHA, 2022).

3. Field research

3.1. Analysis of questionnaires and interview results

Field research enables the evaluation of desk research results (§2), thanks to the involvement of respondents to the online questionnaire³ (35 valid responses) and the administration of interviews (5 respondents)⁴. The description of the results follows the structure of the questionnaire as described in the “methodology” section above (§1.3.).

Socio-demographic characteristics and sub-sectors of activity

In relation to the socio-demographic characteristics of the respondents (Section 1, “General information”), aggregating the answers by gender, there is a substantial gender balance since 51% of the respondents are female and 46% male⁵ while, by focusing on age, 57% are under 40 years old, indicating a young audience⁶. Respondents over 40 generally have greater seniority in the company they are employed in (92% of those with more than 10 years of seniority are over 40) although it should be noted that 88% of those with company seniority between 4 and 10 years are over 40. In any case, most respondents have a company seniority of more than 4 years (62%); just over a quarter of the respondents have been working in their current company for about three years; only 12% for less than a year.

Focusing on the specific activities of the metalworking sector (sub-sectors), the occupational category of the respondents (role) and the size of the companies in which they are employed, the survey data show that the respondents are mainly employed in large or very large companies. As far as the branches of the engineering sector are concerned, there is no absolute predominance of one sub-sector (described by the NACE classification) among those indicated by the participants, although almost one third of the respondents is employed in a company that manufactures N.E.C. machinery and equipment or motor vehicles, trailers and semi-trailers. 43% of respondents are white-collar workers in their company; the percentage

³ The survey was conducted using the SurveyMonkey platform in English. In order to increase the number of respondents, Fondazione ADAPT and ADAPT also provided the questionnaire in Italian. Additionally, to ensure an adequate number of responses, a few (3) feedback submissions were accepted through the completion of the questionnaire in paper format.

⁴ The interview respondents are identified as follows: RI1 (HR representative active in the metalworking sector), RI2 (HR representative active in the IT sector), RI3 (Company-level workers' representative, active in the IT sector), RI4 (Company-level workers' representative, active in the IT sector), RI5 (Sectoral-level trade unionist).

⁵ One respondent preferred not to answer this question by selecting 'I prefer not to answer'.

⁶ By age group: 18-29 y.o., 20%; 30-39 y.o., 37%; 40-49 y.o., 17%; 50-59 y.o., 23%, 60-64 y.o., 0; over 65 y.o., 3%.

of blue-collar workers is slightly lower (37%), while the percentage of respondents with a managerial position is the lowest (20%).

Job stressors and job resources

In terms of Project-related content, respondents were asked to express their perceptions and share their knowledge with specific reference to work-related psychosocial risks with regard to OSH management. On this issue, the questions under Section 2 of the survey (“OSH management and work-related psychosocial risks”) aim to investigate on job stressors and job resources⁷ present in respondent’s companies and, more generally, in the metalworking sector.

First, respondents indicated, through a Linkert scale (from ‘not important at all’ to ‘absolutely essential’), how relevant certain issues concerning the physical and mental health of employees are in their companies and in the metalworking sector (Table 1). In general, according to about one third of the respondents, all work-related risk factors included in the survey as options are at least moderately important in their companies/sectors. For more than 40% of the respondents some risk factors are very important, such as poor communication within the company and the perception of discriminatory actions in the light of certain personal characteristics leading to unfavourable behaviour. According to almost half of the respondents (46%), financial worries and work-life interference are particularly important psychosocial risk factors.

⁷ Definitions of “job stressors” and “job resources” – that represent job characteristics that have an impact on employee well-being – were included in the questionnaire to enable a better and common understanding among participants. ‘Job stressors’ are aspects of work that require sustained efforts and may set a health-impairing or energy depleting process that undermine the health and well-being of workers. Job resources, instead, are aspects of work that stimulate the personal and professional growth of workers, to stem the negative effects associated with the presence of job stressors. See: L. Szekér et al., *Psychosocial risks to workers’ wellbeing: lessons from the Covid- 19 pandemic*, Eurofound Research Report, 2023.

Table 1. Level of importance associated by respondents to work-related risks factors in their company/sector (%)

Wok-related risk factors	Adverse social behaviour (verbal abuse or threats, bullying, harassment or violence)	Poor communication within the organisation	Poor cooperation within the organisation	Fear of job loss	Emotional demands (having to deal with difficult superiors, colleagues etc.)	Unsocial working hours (working long hours, at night, at short notice or in one's free time)	Excessive workloads (very high volume of work to handle)	Discrimination (unfavourable or unfair treatment at work based on certain characteristics)	Financial worries (ability of one's household to make ends meet)	Work-life interference (worrying about work when not working, feeling too tired after work to do some household jobs or finding it difficult to concentrate on one's job because of family responsibilities)
Level of importance										
Not important at all	12%	8%	12%	15%	8%	8%	8%	8%	15%	12%
Of little importance	8%	8%	4%	19%	8%	27%	15%	12%	12%	8%
Of average importance	31%	27%	31%	31%	35%	15%	19%	23%	23%	12%
Very important	23%	42%	31%	19%	35%	23%	27%	42%	46%	46%
Absolutely essential	27%	15%	23%	15%	15%	27%	31%	15%	4%	23%

More specifically, the results show that one third of the respondents agree that the presence of anti-social working hours and negative social behaviour (such as aggressive, harassing and violent attitudes, including verbal ones), as well as excessive workloads, are absolutely essential factors for the occurrence of psychosocial risks in the metalworking sector and in their company. At the same time, it is interesting to note that for one third of the respondents, anti-social hours do not seem to be a major factor. In order to understand this apparent discrepancy, considering the professional positions of the interviewees, it appears that this latter assessment is mainly made by those with a high professional profile (managers) who do not usually experience particularly rigid working hours per se. As for the fear of job loss, it is rated as unimportant and very important by the same percentage of respondents (19%), in a way highlighting how the presence of psychosocial risks is influenced both by individual attitudes but, above all, by the characteristics of the organisation and the employment relationship. In turn, the fear of losing one's job is considered on average important by 31% of respondents.

The lack of adequate internal communication and cooperation is an important risk factor for the occurrence of psychosocial risks for more than half of the respondents (54% and 57%, respectively). Finally, on a scale ranging from 'of average importance' to 'absolutely essential': a) having difficulty in dealing with certain topics with superiors and colleagues (emotional demands) is a risk factor for 85% of respondents; b) harassment, violence, abuse (81%) and, in general, the presence of discriminatory attitudes and actions (80%) are crucial in the rise of psychosocial risk factors; c) the difficulty of balancing personal, family and professional time and responsibilities is a risk factor for 8 out of 10 respondents.

It is to be noted how, when asked about sector-specific psychosocial risks, both HR representatives involved in the interview phase (RI1, RI2) perceive workers active in the metalworking sector as not especially exposed in comparison with those active in other

productive sectors. Moreover, both highlight the difficulties in identifying which mental health issues stem from the work environment and which from the workers' personal life.

"The pandemic has had a significant impact, but the causes of mental health distress are multiple, being related to both personal and working life. It is difficult to separate these two aspects. It is normal for events in personal life to influence work life and vice versa" (R11)

"People often have to deal with personal and professional problems simultaneously, with no clear separation between the two areas. This makes it more difficult to say whether a mental well-being problem stems from the work context or the personal context, because the two are increasingly interconnected" (R12)

Actions for psychological risk prevention and management

After investigating the work-related psychosocial risk factors in the respondents' metalworking companies/ sector, the survey developed by investigating the concrete actions taken to prevent their occurrence or to manage their negative effects on workers' well-being, as well as which precise factors are taken into account when adopting specific company policies and initiatives. Regarding the questions related to the first topics, the results show that psychosocial risks are the subject of specific policies in 42% of cases; an almost similar percentage (38%) is recorded, however, in the opposite direction⁸. The data presented in Table 2 show whether or not each specific risk factor is considered in the policies adopted.

Table 2. Consideration of work-related psychosocial risks in company/sectoral policies (%)

Work-related risk factors Considered in the adoption of policies	Adverse social behaviour (verbal abuse or threats, bullying, harassment or violence)	Poor communication within the organisation	Poor cooperation within the organisation	Fear of job loss	Emotional demands (having to deal with difficult superiors, colleagues etc.)	Unsocial working hours (working long hours, at night, at short notice or in one's free time)	Excessive workloads (very high volume of work to handle)	Discrimination (unfavourable or unfair treatment at work based on certain characteristics)	Financial worries (ability of one's household to make ends meet)	Work-life interference (worrying about work when not working, feeling too tired after work to do some household jobs or finding it difficult to concentrate on one's job because of family responsibilities)
Yes	62%	46%	35%	15%	35%	27%	31%	42%	19%	31%
No	12%	19%	27%	50%	35%	46%	46%	38%	58%	42%
No, but it should be considered	19%	27%	31%	17%	19%	17%	23%	12%	15%	12%
Don't know	8%	8%	8%	17%	12%	12%	-	8%	8%	15%

The mental health-related actions most frequently addressed in corporate policies are those against adverse social behaviour (62%), discrimination (42%) and internal miscommunication (46%), probably also due to the apparatus of regulations requiring specific measures to be taken in this regard (§2.1.). Fear of losing one's job and economic concerns are not considered

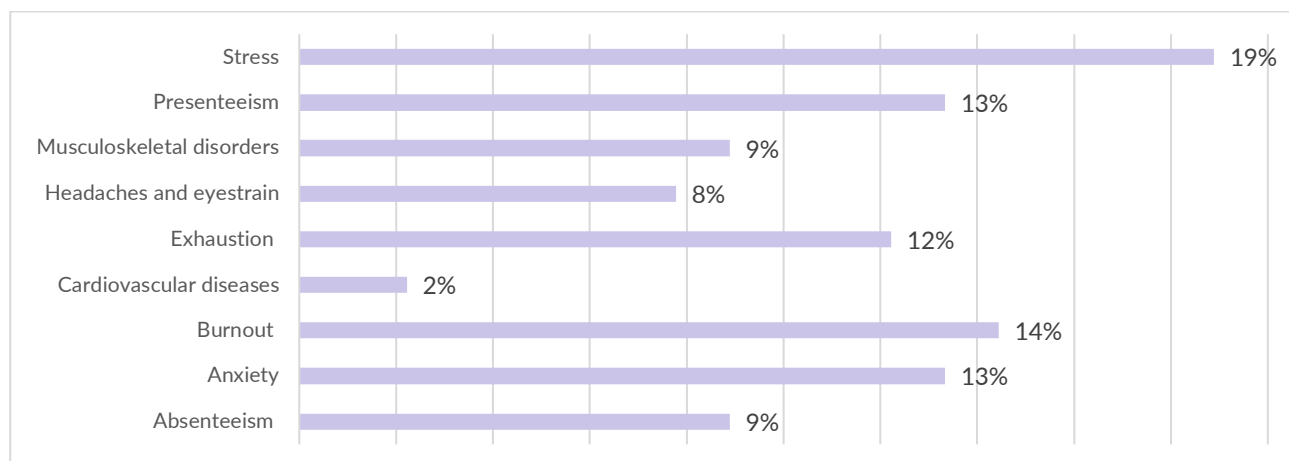
⁸ 19% of respondents selected the option ('I don't know/I prefer not to answer').

as risk factors in company policies in more than half of the cases. Negative effects generated by inefficient work organisation, e.g., excessive workloads, unsociable working hours and negative interference between work and personal/family life, are also rarely taken into account. According to about one third of the respondents, actions to improve internal communication and cooperation should be included in the definition of company policies to improve well-being.

Impact of work-related stress factors in the organisational context

With regard to the impact of work-related stress factors in the organisational context, the survey identified both signs and symptoms associated with risk factors for workers' physical and mental health (Figure 1), with the most common being stress (19%), burnout (14%), anxiety and presenteeism (13%) and exhaustion (12%).

Figure 1. Most experienced signs or symptoms associated to work-related psychosocial risks among workers (%)



But which categories of workers experience psychosocial risks most significantly? According to 65% of respondents, the symptoms are mainly experienced by workers with unstable contractual conditions (75%), women (69%), parents (63%), highly qualified workers (62%), as well as low-skilled workers (57%) and young workers (51%) (Table 3).

Table 3. Impact of work-related psychosocial risks on specific groups of workers (%)

Group	Women (including mothers)	Parents	Young workers	Workers whose jobs are precarious (e.g. fixed-term workers, seasonal workers, or the self-employed)	Older workers	Workers with disabilities	Low-qualified workers	High-qualified workers	Migrant workers
Probability									
Very unlikely	6%	-	-	13%	19%	31%	-	19%	19%
Unlikely	13%	13%	6%	13%	25%	31%	19%	6%	13%
Neutral	13%	25%	44%	-	44%	25%	25%	25%	44%
Likely	31%	50%	38%	50%	6%	13%	44%	31%	13%
Very likely	38%	13%	13%	25%	6%	-	13%	31%	13%

As outlined in Table 3, according to the respondents, even the most qualified profiles are exposed to psychosocial risks, perhaps due to the high pace and tasks often required for top positions, as well as the fact that they are given more responsibility. The least exposed groups (taking into account answers ranging from 'neutral' to 'very unlikely') are senior employees, employees with disabilities and migrant workers.

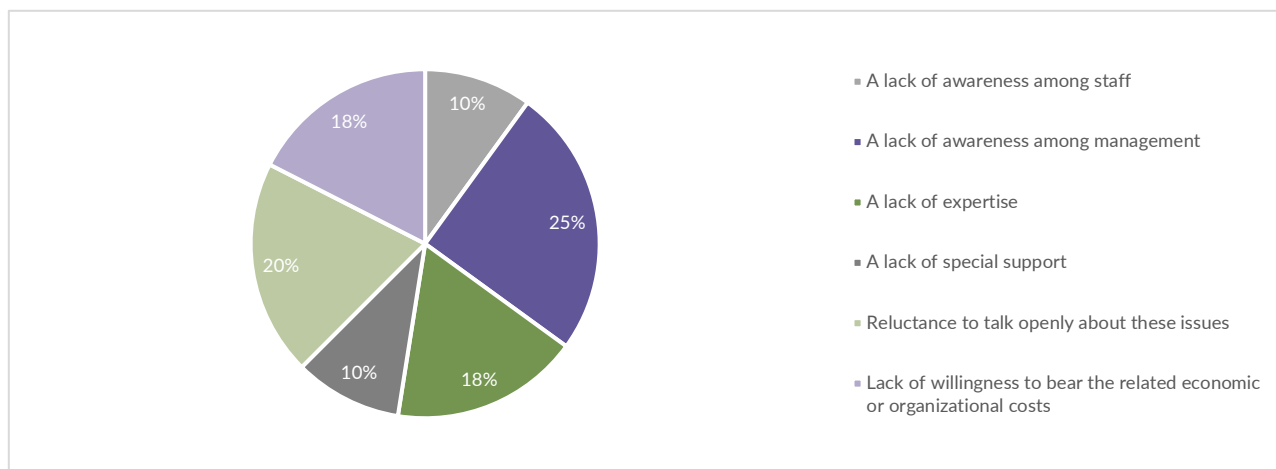
The survey results concerning vulnerable groups of workers are confirmed by interviewees on both company and workers' side, who identify younger people, older people, women and workers engaged in non-standard work contracts as more exposed to psychosocial risks, albeit for different reasons.

"The groups most exposed to mental health problems are young people, who often find it difficult to fit into the work environment without support and experience a strong sense of inadequacy, and workers with limited skills, considering how the labour market is becoming increasingly specialised and those without the required skills risk social exclusion. In addition, older workers must adapt quickly to new technologies and therefore experience anxiety and stress" (RI3)

Obstacles to the prevention and management of psychosocial risks

According to 62% of the respondents, it is not easy to prevent and manage psychosocial risks in their company/sector due to a lack of management awareness of the importance of these issues (25%), but also a reluctance to talk about them openly (20%) (Figure 2).

Figure 2. Main obstacles to preventing and managing psychosocial risks (%)⁹



Despite the attention on mental health following the COVID-19 pandemic, the lack of awareness concerning the topic at company-level has been identified as an obstacle to preventing and managing psychosocial risks by interviewees both on the company and trade union side. Respondents identify the reasons for this in the lack of a corporate culture that makes workers aware of the importance of using available mental health protection tools (RI1), difficulties in identifying mental health risks given the lack of middle management training on the subject (RI4) and the limited support of institutional bodies such as INPS (National Social Security Institute) or INAIL (National Occupational Health Institute) (RI5).

“Cultural and organisational differences play an important role: in some business contexts, the topic of mental health is strongly considered, in other sectors, the topic is still little dealt with or even ignored” (RI2)

“There is still a lack of awareness among employers. Although initiatives such as those for work-related stress are quite widespread, so far the focus has been more on physical risks than on psychological ones. Generally speaking, there is a tendency to play down the problem, thinking that it is only related to factors concerning the workers’ personal life (e.g., family)” (RI1)

Stigma has also been identified as a relevant obstacle to mental health protection, especially by company-level workers’ representatives, who report that many workers do not talk about their problems for fear of being judged or penalised in their career (RI3), which however end up having a negative impact on their private life (RI4).

Although health and safety are the subject of specific company training in the Italian context (§2.1.), only 35% of the respondents had participated before in a specific training course on mental health and well-being.

⁹ Due to rounding, the total may exceed 100.

Company policies to protect workers' well-being

In this regard, the last section of the survey investigates the instruments and strategies for the protection of workers' psychological and physical well-being implemented through company policies (Section 3 - "Workplace (mental) health").

The first subsection (3.1. - "Strategies, tools and benefits") explores respondents' perceptions of mental health in their company; 35% rated overall mental wellbeing as poor, 31% as good and 23% as acceptable¹⁰.

Almost half of the respondents believe that the working environment has a fairly strong influence on employee well-being (46%) and 38% believe it has a strong influence. Examples are also given for the latter. For example, according to R14, the working environment is characterised by *"too much pressure"*, while R16 reports the presence of *"aggressive behaviour by colleagues, bullying, constant tension and stress"*. To elaborate on the work stress factors identified, R32 states that *"I often have to work after hours"*, while R1 emphasises the worst negative effects: *"I don't sleep, I have tachycardia, pressure in my temples, constant muscle tension and general physical anxiety, which decrease when I am not at work"*. Some respondents also provided some information on measures that could be adopted: *"Reducing working hours"* (R15), *"Many initiatives concerning sports, health and entertainment events"* (R24), *"Opportunity to talk to colleagues. Taking breaks without talking about work reduces stress levels"* (R25), as well as *"Agreeing vacation time with employees, allowing employees to bring their own food, opening a company canteen"* (R27).

46% of respondents said they had sufficient opportunities to take care of their health and mental well-being, but only after work, while 23% said they had these opportunities before and during work. 15% of those interviewed reported that they did not have this opportunity at all.

As for the degree of involvement of employees in the definition and implementation of measures to prevent psychosocial risks, almost half of the respondents stated that there is no involvement at all (46%), confirming the results illustrated previously regarding the lack of cooperation within the company. However, in some cases, employees are involved through their representatives, both (only) in the risk identification phase (15%), and also in the strategy implementation phase (19%). Direct employee involvement is residual (4% for the identification part; 8% also in the implementation phase).

Discriminatory attitudes

To better understand which actions and events represent a threat to the mental health and psychophysical integrity of workers, the questionnaire investigates both the degree of exposure¹¹ and the prevalence of discriminatory attitudes.

¹⁰ One respondent rated well-being as "very good" and another one as "very poor".

¹¹ The abusive attitudes and acts referred to are bullying, threats, assault, harassment, sexual harassment, verbal aggression, and gender-based violence.

In general, according to almost half of the respondents, workers in the sector/company are not very exposed to abusive behaviour. Looking more in detail at the types of abusive behaviour, the data collected show that a third of the respondents believe that workers are slightly exposed to harassment (sexual/verbal/gender-based). 40% say that workers are slightly exposed to bullying and almost half (48%) believe that there is also slight exposure to threats. Moderate exposure is recorded in relation to verbal abuse (36%) and a fifth of respondents say it is also present in relation to harassment and bullying. However, almost none of the behaviours considered would be extremely widespread, so much so that there are percentages close to zero for the highest level of exposure.

According to 44% of respondents, both women and men are exposed to discriminatory practices, although 36% believe these practices are more widespread only against women. 56% of respondents say that their company has procedures in place to deal with possible cases of discrimination (compared to 28% who say that there are no such management procedures).

Those who reported the existence of such procedures in some cases provided some examples: R30 and R13 refer to the whistleblowing system; R3 and R22 mention the existence of a code of ethics and a code of conduct respectively; R24 indicates the existence of a person to turn to, while R3 cites the human resources department as a point of reference.

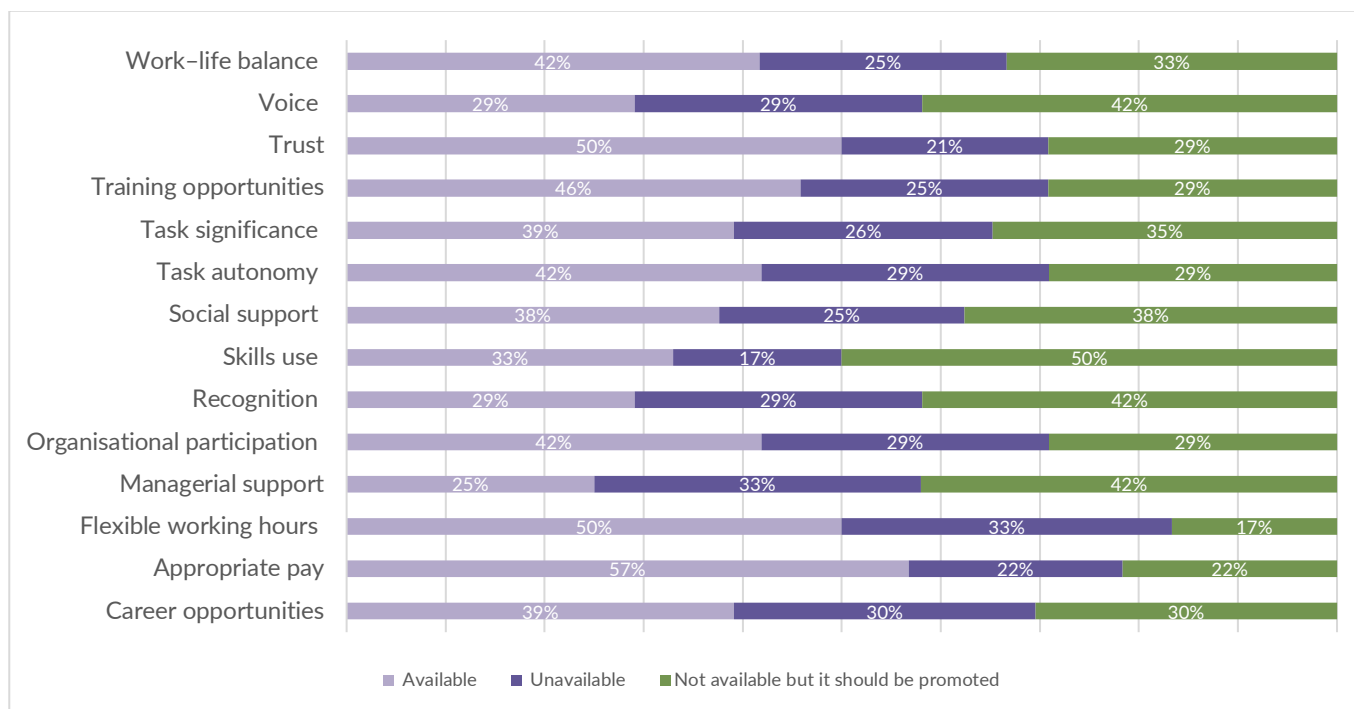
Regarding stress prevention, 60% of the respondents said they were not aware of specific formal policies, compared to 24% who said that this type of policy is in place thanks to “*strict legal requirements*” (R13) or because “*it is part of the occupational safety document*” (R24). An example of this formalised policy is given by R33, which states that “*every year meetings are held with an INAIL official between employees from different sectors on the subject of work-related stress*”.

Job resources

After focusing on the main stress factors at work at sector and company level, the survey also examined job resources¹², asking respondents to indicate which are present, are not present or, although not currently available, should be promoted (Figure 3).

¹² Job resources are (and were listed among options): Career opportunities (having good prospects for career advancement); Appropriate pay (Feeling paid appropriately considering one's efforts and achievements); Flexible working hours (being able to distribute working hours with partial or complete autonomy); Managerial support (Having a manager who provides help and support); Organisational participation (Having formal representation within one's organisation with regular meetings); Recognition (Feeling that one's work is acknowledged); Skills use (Having enough opportunities to use one's knowledge and skills); Social support (Receiving help and support from colleagues); Task autonomy (Being able to choose or change one's own methods of work); Task significance (Having a job that gives one the feeling of doing 'a good job'); Training opportunities (Receiving on-the-job training or training paid for or provided by one's employer); Trust (Having collaborative working relations with management and colleagues); Voice (Being consulted about objectives and work organisation - including how to improve them); Work-life balance (degree of balance between working hours and family or social commitments).

Figure 3. Availability of job resources in companies/sector (%)



The data highlight how the majority of the identified workforce resources are not available in the business or sectoral contexts of the respondents. In fact, in 13 out of the 14 categories analysed, the availability of workforce resources is below 50%. The only exception is adequate remuneration, which 57% of respondents consider available, making it the only area where the perception of availability exceeds that of unavailability.

Two additional resources are at the 50% availability threshold: flexible working hours (50%), which provide a certain degree of autonomy, and trust in the workplace (50%). For all other resources, availability is lower, with figures ranging from 46% for training opportunities to 25% for management support.

On the other hand, a significant proportion of respondents consider these resources unavailable but necessary. For some key areas, such as social support (38%), skills utilisation (50%), and recognition (42%), a substantial percentage of participants believe these should be promoted. In general, around one-third of respondents identify at least one of the analysed workforce resources as lacking and deserving of promotion.

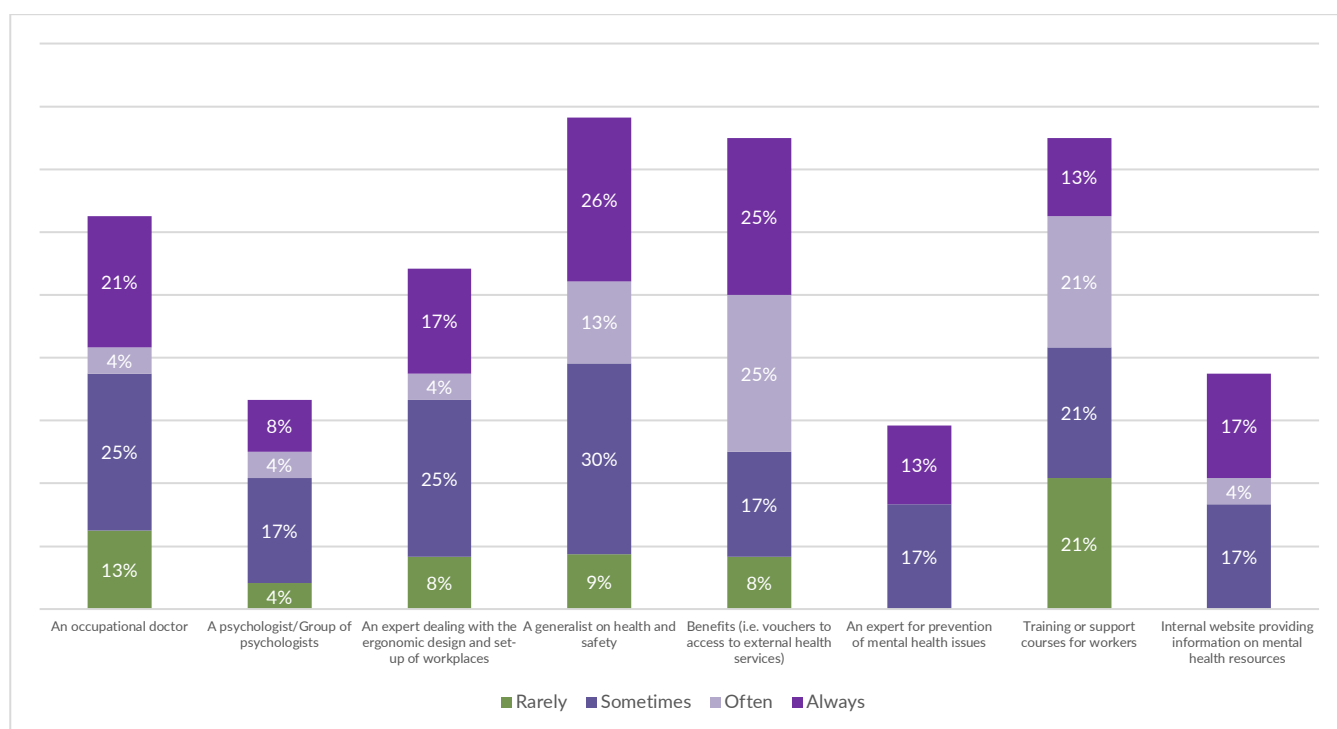
These data suggest a large room for improvement in the availability and recognition of workforce resources, especially in strategic areas such as managerial support, organisational participation, and career opportunities, where the unavailability percentage ranges between 29% and 33%.

However, companies can provide certain services to support the well-being of their employees, such as providing access to a doctor, a psychologist, a physical and mental well-being expert (also through vouchers to access services outside the company) or training or information support on health and well-being.

The questionnaire also made it possible to verify whether these services are available and, if so, how often they are used in the direct experience of the participants. Data analysis shows the percentage of participants who report the absence of each type of service. The absence of these services is more noticeable with regard to those specifically dedicated to the mental health of employees: a) in 58% of cases there is no service dedicated to the prevention of mental health problems; b) in 54% there is no psychological support service provided directly by the company; c) in 50% of cases there is no exchange of information to support employee well-being, even by means of an internal company website.

Figure 4 displays the different percentages of frequency with which the services are provided. In general, apart from the frequency with which it is provided, the most common service is the provision of a generalist in health and safety (78%), a slightly lower percentage (75%) is recorded with regard to the provision of training courses or services that allow access to mental health services outside the company.

Figure 4. Services for workers' well-being available by type and frequency of provision (%)



These results show that the issue of mental health is probably still difficult to manage at a company level. This is also confirmed by the respondents: 42% of them believe that the company culture regarding support for workers' mental health is poor and 29% believe it is very poor.

Interviewees were asked to complement this data by identify strategies and tools concerning the protection and management of mental health currently present in their companies and initiatives on the topic that should in their opinion be taken in the future.

In relation to current tools, the HR representative (RI2) and the workers' representative (RI3) active in a large multinational IT company report on the availability of an Employee Assistance Programme (EAP), which offers psychological support to employees and their families by

putting them in contact with a local psychologist and covering up to 10 free sessions. Moreover, company workshops are organised twice a year, with experts covering topics such as stress management, work-life balance and support for parents. However, despite the entire process being anonymous and confidential, both respondents report a low membership to the programmes (less than 2% of the workforce) and link this outcome to the stigma attached to mental health management.

Another workers' representative (RI4) mentions the presence of a psychological support service available in the company, created during the pandemic as a result of collective bargaining and reinstated as a company benefit in the following years. It is to be noted that one of the HR representatives interviewed during the field research phase underlines how psychological counselling services provided by the companies in which he has worked have always been the result of unilateral company policies, and not of a dialogue with the trade union (RI2).

Mental health is an issue that is being addressed particularly in the field of supplementary healthcare (see par 3.2) as specified by a sectoral-level trade unionist.

"Among the current initiatives is the MetaSalute Health Fund, which covers about 1.2 million workers and 550,000 family members, and is exploring responses to psychological problems, in particular related to addictions, autism, and eating disorders. Another initiative is the PMI Salute Fund, which is testing a protocol to measure the cognitive ageing of workers" (RI5)

One respondent underlines how psychological therapy sessions are usually not covered by supplementary healthcare funds (RI3).

Regarding potential tools to protect and promote workers' mental health, only one respondent stresses the importance of institutional-level initiatives aimed at awareness-raising, suggesting the issuing of guidelines for companies and workers concerning mental health (RI1). The other interviewees instead focus mainly on company-level initiatives, such as the creation of a healthier working environment (e.g., through good work-life balance and the provision of flexible working arrangements) (RI1), the monitoring and reporting concerning employees' psychological well-being (RI3), the setting up of a psychological help desk – managed by a third party – and of structured pathways for the reintegration of workers with psychological problems (RI4).

"Companies monitor physical injuries, but not workers' mental health. We need data, specific criteria and indicators to understand whether the situation is getting better or worse" (RI3)

"In some European countries (e.g., Austria) mixed training courses are organised, where 30% of the participants are people who have experienced difficult situations (illnesses, family difficulties), while the remaining 70% are workers without such problems. This type of approach allows a gradual and natural reintegration in the workplace, avoiding stigma" (RI4)

To improve corporate culture regarding the importance of mental health and employee well-being, it is necessary to increase awareness of psychosocial risks, according to as many as 83% of survey respondents. 74% of respondents believe that it is necessary to raise awareness of the importance of a healthy lifestyle and the prevention of violence, harassment and discrimination. Finally, more than half of those interviewed believe it is necessary to invest in raising awareness on the prevention of smoking, alcoholism and drug addiction. This is confirmed by workers' representatives involved in the interview phase.

"Workers must be made to understand that support tools exist and must be used. Many resources, such as support programmes for families or people with disabilities, are not sufficiently promoted and workers often have to seek them out themselves" (RI4)

"It is necessary to create a corporate culture that promotes diversity and inclusion. In order to put in place effective tools for this, collaboration between workers, trade unions and companies is needed" (RI4)

Interviewees were also asked to identify which specific professional roles at company level could be most beneficial in addressing workers' mental health issues. Respondents often mention the RLSs (Workers' Safety Representatives) as *"a useful channel for monitoring broader trends within the company with regard to workers' mental health"* (RI2). Occupational doctors have also been identified as strategic figures to identify work-related mental health issues (RI5). However, both figures are reported to be usually inadequately trained on the subject (RI3, RI5).

Impacts of new organisational models on workers' mental health

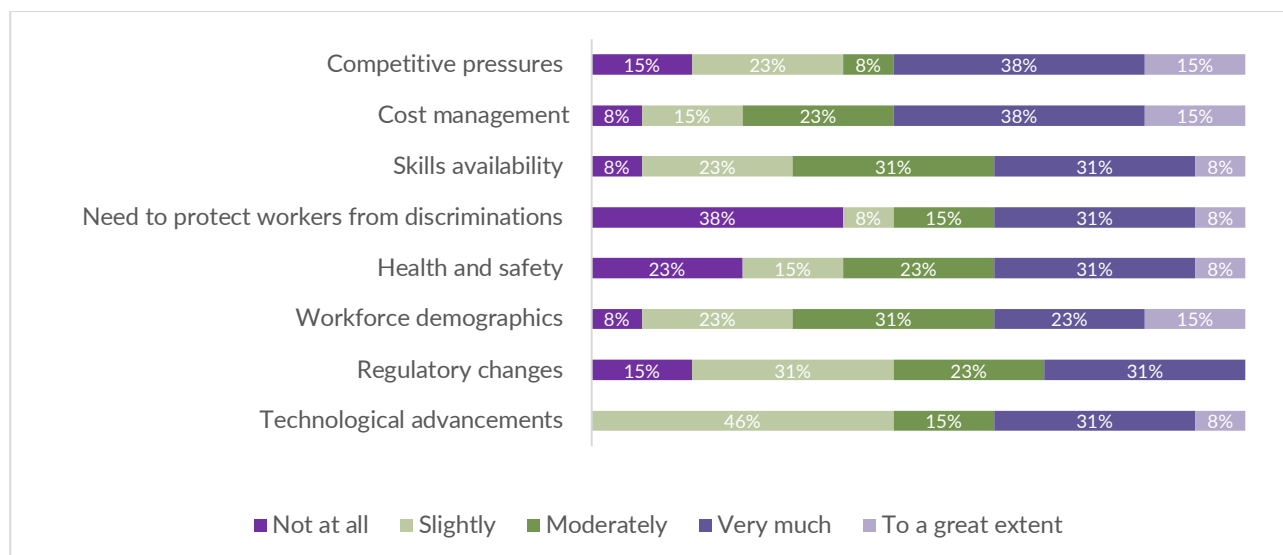
Finally, the responses to the questions in subsection 3.2 of the questionnaire ('Psychosocial risks and the new way of working') were analysed to identify the changes that have occurred at the company level in recent years and their impact on workers' mental health. The data analysis highlighted the perception of the impact of various factors on the work environment and organisational changes. In particular, some significant trends emerged.

Competition pressures and cost management were perceived as relevant factors, with 38% of respondents considering them highly influential and 15% considering them decisive (i.e. to a large extent). The availability of skills was also assessed as a central issue: 31% of respondents considered it highly relevant, while another 31% regarded it as moderately important. Discrimination and health and safety at work followed a similar trend, with 31% considering them highly relevant and around 23% deeming them moderately influential. However, for discrimination, a significant portion of the sample (38%) stated that it had not had any impact or had only a minimal effect.

The demographics of the workforce appeared to be a less critical aspect compared to other factors, with a more balanced distribution among the different response categories: 23% of respondents considered it highly relevant, while 15% believed it had a significant (i.e. large) impact. Regarding regulatory changes, 31% of respondents rated them as highly influential, while 23% considered them moderately relevant. Finally, technological advancements were one of the factors with the greatest perceived impact: 31% of respondents considered them

highly relevant and 15% believed they had a significant (i.e. large) impact. However, a relatively high proportion (46%) felt they had only a limited influence (i.e. little).

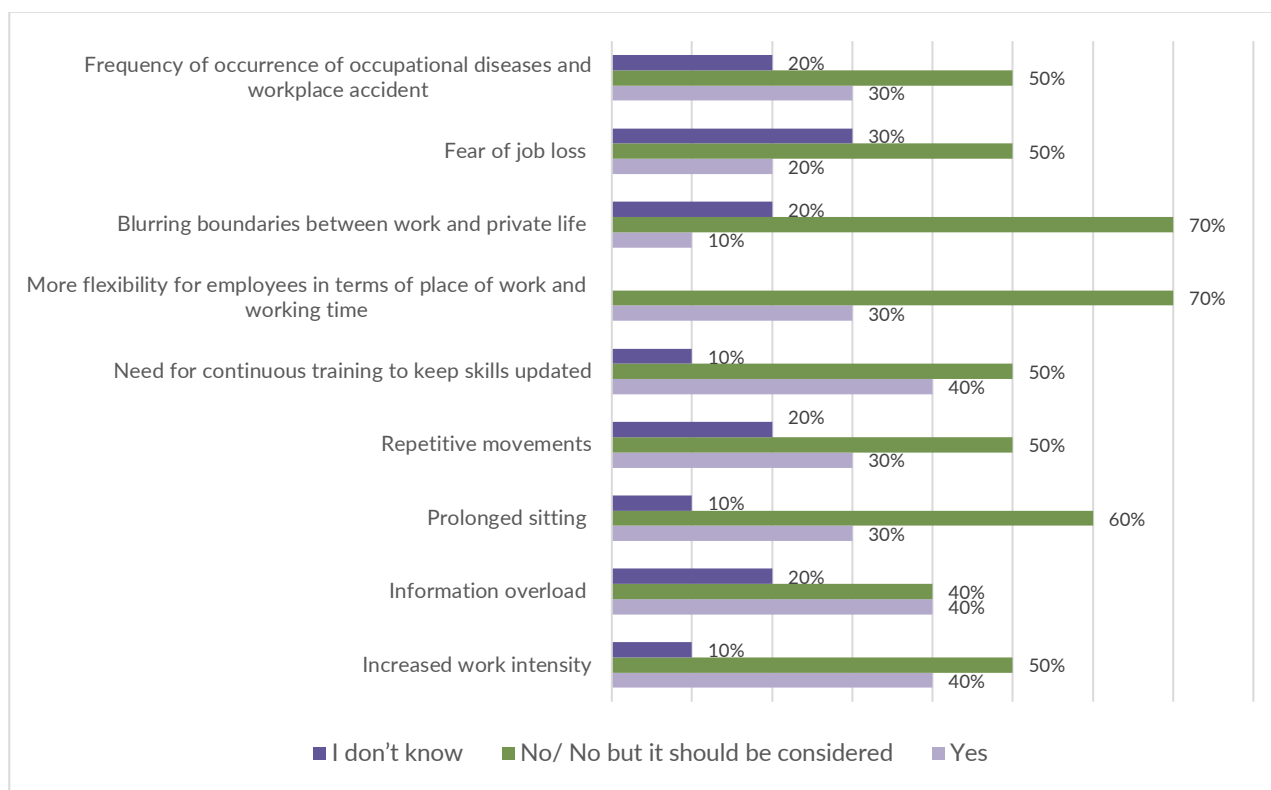
Figure 5. Causes of organisational changes in companies (to what extent) (%)



With particular reference to technological change, there is a general agreement among interviewees concerning the impact of digitalisation on white-collar workers' mental health. The most frequently mentioned problems are reduced social interaction (especially related to remote work) and excessive porosity between private and working life. Company-level workers' representatives however also stress issues such as increased working hours, difficulty in asking for support from colleagues, increasing sense of inadequacy among workers – related to the need of constant digital upskilling (RI3) - and the increasingly hectic pace of work (RI4).

“Workers end up overloaded with tasks, but continuous multitasking and task changes reduce productivity. The result is an increasing sense of unproductivity despite the longer hours worked” (RI4)

Figure 6. Frequency of discussions on potential health and safety impacts of new technologies introduced in companies (%)



The survey asks respondents if there have been discussions with workers (or their representatives) about the potential impact on workers' health and safety of new technologies introduced in the workplace. This shows that in only 48% of cases is there such involvement, which emphasises the fact that workers or their representatives are not fully involved in these areas.

In any case, workers who report a discussion on the impact of new technologies on workers' health and safety affirm that the following possible effects were discussed: increased work intensity, information overload and the need for continuous training to keep skills up to date (40%); prolonged sitting position, repetitive movements, incidence of occupational illnesses and accidents at work, greater flexibility for employees in terms of workplace and working hours (30%); fear of losing the job (20%); increasingly blurred boundaries between work and private life (10%). Therefore, in almost all cases these possible effects have not been discussed with the workers or their representatives (Figure 9). The least considered aspect is the impact on the balance between employees' private, personal and professional lives, or rather on their ability to manage the separation between the private and personal spheres in a more flexible and conscious way (70%). However, according to 68% of those interviewed, new technologies have allowed for a more flexible organisation of work, enabling the needs of employees to be taken into account in order to maintain a certain level of personal well-being.

Social partners' role in protecting and managing workers' mental health

Interviewees have also been asked their opinion on the role of social partners in tackling the issue of psychosocial risks in the workplace.

Currently, mental health appears not to cover a central role in trade unions' agenda – being only mentioned in connection with issues such as work-life balance or the right to disconnect (RI3).

"Mental health problems are often regarded as individual issues and not as collective problems" (RI3)

However, all respondents agree that social partners can play a very important role in supporting workers' mental health, through lobbying activities involving national stakeholders, training trade union operators and workers' representatives on the topic (RI4) and designing awareness-raising initiatives (RI5).

"Trade unions have the task of raising awareness among companies, governments and employers on these issues, demonstrating that investing in mental health brings benefits to everyone, by improving both company productivity and the social environment" (RI4)

"Once you open a gap, you have to expand it. Take work-life balance as an example: ten years ago, it was an elitist topic, now it is an integral part of bargaining. The same could happen with mental health, if you could raise awareness among companies and workers" (RI5)

Collective bargaining is also considered a fundamental tool to protect workers' mental health, *"in a quicker and more adaptable way compared to national legislation" (RI5)*

When asked about at which level should social partners intervene, some respondents identify the national-level as the most suitable to *"making mental health protection and promotion initiatives accessible to medium-sized companies" (RI3)* *"envisaging training targeted on mental health"*, *"providing tools for monitoring the real well-being of workers" (RI4)*. Moreover, the national collective agreement is considered as strategic to identify new figures dedicated to dealing with workers' well-being and mental health (RI5).

"The national collective agreement should identify a figure dedicated to the well-being of workers within the RSUs (Unitary Workplace Union Structure) assigning him or her an hour's leave per month to act as a link between workers and the health fund. Formally recognising this figure would mean enhancing a role that is already played today, but without adequate tools" (RI5)

Company-level bargaining is instead considered as a *"less effective means" (RI3)* to provide *"concrete and measurable actions" (RI4)*.

Lastly, the sectoral-level respondent places significant importance on supplementary health care funds (see par. 3.2) as a strategic “hub” where *“workers’ mental health needs are identified and appropriate solutions are found, also through targeted interlocutions with employers”* (RI5).

3.2. Best practices from collective bargaining in the metalworking sector

In 2024, several companies in the metalworking sector placed emphasis on mental health and employee well-being in their company-level agreements. These agreements¹³ reflect a paradigm shift in the workplace, where mental and physical well-being is seen as a central pillar for improving the quality of working life and overall productivity.

For example, Feralpi¹⁴ (steelmaking) confirmed the importance of its “Workplace Distress Support Desk” a service dedicated to assessing and managing work-related stress. This tool, overseen by the occupational doctor, allows for the direct and effective resolution of distress cases, involving the HR Department and the Prevention and Protection Service when necessary.

At Ducati¹⁵ (automotive) the parties launched prevention campaigns to promote the physical and mental well-being of employees, in collaboration with the RSU and established a “Nutrition and Wellness Commission”. This commission is tasked with monitoring and continuously improving services related to the canteen and the overall well-being of staff, fostering a healthier and more inclusive work environment.

Telespazio and E-Geos¹⁶ (satellite production) also addressed well-being in the context of remote work, ensuring that remote working practices comply with both the physical and mental safety of employees as well as existing regulations. It was emphasised that the work location must not only meet safety standards but also ensure confidentiality and mental comfort.

The focus on emotional stability and worker safety was also central to Rulmeca¹⁷ (metalworking), which recognised well-being as one of the pillars of company welfare. The company committed to safeguarding the safety and peace of mind of its staff, calling on all parties, including union representatives, to actively collaborate in achieving ever-higher standards.

¹³ The agreements briefly outlined in this paragraph and referring to 2024 are part of those included and collected in the Fare Contrattazione database of the ADAPT School of Higher Education (www.farecontrattazione.it).

¹⁴ Company agreement concluded by Feralpi Siderurgica, the Trade Unions Fim-CISL and Uilm-UIL, and the company representatives on July 23rd, 2024.

¹⁵ Company agreement concluded by Ducati, the Trade Unions Fiom-CGIL, Fim-CISL, Uilm-UIL, and the company representatives on June 26th, 2024.

¹⁶ Company agreement concluded by Telespazio and E-Geos, the Trade Unions Fim-CISL, Fiom-CGIL, Uilm-UIL and the employers' association Unindustria Roma on March 21st, 2024.

¹⁷ Company agreement concluded by Rulli Rulmeca, the Trade Unions Fim-CISL and Fiom-CGIL and the company representatives on September 10th, 2024.

For Solid¹⁸ (automotive), employee well-being was defined as a key value for the company's success. The company reiterated the importance of policies that enhance the quality of working life, considering well-being as an essential factor for achieving organisational goals.

Lamborghini¹⁹ (automotive) adopted a broad and systemic approach, integrating health, safety, inclusion, and social responsibility across its entire value chain. The company views employee well-being not only as an internal priority but also as a commitment to the communities and areas in which it operates.

At Hitachi Rail²⁰ (vehicles production), the focus was on diversity, inclusion, and work-life balance. Through targeted welfare and well-being policies, the company introduced support tools to address work-related, personal, and family challenges, aiming to create an ethical environment that respects the dignity of every individual.

Finally, Alstom Services²¹ (vehicles production) recognised the value of the right to disconnect as an essential element for ensuring a proper balance between professional and personal life. This measure represents a step forward in promoting more sustainable work, where individual well-being is prioritised alongside corporate objectives.

While these agreements demonstrate major progress, it is important to note that in the metalworking sector, specific contractual frameworks addressing psychosocial risks are still limited. There is significant room for growth in adopting comprehensive approaches to tackle issues such as work-related stress, emotional well-being, and mental health. By incorporating targeted policies and raising awareness, the sector could further enhance its commitment to creating workplaces that prioritise the holistic well-being of employees.

The case of healthcare funds

Supplementary healthcare funds had already surpassed the six-million-member threshold by 2017, and this number continues to grow, thanks to significant investments made through collective bargaining. These funds are particularly noteworthy within the industrial relations system because they represent one of the first initiatives to embrace and promote a modern concept of health in the workplace.

While it is true that, as mentioned earlier (§ 1), workplace health has traditionally been understood solely as occupational health, the creation of these bilateral funds—which offer a wide range of healthcare services for the benefit of workers and their families—reflects the social partners' intent to safeguard workers' well-being in a broader sense. Moreover, these

¹⁸ Company agreement concluded by Sol.id, the Trade Unions Fim-CISL and the company representatives on May 24th, 2024.

¹⁹ Company agreement concluded by Lamborghini, the Trade Unions Fiom-CGIL and Fim-CISL and the company representatives on January 24th, 2024.

²⁰ Company agreement signed by Hitachi Rail, the Trade Unions Fiom-CGIL, Fim-CISL, and Uilm-UIL, the company representatives and the employers' associations Confindustria Toscana Nord, Unione industriali Torino, Unione industriali Napoli on April 22nd, 2024.

²¹ Company agreement signed by Alstom Services, the Trade Unions Fiom-CGIL, Fim-CISL and Uilm-UIL and the company representatives on July 18th, 2024.

funds are increasingly addressing the evolving needs of workers, which go beyond the mere management of workplace injuries or illnesses.

For instance, the “basic” healthcare plan of Metasalute, the healthcare fund established for metalworkers covered by the main collective agreement in the sector,²² now include services related to mental health, such as post-partum psychological support and psychological support following the insurgence of eating disorders. More advanced plans include additional provisions, such as two psychiatric and two psychological evaluations per year, directed at workers’ children.

Another interesting initiative concerning mental health has been promoted by the PMI Salute Health Fund, created by the signatory parties of one of the collective agreements applicable to Italian SMEs of the metalworking sector.²³ The initiative, called “*Train the Brain*” is aimed at measuring levels of cognitive decline among workers over 45 years old.

Workers who would like to be involved in these initiatives can schedule an individual online interview with a neuropsychologist, lasting about one hour. At the end of each interview, the specialist will provide an outline of the patient’s cognitive status. A final written report will be sent by e-mail after about a week to the person concerned.

This focus on psychological well-being exemplifies how healthcare funds can leverage their potential to complement the offerings of the National Health Service, thereby creating a more comprehensive network of support and protection for individuals’ overall health (Tiraboschi, 2023b).

4. Final remarks

The investigation of psychosocial risks in the Italian context highlighted the strengths and weaknesses of the system, which, through a multi-level approach, aims to ensure the well-being of workers in Italy. The country’s regulatory framework is relatively advanced, and the protection of health, understood as psycho-physical well-being, is widely addressed in the Constitution and supported by laws regulating health in the workplace (Legislative Decree No. 81/2008, Article 2087 of the Civil Code). However, there is currently no explicit mention of psychosocial risks; a reference to them can be found in provisions that oblige employers to consider all risks related to work and employees’ duties, including those that may affect psycho-physical health. Among these is work-related stress, the national definition of which is based on the European Framework Agreement on Work-related Stress (2004), emphasising the importance of the role of social partners in the evolution of this issue.

²² National collective agreement signed by Federmeccanica, Assital, Fiom-CGIL-CGIL, Fim-CISL-CISL, Uilm-UIL-UIL ([Contratto collettivo per i lavoratori addetti all’industria metalmeccanica e all’installazione di impianti](#)), last renewed on February 5, 2021.

²³ National collective agreement concluded by Confimi Industria, Fim-CISL-CISL, Uilm-UIL-UIL ([Contratto collettivo per i lavoratori addetti all’industria metalmeccanica e all’installazione di impianti](#)), last renewed on February 5, 2021.

The review conducted also clarified the role of social partners, who can act at different levels to promote specific initiatives and raise awareness among stakeholders about the evolution of OSH, taking into account changes affecting work organisation and content, as well as emerging needs. An example of good practice is found in collective bargaining within the metalworking sector, where recent company agreements have placed emphasis on employees' mental health, offering services dedicated to their well-being.

Through the administration of a questionnaire and a series of interviews, the voices of employees in the metalworking sector were also heard, allowing them to share their perceptions of the impact of psychosocial risks in different companies, and on mental health in general. What emerged is that over half of the respondents consider the lack of internal communication and cooperation within the company as a highly significant risk factor. This highlights the importance of company procedures that involve workers to improve the working environment.

The study also indicates that the deterioration of employees' mental health can arise from both work-related factors and personal or family issues. Among the most significant findings is the perception of an increasing negative impact of the overlap between work and private life on workers' well-being, as well as a growing need for tools to manage stress, anxiety, and burnout, particularly among workers with caregiving responsibilities or with unstable employment.

Despite a growing awareness of mental health issues post-COVID-19, employees report a company culture that is reluctant to go beyond the legal requirements for preventing and managing health problems, including mental health. Often, at the company level, there is resistance to openly discuss these issues, and this represents one of the main barriers to prevention strategies.

Moreover, company culture and the working environment directly influence employees' well-being, who struggle to dedicate time and resources to this aspect. According to more than half of the participants, there are no specific policies in place to prevent stress, and when these policies do exist, they tend to address a formal requirement rather than offering real interventions for specific cases. Some 83% of respondents believe it is essential to raise awareness about psychosocial risks to improve company culture regarding mental health.

The research also revealed the presence of various "job stressors" in the metalworking sector that pose risks to employees' mental health, alongside the lack of measures aimed at mitigating these risks ("job resources"). It would therefore be desirable for companies in the metalworking sector to implement initiatives to support employees' well-being through information and training and/or support services. As highlighted in the interviews, among the most appreciated initiatives by employees are those related to healthcare, as well as programmes developed with the aim of creating a healthier work environment. The low prevalence of initiatives specifically dedicated to supporting mental health and employee well-being in the metalworking sector underscores the difficulty of addressing these issues within this sector. Even when initiatives are promoted to improve employee well-being, they often fail to achieve adequate participation due to the stigma that still surrounds these topics, even among workers.

Regarding future developments and tools that could contribute to initiatives to support employees' mental health, interviewees emphasise the importance of liaison figures (such as health and safety representatives or occupational doctors) to address the issue and monitor workers' mental health. However, interviewees also note that these figures are not always adequately trained.

For these reasons, training is crucial, especially in a sector such as metalworking, where work organisation is rapidly evolving due to technological innovation. Yet, despite the importance of this topic, the impact of new organisational models on workers' ability to balance work and private life remains one of the least discussed issues among workers and their representatives.

Ultimately, the survey shows that mental health is still often perceived as an individual issue for the worker rather than a collective one, leading to the marginalisation of the problem on company and social partners' agendas. However, these social partners can play a crucial role in supporting workers' mental health, not only through the development of specific policies at the company level via collective bargaining but also through their influence on stakeholders at the national level. According to respondents, it is at this level that social partners could have a fundamental role in the future by initiating a process that encourages the adoption of initiatives to protect and promote employees' mental health, leveraging the national sectoral collective agreement and bilateral tools.

Annex 1. Fictional cases²⁴

- 1) A worker is given a diagnosis of “severe depression” while on sick leave. During this period, she contacts her employer and makes it clear that she planned to reintegrate step by step and to move to another job because she does not want to work with her former boss anymore. In addition, in the first year she wanted to reduce her working hours and stop overtime. The boss assures her of her full support and shares similar experiences with her. They agree that the worker can start with two hours a day in the first week and will increase the number of hours she works every two weeks until she is working six hours a day. When the worker tells her colleagues about her mental illness, they are open and supportive, and this has a positive impact on the worker’s return at the office. During her first weeks of work, the worker and her boss meet regularly to organise the worker’s flexible schedule. She works overtime only in exceptional cases and her boss makes sure that she gets these hours back as leisure time in compensation as soon as possible. The worker now feels she has enough time to get involved in new activities, be trained and learn new things, while maintaining a healthy work-life balance.
- 2) Due to conflicts in his private life, an IT specialist has difficulties in coping with his complex and demanding work (e.g., cooperating with the colleagues involved in his projects, dealing with problems, and meeting deadlines). The work stress causes him communication difficulties and isolation, both professionally and physically. He feels trapped but is unable to ask for help and suffers a breakdown resulting in a month’s hospitalisation. His return to work is facilitated by the employer’s diversity and inclusion expert, who drafts a personal rehabilitation plan involving his managers, his direct colleagues, his psychologist and other external professionals. The plan involves a flexible and hybrid working time schedule; the implementation of a better task distribution system and the employer’s financing of family therapy and psychotherapy sessions.
- 3) A 35-year-old works as an IT support technician for a large company. He has bipolar disorder and has been hospitalised in the past. He has been off work with depression for eight weeks and has kept in contact with his manager over this time. Knowing that he was considering a return to work, his manager referred him to the occupational health service for advice on what support he may need to return to the workplace. He attends a back-to-work meeting with his manager to agree on adjustments. The occupational doctor suggests that he returns to work gradually, building up his hours to full time over four weeks. She also suggests that the worker introduces his work tasks slowly, concentrating on desk work in the first few weeks and gradually reintroducing customer query facing work which is more demanding. Although the worker is feeling a lot better, his medication makes him drowsy in the morning, which means that he is unsafe to drive. As his home is not well served by public transport his manager suggested his application to the company’s carpooling programme. They agree to the adjustments in a document and agree upon a provisional date for him to return to work.
- 4) An IT expert has anxiety disorder and panic attacks. He is afraid of having a panic attack in meetings, on public transport and in situations where he has to be the centre of attention. He has agreed with his supervisor that he will, as a rule, work from home, because then he experiences less anxiety, and that he will come to the workplace only one day a week. His work tasks have

²⁴ The present fictional cases have been adapted from those included in EU-OSHA (2024a), *Guidance for workplaces on how to support individuals experiencing mental health problems*. Publications Office of the European Union, Appendix E.

been modified in such a way that he does not usually have to travel to customers. He is about to start psychotherapy paid by his employer.

- 5) An administrative worker who works in an open-plan office is experiencing anxiety and panic attacks as well as depressive episodes. The worker shows a clear decline in performance and frequent error rate. He distances himself from colleagues and work orders are left undone. He begins to have longer absences leading to long-term sick leave. To help him address distancing himself from colleagues, the worker is given a more central workplace within his team for his return. This ensured that in addition to the manager, the other team members can also support him. In addition, the worker is advised to take structured breaks so that he cannot not be overburdened. Customer contacts or telephone enquiries are taken over by colleagues. Furthermore, the worker is assigned a set daily workload – also adapted to his needs.
- 6) A veteran encounters high levels of stress and anxiety when startled by loud noises (windows/doors slamming, cars backfiring, etc.) or people he does not see or hear approaching. Referred to as 'startle response', this condition is alleviated when his desk and computer monitor are repositioned so he can see people coming toward him, and he is provided with sound suppression ear buds.
- 7) When returning to work following extended maternity/postnatal leave (linked to postpartum depression), a worker asks for a flexible schedule to help her battle fatigue due to insomnia and the medications she takes. As part of the flexibility, she asks to start her day an hour before others or to stay an hour after others leave to have more uninterrupted, quiet work time. She also asks if breaks and lunch can be redistributed so that she has shorter, more frequent breaks to get up and move around.

Annex 2. FAQ

1. Why is it important to address mental health in the workplace?

Mental health in the workplace is a central issue for the well-being of employees and for the functioning of organisations. A psychologically healthy work environment reduces stress, prevents burnout, and improves the overall quality of working life, with positive effects on productivity and job stability. For trade unionists and worker representatives, addressing mental health means advocating for fair working conditions, ensuring manageable workloads, and promoting policies to prevent psychosocial risks. An organisation that prioritises the psychological well-being of its employees experiences lower absenteeism, greater engagement, and a more supportive and inclusive workplace culture. However, mental health at work is not just about productivity; it is also a matter of rights and social responsibility. It is crucial that companies take steps, such as stress prevention programmes, regulation of workloads, strategies for better work-life balance, and proper training on worker safety and well-being. Ensuring a healthy work environment means creating a sustainable and people-centred model, where employees can work safely.

2. How can signs of mental distress in an employee be recognised?

Recognising signs of mental distress in employees is crucial for taking timely action and preventing chronic stress or burnout. Legislative Decree No. 106 of 3 August 2009 introduced Paragraph 1-bis to Article 28 of the Consolidated Law, assigning the Permanent Consultative Commission for Health and Safety at Work, established in the context of the Ministry of Labour and Social Policies, the task of developing specific criteria for assessing this risk. According to the guidelines on work-related stress outlined in the document published by this Commission in November 2010, the stress assessment process occurs in two stages:

1. Objective assessment. This is based on direct observation methods and checklists to identify risk factors related to work organisation, such as excessive workloads, lack of autonomy, or a conflict-ridden work environment.
2. Subjective assessment. Through structured questionnaires, focus groups, or interviews, it gathers employees' perceptions on key aspects such as job satisfaction, psychosomatic distress, emotional exhaustion, and burnout.

For trade union representatives, it is important to pay attention to signs such as changes in behaviour, decreased productivity, isolation, difficulty concentrating, or increased absenteeism. Promoting open dialogue and support tools can help identify distress early and facilitate effective interventions to improve employee well-being.

3. Can organisational innovations impact employees' mental health?

In an evolving work environment, innovating organisational processes can be an effective solution to improve employees' mental health and reduce potentially harmful phenomena, such as high turnover rates, within organisations. Changes in the world of work, such as digitalisation, remote working, automation, and the introduction of new technologies, while offering opportunities to improve the quality of work, can also pose significant psychosocial risks to employees' health. Examples of these risks include social isolation, work overload, stress, and a loss of control over job tasks. However, careful and strategic management of these changes can lead to positive outcomes by creating a healthier and more sustainable work environment, while promoting employees' psychological well-being. In this context, social partners responsible for negotiating measures to support employees'

well-being, and more generally, those developing effective human resource management policies, should prioritise employees' mental health. This could include measures such as flexible working hours, tools to support work-life balance, and spaces for social interaction among colleagues, which are essential for reducing stress and strengthening employees' sense of belonging to the company. Moreover, allocating adequate resources, such as hiring additional staff, can ease work pressure, improving not only employees' quality of life but also the overall performance of the organisation.

4. How can workers be encouraged to approach professionals who can address their mental health issues at the workplace (e.g., the occupational doctor)?

It is essential that employees are encouraged to share any health issues they may encounter, with the assurance that they will be listened to and supported. Effective communication is crucial to understanding workers' needs and finding appropriate solutions to improve their mental health, while also safeguarding the confidentiality of their medical status. This can be achieved by creating a workplace culture that supports mental health.

5. How can I contribute to creating a mental health support culture in my organisation?

Creating a mental health support culture within an organisation is an important step towards promoting well-being, reducing stigma, and ensuring that employees feel comfortable seeking help. Some strategies include: providing resources and support systems; promoting policies that help employees manage work-life balance, such as flexible working hours, remote working options, or designated mental health days; encouraging peer support and the development of a community to ensure confidentiality and security.

6. How can I support employees with mental health issues within my company's organisation?

According to EU-OSHA (2024a), some examples of effective workplace arrangements (which can also be used in combination) are:

- Reduced hours;
- Flexible start times – for example, if sleep is disturbed;
- Allowing breaks for relaxation practices;
- Time off for medical appointments;
- Flexible hours and remote working;
- Gradual return to work;
- More time to learn new tasks;
- More structured tasks, breaking them down into smaller activities, and assistance with task planning;
- Task exchange with colleagues;
- Change of job position;
- Voice-command software, task-planning software, and apps;
- Access to a quiet area for work, reducing ambient noise;
- Additional supervision, coaching or training, extra support for specific tasks, mentoring, and written instructions.

7. Does the employer have legal obligations regarding the protection of employees' mental health?

Yes. Although Italian health and safety regulations do not include specific provisions on psychosocial risks, such risks clearly fall under the employer's obligation to protect workers, as outlined in the Italian Constitution, the Civil Code, and regulations such as Legislative Decree No. 81/2008.

8. What resources are available for Italian metalworkers seeking to protect their mental health?

In addition to potential company-level initiatives, the "basic" health plan provided by Metasalute, the health fund established for metalworkers under the national collective agreement for the sector, includes mental health services, such as post-partum psychological support and psychological support for those experiencing eating disorders. More advanced plans offer additional provisions, such as two psychiatric and two psychological assessments per year for workers' children.

Annex 3. Tips and guidance for organisational-level interventions in protecting and promoting mental health in the workplace

1. Establishment of a workplace mental health policy

Companies should issue written and enforceable mental health policies, addressing mental health issues in a comprehensive way, and setting out workplace procedures and practices to be used to prevent mental health problems. According to EU-OSHA (2024a), the overall goals of these policies should be:

- take preventive action to remove psychosocial risks for all workers;
- promote good mental health;
- support workers to deal with work stress;
- encourage early intervention for any work stress or mental health problem;
- support workers who have a mental health problem — including by making reasonable adjustments to enable people experiencing a mental health problem to work and providing effective rehabilitation and return-to-work plans.

The development of these policies should occur with the collaboration of workplace representatives and/or the direct participation of workers, who should be allowed to provide input regarding the best ways to protect their mental health in the employment context. The company's compliance with the provisions of the policy should be regularly monitored.

2. Promotion of an inclusive workplace

Workplace inclusivity is crucial in order to foster support and social belonging for marginalised and underrepresented employees, for example those belonging to vulnerable groups. Moreover, making workplaces more inclusive for all workers, taking account of diversity, and providing flexibility and adjustability, reduces the need to make adjustments for individuals with different characteristics and needs.

According to EU-OSHA (2024a), workplaces can be made more inclusive through:

- Internal and external promotion of disability-inclusive programmes.
- Inclusive recruitment and selection strategy, also through collaboration with external parties in recruitment, such as vocational rehabilitation agencies.
- Flexible work schedules, locations and leave arrangements.
- Workplace accessibility, also through adapted furniture or equipment (see par 3.)
- Promotion of a supportive and inclusive culture;
- Co-worker support (e.g., buddy systems, peer modelling, worker resource groups).

Creating an inclusive environment at the workplace also entails addressing mental health-related stigma, for example by assigning resources to education and training programmes for workers and supervisors on mental health at the workplace - aimed at improving trainees' mental health-related knowledge and attitudes at work (WHO, 2022), or offering psychological support services to workers in need.

3. Implementing work accommodations

Work (or job) accommodations are individual adjustments to the job, task or work environment to enable a worker to manage a long-term problem (e.g. psychosocial disabilities) while working or to continue working while recovering. Providing reasonable accommodations promotes an inclusive

work environment for workers with mental health conditions by enhancing equitable access to opportunities and resources at work (WHO, 2022). According to EU-OSHA (2024a) some examples of effective work accommodations (to be used also in combination) are:

- Reduced hours;
- Flexible start times – for example, if sleep is disturbed;
- Allowing breaks for relaxation practices;
- Time off for medical appointments;
- Flexible hours and remote working;
- Gradual return to work;
- More time to learn new tasks;
- More structured tasks, breaking them down into smaller activities, and assistance with task planning;
- Task exchange with colleagues;
- Change of job position;
- Voice-command software, task-planning software, and apps;
- Access to a quiet area for work, reducing ambient noise;
- Additional supervision, coaching or training, extra support for specific tasks, mentoring, and written instructions.

4. Fostering supportive employee-supervisor relationships

Studies have documented the beneficial effects of managerial emotional and practical support on employee well-being, productivity, and retention, but also in relation to work-life balance and the protection of mental health on the job.

With regard to the latter, it is crucial that workers are encouraged and enabled to disclose health problems as soon as they arise, assuring them that they will be listened to and supported. Good communication is essential to understanding workers' needs and finding suitable solutions to improve their mental health, while, at the same time, protecting confidentiality regarding their medical status.

According to EU-OSHA (2024a), a conversation between an individual and their manager about a health condition should cover the following:

- the condition;
- the symptoms experienced;
- if the symptoms vary, how they feel on a good or bad day;
- the effects of medication;
- what tasks or factors in the work environment they find challenging and need help with;
- what support they need or might need to do their job now and in the future.

5. Creating effective return-to-work schemes

If the worker is going to benefit from a leave of absence due to its mental health status, communication between workers and their supervisors should also be focused on a detailed and tailored plan for return to work to be developed, following guidelines ideally developed with the collaboration of workplace representatives.

According to EU-OSHA (2024b), return to work should be gradual, exploiting legal provisions concerning national sickness insurance and benefit schemes, and be supported by multidisciplinary programmes and services.

6. Fostering supportive co-worker relationships and social belonging

Creating a workplace culture in which employees are able to develop positive and supportive relationships with each other - creating a sense of social belonging at work - can be a powerful strategy for improving worker well-being and lowering negative emotions and depressive symptoms. Company practices that foster a strong culture of social belonging and co-worker support may also serve as a source of resilience in times of crisis and rapid organisational change.

An example of such policies is teamwork. Research shows that when teams function well (e.g., they have high-quality communication, share goals and knowledge, and dispose of mutual respect between members), they enhance employee well-being, improving their ability to cope with work-induced stress, as well as improving their productivity and performance (Harvard, MIT Management Sloan School, 2024).

7. Enhancing workers' autonomy, voice and control over their schedule

Research shows how autonomy in deciding how to approach work tasks can contribute to confidence and motivation in workers. Conversely, low job autonomy can diminish the rewards of work and result in stress and depression (Harvard, MIT Management Sloan School, 2024).

Worker voice (i.e., their ability to influence how work is organised) also contributes to improving their mental health, commitment and empowerment. Worker voice can be valorised through a participatory approach in workplace organisation, job design and decision making, according to which employees are invited to play an active role in problem identification and implementation of changes (WHO, ILO 2022).

Positive health effects can also derive from schedule control and flexibility. Stress that results from managing the conflicting needs of work and personal life has well-documented physical and mental health consequences, together with lower job satisfaction and higher turnover intentions. On the contrary, schedule flexibility - potentially enhanced by hybrid/remote work organisational patterns, if correctly adopted - can help reduce stress derived from work-life imbalances, provided that workers dispose of a suitable level of control over it. Flexible work schedules, however, also need to be predictable: according to recent studies, schedule predictability provides workers with such a stability that makes it possible to coordinate life outside of work, improve health and maintain a stable income (Harvard, MIT Management Sloan School, 2024).

8. Making work organisation more efficient

Making work processes more efficient can reduce workloads and improve well-being. Changing processes related to workflow can result in improvements in workers' mental health and lessened their turnover intentions. However, when lean management strategies focus exclusively on improving productivity, they can result in increased work pressure and reduced well-being. To avoid this outcome, lean strategies should prioritise worker well-being and build in time for healthy socialising. Moreover, the provision of workplace resources (e.g., additional staff) reducing the burden of work pressures on existing staff can improve both employee well-being and organisational outcomes (Harvard, MIT Management Sloan School, 2024).

9. A focus on work-related stress: an example from Italy

In light of the current evaluative requirement, a key challenge remains the identification of a valid methodology for assessing work-related stress. A particularly noteworthy approach in this regard is the management standards model adopted by the HSE, which has been validated in Italy with 6,000 workers across a number of industries. This model, which has also been adopted by INAIL in its 2011

methodology, is based on principles supported by literature and is fully aligned with the 2004 European Agreement, providing a comprehensive framework for assessing work-related stress risk. The model identifies six work-related stress risk factors: demands, control, support, relationships, role, and change. It covers individual dimensions (control), relational dimensions (support, relationships), organisational dimensions (demands, role), and the interaction between the individual and the organisation (change). The evaluation process, based on these dimensions, is structured into six stages:

1. Preparation of the organisation: Full involvement of the working group (employers, managers, supervisors, the occupational doctor where required, the Head of the Prevention and Protection Service - RSPP, Workers' Safety Representative - RLS) and employees to define a coordination group and develop a project plan and a coherent communication and staff involvement strategy.
2. Identification of stress risk factors – understanding Management Standards: Management Standards refer to the six key organisational dimensions. The coordination group, as well as all those involved in the evaluation process, must be familiar with the evaluation procedure through tailored training/information sessions.
3. Data collection: objective and subjective evaluation: Data collection is carried out using objective evaluation techniques (data provided by the company on absenteeism, accidents, etc.) and subjective evaluation techniques (questionnaire to assess the subjective evaluation of work-related stress). It is important to use multiple data sources and also investigate the workers' personal experiences to provide a more comprehensive picture of the situation.
4. Risk assessment: exploring problems and developing solutions: The working group, on behalf of the employer, must confirm the results obtained from the previous stages, analyse their significance in relation to homogeneous groups of workers, and develop possible solutions through targeted focus groups.
5. Formalising results: developing and implementing action plans: After consulting with workers and exploring intervention areas, a path for adopting preventive and corrective measures is defined, along with specific action plans for areas where critical issues have emerged.
6. Monitoring and controlling the action plans and assessing their effectiveness: Monitoring allows for evaluating the measures taken, particularly in relation to the critical issues previously identified.

The HSE model thus presents strong descriptive power, stemming from the thoroughness of the dimensions investigated, and investigative power, arising from the use of various detection tools, both subjective and objective. Additionally, the constant involvement required in the various evaluative stages, both among safety actors and workers and/or their representatives, is crucial (ISTISAN Reports 11/19).

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