PSYR-IR

Industrial relations and policy working paper

Deliverable 2.2

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PSYR-IR

Contents

1. Introduction

In the last few decades, **psychosocial risks in the workplace** and **mental health at large** have been recognised as an important and ever-growing issue with regard to public health, quality of work and life in the European Union (EU), and societal resilience. Psychosocial risks are defined here as *"those aspects of the design and management of work, and its social and organisational context that have the potential for causing psychological or physical harm."* Eurofound (2022, p. 3). In 2022, EU-OSHA reported that 44% of workers surveyed reported increased work stress during the pandemic. 46% had to contend with work overload or severe time pressure. 27% of workers experienced stress, anxiety or depression caused or made worse by work. Similarly, the 2021 edition of the European Working Conditions Survey found increased prevalence of work intensification, stress, and related impacts on mental health (Szekér et al., 2023). Work-related psychosocial risks and mental health challenges were found to affect various groups disproportionately such as young people, older people, migrants, people with disabilities, LGBTIQ+ people, or people in remote areas (European Commission, 2023). For both perspectives, mental health, and psychosocial risks at work, and mental health at large, the **COVID-19 crisis** raised further concerns, as psychosocial stresses increased while access to support and care became more difficult for those affected. Whereas the new President of the European Commission in her political guidelines of 18th July 2024 emphasised the competitiveness of the European economy, she also targets *"preventive health, in particular for mental health, including at work"* (von der Leyen, 2024, p. 9), *"equal opportunities and quality jobs"* (p. 18), especially with regard to digitalisation and new forms of work.

Building on the conceptual framework and the empirical work developed in the PSYR-IR project (see Deliverable 2.1), this report aims to contribute to the **state-of-the-art knowledge on how psychosocial risks at work and mental health are tackled from a policy and social partnership perspective**. It links these topics with the current legal and regulatory frameworks and the broader policy context at EU level (including industrial relations and social dialogue). To this end, it relies on desk research – a thorough review of the academic and grey literature – as well fieldwork based on interviews with policymakers and social partners. In each case, the **theoretical and conceptual underpinning** provided in other PSYR-IR tasks is used as a guide. By doing so, this report relates to several of the principles of the **European Pillar of Social Rights**: principle 10 on healthy, safe, and well-adapted work environment and data protection, principle 9 on work-life balance, principle 8 on social dialogue and involvement of workers. While this report assess developments, policies, practices and strategies from a European perspective, further research in the PSYR-IR project will zoom in on the national context and on sectoral developments (WP3).

The remainder of this report is organised as follows. Chapter 2 presents the analytical approach, detailing both the desk research and the fieldwork. In Chapter 3, the European policy context on psychosocial risks and mental health at work is introduced, whereas Chapter 4 focuses on industrial relations and the social partnership. The final Chapter summarises our findings.

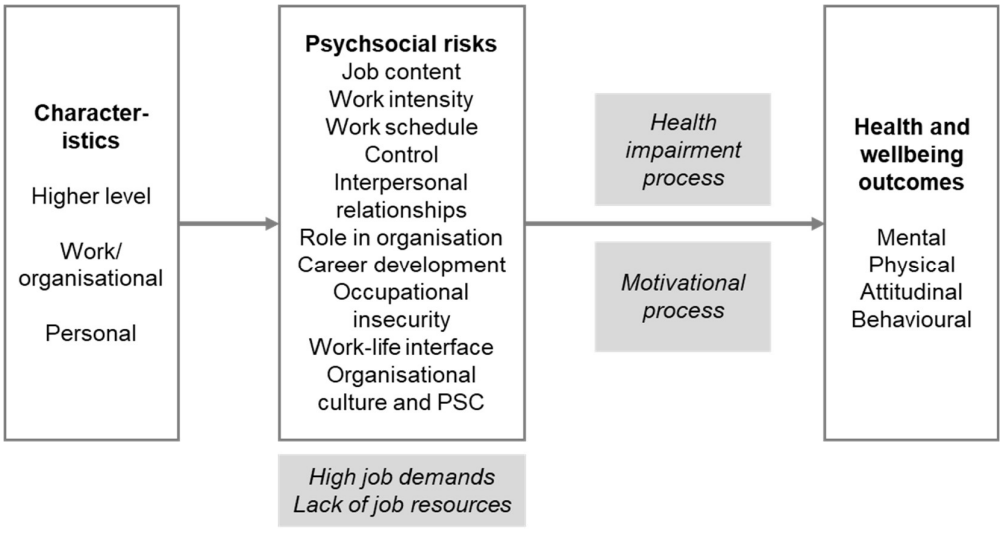
2. Methodology

2.1 Desk research

In order to prepare this report, the research team conducted extensive research of the current academic and grey literature on psychosocial risks at work and workers' mental health, practices, policies, strategies and collective bargaining on this topic, and related issues. Since this is a broad subject that is tackled across multiple scientific disciplines and across policy domains, narrowing the scope of our literature review was important to ensure a **good understanding of the context and the recent developments** against which our research is set, while at the same time bearing in mind the feasibility of this exercise and guaranteeing that the **main policies, practices, strategies, and actions** clearly come out.

With this in mind, Deliverable 2.2 was elaborated on in close connection with Deliverable 2.1 of the PSYR-IR project, which provides a **conceptual and empirical underpinning** for the project work (see figure below). In Deliverable 2.1, we present a conceptual framework that builds on the most recent theoretical frameworks and models that help explain how psychosocial risks at work relate to workers' overall health, safety and well-being, and then apply this framework on a number of EU-wide datasets to empirically assess what psychosocial risks are on the rise, what their impact is, what their underlying drivers are, and which groups of workers are most affected.

Figure 1. Overarching integrated framework on psychosocial risks



Source: Developed by the authors

However, beyond identifying risks and drivers, it is our aim to understand **which actors can play a role in addressing those**, and **what policies, practices, strategies, initiatives, actions, etc. can be adopted towards this goal**. The present paper aims to bring insights into the discussion from this angle, focusing on the EU level and on the role of policymakers and the social partners.

To conduct the review of academic and grey literature, we use an **identification, screening and selection strategy** that relies on the same concepts, definitions, and psychosocial risk categories as in Deliverable 2.1 (see figure for overarching framework and the psychosocial risks in scope). Another important step is that we restrict the sources to cover **Europe**, so excluding sources that solely cover countries located in other areas of the world (e.g., literature on Australia, Japan, USA, and other countries), the main argument being that these countries are faced with different policy frameworks and industrial relations regimes, which are outside of the scope of the current project. Other restrictions are that the research must relate to **work, workers, and the work environment** (e.g., studies on healthcare are only relevant if the focus is on the psychosocial risks and mental health care provider and not on the patient). Preference was also given to **peer-reviewed studies** in the case of academic literature. Further details are provided below.

2.1.1 Review of academic literature

The PSYR-IR project builds on a number of key premises that provide guidance on how to tackle the review of the academic literature. First, there is an **increasing awareness** among a range of actors – including policymakers and social partners – about the **urgent need to better address work-related psychosocial risks and mental health issues.** At the same time, there appear to be **important gaps**, with the findings from the 2019 ESENER survey documenting a general lack of awareness and knowledge among employers about psychosocial risks, as well as a high number of companies that struggle to prevent and manage such risks (EU-OSHA, 2022). Furthermore, while the **social partners and social dialogue have a pivotal role in helping to bring EU and national legislation**, **regulations and policies** on occupational safety and health in general and on psychosocial risks and mental health at work in particular, **to workplaces**, so far there seems to be only limited attention for this role in the literature. There is research on **worker participation** for effective occupational safety and health management systems, but in this work psychosocial risks appear to have received less attention.

With this in mind, the **starting point** for the academic literature review is that we want to understand how the body of literature on psychosocial risks has developed (e.g., is there an increasing number of papers on this topic), as well as to what extent the role of social dialogue, trade unions, worker representation and participation, the role of the employer, etc. is addressed.

The **search strategy** used to identify relevant literature for this report was developed accordingly. Specifically, we focused on **two academic databases** to which our team has access through the university and that bring together research across multiple scientific disciplines: **Scopus** and **Web of Science**. Scopus (Elsevier) is a *"comprehensive bibliographic, abstract and citation database of peer-reviewed literature, covering academic journals in the fields of science, technology, medicine, and social sciences (including arts and humanities)".* Web of Science (Clarivate Analytics) *"offers bibliographical access to a curated collection of over 21,000 peer-reviewed, high-quality scholarly journals published worldwide in over 250 science, social sciences, and humanities disciplines. Conference proceedings are also available".* Although the research team did explore the option of adding other databases in the search strategy, we refrained from doing so as several of these databases mainly contained publications that are outside of the scope of our study (e.g., exclusively biomedical research, strong domination by research from the United States, focused on methodological approaches, etc.), and this would likely lead to more duplicates in case they are relevant (e.g., in the case of ProQuest Psychology and ProQuest Sociology, which are both part of the Clarivate network). As a final check, the research team checked the main academic databases suggested by the libraries of faculties working on the topic of psychosocial risks and

mental health issues, as well as on the role of social dialogue and policymaking on work-related issues (e.g., psychology, law, sociology, political sciences, economics, etc.). Scopus and Web of Science were mentioned in each case, adding further weight to our decision to focus on them.

In order to find relevant articles, variations of different keywords were used to **identify publications covering work-related psychosocial risks.** These include occupational psychosocial risks; work psychosocial risks; occupational psychosocial hazards; work psychosocial hazards; occupational psychosocial factors; work psychosocial factors; etc. (note that we use both psychosocial and psychosocial in the actual search, to account for differences in spelling). As explained, using this as a first step **aligns with the premises of the PSYR-IR project**.

In addition, before starting the identification and extraction of academic literature, we performed a number of **scoping searches** to determine how easily publications explicitly addressing social dialogue, collective bargaining, etc. on psychosocial risks and mental health at work can be found in academic databases. These scoping searches proved very helpful, as it turned out that search functions combining keywords relating to *'psychosocial risks'*, on the one hand, and to '*trade unions', 'employers' organisations', 'industrial relations', 'social dialogue', 'collective bargaining'*, on the other hand, resulted in only a handful of publications. For example, the combination of 'psychosocial risks' and 'social dialogue' only delivered six unique hits across both academic databases, of which three papers were published well before 2015. The combination of 'psychosocial risks' and 'social partners' resulted in only two unique hits, of which one was also found when searching for 'social dialogue'. Moreover, several of the papers that were identified in this way are outside of the scope of this study because they relate to countries outside of Europe. One of the papers that came up when searching for 'industrial relations' was written by a trade union related institute (which was mentioned in the abstract), which triggered the hit in the search since the paper itself covered a different topic. Similarly, when we first combine search terms on social dialogue, trade unions, employers' organisations, worker participation, etc. with terms referring to occupational safety and health more generally, results were limited. Note that in all searches, we checked terminology in UK and US English, as well as in single and plural forms. We did not include publications in other languages for feasibility reasons. The search was also limited to the past 20 years, which coincides with the adoption of the European social partner agreement on work-related stress (see Chapter 4).

In order to capture a wider range of articles, we therefore decided to **first collect as many academic papers as possible discussing work-related psychosocial risks**, and then **screening those in a second step for papers that address the social partnership and industrial relations.** In this process, we followed the guidelines of the **Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) protocol** (also see below). The search was conducted during December 2023 and January 2024. Any papers published after that date have thus not been considered in this study.

Our first step delivered **4121 academic publications** on work-related or occupational psychosocial risks over the past 20 years, after removing duplicates. The next step in the process involved **programmed filtering**. More specifically, we created a short programme to **check whether articles cover any of the psychosocial risks addressed by the PSYR-IR project**. These risks were derived from the conceptual framework developed in Deliverable 2.1, as shown in Table 1. Note that variations of the keywords are also used, for example management, manager, managing, managerial, …

Table 1. Keywords based on the PSYR-IR conceptual framework

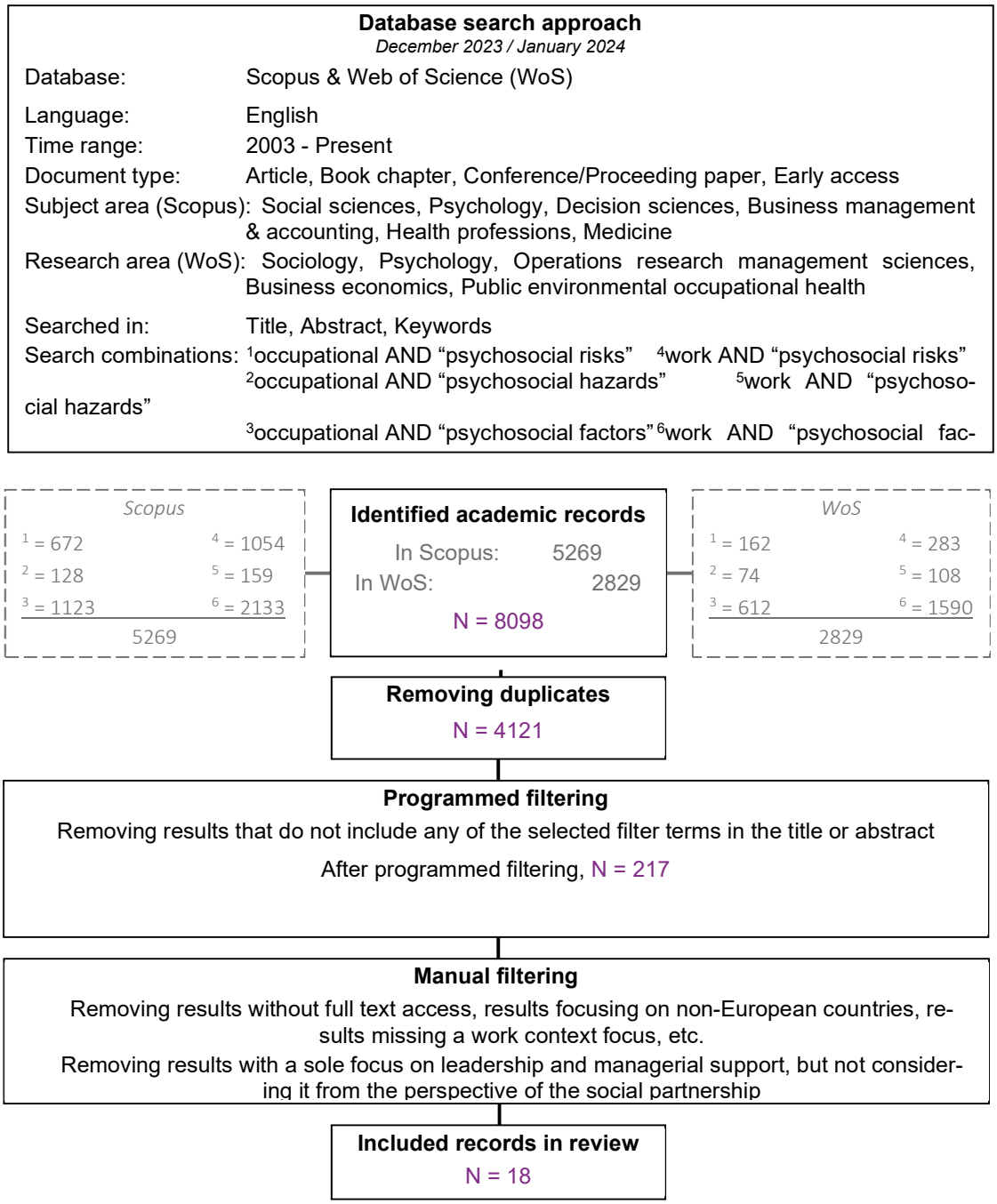
Risk category	Keywords
Organisational culture	Leadership, organis/zational justice, relational justice, trust, voice
Job content	Job demands, psychological demands, emotional demands, cognitive demands, effort-reward imbalance, task variety, task significance
Work intensity	Work intensity, technology overload, technostress
Work schedule	Unsocial working hours, atypical employment, seasonal work, night work, weekend work, shift work, temporary employment, fixed-term employment, late notice, flexible working hours
Control	Job control, task autonomy, task discretion, decision latitude
Interpersonal relationships at work	Adverse social behaviour, discrimination, workplace conflicts, influence of others, social support, co-worker support, supervisor support
Role in organisation	Role conflict, role ambiguity, role overload
Career development	Job development, appropriate pay, career opportunities, recognition, skill use, training opportunities
Work-life interface	Work-life interference, work-life balance
Psychological safety climate	Organis/zational participation, managerial support, organis/zational communication, worker participation, worker representation, trade union(s), social dialogue, collective bargaining, collective agreement, negotiation
Occupational (in)security	Job insecurity, financial insecurity

Source: Developed by the authors

Of the 4121 identified publications, 1991 did not contain any of the keywords and were removed immediately. Then, since the focus of this part of the research is on the role of the social partners, social dialogue, and worker participation in the context of psychosocial risks and mental health at work, we decided to zoom in on academic publications that contain keywords relating **to 'psychosocial safety climate'** and **'organisational culture'** in particular (see Table 1 for keywords) in the title and/or abstract. This step further reduced the number of publications to 217. For each of these articles, we screened the title and abstract to **exclude papers that cover countries outside of Europe** (if this could not be derived from the title or abstract, the paper was kept at this stage), as well as **papers that are not related to the topics of interest** (e.g. development of survey instruments and measurement scales, study protocols, studies on trust in institutions in relation to mental health outcomes during the COVID-19 pandemic), or that **address the impact on or position of clients or care recipients rather than on the worker** (e.g. studies on how to improve communication with and the voice of patients and their families) or do **lack a work focus**. This led to a further initial reduction to 68 academic articles.

When assessing these 217 papers, some striking results came to the foreground. First, the number of papers covering the **Nordic countries** was much higher than for other European countries. We also identified several papers focusing on the United Kingdom, Spain, Italy, and Germany, but much less work appears to exist on other countries. Second, and similarly, in terms of sectors, the bulk of the research seemed to focus on the **health and social care sector**, highlighting the situation of physicians, nurses, and other care providers. These results help motivate the country and sector focus in the PSYR-IR project.

Figure 2. Approach to the academic literature review



Source: Developed by the authors

Among those 68 academic articles, 40 papers discuss the role of **leadership** (operationalised in different ways), either to **explain elevated psychosocial risks and poorer mental health outcomes**, or **recommend investing in leadership training to help overcome such situations**. These papers, however, do not address this topic from a social partnership perspective, and so were excluded from further analysis. Following the same logic, ten additional papers were then removed from the analysis as they mention the importance of **managerial support**, but without

elaborating this further from a social partnership perspective. The remaining 18 papers were assessed, and their main findings are summarised in Chapter 4. Already at this stage, it is noticeable that within the literature on psychosocial risks, **little attention is paid to direct and indirect worker participation, the role of trade unions and employers' organisations, and the importance of social dialogue and collective bargaining around these topics**, or at least, when these angles are addressed, these **do not appear to be the core focus of the work**.

2.1.2 Review of the grey literature

With regard to the grey literature, a dual strategy was used. On the one hand, the research teams did a search of the **websites** of the European Commission, the European Parliament, Eurofound, EU-OSHA, the ETUI, the OECD, the ILO, the WHO, and other relevant actors working in the area of psychosocial risks and mental health at work, social dialogue and industrial relations, or related topics. This search included a wide range of documents, such as policy briefs, reports, opinions, communications, etc. In some cases, these websites offered options to filter through publications. For example, EU-OSHA publications could be filtered according to the topic 'psychosocial risks and stress', Eurofound publications could be filtered according to the topics 'social dialogue' and 'psychosocial risks', and ETUI publications could be filtered according to topics such as 'psychosocial risks' and 'social dialogue'. In this regard, it is interesting to note that the EU-OSHA, ETUI and Eurofound websites together delivered over 100 hits fir the period 2003-2023. Several of the papers that were identified in this way, were used in Deliverable 2.1 as these related to EU-wide surveys or conceptualisations. Other papers were used in this deliverable, to enrich the analyses in Chapter 4. On the other hand, **interviewees** were asked about any relevant references to certainly include in our work.

2.2 Fieldwork

In addition to the desk research, **five semi-structured interviews** were conducted with experts connected with the European Commission, EESC, Eurofound and representatives of the EU-level social partners to gather further insight into their views on the dynamics and further development of the policy process and the role of social dialogue. Interviews followed a detailed guideline developed by the joint research team for both social partner and policy experts. All interviews were conducted online and took roughly one hour each. They were transcribed and coded (using MaxQDA coding software) following the guideline and analysed in connection with the document analysis. Quotes from the interviews, in the interest of readability, have been circumspectly edited to clarify syntax and meaning while retaining the flavour of interviewees' insights.

3. European policy on psychosocial risks and mental health at work

3.1 The EU context

Mental health as an issue at work is being addressed by **national and international policies,** including EU-level policies. Generally, health policies are the responsibility of EU Member States. However, the Treaty on the Functioning of the EU (TFEU) gives the EU competences to support, coordinate, or supplement Member States' actions to protect and improve health (Art. 6). Art. 153 TFEU assigns complementary and supportive functions to the EU with regard to health and safety at work, working conditions and labour rights. Public health issues generally gained further traction on the EU level as well as nationally as the pandemic threw gaps and limitations in national healthcare systems into sharp relief such as gaps in access to care, staff shortages, labour turnover and workloads in the health sector itself.

In parallel and partly related to the pandemic, the impacts of digitalisation on mental health also raise policy concerns, in particular regarding young people and workers: young people had shifted more of their interactions in school, study, leisure and social life online during the pandemic. Workers faced increased workloads, stress and health risks, social isolation, and/or challenges to work-life balance. This affected workers on site ("essential workers") and those working from home in various combinations.

Occupational safety and health (OSH) in the EU is originally addressed in Directive 89/391/EEC which committed the European Commission to ensuring improvements and harmonisation without losing national-level advances made, prioritised risk prevention, and stated that OSH is *"an objective which should not be subordinated to purely economic considerations"* (p. 3). The European Pillar of Social Rights in Principle 10 also declares that workers have the right to have their health and safety protected at work to a high degree. EU-OSHA especially provides data, guidance and awareness raising on occupational health and safety, and increasingly covers psychosocial health risk and mental health. International organisations also provide guidelines, such as the WHO's guideline on mental health at work which together with ILO was also summarised in a policy brief (WHO, 2022b, 2022a; WHO & ILO, 2022),

3.2 Reviewed documents

This report concentrates on the recent European policy initiatives. We briefly address the European Parliament and the European Commission's initiatives on mental health at large, then take a closer look at mental health at work. A briefing to the European Parliament (Amand-Eeckhout, 2023) provides a useful overview of current European policy initiatives, data sources and general information on both mental health at large and mental health at work.

In July 2020 the European Parliament called for an **EU action plan** on mental health in the context of a post-pandemic public health strategy (European Parliament, 2020). In its resolution of September 2022, it demanded a European plan for protecting mental health of children and young people in education, learning and vocational training (European Parliament, 2022c). The European Commission initiated several **initiatives on public health** at large such as the EU4Health programme for 2021-2027 and the Healthier together – EU non-communicable diseases initiative for the period 2022-2027 in which mental health is one strand. It also established an expert group on public health in 2022.[1] These initiatives focus on the exchange of knowledge and best practices among Member States and stakeholders (Amand-Eeckhout, 2023). They offer, for example, a Best Practice Portal[2] and a Joint Action to further roll out the Belgian mental health reform and the Austrian programme for suicide prevention.[3]

In June 2021, the Commission published the **EU strategic framework on health and safety at work** (European Commission, 2021b) which responds to changes at work related to the green and digital transitions, ageing workforces, and the early impacts of the pandemic, including impacts on the definition of a "workplace" in the light of expanding working from home as well as the business models of the "internet-enabled on-demand economy" (p. 7). Psychosocial risks and mental health are mentioned chiefly in relation with digitalisation (p. 8) and its blurring of boundaries between work and private life, and with the healthcare and essential workers specifically challenged during the pandemic.

Later on, in June 2023, the Commission published its **communication on mental health** (European Commission, 2023). This aims to create a *"comprehensive, prevention-oriented and multi-stakeholder approach to mental health"* (p. 28). The document emphasises that mental health determinants interact with societal inequalities, such as gender, race, ethnicity, and socio-economic status, leading to varying mental health outcomes across different groups. Policies for improving mental health need to extend across domains such as education, employment, and social protection. Policies need to provide Europeans with prevention of mental health and psychosocial risk, access to high-quality and affordable healthcare and treatment, and reintegration of those recovering from mental health problems into society. Children and young people and people in vulnerable situations require targeted support. Mental health at work especially requires prevention, increased awareness, and dedicated efforts by EU-OSHA, and possibly, a dedicated initiative on psychosocial risk at work. Training, peer learning and capacity building is foreseen across policies and for health and care professionals at large as well as for national policies. Some €1.23 billion of support for mental health initiatives are foreseen through various EU programmes such as the EU4Health programme, the Recovery and Resilience Facility, Horizon Europe, ESF+, ERDF, Creative Europe, and others (Amand-Eeckhout, 2023).

The European Parliament and the European Economic and Social Committee (EESC) responded to the Commission's communication with a **resolution** (European Parliament, 2023) and an **exploratory opinion** in 2023 (EESC, 2023b), respectively. Both documents welcome and emphasise the *"mental health in all policies"* approach of the European Commission communication. The European Parliament resolution emphasises social and labour rights and the need for social policies that tackle inequalities, poverty and discrimination that are risk factors for mental health. With regard to the workplace, the Parliament's 2023 resolution focuses on **working together with social partners in order to prevent psychosocial risks in the workplace**. It stresses the

1 https://health.ec.europa.eu/non-communicable-diseases/mental-health_en

2 https://webgate.ec.europa.eu/dyna/bp-portal/

3 https://ja-implemental.eu/

need for periodical assessments of progress and improvement of the working environment. The resolution aims *"to guarantee the right of workers to the same level of protection, regardless of their status and where they live and work"* (European Parliament, 2023). The EESC (2023b) demands a coherent EU strategy on mental health with a clear timeframe, funding, responsibilities, and monitoring through the European Semester process.

Dedicated activities on psychosocial risks and mental health at work were intensified during the pandemic. The European Commission-appointed expert panel on effective ways of investing in health published its **report** *on "Supporting mental health of health workforce and other essential workers"* in June 2021 (European Commission, 2021a). It recommends workplace interventions, training and education for workers and managers, and improved access to care and treatment services. Further, the expert panel recommends funds for monitoring and research to support evidence-based strategies to address mental health of essential workforces. The panel also points out that existing labour law and regulation could contribute to protecting the mental health of workers in healthcare and elsewhere. This includes enforcing existing working hour limits and ensuring rest periods.

The European Parliament specifically addresses mental health at work through its **resolutions** on *"a new EU strategic framework on health and safety at work post 2020"* (European Parliament, 2022b) and on *"mental health in the digital workplace"* (European Parliament, 2022a). The "strategic framework" resolution wants to *"adopt a fresh and broader definition of health and safety at the workplace, which can no longer be separated from mental health"* (p. 5) and notes that workplaces play an important role in public health generally. It addresses psychosocial risks and mental health in the context of OSH at large and points out that psychosocial risk factors at work, especially stress, contribute to various physical diseases in addition to being detrimental to mental health. A special focus lies on **strengthening labour inspectorates and social dialogue to promote mental well-being at work**. The European Parliament generally demands higher strategic ambitions and stronger enforcement of OSH in the EU than the Commission's Strategic Framework and *"calls for a clear focus on workers' participation and for the strengthening of consultation with social partners"* (p. 9) in ensuring healthy workplaces. It also asks the Commission to propose a dedicated *"directive on psychosocial risks and well-being at work aimed at the efficient prevention of psychosocial risks in the workplace"* (p. 10).

The "**digital workplace" resolution**, together with the EESC opinion on precarious work (EESC, 2023a), are arguably the most detailed and comprehensive policy documents on mental health in the workplace. The European Parliament resolution has a strong focus on prevention as well and wants the EU to *"develop a new paradigm to factor in the complexity of the modern workplace in relation to mental health"* (European Parliament, 2022a, p. 10) and to *"commit to actions regulating and implementing a world of digital work which helps to prevent mental health problems"* (p. 7). In addition to these resolutions, the European Parliament's Employment Committee commissioned a study on "minimum health and safety requirements for the protection of mental health in the workplace" (Makarevičienė et al., 2023; summarised in Nightingale et al., 2023).

The opinion of the EESC from 27th of July 2023 was requested by the Spanish Presidency of the Council in 2023 that in coordination with the following Belgian Presidency put improvements in mental health at work on its agenda. The EESC opinion focuses on the psychosocial risks of precarious employment specifically, and argues for a more systemic prevention approach that focuses directly on employment and working conditions, including worker voice and representation*: "implementing prevention of occupational psychosocial risks at the source, and changing the way work is designed, managed and organised, since scientific evidence has shown that specific*

national legislation in this field is a more effective form of preventative action and of reducing exposure to these risks. Its benefits could therefore be extended to all EU countries by a directive" (EESC, 2023a, S. 2). It insists on employers' legally enshrined responsibility to ensure healthy workplaces and specifically emphasises the enforcement of existing legislation and regulation.

Since the documents feed into one another through the political processes and have considerable overlap, in the following sections, we summarise them along the lines of content, pointing out variations in scope and emphasis as they emerge. This discussion is further enriched with the information obtained through interviews.

3.3 Working conditions and psychosocial risks

The main determinants of mental health in the workplace are identified by the European Commission and the European Parliament as **stress and psychosocial risks that interrelate with individual, environmental and other social factors**. Centrally, documents vary in the relevance assigned to specific factors and in the detail to which they are mentioned. For example, the Commission (2023) communication states that *"27% of workers have reported experiencing work-related stress, depression or anxiety […]"* with reference to EU-OSHA figures (p. 1). The Parliament (2022a), however, points out that stress *"can be a consequence of several factors such as time-constraint pressures, long or irregular working hours and poor communication and cooperation within the organisation […]"* (p. 7). It lists "excessive workload, conflicting demands, a lack of clarity about one's role, a lack of involvement in decisions affecting workers themselves, a lack of influence over the way one's job is done, poorly managed organisational change, a lack of job security, ineffective communication, a lack of support from management or one's colleagues, psychological and sexual harassment, and third-party violence" (p. 5).[4]

Beyond stress, **inadequate work-life balance, inequalities and generally "new forms of work" are mentioned in all documents as well as the impact of the pandemic**, especially on "essential workers" and those in the health and social sectors. Discrimination and sexual harassment are considered risk factors in nearly all documents. From this, we can already conclude that women are more exposed to many of these risks than men, as they make up the majority of workers in these sectors and experienced both paid and unpaid care work becoming more extended and intense during the pandemic.

3.3.1 Digitalisation

It appears that digitalisation, addressed in a dedicated resolution (European Parliament, 2022a) **brings a large variety of working conditions into focus**, especially following the pandemic. However, many of the insights and demands of this resolution have been part of social dialogue and/or labour policy and research for several years and through several cycles of debates on job quality, industrial relations, and new technologies.

4 Sexual harassment was first addressed in Directive 2004/113/EC of 13 December 2004 on implementing the principle of equal treatment between men and women in the access to and supply of goods and services and 2006/54/EC of 5 July 2006 on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation (recast). In 2010, European social partners from public and private services adopted Multi-Sectoral Guidelines on Tackling Third-Party Violence and Harassment at Work. An EU-funded project by the signatory social partners identified the needs for an update of the Guidelines in 2021 - 2023, see https://www.thirdpartyviolence.com/updatingmulti-sectorialguidlines2023. EU Directive 2024/1385 on combating violence against women and domestic violence was adopted on May 14, 2024.

The gist of the argument is that **policy and social partners need to actively support virtuous circles of high-quality jobs** that mutually require and enhance development, productivity, favourable uses of technology, worker-friendly flexibility and worker voice and social dialogue. However, digital technology, specifically AI and algorithmic management (in combination with company restructuring and new, digitally driven business models) may also combine to undermine these configurations if they encourage potential employers to circumvent labour market institutions and externalise risk to workers.

Digital and AI technologies have the potential to improve working conditions by allowing flexible working hours and automating stressful tasks, but this requires **transparent and fair solutions and the participation of workers and their representatives in the process**. During the pandemic and before, workers encountered expansions of digitalised forms of work such as remote working or platform work and found that these lead to more challenges in work-life balance and work intensity (cf. European Commission, 2021b). In addition, the European Parliament's resolution notes that advancing digitalisation can also have a negative impact on the meaning and intrinsic value found in work: it may undermine a sense of purpose at work that is vital for good working conditions and may mitigate psychosocial risks.

The resolution mentions the **"right to disconnect"** as one measure to reduce work-related stress and promote a better work-life balance. This means *"a worker's right to be able to disengage from work and refrain from engaging in work-related electronic communications, such as emails or other messages, during non-work hours".*

3.3.2 Precarious work

Precarious work and dualised labour markets have been an issue for labour organisations and research from the 2000s onwards, when uses of atypical employment forms, from part-time or agency work to marginal employment, on-call work or work in between employment and self-employment expanded, following various policy initiatives of labour market liberalisation in member states and especially the 2008 economic crisis. Definitions of precarity vary and comparisons are difficult as employment forms and their uses vary among Member States and their labour market regimes, with varied impacts on job quality. Impacts of digitalisation and precarious work are interrelated, especially as digital labour platforms and other algorithm-driven forms of work organisation enable highly flexible and demand-driven deployment of workers while employing them or utilising service contracts. For this reason, **platform work** is mentioned in the **European Parliament resolution**: it *"can also affect psychosocial health with unpredictable working hours, intensity of work, competitive environments, information overload and isolation"* (European Parliament, 2022b, p. 11). The Parliament also demands coverage by OSH legislation for *"all workers": employees, non-standard workers, genuine and bogus self-employed, and mobile workers* (p. 12).

The **EESC dedicated one opinion to the nexus of precarious work and mental health**, aiming to implement *"prevention of occupational psychosocial risks at the source, and [change] the way work is designed, managed and organised"* (EESC, 2023a, p. 2). It draws on existing EU legislation, fundamental and social rights to insist that "*neither generating or increasing corporate profits, nor reducing labour costs or ensuring flexibility for employers can come at the cost of health and safety at work"* (p.1). Then, it presents evidence that various dimensions of precarious work directly negatively impact mental health in terms of depression, anxiety, and risk of suicide, as well as sick leave due to mental health issues. It points out that not only is precarious work unequally distributed and more prominent among manual labourers, women, young people, and migrants

than among other groups, but that it contributes to further inequalities in income, social security and access to labour rights and OSH services.

Our EESC interviewee summarises the connection:

"Precarious work generates anxiety, generates stress, a lack of control of your working conditions. But working conditions is totally stressful. So, this is the first step. It's not only a problem of mental health in precarious work, but mainly in precarious work" (Interview 2).

Hence, ensuring decent work for all emerges as a central element of psychosocial risks prevention that addresses working conditions rather than individualised risk factors.

Focusing on the most obviously problematic part of the labour market can be considered as a strategic move of the union representation in the EESC to use the political momentum of the mental health discussion to gain wider support for addressing problematic employment relations and working conditions – an issue traditionally contested between unions and employers:

"For us it is the first step, the first step to open Pandora's box. So, the debate about mental health at the workplace is starting with the clearest situation of risk, the precarious work just to start. But, uh, I can confess that I think that for this reason, the companies are fully aware that this is the first step to open the general debate about risk factors in the world, risk mental health factors in the workplace" (Interview 2).

This strategy also entailed making the connection with the public health aspect of mental health at large – to take the opportunity to engage actors beyond the policy domain of employment debates:

"To take out [the subject] from the habitual suspects the DG employment and from the Ministry of Employment, and to assume this issue as a real health issue not linked with the trade unions, not linked with the social dialogue, more linked to the general health of the people. And you have to take into account that it is crucial for the European Union Member States after the pandemic and the lockdown, it is clear that mental health is being taken seriously because it's a factor of general health of the population" (Interview 2).

3.3.3 Discrimination, harassment, inequality, and vulnerability

Discrimination, sexual harassment, and violence at work, also by third parties such as customers, clients, patients, and other service recipients, are **mentioned as psychosocial risk factors to be addressed in all documents**.

The European Commission (2023), for example, exhorts its Member States to *"address the links between exclusion, inequalities and mental health by increasing efforts to combat discrimination, hate speech and violence"* (p. 7). The European Parliament also mentions discrimination, sexual harassment and stigma attached to mental health conditions (European Parliament, 2022a, 2023). This shows that social inequality is somewhat differently conceived by the various political actors. References to discrimination focus on the **legally enshrined discrimination grounds**, and on a **specific practice of intentionally unequal treatment of groups**. The European Commission mentions other inequalities as impacting on mental health *"related to gender, ethnicity, geographical location, including the urban-rural divide, education, age and sexual orientation, gender identity or expression and sex characteristics [that] have an important impact on the population's mental health and their access to adequate care"* (European Commission, 2023, p. 19).

While all these lines of inequality clearly have impacts on both mental health itself and on access to prevention and healthcare, it is notable that **income, socio-economic status, or employment status are hardly addressed in this document**. It appears that inequalities generated in the labour market and at work are treated more at arm's length in the communication than those directly addressed in other policy domains such as anti-discrimination or regional development. It is here that the explicitly work-related positions by the EP and the EESC take a stronger position and base it on evidence (EESC, 2023a; European Parliament, 2022a).

3.3.4 Vulnerabilities

In large parts of EU policy, especially during and after the COVID-19 pandemic, inequalities translate into the identification of **"vulnerable groups"**. The policy documents assessed here address a wide range of them: children and young people, older people, women, migrants, ethnic minorities, poor people and those with low socio-economic status, people with disabilities, the chronically ill, and those in remote areas (especially farmers) are mentioned, as well as LGBTIQ+ people, single parents, and people with limited social contact, and not least those with existing mental health conditions. For many of these groups (which easily constitute most European residents), vulnerabilities intersect and psychosocial risks in the workplace and outside of it overlap.

Generally, the documents suggest that **OSH strategies should be targeted to group-specific vulnerabilities**. The European Parliament points out that preventative and protective measures against violence at work should, however, not be restricted to cases of violence based on legally enshrined discriminatory grounds (European Parliament, 2022b). Domestic workers in particular are a "vulnerable group" that is currently neglected due to their distinct status in existing OSH legislation: one interviewee points out that

"The way OSH legislation is drafted it excludes domestic workers unless they are workers. So of course, those people are less visible, and they are not as well protected." (Interview 1).

Particular attention is paid to the "essential workers" who as a group were "discovered" during the Covid-19 pandemic and include but are not restricted to workers in the health and social sector. Retail, security, cleaning, infrastructure, the food industry, or logistics staff also come under this heading. These "sort of forgotten sectors" (Interview 1), often connected with low-wage work, are increasingly focused on at the EU level.

The European Parliament's "digital world of work" resolution *"calls on the Commission to devote particular attention to **essential and frontline workers** in upcoming proposals on mental health at work; calls for Member States to improve their working conditions, address staff shortages and commit the necessary resources in order to ensure that such sacrifices are not required again, ensuring that workers have immediate access to adequate mental health resources and protection and psychosocial interventions, which should be extended beyond the acute crisis period; stresses that the vast majority of essential and frontline workers are women and are often on lower incomes, bearing greater work-related mental health risks"* (European Parliament, 2022a, p. 8). The Commission communication (2023) then, in drawing on the recommendations of the expert panel (European Commission, 2021a), specifically focuses on improving the working conditions and resilience of health workers as well as addressing staff shortages (see below).

3.4 EU strategies and initiatives

Generally, all documents, also following the ILO and WHO guidelines (WHO, 2022b, 2022a; WHO & ILO, 2022), group measures to improve mental health along the lines of **prevention, access to care and treatment, and inclusion and (re-)integration of people with mental health conditions into the labour market** (and into other social spheres addressed in "general mental health" documents). This logic is also followed below.

3.4.1 Prevention

Prevention is already focused on in the 1989 European OSH Framework Directive which sets the basis for employers' responsibility for risk assessment, preventative and mitigating measures, including informing workers on OSH, as well as providing training to workers and managers, all of this in consultation with workers and their representatives. The Commission states that *"promotion of good mental health, prevention of mental health problems and early interventions are more effective and cost-effective than treatment"* (European Commission, 2023, S. 5).

The European Parliament and the EESC especially take a **more ambitious approach towards the structural and social causes of mental health risk at work** as we have seen in the way precarious work is addressed. The EESC (2023a) says preventive measures need to be developed by *"1) responding to the results of the assessment of psychosocial risks; 2) changing, at the source, working conditions that have been deemed to be harmful, using organisational measures to ensure that preventative measures do not focus solely on empowering and rehabilitating"* (p.8).

In the view of one interviewee, the main idea of the EESC is that "we don't want to cure mental health problems. We want to prevent. If we have to cure, it is too late" (Interview 2).

This entails more detailed processes to manage and implement prevention by plans, resolutions, monitoring, and research – overall, a more systemic and systematic approach. The European Parliament (2022a) notes that *"prevention-related budgets across all EU Member States remain low at 3% of total health expenditure"* (p. 6). It **demands prevention plans in all workplaces to tackle mental health risks** and calls for a follow-up on the implementation of the WHO European framework on mental health for 2021-2025. The resolution on "digital workplaces" (2022a) proposes to **train managers and workers to take preventive measures and to further train labour inspectors in mental health and psychosocial risk assessment**. While the documents agree on the responsibility of employers, especially the "OSH strategy" resolution acknowledges the needs of SMEs or the self-employed for public support in implementing preventive measures (European Parliament, 2022b).

Here, the European Commission, with reference to Member States' responsibility in health policies and their widely varying policy capabilities and interest, apparently favours "softer" measures of gathering good practice, supporting research, peer exchange to nudge the member states toward preventive measures.

As we have seen, the policy focus on prevention also provides an **opportunity for trade unions and labour-oriented policymakers to address job and employment quality issues and the importance of social dialogue and worker voice and to enrol public health and wider social policies**. Our EESC interviewee extends the argument towards the idea that good-quality working conditions can even make a positive contribution to Europeans' mental health and thus to companies' productivity and effectiveness:

"But the companies can obtain … clear mental health benefits at the workplace. Comfortably to avoid leaves for mental reasons, to avoid stress, to avoid depression, and to avoid a lot of

issues and - Perhaps nobody's happy at the workplace, but it's not the place to be happy, … but at least to be satisfied and to stay well in the workplace". (Interview 2).

3.4.2 Access to care and treatment

To some extent, primary prevention and timely access to mental healthcare and treatment overlap since a good public and mental health infrastructure can and should contribute to both. Not least, primary, and secondary prevention (early detection and treatment) are likely to lower the burden of mental ill health on health systems, societies, and economies. The EU Charter of Fundamental Rights states that **everyone has the right of access to preventive health and medical treatment under the established laws**. Access to high quality and affordable mental healthcare and treatment is one of the three guiding principles that should apply to every EU citizen. However, the **accessibility and availability of mental healthcare is uneven** across EU Member States and has been made more difficult during the COVID-19 pandemic. Often, staff shortages in public mental healthcare require patients to privately pay for timely mental healthcare. Again, the European Commission's activities are limited by the responsibility of Member States, and focus more on data and evidence, awareness raising, best practices and policy exchange.

The European Commission communication stresses the **importance of early intervention and preventive measures to enhance mental health**, pointing out that it needs a *"comprehensive, prevention oriented and multistakeholder approach to mental health"* (p. 28). The communication outlines various existing Initiatives in this context, such as educational programmes to promote health literacy among youngsters, support to Member States to conduct pilots in early detection, intervention and screening of vulnerable groups for pilots, and the gender equality strategy, LGBTIQ strategy and Roma strategic framework for equality, inclusion and participation, that all aim for each group to ensure equal access to health care and recognize the risks of discrimination that lead to poorer mental health. The 2023 communication (European Commission, 2023) also foresees support for Member States to provide national websites that offer information on access to mental healthcare. The Parliament, EESC and the Commission's expert panel insist more on **investment into healthcare services** (European Commission, 2021a). They also demand good-quality remote and digital-based therapy formats and platforms to improve access in remote areas (EESC, 2023b; European Parliament, 2022a).

Yet, the role of the workplace in this context is complex as seeking help in the work context may not be an option in all work situations. Still, the Parliament *"calls for workplaces to facilitate access to services for mental health support and external services and to prevention"* (European Parliament, 2022a, S. 12) and also to inform workers on mental health services. This will by definition require training and information of managers and workers' representatives. The latest Parliament resolution (2023) further suggests paying attention to, researching, and supporting unconventional forms of prevention and treatment such as "social prescribing" of social, cultural or sports activities to people at risk, community care and patient-centred approaches to treatment, and "empowerment" of patients.

In more general terms, the care system has experienced **staff shortages** which can result in a higher workload and effect not only the access to care but also the mental health of care workers. To access care and treatment, it is necessary to have adequate access to healthcare. The WHO talks about a European healthcare crisis which one interviewee brings up:

"We are going to open another Pandora's box. What about the care system conditions in general, private care conditions at home, professional care workers, health workers, and another debate of that is perhaps coming from the pandemic."

3.4.3 Reintegration

(Re-)integration into the workplace after an illness is **addressed in all documents and does not just affect those mental health conditions related to work**. A right to return to work after mental illness and to psychologically safe working environments are crucial to promoting mental health in the workplace. This may entail flexible and adapted jobs, tasks, working hours etc. to accommodate the respective employees' needs in line with European legislation on disability.

In this, again, employers play a key role in ensuring healthy working conditions as defined in the OSH legislation. Thus, the European Commission and the European Parliament **focus on employers and EU Member States to reintegrate workers who live with or are recovering from mental health conditions, which may include changes in work organisation**. The Commission wants to enable Member States to tackle stigma attached to mental health and to support them in giving employees the right to return to work. The Parliament calls on both Member States and employers to support the „access and return to work of people with mental health conditions, including more flexible work practices, to promote the reduction of harmful psychosocial risk factors at work and to guarantee the right of workers to the same level of protection, regardless of their status and where they live and work; urges the Member States, lastly, to take measures to improve workers' mental health and well-being by respecting and prioritising workers' rights, including adequate compensation and social benefits" (European Parliament, 2023, p. 18).

The more recent documents in which the EESC and the Parliament respond to the Commission's communication (EESC, 2023b; European Parliament, 2023), in addition, state a need to empower members of vulnerable groups and those with lived experience of mental health conditions and to include them in developing targeted and patient-centred initiatives and policies.

3.4.4 Legislation

Current policies aim to review and improve existing legislation such as the Directive on the workplace (89/654/EEC) and the Directive on work with display screen equipment (90/270/EEC). As we have seen, they centrally aim to encourage Member States to peer-review their own legislative and enforcement approaches to address psychosocial risks at work (European Commission, 2023).

The European Parliament and also the recent Spanish and Belgian Presidencies of the European Council (Vandenbroucke et al., 2024) wanted to **review and adapt the existing OSH directives and adopt and ratify other mental-health-related legislation especially related to gender equality**, such as the ILO Convention no.190 on sexual harassment, Directive 2024/1385 to combat violence against women, as well as Member State initiatives to increase paid leave for carers and extend non-transferable paid parental leave for fathers to further a more equitable division of care work. They also want psychosocial risk assessment included in the framework agreement on cross-border teleworking of 2023 to address *"permeable work environments"* (European Parliament, 2022b) and to investigate how *"how digital tools can help to strengthen the cross-border enforcement of occupational safety and health standards for all mobile workers"* (European Parliament, 2022b, p. 15). Here, the European Labour Authority (ELA) is supposed to play a part.

Both the Parliament and the EESC want to work towards a **dedicated legislative initiative with social partners on the management of psychosocial risks in the workplace** (EESC, 2023b; European Parliament, 2022b, 2023). As we have seen, both focus on an ambitious concept of primary prevention. The EESC *"proposes that this Directive develop the primary prevention of work-related psychosocial risks with an organisational and collective approach"* (2023, p.7). The Parliament also insists on *"social policies that tackle risk factors for social exclusion, including but not limited to poverty, homelessness, substance-use disorders, unemployment and economic vulnerabilities, discrimination, precariousness and negative consequences of labour market de-regulation"* (European Parliament, 2023, p. 13).

In addition to modernising the Directive on Occupational Safety and Health (89/391/EEC), the European Parliament (2022b) also aims at a **dynamisation of OSH regulation**, suggesting an *"early alert mechanism within the current inter-institutional structure to detect where adjustments and revisions are needed to existing OSH directives dealing with areas in a constant state of change"* (European Parliament, 2022b, S. 12). In the light of rapid developments in the field of digitalisation, ongoing and open-ended changes in industries and workplaces, and multiplying crises, this may suggest an increasing interest of labour-related lawmaking to implement processes to ensure the adaptability of regulation to changing conditions while safeguarding labour rights and preventing their violation.

Interviewees take a balanced view on a dedicated directive. Interviewee 3 points out that

"There are discussions about what is the best format, you know, for putting legislation on this. Mainly because there are already some legislations addressing psychosocial risk, even though they are not called psychosocial risks".

Interviewee 2 also says *"we are absolutely aware that we have a satisfactory legal European Union framework."* In this light, interviewees note the challenges in aligning a dedicated directive with other European legislation and with member states' responsibilities. Our EESC interviewee wants the directive to clarify companies' responsibilities for the member states:

"But we have been not extremely ambitious, and we are asking for a directive, a general, a European Union framework, to have to specify concretely by the Member States. … We have a lot of directives dealing with, with um, uh, health at the workplace and with … workers' right to health at the workplace. But we want to focus specifically on the psychosocial risk linked to the workplace. And first of all, the mandatory idea of requirements to the companies to check the risk factors for mental health in the companies" (Interview 2).

From the European Commission's side, it appears that the decision on a dedicated directive is open. DG Employment plan a reiteration of the 2019 peer review of Member States "Legislation and practical management of psychosocial risks at work":

"So, you will know that there are Member States that have, let's say a harder legislation approach or others, they have softer tools. So, we wanted to look at this once again, because it has been done once already in 2018. But let's say the conclusions were not, conclusive. So, with the push of the European Parliament and the push of the Belgian Presidency, we have decided to look at this again, because of course, legislation is changed and then we will be able to decide whether we want to go forward with the special legislation on psychosocial risks at work." (Interview 1).

A dedicated directive will need to align with other recent or upcoming labour-related legislation, especially with regard to digitalisation:

"But if we decide that we need a specific legislation on algorithmic management because now we have it for platforms, but for everyone else, if we decide that we want to go forward with the right to disconnect, then this [and the] legislation on psychosocial risks need to go together. Or somehow this has to be reflected on, how we how we go about it, I think, because otherwise we will end up in the situation where the right hand doesn't know what the left hand is doing. And this is then very, very difficult for the companies to put in place." (Interview 1).

3.4.5 Enforcement

Enforcing existing laws is a key element of OSH at large, and of the discussions on mental health as well. This, again, hinges largely on EU Member States' policies and the resources supporting them. **Labour inspectorates** have to play a central part in psychosocial risks, and capacity building here is addressed as well as training of labour inspectors in mental health and psychosocial risk prevention. **Coordinating OSH enforcement at the European level** is the task of the Senior Labour Inspectors' Committee (SLIC) whose members are appointed by the Member States. SLIC already provides guidelines on OSH issues, including psychosocial risks. The European Commission wants Member States to mandate SLIC to strengthen these guidelines to increase the effect of monitoring and inspections regarding psychosocial risks (European Commission, 2023).

The Parliament **calls on EU Member States to ensure that employers fulfil their obligations**. Together with ELA, the Parliament wants to work on common strategies for labour inspectorates to tackle psychosocial risks, find a common framework and improve training to enforce the legislations. Beyond this, the EESC (2023a) suggests further sanctions to companies that neglect their responsibilities: debarment from public tenders and subsidies. It draws on insights of EU-OSHA's European Survey of Enterprises on New and Emerging Risks (ESENER) to point out that *"in the EU, the three main reasons motivating businesses to address OSH in establishments are: to comply with legislation (89.2%), to meet the demands of workers and their representatives (81.8%), and to avoid fines from the labour authority (79.4%)"* (EESC, 2023a, p.5).

Asked about their personal view on priorities, interviewee 1 says,

"First comes to mind is enforcement. Second is awareness slash training. And in my view only third comes the legislation".

3.4.6 Research and knowledge

All documents call for **more and new activities in mental health research, especially with a focus on prevention and on particular vulnerabilities, notably of young people, and also for knowledge exchange and capacity building among Member States**. The European Commission (2023) lists its existing Horizon 2020 and Horizon Europe research programmes and its EU4Health and HealthierTogether initiatives as well as the Recovery and Resilience Plans in which mental health is also included. It adds up that some 765 million Euro dedicated to mental health initiatives. The Parliament states that research on psychosocial risks in the workplace and on prevention especially is underfunded and needs to take workers' and patients' lived experience into account. Research is also to investigate the interconnections with other policy areas: environmental protection and the European Green Deal as nature experiences positively contribute to mental health, and the Digital Services Act to mitigate negative effects of social media on mental health.

The Parliament (2022a) demands more attention to the latest evidence and like the EESC favours more dedicated monitoring activities. In developing indicators, *"lived experience"* of workers and patients is to be taken into account. Currently (in mid-2024) EU-OSHA are running a research project gathering *"reliable in-depth information on work-related psychosocial risks and mental health at work for policy, prevention, awareness-raising and practice"* and a related one on OSH in the health and social care sector which also addresses psychosocial risks. Current activities and the campaign on digitalisation in 2023-2025 also are addressing psychosocial risks.

3.4.7 Awareness raising

All policy documents address **general and workplace-specific awareness raising on mental health issues**, for prevention and policy purposes, and to **tackle the stigma still attached to mental health conditions in many contexts**.

The European Commission proposes to raise **awareness through programmes** such as Erasmus+ or the Mental Health in Youth Work, European Solidarity Corps or Children Health 360 for young people. The Parliament suggests integrating mental health awareness into educational curricula. For adults, the European Mental Health week and the World Mental Health Day are occasions to address stigma and mental health at the EU level. Under the EU4Health programme, 18 million Euro are allocated to addressing stigma and discrimination, as well as to raising awareness on mental health and social inclusion. The Spanish Presidency of the Council in 2023 also made a point of "talking normally" about mental health, and the Belgian Presidency further pursued activities on the subject, including a high-level conference on mental health at work.

Awareness campaigns are a traditional field of OSH, and EU-OSHA regularly conduct campaigns on "Healthy Workplaces". From 2023 to 2025, the focus is on "Safe and healthy work in the digital age", following the EESC proposal for a campaign "to create a safe and healthy digital future, covering psychosocial and ergonomic risks in particular" (EESC, 2023a, S. 8). For the period of 2026 – 2028, EU-OSHA is planning a campaign "which focuses on mental health and psychosocial risks at work in 'new and overlooked occupational groups, sectors and areas." Member States are encouraged by the Commission, the Parliament and the EESC to raise awareness on mental health at large and in the workplace, and to combat stigmatisation, liaise with EU initiatives and develop their own, and again, exchange knowledge and good practices.

In the interviews, awareness raising was mentioned but interviewees felt this was in good hands already with EU-OSHA. From their point of view, it did not seem as important as other aspects like legislation, enforcement or directives that specifically address psychosocial risks at the workplace. Yet awareness raising and training are needed due to the difference of psychosocial risk compared with other risks already addressed in OSH:

"Psychosocial risk prevention at the workplace requires some training or pedagogic exercise with employers or whoever is responsible for this because it's not as clear as 'you need to wear a helmet '… or this type of obligations that occurs in the workplace, or just to measure the level of … whatever chemical in the atmosphere. That's pretty easy. [Psychosocial risk] is a softer issue, so I don't know how finally we'll develop. (Interview 3).

4. Social partnership and industrial relations

4.1 Insights from academic literature

4.1.1 Studies on different stakeholders' role in addressing psychosocial risks and mental health at work

First of all, a number of studies assess the **role of different stakeholders in the prevention and the management of work-related psychosocial risks and mental health issues**. These studies generally discuss the role of trade unions, employers' organisations, and government representatives (Iavicoli et al., 2011; Jain et al., 2011, among others), and positions those within existing policy agendas and governance frameworks, such as the United Nations' Global Development Goals (Schulte et al., 2022). We briefly discuss this line of work first, as it sets the general frame and tends to take a wider perspective.

Iavicoli et al. (2011) assessed the **expertise on the occupational safety and health legislation among a wide range of stakeholders** – representatives from trade unions, employers' organisations, and governments from across the European Union – **with a particular focus on psychosocial risks**. The stakeholder consultation was organised through an online survey and focus groups. Stakeholders identified the low prioritisation of psychosocial issues, the perception that these issues are too complex to address, a lack of awareness, and **disagreements between social partners** as the main barriers to implementing EU Directive 89/391 for managing psychosocial risks. The main causes of work-related stress were identified as organisational culture, excessive work demands, and poor work-life balance. Differences emerged among stakeholders: **employers** highlighted work-life balance, framing stress as a personal issue; **trade unions** focused on organisational culture, emphasising the employer's role; and **government representatives** stressed excessive work demands. There was consensus, however, on the importance of **training** on occupational safety and health matters, including psychosocial risks.

Adopting the lens of **corporate social responsibility**, Jain et al. (2011) explore how this could contribute to the development of a framework for work-related psychosocial risks and to improved well-being outcomes for workers through stakeholder consultations. More specifically, Jain et al. (2011) argue that **using corporate social responsibility as a guide helps with building partnerships and fosters dialogue between employers and employees**. Especially the consulted trade union representatives were in favour of adopting a corporate social responsibility to address psychosocial risks, with government representatives and employers' representatives looking at it favourably as well. At the same time, a lack of clear understanding within companies leads to inconsistent practices, echoing earlier research, according to these authors. Although companies engage in responsible practices, these are not always integrated into a corporate social responsibility framework. Based on these results, Jain et al. (2011) recommend to (i) integrate psychosocial issues in strategies, plans and processes for organisational development, (ii) organise a good balance between implementation of systems, internalisation of values and organisational learning processes, (iii) be aware of the societal impacts of psychosocial risks at the workplace,

but also of the business impact of psychosocial issues in society, (iv) engage with stakeholders, including non-traditional stakeholders such as health insurers and social security agencies.

In a study focusing on the case of Great Britain, Mellor et al. (2011) assess the barriers to progress and enablers in the implementation of the **Management Standards**. These standards were introduced in view of providing guidance and sharing good practices on the assessment and management of stress in the workplace in the areas of: job demands, control, support from management and peers, interpersonal relationships, role clarity, and organisational change (Mellor et al., 2011). Barriers and enablers were identified at three levels. At the **context** level, implementing stress risk assessments was challenging during ongoing organisational change. Instead of delaying programmes, stress management could be integrated into change processes. At the **process** level, resource and expertise constraints were found to affect implementation. According to Mellor et al. (2011), involving employees, as was intended by the approach, is essential for its success, while also manager training and internal expertise are key enablers for sustainability. At the **content** level, organisations debated generic vs. tailored standards. Multi-level and combined approaches (individual, team, organisational) are recommended.

4.1.2 Studies on worker participation (direct representation)

Several academic publications that we uncovered directly address worker participation in the prevention and management of work-related psychosocial risks and mental health issues at work. In a number of papers, this angle is coupled with an emphasis on the **quality of leadership** within the organisation (Peters et al., 2020; Mathisen et al., 2022). Most of these papers review some type of **intervention** in which **involving workers is seen as a lever for its success** (Eklöf et al., 2004; Llorens Serrano, 2023). Overall, these papers stipulate that a **lack of worker participation is associated with aggravated psychosocial risks and a reduced mental health and wellbeing** (Weissbrodt et al., 2018; Barros et al., 2019; Peters et al., 2020; Mathisen et al., 2022).

Indeed, based on two surveys that were conducted among more than 300 psychologists, Barros et al. (2019), show that not being able to participate in decisions is among the main psychosocial risks faced by this group, and call for revised organisational practices to address the issue. Similarly, Peters et al. (2020) study food service workers' health and well-being and highlight worker participation in the planning and implementation of interventions as critical. In a study about **ergonomic interventions**, Eklöf et al. (2004) explicitly consider the importance of **worker participation** by assessing to what extent this was associated with an improved working environment, job characteristics, and health and well-being outcomes. Results confirm that worker participation is associated with higher levels of social support and lower levels of job demands and stress (Eklöf et al., 2004). One particularly interesting intervention is discussed by Weissbrodt et al. (2018). Indeed, the authors focus on visits by the **labour inspectorate** and examine to what extent such visits have an **impact on companies' approaches towards work-related psychosocial risks**, more specifically in terms of their ability, willingness, and measures to prevent such risks. Results show that companies who had been visited by the labour inspectorate recorded improvements in their ability and willingness to prevent psychosocial risks. This, however, was not always linked with improvements in the actual implementation of measures, nor with improvements in employee participation or working conditions more generally. Weissbrodt et al. (2018), therefore, highlight that addressing those should be prioritised.

Mathisen et al. (2022) focus on the **safety voice** concept in the offshore oil rig sector in Norway, and how this is associated with the **job demands and resources** that workers experience, in that way making the bridge to psychosocial risks and workers' health, safety and well-being. In their

work, safety voice is understood as speaking up about safety issues, and part of the wider concept of **employee voice**. The study finds that job demands are negatively associated with safety voice, whereas job resources show positive associations with safety voice (Mathisen et al., 2022). The important role of leadership also becomes clear in the paper, as support from a leader was found to raise the positive effect of job control on safety voice, while reducing the negative impact of job demands. Mathisen et al. (2022) further report that **worker participation in safety** is related with a better safety performance at the organisational level, so creating the conditions to support this is vital according to these authors.

Finally, Llorens Serrano (2023) discusses the implementation of **direct consultative group participation practices** aiming to improve working conditions and help prevent psychosocial risks in three companies in Spain. In each case, trade union representatives were overseeing the implementation of these practices. Llorens Serrano (2023) argue that directive consultative group participation as such does not constitute direct democracy, but that it could be a steppingstone towards it.

4.1.3 Studies on social dialogue and collective bargaining

Finally, several papers were identified that **explicitly deal with collective bargaining and social dialogue on psychosocial risks and the relationship with workers' mental health and well-being** (Ertel et al., 2010). This body of work covers collective bargaining and social dialogue at different levels: European, national, sectoral, organisational.

Ertel et al. (2010) present an analysis of **European social dialogue on work-related psychosocial risks**, building on desk research and a consultation of national experts and stakeholders from government institutions, employers' organisations, and trade unions. Since this study dates back to 2010, several aspects that are discussed in Section 4.2 are not addressed in it. Nevertheless, the study constitutes an important contribution to the literature in this area, as it is one of the few studies that we uncovered that discuss social dialogue at the EU level around the topic of psychosocial risks. Ertel et al. (2010) report on landmark initiatives such as the social partners' autonomous framework agreements on work-related stress, and on violence and harassment at work, discussing both the run-up to their adoption and efforts towards their implementation. National experts and stakeholders were consulted on their views about the effectiveness of the 1989 Framework Directive on health and safety for the management of psychosocial risks. About one-third of the experts and stakeholders found the directive effective, and this was especially the case among government representatives (followed by representatives from employers' organisations and then representatives of trade unions). When asked about the implementation of the framework agreement on work-related stress, more than half of the consulted experts and stakeholders said that it was not effectively implemented in their country. Moreover, around 30% of the consulted experts and stakeholders stated that the agreement has had an impact on actions taken to tackle work-related stress in their country, while 33% indicated that this was not the case (Ertel et al., 2010). Also here, opinions seemed to diverge between representatives from government, employers' organisations, and trade unions.

In a closely related paper, Leka et al. (2011) cover the role of **policy-level interventions** for the prevention and management of work-related psychosocial risks. In their paper, policy-level interventions are understood in a broad way, and also include the promotion of social dialogue, signing of declarations and agreements, and related practices, in addition to the development of legislation and policy (Leka et al., 2011). As Leka et al. (2011) describe, although at the time, progress was being made to prevent and manage psychosocial risks through the efforts of EU-level

policymakers and social partners, the impact within Member States appeared to have been limited. This was attributed to differences in **awareness, expertise, infrastructure, capacities, and prioritisation of psychosocial risks**. Through a survey and expert and stakeholder interviews, examples of policy-level interventions within the Member States were uncovered, among which several directly related to **social dialogue**.

Several studies use data from different waves of the European Survey of Enterprises on New and Emerging Risks (ESENER) survey administered by EU-OSHA to analyse psychosocial risks. In one case, ESENER data were used to assess social dialogue around psychosocial risks in Europe. More specifically, Houtman et al. (2020) use data from the first ESENER wave to assess **discrepancies between managers and employee representatives in their perception and awareness of psychosocial risks**, among others. Houtman et al. (2020) report that in about one third of the organisations participating in the survey, management and employee representatives agreed on the presence of psychosocial risks in their organisation. For more 'traditional' occupational safety and health risks, this share increases to about 50%. This discrepancy could be due to differences in awareness and training, according to the authors, and is expected to hinder effective mitigation efforts. Houtman et al. (2020) further find that **effective psychosocial risk management is linked to employer commitment, employee participation** and open communication, thus emphasising the value of **social dialogue at the organisation level.** Social dialogue is identified an important lever for risk management, especially for psychosocial risks.

Besides this work, the academic literature review further revealed studies on social dialogue and collective bargaining on psychosocial risks in **specific countries**. Anyfantis & Boustras (2020), for example, discuss occupational accidents in precarious forms of work in Greece. They report that workers in forms of employment that could be considered precarious (e.g. temporary work) run a higher risk to be in an occupational accident than other workers. According to the authors, this is due to a lack of training, poorer working conditions, and aggravated psychosocial risks, and reduced bargaining power (which in turn worsens the other elements). Byrne (2018) focuses on the Danish case and explores the role of role of collective agreements as institutional intermediaries that influence the bonds between society, workers, and their psychosocial well-being. Byrne (2018) argues that collective agreements foster solidarity between the workers that they cover, and relates this notion to the institutional setting and the country's performance in terms of the quality of working lives. Although there are many studies on working and employment conditions that address social dialogue and collective bargaining, it is noticeable that only few of those seem to be framed within the wider literature on psychosocial risks and thus came up in our review. The PSYR-IR project will thus work to fill this gap in its different activities.

4.2 Insights from the grey literature and fieldwork

In labour rights and policy generally, the configuration of collective bargaining and legislation (on the European and national levels) in mutually supporting ways is a cross-cutting issue and an open, somewhat contested and changing question since national industrial relations regimes vary. For example, the "right to disconnect" from work-related communications outside of working hours has been addressed in some Member States' legislation as well as in some collective agreements. Similar complementary initiatives are developing with regard to existing social partner framework agreements such as the one on digitalisation (BusinessEurope et al., 2020).

The role of social partnership is even more challenging in less well-represented sectors and parts of value chains. Precarious work is a case in point. Not only does it entail psychosocial risks to

workers, in many cases it gives those workers who would need it most the least access to voice and representation to address these risks. This challenge does not just concern the side of workers and their unions. Employers in some but not all sectors characterised by precarious work, especially newly emerging ones, may also have difficulty in organising themselves and develop positions and mandates to negotiate (Holtgrewe & Dworsky, 2024). A more active role of the state in both consultation with social partners and support of their capacity building may be needed in these cases.

In the policy documents analysed for this project, there is no contestation that social partners have an essential role in improving mental health in the workplace. The European Commission specifically seeks their support in addressing teleworking and the "right to disconnect". With a more general emphasis, both the European Parliament (2022a) and the EESC (2023a) point out the (existing) responsibilities of employers for healthy workplaces and the importance of workers' and unions' participation in creating them on all levels. Social partners are also to be involved in developing European-level frameworks and directives for mental health at work. Their framework agreement on digitalisation (BusinessEurope et al., 2020) is referenced as a starting point. Notably, this is a very process-oriented document that foresees joint procedures to monitor and forecast developments, build capacities, and share good solutions and practices among social partners.

Member States' social partners are also to be involved, in conjunction with national labour inspectorates and external OSH services where they exist. In many countries, in these infrastructures social partnership already plays a role, guiding, advising, or even running OSH support services. Member States are also exhorted by the Parliament and EESC to remove legislation that hampers association and representation.

Indeed, interviewee 1 would have liked for the European Commission to prioritise sectoral social dialogue to address the issue of mental health at work but is aware of the limitations:

"What would be more useful, if we had a strong sectoral social dialogue in that area to see if the social partners can agree themselves. … But if they cannot do it, then we need to…. We shouldn't leave a vacuum there" (Interview 1).

Interviewee 2 points out that the EESC initiative was largely promoted by the EESC's member groups 2 and 3, that is, trade unions and civil society organisations. The employers' side was not in favour:

"For them the perspective of the companies is that mental health is a private issue. That you have to come to the workplace and leave your mental health problems at home or out of the workplace. So, this naive perspective of the employers is that the workplace is a neutral place … and you have to develop your skills and nothing more. But a workplace … could be a benefit factor for mental health also" (Interview 2).

Interviewee 3 confirms the gap between employers' and unions' approaches to mental health in the workplace:

"There is no agreement. I mean, there is no common ground where to start, actually, because the positions … diverge very much. Both want to address the issue and even at EU level, but the approach is different. Okay. The unions are more looking at this legislation from the point of view of employment and prevention … whereas BusinessEurope … wants to look at this more from the perspective of providing support for workers … and also, with the idea that not

all mental health issues that you have at work … are consequences of the working conditions, which is really true" (Interview 3).

To analyse the role of social partners in addressing mental health at work, the initiatives of social partners across Europe will be examined in the following section. Furthermore, the second and third section within this Chapter explore the theme of mental health in relation to the construction and healthcare sectors, incorporating insights from interviews conducted with key stakeholders, as these sectors are zoomed in on in WP3 of the PSYR-IR project.

4.2.1 Cross-sectoral initiatives: the 2004 Framework agreement on work-related stress and its implementation

On 8 October 2004, ETUC (and the liaison committee Eurocadres-CEC), BUSINESSEUROPE (then UNICE), UEAPME and CEEP signed the autonomous framework agreement on work-related stress (*Framework agreement on work-related stress; ETUC, UNICE, UEAPME, CEEP; 8 October 2004)* which social partners agree amounts to the main psychosocial risk at work. While **delineating the concept of stress and work-related stress**, the autonomous framework agreement also intends to **advise employers, workers, and their representatives on how to detect, prevent, or address work-related stress issues**. Members of the signatory parties agreed on the instruments and procedures for the implementation of the agreement in the EU Member states - which occurred between 2004 and 2007 (*Implementation of the ETUC/UNICE-UEAPME/CEEP Framework agreement on Work-related Stress Yearly Report by the European Social Partners Adopted at the Social Dialogue Committee on 18 June 2008)*. This holds significant importance, as the European Union social partners wholeheartedly acknowledge that addressing workplace stress can enhance efficiency, bolster occupational health and safety, and yield economic and social advantages for both employers and workers, as well as society at large.

According to the framework agreement on work-related stress, **workers' protection against physical and psychological violence in the workplace should also be included in the modern concept of mental health as such experiences are detrimental to workers' mental health as well as human rights**. According to World Health Organization (*Mental Health: New Understanding, New Hope*. World Health Organization, WHO, 2001) the modern concept of mental health refers to a holistic, multidimensional approach that considers not only the absence of mental disorders, but also an individual's emotional, psychological, and social well-being. This approach goes beyond the simple absence of illness, emphasising the importance of overall well-being and quality of life. This integrated approach aims to promote healthy and satisfying lives for all people, regardless of their circumstances.

For this reason, the autonomous framework agreement suggests that identifying whether there is a problem of work-related stress can involve an analysis of several factors: work organisation and processes (working time arrangements, degree of autonomy, match between workers skills and job requirements, workload, etc.), working conditions and environment (exposure to abusive behaviour, noise, heat, dangerous substances, etc.), communication (uncertainty about what is expected at work, employment prospects, or forthcoming change, etc.) and subjective factors (emotional and social pressures, feeling unable to cope, perceived lack of support, etc.). This recognition emphasises the need to safeguard employees from risks related to both physical and psychological harm while they carry out their duties. Such protection is essential for maintaining the well-being of workers and ensuring a safe and supportive work environment. Therefore, the framework agreement names some **measures** that can be introduced in workplaces to prevent,

eliminate, and reduce work-related stress, such as: management and communication measures; training managers and workers to raise awareness and understanding of work-related stress; provision of information to and consultation with workers and/or their representatives.

Under framework directive 89/391, all employers have a legal obligation to protect the occupational safety and health of workers; at the same time all workers have a general duty to comply with protective measures determined by the employer. The framework directive 89/391 also establishes the employer's responsibility to safeguard workers against harassment and violence within the workplace.

To prevent forms of harassment and violence that can affect workplaces BUSINESSEUROPE, UEAPME, CEEP and ETUC (and the liaison committee EUROCADRES/CEC) signed the autonomous framework agreement on harassment and violence within the workplace (*Framework agreement on harassment and violence at work; BUSINESSEUROPE, UEAPME, CEEP and ETUC (and the liaison committee EUROCADRES/CEC) 26 April 2007)*. The aim of the agreement is to **increase the awareness of workplace harassment and violence and provide employers, workers, and their representatives with an action-oriented framework to identify, prevent and manage problems of harassment and violence at work**. These forms of mistreatment can manifest in various ways, including physical, psychological, and sexual incidents. They may occur as isolated events or follow systematic patterns of behaviour. Harassment and violence can involve colleagues, superiors, subordinates, or third parties such as clients, customers, patients, and pupils. European social partners acknowledge that any workplace and worker—regardless of company size, field of activity, or employment contract—can potentially be affected.

Moreover, in order to prevent forms of violence that can impact workplaces, in addition to the cross-sectoral framework agreement on harassment and violence at work (2007), in 2010 CEMR, EuroCommerce, CoESS, HOSPEEM, EFEE, and worker's organisations EPSU, ETUCE, UNI Europa signed the "*Multi-sectoral guidelines to tackle third-party violence and harassment related to work"*. The aim of the Guidelines is to ensure that each workplace has a results-oriented policy addressing third-party violence. An EU-funded project by the signatory social partners identified the needs for an update of the Guidelines in 2021-2023. [5] The Multi-Sectoral Guidelines define third-party violence and harassment (TPVH) as violence and harassment that occurs at the workplace, in the public space or in a private environment that is committed by clients, customers, patients etc, an issue in customer-facing services and the public sector, also health. It involves physical, psychological, verbal and/or sexual forms of violence, that can be one-off incidents or more systematic patterns of behaviour, by an individual or group, ranging from cases of disrespect to more serious threats, sexual violence and physical assault, and cyber harassment.

TPVH is: "sufficiently distinct from the question of violence and harassment (among colleagues) in the workplace" and "sufficiently significant in terms of its impact on the health and safety of workers and its economic impact".

4.2.2 Psychosocial risks in the workplace: Insights from the construction sector

Research indicates that psychological and social factors — inherent in work design, organisation, and management — contribute significantly to work-related accidents and health issues. In

5 https://www.thirdpartyviolence.com/updatingmulti-sectorialguidlines2023

addition, the ongoing changes in the construction industry, such as poorly managed organisational changes and job insecurity, can create feelings of insecurity and anxiety significantly affecting workers' mental health.

With regard to OSH at large, construction is one of the most perilous sectors for workers, witnessing an unacceptably high number of accidents and cases of workers' illnesses. Construction sites are by definition temporary and ever-changing workplaces with intricate divisions of labour that involve several tiers of subcontracting to companies and professionals with varied, more or less precarious employment or service contracts, teams with diverse nationalities and languages, hard physical labour with high coordination needs under often tight deadlines (Lillie & Wagner, 2015), complex work procedures, and a wide variety of tasks involved.

The experience of a representative of a trade union organisation representing construction workers at the European level, interviewed on the topic, confirms the specific characteristics of the industry and the need to devote attention to psychosocial risks affecting workers:

"In the construction sector these risks mainly include tight deadlines, missing information, or a negative working atmosphere, as well as the indirect impact of traditional hazards such as noise, vibrations or hazards that affect the musculoskeletal system. Work intensity in terms of impact on the musculoskeletal system is one of the elements at the centre of the reflection on the issue of health and safety. [...] That is very diverse, but it relates in construction very much to the overall labour conditions, forms of employment and the organisation of the sector. Construction is very much a sector working with subcontracting chains. So, you have a general company or a company which is a general contractor, the main contractor. And then it gives to little companies, to self-employed and so on. And self-employment is also big. So subcontracting is a problem because it produces insecurity in your working conditions. You have the cooperation of many companies, different companies at one spot. Often that is also producing insecurity and stress factors" (Interview 4).

However, the physical challenges to OSH have for a long time tended to eclipse the psychosocial risks of stress combined with insecurity in the sector.

To address the impact of psychosocial risks on the mental health of workers, European social partners of the construction industry (EFBWW and FIEC - co-financed by the European Commission) developed a guide in 2019, titled *"Psychosocial risks in Construction. A good practice guide to assessing and reducing psychosocial risks".* The document provides stakeholders and safety representatives with specific information to support prevention efforts in the workplace, tailored to the needs and specific characteristics of the construction industry. The guide does not focus on individual dimensions that can affect workers' mental health. Instead, the authors chose to concentrate on dimensions related to work organisation, job demand qualification, and working time regulation. These aspects directly influence social partners at the company or sectoral level.

For these reasons, workers in this sector are often quite independent in their daily management of work within the construction process and must be deeply involved in health and safety measures implemented by their management. The guide proposes a procedure for identifying OSH including psychosocial risks and examining working conditions, which tries to integrate the hazard assessment into construction project management, divided into the following phases:

1. Define activities and areas of each construction project;

2. Determine hazards by identifying six key areas (Organisation of work and working time; Organisation of occupational safety; Work tasks; Cooperation with other trades and companies; Qualification; Communication);
3. Assess hazards and make a decision about whether occupational health and safety measures are required;
4 + 5. Develop and implement measures;
6. Check effectiveness;
7. Update and document the risk assessment.

In order to tackle the issue of mental health, social partners need of course to rely on the establishment of a general legal framework on the topic. But a more important point is that good practices be developed, mostly focused on risk assessment and on creating a set of measures to minimise risks. Adoption and "mainstreaming" of risk assessment in construction project management may in fact support more circumspect and resilient project management and even save cost and penalties due to delays or measures taken later to mitigate OSH risks.

For this reason, in the second section of the guide, several examples are provided on how to reduce potential psychosocial risks in various aspects of construction activities:

- **The organisation of work and working time**: a first recommendation is that of coordinating individual tasks and carrying out work processes while considering other collaborating companies, ensuring an adequate number of workers for the tasks to be performed. In the construction industry, shift work can vary significantly based on time slots; therefore, shifts should be carefully scheduled to avoid potential worker overload.
- **The organisation of occupational safety**: naming a health and safety coordinator and organising regular meetings with all companies present on the construction site are two measures that ensure proper planning and implementation of safety measures to mitigate psychosocial risks.
- **Work tasks**: defining work tasks is a crucial step to ensure that each worker has autonomy, complete information, a variety of skills, space for social interactions, and the ability to make independent decisions.
- **Cooperation with other trades and companies**: in this step, the role of the health and safety managers is crucial. They must ensure collaboration among all professional figures on the construction site, taking into account cultural differences among workers.
- **Qualification**: aligning workers' skills with the tasks they need to perform is a useful tool to enable more effective work, reducing feelings of frustration and resentment.
- **Communication**: it is crucial to address psychosocial risks through elements related to effective communication, including languages, safety cultures, division of labour among professions, communication between management levels, cooperation among different companies, and differences among workers with varying occupational situations. Communication is a particularly critical element in the experience of EU-level trade union representatives:

"And another stress factor is very often in construction that the people on the site do not have one working language. So, you find bigger construction sites where people work coming from ten, 15, 20 different countries worldwide. So, in Europe we have construction workers from Vietnam, from Korea and from all over the world, more or less. So, this is - these are stress factors" (Interview 4).

The issues addressed in the EFBWW and FIEC guide are reflected in the experience of European-level social partners representatives in the construction industry. Indeed, interviews with

members of the European social partners representing employers in the construction sector indicate that the guide is a document aimed at exploring how psychosocial risks manifest themselves and what the general situation is in the construction sector, even though the construction sector itself is very diverse. Second, in addition to getting a better overview, the document succeeds in collecting good practices and how to deal with problematic situations:

"We made a proposal to the employers to get a better overview about psychosocial risk in construction work. We said it would be good to have a better understanding on how psychosocial risks appear or what is the overall situation in the construction sector, even though the construction sector is very diverse in itself. And finally, we decided to produce a guidance, that is now something of importance because we restricted the field or the scope of psychosocial risk to all the aspects social partners can directly influence" (Interview 4).

The experience of the social partners' representatives regarding the topic of psychosocial risks and the measures provided to counter potential risks is related to their national-level experiences as a federation. They begin by asking: What is the reality in the workplace? At that point, they examine the legal system and what is happening at the national level. Although the framework for addressing psychosocial risks at the European level is not always harmonised in practice, the social partners strive to establish continuous communication between the national and European levels, creating a cohesive system.

"In fact, the treaty-based health and safety legislation explicitly says that if some minimum standard is built at the European level, member states are invited to do better. And if we see that practice is improving, then we can also take on the standards and the European level. So, this is an ongoing communication" (Interview4).

In fact, the situation in the construction industry is very diverse and it is complicated to precisely measure the current situation regarding mental health in the construction sector. Data on this topic are quite fragmented, making it challenging to assess the situation across all work sites and for every small company. However, there is increased activity and initiatives from social partners at both national and EU levels. While the COVID-19 pandemic may have negatively impacted mental health for workers in the construction sector, there is also growing awareness and more proactive efforts in this area:

"The COVID pandemic has maybe had a bad and negative impact on mental health for workers in the construction sector. But at the same time, we see more awareness and more initiative on this issue. So, it has changed this last year, I would say" (Interview 5).

According to an EU-level employer representative, the relationship between policy-level decisions and the activities of social partners in the construction sector is governed by the principle of subsidiarity:

"There are different impacts at each level, and you can also address different issues. For example, at the company level, the impact will be much more concrete, but it may also have less overall effect due to a smaller number of workers or employers involved. On the other hand, at the national level, it can encompass a larger number of companies. So, I would say these levels are complementary" (Interview 5).

To connect what happens at the national level with what happens at the European level, European-level representatives of social partners implement a series of **initiatives**: they collect information on the state of national legislation and context, and then inform their members (who belong

to national federations) about European initiatives or projects. For example, they may gather information from EU-OSHA. The general aim is to **provide employers and workers with guidelines, guides, and best practices**. This process ensures that relevant information flows between national and European contexts, promoting effective collaboration and informed decision-making. By sharing insights and best practices, social partners contribute to a more cohesive and harmonised approach across different levels of governance. Regarding the effectiveness of these initiatives, social partners' representatives assert that it will take time to assess their impact on mental health in the construction sector. These recent initiatives need time to unfold in various contexts, in fact the implementation of these measures also depends on national industrial relations regimes and traditions that affect the relationship between collective bargaining and legislation.

The relationship between policy-level decisions and the activities of the social partners is best framed through the testimony of a European-level trade unionist from the construction sector:

"Furthermore, given that the European Commission plays a role in policymaking, it pays close attention to the initiatives and involvement of social partners. As a result, we have established an institutionalised advisory committee in Luxembourg. This committee operates on a tripartite basis, with representatives from employers, employees, and governments. Additionally, the European Parliament actively seeks opinions and support from social partners, particularly regarding critical issues such as the Working Time Directive, Health and Safety Regulation, the expansion of the Carcinogens, Mutagens, and Toxic Substances Directive, and other legislative matters. For instance, the Parliament's 2020 report on asbestos was informed by extensive discussions with social partners, including trade unions" (Interview 4).

Lastly, to effectively address the issue of psychosocial risks in the workplace, social partners argue that they need to take specific action at the sectoral level—specifically, through collective agreements; however, the cooperation with prevention institutions, prevention authorities, and labour inspectors is also essential (Lillie et al., 2024). Once again, fostering good interaction between the activities of representative organisations and the direct participation of individual workers is necessary to effectively tackle psychosocial risks in the workplace.

4.2.3 Psychosocial risks in the workplace: Insights from the health sector

Attention to workers' mental health and, in particular, psychosocial risks, is also decisive in the healthcare sector. According to the European-level sectoral social partners (*Shaping a Healthy Workplace Together: Good practices from social partners*, EPSU & HOSPEEM, 2024), more than 23 million people are employed in the human health and social work sector, with more than 13 million working in hospitals. Social partners are committed to addressing occupational safety and health risk factors in the hospital sector by working together, negotiating, and agreeing upon appropriate instruments and agreements. According to EPSU & HOSPEEM, the Hospitals and Healthcare sectors face multifaceted and complex, interrelated challenges, for instance:

- Recruitment and retention (already in 2010, the sector adopted a Framework of Action on Recruitment and Retention);
- Ageing workforce;
- Health and safety at the workplace, including preventing, managing, and reducing musculoskeletal disorders, and psycho-social risks at the workplace;
- Increased use of digital technology;
- Patients' increasing demands and expectations for high-quality healthcare services.

To meet these challenges, Continuing Professional Development (CPD) and Life-Long Learning (LLL) are crucial. HOSPEEM and EPSU signed a Joint Declaration in 2016 that takes into account and builds on the *"Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU"* – commissioned by DG SANTE and published in January 2015 – as well as on the proceedings of the workshop "Ticking the Boxes for Improving Healthcare: Optimising CPD of Health Professionals in Europe" organised by DG SANTE on 11 February 2016. The declaration also considers the provisions of Directive 2013/55/EU, which references the need for healthcare systems to prioritise CPD in order to retain and attract a well-trained and qualified workforce with the necessary and regularly updated knowledge, skills, and competences to deliver high-quality and safe patient care.

With regard to the specific OSH risks faced by healthcare workers, the European Survey of Enterprises on New and Emerging Risks (ESENER) from EU-OSHA, 2022 found that Musculoskeletal Disorders and Psychosocial Risks are the two most frequently reported occupational risks in the hospital and healthcare sector. Implementing a good occupational safety and health policy helps to address these challenges more efficiently and improve the working atmosphere. Additionally, the sector was already facing significant constraints before the COVID-19 pandemic, and the social partners were working on the issue beforehand. In 2014, HOSPEEM and EPSU received financial support from the European Commission for a joint project titled "*Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work"* (PSRS@W), carried out between 2014 and 2015). This project aligns with the European Sectoral Social Dialogue Committee for the Hospital Sector's priority of promoting occupational safety and health. The focus of the project was to determine how actions aimed at preventing and managing musculoskeletal disorders and psychosocial risks can contribute to improved health, more attractive retention conditions, and improved efficiency in the management of healthcare institutions.

More generally, according to the *"Updated Framework of Action on Recruitment and Retention"* (EPSU & HOSPEEM, 2022), social partners acknowledge that a comprehensive risk assessment is key to preventing and reducing psychosocial risks which may also contribute to the recruitment and retention of healthcare workers.

> *"The presence of PSRS@W affects all levels of the health system and society as a whole: It impacts healthcare workers and managers (poor well-being and job satisfaction, lower motivation), the organisation (increased absenteeism, presenteeism, increased accident, and injury rates), as well as society (costs and burden on individuals and society as a whole)".*

Assessment of psychosocial risks should take place at the organisational, team, and individual levels. EPSU and HOSPEEM are committed to supporting the development of measures aimed at improving protection from psychosocial risks, including through the current European Commission's Strategic Framework on Health and Safety at Work 2021-2027, which defines key priorities and actions for improving workers' health and safety and addressing rapid changes in the economy, demography, and work patterns.

5. Conclusions

5.1 The European policy sphere

In recent years, psychosocial risks at work and mental health have received increased public and political attention. These issues appear to sit at the intersection of various cross-cutting social and economic and also environmental processes or "megatrends" such as digitalisation, globalisation or climate change, and the various crises from the 2008 economic crisis to the COVID-19 pandemic, the ongoing wars, and their impacts on labour markets, forms of work, and social and political life at large. All of these interrelated factors clearly have impacts on Europeans' mental health situation that led some observers to diagnose another "pandemic" of mental ill-health in Europe (Nawrocka, 2024). Hence, there is clearly a need for cross-domain political and collective action that comes as close to addressing the root causes of psychosocial risks as possible.

Looking at the development of EU policy on psychosocial risks and mental health at work with a focus on the recent policy discourse among the European Parliament, the EESC and the Commission, we see a **general consensus that the issue needs to be addressed**. There is also a **wide range of promising measures, institutions and initiatives that prioritise prevention but also aim for early intervention and equal access to high-quality care and support, and for the recovery and (re-)integration at work of those affected by mental ill-health**.

Among policy actors, there is some variation in the systemic nature of approaches, and, as we might expect, some conflicting interests. The Commission points to a collection of existing initiatives and aims from there to focus on mental health and mainstream it. The European Parliament and EESC address psychosocial risks, especially in the workplace, with a higher resolution and look into deeper causes of risk in the related issues of digitalisation and precarious work respectively. Doing this, their initiatives both are rooted in and contribute to familiar quality of work and industrial relations issues that are both changing and persisting.

Observing this, it is worthwhile to distinguish two levels of the issue: the "real" problem of mental health and multiplying psychosocial risks, such as persistent stress, inequality or insecurity, and the functions of mental health as a policy issue. As a policy issue, mental health emerges as a focal point to orient the wide range of policy issues and concerns around interrelated and systemic processes and crises towards an aim that is largely uncontroversial, unlike many other policy challenges. No policy actor can explicitly object to improving mental health (or health at large).

However, governance systems divided into established policy domains have difficulty in developing a holistic or systemic perspective on interrelated issues. In spite of efforts to "mainstream" them or to develop "missions" (Mazzucato, 2018) that cut across policy domains there is a risk of dissolving the issue and its focus among multiple actors and the logics of policy domains and systems that are already complex in themselves.

This is likely one of the reasons why those documents that relate to a specific policy domain such as the world of work and specifically OSH have a higher resolution and greater capacity to "dig

deeper" and address underlying, structural psychosocial risks or more concisely, risk-generating mechanisms. However, they also have their well-known conflicts of interest between capital and labour as well as well-known power resource differentials and ways of negotiating and navigating them.

It appears that job quality challenges are both persistent and shapeshifting, and in this, have both individual (mental health) and collective impacts (access to labour rights, inequality). In this context, some of the more labour-oriented documents suggest more process-oriented approaches to risk assessment, monitoring, and prevention. This angle has a potential worth exploring with a view towards reflexive processes to adapt and improve risk assessment, monitoring, and prevention such as good practice, peer learning, support to "weaker" actors. However, to gain ground beyond existing national, sectoral, or company-specific flagships of social partnership, it appears that even (and especially) systemic and learning-oriented processes need to be supported by strong enforcement.

5.2 Social partnership and industrial relations

Despite a wide body of research on psychosocial risks spanning multiple scientific disciplines, it is clear that only relatively **few academic studies explicitly address this topic from the angle of industrial relations and social dialogue**. The studies that we were able to identify and assess in more detail, however, do seem to reach a consensus about the importance of worker participation and of social dialogue around this topic, as this is positively associated with improved health, safety, and well-being outcomes. There thus appears to be a gap in the academic research in this area, yet at the same time, **the role of unions, employers' organisations and government institutions seems to be addressed more explicitly in the grey literature**.

Social partnership documents generally emphasise the **win-win potential of OSH and psychosocial health specifically**. Yet interests between employers and employees diverge, and the familiar pressures of competitiveness, investors, or public finance often trap companies and public employers in a short-term cost-oriented logic that may undermine a more holistic and longer-term view on effectiveness. Company restructuring, outsourcing in the private and public sector, and deepening divisions of labour with fragmented workplaces and diverse, multi-professional and also transnational teams employed by varied companies with varied employment contracts require coordinated efforts in workplaces, companies and cooperations to implement and sustain OSH initiatives and are likely to also need some support through national and transnational policies. The construction sector is specifically known for such features, but they can be found in other sectors as well, including health and social services, and increasingly enabled by the platform economy.

For this reason, sector-specific initiatives are of particular interest. The construction sector example shows a way to tie in in OSH procedures of risk assessment, prevention, and mitigation with the sectors' general practices of work organisation, coordination, and management both within an organisation and beyond.

In the health sector, known for its multi-actor, multi-professional and public-private configurations the bridging of policy and professional domains appears both important and challenging. IT specifically offers the opportunity to align OSH with general and public health policies.

5.3 Social partnership and policy

All the documents referenced highlight how **negative effects of psychosocial risks not only impact the individual worker in terms of poor well-being and job satisfaction, but also have repercussions for managers, organisations, and society as a whole** - for example in terms of decreased motivation and productivity among employees, poorer quality of products and services, increased rates of absenteeism and presenteeism, increased challenges in recruitment and retention as workers leave the sector resulting in staffing shortages that exacerbate pressure on remaining workers and teams as well as higher accident and injury rates.

In order to address these challenges, it is **essential for trade unions, employers, and governments to collaborate in preventing and effectively managing psychosocial risks**. However, trade unions, companies and employers' representatives have different perspectives and indeed, some conflicts of interests in approaching the topic of mental health in the workplace. They agree that there are both social and economic reasons to prevent and mitigate psychosocial risks in the workplace. By working together in a coordinated effort, there are clear benefits and added value to be gained, ultimately leading to a win-win situation for all parties involved. The implementation of an effective psychosocial risk reduction programme requires actions such as primary prevention, risk assessment, job modulation based on workers' abilities, facilitation of worker participation, and the introduction of committed and proactive leadership.

References

Amand-Eeckhout, L. (2023). Mental health in the EU. Briefing for the European Parliament. European Parliament Research Service. https://www.europarl.europa.eu/RegData/etudes/BRIE/2023/751416/EPRS_BRI(2023)751416_EN.pdf

Anyfantis, I.D. & George Boustras, G. (2020) The effects of part-time employment and employment in rotating periods on occupational accidents. The case of Greece, *Safety Science*, 121, 1-4, https://doi.org/10.1016/j.ssci.2019.09.001.

Barros, C.; Fonte, C.; Alves, S. & Baylina, P. (2019) Can psychosocial work factors influence psychologists' positive mental health?, *Occupational Medicine*, Volume 69, Issue 3, April 2019, Pages 204–210, https://doi.org/10.1093/occmed/kqz034

BusinessEurope, UEAPME, CEEP and ETUC. (2007). Framework agreement on harassment and violence at work. https://www.etuc.org/en/framework-agreement-harassment-and-violence-work

BusinessEurope, SMEunited, CEEP, ETUC, & Eurocadres/CEC. (2020). European social partners' framework agreement on digitalisation. https://ec.europa.eu/social/BlobServlet?mode=dsw&docId=12033&langId=en

Byrne, John-Paul. (2018). Denmark, Durkheim, and Decentralization: The Structures and Capabilities of Danish Working Lives. *Nordic Journal of Working Life Studies*. 8. 69-90. 10.18291/njwls.v8i3.109541.

CEMR, EuroCommerce, CoESS, HOSPEEM, EFEE, EPSU, ETUCE, UNI Europa. (2010). Multi-sectoral guidelines to tackle third-party violence and harassment related to work

Commission of the European Communities (2017). Improving quality and productivity at work: Community strategy 2007-2012 on health and safety at work

EESC (2023a). EESC opinion: Precarious work and mental health. EESC. https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/precarious-work-and-mental-health

EESC (2023b). Measures to improve mental health. EESC. https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/measures-improve-mental-health

EFBWW and FIEC (2019). Psychosocial risks in Construction. A good practice guide to assessing and reducing psychosocial risks.

Eklöf, M.; Ingelgård, A. & Hagberg, M. (2004) Is participative ergonomics associated with better working environment and health? A study among Swedish white-collar VDU users, *International Journal of Industrial Ergonomics*, 34(5), 355-366,https://doi.org/10.1016/j.ergon.2004.04.013.

Ertel, M.; Stilijanow, U.; Iavicoli, S.; Natali, E.; Jain, A., & Leka, S. (2010). European social dialogue on psychosocial risks at work: Benefits and challenges. *European Journal of Industrial Relations*, *16*(2), 169-183. https://doi.org/10.1177/0959680110364830

ETUC, UNICE, UEAPME, & CEEP. (2004). Framework agreement on work-related stress. Brussels, https://resourcecentre.etuc.org/sites/default/files/2019-09/Work-related%20Stress%202004_Framework%20Agreement%20-%20EN.pdf

ETUC, UNICE, UEAPME, CEEP (2008). Implementation of the ETUC/UNICE-UEAPME/CEEP Framework agreement on Work-related Stress Yearly Report by the European Social Partners Adopted at the Social Dialogue Committee on 18 June 2008.

EU-OSHA (2022). European Survey of Enterprises on New and Emerging Risks (ESENER).

Eurofound (2022). Fifth round of the Living, Working and COVID-19 e-Survey: Living in a new era of uncertainty. Luxembourg: Publications Office of the European Union.

European Commission (2021a). Supporting mental health of health workforce and other essential workers. Opinion of the expert panel on effective ways of investing in health. Publication office of the EU. https://health.ec.europa.eu/system/files/2021-10/028_mental-health_workforce_en_0.pdf

European Commission (2021b). EU strategic framework on health and safety at work 2021-2027 Occupational safety and health in a changing world of work. Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions COM(2021) 323 final. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021DC0323

European Commission (2023). Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health. COM (2023) 298 final. European Commission. https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52023DC0298

European Commission (2024). Political Guidelines 2024-2029. https://commission.europa.eu/document/e6cd4328-673c-4e7a-8683-f63ffb2cf648_en

European Commission, German Federal Ministry of Health, German Federal Ministry of Labour and Social Affairs (2011). Promotion of Mental Health and Well-being in Workplaces. Thematic Conference under the European Pact for Mental Health and Well-being.

European Parliament (2020). European Parliament resolution of 10 July 2020 on the EU's public health strategy post- COVID-19 (2020/2691(RSP)). https://www.europarl.europa.eu/doceo/document/TA-9-2020-0205_EN.pdf

European Parliament (2021). The right to disconnect. European Parliament resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect (2019/2181(INL)). European Parliament. https://www.europarl.europa.eu/doceo/document/TA-9-2021-0021_EN.pdf

European Parliament (2022a). European Parliament resolution of 5 July 22 on mental health in the digital world of work P9_TA (2022)0279. European Parliament. https://www.europarl.europa.eu/doceo/document/TA-9-2022-0279_EN.pdf

European Parliament (2022b). European Parliament resolution of 10 March 2022 on a new EU strategic framework on health and safety at work post 2020 (including better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries) (2021/2165(INI)). https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022IP0068

European Parliament (2022c). The impact of COVID-19 closures of educational, cultural, youth and sports activities on children and young people in the EU. European Parliament. https://www.europarl.europa.eu/doceo/document/TA-9-2022-0314_EN.pdf

European Parliament (2023). Mental health. EP resolution adopted on 12 December 2023. https://www.europarl.europa.eu/doceo/document/TA-9-2023-0457_EN.html

Foundational Economy Collective (2018). Foundational economy: The infrastructure of everyday life (1st Aufl.). Manchester University Press.

Iavicoli, S.; Natali, E.; Deitinger, P.; Rondinone, M.B., Ertel, M.; Jain, A.; Leka, S. (2011) Occupational health and safety policy and psychosocial risks in Europe: the role of stakeholders' perceptions. *Health Policy*. Jun;101(1):87-94. doi: 10.1016/j.healthpol.2010.08.005. Epub 2010 Sep 15. PMID: 20832135.

Holtgrewe, U., & Dworsky, L. (2024). European social partners' approaches to Artificial Intelligence and Algorithmic Management. INCODING case study reports. UAB. https://ddd.uab.cat/record/290690

Holtgrewe, U., Šalamon, N., & Haider, W. (2018). Service markets, service labour markets and company strategies in Europe. The research report. ZSI/UNI Europa. https://www.zsi.at/object/publication/5152/attach/2018-06-04-research-report.pdf

Houtman, I.; van Zwieten, M.; Leka, S.; Jain, A.; de Vroome, E. (2020) Social Dialogue and Psychosocial Risk Management: Added Value of Manager and Employee Representative Agreement in Risk Perception and Awareness. *Int J Environ Res Public Health*. 2020 May 22;17(10):3672. doi: 10.3390/ijerph17103672. PMID: 32456084; PMCID: PMC7277720.

HOSPEEM and EPSU (2015). Assessing health and safety risks in the hospital sector and the role of the social partners in addressing them: the case of musculoskeletal disorders and psycho-social risks and stress at work. https://www.epsu.org/sites/default/files/article/files/Report%20Helsinki-Version-20.05.16-EN-Final.pdf

HOSPEEM and EPSU (2016). Joint Declaration "Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU," 2015; workshop "Ticking the Boxes for Improving Healthcare: Optimising CPD of Health Professionals in Europe", 11 February 2016. https://www.epsu.org/sites/default/files/article/files/Final-Joint-Declaration-CPD&LLL-08.11.2016-EN.pdf

HOSPEEM and EPSU (2022). Updated Framework of Action on Recruitment and Retention. https://hospeem.org/wp-content/uploads/2022/06/Updated-Framework-of-Action-Recruitment-and-retention_2022.pdf

HOSPEEM and EPSU (2024). Shaping a Healthy Workplace Together: Good practices from social partners. https://www.epsu.org/sites/default/files/article/files/EPSU%20HOSPEEM%20_Mental%20Health.pdf

Jain, A., Leka, S. & Zwetsloot, G. Corporate Social Responsibility and Psychosocial Risk Management in Europe. *J Bus Ethics* **101**, 619–633 (2011). https://doi.org/10.1007/s10551-011-0742-z

Leka, S.; Jain, A.; Iavicoli, S.; Vartia, M. & Ertel, M. (2011) The role of policy for the management of psychosocial risks at the workplace in the European Union, *Safety Science*, 49(4), 558-564, https://doi.org/10.1016/j.ssci.2010.02.002.

Lillie, N., & Wagner, I. (2015). Subcontracting, insecurity and posted work: Evidence from construction, meat processing, and ship building. In J. Drahokoupil (Ed.), The outsourcing challenge. Organizing workers across fragmented production networks. Brussels: ETUI

Lillie, N., Brzozowska, A., Kall, K., Salamońska, J., & Matuszczyk, K. (2024). Transgovernmental Labour Standards Enforcement in a Pan-European Labour Market: An Arms Race Between Institutional Alignment and Regulatory Arbitrage. JCMS: Journal of Common Market Studies. https://doi.org/10.1111/jcms.13650

Llorens Serrano, C. (2023). ¿Reducir la exposición a riesgos psicosociales aplicando prácticas de participación directa?: Una aproximación a la experiencia de trabajadoras y trabajadores en

puestos de ejecución. Papers: *Revista de sociologia*, 108(1), Article e3032. https://doi.org/10.5565/rev/papers.3032

Makarevičienė, A., Nightingale, M., Skubiejūtė, G., Hutton, E., Gineikytė-Kanclerė, V., & Kazlauskaitė, D. (2023). Minimum health and safety requirements for the protection of mental health in the workplace. Study requested by the EMPL Committee. European Parliament. https://www.europarl.europa.eu/RegData/etudes/STUD/2023/740078/IPOL_STU(2023)740078_EN.pdf

Mathisen, G.E.; Tjora, T. & Bergh, L.I.V. (2022) Speaking up about safety concerns in high-risk industries: Correlates of safety voice in the offshore oil rig sector, Safety Science, 145, 105487, https://doi.org/10.1016/j.ssci.2021.105487.

Mazzucato, M. (2018). Mission-oriented research & innovation in the European Union: A problem-solving approach to fuel innovation-led growth. [Website]. Publications Office of the EU. https://publications.europa.eu/en/publication-detail/-/publication/5b2811d1-16be-11e8-9253-01aa75ed71a1/language-en

Mellor, N.; Mackay, C.; Packham, C.; Jones, R.; Palferman, D.; Webster, S. & Kelly, P. (2011) 'Management Standards' and work-related stress in Great Britain: Progress on their implementation, Safety Science, 49(7), 1040-1046, https://doi.org/10.1016/j.ssci.2011.01.010.

Nawrocka, S. (2024, März 12). From 'crisis' to 'pandemic': Mental health in Europe. https://www.socialeurope.eu/from-crisis-to-pandemic-mental-health-in-europe

Nightingale, M., Skubiejūtė, G., & Makarevičienė, A. (2023). Minimum health and safety requirements for the protection of mental health in the workplace. At a glance. European Parliament.

Peters, S.E.; Nielsen, K.M.; Nagler, E.M.; Revette, A.C.; Madden, J.; Sorensen, G. (2020) Ensuring Organization-Intervention Fit for a Participatory Organizational Intervention to Improve Food Service Workers' Health and Wellbeing: Workplace Organizational Health Study. *J Occup Environ Med*. Feb;62(2): e33-e45. doi: 10.1097/JOM.0000000000001792. PMID: 31815814.

Schulte, P.A.; Iavicoli, I.; Fontana, L.; Leka, S.; Dollard, M.F.; Salmen-Navarro, A.; Salles, F.J.; Olympio, K.P.K.; Lucchini, R.; Fingerhut, M. et al. (2022) Occupational Safety and Health Staging Framework for Decent Work. *International Journal of Environmental Research and Public Health,* 19(17):10842. https://doi.org/10.3390/ijerph191710842

Szekér, L., Gaudiino, M., Van den Broeck, A., Lenaerts, K., Vandekerckhove, S., Vanmarcke, S., Vargas Llave, O., Ivaškaitė-Tamošiūnė, V., & Riso, S. (2023). Psychosocial risks to workers' well-being: Lessons from the COVID 19 pandemic. Publications Office of the European Union. https://data.europa.eu/doi/10.2806/350964

Vandenbroucke, F., Corti, F., & de Mosselaer, G. V. (2024, August 1). Europe's social agenda: Raising the game. *Social Europe*. https://www.socialeurope.eu/europes-social-agenda-raising-the-game

Weissbrodt, R.; Arial, M.; Graf, M.; Iff, S. & Giauque, I. (2018) Preventing psychosocial risks at work: An evaluation study of labour inspectorate interventions, *Safety Science*, 110, Part A, 355-362, https://doi.org/10.1016/j.ssci.2018.08.024.

WHO (2001). Mental Health: New Understanding, New Hope. https://iris.who.int/bitstream/handle/10665/42390/WHR_2001.pdf?sequence=1&isAllowed=y

WHO. (2022a). WHO European framework for action on mental health 2021–2025. WHO Regional Office for Europe. https://iris.who.int/bitstream/handle/10665/352549/9789289057813-eng.pdf?sequence=1

WHO. (2022b). WHO guidelines on mental health at work. WHO. https://iris.who.int/bitstream/handle/10665/363177/9789240053052-eng.pdf?sequence=1

WHO, & ILO. (2022). Mental health at work. Policy Brief. WHO/ILO. https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1

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