European Agency for Safety and Health at Work

A review of good workplace practices to support individuals experiencing mental health problems

Research Review

European Agency for Safety and Health at Work

Authors: Marianna Virtanen, Kirsi Honkalampi, Petri Karkkola, Maija Korhonen (University of Eastern Finland).

Project management: Sarah Copsey - European Agency for Safety and Health at Work (EU-OSHA).

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Executive Summary

Introduction

Mental health conditions are a leading cause of disability in high-income countries, and in Europe, more than 125 million people live with a mental health condition.[1]

The EU has now elevated mental health alongside somatic diseases to among its first priorities. In 2023, the European Commission adopted a new, comprehensive, multi-stakeholder approach to mental health, which is prevention-oriented and aims to tackle the mental health challenges in Europe,[2] while in 2022 the European Commission set out actions on return-to-work and work accommodations in its Disability Employment Package.[3]

There is a particular focus in the 'Comprehensive approach to mental health' on psychosocial risks at work and supporting people with mental health conditions to continue working and when returning to work after a period of sickness absence, as acknowledged also in the 'EU strategic framework on health and safety at work 2021-2027'.[4] European Agency for Safety and Health at Work (EU-OSHA) activities contributing to this comprehensive approach include this report and a resource for workplaces based on the findings[5]. The overarching aim was to find and share good practices for workplaces on how to support individuals who experience a mental health issue, to stay in work or successfully return to work following sickness absence.

Key concepts and methods of support

A mental health policy in the workplace is a comprehensive approach for addressing mental health issues in the workplace. It defines the workplace's vision on what procedures and practices will be used to prevent mental health problems. The overall goal is to promote good mental health, take preventive action to remove psychosocial risks for all workers, support workers to deal with work stress, encourage early intervention for any work stress or mental health problem, and support workers who have a mental health problem — including by making reasonable adjustments to enable people with a mental health problem to work and providing effective rehabilitation and return-to-work plans.

Return to work is a concept that involves all procedures and initiatives that aim to facilitate the workplace reintegration of individuals with a reduced work capacity.[6] A return-to-work programme can be part of a disability management programme, which is further integrated into a wider safety and (mental) health policy.

This report builds on previous work on *psychosocial risks at work*,[7,8] which have been found to be associated with mental health problems among workers. Psychosocial risks include, for example, excessive workloads, conflicting demands and lack of clarity, lack of involvement in decisions that affect the worker, lack of influence on the way the job is done, poorly managed organisational change, job

[1] WHO (2023) *The Pan-European Mental Health Coalition*. https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition

[2] 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. https://health.ec.europa.eu/system/files/2023-06/com_2023_298_1_act_en.pdf

[3] See: https://ec.europa.eu/social/main.jsp?catId=1597&langId=en

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

[5] EU-OSHA – European Agency for Safety and Health at Work, *Guidance for workplaces on how to support individuals experiencing mental health problems*, 2024. Available at: https://osha.europa.eu/en/user/login?destination=/en/publications/guidance-workplaces-how-support-individuals-experiencing-mental-health-problems

[6] EU-OSHA – European Agency for Safety and Health at Work, *Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes*, 2016. Available at: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-analysis-report-eu-and-member-states-policies-strategies

[7] EU-OSHA – European Agency for Safety and Health at Work, *Psychosocial risks and mental health*, 2023. Available at: https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health

[8] EU-OSHA – European Agency for Safety and Health at Work, *Return to work after MSD-related sick leave in the context of psychosocial risks at work*, 2021. Available at: https://osha.europa.eu/en/publications/return-work-after-msd-related-sick-leave-context-psychosocial-risks-work

insecurity, ineffective communication, lack of support from management or colleagues, psychosocial and sexual harassment, and third-party violence. When supporting a worker to continue working or return to work, it is highly important that psychosocial risks are assessed and their adverse effects minimised.

Mental health-related *stigma* refers to negative attitudes, beliefs and stereotypes about mental health issues, which lead to discrimination of people who experience mental health conditions. Typical stigmatised characteristics are gender, race, socioeconomic status, disability and health. Addressing mental health-related stigma in the workplace is crucial for creating a supportive and inclusive work environment, as stigma and its consequences may become severe barriers to safely disclose one's mental health condition and to have work accommodations needed to continue working or return to work.[9] For employers, it is important to create an atmosphere in the workplace that promotes inclusion, diversity, equal treatment and non-discrimination. They can signal their commitment by ensuring that necessary resources are targeted towards mental health promotion at all levels and by providing resources to work accommodations for those in need. Specific education and training can be provided to employees and supervisors on mental health at the workplace and mental health literacy.

Disclosing a mental health condition by an employee is necessary to implement work accommodations. However, employers should be aware of the difficulties around disclosure due to a threat of stigma, which is real, because mental health conditions are among the most stigmatised conditions in the workplace. In the OSH Pulse survey, 50% of respondents answered that they thought disclosing a mental health condition would have a negative impact on their career.[10] Training managers for creating a supportive workplace climate, recognising an individual's uniqueness in their needs, and open dialogue (e.g. leaders speaking openly about their own mental health challenges) are important aspects when encouraging employees to disclose a mental health condition.

Work (or job) accommodations refer to modifications of job or work environment to fit an individual's work ability so that they can perform their job duties. Work accommodations are categorised into four broad groups: scheduling accommodations (e.g. reduced working hours, changes in the shift work schedule); job description modifications (e.g. modified tasks, change to a different position); physical space accommodations (e.g. access to a private area, reduction of noise); and communication facilitation (e.g. added supervision, a co-worker 'buddy', written instructions). Some accommodations may only be needed on a temporary basis, such as reduced hours as part of a gradual return to work. The advantages of work accommodations include the possibility for a worker to work while recovering from a mental health problem or to manage a long-term mental health problem while continuing to work. For employers, the accommodation policy may be beneficial by being a low-cost solution, decreasing turnover rates, reducing long-term sickness absenteeism, and creating a mentally healthy workplace with a culture of mental health awareness and commitment to good mental health policy in the workplace.

Aims and methods

The overarching aim of this report was to provide information to produce a practical resource on workplace support for workers experiencing mental health problems. Existing guidance and recommendations on workplace support for workers experiencing mental health problems to stay at work or successfully return to work following sickness absence were identified. Advice for micro and small enterprises (MSEs) was also identified.

Some of the mental health conditions covered are purely work-related, for example, occupational burnout and work stress, some of them can be either work-related or non-work-related, for example, sleep problems, depression, post-traumatic stress disorder, and some of them are mainly non-work-related in nature (e.g. schizophrenia, bipolar disorder). In addition, some conditions are based on medical diagnoses whereas others represent symptomatology that does not necessarily involve medical diagnoses, such as sleep problems and cognitive problems. We used reliable sources of information from 'grey literature', patient support organisations and disability organisations, the websites of occupational safety and health national and intermediary organisations, employers and trade unions,

[9] WHO (2022). *Guidelines on mental health at work*. https://www.who.int/publications/i/item/9789240053052

[10] EU-OSHA – European Agency for Safety and Health at Work, *OSH Pulse - Occupational safety and health in post-pandemic workplaces*, 2022. Available at: https://osha.europa.eu/en/publications/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces

rehabilitation/return-to-work organisations, and relevant institutions such as EU-OSHA, Eurofound, WHO, the ILO and the OECD. We completed the searches with peer-reviewed international articles based on scientific databases (PubMed and Cochrane Database of Systematic Reviews).

Results

The review found a total of 278 relevant documents, and of these, 113 were scientific studies or policy/practice documents and 165 were websites. The review found several review articles and reports in which the information on workplace policies and practices was systematically collected and reviewed. Sections 4.1 to 4.4 cover scientific literature-based knowledge on interventions and good practices to support individuals with mental health conditions to stay in employment or return to work after a period of disability. Section 4.5 and Appendix A cover informative websites, practical guides and tools that have been developed in different countries, Appendix A contains a brief summary of these resources, with web links, and section 4.6 provides guidance for SMEs. Chapter 5, concluding remarks, includes some policy pointers. A list of different types of work accommodations retrieved from the scientific literature is provided in Appendix B.

Guidance for the workplace

The workplace is an important arena for mental health promotion and there are various ways to implement support and become an inclusive workplace. Good practices found in this report are applicable to mental health issues irrespective of their origin; more than the type of mental health condition, workers' unique needs, capabilities and job demands determine which types of workplace practices are helpful in supporting mental health and capacity for work.

As mentioned above, and in line with previous reports on work-related stress,[11] mental health issues are highly stigmatised. Therefore, the most important starting point is the willingness and commitment of the employer to raise awareness of mental health issues, address stigma, train supervisors and workers to talk about and address mental health issues, and, eventually, develop an open, inclusive and non-discriminative workplace.

The findings of this report are also in line with a previous article that suggested that interventions that are not only targeted to the individual but also include, for example, active support from the supervisor, contact with the workplace and early gradual return to work, can be effective in returning to work after sickness absence due to common mental health conditions.[12] We add to this evidence the component of work accommodations by providing a catalogue of mental health conditions and a comprehensive list of possible work accommodations that can be applied in the workplaces. In practice, many accommodations are simple and inexpensive.

The findings of this report suggest that irrespective of the mental health condition, the following principles apply when supporting workers to stay in work or return to work after an episode of sickness absence:

- a culture of awareness and inclusion enabling disclosure of the mental health condition and developing a sense of psychologically safe workplaces;
- acceptance and support from co-workers and supervisors;
- early intervention, i.e. contact with the worker at an early phase of the sickness absence;
- established mental health and return-to-work policy, i.e. there are steps to take that are tailored to each case;
- good access to health services, professional multidisciplinary support;
- work accommodations, based on an analysis of work tasks in relation to the worker's current work capacity; and
- follow-up of progress.

[11] EU-OSHA – European Agency for Safety and Health at Work, *Safer and healthier work at any ages: Final overall analysis report*, 2016. Available at: https://osha.europa.eu/en/publications/safer-and-healthier-work-any-age-final-overall-analysis-report

[12] EU-OSHA – European Agency for Safety and Health at Work, *Return to Work after sick leave due to mental health problems*, 2020. Available at: https://oshwiki.osha.europa.eu/en/themes/return-work-after-sick-leave-due-mental-health-problems

In addition, supported employment initiatives, with vocational, educational and clinical support, have been found to be effective in enabling individuals experiencing severe mental health conditions to find a job and remain in employment.[13]

The following steps can be followed to apply work accommodations:

1. Prevent and manage work-related psychosocial risk factors and promote health and wellbeing.
2. Ensure workers are encouraged to report psychosocial risk factors at work and that this leads to early intervention at the workplace to address work-related factors and workers being encouraged to seek treatment.
3. Some information about the worker's health and functional status is needed to compare the worker's current work capacity with the demands of the current job. For this, consent from the employee and collaboration between the employee, employer and health professionals is essential.
4. Psychological job analysis: a description of the essential tasks and demands of the current job is important to compare whether there is a mismatch between current job demands and the worker's work capacity.
5. For work accommodations, it is important to identify job practices and factors in the psychosocial and physical work environment that are modifiable.
6. Follow-up: develop a holistic plan that includes all important aspects of support at follow-up; work accommodations, therapeutic and medical support, self-management and relapse prevention. Evaluate each support factor and make changes when needed.

Few good practices and tools developed for the needs of SMEs regarding mental health issues were found. For them, access to multidisciplinary external support services is needed and healthcare treatments should include return to work as a treatment goal. Given the stigma around mental health and the lack of awareness of how to act, giving support and tools for workplaces to support worker mental health is even more important than for other, physical health conditions. In this way, it is possible to have coverage of good practices for all workers, irrespective of where they work.

Finally, it is important to note that the more a workplace is inclusive and takes account of diversity, the less need there will be for individual accommodations and the stigma involved in asking for them. Focusing on preventing risks at source, incorporating adaptability and promoting wellbeing is also part of making a workplace inclusive. Having specific policies for all workers and flexible work arrangements, such as adaptable working hours and teleworking, can support continued working while experiencing a mental health problem or other health conditions.

Policy pointers

Key takeaways for policymakers and decision-makers include:

- Interventions to support individuals should be implemented within the context of organisational interventions that address psychosocial risks factors for all workers.
- Regarding return to work and workplace support, the same approach should be applied to mental health problems as is taken with physical health conditions.
- More needs to be done to raise awareness of mental health in the workplace and to reduce stigma.
- All employers and their workers, especially MSEs, would benefit from access to multidisciplinary return-to-work services. The self-employed also need access to services. Examples and experiences of good practices regarding multidisciplinary support programmes should be shared.
- Return to work should focus on an individual's capabilities not their disabilities.
- National sickness insurance and benefit schemes should allow a gradual return to work.
- Employment should be part of all healthcare policies on mental health: health practitioners should have return-to-work as a treatment objective for patients with mental health problems and therapies, such as cognitive behavioural therapy, should be work focused.

[13] WHO & ILO (2022). *Mental health at work: policy brief*. https://www.who.int/publications/i/item/9789240057944

- Workers may often have a physical and a mental health condition. These physical and mental health conditions need to be addressed together within a work-focused approach.
- Social partners should incorporate the issue of integration and retention of workers with chronic disease into social dialogue at all levels[14].
- Social partners should engage in policies for return-to-work at the workplaces.
- More evidence-based tools and resources need developing, including ones tailored to different sectors, and including how to support workers with episodic conditions (where the person has periods of wellness and short periods of being unwell).

[14] Eurofound, *How to respond to chronic health problems in the workplace?* Publications Office of the European Union, Luxembourg, 2019. Available at: https://www.eurofound.europa.eu/en/publications/2019/how-respond-chronic-health-problems-workplace

1 Introduction

In Europe, the proportion of people with sickness absence due to illness or disability within a year rose from 3.6 to 5.2 million (by 44%) between 2006 and 2020 (Antczak & Miszczynska, 2021), and in 2019, more than 125 million people lived with a mental health condition (WHO, 2023). Mental health issues do not only increase personal suffering and decrease quality of life, they also have substantial financial implications, with the total costs being more than 4% of GDP in Europe (European Commission, 2018). The global COVID-19 pandemic, Russia's war against Ukraine (e.g. Eurofound, 2024), energy and climate crises, inflation and the increase in interest rates have further increased mental ill health globally. For example, 44% of EU workers responding to a European Agency for Safety and Health at Work (EU-OSHA) survey (OSH Pulse) replied that their work stress had increased as a result of the COVID-19 pandemic (EU-OSHA, 2022a), and a number of Eurofound reports underline the impact that the pandemic had on mental health (Eurofound, 2020, 2022; Eurofound *et al.*, 2021). These crises have also affected the labour market, with increasing turbulence, insecurity and unemployment. The crises have proportionally affected young people, as a recent health report revealed that the share of young people who report depressive symptoms has more than doubled in several EU countries (European Commission, 2022).

Work can also impact mental health. According to the findings of the EU Labour Force Survey (LFS) ad hoc module 2020 (Eurostat, 2021), 'stress, depression or anxiety' are the second most common type of work-related health problems. The proportion of workers who reported facing risk factors for their mental wellbeing at work was nearly 45%. According to another survey, work intensity has remained high over the years (Eurofound, 2019a) and an increased prevalence of high work intensity (reported by four in 10 workers) was seen in the European Working Conditions Telephone Survey (EWCTS) in 2021 (Eurofound, 2023). The European OSH Pulse survey conducted by EU-OSHA shows that 27% of workers experience stress, anxiety or depression caused or made worse by work (EU-OSHA, 2022a). Just as they have for physical risks, employers have a duty to assess factors that could cause work-related stress (psychosocial risk factors) and prevent the respective risks. While according to EU-OSHA's third European Survey of Enterprises on New and Emerging Risks (ESENER) conducted in 2019, only a third of organisations had action plans to prevent work-related psychosocial risks (EU-OSHA, 2020b).

Although mental health has been acknowledged for a long time, the EU has now elevated mental health alongside somatic diseases to among its first priorities. In 2023, the Commission adopted a new, comprehensive, multi-stakeholder approach to mental health, which is prevention-oriented and aims to tackle the mental health challenges in Europe (European Commission, 2023). There is a particular focus on psychosocial risks at work and supporting people experiencing mental health problems to continue working and when returning to work after a period of sickness absence, as acknowledged also in the 'EU strategic framework on health and safety at work 2021-2027' (European Commission, 2021a). This report contributes to this comprehensive approach. It also supports the aims of the Commission's Strategy for the Rights of Persons with Disabilities (2021-2030) (European Commission, 2021b) and the related Disability Employment Package.[15]

Considerable stigma and discrimination surround mental health problems at work. However, many individuals with mental health problems can continue to work or successfully return to work if they are provided with the right support and work accommodations. Employers need guidance on how to provide this support.

This report was carried out to provide background information that was used to compile a resource for employers to help them provide such support[16].

[15] See: https://ec.europa.eu/social/main.jsp?catId=1597&langId=en

[16] EU-OSHA – European Agency for Safety and Health at Work, *Guidance for workplaces on how to support individuals experiencing mental health problems*, 2024. Available at: https://osha.europa.eu/en/user/login?destination=/en/publications/guidance-workplaces-how-support-individuals-experiencing-mental-health-problems

2 The workplace as a supportive setting for mental health

Although being employed is associated with better mental health than being unemployed (Milner *et al.*, 2013), psychosocial risks at work are increasingly recognised as a major issue in occupational health as the above listed figures indicate. Many epidemiological studies have examined the relationship between psychosocial risks at work and the onset of sickness absence due to mental health problems (Duchaine *et al.*, 2020), however, less is known about good practices to help individuals with mental health conditions stay at work or successfully return to work after a period of sickness absence. A few reviews have collected scientific evidence on this issue (Cullen *et al.*, 2018; Nieuwenhuijsen *et al.*, 2020; Salomonsson *et al.*, 2018; Williams-Whitt *et al.*, 2015). A comprehensive review is lacking about practical solutions that workplaces apply when, for example, making work accommodations, as well as real examples of individual experiences and company practices. Nevertheless, from the experiences of many organisations offering practical advice and support, including patient support groups and national return-to-work support programmes, it is possible to see common opinions of what kinds of support can work in practice.

This report builds on previous activities of EU-OSHA (EU-OSHA, 2023a) and other authorities. Previous EU-OSHA projects have highlighted that stress is a common phenomenon in European workplaces, although often misunderstood and stigmatised (e.g. EU-OSHA, 2022d). Focusing on workplaces rather than individuals would make psychosocial risks more manageable and further disabilities preventable. Psychosocial risks include excessive workloads, conflicting demands and lack of clarity, lack of involvement in decisions that affect the worker, lack of influence on the way the job is done, poorly managed organisational change, job insecurity, ineffective communication, lack of support from management or colleagues, psychosocial and sexual harassment, and third-party violence (EU-OSHA, 2023a). The overall goal is to create workplaces that promote good mental health, take preventive action to remove psychosocial risks for all workers, support workers to deal with work stress, encourage early intervention for any work stress or mental health problem, and support workers who have a mental health problem — including by making reasonable adjustments to enable people with a mental health problem to work and providing effective rehabilitation and return-to-work plans. This report focuses on providing support for workers who experience a mental health condition. This includes both work-related and non-work-related conditions.

This report also builds on previous EU-OSHA reports on sustainable working life and returning to work among special groups of workers, such as ageing workers, workers with chronic musculoskeletal disorders, cancer or mental health problems (EU-OSHA, 2016a, 2016b, 2016c, 2017a, 2021c, 2021d), as well as a report on workers with mental disorders in a digitalised world (EU-OSHA, 2023b). These analyses acknowledge that policies and practices must take account the ageing of the workforce and workers who need to manage chronic health conditions. An integrated approach is advocated in the EU countries, which means that there is a broader view on different societal and policy areas. Research also shows that due to improved medical treatment, most cancer survivors can continue working (EU-OSHA, 2017a). However, cancer is associated with a substantial risk of mental health issues, such as depression or anxiety, and therefore it is important to have a holistic approach to rehabilitation in cancer. Likewise, there is a strong psychological component in chronic musculoskeletal disorders (EU-OSHA, 2021c, 2021d). Research has also shown that return to work after sickness absence due to common mental health conditions can be enhanced by interventions that are targeted to the individual, but also include a link to the workplace, for example, active support from the supervisor, contact with the workplace and early gradual return to work (EU-OSHA, 2020b).

A report on musculoskeletal disorders identified the following principles of returning to work after sickness absence: early intervention, an established return-to-work policy in the organisation, a culture promoting health and good communication, incentives (e.g. quick access to interventions), awareness, professional multidisciplinary support, social support, competence building, workplace adjustments, gradual return to work, right timing, customisation of the return-to-work process with a standard procedure, and reviewing and performance tracking (EU-OSHA, 2021c). These principles apply very well to the management of other health conditions in the workplace, such as mental health conditions.

2.1 Workplace mental health policy to support workers to continue working or return to work

A mental health policy in the workplace is a comprehensive approach for addressing mental health issues in the workplace. It defines the workplace's vision on what procedures and practices will be used to prevent mental health problems and support employees at risk and those who already have a mental health condition, to stay in work or return to work after a period of absence. In addition, a good mental health policy includes information on how to create a work environment that facilitates promotion of mental health in the workplace.

The key elements of a workplace mental health policy are given in Box 1.

Box 1: Elements of a comprehensive workplace mental health policy

A **workplace mental health policy should cover:**

1. Prevention of work-related psychosocial risk factors.
2. Supporting groups of workers more exposed to work-related psychosocial risk factors.
3. Supporting workers with a mental health problem or work-related stress.
4. Promoting mental health and wellbeing in the workplace.
5. Consulting and involving workers and their representatives over policies and actions.

Items 1, prevention, and 5, consultation, are perquisites for the success of the other items.

WHO and ILO guidelines recommend three types of interventions to support individuals with mental health conditions at work (WHO & ILO, 2022):

1. Reasonable accommodations at work (defined as adapting work environments to fit the employee's current needs and work capacity).
2. Return-to-work programmes (programmes that are designed to enhance the ability of employees to return to work and remain in employment after a sickness absence period, involving a combination of medical care, rehabilitation, and work-focused interventions and support).
3. Supported employment initiatives to enhance individuals with severe mental health problems to find a job and remain in employment, with vocational, educational and clinical support.

EU-OSHA has further defined return to work as a concept that involves all procedures and initiatives that aim to facilitate the workplace reintegration of individuals with a reduced work capacity (EU-OSHA, 2016a, 2016b). Some organisations integrate the return-to-work programme into a specific disability management programme, which is further integrated into a wider safety and health policy.

Considerable challenges may arise during the return-to-work process. Recovery from mental health conditions is usually gradual rather than based on an on-off principle, and therefore, some work accommodations may be needed to support return to work. Partial sickness absence is one of the flexible methods that can be used to integrate the employee back into the workplace, however not all Member States have a social security policy that allows this (EU-OSHA, 2021d). Unsuitable working conditions and excess workload can lead to a relapse and new sickness absence.

Work accommodations have been applied to return to work with musculoskeletal disorders, but to a lesser extent in relation to mental health conditions. However, due to their high prevalence as a cause of work disability, these groups should both be high priorities in workplace mental health policies (EU-OSHA, 2016b). In fact, many accommodations that can help someone continue working are simple and inexpensive.

2.2 Addressing mental health-related stigma

Mental health-related stigma refers to negative attitudes, beliefs and stereotypes about mental health conditions, which lead to discrimination against people with mental health conditions. According to the theory on stigma (Goffman, 1963), stigma is based on characteristics of an individual that other people perceive as socially undesirable and which bring about punitive reactions from them. Self-stigma is a condition where a stigmatised individual has internalised the negative attitudes and attributions as part

of their identity. Typical stigmatised characteristics are gender, race, socioeconomic status, disability and health. These negative attitudes, beliefs and misconceptions are common in the workplace, too. It is often believed that mental health problems are a sign of weakness or flaws, or that people with mental health problems are unpredictable, violent or dangerous (EU-OSHA, 2023b). However, they are more likely to be victims than perpetrators of violence. Many people also believe that it is not possible to recover from a mental health problem.

Addressing mental health-related stigma in the workplace is crucial for creating a supportive and inclusive work environment, as stigma and its consequences may become severe barriers to safely disclosing one's mental health condition and to having work accommodations needed to continue working or return to work from a period of sickness absence (WHO, 2022). However, 37% of workers would not feel comfortable speaking to their manager or supervisor about their mental health and 50% of workers think that disclosing a mental health condition would have a negative impact on their career. Source: OSH Pulse 2022 (EU-OSHA, 2022a).

For employers, it is important to create an atmosphere in the workplace that promotes inclusion, diversity, equal treatment and non-discrimination. They can signal their commitment by ensuring that necessary resources are targeted towards mental health promotion at all levels and by providing resources for work accommodations for those in need. Specific education and training can be provided to workers and supervisors on mental health at the workplace and mental health literacy. There should be zero tolerance for all forms of discrimination in the workplace and a safe environment for discussion about topics that might be perceived as difficult or sensitive. Everyone in the workplace should have an insight into their own attitudes towards mental health issues and how they react to other people. Key principles when addressing mental health-related stigma in the workplace are dignity and respect towards other people.

2.3 Legislation

The basic principle of all occupational safety and health (OSH) legislations is that work should not cause injury or ill health or make existing conditions worse. The OSH Framework Directive (89/391/EEC)[17] laid the foundations for employers' obligation to evaluate the safety and health risks of workers, environmental, physical and psychosocial, and to implement protective measures. The priority is to eliminate risks at source and take collective measures to make work safer and healthier for all workers. This is important, as measures to make work easier for all workers could enable someone with a chronic health condition to continue working. Particularly sensitive groups, such as workers with chronic conditions, must be protected against hazards that specifically affect them.

Under the EU directive on equal treatment at work,[18] employers have a responsibility to arrange reasonable work accommodations for employees with disabilities. These may include adapting the physical work environment, working time, the distribution of tasks, or the provision of training and other resources. However, the requirement depends on a Member State's definition of disability, not on an individual's health status.

Some countries have more detailed requirements, including regarding return to work following sick leave and provide specific support programmes.

A work accommodation is reasonable when it is not too costly, disruptive or difficult to implement for the employer. In practice, many accommodations are simple and inexpensive.

According to the EU-OSHA reports on ageing and work life (EU-OSHA, 2016a, 2016b), all EU Member States provided some form of rehabilitation to people with disabilities or permanent work incapacity although there were notable differences in the level of support provided. Some countries have adopted a positive approach by moving from the concept of disability to remaining capacity for work. All EU Member States have rules on the management of sickness absence.

[17] Council Directive 89/391/EEC: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A31989L0391
[18] Directive 2000/78/EC – Equal treatment: https://osha.europa.eu/en/legislation/directives/council-directive-2000-78-ec

Practice tip – Inclusive workplaces minimise the need for accommodations

Making workplaces more inclusive for all workers, taking account of diversity, and providing flexibility and adjustability, for example, when buying equipment, planning tasks, workspaces and working hours, reduces the need to make adjustments for individuals.

2.4 Work accommodations

2.4.1 Disclosing a mental health condition

A mental health condition is invisible unless the person reveals it to other people. Disclosure of the mental health condition to some degree is necessary to receive work accommodations. However, this might be difficult, as there is always a threat of stigma, which is real, because mental health conditions are among the most stigmatised conditions in the workplace (Bonaccio *et al.*, 2019; EU-OSHA, 2023b). In the OSH Pulse survey, 50% of respondents answered that they thought disclosing a mental health condition would have a negative impact on their career (EU-OSHA, 2022a). Individuals may be concerned about confidentiality as well as unfair treatment.

There are several ways to encourage disclosure of a mental health condition in the workplace. First, abandoning a dichotomous view of disclosure (yes-no) can be beneficial. This means that the person can choose how much information they reveal and to whom it will be revealed in the workplace (Brohan *et al.*, 2012). The second important aspect is workplace climate — whether it is open, inclusive and non-discriminative. In addition, managers in the workplace should understand that a supporting workplace climate involves recognising an individual's uniqueness in their needs. Therefore, a simple one-size-fits-all procedure is not enough (Bonaccio *et al.*, 2019).

Practice tip – Open conversations

A worker's needs will become clearer through good communication. A conversation between an individual and their manager about a health condition could cover the following:

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

A voluntary approach leads to the best conversation and cooperation.

Note: workers are not obliged to disclose a medical diagnosis, and confidentiality must be guaranteed under data protection legislation. They should not experience any negative consequences because of disclosure.

Source: EU-OSHA (2021d)

2.4.2 Implementing work accommodations

Work (or job) accommodations refer to modifications of the job or work environment to fit an individual's work ability so that they can perform their job duties. Work accommodations are categorised into three broad groups (Zafar *et al.*, 2019):

- scheduling accommodations (e.g. reduced working hours, changes in the shift work schedule), job description modifications (e.g. modified tasks, change to a different position);
- physical space accommodations (e.g. access to a private area, reduction of noise); and
- communication facilitation (e.g. added supervision, a co-worker 'buddy', written instructions).

Some accommodations may only be needed on a temporary basis, such as reduced hours as part of a gradual return to work.

Recent WHO guidelines on mental health at work were based on a review of scientific evidence. The authors concluded that reasonable work accommodations should be implemented for workers with mental health conditions, including psychosocial disabilities, even though the few conducted intervention studies on their effectiveness were evaluated as providing low-certainty evidence (WHO, 2022).

The advantages of work accommodations include the possibility for a worker to work while recovering from a mental health condition or maintaining it. Work accommodations can be either temporary or permanent because the course of the condition may vary between individuals. For employers, the accommodation policy may be beneficial by being a low-cost solution, decreasing turnover rates, reducing long-term sickness absenteeism, and creating a mentally healthy workplace with a culture of mental health awareness and commitment to good mental health policy in the workplace.

Supportive workplace accommodations are more likely in workplaces where individuals feel they can voice their concerns and where they experience high levels of support from managers and colleagues (EU-OSHA, 2021d; Eurofound, 2014, 2019b).

Practice tip – Early disclosure
The earlier a mental health problem is reported, the easier it is to deal with; an employer cannot take action if they are not aware of the issue. This means encouraging and enabling workers to disclose health problems as soon as they arise, assuring them that they will be listened to and supported. If someone has a persistent mental health problem that affects their work, they should be encouraged to seek medical advice as soon as possible. Medical advice, if shared with permission, can help the employer to understand what support the worker needs (EU-OSHA, 2021d).

2.5 Inclusive workplaces

Inclusion at work means having an environment where all people feel welcomed, heard, respected, supported, valued and able to reach their full potential (HSE, 2023). The more inclusive workplaces are for the needs of a diverse workforce, the less likely individual accommodations will be needed for individuals, for example by providing options for flexible working hours or teleworking for all workers. The starting point to support inclusion, including persons with disabilities, such as mental health conditions, is management's commitment, which should be clearly stated and communicated (EU-OSHA, 2021d). Workplace inclusivity should be visible in all policies and activities, ranging from recruitment to performance management and job redesign, and, finally, to monitoring the current state and progress of policies and practice (see Table 1).

3 Aims and methods of the present project

3.1 Aims and objectives

The overarching aim of this report was to identify practical information to produce a comprehensive report on workplace support practices for workers with different types of non-work-related and work-related mental health problems. We identified existing guidance and recommendations on workplace support for workers with mental health problems to stay at work or successfully return to work following sickness absence. This information was compiled into a separate report. We also included advice to micro and small enterprises (MSEs) in the latter report.

The review addressed the following specific objectives:

- To identify information to be used to compile a catalogue of good practices and guidance on the steps that can be taken to provide support in the workplace regarding the most common mental health conditions covering a) non-work-related conditions, and b) work-related stress/work-related mental health conditions, in particular:
    - to identify practical information on workplace accommodations and support for individuals with different types of work-related or non-work-related mental health conditions to stay at work or successfully return to work following sickness absence; and
    - to identify real examples of individual experiences and organisational policies and practices.

- To provide guidance and workplace examples on the additional steps needed.

Some of the mental health conditions are purely work-related, for example, occupational burnout and stress from work, some of them can be either work-related or non-work-related, for example, sleep problems, depression and post-traumatic stress disorder, and some of them are mainly non-work-related in nature (e.g. schizophrenia, bipolar disorder). In addition, some of the analysed conditions are based on medical diagnoses whereas others represent symptomatology that does not necessarily involve medical diagnoses, such as work-related stress. Sleep disorders and comorbid pain were included because individuals experiencing mental health problems may also need support to manage them. Work accommodations for cognitive problems were also covered, because mild cognitive symptoms may be experienced by individuals experiencing a mental health disorder or sleep problems.

3.2 Analytic methods

The review used reliable sources of information from 'grey literature' (e.g. Overton and OpenGrey), and for example, from patient support organisations and disability organisations, the websites of OSH national and intermediary organisations, employers and trade unions, rehabilitation/return-to-work organisations, and relevant institutions such as EU-OSHA, Eurofound, WHO, the ILO and the OECD. Google was used as the main search engine to find these databases. We completed the searches with peer-reviewed international articles based on scientific databases (PubMed and Cochrane Database of Systematic Reviews).

The literature was analysed from several viewpoints:

- **Support from the workplace:** good practices emerging from the literature and company / individual examples may include job accommodations and adjustments, working hour arrangements, reorganising tasks, partial sickness absence arrangements, shared work tasks, and support from managers and co-workers.
- **Support from OSH services:** good policies and practices may include assessment of psychosocial risks at work and identification of vulnerable groups, recommendation of job accommodations, graded support for workers on sickness absence due to mental health problems, collaboration with employers and employees in every step and level of prevention, and providing tools for support.
- **Contextual factors:** these include national-level good policies and practices, for example, legislation on partial sickness absence and disability retirement policies.

Good practices may vary depending on the condition of the worker and the level of prevention; early identification requires different support and management practices than those for prevention of recurrent sickness absence, support of return to work after a long-term absence period or suicide prevention. In the present project, we focused on support to employees experiencing a mental health condition, thus, we did not consider general workplace wellness programmes.

4 Results

The review found a total of 278 relevant documents, and of these, 113 were scientific studies or policy/practice documents and 165 were websites. The review found several review articles and reports in which the information on workplace policies and practices was systematically collected and reviewed.

Sections 4.1 to 4.4 cover scientific literature-based knowledge on interventions and good practices to support individuals with mental health conditions to stay in employment or return to work after a period of disability. Sections 4.5 and Appendix A cover informative websites, practical guides and tools that have been developed in different countries, Appendix A contains a brief summary of these resources, with web links, and section 4.6 provides guidance for SMEs. Chapter 5, concluding remarks, includes some policy pointers. A list of different types of work accommodations retrieved from the scientific literature is provided in Appendix B.

4.1 Workplace policies and practices supporting mental health in general

It is easiest to support individuals with mental health problems in workplaces that promote inclusion and that have policies and practices that support mental health.

In a scientific review paper (Kersten *et al.*, 2023), the concept of 'vulnerable' workers was introduced. The review included studies on employers' perspectives of management policies and practices in the workplace. In addition to persons with socioeconomically disadvantaged positions (e.g. persons with migrant background, unemployed), persons with disabilities, such as mental health conditions, are among the vulnerable workers. In the review, most studies focused on workers with physical disabilities. The review identified seven themes from studies that concerned the employers' perceptions of good practices to support inclusion of vulnerable workers, as listed in Table 1. The key starting point is senior management commitment, which should be clearly stated and communicated. An inclusive workplace is visible in all activities, ranging from recruitment to performance management and job redesign, and, finally, to monitoring the current state and progress of policies and practices.

Table 1: Policies and practices to support vulnerable groups in the workplace

Senior management commitment	▪ Inclusion of disability in the organisation's policies and mission statement. ▪ Strategic plan for normalising disability. ▪ Policy of non-discrimination and openly addressing stigma against disability. ▪ Internal and external promotion of disability-inclusive programmes. ▪ Involvement and commitment of (senior) management to inclusion with a vision.
Recruitment and selection	▪ Inclusive recruitment and selection strategy. ▪ Collaboration with external parties in recruitment, such as vocational rehabilitation agencies. ▪ Internship programmes for people with disabilities or participation in job fairs. ▪ Diverse recruitment team. ▪ Accommodations in the recruitment process (e.g. different communication format). ▪ Open communication in the recruitment process.
Performance management and development practices	▪ Disability–human resource management fit with disability-inclusive (performance management) practices. ▪ On-the-job training for people with disabilities. ▪ Career advancement opportunities based on merit for people with disabilities. ▪ Fair compensation and flexible benefits. ▪ Regular performance reviews. ▪ Wellness programmes and healthcare support, tailored for people with disabilities. ▪ Inclusion of work and disability in all relevant human resources (HR) policies.
Work accommodations and redesign of work	▪ Flexible work schedules, locations and leave arrangements. ▪ Modified or partial work duties. ▪ Accessibility of the workplace. ▪ Adapted furniture or equipment. ▪ Accommodations officer and system for accommodations request. ▪ Budget reserved for accommodations.
Supportive culture	▪ Inclusive culture (e.g. fairness, cooperativeness, empowerment, encouragement). ▪ Inclusion in social opportunities and customs. ▪ Support in socialisation. ▪ Management support (e.g. inclusive leadership, mentoring systems). ▪ Co-worker support (e.g. buddy systems, peer modelling, worker resource groups). ▪ Disability (awareness) training.

External collaborations (excluding recruitment)	▪ Strategic alliances with experts, other organisations or vocational rehabilitation agencies. ▪ Employer networks for inspiration and visibility. ▪ Requirements for subcontractors or suppliers.
Monitoring	▪ Annual targets for disability management and the number of people with disabilities. ▪ Corporate analysis of costs related to disability management. ▪ Mechanism to assess the number of people with disabilities. ▪ Involvement of people with disabilities in decision-making. ▪ Employee surveys aimed at feedback from minorities.

Source: Kersten *et al.* (2023)

'What constitutes *a mentally healthy workplace*?' was the question in another review (Harvey *et al.*, 2014). The identified research-informed workplace strategies were similar to those reported above:

- designing and managing work to minimise harm (e.g. flexible work, employee participation, anti-bullying policies);
- promoting protective factors at team and organisational levels to maximise resilience (e.g. providing manager training, managing change effectively);
- enhancing personal resilience (e.g. stress management training, coaching/mentoring);
- promoting and facilitating early help-seeking (e.g. Employee Assistance Programmes, appropriate responses to traumatic incidences);
- supporting workers' recovery from mental health problems (e.g. supervisor support and training, partial sickness absence, return-to-work programmes, work-focused exposure therapy, and individual placement and support methods for workers with severe mental health problems); and
- increased awareness of mental health and stigma.

To support a worker to recover from a mental health problem, early and regular contact from the manager during sickness absence seems to be beneficial. In this communication, the focus should be on the worker's wellbeing and a detailed plan on return to work to be developed. Partial sickness absence is one of the flexible methods that is helpful for integrating the worker back into work. Not all Member States allow for this.

Another review highlighted *demand-side* employment interventions (Bauer & Gewurtz, 2022). Traditional approaches target individuals and aim to improve individuals' skills and work capacity to help them better fit into their existing job or to a wider labour market. The demand-side approach emphasises the workplace as the target of intervention. These interventions modify the work environment and working conditions to better meet the needs of diverse workers, such as workers with physical or mental health conditions. A scoping review identified six intervention studies, of which one focused on work accommodations, three focused on mental health awareness and/or mental health knowledge and communication among leaders, one focused on support from a workplace coach, and one was a comprehensive programme for health promotion. Although the interventions reported promising positive results, more studies are needed in this research line (Bauer & Gewurtz, 2022).

An expert panel opinion was published by the EU on how to support *mental health of health workforce and other essential workers in the context of the COVID-19 pandemic* (European Commission, 2021b). The pandemic put this workforce under high stress and mental health risks in addition to the risk of COVID-19 infection. A comprehensive review identified the following characteristics of effective workplace interventions for workplaces in crisis:

- management of basic safety needs (e.g. food, water, information);
- social and societal (e.g. financial) support;
- communication and training;
- infection control (in the case of the COVID-19 crisis or other pandemics);

- workload management, e.g. reducing shift lengths and workloads, and providing adequate periods of rest and recuperation; and
- personal support, for example, from the Employee Assistance Programmes (EAP).

However, these interventions focused on all healthcare workers, and the authors noted that few studies had differentiated workplace support for those with pre-existing mental health conditions.

One Mind at Work[19] is a global coalition of employers who collaborate to implement evidence-based workplace approaches to mental health. Based on a variety of the member companies' policies, the following eight pillars were set as a framework for an effective mental health policy in the workplace:

- Long-term commitment to continuous improvement.
- Promotion of mental health through comprehensive policies, education and resources.
- Elimination of stigma, social prejudice and discrimination.
- Adoption of a proactive prevention approach by reducing psychosocial risk factors and increasing protective factors.
- A coordinated response, including access to mental health treatment, services, resources and support.
- Early and effective workplace interventions by performance, absence and disability management systems that involve supportive conversations with the worker.
- Utilising innovative practices, approaches and concepts, including new technologies.
- Continuous evaluation of the policies and practices.

4.2 Workplace policies and practices targeted to specific mental health conditions

Psychosocial risks and work-related stress and mental health problems

Psychosocial risks at work are a consequence of problems in work design, organisation and management. They may also be associated with poor social relationships at work. Psychosocial risks in the work environment may increase the risk of work stress, burnout, and mental health problems, such as anxiety and depression. Working conditions that lead to psychosocial risks include, for example, excessive workload, high or conflicting job demands, poor role clarity, low possibility of decision-making, poor leadership, job insecurity, ineffective communication, lack of support, and psychological and sexual harassment and violence (EU-OSHA, 2023a).

Within the frame of the *Healthy Workplaces Manage Stress* (2014-2015) Campaign, a report was developed on good workplace practices to tackle psychosocial risks (EU-OSHA, 2015), which is available in several languages. In the report, there are descriptions of good practices that were awarded in the campaign, for example, the case of Deutsche Post DHL Group, which implemented a new Health, Safety and Well-Being Strategy. The implementation included training of managers, a discussion forum with experts, flexible working arrangements, worker check-ups with a procedure to respond, and events that increased group spirit and engagement.

At the same time an e-guide *Managing stress and psychosocial risks* was published (available in several languages, see Appendix A). It includes practical examples on how to prevent and deal with psychosocial risks at work. When adverse psychosocial working conditions have been detected, the following actions are recommended:

- Changing work; work accommodations: for example, reducing workload or responsibilities, providing support in major changes at work.
- Training, decision-making and roles: ensuring that the workers have appropriate competences to perform their duties and participate in decision-making, and clarifying their roles.
- Involving others and providing support: whether there are other workers involved in the stress situation (e.g. harassment or bullying); help and support with non-work issues.

[19] One Mind at Work: https://onemindatwork.org/

- Health promotion: regarding psychosocial risks, it is likely that the interventions will reduce but not completely remove all such risks; therefore, a comprehensive approach to psychosocial risk prevention includes overall health promotion, including a healthy lifestyle.

A Cochrane Review on prevention of occupational stress in healthcare workers (Ruotsalainen *et al.*, 2015) found that organisational interventions typically consisted of changes in working conditions, organising support, changing the availability and content of care, increasing communication skills and changing work schedules. Keeping in mind that the studies were small in scale, changing work schedules provided the most convincing evidence on its effectiveness to reduce stress.

Occupational burnout

Burnout is defined as an individual's psychological response to chronic work stress that has not been successfully managed. There are three components identified in the burnout syndrome: emotional exhaustion, cynicism, and lowered professional efficacy (EU-OSHA, 2022b; WHO, undated). According to a systematic review and meta-analysis on the effect of interventions on burnout symptoms and employment outcomes among workers with burnout, only four of 18 interventions included workplace or occupational aspects in their intervention, such as meetings with the supervisor or labour experts (Ahola *et al.*, 2017). The results of these small-scale studies were mixed. Another systematic review on burnout interventions (Pijpker *et al.*, 2019) concluded that interventions that aimed to enhance worker's job control (i.e. possibility to have impact on decision-making in their job and workplace), social support (e.g. positive feedback from supervisors), and reducing workload could facilitate recovery and return to work among workers with burnout.

Interventions targeted to *prevent* burnout in high-risk individuals, such as those experiencing mental health problems or stress symptoms, were evaluated in a systematic review (Bagnall *et al.*, 2016). The authors suggested that organisational-level interventions could be more effective in the prevention of burnout than individual-level approaches, such as psychotherapy or counselling. Another Cochrane Review (Naghieh *et al.*, 2015) examined organisational interventions that aimed to reduce stress and improve wellbeing among teachers. The interventions consisted of redesigning work (e.g. modifying tasks), flexible work schedules, making accommodations to the work environment, performance bonus pay, improving promotion opportunities, coaching and mentoring. Improvements were observed for some aspects of wellbeing, such as retention rates only, and the assessed interventions studies were small.

Depression

A Cochrane systematic review and meta-analysis examined the effectiveness of work-directed interventions to reduce sickness absence days and speed up return to work (Nieuwenhuijsen *et al.*, 2020). Work-related interventions were defined as modifying the work environment or supporting the individual to reach a better fit between the work capacity of a worker with depression and the workplace requirements, for example, by modifying work tasks or working hours, by a gradual return to work, or by providing coaching to help the employee learn new skills to cope with work challenges. The review indicated that a combination of work-directed intervention and a clinical intervention (psychotherapy, medication) may shorten the sickness absence period, reduce depressive symptoms and improve work capacity.

Anxiety

A meta-review appraised the results of existing reviews and included a wide variety of interventions at all three levels of mental health promotion (prevention, support for groups at risk, support for individuals with a mental health problem) (Joyce *et al.*, 2016). For tertiary-level interventions (targeted at those experiencing a mental health problem), there was evidence on the effectiveness of exposure therapy (in real life or imaginary) that provided the employee an opportunity to gradually deal with anxiety experiences in certain work situations. Exposure therapy is always guided by a skilled mental health professional. The interventions did not include other work-related aspects.

Sleep problems

A systematic review analysed studies on workplace-based interventions to improve sleep duration among shift workers (Robbins *et al.*, 2021). The most common interventions were shift timing, light

exposure (in the mornings), and education on sleep hygiene (basic principles to manage regular sleep rhythm). The authors concluded that these types of interventions can be beneficial for sleep among shift workers, especially when combined with individual-focused approaches, such as cognitive behavioural therapy (CBT) targeted to insomnia.

Trauma and post-traumatic stress disorder (PTSD)

There are specific workplace practices to support workers after a crisis, disaster or an event that increase the risk of employees to become traumatised and develop PTSD. Occupations susceptible to traumatic events are, for example, defence forces, security services (police, fire department, coast guard), social, healthcare and retail occupations.

There are several important principles to consider in a trauma-informed approach in the workplace:

- Everyone in the workplace has a basic awareness and knowledge on trauma and its effects on individuals, families and communities. This awareness includes also understanding of how traumatic experiences affect people's behaviours.
- Everyone can recognise signs and symptoms of trauma. In workplaces where traumatic experiences are likely to occur, screening and assessment may be beneficial to recognise symptoms of trauma.
- The organisation has a procedure of how to respond to different trauma-related situations and events.
- The organisation has the means to resist re-traumatisation among employees and customers (SAMHSA's Trauma and Justice Strategic Initiative, 2014).

Psychological First Aid (PFA) is a method recommended by WHO, to be used in serious crises and disasters (see also Appendix A). PFA is an initial disaster and crisis response, aiming at promoting safety, stabilising survivors and connecting people to help. PFA is delivered by mental health professionals, such as psychologists or psychiatric nurses, but it is not a therapy-based approach. *Mental Health First Aid* (MHFA) is an educational method for workers, with the aim to increase knowledge on how to help a co-worker in crisis or in the early stages of a mental health problem (see Appendix A). MHFA is therefore not limited to a crisis or disaster situation. This method has, for example, improved mental health knowledge and reduced stigmatising attitudes among employees (Hadlaczky *et al.*, 2014). This method has been successfully applied to, for example, public security workplaces.

Severe mental health problems (including schizophrenia)

The most convincing practice to support individuals experiencing severe mental health conditions, such as schizophrenia, is supported employment, a tailored intervention that helps individuals experiencing severe mental health problems to find a job and gain sustainable employment (WHO & ILO, 2022). A Cochrane systematic network analysis on this issue suggested that supported employment programmes could be augmented with other vocational training programmes, such as social skills training (Suijkerbuijk *et al.*, 2017). *Individual Placement and Support* (IPS) is an evidence-based supported employment method that has been developed to help people with severe mental health problems to obtain and succeed in competitive employment (Bond *et al.*, 2020). There is an EU organisation, European Union of Supported Employment (EUSE), which is an organisation for promotion and development of employment opportunities for people with significant disabilities to access and stay in employment (see Appendix A).

Substance abuse

A systematic review evaluated workplace-level interventions to prevent or reduce the adverse effects of substance abuse (Akanbi *et al.*, 2020). The quality of studies was generally low, and the results were mixed. Typical interventions were a combination of employee education, drug testing and Employee Assistance Programme sometimes also supervisor training or a written policy on a substance-free workplace. In another review, all interventions were targeted to individuals and included screening with a brief intervention, psychosocial interventions and lifestyle interventions (Morse *et al.*, 2022).

The *Team Awareness* programme is a workplace-focused intervention, with the aim to have an impact on workplace culture (Bennett *et al.*, 2004). The method includes reviewing group risks, strengthening responsiveness to problems and providing alternatives to social drinking. The basic principle in the

intervention is that there are drinking cultures, social norms and attitudes also in the workplaces, which need to be addressed when attempting to introduce an effective intervention programme. The training programme typically consists of a couple of group sessions with lectures, discussions, interactive group work, video, role plays, communication skills practice and homework. Another workplace culture-based model describes workplace characteristics that have an impact on employee drinking behaviours, such as stress, job satisfaction, alienation experiences, social control, alcohol availability, and social and cultural norms. This approach has been applied, for example, in a project among young United States Air Force personnel by reducing availability of alcohol, with a media campaign in the local air force community, and by offering alternatives to drinking, such as sports activities (Ames & Bennett, 2011).

Comorbid pain

A previous EU-OSHA report (EU-OSHA, 2021d) listed the following recommendations for managing chronic musculoskeletal conditions in the workplace:

- The workplace environment should be designed to be as inclusive as possible for all, so that there is no or little need for individual accommodations.
- For workers who are on sick leave, there should be an effective return-to-work plan available.
- There should be collaborative coordination of the management of chronic musculoskeletal disorders at the organisational level.
- Organisational culture should be supporting, aware and understanding, including training for managers and workers.

The general recommendations included avoiding static postures and prolonged sitting, providing specific tools and equipment, changing working hours and tasks, and task rotation. Specific attention should be paid to employees in driving occupations. Separate reports have been published by EU-OSHA on prolonged constrained standing and static sitting at work (EU-OSHA, 2021a, 2021b).

Cognitive problems

A systematic review explored available documents, both scientific and non-scientific, to examine employers' perspectives, experiences and needs when managing workers who develop dementia while in employment (Thomson *et al.*, 2019). Three major themes emerged from the literature:

- *Early presentation and identification* of dementia in the workplace, which also emphasised the fact that many people are not aware of their cognitive deficits at work and when having difficulties, try to hide them. Co-workers and supervisors play an important role in recognising the difficulties and encouraging the employee to seek professional advice. Clinical observations have shown that symptoms of early-onset dementia may be more varied than those in later-onset dementia, including, for example, changes in personality and risk-taking behaviours. Various memory and cognitive function-related symptoms are actualised in a decline in work ability compared to previous standards. Here, it is vitally important that the managers and supervisors are sensitive and respectful when they ask the worker about difficulties with memory or concentration issues.
- *Reasonable accommodations*, which could help the worker with dementia to continue working. This theme concerned the content of accommodations and security issues to be accounted for, regarding both the worker and the co-workers.
- *Providing information*. This third theme concerned the importance of raising awareness of working-age dementia and facilitating informed choice among those affected. For example, the employees should be informed on where they can get support from, as well as about clinical examinations and benefits when having cognitive problems at working age. Unfortunately, many workers have experienced lack of support and even a quick job loss after they were diagnosed with dementia.

However, the situation should also be reviewed frequently, and the employer must be honest in the number of accommodations that can be reasonably made. At some point, there is a need for a retirement decision. Becoming a dementia-friendly employer has many benefits: there is a strong message of justice, the employer image will become more positive, and the workers will feel that they are cared for

and not discriminated against whatever health issues they may have in the future. It is important to acknowledge that cognitive problems in people of working age are typically due to reasons other than dementia, such as depression, anxiety or occupational burnout.

4.3 Return-to-work programmes

A review of best sickness absence management and return-to-work practices for employees with musculoskeletal or common mental health problems (Durand *et al.*, 2014) identified a six-step process of return to work from the employer's perspective:

- time off and recovery;
- initial contact with the worker;
- evaluation of the worker and their job tasks;
- a return-to work plan with work accommodations;
- work resumption; and
- follow-up of the return-to-work process.

In addition to support from healthcare professionals, the stakeholders involved in the workplace include supervisor, senior management, return-to-work coordinator, co-workers, union representatives and sickness absence manager.

A NICE guideline from the United Kingdom (UK) (National Institute for Health and Care Excellence, 2019) reviewed evidence on how to facilitate return to work and reducing risk of recurrence among workers on long-term sickness absence. According to the guidelines, providing graded activity and workplace environment modifications could facilitate the return-to-work process although the scientific evidence is limited. According to another review (Nielsen *et al.*, 2018), there is need for an integrated framework for sustainable return to work. This integration includes resources at five levels: the individual, the group, the leader, and the organisational and the overarching contextual levels. In addition, it is important to develop a holistic framework that also includes resources outside work.

4.4 Work accommodations

There is a growing literature on work accommodations, including some review papers (Lindsay *et al.*, 2019; McDowell & Fossey, 2015). Many chronic conditions, such as cancer, chronic pain, mental health problems and musculoskeletal disorders, are 'invisible'. Thus, there is discussion on the barriers to disclosure and request for work accommodations, how these accommodations could be measured (Gignac *et al.*, 2023) and categorised (MacDonald-Wilson *et al.*, 2003), and what would be the optimal timing of such a request (Ameri & Kurtzberg, 2022). A study on supportive employment for workers experiencing severe mental health problems suggested that in this group of workers, cognitive deficits and interpersonal problems were the most reported limitations for which there were accommodation needs (MacDonald-Wilson *et al.*, 2002). The most often used accommodations were a job coach and modified job duties. There were also discussions about the challenges that workplaces face with episodic disabilities, such as mental health conditions, when balancing between privacy legislations and benefits of a disclosure to obtain work accommodations (Gignac *et al.*, 2021). One study examined whether there is a downside in work accommodations and found that the accommodations process resembles organisational change, with similar risks to discrimination, maltreatment and bullying (Kensbock *et al.*, 2017). The article provides guidance on how to manage the potential risks involved in work accommodations. WHO suggested in their review that reasonable work accommodations should be implemented for workers experiencing mental health conditions, even though the few intervention studies on their effectiveness were evaluated as providing low-certainty evidence (WHO, 2022).

A comprehensive list of work accommodations found In the scientific literature, grouped according to the accommodation type, is available in Appendix B.

4.5 Practical tools and guides

A total of 165 examples were identified of informative websites, guides and practical tools developed to enhance employment or return to work for employees experiencing mental health conditions. A comprehensive description of the tools with links to the respective websites is available in Appendix B.

These tools and guides are grouped according to the following focal points: general workplace mental health and return-to-work support, workplace accessibility and accommodations, SMEs, depression and burnout, psychosocial risks and work stress, trauma and PTSD, sleep and recovery, chronic pain, eating disorders, suicide and substance abuse.

4.6 Support for SMEs

More than two-thirds of the European labour force is employed by SMEs. While workplace size appears not to be a factor determining whether workplaces are likely to make adaptations (Eurofound, 2014, 2019b), SMEs may have specific challenges when trying to address mental health issues in the workplace, as there often is no HR department or established teams to support employee wellbeing. The self-employed are their own employers and they may neglect to take care of themselves. In a small enterprise, there might not always be a culture of speaking about mental health. According to a recent survey carried out by EU-OSHA (EU-OSHA, 2022c), MSEs were still facing acute OSH management challenges, such as lack of risk assessments and monitoring. Moreover, awareness of psychosocial risks was lower than that of physical risks. National legislation seems to play a role in influencing the management of psychosocial risks in SMEs. SMEs perform worse in managing psychosocial risks in EU Member States with poor OSH services and they often lack a systematic approach to prevention, instead initiating improvements only when an incident has occurred or if it is externally demanded (EU-OSHA, 2017b, 2018, 2022d). The WHO guidelines on mental health at work suggest that the support for SMEs is arranged by the public sector services, and those services can help in providing reasonable accommodations for the workers (WHO, 2022). It is important that workers and employers have access to those occupational health services and employment services, which should preferably be multidisciplinary. EU-OSHA reports also stress the importance of providing support for small businesses in terms of return-to-work documents (EU-OSHA, 2021d).

A similar integrated approach to workplace mental health applies to SMEs as to other workplaces, including the three levels of psychosocial risk prevention: primary prevention (preventing harm by reducing overall work-related psychosocial and physical risks), secondary prevention (focusing on the health risk reduction among those having elevated psychosocial or physical risk levels), and tertiary prevention (preventing the worsening of disease, improving and supporting the remaining work capacity among those with health issues). However, there are very few intervention studies with the focus on SMEs' occupational health and the scientific literature lacks guidance on the best OSH practices in SMEs (EU-OSHA, 2016d).

A Finnish qualitative study identified challenges in OSH practices in SMEs (Heikkilä *et al.*, 2014). These included the lack of education and nomination of representatives who are responsible for OSH-related practices, such as risk assessment. Clear, easy-to-use risk assessment and monitoring methods should be tailored to the workplace's needs and implemented on a regular basis, with written reporting. Work capacity management should be included in the OSH practices. Workers should be allowed to actively participate in the decision-making process regarding OSH practices, such as risk management, early support, work accommodations and return-to-work practices. Table 2 shows the three principles of work capacity management (Confederation of Finnish Industries, 2011), which are useful stepping stones when planning a comprehensive approach to support mental health and work capacity in SMEs.

Table 2: Three principles of work capacity management in the workplace, applied to SMEs

The principle of awareness	▪ How is your personnel doing? ○ Job satisfaction, competence, health, work capacity ▪ What are the risks for work capacity in your workplace? ▪ What are the risks for health in your workplace? ▪ At what level are physical and psychosocial risks in your workplace? What are the target levels in your workplace? ▪ What are the costs associated with work incapacity? ▪ etc.

The principle of preparedness	▪ Do you have means to address the identified risks? ▪ Do you have preventive OSH practices? ▪ Do you have early support practices in case of mental health issues? ▪ What types of work accommodations are agreed? ▪ Do you have a return-to-work policy?
The principle of participation	▪ Do your workers participate in the planning of policies and practices? ▪ Do your workers participate in the planning of the provision of Employee Assistance Programmes and OSH?

Although few documents retrieved from our searches were developed specifically for SMEs, the practical guides and tools provided in this report are applicable to them as well, keeping in mind that every workplace is unique, and some effort is needed to create an organisational specific solution. Building on general good practices, as provided in this report, could be a good point of departure. General principles on approaching mental health issues include: an open attitude towards diversity, so that the workers feel that they are respected; open, creative ways of finding solutions; listening to the worker's wishes and opinions; relying on OSH providers, NGOs and other sources of information; and making a return-to-work plan (EU-OSHA, 2020a).

However, there are some solutions developed for SMEs. For example, a practical tool for SMEs by the EU-funded H-WORK project was launched in the *Mental Health at Work Platform*. It includes interactive tools for mental health, and benchmarking, especially for SMEs and public sector organisations. A UK-based website has a collection of information and tools for SMEs. For example, as part of their campaign *It's okay to talk about mental health*, the Federation of Small Businesses (FSB) has published a guide to help small businesses navigate workplace mental health (find all resources provided in Appendix A).

Small businesses often struggle with the lack of time and resources to implement a comprehensive workplace health promotion approach. However, they do not have to do it all at once. It is possible to begin with small steps, starting with *awareness raising*, to enhance a work environment where mental health can be discussed. Similarly, measures to manage identified psychosocial risks can be divided into those to be implemented in the short, immediate and long term, starting with some things to put right (EU-OSHA, 2018a). The article 'Developing an integrated approach to workplace mental health: A hypothetical conversation with a small business owner' (LaMontagne *et al.*, 2018) is useful reading that gives practical tips to SMEs on how to start with mental health support in the workplace.

5 Concluding remarks and policy pointers

Mental health problems are one of the leading causes of disability and years lost globally, and therefore, policies and practices need improving to reduce the global burden. The starting point for supporting mental health at work is the prevention of work-related psychosocial risk factors. Support for groups at risk and individuals experiencing mental health problems should be provided within the context of a good prevention approach.

The overarching aim of this report was to examine the third element, and provide comprehensive information on workplace support practices for workers experiencing different types of non-work-related and work-related mental health problems to be used to produce practical advice for workplaces. We identified and compiled existing guidance and recommendations on workplace support for workers experiencing mental health problems to stay at work or successfully return to work following sickness absence. We focused on the tertiary-level prevention, that is, supporting workers experiencing a mental health condition to continue in employment or return to work after a period of work disability. This report indicates that the workplace is an important arena for support and that there are various ways to implement support and become an inclusive workplace. Good practices found are applicable to mental health issues irrespective of their origin; some issues are work-related, some issues are non-work-related and some issues are both.

Building on a previous EU-OSHA report that showed that stress is often misunderstood and stigmatised in European workplaces (EU-OSHA, 2016b), our literature review confirmed that mental health issues are highly stigmatised. Therefore, the most important starting point is the willingness and commitment

of the employer to raise awareness of mental health issues, address stigma, and, eventually, develop an open, inclusive and non-discriminative workplace.

A previous report suggested that interventions that are not only targeted to the individual but also include changes at the workplace level, for example, active support from the supervisor, contact with the workplace and early gradual return to work, can be effective in return to work after sickness absence due to common mental health conditions (EU-OSHA, 2020b). Our literature review found however that interventions as well as the research available are most often focused on individuals; there is excessive literature on different types of psychotherapies and stress reduction techniques to strengthen the individual's coping capacity at work. Only recently have work environment-focused interventions been developed, although the scientific evidence on their effectiveness is still modest. However, the review found several review articles on *work accommodations* as a promising practice to support employees whose work capacity has changed and their use is a strong recommendation of the WHO (WHO, 2022).

It seems that Irrespective of the mental health condition, the following principles apply when supporting employees to stay in work or return to work after an episode of sickness absence:

- A culture of awareness and inclusion enabling disclosure of the mental health condition; to develop a sense of a psychologically safe workplace.
- Early intervention, that is, contact with the worker at an early phase of the sickness absence.
- Established mental health return-to-work policy, that is, there are steps to take that are tailored to each case.
- Good access to health services, professional multidisciplinary support.
- Acceptance and support from co-workers and supervisors.
- Work accommodations; based on an analysis of work tasks in relation to the worker's current work capacity.
- Follow-up of progress.

While suitable individual accommodations may differ between mental health conditions (and in any case should always be tailored to the individual and their workplace (EU-OSHA, 2021d, 2023b)), the general approach and steps are the same as identified as good practice in previous EU-OSHA reports regarding rehabilitation in general and for specific conditions such as musculoskeletal disorders, cancer or Long COVID (EU-OSHA, 2017a, 2020b, 2021c).

A psychologically safe workplace is a useful concept here. In today's turbulent working life, employees and teams need psychological safety, which is defined as the belief of employees that the workplace is safe for expression of ideas and opinions, and that employees will not be punished or humiliated if they speak up (Edmondson, 1999; Frazier *et al.*, 2017). Many of the retrieved methods and guides in this report reflected the idea of psychological safety at work, by emphasising good management practices, encouraging open and honest communication, listening to workers, making sure that workers feel supported, and showing appreciation and humility when people speak up. *Raising awareness* of mental health, *reducing stigma*, and *training supervisors and workers* to talk about and address mental health issues in the workplace were the most common activities that emerged in the retrieved material. These are excellent starting points from which organisations can continue their development and lay the basis for a psychologically safe workplace.

Important further steps towards a workplace supporting mental health were presented by Kersten *et al*. (2023), with a conceptual framework to support all vulnerable workers. The Mentally Healthy Workplace concept (Harvey *et al.*, 2014) included similar elements, highlighting practical solutions, such as work accommodations and EAP support. The presented principles and practices started from senior management commitment and ranged from personnel recruitment policies to performance management, work accommodations and job design, supportive culture and external collaboration (e.g. EAP). A mental health-supporting workplace is always inclusive. Equality, non-discrimination and disability should be included in all the policies and activities of the organisation, and should include a disability strategy that summarises all important aspects, such as disability management, return-to-work and work accommodation practices.

Regarding workplace accommodations for mental health conditions, it seems that they are not yet widely used in the workplaces and the scientific research on their effectiveness is in its infancy (Lindsay *et al.*,

2019; McDowell & Fossey, 2015; WHO, 2022). In the future, more research is needed to examine the impact of work accommodations in various contexts and to investigate what works in practice. The guides and toolkits were in most cases quite general, focusing on overall mental health.

Of the specific conditions, PTSD and substance abuse received most attention while, for example, anxiety-related conditions, such as panic disorder or obsessive-compulsive disorder, were rarely mentioned. However, awareness of the usefulness and low costs of work accommodations may increase their interest, as well as the resource that has been produced based on this review that includes descriptions of different mental health conditions, practical solutions and real-life examples.

As described in the methodology, there are some limitations of this research. However, while this report is not exhaustive nor a systematic review, we basically followed the principles of a scoping review, we could form a good overall picture of the subject, and clearly see a consensus regarding what constitutes good practices. Although the websites, guides and tools provided in this report were carefully selected from reliable sources, it is not known how effective these resources are to support change. It is also possible that it is only the most motivated companies that seek information from these types of sources. These issues would be important topics for future research, as well as finding out the most effective means to share and distribute good practices.

It was heartening to see how various companies around the world have come together and established networks around an important issue, mental health in the workplace. However, as those companies are typically large international companies, we need to find ways for more workplaces to act, including SMEs. For SMEs, we found that there are very few good practices and tools developed for their needs, especially regarding mental health issues. Particularly, for small businesses and their employees, access to multidisciplinary external support services is needed. Healthcare treatments should include return to work as a treatment goal, and access to occupational health services (OHS) is needed for all employers and employees (the provision of OHS could include through primary care). Given the stigma around mental health and the lack of awareness of how to act, support for organisations to support workers experiencing mental health conditions return to and stay in work is even more important than for other, physical health conditions. In that way it is possible to have coverage of good practices for all workers, irrespective of where they work.

The more a workplace is inclusive and takes account of diversity, the less need there will be for individual accommodations and the stigma involved in asking for them. Focusing on preventing risks at source, incorporating adaptability and promoting wellbeing is also part of making a workplace inclusive. Having specific policies that cover all workers on flexible work arrangements, such as adaptable working hours, and teleworking, can support continued working with a mental health or other health condition. HR and OHS/those responsible for safety and health need to work together, both on the prevention of psychosocial risks and support for groups of workers at risk, and for those in need of support when returning to work.

Policy pointers that are suggested by the review are summarised in Box 2.

Box 2: Policy pointers

Based on the work, key **takeaways for policymakers and decision-makers** include:

- Interventions to support individuals should be implemented within the context of organisational interventions that address psychosocial risk factors for all workers.
- Regarding return to work and workplace support, the same approach should be applied to mental health problems as is ideally already taken with physical health conditions.
- Return to work should focus on an individual's capabilities not their disabilities.
- Workers may often have a physical and a mental health condition. These physical and mental health conditions need to be addressed together within a work-focused approach.
- All employers and their workers, especially MSEs, would benefit from access to multidisciplinary return-to-work services. The self-employed also need access to services. Examples and experiences of good practices regarding multidisciplinary support programmes should be shared.

- Employment should be part of all healthcare policies on mental health: health practitioners should have return-to-work as a treatment objective for patients with mental health problems and therapies, such as CBT, should include a work focus.
- National sickness insurance and benefit schemes should allow a gradual return to work.
- More needs to be done to raise awareness about mental health in the workplace and to reduce stigma.
- Social partners should incorporate the issue of integration and retention of workers with chronic disease into social dialogue at all levels (Eurofound, 2019b).
- Social partners should develop guidelines for return-to-work at workplaces.
- More evidence-based tools and resources need developing, including ones tailored to different sectors, and including how to support workers with episodic conditions.

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Appendices

Appendix A - Resources for workplace practices

Table A1: Resources for workplace practices

General workplace mental health and return-to-work support

Country	Resource	Organisation	Web link	Summary
EU	Mental Health Platform	H-WORK – Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces	https://www.mentalhealth-atwork.eu/	H-WORK Innovation Platform is an outcome of the EU-funded H-WORK 'Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces'. It includes analytical, decision-making, intervention and evaluation tools to promote wellbeing in the workplace.
EU	Eurofound's website	Eurofound	https://www.eurofound.europa.eu/en/topic/health-and-well-being-work	Eurofound's research reports, data and other information on health and wellbeing at work can be found at this link.
EU	Eurofound: Absence from work	Eurofound	https://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn0911039s/tn0911039s.pdf	This study addresses patterns of absence from the 27 EU Member States and Norway, the costs involved, policies for dealing with absence, and general developments in relation to promoting health and wellbeing. It includes national examples of best practice for sickness absence management.
EU	Eurofound: Disability and chronic diseases	Eurofound	https://www.eurofound.europa.eu/topic/disability-and-chronic-disease	Eurofound's research reports, data and other information on disability and chronic diseases can be found at this link.
EU	ENWHP website	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.home	The European Network for Workplace Health Promotion (ENWHP) conducts research and training for improving workplaces and occupational health. Its online publications and resources include material related to healthy working and chronic illnesses, good practices for promoting healthy working, good practices in the prevention of psychosocial risks, and guidance on healthy ageing and healthy lifestyles.
EU	A guide to employers to promote mental health in the workplace	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/resources/toolip/doc/2018/04/23/mentalhealth_broschuere_arbeitgeber.pdf	A practical guide for employers published in a European campaign Work in Tune with Life as the initiative to help promote mental health in workplaces.

Country	Resource	Organisation	Web link	Summary
EU	Work in Tune with Life: Mental Health at the Workplace guidance	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.8th-initiative-work-in-tune-with-life	This page links to resources aimed at helping employers and employees to implement measures to promote good mental health at work and to convince European stakeholders and companies that it is necessary and worthwhile to invest in programmes that help improve employees' mental health.
EU	Promoting healthy work for workers with chronic illness: A guide to good practice (available in various languages)	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.european-guide-to-good-practice-guidelines	Guidance on promoting healthy work for workers with chronic illness.
EU	Healthy Workplaces Campaigns	European Agency for Safety and Health at Work (EU-OSHA)	https://healthy-workplaces.osha.europa.eu/en	Healthy Workplaces Campaigns aim to raise awareness, provide practical resources and bring stakeholders together around different workplace health issues, such as musculoskeletal and mental health, risk assessment and digitalisation.
EU	Healthy Workplaces Lighten the Load	European Agency for Safety and Health at Work (EU-OSHA)	https://healthy-workplaces.osha.europa.eu/en/previous-campaigns/musculoskeletal-disorders-2020-22/campaign-summary	The campaign raised awareness of work-related musculoskeletal disorders and the need to manage them and promote a culture of risk prevention. The campaign was structured around eight priority areas: prevention, facts & figures, chronic conditions, sedentary work, worker diversity, future generations, psychosocial risks, and telework.
EU	Healthy workers, thriving companies – a practical guide to wellbeing at work	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work	Tackling psychosocial risks and musculoskeletal disorders in small businesses.
EU	Workforce diversity and risk assessment: ensuring everyone is covered, Factsheet 87	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/tools-and-publications/publications/factsheets/87/view	Workforce diversity and risk assessment: ensuring everyone is covered – summary of an Agency report, providing practical advice.
EU	EU-OSHA Factsheet 53	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/publications/factsheet-53-ensuring-health-and-safety-workers-disabilities/view	Ensuring the health and safety of workers with disabilities – factsheet providing simple advice on risk assessment.

Country	Resource	Organisation	Web link	Summary
EU	Rehabilitation and return to work report	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-analysis-eu-and-member-state/view	Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes.
EU	Ill health, disability, employment and return to work	European Agency for Safety and Health at Work (EU-OSHA)	https://oshwiki.osha.europa.eu/en/themes/ill-health-disability-employment-and-return-work	This OSHwiki article presents EU-OSHA's resources related to returning to work and working with an ill-health condition or disability; it also features key resources from other organisations. It includes a section on mental health and work-related stress.
EU	Mental Health Europe website	Mental Health Europe	https://www.mhe-sme.org/	Mental Health Europe (MHE) is a European NGO network committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers. MHE represents associations and individuals in the field of mental health and together with its members, MHE formulates recommendations for policymakers to develop mental health-friendly policies. A specific section is devoted to workplace mental health.
EU	Mental Health: The Power of Language' – A glossary of terms and words	Mental Health Europe	https://www.mhe-sme.org/mhe-releases-glossary/	By being mindful of the terms and words we use about mental health, this publication can contribute to the elimination of stigma and discrimination related to mental health. It was developed in co-creation by people with lived experience, supporters, care professionals, service providers, and human rights and health experts.
EU	A position paper on psychosocial accessibility	Mental Health Europe	https://www.mhe-sme.org/new-reflection-paper-accessibility/	'More than a ramp: rethinking accessibility for people with psychosocial disabilities' is a position paper on accessibility on a psychosocial perspective. The position paper can be used by stakeholders (e.g. the EU institutions and the Member States), as a working document and baseline for the initial discussions around accessibility and what barriers persons with psychosocial disabilities can encounter.
EU	Frontex Mental Health Strategy	Frontex	https://op.europa.eu/en/publication-detail/-/publication/89c168fe-e14b-11e7-9749-01aa75ed71a1/language-en	Frontex is the European Border and Coast Guard Agency that supports EU Member States and Schengen-associated countries to manage the external borders of the EU, including cross-border crime prevention and intervention. The strategy is tailored to operational conditions, and it includes topics on occupational health and safety (OSH), mental health promotion and rehabilitation/return-to work.

Country	Resource	Organisation	Web link	Summary
Australia	Developing a return to work plan	Work Safe Australia	https://www.safeworkaustralia.gov.au/sites/default/files/2023-12/202311-FINAL-Developing%20a%20return%20to%20work%20plan%20-%20guide%20and%20template_0.pdf	This resource is a guide and template for anyone responsible for developing a return-to-work plan in collaboration with the injured or ill worker.
Australia	Return to work websites and toolkits	Melbourne School of Population and Global Health, University of Melbourne	https://returntowork.workplace-mentalhealth.net.au/tools-downloads/ https://mhfa.com.au/sites/default/files/8671_return-to-work_guidelines.pdf	Return to work is a comprehensive website on all aspects of return to work developed by University of Melbourne. According to information and guidance, it includes several toolkits on mental health and return to work.
Australia	Mental Health First Aid education	Mental Health First Aid (MHFA)	https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/07/23.07.16_MHFA-at-Work-marketing-one-pager-v1.pdf	MHFA is a course for employees on how to identify, understand and respond to signs of mental health problems and substance abuse. The training gives skills that are needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
Australia	Mentally Healthy Workplace platform	Australian Government National Mental Health Commission	https://beta.mentallyhealthyworkplaces.gov.au/about-mentally-healthy-workplaces	The Mentally Healthy Workplace platform was developed as part of the national Workplace Initiative, and it includes information, materials and case stories of the companies creating mentally healthy workplaces across Australia.
Austria	Fit2Work website	Fit2Work	https://fit2work.at/	Fit2Work is an Austria-wide programme based on the Labour and Health Act, with the key objectives to reintegrate employees after long periods of sick leave and to preserve their workability on a long-term basis. This is to be done by taking adaptive measures at organisational level and supporting the individual's efforts (integration schedule for the company and the individual).
Austria	Fit2Work practical examples	Fit2Work	https://www.fit2work.at/artikel/erfolgreiche-faelle-aus-der-praxis	Summaries of return-to-work cases assisted by Fit2Work.

Country	Resource	Organisation	Web link	Summary
Austria	Wiedereingliederung steilzeit Arbeitsrechtlicher und sozialversicherungsrechtlicher Leitfaden / Reintegration part-time work guide to labour law and social security law	BM für Arbeit und Wirtschaft Österreich-Federal Ministry of Labour and Economic Affairs Austria	https://www.bmaw.gv.at/dam/jcr:369f4770-83ea-4f92-ae3c-75c459d8d167/20220719_Wiedereingliederungstz.pdf	This brochure contains all the important information on labour and social security law as well as an overview of the most important regulations, concrete examples, checklists and step-by-step instructions.
Belgium	Checklists: Reintegration at Work	Belgium FPS Employment, Labour and Social Dialogue	https://werk.belgie.be/nl/publicaties/checklists-re-integratie-op-het-werk	This resource includes four checklists. The first three each relate to a phase of reintegration (incapacity for work - risk prevention, during incapacity for work - maintaining contact, effective reintegration); the fourth checklist indicates transversally what the actors should pay attention to during the entire reintegration process (promote communication between actors).
Bulgaria	ПОДКРЕПА ЗА ТРУДОВАТА РЕАЛИЗАЦИЯ НА ХОРА С ИНТЕЛЕКТУАЛНИ ЗАТРУДНЕНИЯ / Support for people experiencing mental health problems	Bulgarian Center for Non-Profit Law and the “World of Maria” Foundation with the support of Active Civil Fund of Iceland, Liechtenstein and Norway	https://bcnl.org/uploadfiles/documents/%D0%A0%D0%B5%D0%B7%D1%8E%D0%BC%D0%B5_%D0%9F%D1%80%D0%B0%D0%B2%D0%B5%D0%BD%20%D0%B0%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7_%D0%9F%D0%BE%D0%B4%D0%BA%D1%80%D0%B5%D0%BF%D0%B0%20%D0%B7%D0%B0%20%D1%82%D1%80%D1%83%D0%B4%D0%BE%D0%B2%D0%B0%20%D1%80%D0%B5%D0%B0%D0%BB%D0%B8%D0%B7%D0%B0%D1%86%D0%B8%D1%8F%20%D0%BD%D0%B0%20%D0%9B%D0%98%D0%97.pdf	Possible forms of employment, legislative requirements for rehabilitation and support are described, as well as the challenges for providing these actions.
Bulgaria	Психично-здравен сайт на България / Mental Health Website of Bulgaria	Mental Health Website of Bulgaria	https://psihichnozdrave.com/	Association “Adaptation Society” – an NGO of relatives of people experiencing mental health issues.

Country	Resource	Organisation	Web link	Summary
Canada	ACED website	ACED	https://aced.iwh.on.ca/	Accommodating and Communicating about Episodic Disabilities (ACED) is a research partnership developing evidence-based workplace tools, resources and training programmes to support the sustained employment of people with episodic disabilities.
Canada	CCOHS guidance and recommendations	CCOHS	https://www.ccohs.ca/topics/wellness/mentalhealth/	CCOHS (Canadian Centre of Occupational Health and Safety) mainly provides guidance and recommendations on how to achieve a healthy workplace. It covers a range of occupational-related topics such as mental health, gender and health in the workplace. Its pages on mental health cover topics such as active listening, conversations, providing support, PTSD and burnout.
Canada	Guide on return to work, workplace mental health information	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/return-to-work-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for line managers on return to work.
Canada	IWH website	IWH	https://www.iwh.on.ca/topics/mental-health-in-the-workplace	IWH carries out research projects and provides practical tools. Its materials on mental health can be found on this web page.
Canada	Tools and guides	IWH	https://www.iwh.on.ca/tools-and-guides/supporting-return-to-work-among-employees-with-musculoskeletal-or-mental-health-conditions-evidence-based-practical-resource	This resource synthesises the research evidence on the practical solutions that workplaces can implement – in conjunction with workers' compensation, insurance and healthcare authorities – to support the return to work of employees with musculoskeletal disorders or mental health conditions. This two-page guide emphasises that the most effective return-to-work strategies package together interventions from more than one of three areas of return-to-work support: health services, case coordination and work modification.
Croatia	Center for Vocational Rehabilitation "Zagreb"	Center for Vocational Rehabilitation "Zagreb"	https://cprz.hr/	Initiatives, examples of good practice, projects or other activities on the topic of *Supporting workers experiencing a mental health problem to return to work/continue working*. Center for Vocational Rehabilitation "Zagreb" organises and performs vocational rehabilitation of persons with disabilities, including persons experiencing mental health difficulties.
Denmark	En af os – One of Us	Danish Health Authority	https://www.sst.dk/da/en-af-os	The main purpose of One of Us is to end stigma related to mental health issues. In cooperation with different actors within the labour market, One of Us has run several initiatives targeting the workplace. One long-term goal is to create more awareness about mental health, which may contribute to reducing sick leave caused by the problem and providing better conditions for the inclusion of people experiencing mental health problems.

Country	Resource	Organisation	Web link	Summary
Denmark	The ABCs of Mental Health	University of Copenhagen	https://psychology.ku.dk/abc/	The ABCs of Mental Health partnership cooperates across different academic and organisational disciplines (public, private and civil society) to promote mental health on a research-based foundation. The initiative focuses on: 1) increasing the knowledge and understanding of what people can do to strengthen their own and other's mental health, and 2) creating the best possible conditions for mental health and wellbeing for the entire population across life conditions and situations in Denmark.
Estonia	Vaimne tervis töökohal / Mental health in the workplace	MTU Peaasjad	https://peaasi.ee/tookohal/	This web page on mental health in the workplace includes a dropdown section on mental health issues in the workplace, where there are subsections on anxiety disorders and the workplace, depression, traumatic events, and managing retention and return to work. The sections contain advice and links to further information and resources. The section on depression includes a plan for a work discussion on depression with video clips.
Finland	FIOH Mental Health Toolkit	Finnish Institute of Occupational Heath (FIOH)	https://hyvatyo.ttl.fi/en/mental-health-toolkit	The FIOH Mental Health Toolkit includes practical material and toolkits for supervisors and a recovery calculator, resilience test and substance abuse programme (available in Finnish, Swedish and English).
Finland	FIOH Hyvän mielen työpaikka / Toolkit for good mental health in the workplace	Finnish Institute of Occupational Heath (FIOH)	https://www.ttl.fi/oppimateriaalit/hyvan-mielen-tyopaikka	A website that includes educational materials for supervisors about how to support mental health at work and develop a workplace with good mental health.
Finland	MIELI Mental Health Finland	MIELI	https://mieli.fi/en/	MIELI Mental Health Finland is a mental health organisation whose mission is to promote mental health, provide crisis support and prevent mental health issues. "We want to build a society in which people can talk about mental health safely and without stigma." Materials are available in several languages.
France	Website Travail, parcours et prévention de l'usure professionnelle / Work, career paths and preventing occupational attrition	Agence nationale pour l'amelioration des conditions de travail (ANACT)	https://www.anact.fr/travail-parcours-et-prevention-de-lusure-professionnelle	This series of articles seeks to understand the organisational phenomena at the root of the professional attrition experienced by certain employees, and identify possible courses of action for those involved in prevention.
France	Psycom website	Psycom	https://www.psycom.org/	Psycom is an NGO in France that provides information and tools to handle mental health issues for everyone.

Country	Resource	Organisation	Web link	Summary
Germany	Collaborative practice of returning to work – reintegration after a mental health condition	Bundesanstalt fur Arbeitschutz und Arbeitsmedizin (BAuA)	https://www.baua.de/DE/Angebote/Publikationen/Praxis/A106.html	The brochure is based on studies examining the return-to-work process of employees with common mental health problems. It includes two exemplary cases with insights into the experience, behaviour and action in the return-to-work process from the perspective of returning employees. See First and Second lessons learned in the English translation.
Germany	Umgang mit psychisch beeinträchtigten Beschäftigten - Handlungsleitfaden für Führungskräfte / Dealing with employees experiencing mental health problems – Guidance for managers	Deutsche Gesetzliche Unfallversicherung (DGUV)	https://publikationen.dguv.de/widgets/pdf/download/article/3732	This guidance aims to raise awareness and provide information to managers on the issue of mental health problems. The guideline intends to encourage managers/supervisors and support them in approaching mental health aspects at work. It includes information on how to talk to employees experiencing mental health problems and provides practical guidance on steps to take.
Germany	Rückkehr an den Arbeitsplatz nach psychischer Erkrankung – Leitfaden für Betriebsärztinnen und -ärzte / Returning to work after mental health issues – Guidance for occupational health physicians	UKD – University of Düsseldorf (Institute for Occupational Health, Social and Environmental Medicine)	https://www.uniklinik-duesseldorf.de/fileadmin/Fuer-Patienten-und-Besucher/Kliniken-Zentren-Institute/Institute/Institut_fuer_Arbeits_Sozial_und_Umweltmedizin/Materialien/Downloads/Handlungsleitfaden_RTW_nach_psychischen_Krisen_final.pdf	This guide on the implementation of the reintegration process of workers experiencing mental health problems was developed and tested in the framework of a study. The main objective of the guide is to empower the occupational physician in his/her position as a facilitator of reintegration after mental health crises. The guide provides assistance in communication with other internal and external stakeholders and in their involvement. It includes various scenarios with options for action by the occupational health physician.
Germany	Initiative Neue Qualität der Arbeit - New Quality of Work" (INQA) website	Bundesministerium für Arbeit und Soziales	https://www.inqa.de/DE/themen/gesundheit/psychische-gesundheit-am-arbeitsplatz/uebersicht.html	INQA supports companies and institutions on their way to an economically sustainable and at the same time humane working environment. The initiative unites all the important social forces and contributes new know-how about the design of the working environment to companies. The aim is to improve the quality of work, to maintain employees' health and to increase the innovative power and competitiveness of the German economy. The main themes include, for example, health and diversity management.

Country	Resource	Organisation	Web link	Summary
Greece	IASIS website	IASIS (external support organisation)	https://www.iasismed.eu/	IASIS is an NGO that provides psychosocial support and promotes mental health. It has a day centre for workers and the unemployed – IASIS at Work – that also provides education and training on mental health issues relevant to the workplace.
Greece	HR case study series of workers with mental health problems	University of Athens	https://issuu.com/hrm_aueb/docs/24_hr-case-study-series_issue	HR case study series 24: Mental health at work / Ψυχική Υγεία και Ευζωία στην Εργασία. Experts examine case examples of teleworkers experiencing mental health problems and work stress during the COVID-19 pandemic, discussing factors such as using the preconditions, the commitment of leadership, the role of HR in educating, designing and implementing policies, and the use of employee support programmes as well as the help of psychologists and coaches.
Greece	PEPSAEE website	Pan-Hellenic Association for Psychosocial Rehabilitation and Professional Reintegration (PEPSAEE, external support organisation)	https://www.pepsaee.gr/	PEPSAEE is a scientific not-for-profit organisation whose main purpose is to support the social and labour market integration of people experiencing psychosocial difficulties. It has day centres and operates an Employment & Social Entrepreneurship Support Office.
Greece	“Thalpos-Mental Health” Agency website	“Thalpos-Mental Health” Agency External support organisation)	https://thalpos.org.gr	The “Thalpos-Mental Health” Agency is an NGO with an active role in intervention and information on mental health and in the management of social care programmes.
Ireland	Employees with Disabilities An employer’s guide to implementing inclusive health and safety practices for employees with disabilities	Health and Safety Authority (HSA)	https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/hsa_disability_guidelines_2021.pdf	Guidelines for employers on disability that includes case studies.
Ireland	Mental Health Ireland website	Mental Health Ireland	www.mentalhealthireland.ie	A national NGO for mental health promotion.

Country	Resource	Organisation	Web link	Summary
Ireland	Shine website	Shine	https://shine.ie/	Shine is an NGO that supports individuals and groups experiencing mental health problems to enhance their recovery and challenge negative attitudes and behaviours, and delivers a variety of programmes and services.
Ireland	Practical guidance	NDA (National Disability Authority)	https://nda.ie/uploads/publications/retaining-employees-who-acquire-a-disability-a-guide-for-employers.pdf	Practical guidance for employers about how to help employees who have acquired a disability to stay in work.
The Netherlands	Effectieve interventies / Effective interventions	Trimbos institute	https://www.trimbos.nl/kennis/mentale-gezondheid-preventie/expertisecentrum-mentale-gezondheid/arbeid-en-mentale-gezondheid/effectieve-interventies/	This web page describes a number of interventions aimed at promoting the mental health of employees that have been found effective in the scientific literature or recognised by Dutch intervention databases. They cover return to work and mental health in the workplace.
The Netherlands	Blijven werken met psychische klachten / Keep working with mental health problems	HAN University of Applied Sciences	https://www.han.nl/projecten/blijven-werken-met-psychische-klachten/ https://www.han.nl/projecten/takeover/interventies-en-diensten/	Practical tips and information on supporting employees with mental health problems aimed at employers. The website offers general advice for employers and links to diverse support options both for staying at work but also preventive approaches.
The Netherlands	Good practices	Commissie Werk Gezondheid	https://centrumwerkgezondheid.nl/wp-content/uploads/2018/02/Overview_Good_Examples_work_chronic_conditions_31jan2018.pdf	Results of an exploration of European initiatives for stay at work with a chronical condition and job opportunities for (young) people with a chronic condition.
The Netherlands	Werk en inkomen / Op zoek naar werk - Work and income / Seeking employment	MIND	https://mindplatform.nl/thema/werk-en-inkomen-1 https://wijzijnmind.nl/op-weg-naar-werk/op-zoek-naar-werk	MIND is an independent advocacy organisation for people experiencing mental health issues and their families. These web pages contain practical tips and information on finding, maintaining and going back to work with mental health problems. There are links to different support programmes.
The Netherlands	Mind Your Business	MIND	https://wijzijnmind.nl/mind-your-business	This web page contains information on how to stay mentally health at work. A self-test and so called challenges where you can sign up for 7-10 days of educational emails with information and small tasks for the day.

Country	Resource	Organisation	Web link	Summary
Norway	Open Mind	Telenor	https://www.telenor.no/openmind/english/	Telenor's Open Mind programme offers work to people experiencing different work disabilities, such as physical handicaps or mental health issues, and to immigrants from non-European countries. During the one-year programme, Open Mind can strengthen the participants' chances to gain employment through relevant on-the-job practice and training.
Poland	"Leczenie psychiatryczne a praca" / "Psychiatric treatment and work"	Grupa Pracuj	https://porady.pracuj.pl/zycie-zawodowe/leczenie-psychiatryczne-a-praca/	Grupa Pracuj is a platform that supports and equips companies with technological solutions to automate HR processes. This web page includes information on the following topics: Concealing a mental health issue from an employer - is it a bad thing?; Sick leave from a psychiatrist and return to work; Mental health treatment and work - how does work activity affect the healing process?; Mental health treatment and work - what is the situation?; How to support a colleague experiencing mental health issues.
Poland	"Wsparcie osób chorujących psychicznie na rynku pracy. Analiza i zalecenia" / "Supporting people who experience mental health problems in the labour market. Analysis and recommendations"	Biuro Rzecznika Praw Obywatelskich/Commission for Human Rights	https://bip.brpo.gov.pl/sites/default/files/Wsparcie_osob.pdf	The purpose of this handbook is to identify and define and compare the specificity of the functioning of the institutions of socio-professional activation of people in Poland who experience mental health issues from the perspective of the employees of the Regional Centres for Social Policy, managers and employees of the rehabilitation centres, and people affected by mental health problems, and identify good practices.
Spain	Design for All Foundation website	Design for All Foundation	http://designforall.org/design.php	The Design for All Foundation promotes knowledge around the concept of design tailored to human diversity. Design for All projects aim to improve quality of life, solidarity, dignity, sustainability and equal opportunities. The website contains guidance for various sectors, such as the tourism, education and museum sectors, and companies, but also for individuals. There is a special section regarding news in the sector, where there is information regarding new trends of inclusive design and award-winning initiatives in the sector.
Sweden	SWEA website (available in various languages)	Swedish Work Environment Authority (SWEA)	https://www.av.se/halsa-och-sakerhet/#	This website provides information for the workplace on work adaptations and rehabilitation. It includes information on legal obligations and good practice.

Country	Resource	Organisation	Web link	Summary
Sweden	Plan för återgång i arbete efter sjukskrivning / Plan for return to work after sick leave	Social Insurance Office	https://www.forsakringskassan.se/arbetsgivare/att-forebygga-sjukfranvaro-bland-medarbetare/friskare-medarbetare-med-rehabiliteringsbidrag/plan-for-atergang-i-arbetet	Advice for employers on their legal responsibility to make a return-to-work plan for an employee on sick leave.
Sweden	Arbetsplatsdialogen - upptäck tidiga tecken på ohälsa / The workplace dialogue - detect early signs of ill health	Prevent	https://www.prevent.se/jobba-med-arbetsmiljo/osa/arbetsplatsdialogen/	ArbetsplatsDialog för arbetsåtergång, ADA (Workplace Dialogue for return to work, ADA), is a method developed and evaluated by the Occupational and Environmental Medicine Clinic in Lund. The manual can be found at www.fhvmetodik.se
Sweden	Krav- och funktionsschema (KOF) / Requirements and Functionality Schedule (KOF)	Arbets- och miljömedicin i Uppsala / Occupational and environmental medicine in Uppsala	https://ammuppsala.se/arbetsformaga/krav-och-funktionsschema-kof/	The Requirements and Functionality Schedule (KOF) is a method for collaboration around an employee's work ability, which is based on a meeting between the employee and their immediate manager.
Sweden	Riktlinjer vid psykisk ohälsa på arbetsplatsen / Guidelines for mental health problems in the workplace	Swedish Agency of Work Environment Expertise	https://mynak.se/publikationer/riktlinjer-vid-psykisk-ohalsa-pa-arbetsplatsen/	These research-based guidelines for occupational health and employers focus on preventing, investigating and remedying work-related mental health issues. The guidelines also include guidance on measures for the workplace when someone has experienced mental health issues.
Sweden	Mind website	Mind	https://mind.se/	Mind is an NGO in Sweden that aims to promote mental health in the society in various ways. The website includes information on mental health, sources of help and possibilities for interaction. Part of the material is available in several languages.
Sweden	Work Integration Social Enterprise (WISE)	WISE Gävleborg	https://pubmed.ncbi.nlm.nih.gov/37187968/	This is a case study (Macassa *et al.*, 2023) of a social enterprise that operates in a small region in mid-Sweden. With a total of 40 employees, the WISE provides services, such as home and office cleaning, gardening, snow ploughing, rehabilitation, and lunch and cafeteria services, with flexible working hours. The interviewed employees reported that working in a WISE provided them a sense of safety, belongingness, freedom and improved self-esteem, and that they felt that their work contributed to the wider community.

Country	Resource	Organisation	Web link	Summary
UK	A Healthy Return guide	Institution of Occupational Safety and Health (IOSH)	https://www.cambridgesafety.co.uk/wp-content/uploads/2019/08/B1-Vocational-rehabilitation-IOSH.pdf	This is a guidance document for a healthy return to work and rehabilitation. It provides practical examples and guidance on good practice for returning to work after several causes of long absence, including mental health conditions. It defines the criteria for the main actors in occupational health and information on relevant reasonable adjustments, managing sensitive medical information and other helpful tools such as return-to-work plans with case examples.
UK	Occupational Health Toolkit	Institution of Occupational Safety and Health (IOSH)	https://iosh.com/resources-and-research/our-resources/occupational-health-toolkit/	The toolkit is a free resource that provides useful information to help employers tackle occupational health issues in the workplace, including psychosocial risks, mental health and return to work.
UK	Several toolkits to support inclusive workplace and mental health of employees	Business in the Community (BITC)	Various toolkits: https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/ Ethnically diverse women: https://www.bitc.org.uk/toolkit/mental-health-and-wellbeing-for-ethnically-diverse-women/ Inclusive remote working: https://www.bitc.org.uk/toolkit/inclusive-remote-working/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.
UK	HSE Guide on sickness absence management	Health and Safety Executive (HSE)	https://www.hse.gov.uk/disability/assets/docs/sickness-absence-return-to-work.pdf	The guide includes HSE's best practice on sickness absence management and return to work.
UK	CIPD guide on return to work	The Chartered Institute of Personnel and Development (CIPD)	https://www.cipd.org/en/knowledge/guides/manager-guide-managing-return-to-work-after-long-term-absence/	The guide, produced in partnership with Bupa, is designed to support line managers to manage instances of long-term absence and return to work.
UK	Wellness Action Plan by Mind	Mind	https://www.mind.org.uk/workplace/mental-health-at-work/wellness-action-plan-sign-up/	Mind is the national mental health charity in the UK. Local Minds support people in communities across England and Wales. Their range of services includes supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending. The toolkit has been developed for discussion and planning in the workplace.
UK	The Influence and Participation Toolkit	Mind	https://www.mind.org.uk/workplace/influence-and-participation-toolkit/	Mind is the national mental health charity in the UK. Toolkit for enabling workplaces to involve people with mental health conditions to participate in the development of the organisation.

Country	Resource	Organisation	Web link	Summary
UK	Ten Steps for Mindful Employer guide	Mind Leeds – Mindful Employer	https://www.mindfulemployertensteps.co.uk/steps	Mindful Employer is a national initiative supporting employers to take a positive approach towards mental health at work. The guide includes guidance on managing stress, mental health and return to work.
UK & USA	This is Me	Barclays	https://home.barclays/who-we-are/our-strategy/diversity-and-inclusion/disability/this-is-me/	The This is Me campaign was launched at Barclays to challenge the stigma around mental health and to create a workplace where people feel confident to talk about mental health. The campaign encourages colleagues to tell their personal stories and, in this way, create an open environment for everybody. The number of colleagues sharing their story about a disability, a neurodiversity or a mental health condition has increased from nine to over 250 within a couple of years.
USA	Center for Workplace Mental Health website	American Psychiatric Association Foundation	https://www.workplacementalhealth.org/	The Center for Workplace Mental Health exists to help employers create a more supportive workplace environment for their employees and advance mental health policies at their organisations. Includes resources to create a mentally healthy workplace.
USA	Workplace Mental Health Toolkit	Employer Assistance and Resource Network on Disability Inclusion (EARN)	https://askearn.org/page/mental-health-toolkit	EARN's Workplace Mental Health Toolkit aims to provide employers with the knowledge, skills and resources necessary to create a supportive work atmosphere for those living with mental health conditions. It provides advice on creating a mental health-friendly workplace.
USA	PEAT website	The Partnership on Employment & Accessible Technology (PEAT)	General resources: https://www.peatworks.org/employer-topics/ Advice in case of mental health conditions on audio-only meetings: https://www.peatworks.org/why-employers-should-allow-audio-only-status-on-calls/	The mission of PEAT is to foster collaborations in the technology space that build inclusive workplaces for people with disabilities. Their vision is a future where new and emerging technologies are accessible to the workforce by design.
USA	Several Toolkits for Workplace Mental Health	Mind Share Partners	https://www.mindsharepartners.org/toolkits	Mind Share Partners is a national NGO that aims to change the culture of workplace mental health so that both employees and organisations can thrive. The toolkits include advice and information on various topics of workplace mental health, such as a mentally healthy workplace, mental health awareness, peer listening groups and suicide prevention.

Country	Resource	Organisation	Web link	Summary
International	WHO Guidelines on Mental Health at Work web link (available in various languages)	World Health Organisation (WHO)	https://www.who.int/publications/i/item/9789240053052	Recommendations to promote mental health, prevent mental health conditions, and enable people experiencing mental health conditions to participate and thrive in work. The recommendations cover organisational interventions, manager and worker training, individual interventions, return to work and gaining employment.
International	The Global Business Collaboration for Better Workplace Mental Health	The Global Business Collaboration for Better Workplace Mental Health	https://betterworkplacemh.com/	The Global Business Collaboration for Better Workplace Mental Health is a business-led initiative to advocate and enable an evidence-based action for a positive change for mental health in the workplace. To date, 100 companies from 62 countries in six continents, with a total of 1,600,000 employees, have signed the Pledge. The website resources include webinars and case stories from participating companies on how they had improved mental health in their workplaces and how they are building up their roadmap for change.

Small and medium-sized enterprises (SMEs)

Country	Resource	Organisation	Web link	Summary
EU	Mental Health Platform	H-WORK – Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces	https://www.mentalhealth-atwork.eu/	H-WORK Innovation Platform is an outcome of the EU-funded H-WORK 'Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces'. It includes analytical, decision-making, intervention and evaluation tools to promote wellbeing in the workplace.
EU	MENTUPP Platform	MENTUPP project	https://www.mentuppproject.eu/	The MENTUPP project involves the development, implementation and evaluation of a multi-level intervention targeting both clinical and non-clinical mental health issues and combating the stigma of mental health problems, with a specific focus on SMEs. The used framework is a mentally healthy workplace, informed by several systematic reviews and a consultation survey with key experts in the area. The intervention is facilitated through the MENTUPP Hub, an online platform that presents interactive psychoeducational materials, toolkits and links to additional resources. A pilot study will be carried out in eight EU countries and Australia.
EU	Business Europe website	Business Europe	https://www.businesseurope.eu/	Business Europe's website includes information and advice ranging from legislation and European-wide events to OSH issues.
Australia	Business in Mind website	University of Tasmania	https://www.utas.edu.au/businessinmind	A website resource with information, support and a resource kit specifically developed for SMEs. Brief video clips and testimonies from SME owners/operators.
UK	It's okay to talk about mental health	Federation of Small Businesses (FSB)	https://www.fsb.org.uk/knowledge/fsb-infohub/it-s-okay-to-talk-about-mental-health.html	The Federation of Small Businesses (FSB) campaign 'It's okay to talk about mental health' provides various resources for SMEs on its website including a guide to help small businesses navigate workplace mental health
UK	Mind – Mental health for small workplaces	Mind	https://www.mentalhealthatwork.org.uk/toolkit/mental-health-for-small-workplaces/	This UK-based website has a collection of information and tools for SMEs. For example, as part of their campaign 'It's okay to talk about mental health', the Federation of Small Businesses (FSB) has published a guide to help small businesses navigate workplace mental health. The toolbox includes practical examples on how to begin talking about mental health and what to do if there is a mental health issue in the workplace.

Country	Resource	Organisation	Web link	Summary
International	Developing an integrated approach to workplace mental health: A hypothetical conversation with a small business owner	LaMontagne et al., 2018	https://academic.oup.com/annweh/article/62/Supplement_1/S93/5096681	This article from an academic journal provides practical tips to SMEs on how to start with mental health support in the workplace.

Self-employed

Country	Resource	Organisation	Web link	Summary
UK	Practical tips for the self-employed	Mental Health at Work website	https://www.mentalhealthatwork.org.uk/toolkit/practical-tips-for-the-self-employed/	This advice for the self-employed was produced together with a business organisation and is based on a survey of self-employed people. Topics include mental health, social anxiety, dealing with feeling overwhelmed

Workplace accessibility and accommodations

Country	Resource	Organisation	Web link	Summary
Canada	Northwest ADA Centre website	Northwest ADA Centre	https://nwadacenter.org/audience/employers	This website contains advice for businesses, government, architects and people with disabilities. This section contains advice on making workplaces accessible and making individual accommodations.
Canada	ACED website	ACED	https://aced.iwh.on.ca/	Accommodating and Communicating about Episodic Disabilities (ACED) is a research partnership developing evidence-based workplace tools, resources and training programmes to support the sustained employment of people with episodic disabilities.
Canada	Job Demands and Accommodation Planning Tool (JDAPT)	The Institute for Work & Health (IWH)	https://aced.iwh.on.ca/jdapt	Accommodating and Communicating about Episodic Disabilities (ACED) is a five-year research project bringing together researchers and community partners to develop evidence-based workplace tools. The JDAPT helps workers with chronic and episodic conditions, and the workplace parties who support them, identify accommodations tailored to job demands that allow workers to successfully stay in their jobs.
Canada	Guide on workplace accommodations	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/accommodation-strategies	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide on workplace accommodation strategies.
Finland	Website and guide on work accommodations	Mielenterveyspooli (Mental Health Pool) and Ministry of Social Affairs and Health	https://mielenterveyspooli.fi/materiaalipankki/tyon-muokkauksen-keinot-kun-mielenterveyden-hairio-vaikuttaa-tyokykyyn/	Website and guide on how to help employees to stay in work or return to work with flexible workplace accommodations.
Sweden	Arbetsanpassning (AFS 2020:5), föreskrifter / Work adaptation (AFS 2020:5), regulations	Swedish Work Environment Agency	https://www.av.se/arbetsmiljoarbete-och-inspektioner/publikationer/foreskrifter/arbetsanpassning-afs-20205-foreskrifter/	Guidance on Sweden's workplace adaptation regulations for workers with a reduced ability to perform their usual work, to continue working or to return to work.
Sweden	The Prehab Guide at Sunt Arbetsliv	Sunt Arbetsliv	https://prehabguiden.suntarbetsliv.se/	With the help of the Prehab Guide, work adaptation and rehabilitation can be easier. The prehab guide helps to fulfil the Swedish Work Environment Authority's regulations for work adaptations.

Country	Resource	Organisation	Web link	Summary
UK	Reasonable Adjustment Toolkits	Business in the Community, Public Health England, and Mind	https://www.mentalhealthatwork.org.uk/toolkit/understanding-reasonable-adjustments-in-your-workplace/	A toolkit for reasonable adjustments to support mental health at work. Business in the Community and Public Health England have developed a total of eight toolkits to help every organisation support the mental and physical health and wellbeing of its employees. Each addresses a different aspect of workplace wellbeing, with a common thread of mental health running through them all. They're freely available and designed to be relevant to employers across all sectors.
UK	NHS guide on workplace adjustments	National Health Services (NHS)	https://www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental_Health_Adjustments_Guidance_May_2012.pdf	The guidance is intended to help employers think through the kinds of adjustments at work that they can make for people experiencing mental health conditions. They include practical advice and links to other resources that might help them to support job retention and return to work.
UK	Workplace Adjustment Passport	College for Policing	https://www.college.police.uk/support-forces/diversity-and-inclusion/workplace-adjustments-passports	A tool for recording an individual's agreed workplace adjustments.
UK	HSE Best practice work adjustments guide	Health and Safety Executive (HSE)	https://www.hse.gov.uk/disability/best-practice/workplace-adjustments.htm	This practical guide is part of the HSE's comprehensive guide on principles to support disabled workers with long-term conditions in work.
USA	Job Accommodation Network website (JAN)	JAN	https://askjan.org/	The Job Accommodation Network (JAN) provides practical information for workplace accommodations free of charge. The website contains a database with practical examples of accommodations divided by category and type of disability. There are solutions covering almost all health conditions and their problematic symptoms (not only disabilities) at work.
USA	Accommodations for employees experiencing mental health conditions website	Office of disability Employment Policy, US Department of Labor	https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities	Provides examples of accommodations that have helped employees experiencing mental health conditions to more effectively perform their jobs.

Workplace accessibility and accommodations – assistive technologies

Country	Resource	Organisation	Web link	Summary
USA	Assistive Technology for Supporting People with Mental Health Conditions: Part 1	Job-Driven Technical Assistance Center (JD-VRTAC)	https://www.explorevr.org/sites/explorevr.org/files/files/AT%20MH%20Part%201%20FINAL.pdf	This presentation provides advice on understand how assistive technology can help improve employment outcomes, the process for making a choice and implementing solutions.
USA	Assistive Technology for Supporting People with Mental Health Disabilities: Part 2	Job-driven Technical Assistance Center	https://www.explorevr.org/sites/explorevr.org/files/files/AT%20MH%20Part%202%20FINAL.pdf	This presentation provides advice on identifying specific assistive technologies that can be used as accommodations for people with mental health conditions. For example it provides information the pros and cons of mental health apps, and different types of aids for cognitive support, self-management apps, symptom tracking, calming/arousal devices etc.

Talking to your employee/employer about a mental health problem

Country	Resource	Organisation	Web link	Summary
UK	How to support staff who are experiencing a mental health problem	Mond Cymru	https://www.mind.org.uk/media-a/4806/how-to-support-staff-who-are-experiencing-a-mental-health-problem_wales_v2.pdf	This guide sets out simple, practical and inexpensive steps that any organisation can take to support staff at every stage of the mental health spectrum. It includes a section on 'How to have a conversation with someone about their mental health'.
UK	Telling my employer	Mind	https://www.mind.org.uk/information-support/legal-rights/discrimination-at-work/telling-my-employer/#ShouldITellMyEmployerAboutMyMentalHealthProblem	This webpage provides guidance to individuals on deciding whether to tell an employer about a mental health problem, and how to ask for accommodations, etc. There is a template for drafting a letter to ask for accommodations. There are links to other webpages that provide advice for individuals about applying for jobs and challenging discrimination.
EU	Conversation starters for workplace discussions about musculoskeletal disorders	EU-OSHA	https://osha.europa.eu/en/publications/conversation-starters-workplace-discussions-about-musculoskeletal-disorders	These conversation starters can facilitate group discussions in the workplace or during vocational training. The resource contains activities and annexes on having a conversation about an ill health condition. While the resource is focused on musculoskeletal disorders, the activities and advice on speaking about health conditions can be applied to mental health.

Depression and burnout

Country	Resource	Organisation	Web link	Summary
EU	Burnout in the workplace: A review of data and policy responses in the EU.	Eurofound	https://www.eurofound.europa.eu/publications/report/2018/burnout-in-the-workplace-a-review-of-data-and-policy-responses-in-the-eu	The report includes information on relevant national strategies and policies and some example of workplace actions.
EU	Understanding and Preventing Worker Burnout	EU-OSHA	https://oshwiki.osha.europa.eu/en/themes/understanding-and-preventing-worker-burnout	Article that describes work-related burnout, work risk factors, and managing and preventing work-related burnout.
Belgium	Fedris Burnout Pilot Project Federal Agency for Occupational Risks - Burnout support programme	Fedris	https://www.fedris.be/nl/pilootproject-burn-out	A pilot programme to support workers with burnout, aimed at banking and health care sectors. It offers a psychological support pathway for workers, suffering from early signs of burnout, in terms of their retention and/or return to work. Results expected end of 2023.
Canada	Practical guide	IWH	https://www.iwh.on.ca/tools-and-guides/evidence-informed-guide-to-supporting-people-with-depression-in-workplace	The guide is designed for anyone in the workplace who supports workers with depression as they cope with their symptoms while working, or when they are returning to work following an episode of depression.
Canada	Several guides	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/burnout-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for managing stress and burnout.
Ireland	Aware's website	Aware	https://www.aware.ie/	This NGO aims to raise awareness about people affected by stress, depression, bipolar disorder and mood-related conditions and provide education and support.
Ireland	Employees with disabilities – an employer's guide	Health and Safety Authority	https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/employees_with__disabilities.html	An employer's guide to implementing inclusive health and safety practices for employees with disabilities, including mental health issues (a practical example is provided).
The Netherlands	Guide on preventing or solving overvoltage and burnout	Ministerie van Sociale Zaken en Werkgelegenheiden / Ministry of Social Affairs and Employment	https://www.arboportaal.nl/onderwerpen/werkdruk/documenten/publicatie/2021/10/22/voorlichtingsfolder-overspanning-en-burn-out-voorkomen-of-oplossen	Brochure providing tips and advice on preventing or solving work-related stress and burnout, provided by the Dutch Association for Occupational and Occupational Medicine (NVAB) and the Dutch Association of Insurance Medicine (NVVG).

UK	Depression after childbirth	NCT	https://www.nct.org.uk/life-parent/work-and-childcare/returning-work/returning-work-after-postnatal-depression	A guide about returning to work after having experienced depression following childbirth (postnatal depression).

Psychosocial risks and work stress

Country	Resource	Organisation	Web link	Summary
EU	Occupational health and safety risks in the healthcare sector	European Commission	https://op.europa.eu/en/publication-detail/-/publication/b29abb0a-f41e-4cb4-b787-4538ac5f0238	This practical guidance on risk prevention in the healthcare sector includes detailed sections on the prevention of psychosocial risks covering stress and burnout, long working hours and drug abuse. Although focused on the healthcare sector, much of the advice is relevant or adaptable to other workplaces. Available in various languages.
EU	Healthy workers, thriving companies - a practical guide to wellbeing at work,	European Agency for Occupational Safety and Health (EU-OSHA)	https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work	A practical guide for employers about managing psychosocial risks in the workplace.
EU	Managing Stress and Psychosocial Risks e-guide	European Agency for Occupational Safety and Health (EU-OSHA)	https://osha.europa.eu/sites/default/files/Eguide_stress_ENGLISH.pdf	A comprehensive e-guide for employees and employers about understanding more about stress and psychosocial risks, taking steps to address them.
EU	How to reduce employee stress and prevent burnout.	EURopean Employment Service (EURES)	https://eures.ec.europa.eu/how-reduce-employee-stress-and-prevent-burnout-2023-06-12_en	Advice giving practical tips for employers/managers on how to tackle employee burnout in the workplace.
Canada	Several guides	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/burnout-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for managing stress and burnout.
Ireland	Healthy Workplace Framework website	Government of Ireland	https://www.gov.ie/en/publication/445a4a-healthy-workplace-framework/#	Information and links to guidance on how to develop a workplace with the Healthy Workplace Framework.
Ireland	Ireland Code of practice for employers and employees on the right to disconnect	Workplace Relations Commission	https://www.workplacerelations.ie/en/what_you_should_know/codes_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf	Code of Practice to give guidance on best practice to organisations and their employees on the Right to Disconnect.
The Netherlands	Handige tools en instrumenten / Useful tools and instruments	Ministerie van Sociale Zaken en Werkgelegenheiden / Ministry of Social Affairs and Employment	https://www.arboportaal.nl/onderwerpen/werkdruk/handige-tools-en-instrumenten	Collection of tools and instruments that can be used to tackle work-related stress, such as factsheets, checklist, questionnaires and self-tests, tips – e.g. about having a conversation about work stress.

Sweden	Vägledning till föreskrifterna om organisatorisk och social arbetsmiljö, AFS 2015:4 (H457), bok / Guidance to the regulations on organisational and social work environment, AFS 2015:4 (H457), book	Arbetsmiljöverket / The Swedish Work Environment Agency	https://www.av.se/arbetsmiljoarbete-och-inspektioner/publikationer/bocker/vagledning-organisatorisk-social-arbetsmiljo-h457/	Guidance on complying with regulations on the organisational and social work environment.
UK	Ten Steps for Mindful Employer	Mind Leeds	https://www.mindfulemployertensteps.co.uk/steps	Mindful Employer is a national initiative supporting employers to take a positive approach towards mental health at work. The guide includes guidance on managing stress, mental health and return to work.
UK	HSE Management Standards	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/standards/	HSE's Management Standards is a good practice tool with a step-by-step assessment of the current situation, and identification, management and follow-up of work stress.
UK	HSE Stress Talking Toolkit	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/talking-toolkit.htm	Advice for managers on talking with employees and to prevent and manage work-related stress.
UK	Managing stress and mental health at work	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/workplace-stress-fulfilling-your-responsibilities-as-an-employer/	Managing stress and mental health at work toolkit includes several resources, such as Stress Risk Assessment, Talking Toolkit, Common Adjustments, Thriving at Work, and Mental Health Conditions, Work and the Workplace.
USA	A complementary guide to effectively manage and support remote workers	The Hartford	https://s0.hfdstatic.com/sites/the_hartford/files/remote-work-toolkit.pdf	Managing and supporting remote workers toolkit.

Trauma and PTSD

Country	Resource	Organisation	Web link	Summary
EU	Post-Traumatic Stress Disorder	OSHwiki	https://oshwiki.osha.europa.eu/en/themes/post-traumatic-stress-disorder	This article on PTSD covers work-related risks, occupations at risk and how to handle work-related PTSD.
EU	Frontex Mental Health Strategy	Frontex	https://op.europa.eu/en/publication-detail/-/publication/89c168fe-e14b-11e7-9749-01aa75ed71a1/language-en	Frontex is the European Border and Coast Guard Agency that supports EU Member States and Schengen-associated countries to manage the external borders of the EU, including cross-border crime prevention and intervention. The strategy is tailored to operational conditions, and it includes topics on OSH, mental health promotion and rehabilitation/return-to work.
Italy	Work-related post-traumatic stress disorder: report of five cases	University of Pavia & Institute of Pavia	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7708739/	This journal article describes five unusual cases of work-related PTSD, diagnosed with an interdisciplinary protocol. All patients required psychiatric help and pharmacological treatment, with difficulty of varying degrees in resuming work.
UK	Guides	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/helping-staff-to-cope-with-trauma/	A toolkit with a focus on helping staff to cope with trauma. Other resources provide, for example, response to a traumatic incidence in rail work.
USA	CTIPP Trauma-Informed Workplace Toolkit	Campaign for Trauma-Informed Policy and Practice (CTIPP)	https://www.ctipp.org/post/toolkit-trauma-informed-workplaces	CTIPP involves representatives from education, mental health, justice, civil society and government. CTIPP informs and advocates for public policies and practices that incorporate scientific findings on the relationship between trauma, health and wellbeing across the lifespan. The toolkit provides educational concepts and practical strategies on trauma-informed workplaces to support team members.
USA	NIOSH Guide on Traumatic Incidence Stress	National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/topics/traumaticincident/	NIOSH recommends that all workers involved in response activities help themselves and their co-workers and reduce the risk of experiencing stress associated with a traumatic incident by utilising simple methods to recognise, monitor and maintain health on-site and following such experiences. The guide includes the methods of managing traumatic incidence stress.
USA	SAMSHA's Guidance for a Trauma-Informed Approach	Substance Abuse and Mental Health Services Administration (SAMSHA)	https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884	The manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organisation, offering six key principles and 10 implementation domains.

Sleep and recovery

Country	Resource	Organisation	Web link	Summary
Canada	Toolkit for Sleep Hygiene	MyWorkplaceHealth	http://www.myworkplacehealth.com/uploads/2/1/2/0/21200088/sleep_hygiene_toolkit_9.pdf	The toolkit includes resources to help you develop skills and strategies to enhance your sleep hygiene.
UK	Toolkit on Sleep and Recovery	Business in the Community (BITC)	https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-sleeprecovery-jan2018.pdf	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health. The toolkit has been developed to increase understanding on sleep and recovery and taking action to support good sleep.
UK	Barnsley sleep toolkit for employers and employees	Barnsley Metropolitan Borough Council	https://www.barnsley.gov.uk/media/17930/barnsley-sleep-toolkit.pdf	A toolkit for employers and employees about sleep and work.
USA	Toolkit on Fatigue among Retail Workers	National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/docs/wp-solutions/2019-102/default.html	By using Total Worker Health® principles, NIOSH has developed solutions on how to reduce fatigue among retail workers.

Chronic pain

Country	Resource	Organisation	Web link	Summary
EU	Employment and pain policy	European Pain Federation (EFIC)	https://europeanpainfederation.eu/sip/employment-and-pain-policy/	Position Paper on Workplace Integration and Adaptation, highlighting the importance of addressing pain management to support a healthy and productive European workforce and society.
Canada	AQDC website	AQDC	https://douleurchronique.org/management-of-chronic-pain/managingpain-at-work/?lang=en	The Association Québécoise de la douleur chronique — Quebec Association for Chronic Pain (AQDC) is an association aiming to provide information on how to deal optimally with chronic pain. The website contains resources on the types of diseases related to chronic pain and the treatment and management of chronic pain. It gives specific information on managing pain effectively at work.
UK	Several toolkits to support inclusive workplaces and mental health of employees	Business in the Community (BITC)	https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.

Eating disorders

Country	Resource	Organisation	Web link	Summary
Australia	Guide on eating disorders in the workplace	Butterfly Foundation	https://butterfly.org.au/eating-disorders-in-the-workplace/	Butterfly Foundation is the national charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them. The guidance includes information on how to address eating disorders in the workplace and develop a Body Kind Workplace.
UK	Guide	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/creating-workplaces-that-are-positive-for-people-with-eating-disorders/	A toolkit with a focus on creating workplaces that are positive for people with eating disorders. Other resources for people with eating disorders are provided, for example, a helpline and how to develop a wellness plan.
USA	Guide and toolkit	The National Eating Disorders Association (NEDA)	https://www.nationaleatingdisorders.org/learn/help/workplace	NEDA is the largest NGO dedicated to supporting individuals and families affected by eating disorders. The guide and toolkit provide advice on how to address eating disorders in the workplace (e.g. screenings) to improve overall workplace wellness and to get help to those who need it.

Severe mental health conditions

Country	Resource	Organisation	Web link	Summary
EU	European Supported Employment Toolkit	European Union of Supported Employment (EUSE)	http://www.euse.org/resources/supported-employment-toolkit	The Supported Employment model was developed to assist people with significant disabilities or other disadvantaged groups to access employment in the open labour market. The European Supported Employment Toolkit is for professionals who are working in supported employment programmes.
Belgium	Individual Placement and Support (IPS) pilot project	National Institute for Health and Invalidity Insurance	https://www.inami.fgov.be/nl/publicaties/jv2017/themas/Paginas/ips.aspx	This programme/study focuses on individuals experiencing moderate to severe mental health issues. Its goal is rapid and enduring employment, by getting people back to work as soon as possible and providing ongoing support within the workplace.
Bulgaria	Шизофрения / Schizophrenia	Gedeon Richter Foundation	https://schizophrenia-life.bg/public/living-with-schizophrenia/professional-life/	This web page, from a site dedicated to schizophrenia, includes some key suggestions for employers, families, healthcare professionals and institutions to improve understanding of the disease.
Greece	Panhellenic Federation of Koi.S.P.E. (P.O.Koi.S.P.E.) website	Panhellenic Federation of Koi.S.P.E. (P.O.Koi.S.P.E., external support organisation)	http://pokoispe.gr/	POKOISPE is a social cooperative, with the aim to represent and coordinate the activities of socioeconomic integration and the professional integration of people with psychosocial problems. The social cooperatives are mental health units that develop programmes and for people experiencing severe mental health conditions.
Italy	Individual Placement and Support (IPS) in Italy	Emilia-Romagna Region, Italy	https://health.ec.europa.eu/system/files/2018-03/2018_goodpractices_en_0.pdf	A guide published by the 3rd EU Health Programme (2014-2020).
The Netherlands	Individuele Plaatsingen Steun (IPS) / Individual Placement and Support	Kenniscentrum Phrenos	https://www.werkenmetips.nl/en/what-is-ips/	This web page provides information about the Individual Placement and Support (IPS) programme. The programme is an approach to help people with severe mental health issues to get and to keep paid employment. They can receive guidance from a trained counsellor who helps with looking for, finding and keeping a job. People who have problems at work because of their mental health issues can also use an IPS programme to keep their job.
USA	Individual Placement and Support (IPS) method	IPS Employment Center	https://ipsworks.org/	IPS is a model of supported employment for people experiencing severe mental health problems, such as schizophrenia, bipolar disorder or severe depression. IPS helps them work at regular jobs of their choosing. IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths.

Suicide

Country	Resource	Organisation	Web link	Summary
EU	Preventing and managing suicidal behaviour. A toolkit for the workplace	Euregenas	https://www.euregenas.eu/wp-content/uploads/2014/11/EUREGENAS-TOOLKIT-WORKPLACE-Preventing-and-Managing-Suicidal-Behaviour-1.pdf	This resource includes tools to help workplaces prevent suicide, identify and interact with suicidal workers, and what to do after suicide The Euregenas (European Regions Enforcing Actions Against Suicide) project was co-funded by the European Union.
Sweden	The national action programme for suicide prevention	Public Health Agency of Sweden	https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/suicide-prevention/national-action-programme-for-suicide-prevention/	National programme on suicide prevention.
UK	Reducing the Risk of Suicide: a toolkit for employers	Business in the Community and Public Health England, and Mind	https://www.mentalhealthatwork.org.uk/resource/reducing-the-risk-of-suicide-a-toolkit-for-employers/?read=more	Reducing the risk of suicide: a toolkit for employers. Business in the Community and Public Health England have developed a total of eight toolkits to help every organisation support the mental and physical health and wellbeing of its employees. Each addresses a different aspect of workplace wellbeing, with a common thread of mental health running through them all. They're freely available and designed to be relevant to employers across all sectors.
UK	Crisis Management in the Event of Suicide: a postvention toolkit for employers in the event of suicide	Business in the Community (BITC)	https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-suicidepostventioncrisismanagement-mar2017.pdf	A crisis management guide in the event of a suicide in the workplace, with the aim to support employers in their response to an employee taking their own life, whether that be within a workplace or outside of it – as either scenario can have a profound effect on the mental health of colleagues. It covers all stages from preparing an appropriate culture, policy and procedures, to the immediate time around a suicide, to dissemination of news through an organisation and supporting employees through the subsequent days, months and years.
UK	The little book of minding your head	Yellowwellies.org	https://www.yellowwellies.org/wp-content/uploads/2024/02/LittleBookOfMindingYourHead.pdf	Poor mental health is not uncommon among farmers. This booklet was written to offer support and guidance for those who may be struggling with the pressures of farming or recognise that struggle in someone else. It covers various issues including suicidal feelings.
UK	Suicide Prevention	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/suicide.htm	Employers have a duty of care to workers and to ensuring their health, safety and welfare. HSE promotes action that prevents or tackles any risks to workers' physical and mental health, for example due to work-related stress. This guide is for prevention of suicide and how to support workers after a suicide incident.

Country	Resource	Organisation	Web link	Summary
USA	Suicide prevention: evidence-informed interventions for the health care workforce	American Hospital Association/HRET	https://www.aha.org/system/files/media/file/2022/09/suicide-prevention_evidence-informed-interventions-for-the-health-care-workforce.pdf	Healthcare workers are at an increased risk of suicide. This resource is based on the results of a project. It suggests interventions for suicide prevention that have been developed specifically for the sector. It contains advice, checklists, links to videos.
USA	Several Toolkits for Workplace Mental Health	Mind Share Partners	https://www.mindsharepartners.org/toolkits	Mind Share Partners is a national NGO that aims to change the culture of workplace mental health so that both employees and organisations can thrive. The toolkits include advice and information on various topics of workplace mental health, such as a mentally healthy workplace, mental health awareness, peer listening groups and suicide prevention.
International	Preventing Suicide: a resource at work	WHO	http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf	This resource provides practical advice on preventing suicide at work and helping a suicidal worker. It is aimed at employers, worker representatives, providers of employee assistance programmes, human resources and workers.

Substance abuse

Country	Resource	Organisation	Web link	Summary
stralia	Mental Health First Aid education	Mental Health First Aid (MHFA)	https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/07/23.07.16_MHFA-at-Work-marketing-one-pager-v1.pdf	MHFA is a course for employees on how to identify, understand and respond to signs of mental health issues and substance abuse. The training gives skills that are needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
Austria	WIETZ bei Suchterkrankung-Checkliste / Checklist	Kontakt & co, Jugendrotkreuz Verein "Österreichisches Rotes Kreuz - Landesverband Tirol" / Kontakt &co-Red cross Youth, Association	https://www.kontaktco.at/infoapp/downloads/pib_checkliste_wiedereingliederung.pdf	Checklist on how reintegration into the workplace can succeed in the case of addictions.
Canada	Guide	Atlantic Canada Council on Addiction	https://www.gov.nl.ca/hcs/files/publications-addiction-substance-abuse-workplace-toolkit.pdf	The guide includes information and a step-by-step guide for workplaces on how to address problematic substance use in the workplace. Workplaces come in different shapes and sizes, so the steps and tools in the guide can be adapted to suit the unique workplace needs. A case study is provided to demonstrate how the steps may be applied in the 'real world'.
Finland	FIOH Mental Health Toolkit	Finnish Institute of Occupational Health (FIOH)	https://hyvatyo.ttl.fi/en/mental-health-toolkit	The FIOH Mental Health Toolkit includes practical material and toolkits for supervisors and a recovery calculator, resilience test and a managing substance abuse programme.
Sweden	Riktlinjer vid alkoholproblem på arbetsplatsen / Guidelines for alcohol problems in the workplace	Swedish Agency for Work Environment Expertise	https://mynak.se/publikationer/riktlinjer-vid-alkoholproblem-pa-arbetsplatsen/	These guidelines are aimed at occupational health and include guidance, methods and working methods for early prevention, identification and remediation of alcohol problems among employees.
UK	Toolkits to address drugs, alcohol and tobacco in the workplace	Business in the Community (BITC)	https://www.bitc.org.uk/toolkit/drugs-alcohol-and-tobacco-a-toolkit-for-employers/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.

Country	Resource	Organisation	Web link	Summary
USA	NIOSH Opioids in the Workplace toolkits	The National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/topics/opioids/	By using Total Worker Health® principles, NIOSH has developed solutions to help workers and employers facing the opioid crisis in their communities.

Appendix B - A list of work accommodations retrieved from a scientific literature review

Table B1: List of work accommodations

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) De Rijk et al. (2009) Edgelow et al. (2023) Gifford & Zong (2017) MacDonald-Wilson (2002) Mattila-Holappa et al. (2018) McDowell & Fossey (2015) Pransky et al. (2016) Sundar et al. (2017) Wang et al. (2011)	Mental health problems, all Depression / anxiety PTSD	Emotional / cognitive	Stamina / getting tired Emotional responsiveness Reduced decision-making ability Concentration limits Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Job task redefinition / modification	Modified tasks or additional support for existing or new tasks
De Rijk et al. (2009) Edgelow et al. (2023) Gifford & Zong (2017) Shaw et al. (2014) Sundar et al. (2017) McDowell & Fossey (2015)	Mental health problems, all PTSD	Emotional / cognitive	Stamina / getting tired Emotional responsiveness Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Job task reduction / easier tasks	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Corbiere et al. (2014) Doki et al. (2016) Mattila-Holappa et al. (2018) Pransky et al. (2016) Zafar et al. (2019)	Mental health problems, all	Cognitive / emotional	Stamina / getting tired Emotional responsiveness Reduced decision-making ability Impaired attention Concentration limits Limitations in executive function Mistakes at work Forgetfulness	Gradually increased job tasks	Modified tasks or additional support for existing or new tasks

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Zafar et al. (2019)	Mental health problems, all	Cognitive	Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Minimising changes to job description over time	Modified tasks or additional support for existing or new tasks
Zafar et al. (2019) McDowell & Fossey (2015)	Mental health problems, all	Cognitive	Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Breaking down tasks into smaller tasks	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Corbiere et al. (2014) Doki et al. (2016) Hamann et al. (2023) Mattila-Holappa et al. (2018) Pransky et al. (2016)	Mental health problems, all Severe mental health problems	Emotional / social	Stamina / getting tired Emotional responsiveness Communication / social interaction problems	Graded return to work, partial sick leave	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Mattila-Holappa et al. (2018) Mellifont et al. (2016) Tremblay (2011)	Mental health problems, all Anxiety Bipolar disorder	Cognitive / emotional	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Emotional responsiveness Struggling with a previously easy task	Self-paced workload	Modified tasks or additional support for existing or new tasks

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Zafar et al. (2019)	Mental health problems, all	Cognitive / emotional	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Emotional responsiveness Struggling with a previously easy task	Postponing tasks	Modified tasks or additional support for existing or new tasks
Bolo et al. (2013) Wang et al. (2011)	Depression / anxiety	Cognitive / emotional	Training needs Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Emotional responsiveness	Allowing extra time to learn tasks	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Bolo et al. (2013) Edgelow et al. (2023)	Mental health problems, all Depression / anxiety PTSD	Cognitive	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Mistakes at work Forgetfulness	Reducing distractions	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) Wang et al. (2011) Zafar et al. (2019)	Mental health problems, all Depression / anxiety	Emotional	Stamina / getting tired	Job sharing, exchanging minor tasks with other employees	Modified tasks or additional support for existing or new tasks

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Bolo et al. (2013) Corbiere et al. (2014) De Rijk et al. (2009) Edgelow et al. (2023) Mellifont et al. (2016) Shaw et al. (2014) Wang et al. (2011) Zafar et al. (2019)	Mental health problems, all Depression / anxiety PTSD	Cognitive / emotional	Stamina / getting tired Emotional responsiveness Reduced decision-making ability Impaired attention Limitations in executive function	Job change/exchange /rotation	Modified tasks or additional support for existing or new tasks
Doki et al. (2016) Mattila-Holappa et al. (2018) Mellifont et al. (2016)	Mental health problems, all Anxiety	Emotional / cognitive	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Emotional responsiveness Training needs	Job trial	Modified tasks or additional support for existing or new tasks
MacDonald-Wilson (2002) Mattila-Holappa et al. (2018)	Mental health problems, all	Cognitive	Meeting deadlines Stamina / getting tired Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness	Tailored workday	Modified tasks or additional support for existing or new tasks
Mattila-Holappa et al. (2018)	Mental health problems, all	Emotional	Stamina / getting tired Emotional responsiveness Struggling with a previously easy task	Job task modifications to increase success experiences	Modified tasks or additional support for existing or new tasks
Mellifont et al. (2016)	Anxiety	Emotional / social	Emotional responsiveness	Presentation options (online presentations, substitute to back up)	Modified tasks or additional support for existing or new tasks
Shaw et al. (2014)	Mental health problems, all	Physical	Chronic comorbid pain	Reduce periods of prolonged sitting or standing	Modified tasks or additional support for existing or new tasks

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Shaw et al. (2014)	Mental health problems, all	Physical	Chronic comorbid pain	Avoiding twisting, bending, pushing, pulling and lifting of heavy objects	Modified tasks or additional support for existing or new tasks
Shaw et al. (2014)	Mental health problems, all	Physical	Chronic comorbid pain	Avoiding awkward postures	Modified tasks or additional support for existing or new tasks
Shaw et al. (2014)	Mental health problems, all	Physical	Chronic comorbid pain	Special equipment to reduce pain caused by work	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) Eurofound (2019) Mattila-Holappa et al. (2018) Mellifont et al. (2016) Tremblay (2011) Wang et al. (2011) Zafar et al. (2019)	Mental health problems, all Depression / anxiety Bipolar disorder	Cognitive / emotional / physical	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Emotional responsiveness	Working from home	Modified tasks or additional support for existing or new tasks
Eurofound (2021)	All mental health problems	Emotional / cognitive	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Emotional responsiveness	Right to disconnect	Modified tasks or additional support for existing or new tasks
Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional	Emotional responsiveness	Moving away from client work	Modified tasks or additional support for existing or new tasks

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Pransky et al. (2016)	Mental health problems, all	Emotional / cognitive	Stamina / getting tired Emotional responsiveness Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Reducing psychological job demands	Modified tasks or additional support for existing or new tasks
Pransky et al. (2016)	Mental health problems, all	Social / emotional	Emotional responsiveness	Assess efforts and provide rewards	Modified tasks or additional support for existing or new tasks
Mattila-Holappa et al. (2018) Pransky et al. (2016)	Mental health problems, all	Social / emotional	Emotional responsiveness	Adjust responsibilities, for example, away from the supervisor role	Modified tasks or additional support for existing or new tasks
Pransky et al. (2016) MacDonald-Wilson et al. (2002)	Mental health problems, all	Social / emotional	Stamina / getting tired Concentration limits Emotional responsiveness Struggling with a previously easy task	Alter policies / processes / procedures	Modified tasks or additional support for existing or new tasks
NIOSH (2019)	Sleep problems	Cognitive	Sleepiness at work	Avoid monotony and muscle fatigue	Modified tasks or additional support for existing or new tasks
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) De Rijk et al. (2009) Dunleavy et al. (2020) Eurofound (2019) Edgelow et al. (2023) Gifford & Zong (2017) Hamann et al. (2023) MacDonald-Wilson (2002a) Mattila-Holappa et al. (2018) McDowell & Fossey (2015) Mellifont et al. (2016)	Mental health problems, all Depression / anxiety Bipolar disorder PTSD Severe mental health problems Sleep problems Alcohol abuse	Emotional	Stamina / getting tired Emotional responsiveness	Reduced work hours, from full-time to part-time	Scheduling flexibility

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
NIOSH (2019) Pransky et al. (2016) Shaw et al. (2014) Sundar et al. (2017) Tremblay (2011) Wang et al. (2011) Zafar et al. (2019)					
Corbiere et al. (2014) De Rijk et al. (2009) Dunleavy et al. (2020) Durand et al. (2014) Edgelow et al. (2023) Gifford & Zong (2017) MacDonald-Wilson (2002) Mattila-Holappa et al. (2018) McDowell & Fossey (2015) NIOSH (2019) Mellifont et al. (2016) Robbins et al. (2021) Shaw et al. (2014) Tremblay (2011) Zafar et al. (2019)	Mental health problems, all Anxiety Bipolar disorder PTSD Sleep problems Alcohol abuse	Emotional / cognitive	Work scheduling Stamina / getting tired Reduced decision-making ability Impaired attention Limitations in executive function Emotional responsiveness Mistakes at work Forgetfulness Struggling with a previously easy task	Flexible work hours / schedules, possibility to have impact on working hours	Scheduling flexibility
Edgelow et al. (2023) Mattila-Holappa et al. (2018) Robbins et al. (2021)	Mental health problems, all PTSD Sleep problems	Emotional / cognitive	Work scheduling Stamina / getting tired Reduced decision-making ability Impaired attention Emotional responsiveness	Reduced number / no night shifts	Scheduling flexibility

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
NIOSH (2019) Robbins et al. (2021)	Sleep problems	Emotional / cognitive	Work scheduling Sleepiness at work Stamina / getting tired Reduced decision-making ability Impaired attention Emotional responsiveness Mistakes at work Forgetfulness Struggling with a previously easy task	Healthy shift work schedule	Scheduling flexibility
Corbiere et al. (2014) Dunleavy et al. (2020) Tremblay (2011) Zafar et al. (2019)	Mental health problems, all Bipolar disorder Alcohol abuse	Emotional / physical	Stamina / getting tired Emotional responsiveness	Paid/unpaid time off (e.g. for medical appointments)	Scheduling flexibility
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) De Rijk et al. (2009) Edgelow et al. (2023) Gifford & Zong (2017) MacDonald-Wilson (2002) Mattila-Holappa et al. (2018) NIOSH (2019) Robbins et al. (2021) Shaw et al. (2014) Tremblay (2011) Zafar et al. (2019) Wang et al. (2011)	Mental health problems, all Depression / anxiety Bipolar disorder PTSD Sleep problems	Emotional / cognitive	Stamina / getting tired Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Emotional responsiveness Mistakes at work Forgetfulness Struggling with a previously easy task	Reduced pace of work, more rest pauses	Scheduling flexibility
Tremblay (2011)	Mental conditions, all Bipolar disorder	Emotional	Stamina / getting tired Emotional responsiveness	Leaves of absence allowed	Scheduling flexibility

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Attridge & Wallace (2010) Corbiere et al. (2014) MacDonald-Wilson (2002) Pransky et al. (2016) Mattila-Holappa et al. (2018) Mellifont et al. (2016) Zafar et al. (2019)	Mental health problems, all Anxiety	Social / emotional	Emotional responsiveness Communication / social interaction problems	Positive support / recognition / frequent feedback from the workplace/supervisor	Communication facilitation
Attridge & Wallace (2010) Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional / cognitive	Training needs Emotional responsiveness Limitations in executive function	Follow-up of progress	Communication facilitation
Bolo et al. (2013) Mellifont et al. (2016) Zafar et al. (2019) Wang et al. (2011) MacDonald-Wilson et al. (2002) McDowell & Fossey (2015)	Mental health problems, all Depression / anxiety	Social / emotional	Emotional responsiveness Concentration limits Limitations in executive function Communication / social interaction problems	Increasing/modifying supervision; for example, weekly meetings with supervisor	Communication facilitation
Zafar et al. (2019)	Mental health problems, all	Social	Communication / social interaction problems	Limiting changes in supervision/staff	Communication facilitation
Attridge & Wallace (2010) Mattila-Holappa et al. (2018) Zafar et al. (2019)	Mental health problems, all	Cognitive	Task planning, meeting deadlines Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Struggling with a previously easy task	Help with task planning / management / setting priorities (e.g. scheduling deadlines)	Communication facilitation
Edgelow et al. (2023) Mattila-Holappa et al. (2018)	Mental health problems, all PTSD	Social / emotional	Emotional responsiveness	Supporting pet at the workplace / service animal	Communication facilitation

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Attridge & Wallace (2010) Bolo et al. (2013) Corbiere et al. (2014) Mattila-Holappa et al. (2018) McDowell et al. (2021) Sundar et al. (2017) Tremblay (2011) Wang et al. (2011) Zafar et al. (2019)	Mental health problems, all Depression / anxiety Bipolar health problems Severe mental health problems	Social	Emotional responsiveness Training needs Communication / social interaction problems	Job coach / employment specialist	Communication facilitation
Mattila-Holappa et al. (2018) Zafar et al. (2019)	Mental health problems, all	Social / emotional	Emotional responsiveness Communication / social interaction problems	Permitting calls / positive calls to job coaches	Communication facilitation
Rumrill et al. (2023) Sundar et al. (2017)	Cognitive problems Bipolar disorder	Cognitive	Concentration limits Reduced decision-making ability Impaired attention Limitations in executive function Communication / social interaction problems	Assisting technologies / apps	Communication facilitation
Attridge & Wallace (2010) Bolo et al. (2013) Gifford & Zong (2017) McDowell et al. (2021) Mellifont et al. (2016)	Mental health problems, all Depression / anxiety Severe mental health problems	Cognitive	Training needs Limitations in executive function Mistakes at work Forgetfulness	Work skills training	Communication facilitation
McDowell et al. (2021)	Mental health problems, all Severe mental health problems	Social	Communication / social interaction problems	Social skills training	Communication facilitation
Bolo et al. (2013) Wang et al. (2011) McDonald-Wilson et al. (2002) McDowell & Fossey (2015)	Depression / anxiety	Cognitive / emotional	Cognitive limitations Emotional responsiveness Limitations in executive function	Individualised courses / training	Communication facilitation
Corbiere et al. (2014) Mattila-Holappa et al. (2018) Mellifont et al. (2016) Sundar et al. (2017) Zafar et al. (2019)	Mental health problems, all Schizophrenia	Social / emotional	Emotional responsiveness Communication / social interaction problems	Mentor / co-worker buddy	Communication facilitation

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Zafar et al. (2019)	Mental health problems, all	Social / emotional	Emotional responsiveness Communication / social interaction problems	Orienting co-workers	Communication facilitation
Corbiere et al. (2014) Edgelow et al. (2023) Gifford & Zong (2017) Mattila-Holappa et al. (2018) McDowell et al. (2021) Shaw et al. (2014) Sundar et al. (2017)	Mental health problems, all PTSD Severe mental health problems	Social / emotional / cognitive	Emotional responsiveness Communication / social interaction problems Limitations in executive function Struggling with a previously easy task	Assistance & help from co-workers, 'back-up' from a colleague	Communication facilitation
McDonald-Wilson et al. (2002) McDowell & Fossey (2015)	Mental health problems, all	Social / emotional /	Communication / social interaction problems	Training staff and supervisors	Communication facilitation
Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional / cognitive	Emotional responsiveness Communication / social interaction problems Limitations in executive function Mistakes at work Struggling with a previously easy task	Possibility to ask for help	Communication facilitation
Mattila-Holappa et al. (2018)	Mental health problems, all	Social	Concentration limits Communication / social interaction problems	Working in a smaller group	Communication facilitation
Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional	Training needs Communication / social interaction problems	Training difficult social contacts in a safe environment	Communication facilitation
Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional	Communication / social interaction problems	Possibility to leave difficult social contacts	Communication facilitation
Bolo et al. (2013) Corbiere et al. (2014) Mattila-Holappa et al. (2018) Wang et al. (2011) Zafar et al. (2019)	Mental health problems, all Depression / anxiety	Social / cognitive	Concentration limits Difficulty following a fast-paced conversation Reduced decision-making ability Impaired attention Limitations in executive function Mistakes at work Forgetfulness Communication / social interaction problems	Written / modified instructions	Communication facilitation

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Tremblay (2011) McDowell & Fossey (2015) McDonald-Wilson et al. (2002)	Mental health problems, all Bipolar disorder	Social / cognitive	Concentration limits Difficulty following a fast-paced conversation Mistakes at work Forgetfulness Communication / social interaction problems	Communication facilitation / communication by preferred medium	Communication facilitation
Tremblay (2011)	Mental health problems, all Bipolar disorder	Social / emotional	Concentration limits Emotional responsiveness Communication / social interaction problems	Possibility to isolate from people	Communication facilitation
Durand et al. (2014) Pransky et al. (2016)	Mental health problems, all	Social / emotional	Emotional responsiveness Communication / social interaction problems	Return-to-work coordinator	Communication facilitation
Pransky et al. (2016)	Mental health problems, all	Social / emotional	Communication / social interaction problems	Reducing problematic interactions with other people	Communication facilitation
Pransky et al. (2016)	Mental health problems, all	Social	Communication / social interaction problems	Alter team organisation and structure	Communication facilitation
Attridge & Wallace (2010) Corbiere et al. (2014) Mattila-Holappa et al. (2018) Mellifont et al. (2016) Shaw et al. (2014) Tremblay (2011) Zafar et al. (2019) MacDonald-Wilson et al. (2002) McDowell & Fossey (2015)	Mental health problems, all Bipolar disorder	Emotional / cognitive	Concentration limits Reduced decision-making ability Impaired attention Mistakes at work Forgetfulness Struggling with a previously easy task Communication / social interaction problems	Workstation modifications, workspace modifications (to allow own space)	Physical space accommodation
Corbiere et al. (2014) Gifford & Zong (2017) Tremblay (2011) Zafar et al. (2019)	Mental health problems, all Bipolar disorder	Emotional / cognitive	Concentration limits Impaired attention	Reducing noise (e.g. headsets)	Physical space accommodation
NIOSH (2019)	Sleep problems	Cognitive	Sleepiness at work	Reducing vibration	Physical space accommodation
Attridge & Wallace (2010)	Mental health problems, all	Physical / emotional	Communication, physical constraints	Improving accessibility	Physical space accommodation

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
De Rijk et al. (2009) Shaw et al. (2014)	Mental health problems, all	Physical / emotional / cognitive	Concentration limits Communication / social interaction problems	Transferring to another department / location	Physical space accommodation
Attridge & Wallace (2010) Corbiere et al. (2014) Veitch et al. (2011) Zafar et al. (2019) Robbins et al. (2021) NIOSH (2019)	Mental health problems, all Sleep problems	Emotional / cognitive	Sleepiness at work Concentration limits	Changing the lighting	Physical space accommodation
NIOSH (2019)	Sleep problems	Physical / emotional / cognitive	Sleepiness at work	Changing the temperature	Physical space accommodation
Corbiere et al. (2014) Gifford & Zong (2017) Zafar et al. (2019)	Mental health problems, all	Physical	Emotional responsiveness Communication / social interaction problems	Transport accommodation (e.g. taxi)	Physical space accommodation
Corbiere et al. (2014) Zafar et al. (2019)	Mental health problems, all	Emotional	Emotional responsiveness	Medication / treatment related accommodations	Physical space accommodation
Tremblay (2011) Zafar et al. (2019)	Mental health problems, all Bipolar disorder	Emotional / physical	Emotional responsiveness	Access to water in workplace	Physical space accommodation
Zafar et al. (2019)	Mental health problems, all	Emotional / physical	Stamina / getting tired Emotional responsiveness	Access to rest area	Physical space accommodation
Zafar et al. (2019)	Mental health problems, all	Emotional	Stamina / getting tired Emotional responsiveness Communication / social interaction problems	Access to private area	Physical space accommodation
Durand et al. (2014)	Mental health problems, all	Emotional	Stamina / getting tired Emotional responsiveness	Temporary reduction of the department's productivity requirements	Other
Durand et al. (2014) Edgelow et al. (2023)	Mental health problems, all PTSD	Emotional	Stamina / getting tired Emotional responsiveness	Hiring substitutes, proper staffing	Other

Author(s), year	Mental health condition	Category of functional limitation(s)	Specific issues/challenges at work to be addressed	Specific types of accommodation /support	Category of accommodation
Edgelow et al. (2023)	Mental health problems, all PTSD	Physical / emotional / cognitive	Stamina / getting tired Concentration limits Emotional responsiveness	Access to gym	Other
Mattila-Holappa et al. (2018)	Mental health problems, all	Emotional / cognitive	Stamina / getting tired Concentration limits Impaired attention Emotional responsiveness	Possibility for stress management & relaxation practices during the workday	Other
Mattila-Holappa et al. (2018)	Mental health problems, all	Emotional / cognitive	Concentration limits Impaired attention Emotional responsiveness	Listening to music during workday	Other
Mattila-Holappa et al. (2018)	Anxiety	Emotional	Emotional responsiveness Communication / social interaction problems	Exposure in vivo to anxiety-provoking work situations (e.g. as a part of psychotherapy)	Other
Mattila-Holappa et al. (2018)	Mental health problems, all	Social / emotional	Stamina / getting tired Emotional responsiveness Communication / social interaction problems	Increasing work resources	Other

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

European Agency
for Safety and Health at Work
Santiago de Compostela 12
48003 Bilbao, Spain
E-mail: information@osha.europa.eu

https://osha.europa.eu

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