European Agency for Safety and Health at Work

HOW WORKPLACES CAN SUPPORT WORKERS EXPERIENCING MENTAL HEALTH PROBLEMS

Introduction

Mental health problems are very common and are a leading cause of disability — before the COVID-19 pandemic they affected about 84 million people across the EU,[1] and mental health has worsened since the pandemic according to the WHO[2] and EU-OSHA[3] and Eurofound surveys.[4] In addition to personal suffering, mental health problems have financial implications for our society. Work can impact mental health. 'Stress, depression or anxiety' is the second most common type of work-related health problem in the EU,[5] with nearly 45% of workers reporting facing risk factors for their mental wellbeing at work. EU-OSHA's OSH Pulse survey 2022 shows that 27% of workers experience stress, anxiety or depression caused or made worse by work.[6]

There is considerable stigma around mental health and those experiencing mental health problems too often face exclusion from work, despite mental health problems being so common. On the other hand, good quality work is good for health. With the right accommodations, many workers experiencing mental health problems can continue to work. These accommodations are often simple and low-cost.

EU policy

EU directives require employers to assess and prevent risks to workers,[7] including psychosocial risks; this includes protecting 'particularly sensitive risk groups' against the dangers that specifically affect them. Employers are also obliged to make reasonable accommodations for workers with disabilities, including workers with mental health-related disabilities.[8]

In 2023, the European Commission adopted a 'comprehensive approach to mental health' that is prevention-oriented and supports its aim of tackling mental health challenges in Europe.[9] It includes a focus on preventing work-related psychosocial risks and supporting people experiencing mental health problems to continue working and when returning to work after a period of sickness absence. In 2022, the Commission launched a Disability Employment Package,[10] the aims of which include ensuring reasonable accommodations at work and retaining persons with disabilities in employment.

Background to this policy brief

In 2023, EU-OSHA commissioned a project on working with mental health problems, covering both work-related and non-work-related mental health problems. This resulted in a report[11] covering background research

1 See: https://www.oecd-ilibrary.org/docserver/health_glance_eur-2018-en.pdf?expires=1712829006&id=id&accname=guest&checksum=83ACAD0E6CC07E988E167AE27418657E

2 See: https://www.consilium.europa.eu/en/policies/mental-health/#:~:text=5%20December%202023)-,The%20state%20of%20mental%20health%20in%20the%20EU,in%20the%20EU%20(17.3%25)

3 EU-OSHA – European Agency for Safety and Health at Work, *Mental health at work after the COVID pandemic*, 2024. Available at: https://osha.europa.eu/en/publications/mental-health-work-after-covid-pandemic

4 Eurofound et al., Living, working and COVID-19 (Update April 2021) – Mental health and trust decline across EU as pandemic enters another year, 2021. https://data.europa.eu/doi/10.2806/76802

5 See: https://ec.europa.eu/eurostat/web/products-statistical-reports/-/ks-ft-21-007

6 See: https://osha.europa.eu/en/facts-and-figures/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces

7 See: https://osha.europa.eu/en/legislation/directives/the-osh-framework-directive/1

8 See: https://osha.europa.eu/en/legislation/directives/council-directive-2000-78-ec

9 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. com_2023_298_1_act_en.pdf

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

11 EU-OSHA – European Agency for Safety and Health at Work, *A review of good workplace practices to support individuals experiencing mental health problems*, 2024. Available at: https://osha.europa.eu/en/user/login?destination=/en/publications/review-good-workplace-practices-support-individuals-experiencing-mental-health-problems

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on how to support individuals and a report providing practical advice for workplaces[12]. Complementing these reports, this policy brief sets out broader issues around supporting individuals experiencing mental health problems and provides some pointers for policymakers. The brief also draws on the findings of previous EU-OSHA reports on working with ill health problems and returning to work after related absence.[13,14,15,16,17]

Key concepts and methods of support

A mental health policy in the workplace is a comprehensive approach for addressing mental health issues in places of employment. It defines the workplace's vision on what procedures and practices will be used to prevent mental health problems. The overall goals are to promote good mental health, take preventive action to remove psychosocial risks for all workers, support workers dealing with work stress, encourage early intervention for any work stress or mental health problem, and support workers who are experiencing a mental health problem – including by making reasonable adjustments to enable people experiencing a mental health problem to work and providing effective rehabilitation and return-to-work plans. The starting point for any workplace mental health policy should be universal organisational interventions that address psychosocial risk factors for all workers, including interventions involving participatory approaches.

Box 1: Elements of a comprehensive workplace mental health policy

A workplace mental health policy should cover:

1. prevention of work-related psychosocial risks through organisational and collective measures;
2. supporting groups of workers more exposed to work-related psychosocial risk factors;
3. supporting workers experiencing a mental health problem or work-related stress;
4. promoting mental health and wellbeing in the workplace; and
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.

Return to work involves all procedures and initiatives that aim to facilitate the workplace reintegration of individuals with a reduced work capacity.[18] 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.

Psychosocial risks at work have been found to be associated with mental health problems among workers.[19,20] 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 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 very 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. Addressing mental health-related stigma in the workplace is crucial for creating a supportive and inclusive work environment, as such a stigma and its consequences may become severe barriers to safely disclosing one's mental health condition and having the work accommodations needed to continue working or return to work.[21] For employers, it is

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[12] 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

[13] See: https://osha.europa.eu/en/publications/working-chronic-msds-good-practice-advice

[14] See: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-literature-review

[15] See: https://osha.europa.eu/en/publications/return-work-after-msd-related-sick-leave-context-psychosocial-risks-work

[16] See: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-analysis-report-eu-and-member-states-policies-strategies

[17] See: https://osha.europa.eu/en/publications/research-review-rehabilitation-and-return-work

[18] 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

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

[20] 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

[21] WHO, Guidelines on mental health at work, 2022. https://www.who.int/publications/i/item/9789240053052

important to create an atmosphere in the workplace that promotes inclusion, diversity 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 a worker 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 EU-OSHA's OSH Pulse survey 2022,[22] 50% of respondents answered that they thought disclosing a mental health condition would have a negative impact on their career.[23] Training managers for creating a supportive workplace climate, recognising individuals' uniqueness in their needs, and open dialogue (e.g. leaders communicating openly about their own mental health challenges) are important aspects when encouraging employees to disclose a mental health condition. It is important to focus on what support an individual needs, not their medical diagnosis, which they are not obliged to reveal.

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 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. Work accommodations can enable a worker to work while recovering from a mental health problem or to continue to work with a long-term problem. Accommodations to retain employees are often simple and low cost. Providing them helps employers to decrease turnover rates, reduce long-term sickness absenteeism, and create a mentally healthy workplace. It shows that they care for and value their workers.

Principles for supporting individuals to stay in or return to work

Evidence suggests[24] 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 mental health-related absence:

- Organisational interventions that prevent work-related risk factors for the whole workforce and promote inclusion (see Box 1).
- A culture of awareness and inclusion enabling disclosure of a mental health condition; to develop a sense of a psychologically safe workplace.
- Early intervention, i.e. contact with the employee 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.
- 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.

In addition, supported employment initiatives, with vocational, educational and clinical support, have been found to be effective in enhancing individuals experiencing severe mental health conditions to find a job and retain employment.[25] External support, including healthcare, should be work-focused, coordinated and tailored to the individual.

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[22] 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/facts-and-figures/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces

[23] Ibid.

[24] EU-OSHA – European Agency for Safety and Health at Work, *A review of good workplace practices to support individuals experiencing mental health problems*, 2024. Available at: https://osha.europa.eu/en/user/login?destination=/en/publications/review-good-workplace-practices-support-individuals-experiencing-mental-health-problems

[25] WHO & ILO, Mental health at work: policy brief, 2022. https://www.who.int/publications/i/item/9789240057944

SMEs

Good practices and tools developed for the needs of SMEs are lacking regarding mental health issues. 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, providing support services to workplaces to help them support employee mental health and providing suitable tools is even more important than for physical health conditions. This enables all workers to be covered by good practices, irrespective of where they work.

Creating inclusive workplaces

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. An approach that focuses on preventing risks at source, incorporating adaptability and promoting wellbeing is also part of ensuring an inclusive work environment. Having specific policies for all workers for flexible work arrangements, such as adaptable working hours and teleworking (e.g. working from home), can support continued working with a mental health or other health condition.

Policy pointers

General principles apply for supporting a person experiencing a mental health condition to work

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 mental health-related sickness absence:

- An approach grounded in organisational interventions that address work-related psychosocial risks factors for all workers and promote inclusion.
- A culture of awareness and inclusion enabling disclosure of a mental health condition; to develop a sense of a psychologically safe workplace.
- Early intervention, i.e. contact with the employee at an early phase of the sickness absence.
- A 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.
- The option of a gradual return to work.
- Acceptance and support from co-workers and supervisors.
- Work accommodations; based on an analysis of work tasks in relation to the employee's current work capacity.
- Follow-up of progress.

Treat mental health problems like physical health problems

The general approach to supporting workers experiencing mental health problems is the same as that recommended for supporting workers with chronic musculoskeletal problems[26] or other physical conditions, including cancer and Long COVID.[27,28] However, mental health conditions are often perceived differently and treated differently in the workplace. In some workplaces prevention of work-related psychosocial risks and physical risks are dealt with separately, with human resources more involved with psychosocial risks and occupational health more concerned with physical risks. This is particularly unhelpful in the case of musculoskeletal conditions as there is a two-way link between work-related musculoskeletal risks and psychosocial risks. In addition, it seems that workplace accommodations are not widely offered for mental health problems. The following actions can help bridge the gap:

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[26] EU-OSHA – European Agency for Safety and Health at Work, *Working with chronic musculoskeletal disorders — Good practice advice,* 2021. Available at: https://osha.europa.eu/en/publications/working-chronic-msds-good-practice-advice

[27] EU-OSHA – European Agency for Safety and Health at Work, *Rehabilitation and return to work after cancer: Literature review*, 2017. Available at: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-literature-review

[28] 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

- Apply the same approach to risk assessment and prevention for work-related psychosocial risks and physical risks – investigate and prevent physical and psychosocial risks jointly, especially for musculoskeletal risks.
- Apply the same approach to return to work for mental health and physical health conditions.
- Ensure close cooperation between all involved, especially human resources and occupational health.
- Raise awareness and develop support and guidance for the workplace that supports this common comprehensive approach.

Tackle stigma and raise awareness of what can be done in practice

Most available good practice guides focus on overall mental health. More specific guidance is needed on supporting return to work for those having experienced and/or experiencing mental health problems. Awareness of the usefulness and low costs of many work accommodations may increase interest in providing them.

Raising awareness of mental health, reducing stigma, and training supervisors and employees to talk about and address mental health issues in the workplace are excellent starting points from which organisations can continue their development and lay the basis for a psychologically safe workplace. Employers need support and advice to develop supportive environments to facilitate disclosure, and allow them to provide the support and workplace adjustments that someone with experiencing a mental health may need to help them to remain in work.

Return-to-work schemes

According to EU-OSHA reports on ageing and work life,[29,30] all European countries provide 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 retaining capacity for work. All European countries have rules on the management of sickness absence. Some countries have more detailed requirements, including regarding return to work following sickness absence, and provide specific multidisciplinary support programmes that both employees and employers can access. Many examples of returning to work highlighted in this report included a gradual return to work. This was also found in the case of working with a chronic mental health condition.

- All employers and their workers, especially micro and small enterprises (MSEs), would benefit from access to multidisciplinary return-to-work services.
- Return-to-work should focus on an individual's capabilities and not their disabilities.
- Examples and experiences of good practices regarding multidisciplinary support programmes should be shared.
- National sickness insurance and benefit schemes should allow a gradual return to work.

Healthcare and psychological treatments

An EU-OSHA report on working with chronic MSDs[31] concluded that work should be a clinical or treatment goal for medical practitioners. This conclusion can also be applied to mental health problems.

- Health practitioners should have return-to-work as a treatment objective for patients experiencing mental health problems.
- Therapies, such as cognitive behavioural therapy (CBT), should be work-focused.
- Work should be part of all healthcare policies on mental health.
- Workers may often have a physical and a mental health condition. These need to be addressed together and with a work-focused approach.

[29] 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

[30] EU-OSHA – European Agency for Safety and Health at Work, *Research review on rehabilitation and return to work*, 2016. Available at: https://osha.europa.eu/en/publications/research-review-rehabilitation-and-return-work

[31] EU-OSHA – European Agency for Safety and Health at Work, *Working with chronic MSDs — Good practice advice*, 2021. Available at: https://osha.europa.eu/en/publications/working-chronic-msds-good-practice-advice

Support for overlooked groups

Groups such as the self-employed and farmers lack support, for example, from workplace human resources or having colleagues they can speak to. Financial worries can be a key concern for both groups. Feelings of isolation and the effect that speaking up or asking for help could have on their business are barriers to them seeking help. While not addressed in this group, carers who support someone experiencing a mental health condition may need support, such as flexibility in working time. Some national legislations restrict the legal right to accommodations for workers with a diagnosed condition recognised as a disability. Particularly for mental health it can be difficult to get a diagnosis and it can take considerable time. This hampers an early intervention approach and makes it harder for those without a recognised disability to get support. This is a general problem for chronic conditions, not just mental health conditions. For example, Eurofound found that most workers with a chronic disease that limits their ability to work do not benefit from workplace accommodations, although such adaptations can have a positive impact on the quality and sustainability of work.[32,33] There are differences in access to workplace accommodations, depending on contract type, educational attainment and occupation,[34] and this raises issues of fairness that need to be addressed.

- The self-employed and groups such as farmers need access to services tailored to their needs.
- Services for the self-employed should be built into mental health service provision.
- Improve services and workplace support for carers.
- Work accommodations need to be offered to all workers experiencing chronic (mental) health conditions.
- Explore means of ensuring equal treatment regarding return-to-work and provision of accommodations for low socioeconomic status workers and for individuals on different contractual arrangements.

Support and advice on dealing with episodic conditions

Employers can find it more difficult to support workers with episodic conditions, which include anxiety and depression but also physical conditions such as arthritis. Symptoms of these conditions can be intermittent, unpredictable and often invisible to others. The standard system or medical model of a doctor signing a person off work for a set period of time does not work very well for episodic conditions. Research in Canada suggests that employers need a different model for accommodating workers in situations when they might not know exactly what diagnosis they're dealing with, how long a period of disability might last or when it might happen again.[35] In the same research, employers spoke of difficulties with a medical model of support, for example the difficulties workers face getting timely access to formally validate their conditions and healthcare providers' lack of familiarity with workplace disability supports. Some employers spoke of the appeal of a biopsychosocial model that focuses on the fit between job demands, individual competencies and support needs.

- Base sickness insurance systems and return-to-work support on a biopsychosocial model that focuses on the fit between job demands, individual competencies and support needs, rather than on a purely medical model.
- Provide guidance to employers on supporting workers with episodic conditions – including guidance on monitoring tailored accommodation plans over time.
- Take account of the needs of workers with diverse episodic conditions and different workplaces and cultures.

Support for SMEs in preventing psychosocial risks and providing mentally healthy workplaces

Particularly for small businesses and their workers, access to multidisciplinary external support services is needed. Given the stigma around mental health and the lack of awareness of what to do, supporting

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[32] Eurofound, Employment opportunities for people with chronic diseases, 2014.
https://www.eurofound.europa.eu/en/publications/2021/employment-opportunities-people-chronic-diseases
[33] Eurofound, How to respond to chronic health problems in the workplace?, 2019.
https://www.eurofound.europa.eu/en/publications/2019/how-respond-chronic-health-problems-workplace
[34] Ibid.
[35] Gignac et al., 'A sensibility assessment of the Job Demands and Accommodation Planning Tool (JDAPT): A tool to help workers with an episodic disability plan workplace support', Journal of Occupational Rehabilitation, 2023, Vol. 33, No 1, pp. 145-159.
https://pubmed.ncbi.nlm.nih.gov/35835885/

organisations to support workers experiencing mental health conditions return to and stay in work is even more important than for other physical health conditions.

EU-OSHA research on MSEs[36] found that psychosocial risks are usually not taken into consideration in such enterprises and that psychosocial risks are perceived as an individual issue and/or a problem created by the current 'hard economic climate', not a subject of workplace interventions. For companies of all sizes, only a third report having an action plan to prevent work-related stress;[37] however, there is evidence to suggest that bringing in legislation and associated guidelines and campaigns increases awareness and action.[38] Small businesses do not have in-house occupational health services and lack awareness and expertise on occupational safety and health. However, return-to-work even in complex cases is possible, to the benefit of both employer and worker, where SMEs and their employees receive tailored support, as shown by case examples from the craft sector in an EU-funded German report.[39]

- MSEs need access to tailored occupational health services. MSEs, in particular, would benefit from the provision of technical support programmes to help them prevent psychosocial risks and financial/technical support to develop individual return to work plans and provide accommodations to support individuals to return to work following sickness absence.[40 41 42 43 44]

Inclusive workplaces

Equality, non-discrimination and disability should be included in all the policies and activities of the organisation, and there should be a disability strategy that includes all important aspects, such as disability management, return-to-work and work accommodation practices.

Comparing the accommodations suggested in the reports[45 46] with those used in the EU-OSHA reports on working with chronic musculoskeletal disorders, it can be seen that many accommodations are the same, including flexible working hours and teleworking. Workplaces and work arrangements that promote inclusivity, such as offering flexible work and teleworking to all workers, reduce the need to make individual accommodations and the stigma involved in asking for them. Eurofound[47] also highlights the importance of working time flexibility and other flexibility to improve the quality and sustainability of work for workers with chronic diseases and that introducing flexibility can be a simple change.

[36] EU-OSHA – European Agency for Safety and Health at Work, *From policy to practice: policies, strategies, programmes and actions supporting OSH in micro and small enterprises*, 2017. Available at: https://osha.europa.eu/en/publications/policy-practice-policies-strategies-programmes-and-actions-supporting-osh-micro-and

[37] EU-OSHA – European Agency for Safety and Health at Work, *Third European Survey of Enterprises on New and Emerging Risks (ESENER 2019): Overview Report How European workplaces manage safety and health*, 2022. Available at: https://osha.europa.eu/en/publications/esener-2019-overview-report-how-european-workplaces-manage-safety-and-health

[38] EU-OSHA – European Agency for Safety and Health at Work, *Managing psychosocial risks in European micro and small enterprises: Qualitative evidence from the Third European Survey of Enterprises on New and Emerging Risks (ESENER 2019)*, 2022. Available at: https://osha.europa.eu/en/publications/managing-psychosocial-risks-european-micro-and-small-enterprises-qualitative-evidence-third-european-survey-enterprises-new-and-emerging-risks-esener-2019

[39] Prospektiv, Prospektiv Gesellschaft für betriebliche Zukunftsgestaltungen mbH, 'BEM bei psychischen Erkrankungen in Klein- und Kleinstunternehmen'- (Operational integration management (BEM) for mental illness in small and microenterprises: case collection), 2012. Available at: https://www.hs-niederrhein.de/fileadmin/dateien/Institute_und_Kompetenzzentren/A.U.G.E/BEM_gute_Praxisbeispiele_psychische_Erkrankungen_KKU.pdf

[40] https://osha.europa.eu/en/publications/policy-practice-policies-strategies-programmes-and-actions-supporting-osh-micro-and

[41] https://osha.europa.eu/en/publications/safety-and-health-micro-and-small-enterprises-eu-final-report-3-year-sesame-project

[42] https://osha.europa.eu/en/publications/denmark-never-too-old-kindergarten-reducing-strain-retain-employees

[43] https://osha.europa.eu/en/publications/rehabilitation-and-return-work-analysis-report-eu-and-member-states-policies-strategies

[44] https://osha.europa.eu/en/publications/safer-and-healthier-work-any-age-final-overall-analysis-report

[45] EU-OSHA – European Agency for Safety and Health at Work, *A review of good workplace practices to support individuals experiencing mental health problems*, 2024. Available at: https://osha.europa.eu/en/user/login?destination=/en/publications/review-good-workplace-practices-support-individuals-experiencing-mental-health-problems

[46] 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

[47] 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

- Promote inclusive workplaces.
- Raise awareness of what inclusivity means in practice, especially - measures such as flexible time and other flexibility can have a significant impact on the ability of people with a chronic condition, including mental health problems, to continue working.

Research and information exchange

- Develop more evidence-based tools, resources and training aimed at workers and the workplace.
- Share experiences and examples of good practice.
- Examine the impact of work accommodations in various contexts and investigate what works in practice.
- Investigate further the challenges faced by employers and their needs.
- Investigate further the experiences of workers, both positive experiences and barriers that they have faced.
- There needs to be more focus on workplace intervention, not just individual treatment.

Social partners

- Social partners should incorporate the issue of integration and retention of workers with chronic disease into social dialogue at all levels,[48] including through sector social dialogue to produce actions tailored to the specific challenges and needs of different sectors.
- Develop policies of return-to-work at the workplaces.
- Trade union workplace representatives can provide training on supporting workers experiencing mental health problems.

In the workplace, workers and their representatives need to be consulted and involved.

Concluding remarks

There is an urgent need to tackle stigma around working with a mental health problem. With the right support and accommodations, many more workers experiencing mental health problems could continue to work. The return-to-work process is the same as for physical conditions. There are many different accommodations that can be helpful, and many are simple and low-cost. However, 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. An approach that focuses on preventing risks at source, incorporating adaptability and promoting wellbeing is also part of ensuring an inclusive work environment. Having specific policies for all workers with flexible work arrangements, such as adaptable working hours and teleworking, can support continued working with a mental health or other health condition. Human resources and occupational health services/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. 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 for all employers and employees (this could include through primary care).

Box 2: Summary of key policy pointers

Based on the research, key takeaways for 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 taken with physical health conditions.
- More needs to be done to raise awareness of mental health in the workplace and to reduce stigma.
- Employers need support and advice to develop supportive environments to facilitate communication about mental health and allow them to provide the support and workplace adjustments that someone experiencing a problem may need to help them to remain in work.

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[48] Ibid.

- 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 experiencing mental health problems and therapies, such as CBT, should be work-focused.

- 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, including developing policies 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 (where the person has periods of wellness and short periods of being unwell).

- More needs to be done to promote inclusive workplaces - this reduces the need for individual measures.