STRATEGIES AND LEGISLATION ON PSYCHOSOCIAL RISKS IN SIX EUROPEAN COUNTRIES

Introduction

Scope and purpose of the study

This study looks at how different EU Member States approach the prevention and management of psychosocial risks (PSRs) in the workplace. Specifically, national approaches including legislative and non-legislative actions were looked at in six countries: Belgium, Denmark, Estonia, Spain, Croatia and Austria.

Methodology

For this study, national-level desk research and interviews with national stakeholders were conducted in each of the countries covered within the project. The desk research looked into national legislation and strategic approaches, supporting and enforcement actions including supporting activities from social partners and others. Between July and October 2024, a total of 40 semi-structured interviews were conducted with national stakeholders in the Member States covered within the study. In each Member State, interviews were conducted with government representatives, Labour Inspectorates, social partners covering both employers' organisations and trade unions, and optionally occupational safety and health (OSH) experts as well as researchers. The aim was to assess which measures and specific elements were evaluated as being successful in triggering changes, as well as to understand the biggest national challenges in addressing PSRs in the workplace. The desk research and interviews contributed to the development of country reports and informed the selection of case study proposals to be developed in a follow-up approach.

Trends and governance of PSRs in the workplace

This chapter examines key data on the scale, evolution and governance of PSRs in the workplace across the six mentioned countries. The approach also takes into account the impact of major global events and developments, such as the COVID-19 pandemic and digitalisation, on PSRs at work.

PSRs at work and their impact in Europe

According to the findings of the European Labour Force Survey (EU LFS) ad hoc module (2020), 'stress, depression or anxiety' are the second most common type of work-related health problems and the proportion of workers who reported facing risk factors for their mental wellbeing at work was nearly 45%.

Data from the different Member States looked at within this study also show the important impact of work-related aspects related to mental health. **Belgian** national data analysis based on the 2021 European Working Conditions Survey (Eurofound, 2023) data revealed a deterioration in work-related issues, such as workplace bullying and harassment which increased to more than double between 2015 and 2021 (Thil et al., 2023). Moreover, the number of employees reporting a negative impact of work on their health increased as well, even though not to the same extent (Thil et al., 2023). In **Denmark**, the National Health Profile reports a rise in the workforce with regard to self-reported mental health issues like stress, anxiety, sleeping difficulties and depression from 2013 to 2021 (Rosenkilde et al., 2023), for example, depressive symptoms rose from 25.5% in 2013 to 33.8% in 2021 and anxiety from 21.2% in 2013 to 28.8% in 2021.

In **Spain**, 30% of sick leave in 2019 was linked to work-related stress (Martinez, 2020) and a report published in 2023 by the Instituto Nacional de Salud y Seguridad en el Trabajo (INSST) presented the findings of the special module of the LFS which revealed that 32% of respondents reported being exposed to time pressure or work overload that they identified as detrimental to mental health (INSST,

2023a). In Croatia, PSRs were reported in relation to the COVID-19 pandemic, mentioning fear of contagious diseases, isolation, stigmatisation, digitalisation, telework, and violence at work or home (Koren et al., 2023).

According to the 2020 micro-census workforce survey module, published in 2022 (Statistik Austria, 2022), covering 22,500 households, 59.2% of the Austrian workforce (employed and self-employed workers) is faced with at least one PSR factor at work. A special index evaluation in March 2024 (Chamber of Labour Oberösterreich, 2024) showed that 59% of Austrian employees (self-employed people were not included) suffered from stress as a result of a combination of risk factors, namely time pressure, high workload, work requiring a high level of concentration and a work–life imbalance.

Also findings from the OSH-pulse survey based on all European countries show that while it already was important to address PSRs at work before 2020, the pandemic has made this aspect more pressing (EU-OSHA, 2024a).

Drivers of change

COVID-19 pandemic

The COVID-19 pandemic significantly exacerbated PSRs, intensifying existing challenges and bringing mental health issues to the forefront of workplace discussions (EU-OSHA, 2022a). Workers across diverse sectors faced heightened stress, uncertainty about job security and stressful personal experiences during the crisis. Both frontline workers and those in remote work environments experienced unique difficulties, amplifying the complexity of PSR management.

According to the OSH Pulse 2022 survey, 44% of workers across the EU reported increased work-related stress due to the pandemic, though this figure varied across Member States. Spain (50%) and Austria (47%) reported higher-than-average increases, while Estonia (26%) and Denmark (31%) reported lower levels (EU-OSHA, 2022a). Additionally, in Austria, the pandemic's effects on workplace mental health were reflected in increased absenteeism due to mental health issues, which accounted for 10.3% of all sick leave days in 2023 — up from 8.9% in 2019 (Leoni, 2019; Mayrhuber & Bittschi, 2024).

The pandemic especially intensified pressures on healthcare and essential services, with frontline workers facing a broad range of risks, among them long shifts, overwhelming workload and heightened risks of infection. In Spain, 57% of healthcare professionals exhibited symptoms of post-traumatic stress disorder (PTSD) during the peak of the crisis, underscoring the severe psychological toll (Luceño-Moreno et al., 2020).

Equally, data from the general workforce show the important impact of the pandemic. OSH Pulse data show that 50% of interviewed workers in Spain reported that their work stress had increased due to the pandemic (EU-OSHA, 2022a). In Croatia, a study conducted in May 2022 showed that out of more than 200 healthcare workers 64% reported stress due to organisational and financial issues and more than 50% reported experiencing stress because of public criticism, influenced by limited possibilities for emotional regulation (Kadović et al., 2022).

Following this, the pandemic not only intensified mental health challenges but also spurred greater awareness and policy responses. It acted as a wake-up call, compelling governments, social partners and employers to prioritise PSR prevention and mental health in workplaces. For example, the OSH Pulse survey found that 55% of respondents believed the pandemic made it easier to talk about stress and mental health at work, although this again varied significantly by country. In, Spain 64% reported higher-than-average openness, while Denmark (40%) and Austria (45%) were below the EU average (EU-OSHA, 2022a).

On the policy level, in **Spain**, the pandemic prompted the revival of the National Mental Health Strategy (2021) after more than a decade of inactivity, alongside the introduction of the Mental Health Action Plan (2022-2024), which allocated €100 million to improve mental health services, including workplace support (La Moncloa, 2021). Spain also introduced targeted interventions, including telephone psychological support and tailored guidelines for healthcare centres to address PSRs during future crises.

Meanwhile, **Croatia** amended its Labour Act to acknowledge the changing nature of remote work and its impact on mental health (Official Gazette No 64/23, 2023). The Austrian national report highlights

increased attention to mental health among stakeholders, evident in the rise of PSR reporting and the provision of comprehensive guidance for employers. Furthermore, labour inspectors in **Austria** began monitoring whether PSR assessments included COVID-19 impacts, ensuring workplaces addressed pandemic-related challenges comprehensively (Arbeitsinspektion, 2024). The national OSH strategy also spurred the Austrian Workers' Compensation Board (AUVA) project 'Pandemic - Learnings from COVID-19', launched in 2023, aiming to draw actionable insights from the crisis.

In **Belgium**, stakeholders expressed differing views on the impact of the pandemic, as highlighted in the Belgian national report (EU-OSHA, 2025a). Some noted limited influence on policy or legislation due to the country's already robust framework of measures addressing mental health and PSRs. Others highlighted how the pandemic raised broader awareness about mental health, fostering momentum for more comprehensive approaches. A key initiative was the Federal Action Plan on Mental Well-being at Work (MWOHW/BEMAT) (2022), which directly referenced the heightened visibility of PSRs during the pandemic. According to stakeholders, the plan coordinated government resources effectively, embedding mental health more firmly into workplace safety policies.

Overall, the COVID-19 pandemic significantly heightened PSRs, amplifying workplace stress and mental health challenges across Europe. Workers in all sectors faced increased demands, uncertainty and strain, with healthcare professionals but also other frontline workers particularly affected. While impacts varied by country, the pandemic universally highlighted gaps in mental health support and workplace PSR management. As a result, the crises also catalysed awareness and action, driving governments and social partners to prioritise PSR prevention and mental health. Several countries updated or introduced strategies to address these issues, fostering greater openness and embedding mental health into workplace policies.

Digitalisation

The COVID-19 pandemic accelerated the shift to remote work, deepening Europe's reliance on digital devices and platforms — a trend already gaining momentum prior to the crisis. While digitalisation offers opportunities, such as reducing occupational risks by automation of hazardous or repetitive tasks, it also introduces significant challenges. These include blurred work–life boundaries, feelings of isolation, job insecurity and increased exposure to digital harassment (EU-OSHA, 2024b).

The dual impact of digitalisation has prompted legislative and policy responses across Europe. Many countries have introduced measures such as the right to disconnect, telework regulations and mental health initiatives to mitigate its negative effects.

In **Austria**, 40% of workers reported concerns about heightened workplace surveillance and monitoring due to digitalisation (Chamber of Labour Oberösterreich, 2019). In addition, digitalisation has raised concerns about job insecurity, particularly among older workers who often feel overwhelmed by technological changes (Chamber of Labour Oberösterreich, 2019). This highlights a common theme across many countries: while digitalisation can increase efficiency, it can also bring stress and anxiety, for example, related to job security and the ability to keep pace with technological advancements. Austrian policymakers have responded by encouraging employers to implement strategies that address the psychological impacts of digitalisation, such as mandatory assessment of PSRs associated with digitalisation (Arbeitsinspektion, 2024).

Similarly, **Belgium** has introduced legal provisions aimed at managing PSRs associated with digitalisation, particularly in remote work environments. These include specific laws on teleworking as well as separate provisions on the right to disconnect, both designed to address challenges related to digitalisation and work–life balance. Employers in Belgium are now required to address PSRs in remote work settings, with clear policies on digital disconnection and an increased focus on mental health in the context of digital work environments (FPS Employment, Labour and Social Dialogue, 2021). The 'Let's Go for It Together!' campaign (2021) was introduced to support employers and workers in managing PSRs in teleworking (FPS Employment, Labour and Social Dialogue, 2021). These measures are designed to reduce the strain caused by constant connectivity and to ensure that workers have the support they need to manage the psychological impacts of digitalisation.

Croatia has taken legislative steps to address the challenges posed by digitalisation, with the 2023 revision of the Labour Act introducing new provisions for remote work (Croatian Labour Act, 2023). However, interviewed stakeholders in the country have noted that while these provisions mark progress, they may not fully address the broader psychosocial challenges associated with digitalisation, such as

work–life balance, job insecurity and the mental health implications of constant connectivity (EU-OSHA, 2025b).

In **Denmark**, the Working Environment Authority (WEA) updated its guidelines in November 2020 to address digital forms of violence and offensive behaviour[1]. The new guidelines on violence and threats specifically highlight psychological violence carried out through digital means, such as SMS, emails, social media and other online communication channels, which workplaces must now actively prevent. Similarly, the offensive behaviour guidelines now recognise digital channels as unique risk areas requiring tailored preventive measures. Additionally, the WEA's campaign section on digital harassment provides resources, including factsheets, legal definitions, guidelines and sector-specific examples to help workplaces understand and manage these risks. Key initiatives include 'Prevent Digital Harassment' from the BFA Public, 'Prevention and Handling of Digital Harassment' from the BFA Finance, and practical tools like '12 Tips for Managers' provided by Digital Responsibility (Digitalt Ansvar, 2017).

In **Spain**, the shift to digital work prompted the introduction of Law 10/2021 on Remote Work, which formalised the conditions under which remote work could take place, including the employer's responsibility for managing PSRs, also when employees work from home. The law also includes provisions for the right to disconnect, designed to protect workers from the negative consequences of hyperconnectivity and to ensure work–life balance (Spanish Ministry of Labour, 2021).

In summary, digitalisation, while offering opportunities to improve efficiency and reduce occupational risks, also introduces new PSRs such as blurred boundaries between work and life, job insecurity, digital harassment and others. The analysed countries have responded with legislative and policy measures such as the right to disconnect, telework regulations and targeted mental health initiatives. While these efforts demonstrate progress, the rapid pace of technological change underscores the need for adaptable approaches to ensure that digitalisation contributes positively to workers' wellbeing and effectively mitigates emerging risks.

Influence of EU policy and legislation

The influence of EU policy and legislation has been an important driver in shaping national approaches to PSRs across the six Member States. While the Framework Directive on Safety and Health at Work (Directive 89/391/EEC) does not explicitly address PSRs, it establishes a foundational structure that all Member States adapt and implement, thereby setting a baseline for workplace health and safety standards, including PSRs (ETUI, 2021; Jain et al., 2022; Leka et al., 2015). All the analysed countries incorporate this directive and further tailored their national legislation to address PSRs according to their specific contexts. For example, Austria's Safety and Health at Work Act (Bundesgesetz über Sicherheit und Gesundheitsschutz bei der Arbeit, ASchG, 2024) and Denmark's Working Environment Act (WE-Act) illustrate how countries can have an approach of broad health and safety laws that follows the EU framework and includes updates on PSRs.

Croatian stakeholders interviewed highlighted that Croatia's accession to the EU in 2013 was a turning point in worker protection, aligning national laws with EU directives and placing responsibility on employers to manage all types of workplace risks (EU-OSHA, 2025b).

Further aspects related to specific PSRs and mental health are also included in diverse daughter directives, such as the Directive on Display Screen Equipment (90/270/EEC) or the Directive on Pregnant workers mentioning mental fatigue (Directive 92/85/EEC), and others. In addition, other directives contain relevant measures. For example, the Directive on the Organisation of Working Time (93/104/EC) contributes by addressing aspects of work–life balance and working hours that can impact mental health significantly (Leka et al., 2015). Further details on how the analysed Member States address PSRs in their legislation are presented in the section 'National legislation on PSRs'.

From the European Commission there has been a longstanding focus on PSRs, also providing documents that added to the clarification of the interpretation of the Framework Directive (89/391/EEC), like the Interpretative Document of the Implementation of the Framework Directive in relation to Mental Health in the Workplace (2014) and in-depth analysis looking into policy and practice with regard to mental health and PSRs, such as the 'Peer review on legislation and practical management of psychosocial risks at work' (European Commission, 2019) which has been followed up by another peer

[1] https://at.dk/arbejdsmiljoe/psykisk-arbejdsmiljoe/vold-og-trusler/digital-chikane/

review exercise in 2024 (European Commission, 2024). On the broader strategic level, the European Commission Comprehensive Approach to Mental Health was announced in 2023 by President von der Leyen.[2] The approach has a prevention-oriented focus and includes safety and health at work as one out of six policy areas that will be tackled.

In 2021, the European Commission published the Strategic Framework on Occupational Safety and Health (2021-2027) that highlights PSRs as a focus in the area of anticipating and managing change but also touches on specific PSRs like violence and harassment in the area of improving prevention of work-related diseases and accidents. Findings from the interviews and literature research in this study suggest an impact of the strategic framework in some Member States such as Croatia and Austria, which are reported to have aligned their national strategies to the priorities in the European Strategic Framework 2021-2027 (EU-OSHA, 2025b, 2025c). In Belgium, a mutual influence was reported and in Spain a similar development can be assumed with both countries focusing activities around their European Presidency in 2023 (Spain) and 2024 (Belgium) on this topic (EU-OSHA, 2025a, 2025d).

European Sectoral Social Dialogue (SSD) agreements, which are intended to foster collaboration between employers and workers, are reported in literature to have influenced how national governments address PSRs (Ertel et al., 2010). Specifically, three agreements need to be mentioned with regard to PSR prevention: the Agreement on Work-related Stress (2004); the Agreement on Workplace Bullying and Violence (2007); and the recent Agreement on Digitalisation (2020), which touches upon several aspects related to PSRs, like work–life balance, isolation and psychological safety in relation to artificial intelligence systems. Prior research on the national implementation of the first two 2017s from 2004 and 2007 indicates a mixed picture in terms of direct consequences (Leka et al., 2015). In Denmark, the main aspects of the 2004 agreement were considered to be already implemented before its signature. However, a certain impact could be seen in changes in the public sector (European Commission, 2011). In Austria, social partners published joint guidelines on the agreement (European Commission, 2011). A more recent evaluation of the impact is however missing and interviewees in this study did not make additional references to respective influence of the agreements in the last decade.

Last but not least, broader EU-level activities, like the Senior Labour Inspectors' Committee (SLIC) inspection campaign on PSRs were reported as having had an influence on how PSRs are dealt with at national level, for example, the Austrian change of legislation in 2013 is reported to have been triggered by the SLIC campaign and has been followed up by practical guidelines for inspection (Ernst, 2020).[3] Similarly, in Spain, the SLIC campaign resulted in one of the first action guides on PSRs of the national Labour Inspectorate with the collaboration of the INSST in 2012 (ITSS & INSST, 2012).

Although EU efforts are reflected across Member States, evaluations have shown that the adoption and success of PSR-related initiatives vary, affecting their implementation and effectiveness (ETUI, 2021; Leka et al., 2015). Overall, the influence of EU policy and legislation on national PSR strategies is mixed across the analysed Member States. EU directives, such as the Framework Directive 89/391/EEC, clearly provide a foundational structure that Member States incorporate into their OSH legislation. Additional directives on working time and display screen equipment further enhance mental health protections. EU-level agreements on social dialogue offer consistent guidelines for managing PSRs. Although implementation varies, EU approaches have driven consistent progress in addressing PSRs and promoting workplace mental health.

National approaches to PSRs

This chapter provides an overview of the countries analysed covering their approaches to the recognition, prevention and management of PSRs within the framework of OSH legislation, strategies, soft law and social partner activities as well as measures to support policy implementation.

[2] See: https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union/comprehensive-approach-mental-health_en

[3] See: https://osha.europa.eu/en/legislation/guidelines/labour-inspectors-guide-assessing-quality-risk-assessments-and-risk-management-measures-regard-prevention-msds

National legislation on PSRs

Countries in Europe are increasingly incorporating PSRs into their OSH legislation, though overall approaches vary widely across Member States. The ones under examination in this report do take very diverse approaches to tackling PSRs and their prevention in legislation.

Austria's Safety and Health at Work Act (ASchG), established in 1994, provides a solid legal basis for OSH. While initially focusing on general safety measures, amendments coming into force in 2013 mandated explicitly that employers assess and manage PSRs, emphasising mental health impacts alongside physical safety. Currently, the Act mandates comprehensive risk assessments addressing both physical and psychosocial factors. Recent legislative updates, such as the 2021 home-office law and subsequent teleworking regulations, extend OSH protections to remote work settings, focusing on equipment provision and accident prevention while being clear that the Safety and Health at Work Act also applies to telework (EU-OSHA, 2025c).

In **Belgium**, the legal framework for OSH mandates comprehensive measures to prevent and mitigate PSRs in the workplace (EU-OSHA, 2025a). Employers are required to establish prevention plans that encompass assessments and interventions targeting various PSRs, covering job content, working conditions and interpersonal relationships. The cornerstone of Belgium's approach is the Act of 4 August 1996, which has undergone significant revisions, notably up to 2014. In 2014, amendments to the Act introduced more detailed provisions for addressing stress and burn-out, alongside a comprehensive definition of PSRs. These amendments were shaped by social partner input and integrated PSRs as recognised occupational hazards. The legislation specifically addresses the management of PSRs and obligates employers to conduct thorough assessments of the above-mentioned risk factors and to implement preventive measures aimed at mitigating these risks.

Additionally, the Act of 26 March 2018 in Belgium introduced provisions on the 'right to disconnect', obliging employers to engage in consultations and make agreements concerning the use of digital communication tools outside of working hours. These consultations aim to protect employees' rest periods, annual leave and overall work–life balance, thereby mitigating potential PSRs associated with the blurring boundaries of remote work.

In **Croatia**, PSRs are integrated into the Occupational Safety and Health Act (2014), where workplace stress is recognised as a significant risk (EU-OSHA, 2025b). Croatian legislation obliges employers to prevent and manage PSRs through proper organisation, favourable work conditions and constructive interpersonal relationships. The Ordinance on creating a risk assessment (issued in 2014 and updated in 2019) refers to 'psychophysiological strains' and outlines a broad list of recognised risks. The newer 2021 ordinance further expands on this by categorising PSRs into nine groups, covering a total of 27 distinct risks. These include various factors, related to workload, workplace relationships, organisational aspects of work, professional insecurity — which encompasses factors like opportunities for professional development, possibilities for career advancement, type of employment contracts (e.g. fixed-term work) — and salary conditions.

In **Denmark**, the WE-Act 2013 amendment serves as the principal legislative framework for addressing PSRs in the workplace (EU-OSHA, 2025e). A 2020 update introduced specific preventive guidelines to strengthen this focus. The WE-Act operates under a 'reflexive regulation' model, which obliges employers to create structures that ensure a safe and healthy work environment and actively manage PSRs. This approach emphasises employers' responsibility to assess and mitigate workplace risks, fostering a proactive culture around occupational health and safety.

A significant element of Denmark's PSRs-related legislation is Executive Order 1406, introduced in September 2020. This order explicitly addresses PSRs by highlighting five priority areas: unclear demands, emotional strain, offensive behaviour, heavy workload, and workplace violence. It requires employers to implement measures that ensure a safe work environment, taking into account both individual and collective dimensions of workplace risks. Employers are expected to assess and manage risks related to work planning, organisational conditions and social interactions, with guidelines promoting worker involvement, training and anti-harassment measures.

Estonia's Occupational Health and Safety Act, in effect since 1999, provides a framework that defines PSRs as factors referring to the prevention of of work and working environment. The Act's 2022 update extends OSH provisions to remote work.

In **Spain**, PSRs are addressed through a framework established by Law 31/1995 on Occupational Risk Law (LPRL) (EU-OSHA, 2025d). Although this law does not explicitly define PSRs, it obligates employers to conduct risk assessments that cover all potential workplace hazards, including those of a psychosocial nature. Subsequent regulations, such as Royal Decree 39/1997 on the Regulation of Prevention Services, further specify requirements for evaluating and managing PSRs and incorporating measures for psychosocial intervention.

In response to evolving workplace dynamics, Spain has recently adapted its legislation to tackle emerging challenges related to digitalisation and remote work. For example, Law 3/2018 established the right to digital disconnection, promoting a healthier work–life balance. Additionally, Law 10/2021 on remote work introduced comprehensive measures for risk evaluations in remote working contexts, with a strong emphasis on managing PSRs. Together, these legislative advancements reflect Spain's commitment to aligning with EU directives while also adapting to new workplace realities.

Overall, the analysed EU Member States are increasingly incorporating PSRs into their OSH frameworks, highlighting both the diversity and commonality in national efforts. Also, over the last decades the increasing inclusion of a broader range of risk factors as well as their definitions can be observed in the countries under revision in this report.

Occupational diseases and accidents and work-related diseases

Occupational diseases, accidents and work-related illnesses are critical components of OSH frameworks, especially as they relate to the increasing prevalence of PSRs and their impact on mental health. For mental health-related diagnosis, it is however often harder to provide proof of a direct and exclusive causality stemming from workplace conditions, which leads to significant gaps in their formal recognition. This section examines the approaches taken by the six Member States in focus, highlighting the progress made and the challenges that remain in identifying and addressing PSR-related occupational health issues.

In **Austria**, occupational diseases are defined as health impairments caused predominantly by workplace factors, with a monocausal focus. While the official list of occupational diseases includes 53 conditions, PSR-related illnesses like burn-out and stress-induced disorders are excluded (Allgemeines Sozialversicherungsgesetz, Anlage 1, 2024). Although a general clause allows for the recognition of other conditions caused exclusively by workplace exposure to specific substances, it does not cover PSR-related conditions. Work-related diseases linked to PSRs, such as mental disorders exacerbated by work, are acknowledged but are not subject to the same level of monitoring or compensation as officially recognised occupational diseases. For example, cases like PTSD among train drivers after accidents may qualify as occupational accidents but not as occupational diseases.

Belgium also distinguishes between occupational diseases, occupational accidents and work-related diseases within its legal framework. While the official list of over 150 occupational diseases does not include PSR-related conditions, Belgium operates an 'open system' that allows workers to claim compensation for illnesses not on the list (Fedris, n.d.). However, proving the causal link between work and PSR-related conditions places a significant burden on the worker (Fedris, n.d.). Burn-out is recognised as a work-related condition, which has encouraged the development of prevention initiatives and support systems (Fedris, n.d.). Recent judicial rulings have further emphasised employer responsibility for managing PSRs (Alders, 2021). Trade unions further advocate for expanding the official list to include PSR-related conditions, recognising the complexities of addressing mental health in the workplace.

Similarly, in **Croatia**, occupational diseases are strictly defined as conditions directly caused by workplace hazards, primarily physical, chemical or biological factors (Zakon o listi profesionalnih bolesti, 2007). PSR-related illnesses, such as stress, anxiety and burn-out, fall under the broader category of work-related diseases and are not officially recognised or eligible for compensation. While acute stress reactions resulting from workplace incidents may qualify as occupational accidents, chronic mental health conditions are largely excluded unless tied to physical factors, such as chemical exposure.

Denmark recognises PSR-related conditions such as PTSD and work-related depression as occupational diseases[4]. A mental illness that is not on the list of occupational diseases can be recognised as an occupational disease if the illness is exclusively or predominantly caused by the

[4] BEK N° 587 of 31/05/2024

particular nature of the work. The basis for this is an assessment of whether the work can be assumed to have led to a special risk of developing the mental illness, and that a causal link between the risk factors and the illness has also been made probable.[5] A case must first be submitted to the Industrial Diseases Committee if the Industrial Injury Authorities find it possible to recognise the illness.

Further legislative updates have expanded employer obligations in high-risk sectors, such as residential care and psychiatric facilities, to insure workers against violence by third parties at the workplace, acknowledging the complex relationship between workplace dynamics and mental health.[6] This requirement ensures a different type of compensation for occupational injuries related to psychosocial hazards as a result of third-party violence.

In **Estonia**, recent advancements include the 2022 inclusion of PSRs in the official list of factors at work that can cause an occupational disease, recognising conditions like PTSD and other illnesses in its official list of occupational diseases as of 2022 (Minister of Social Affairs, 2022). This marks a significant step towards recognising the impact of PSRs on mental health in the workplace. However, data from the Labour Inspectorate's Occupational Disease Registration Database[7] reveal that only one occupational disease caused by PSRs was officially recorded in 2023, alongside a small number of work-related diseases. This reflects the broader difficulty of diagnosing and addressing PSR-related conditions in Estonia, despite the legal basis and growing acknowledgement of their importance.

In **Spain**, the legal framework distinguishes between occupational accidents, occupational diseases and work-related diseases. Mental health conditions caused by PSRs fall into the category of work-related diseases rather than occupational diseases, leaving them without formal recognition. Workers must prove exclusive work-related causality to have such conditions acknowledged, which often places a heavy burden of proof on workers. Despite these limitations, recent political discussions signal progress, with commitments to updating the catalogue of occupational diseases to include diagnoses of illnesses caused by PSRs (Europa Press, 2024). The judiciary has also played a role, with courts increasingly considering PSRs in their rulings (ITSS & INSST, 2012). Over the past decade, mutual insurance providers have reported over 1,000 cases of mental illnesses linked to work, indicating a growing awareness of the issue (Europa Press, 2024).

National strategies on PSRs

National OSH or health strategies addressing PSRs have gained momentum across the six analysed countries. These strategies typically incorporate multi-year plans, preventive measures and stakeholder collaboration, aiming to integrate PSR prevention and/or mental health protection and promotion as a key element of occupational health and safety.

Austria's National OSH Strategy 2021-2027 aligns with the EU Strategic Framework on Safety and Health at Work 2021-2027 emphasising three overarching goals, related to anticipating and managing change, improving prevention of workplace accidents and illness, and increasing preparedness for future crisis (Arbeitsinspektion, 2021). PSRs are not specifically addressed in the overall framework, but they can be understood to be encompassed within the goal referred to as 'Creating healthy living and working conditions together'. This national approach emphasises holistic strategies to protect, maintain, restore and promote workers' health, ensuring that workers reach retirement age in good health. The strategy highlights specific programmes aimed at fostering healthy working conditions, including the prevention of musculoskeletal disorders and PSRs, as well as supporting the reintegration of incapacitated workers. A notable element is the 'fit2work' programme, which is designed to enhance workplace health and help workers maintain their ability to stay employed through targeted support and preventive measures. The Austrian approach also pays particular attention to teleworking arrangements in the post-pandemic context.

To better inform strategic decisions, Austria has an Austrian Work Climate Index, which monitors workplace conditions and includes PSRs as a key component (Chamber of Labour Oberösterreich, 2019). It provides valuable insights into trends in Austrian workplaces, identifying strengths and areas for improvement. Policymakers and social partners often use this index to guide decisions and shape

[5] Ny principmeddelelse fastslår, hvornår arbejdsskade-myndighederne skal forelægge sager om psykisk sygdom for Erhvervssygdoms-udvalget — Ankestyrelsen

[6] LBK N° 919 of 25/06/2024.

[7] Labour Inspectorate's Occupational Disease Registration Database: www.ti.ee

initiatives aimed at improving working conditions, promoting workers' wellbeing and addressing issues like PSRs.

Belgium has developed a series of action plans to address PSRs, with stress and burn-out prevention being high on the policy agenda. The National Action Plan to improve the well-being of workers in the performance of their work 2022-2027 focuses on reducing PSRs and integrating preventive measures into workplace practices (Minister of Employment, 2022). The strategic approach highlights the role of social dialogue and prioritises the reintegration of workers suffering from long-term illness, including mental health issues. The plan further foresees close monitoring of how the legislation on PSRs introduced in 2014 works in practice. Finally, the plan also tackles emerging PSRs related to remote work and digital disconnection and supports sector-specific initiatives for high-risk professions like healthcare. In line with the objective to place more importance on data supporting the approaches taken to tackle PSR prevention, the Belgian National Labour Council (NAR/CNT) oversees a data mining project that aggregates PSR data from surveys, social security records and workplace reports. This resource, available to policymakers and social partners, helps identify trends in occupational health risks and guides policy improvements.

Croatia's strategic approach to PSRs includes the Strategic Development Framework for Mental Health until 2030, which integrates PSRs as part of broader mental health support efforts (Ministarstvo zdravstva, 2022). Focusing on stress reduction, the framework promotes mental health education, early intervention and anti-stress programmes. It also recognises workplace factors like job autonomy and decision-making as crucial for mental health and the need to improve enforcement actions. Notably, Croatia's strategy aims to prevent burn-out, balance professional and private life, and destigmatise mental health issues. Croatia is also in the process of developing a National Plan for Labour, Safety, and Employment (2021-2027), which will further address PSR management and prevention in alignment with EU approaches.[8]

Denmark's working environment agreements are renegotiated every three years, including a strategic focus on PSRs through the tripartite Working Environment Council. The latest agreement (2023-2026) incorporates nine specific initiatives on PSRs and stress prevention (Beskæftigelsesministeriet, 2024). Some of these do have a sectoral focus while others refer to concrete goals for the WEA, such as improvements in enforcement approaches but also activities that provide support to employers and workers as well as a focus on specific groups at risk. Denmark's strategy is particularly strong on social partner collaboration, with trade unions and employer organisations actively contributing to shaping legislative and strategic initiatives around PSRs.

In **Estonia**, the recognition of PSRs and their impact on mental health has increased significantly over the past decade, particularly in workplace settings. This growing focus is reflected in national strategies such as the Population Health Development Plan 2020-2030, the Mental Health Action Plan 2023-2026, the Green Paper on Mental Health and the Estonian Human Development Report 2023 (Estonian Cooperation Assembly, 2023; Ministry of Social Affairs, 2020a, 2020b). Collectively, these initiatives aim to promote mental wellbeing, improve workplace conditions, and address PSRs at work by highlighting their integral role in public health, with an emphasis on resilience, work–life balance and workplace mental health promotion. Estonia's approach reflects a strong public health orientation, integrating PSR prevention within broader societal health initiatives and engaging employers and health professionals to identify and mitigate these risks.

Spain's 2023-2027 Occupational Safety and Health Strategy highlights mental health and PSRs as critical areas of focus, particularly in light of new work forms driven by digitalisation (INSST, 2023b). The strategy emphasises revising existing legislation to better integrate PSRs and expanding enforcement mechanisms to ensure compliance. Spain also prioritises developing tools and training for PSR prevention in small and medium sized enterprises (SMEs), as well as addressing PSRs associated with remote work and teleworking. Finally, the Spanish strategy gives visibility to aspects like diversity, precarious work and the gender perspective. Social partners actively engage in this strategy, which includes measures for legal updates, preventive initiatives and sector-specific support.

[8] Nacionalni plan za rad, zaštitu na radu i zapošljavanje za razdoblje od 2021. do 2027. godine. National plan for labour, safety at work and employment 2021-2027 - Currently in the public consultation, not adopted so far. https://esavjetovanja.gov.hr/ECon/MainScreen?entityId=18926

In conclusion, national PSR strategies across the analysed countries reveal diverse approaches that reflect national needs and priorities, yet they all underline in different ways the importance of PSR prevention and/or mental health at work. Themes addressed by several strategic approaches include the importance of mental and general health protection and promotion, to enable a long and healthy working life, including the return to work. Some national strategies highlight the specific need to protect certain groups of workers, like precarious workers, and include the gender perspective. Preparedness for future crisis and adaptation to new and emerging risks are also mentioned in a range of strategies. However, the depth and focus of these strategies vary. For instance, Belgium and Denmark have long included PSR prevention and/or mental health at work through their strategic approaches. Estonia's as well as Croatia's efforts primarily derive from a health perspective, either integrating PSR prevention within broader societal health initiatives or having a bigger focus on individual health promotion. The Danish approach stands out as being more concrete, covering a shorter period and formulating specific actions with high social partner involvement, and the Spanish approach is giving priority to diversity with regard to mental health and PSR prevention.

The role of social dialogue

Social dialogue is crucial for better working conditions and workers' protection. However, the strength and historical importance of social dialogue varies between countries, with some having a bigger role in policy design and implementation. This also impacts on the national approaches to address PSRs and its development.

Belgium has a strong tradition of social dialogue and collective bargaining. The two main national bodies — the National Labour Council and the Central Economic Council (CRB/CCE) — facilitate discussions between and inclusion of trade unions and employers' organisations. The National Labour Council can conclude collective bargaining agreements (CBAs) that cover all sectors, with these agreements often addressing workplace health and safety, including PSRs. Additionally, the 'Group of Ten', consisting of high-level social partner representatives, sets out work programmes through interprofessional agreements, which influence subsequent CBAs. Belgian trade unions are historically strong and have long been engaged in promoting workplace health, safety and psychosocial wellbeing. The National Labour Council's Collective Agreement No 72 (1999), addressing stress at work, was a landmark in PSR prevention, making Belgium one of the first countries in the EU to legally mandate stress prevention.

At the sectoral level, joint committees and subcommittees bring together employers and workers to negotiate industry-specific agreements, including PSR prevention measures. The involvement of sectoral social funds in launching prevention initiatives and offering training is a key component of Belgium's multi-tiered approach to OSH. At the company level, trade union delegations and prevention committees work together to assess and mitigate risks, including PSRs. These bodies, where required by law (in companies with more than 50 employees), facilitate social dialogue, assess workplace risks and implement action plans, including for PSR prevention. While this structure ensures robust PSR management in larger companies, the role of social dialogue in SMEs is less formalised.

Denmark's approach to social dialogue is deeply ingrained in its WE-Act, which mandates the involvement of social partners in all matters related to workplace health and safety, including PSRs. Danish trade unions work alongside employer organisations through sectoral bodies called Branchefællesskaber for Arbejdsmiljø (BFAs, Sectoral Working Environment Communities), which jointly develop tools, workshops and resources to prevent PSRs across different industries.

The National Working Environment Council, which includes equal representation from unions and employer organisations, plays a crucial role in setting national goals for PSR reduction. These goals focus on creating a safe psychological working environment and reducing exposure to significant psychological stressors. Social partners collaborate within this framework to transform national objectives into industry-specific targets, ensuring that PSR prevention strategies are relevant and actionable.

This robust system has resulted in the development of sector-specific guidelines and toolkits aimed at addressing PSRs. For instance, each BFA creates tools based on the unique needs of its sector, with consultants available to support workplaces directly. However, the effectiveness of these efforts varies by sector, and some initiatives face challenges related to funding sustainability and limited evaluations, which may affect long-term impact.

In **Austria**, another country with a long tradition of social dialogue, trade unions such as the Austrian Trade Union Federation (ÖGB) and the Federal Chamber of Labour (AK) have historically played a pivotal role in shaping legislation and policies concerning workplace health and safety. Social partners are deeply involved in developing OSH strategies and in participating in the effective transposition of European directives into national law, as well as ensuring that laws are effectively translated into workplace practices. Their influence extends from national policy formulation to company-level cooperation, particularly in large enterprises where workers' representatives often collaborate with employers to create sustainable OSH prevention approaches.

Social dialogue also shapes Austria's policy discussions on broader OSH issues. In the Confederation of Trade Unions' 2023-2028 working paper[9], trade unions demand greater power for OSH experts and Labour Inspectorates to tackle workplace risks, including PSRs. They also advocate for the Austrian government to ratify the International Labour Organisation (ILO) treaty against violence at work (ILO No. 190). Trade unions are also involved in awareness-raising and actively publish information on PSRs, provide resources such as guides on home-office mental health, and offer training/conferences to workers and employers on addressing PSRs. This way, they provide platforms for sharing research and best practices, further solidifying the role of social dialogue in advancing workplace health and safety in Austria.

Spain's trade unions, particularly Workers' Commissions (CC.OO) and the General Union of Workers (UGT), have played a critical role in advocating for PSR prevention and management. Historically, these unions have monitored workplace health conditions and negotiated collective agreements that include provisions for PSR assessments and prevention measures. Both the CC.OO and UGT have dedicated institutes — the Trade Union Institute of Work, Environment and Health (ISTAS) and the UGT's Observatory of Psychosocial Risks — that conduct research, provide training and develop tools to assess PSRs. A key contribution from the trade unions is the adaptation of the Copenhagen Psychosocial Questionnaire (CoPsoQ) for Spain, offering a widely used method for evaluating PSRs.

Tripartite forums bring together trade unions, employer associations and governments and tackle the aspect of PSR policies. The joint efforts have led to increased awareness, training programmes and improvements in workplace practices addressing PSR-related issues.

Despite the social partners' positive influence, challenges remain. A 2020 study found that workplaces with health and safety representatives were more likely to conduct PSR assessments and implement stress reduction measures, but institutional and structural barriers sometimes limit union effectiveness (Payá & Pizzi, 2020). In addition, some social partners view union actions on PSR prevention as part of bargaining strategies, which can complicate efforts to address these risks genuinely.

In **Croatia**, social dialogue on PSRs has grown since the country's accession to the EU in 2013. Trade unions and employer organisations, such as the Croatian Employers' Association (HUP), have gradually increased their involvement in workplace mental health initiatives. However, social dialogue on PSRs in Croatia is still developing and is less strong compared to more established systems in other EU Member States. Croatian trade unions have organised numerous research projects and activities to raise awareness about workplace stress and harassment. Workshops and seminars on stress management and work–life balance have been held in collaboration with employer organisations. Despite these efforts, the progress of social dialogue on PSRs in Croatia is hindered by challenges such as limited financial and institutional support, making it difficult for stakeholders to have a broader influence.

Estonia, like Croatia, lacks a long-standing tradition of social dialogue, and while trade unions advocate for worker interests and push for OSH policies and practices, their current influence is limited. Collective bargaining and trade union membership remain low, with only about 7% of the workforce being unionised, limiting their possibilities in shaping policies on PSRs.

All in all, social dialogue plays a critical role in shaping PSR-related policies, with trade unions and employer organisations advocating for workplace mental health and safety. Countries with strong traditions of social dialogue, like Belgium, Denmark, Spain and Austria show more advanced PSR frameworks, benefiting from established collaboration and effective collective bargaining mechanisms. On the other hand, barriers such as limited union density, low financial resources and lack of institutional

[9] https://www.oegb.at/content/dam/oegb/downloads/der-%C3%B6gb/20--bundeskongress/beschlossen/OEGB_Programm_2023_2028_beschlossen_am_20_Bundeskongress_22062023.pdf

support in Croatia and Estonia hinder the consistency and impact of PSR initiatives. Overall, the effectiveness of social dialogue in PSR management depends on the strength of collaborative frameworks, available resources and legislative support.

Measures supporting the policy/legislation implementation

Across the six countries, the activities supporting the implementation of policies and legislation on PSRs in workplaces encompass a range of methods, including campaigns, risk management tools and guidance, support services such as free advice and consultations, and enforcement mechanisms such as inspections.

Awareness-raising campaigns

Awareness campaigns are integral to the effective implementation and promotion of PSR prevention and management in workplaces across analysed Member States. Awareness-raising initiatives aim to enhance understanding, foster proactive management and create supportive environments for addressing PSRs.

Austria places strong emphasis on awareness initiatives, supported by the AUVA. AUVA employs occupational psychologists across the country who offer comprehensive guidance and promote awareness of PSRs and their prevention at work. Additionally, the Labour Inspectorate conducts targeted campaigns on issues such as gender and diversity. These coordinated efforts, aligned with Austria's National OSH Strategy, are assessed by the interviewed stakeholders as having improved understanding of the connection between working conditions and mental health.

Belgium's Federal Action Plan on Mental Well-being at Work exemplifies a highly coordinated approach to raising mental health awareness. As part of the action plan a comprehensive campaign, running from November 2021 to June 2022, aimed to reduce the stigma surrounding workplace mental health, with a focus on challenges exacerbated by the COVID-19 pandemic.

In **Denmark**, the WEA leads awareness campaigns such as 'Tag Snakken' (Talk it Over!), focusing on workplace harassment and enhancing leadership communication. By encouraging open dialogue and providing valuable resources, this specific campaign seeks to create safer and more supportive work cultures, improving awareness and proactive management of PSRs.

In **Estonia**, a standout effort is the 'Mental Health Good Practice and Action Plan in the Workplace' spearheaded by Peaasi.ee.[10] This initiative raises awareness about mental health through training sessions and counselling, empowering workplaces to prioritise wellbeing. Additionally, Peaasi.ee recognises organisations that actively promote mental health by awarding 'Mental Health Labels'. These labels acknowledge companies' commitment to supporting mental health while encouraging them to evaluate and enhance their work environments, thus cultivating a culture of proactive mental health protection.

Overall, these awareness-raising campaigns are important to foster environments where mental health and wellbeing are prioritised, stigma is reduced and proactive management is promoted.

Practical tools and resources for PSR prevention and management

Practical tools and other training and information resources offer guidance to employers, workers and other stakeholders, facilitating compliance with regulations, and providing further insights into how to improve the situation regarding PSRs in the workplace.

Austria focuses on providing free PSR assessment tools through AUVA. Notable examples include the Arbeits-Bewertungs-Skala (ABS) for group assessments and the EVALOG tool for dialogue-based PSR evaluations. These tools help companies, especially SMEs, to effectively assess and manage PSRs. The eval.at platform, hosted by AUVA, offers further information and resources for workplace assessments. Austria also supports mental wellbeing and worker reintegration through initiatives like the fit2work programme, aimed at providing free consultancy for companies to enable a smooth reintegration of employees after sick leave.

[10] Peaasi.ee is a state-funded Estonian NGO focused on promoting mental health, through education, stigma reduction and early intervention. It offers resources like online consultations, mental health first aid training, and other resources on mental health topics, including articles, guides and self-help tools.

Belgium offers a range of practical tools, such as the Online interactive Risk Assessment (OiRA) tool on PSRs for micro and small enterprises (MSEs) (published end-2024). The tool guides employers through the PSR assessment process and helps develop tailored action plans. Sectoral OiRA tools also include items on PSR prevention. Furthermore, the Belgian Labour Inspectorate collaborates with external occupational prevention services to provide in-depth guidance and ensure consistent application of measures.

In **Croatia**, the Department of Occupational Health at the Croatian Institute of Public Health offers an online platform with educational materials, PSR assessment questionnaires and proposed prevention measures. The 'Company Friend of Health' initiative also promotes health and wellbeing within workplaces by providing tailored training sessions and resources. The Mental Health Toolkit for Human Resources Managers, developed through an Erasmus+ project, offers additional resources to support workplace PSR management.

In **Denmark**, the WEA provides comprehensive tools and guidelines aimed at integrating PSR prevention within the overall OSH management approach. These resources are developed using a Plan-Do-Check-Act cycle, offering dialogue aids, structured problem-identification tools, and guides to support managers and employee representatives. The WEA's thematic PSR guides cover a range of risks, including high workloads, bullying and emotional demands.

In **Estonia**, resources include the 'Mental health in the workplace: A handbook for employers and employees' provided by the National Institute for Health Development. This publication offers practical strategies and actions for creating mentally healthy work environments. Additionally, the Estonian Labour Inspectorate supports employers with PSR-focused tools, including self-assessment questionnaires and guidance documents. The online platform hosted by Peaasi.ee also provides the 'Mental Health Good Practice and Action Plan in the Workplace', which includes training modules and counselling support.

Spain has a strong tradition of developing resources through the INSST. Among these are the Technical Prevention Notes that address PSR-related topics, such as burn-out, risk factors related to digitalisation and telework, providing specific guidance for both employers and workers. The INSST also produces technical documents, guides and sector-specific training materials to support comprehensive PSR management in diverse workplaces.

Inspections and compliance mechanisms

Inspections and compliance mechanisms are important in ensuring that PSR legislation is effectively implemented and that workplaces adhere to established standards.

In **Austria**, compliance mechanisms include inspections by the Labour Inspectorate, which shifted from a control-based approach to a more advisory role following the 2013 amendment of the Safety and Health at Work Act. Approximately 300 inspectors were trained to oversee PSR assessments and provide consultation on preventive measures. Inspections often involve consultations to support compliance and raise awareness about PSRs, including managing shift work, preventing workplace violence and monitoring pandemic-related stress factors. Over the last decade, a range of inspection campaigns were conducted normally focusing on specific sectors or on certain risks.

Belgium relies heavily on comprehensive compliance mechanisms embedded within its legal framework, such as the requirement for employers to conduct risk assessments and implement measures to address PSRs. The Labour Inspectorate conducts inspections to ensure compliance with these requirements, focusing on both collective and individual measures. Employers must conduct global PSR assessments every five years, with results feeding into prevention plans. Compliance is also supported by external occupational prevention services.

In **Denmark**, the WEA conducts regular inspections focusing on PSRs. Since the mid-1990s, the WEA has integrated PSRs into their inspection protocols, evolving over time to grant inspectors greater autonomy, such as the ability to speak with workers without management present. The WEA also has three thematic PSR interview guides for inspectors that are used with workers during inspections. The guides cover the following topics: 1) prevalence of the PSRs in question; 2) company strategies and actions to mitigate or prevent PSRs; and 3) PSR consequences. The WEA can issue notices ranging from immediate improvement orders to more flexible 'deal-based inspections' where employers agree to address issues with WEA support and monitoring. This innovative approach helps employers and

companies comply with regulations while encouraging a collaborative effort to improve working conditions.

In **Estonia**, compliance is promoted through the Labour Inspectorate, which conducts inspections and offers practical tools and guidelines to support workplaces in identifying and mitigating PSRs. The Inspectorate has organised targeted PSR campaigns, such as inspections in the transport and healthcare sectors in 2018 and 2019. Since then, no specific campaigns targeting PSRs have been conducted. However, PSRs are assessed alongside other occupational risks during general inspections by labour inspectors. There is no detailed information available on how PSRs are addressed more broadly in these general inspections.

Spain employs a mix of legislative and non-legislative measures to enforce compliance with PSR regulations. The Labour Inspectorate works closely with the INSST to conduct inspections and provide action guides. This collaborative approach has led to more targeted inspection campaigns, such as those addressing workplace violence and emerging (psychosocial) risks. Spain's focus on updating technical guides and providing sector-specific resources helps ensure that compliance mechanisms remain relevant to evolving workplace dynamics.

In summary, measures supporting PSR policy implementation across the analysed countries include awareness campaigns, practical tools and support, training initiatives and enforcement approaches. Awareness campaigns enhance understanding, reduce stigma and promote proactive PSR management. Practical tools, such as risk assessment guides and counselling support, offer concrete solutions for workplaces. Enforcement approaches led by Labour Inspectorates ensure adherence to regulations and drive continuous improvement in workplace mental health and safety. Collectively, these efforts foster healthier, safer and more supportive work environments. The current report, however, shows a wide variety of how these approaches, starting from awareness-raising to inspection campaigns, are implemented and follow a concerted and continuous approach or are rather limited to one-off actions.

Success factors and challenges in addressing PSRs

The analysis of legislative and non-legislative measures addressing PSRs across Belgium, Denmark, Estonia, Spain, Croatia and Austria based on stakeholder feedback reveals a complex interplay of success factors and challenges. While interviewees agree that all countries have made progress in addressing PSRs over the last years, the effect of these measures seems to vary due to differences in legislative frameworks, implementation strategies, cultural contexts, social partner support, and very likely also due to macro structural influences of economic aspects and labour markets (Leka & Jain, 2024). Nevertheless, interviewees emphasise the importance of a comprehensive, collaborative and context-sensitive approach to managing and preventing PSRs and promoting workplace mental health. This chapter synthesises the key success factors and challenges identified in this study, offering a comparative perspective shaped by the unique cultural, legislative and organisational contexts of the six analysed countries.

Common success factors in legislative and non-legislative measures

A common success factor across all six countries is the recognition of PSRs as a critical component of OSH, supported by the **legal framework requesting systematic PSR assessment and management**. Legislative frameworks in countries like Belgium and Denmark, but also Estonia, have been instrumental in raising awareness and mandating action, with comprehensive legislation that includes specific definitions for PSRs, and as such gives a clear framework to act on. For example, Belgium has a detailed legal framework[11] that includes a comprehensive definition of PSRs, enhancing understanding and facilitating the application of measures to address these risks by identifying five main areas of PSRs: job content, working conditions, work organisation, employment conditions, and interpersonal relationships.

Apart from the legislative requirements, several Member States' approaches (e.g. Belgium, Spain, Croatia and Austria) focus on **providing concrete guidelines**. These help employers to better understand their obligations and put them into practice, for example, Austria's 2013 amendment to the

[11] The Belgian Act of 4 August 1996 on the well-being of workers in the performance of their work (Belgian Official Gazette 18/09/1996).

Safety and Health at Work Act[12] was supported by specific guidelines for conducting PSR assessments. The Spanish legislation is supported by a range of technical documents giving guidance and explanations on the interpretation of how PSRs at work are to be dealt with.

Digitalisation and PSRs in the national legislative approaches

Countries like **Belgium, Spain and Croatia** have specifically addressed **PSRs related to remote work** in their legal frameworks, including **employer obligations** for telework arrangements, and in Belgium and Spain more specific aspects about digital disconnection. Denmark has made progress in recognising **digital harassment and psychological violence** as work-related risks, ensuring legal **protections for workers** exposed to online abuse.

Successful approaches **combine legislation with awareness campaigns and employer guidance** such as Belgium's 'Let's Go for It Together!' campaign supporting workers in handling telework-related PSRs and Denmark's BFA sector-specific initiatives provide practical tools for managing digital harassment in different industries.

PSRs and occupational diseases

Most of the studied countries have made changes in recognising occupational diseases linked to PSRs, but the extent of their full inclusion and implementation varies. For example, Estonia's recent inclusion of PSR exposure from work considered as a cause for specific occupational diseases[13] marks progress in recognising the impact of these risk factors on employees' health. Other countries, such as Belgium and Denmark, follow an open system, requiring from the worker to prove the impact of these risks to their health condition, which is often perceived as a very burdensome and difficult process. Spain and Croatia have also not established a list of occupational diseases explicitly linked to PSRs. Overall, it seems to be very challenging and burdensome for workers to get an occupational disease accepted if it has been caused by PSRs, and in some countries this is simply not possible. However, recent changes and discussions seem to indicate a growing awareness in this regard.

The role of social partners in PSR prevention

Across Belgium, Denmark, Estonia, Spain, Croatia and Austria, **social partners play a crucial role** in shaping national policies and strategies for preventing PSRs in the workplace. Their involvement varies in terms of institutional frameworks, social dialogue traditions and specific initiatives. Some countries have deeply embedded social dialogue structures that integrate PSRs into broader OSH policies, while others show less social partner involvement.

Countries like **Belgium, Denmark, Spain and Austria** have **deeply embedded tripartite systems** that enable social partners to contribute to the development, implementation and enforcement of OSH policies. In these countries, trade unions and employer organisations participate in **national advisory committees**, **tripartite councils or sector-specific agreements**, where they shape legislation and contribute to the development of respective strategic approaches.

Denmark exemplifies effective collaboration through its National Working Environment Council (Pedersen, 2010), where social partners — government bodies, employers and trade unions — jointly shape policy and regulatory updates. The council ensures evidence-based interventions, informed by research from the National Research Centre for the Working Environment (NRCWE). **Spain's** social dialogue has also played a key role in shaping sector-specific measures, particularly through collective bargaining agreements. Trade unions play a key role in advocating for improved workplace policies, such as flexible working arrangements and stress management protocols. **Austria's** National OSH Strategy (2021-2027)[14] emphasises consensus-driven initiatives involving diverse stakeholders, including social partners and occupational health experts, to ensure broader acceptance and implementation of PSR measures across sectors. Social partners played a key role in negotiating the 2013 amendment on PSRs, fostering a collaborative approach that balances the perspectives of employers and workers and promotes shared responsibility.

[12] ASchG-Novelle (BGBl. I Nr. 118/2012) vom 1.1.2013 [Amendment of 1.1.2013, Federal Law Gazette I No. 118/2012]: https://www.ris.bka.gv.at/eli/bgbl/1994/450/P3/NOR40144390

[13] Regulation 'List of occupational diseases', RTL 2005, 51, 722; 31.12.2022, Minister of Social Affairs: https://www.riigiteataja.ee/akt/897867

Monitoring and enforcement

Another success factor relates to the **monitoring and enforcement mechanisms** that play a crucial role in ensuring the effectiveness of PSR measures. **Denmark and Austria** stand out in this regard. Austria's Labour Inspectorate plays a proactive role in monitoring compliance with PSR assessments, conducting regular inspections and providing advisory services. However, resource constraints often undermine these efforts. In Denmark, deal-based inspections conducted by the WEA and sector-focused campaigns, also conducted by the WEA, have been praised for their positive impact on workplace mental health. These innovative inspections take a tailored approach, fostering collaboration between inspectors and employers. This strategy not only ensures compliance but also facilitates knowledge transfer, helping organisations adopt more effective PSR management practices.

Compliance assistance through **support services and resources** is a cornerstone of success in **Belgium, Denmark and Austria**. Denmark's BFA provides sector-specific guidance tailored to the needs of SMEs, making regulatory compliance more accessible (Ourø Nielsen et al., 2014). Austria's AUVA[15] offers instruments and free tools for conducting PSR assessments, reducing financial barriers for organisations, particularly SMEs. In **Belgium, the obligatory role of an external prevention advisor on PSRs** ensures a straightforward approach for workers to escalate any issue, should the internal approach referring to a confidential counsellor not be sufficient. **Consulting services** also play a key role in **Denmark and Estonia** (EU-OSHA, 2018), with consultants available to visit workplaces and assist in addressing PSRs. In addition, **awareness and training initiatives** are also pivotal in addressing PSRs. **Croatia** emphasises the importance of training programmes and workshops led by the Croatian Institute of Public Health.[16] These initiatives raise awareness and equip employers with the tools to address PSRs effectively. Countries like **Denmark and Austria** have invested in high-quality training programmes for OSH professionals, employers and workers. These programmes enhance understanding of PSRs and equip stakeholders with the tools needed to implement effective measures. In **Belgium**, awareness campaigns have been successful in encouraging open discussions about workplace mental health. In **Estonia** on the other hand, it was mentioned that the lack of practical tools and resources for employers hampers the implementation of PSR measures, despite increased awareness following legislative amendments in 2019.[17]

Sector-specific strategies are particularly effective in addressing the unique challenges of high-risk industries. **Spain's** initiatives in healthcare, transport and public administration demonstrate the benefits of tailoring PSR measures to specific contexts. **Austria's** diversity approach, exemplified by the Central Labour Inspectorate's MEGAP project, highlights the importance of a target group-specific approach for the assessment and prevention of PSRs. Targeted approaches also extend to vulnerable groups. For example, **Spain** has introduced work–life balance measures to mitigate the disproportionate impact of PSRs on women. Highlighting the importance of addressing the needs of vulnerable groups, such as individuals with disabilities, women and older employees, can further improve the inclusivity and effectiveness of PSR strategies. **Denmark's** criminal justice system has implemented initiatives to reduce violence-related risks for prison staff.

Country-specific aspects

Addressing PSRs in the workplace demands tailored approaches that reflect the unique social, economic and cultural contexts of each country. The following examples highlight how different countries have taken diverse approaches to mitigate PSRs and promote workplace wellbeing.

Belgium shows a robust legislative framework, including a comprehensive coverage of PSRs through clear definitions and preventive measures. This clarity has improved understanding and implementation of PSR prevention measures. Central to Belgium's approach is its strong tradition of social dialogue, which fosters collaboration among stakeholders across various sectors. This cooperative approach has led to initiatives such as sectoral risk assessments and customised training programmes. Belgium's approach includes targeted measures for vulnerable groups, such as women and immigrants, and high-risk sectors, which has been particularly focused on work–life balance and job insecurity. The Belgian system also provides two different levels of escalation, should workers encounter PSRs at their

[15] Workers' Compensation Board (Allgemeine Unfallversicherungsanstalt, AUVA): https://www.auva.at
[16] Croatian institute of public health - Department of public health - Psychosocial risks: https://www.hzzzsr.hr/index.php/psihosocijalni-rizici/
[17] Töötervishoiu ja tööohutuse seadus (The Occupational Health and Safety Act): https://www.riigiteataja.ee/akt/130062023087

workplace. The internal and more informal approach is providing support by a confidential counsellor. If this approach is failing, a second step is the possibility to call on an external prevention advisor, a specific external contractor who complies with certain quality criteria in their training and education for this role. In addition to the mentioned approaches, the country also has a strong culture of evaluation, with both legislative and non-legislative measures being regularly assessed, although these evaluations are not always publicly available.

Denmark's success in addressing PSRs stems from its strong tradition of social dialogue, institutionalised through mechanisms like the Working Environment Council, which drives collaborative policymaking and regulatory innovations, like deal-based inspections, which focus on cooperation rather than enforcement. Evidence-based research from the NRCWE ensures that PSR regulations are grounded in scientific evidence, making them credible and effective. Meanwhile, sector-specific councils (BFAs) simplify regulations, aiding compliance and fostering understanding, particularly for SMEs and smaller workplaces. This approach, along with Denmark's cultural shift toward openly discussing PSRs, is a unique feature of its framework. According to interviewees, this openness has led to increased reporting of PSRs and greater awareness of workplace mental health issues. Targeted campaigns in high-risk sectors further contribute to Denmark's commitment to context-sensitive solutions.

In **Estonia**, the 2019 amendment to the OSH Act[18] is seen as a significant step in addressing PSRs, raising awareness and prompting employers to take these risks more seriously. Additionally, in 2022, PSRs were added to the list of approved occupational diseases.[19] According to the updated version, occupational diseases caused by psychosocial hazards in the work environment include: 1) PTSD, and 2) other illnesses caused by PSRs. The inclusion of PSRs in the occupational disease list represents progress in recognising their impact on employees' health, even though numbers of recognised cases are still very low. In addition, the Labour Inspectorate's free consultation service with mental health consultants (Labour Inspectorate, 2023) has been highly valued by both employers and workers, highlighting increasing awareness of workplace mental health.

Austria's approach to PSRs is distinguished by the possibility of including an occupational psychologist in workplace assessments. According to some stakeholders' feedback, this inclusion has enhanced the quality of PSR assessments, ensuring that mental health challenges are addressed with a level of expertise and depth often missing in general risk assessments. By providing free, standardised tools for evaluations and training, Austria enhances accessibility to appropriate guidance for businesses of all sizes, making it easier for smaller organisations to engage in proactive PSR management.

Spain has taken a proactive approach to PSRs, particularly by addressing the challenges posed by digitalisation. The country has introduced innovative measures such as digital rights legislation,[20] which addresses issues like digital disconnection to protect workers from the stress of constant connectivity. Trade unions have advanced PSR management through collective bargaining, including sector-specific measures like flexible hours and others. National sectoral approaches were reported in the interviews to be especially effective in sectors characterised by high PSRs such as healthcare, transport and public administration. Additionally, the country's sector-specific strategies — particularly in industries with high levels of public interaction — highlight the value of targeted interventions. Spain's focus on vulnerable groups, including women and immigrants, also contributes to focusing on equity and inclusivity in workplace health initiatives.

Croatia has made notable legislative changes in addressing PSRs over the last years, driven in part by challenges arising from the COVID-19 pandemic. New provisions for remote work and a national strategy for mental health are part of Croatia's approach to the topic. Awareness-raising campaigns and training programmes, conducted by the Croatian Institute of Public Health[21] and social partners, have been focusing on reducing stigma and building capacity for PSR prevention and fostering a culture of workplace safety and wellbeing.

[18] Töötervishoiu ja tööohutuse seadus (The Occupational Health and Safety Act): https://www.riigiteataja.ee/akt/130062023087

[19] Regulation 'List of occupational diseases', RTL 2005, 51, 722; 31.12.2022, Minister of Social Affairs: https://www.riigiteataja.ee/akt/897867

[20] Article 88 of Law 3/2018 on the Protection of Personal Data and guarantee of digital rights recognises workers' right to digital disconnection. The Workers Statute (Royal Decree Law 2/2015): https://www.boe.es/buscar/doc.php?id=BOE-A-2018-16673

[21] Croatian institute of public health - Department of public health - Psychosocial risks: https://www.hzzzsr.hr/index.php/psihosocijalni-rizici/

The analysis for this report concludes that while significant changes took place over the last decades with regard to PSR prevention through legislative and non-legislative measures in the investigated countries, challenges remain in ensuring their effective implementation and impact. Key success factors include existing strong legislative frameworks, effective social dialogue, awareness-raising campaigns and integration of PSR prevention measures into broader OSH strategies. Building these approaches on specific data that allow continuous follow-up and evaluation seems to be an important factor for ensuring success.

On the other hand, resource constraints, legislative complexity and insufficient measures for SMEs and vulnerable groups highlight the need for ongoing refinement. Enhanced monitoring, data collection and collaboration are crucial for healthier workplaces. Further shared challenges among the studied countries are outlined below.

Identified challenges

Despite differences in national contexts and legislation, countries face common challenges in effectively preventing and managing PSRs in the workplace. These challenges highlight the complexity of addressing PSRs and the need for comprehensive, multifaceted approaches to ensure meaningful progress.

Some challenges were mentioned with regard to the existing **legislative frameworks addressing PSRs**. In some cases the laws are described by stakeholders as either too vague or overly complex, making them difficult to interpret and implement effectively. For instance, in Belgium, the legal framework is seen as overly formalistic and complex, sometimes creating administrative burdens for employers, particularly SMEs. In Croatia, feedback indicates that there might be a lack of precise legal definition of PSRs, leaving room for interpretation and inconsistent application. In Estonia, the open-ended nature of the PSRs list in legislation is reported to cause confusion among employers, who are unsure whether they are addressing all relevant risks. Spanish stakeholders mention the struggle with the absence of a specific legislative framework dedicated solely to PSRs, which creates gaps and ambiguity in implementation. According to interviewees, while many highlight the importance of including specific mention of PSRs in the legislation, the reported lack of clarity discourages compliance, particularly among smaller organisations, and results in inconsistent implementation of PSR measures across sectors.

Further, it seems that even when legislation exists, its **implementation and enforcement** are often reported as weak, leading to possible gaps in addressing PSRs. Across all countries, several stakeholders report a lack of sufficient resources and capacity to monitor compliance effectively. In Denmark, while inspection quality has improved according to interviewees, issues like harassment and unclear demands are described as difficult to assess, and fines are rarely issued except in cases of violence. Similarly, feedback from Belgium and Estonia indicates a shortage of inspectors, which limits their ability to enforce compliance and makes it challenging to effectively monitor workplaces. In Spain the interviewed stakeholders also report a struggle with limited resources for inspections, and enforcement is described as often focusing on reactive measures rather than preventive strategies.

Overall in the EU, SMEs face significant challenges in implementing PSR measures due to **limited financial, human and technical resources** (EU-OSHA, 2022b). This is a common issue across all countries studied. Smaller companies often struggle with compliance due to limited resources. In Belgium, SMEs are reported to struggle with the administrative burden of PSR legislation and often lack the resources to comply fully. Austria shows low implementation rates of PSR assessments among SMEs, with many smaller companies failing to conduct assessments altogether. Estonia and Croatia face similar issues, with SMEs often lacking the capacity to implement comprehensive PSR strategies. In Spain, SMEs often seem to treat PSR assessments as a formal exercise to meet legal requirements rather than a meaningful effort to improve workplace mental health.

The rise of **digitalisation and remote work** has introduced new PSRs, such as blurred work–life boundaries, the feeling of needing to be constantly available, and isolation, which do not seem to be fully addressed in existing policy measures. While most of the countries looked at within this study have covered aspects of these new risks in recent legislation, the rapid pace of technological change underscores the need for adaptable approaches to ensure that digitalisation contributes positively to workers' wellbeing and effectively mitigates emerging risks. In addition, inconsistent or unclear aspects

with regard to enforcement actions, especially when it comes to remote work, would benefit from clarification.

The **lack of training and awareness** among employers, managers, workers and labour inspectors about PSRs, as well as how to address and effectively prevent them, is another common barrier mentioned in many of the interviews. Stakeholders across all investigated countries emphasise the need for targeted training programmes to equip employers and workers with the knowledge to manage PSRs effectively. For example, in Denmark, while awareness of PSRs has increased over the last years, interviewees still express a need for more training for inspectors and workplace representatives. In Belgium, several stakeholders emphasise the need for mandatory training for middle and senior management on PSRs, as well as the development of specific tools and resources. In Croatia, employers are reported to often lack the knowledge and practical understanding needed to implement measures with regard to PSR-related legislation effectively. Similarly, in Estonia, the results point to many employers lacking expertise in developing and implementing PSR management strategies. Additionally, it was reported that there is insufficient training for employers and workers on recognising and responding to PSRs. In Spain, a need for more training for labour inspectors and union delegates to improve enforcement and support for PSR measures was reported. However, generally it might be important to take into account here that the more knowledge and awareness seem to exist around such a topic, the more certain measures will be requested. That is to say, interviewees requesting training on PSR management for middle managers, as mentioned in some of the Belgian interviews, might also be a sign of increased awareness around the topic and better knowledge on where to start with possible solutions.

Based on the results of the current study, **a shortage of occupational psychologists and other qualified experts** to support the implementation of PSR measures was also identified as a challenge across some of the studied countries. For instance, in Austria, several stakeholders highlighted it as a disadvantage that occupational psychologists are not mandatory in OSH services, and their involvement in PSR assessments is limited. In Estonia, a shortage of occupational psychologists was reported to be an issue, along with insufficient expertise in occupational psychology available for occupational physicians for diagnosing occupational diseases caused by PSRs. Similarly, in Croatia, the lack of mandatory participation of occupational health specialists and psychologists in risk assessments was mentioned to limit the quality of PSR prevention efforts. According to interview findings, Belgium also faces challenges with understaffing and high workloads among external OSH prevention services and the specific roles foreseen with regard to PSR prevention (the PSR prevention advisors). The shortage of qualified experts can reduce the quality and effectiveness of PSR assessments and interventions.

While social dialogue has been reported to be contributing positively to the developments in PSR prevention, a lack of social dialogue has the contrary effect. Social dialogue was described as **not elaborated enough** in some of the investigated countries, limiting the development and implementation of effective PSR measures. In Croatia, social dialogue has been reported to be often limited to procedural obligations, while in Estonia, it is reported to remain relatively weak, with limited stakeholder cooperation in addressing PSRs. In Spain, while social dialogue has expanded, a need for more resources and training for union activities to strengthen their role in PSR management was mentioned by several interviewees.

Another common challenge is **the lack of reliable data and evaluation of PSR measures**, hindering evidence-based policy development. Even though Belgium has a systematic and effective evaluation of legislative measures, it lacks evaluations of non-legislative measures, and follow-up has been reported to be inconsistent. In Austria, stakeholders confirm that there are no good-quality national data on PSR assessments, and Estonia has not systematically evaluated legislative or non-legislative measures. Significant data gaps in Spain were reported to hinder efforts to address PSRs, and Spanish and Croatian stakeholders were stressing the need for comprehensive research and reporting systems to monitor workplace mental health. Belgium and Austria also note the complexity of isolating workplace factors in mental health outcomes, highlighting the need for holistic evaluation mechanisms.

On the other hand, it needs to be highlighted that sometimes raised awareness on PSRs might also lead to higher reporting of these. In that sense, measuring how many workers report to be exposed to PSRs might sometimes be closely related with awareness-raising measures and raised expectations. In this sense, data need careful interpretation.

This section identified some shared challenges in addressing PSRs across the Member States under focus. Key priorities include clarifying legislation, strengthening enforcement, providing targeted support for SMEs, enhancing training and awareness, addressing systemic factors, increasing the availability of qualified experts, fostering social dialogue, improving data collection and evaluation, and addressing emerging risks from digitalisation and remote work. By tackling these challenges, countries can create healthier and more supportive workplaces that effectively prevent and manage PSRs.

Policy pointers

The analysis shows that national legislation on PSR prevention is evolving, with a growing focus on comprehensive risk management and adaptation to new risks linked to digitalisation. However, variations in national approaches, enforcement challenges, reliable data and gaps in addressing new work realities pose ongoing challenges.

Legislative frameworks

- **Incorporating PSRs into key national OSH legislation.** Stakeholder feedback within this project confirms insights on the usefulness of policy measures for tackling PSRs, beginning by embedding PSR prevention within national OSH legislation. For legislation to be effective, it must set clear obligations for employers while allowing the flexibility needed to tailor interventions to unique organisational and sectoral needs, as evidenced by Belgium, Denmark and Austria. Complexity in the legal framework, however, should be avoided to ensure that laws are accessible, comprehensible and enforceable. Simplified frameworks can facilitate compliance and effective implementation across diverse sectors.
- **Introducing comprehensive definitions of PSRs.** The identification and management of PSRs are often complicated by their multifactorial nature and the lack of standardised definitions. Clear legal definitions help to ensure that all relevant risks, including working conditions and interpersonal dynamics, can be effectively addressed.
- Some interviewed stakeholders across the national studies stress the need to **expand the official list of occupational diseases** to include conditions caused by PSRs at work. Currently, conditions such as PTSD are classified as workplace accidents rather than occupational diseases or the need to prove an occupational disease caused by psychosocial factors lies on the affected worker alone, which results in a burdensome and difficult process with unclear result expectations.
- **Adapting legislation for modern workplace challenges.** With the growing prevalence of teleworking and digitalisation, a range of interviewed stakeholders highlight the need for labour regulations to evolve in order to protect workers from emerging PSRs. Especially Croatian and Spanish stakeholders have highlighted the need for legislative updates to address emerging challenges such as telework, the right to disconnect and other aspects related to digitalisation. These adaptations ensure that employees' mental health and work–life balance are protected in increasingly digital and flexible work settings. Comprehensive policies that account for digital transformation, including guidelines for remote work, must be integrated to mitigate new forms of PSRs stemming from technological advancements. Stakeholders in Spain also emphasised that legislation and definitions of PSRs should be flexible to adapt to the evolving nature of work and address future, yet-to-be-identified risks.
- **Targeted approaches to vulnerable groups.** Spanish and Croatian stakeholders emphasised the need to ensure that the specific needs of vulnerable groups are adequately considered and protected. This can be achieved through inclusive and equitable workplace policies that foster fair treatment and opportunities for all workers. Rather than focusing solely on legislative measures, stakeholders suggested exploring a variety of approaches, such as tailored policies, sector-specific initiatives and enhanced support mechanisms, to promote inclusivity and benefit the broader workforce.

Translating legislation into practice

- **Specific approaches should also be considered for different sectors.** Different sectors often encounter unique PSRs influenced by their specific working conditions, such as high emotional or cognitive demands, long or irregular hours, and interactions with challenging clients, pupils or customers. Addressing these sector-specific challenges allows for the development of clearer and more relevant guidelines and support materials for employers and workers in these industries. Tailored sectoral measures could include customised risk assessment tools, targeted training programmes and prevention strategies designed specifically for each sector
- **Awareness-raising and reducing stigma.** Raising awareness of PSRs and mental health issues is essential to reducing stigma and encouraging proactive PSR management in workplaces. Some countries, such as Estonia, Spain and Croatia seem to struggle more with the issue of stigma even if they already take measures like implementing campaigns, for example, Estonia's 'Mental Health Month', to address this challenge. In Austria, efforts to reduce stigma have shown a positive impact, improving workplace culture and increasing attention to PSRs and mental health. At the same time, it needs to be considered for evaluation purposes that raising awareness of certain risks can also lead to higher reporting of these risks. In that sense, figures need to be looked at in context and interpreted with having multifactorial aspects in mind.
- **Promoting shared responsibility for PSRs and mental health promotion.** Targeted, non-legislative initiatives should focus on both employers and workers, emphasising that mental wellbeing is a shared responsibility within organisations. Examples from Belgium and Austria highlight the importance of educating employers on the role of workplace conditions in mental ill health, shifting the narrative from individual responsibility to organisational accountability. The hierarchy of prevention, always ensuring that PSRs are eliminated or prevented by first taking organisational and technical measures, is a guiding principle to take into account. Individual support measures might be helpful only when a sound psychosocial work environment is assured.
- **PSR risk assessment and prevention plans.** To effectively manage PSRs, plans for workplace risk assessments and preventive measures are necessary. Employers should prioritise eliminating or mitigating PSRs through comprehensive strategies that actively involve workers in their development, ensuring both relevance and effectiveness. Providing robust support for employers in this process is critical. Belgium's OiRA tool, designed specifically for micro, small and medium sized enterprises, has been developed to serve as a resource to guide employers in conducting PSR assessments and creating mental wellbeing policies. Similarly, Austria's AUVA offers free support and tailored tools for companies with fewer than 50 employees, facilitating accessible and practical solutions.
- **Strengthening prevention through expert involvement**, by integrating the expertise of occupational health specialists and psychologists into workplace assessments and prevention plans has been highlighted by many stakeholders as a good way forward. By involving these professionals, employers can ensure that strategies to address PSRs are both comprehensive and effective, addressing the complexities of mental health challenges in the workplace. Examples from Estonia, Croatia and Austria highlight the value of leveraging specialist knowledge to develop targeted, impactful interventions and support employers in creating PSR prevention strategies. The Belgian approach with confidential counsellors and prevention advisors also shows an innovative way forward on how to deal with problems that arise in relation to PSRs in the workplace.
- **Strengthening labour inspections and inspectors.** Enhancing labour inspections through targeted training, additional human resources and/or specialised units, and robust tools is essential for enforcing PSR legislation and supporting prevention efforts. Countries like Belgium, Spain and Austria equip inspectors with checklists and training. Belgium and Denmark

have established specialised units that are well equipped to address PSRs, such as Belgium's Directorate General Control on well-being at work. In Estonia and Croatia, stakeholders highlight the need for clearer guidelines and capacity building for inspectors to ensure effective oversight and employer support.

- **Additional support to SMEs.** Given the limited resources and expertise often available to SMEs, targeted support and incentives are crucial for ensuring compliance with PSR legislation. Simplified tools, financial incentives and structural support can help SMEs implement concrete steps. Croatian stakeholders underscore the importance of tailored support for smaller enterprises to ensure that PSR measures are both practical and sustainable. The Belgian OiRA tool support has already been mentioned above. Structural assistance can bridge resource gaps, enabling SMEs to prioritise workplace health and safety without undue financial strain.

Leveraging data for evidence-based policies

- **Improved data collection.** Robust data collection systems, mandatory reporting mechanisms and increased research funding are essential for improving the understanding and mitigation of PSRs. Comprehensive data on workplace conditions and risks, worker wellbeing and the economic impact of PSRs can inform evidence-based policies and practices. Countries such as Belgium, Spain, Croatia and Austria emphasise the need for legislation that adapts to emerging PSR trends, supported by accurate and timely data. For example, Belgium's Federal Action Plan on Mental Well-being at Work is complemented by a data mining project funded under the National Plan for Recovery and Resilience. This initiative compiles data from multiple sources into a central database with over 500 indicators on occupational risks, working conditions and prevention measures.

Fostering social dialogue

- **Strengthening social dialogue and multi-stakeholder collaboration.** Effective social dialogue is key for addressing PSRs and fostering supportive workplace environments. Collaboration between employers, workers and their representatives and policymakers ensures that diverse perspectives are considered in developing and implementing strategies for PSR prevention. The Belgian and Danish examples demonstrate how a multi-level approach — engaging stakeholders at national, sectoral and company levels — can improve the design, implementation, monitoring and evaluation of legislation and measures.
- Stakeholder collaboration is also pivotal for **raising awareness about PSRs, reducing stigma** and encouraging reporting, as evidenced by Belgium and Austria. By creating open channels of communication, social dialogue facilitates the development of tailored strategies, enhances policy acceptance and fosters a shared commitment to improving workplace wellbeing. Strengthening these collaborative efforts can lead to more innovative and impactful solutions, ensuring a safer and healthier work environment for all. This inclusive approach also ensures that policies address sector-specific challenges and reflect the realities faced by workers across industries.

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