World Health Organization

International Labour Organization

Mental health at work:

Policy brief

KEY MESSAGES



Prevent work-related mental health conditions through psychosocial risk management which includes using organizational interventions to reshape working conditions, cultures and relationships.



Protect and promote mental health at work, especially through training and interventions that improve mental health literacy, strengthen skills to recognize and act on mental health conditions at work, and empower workers to seek support.

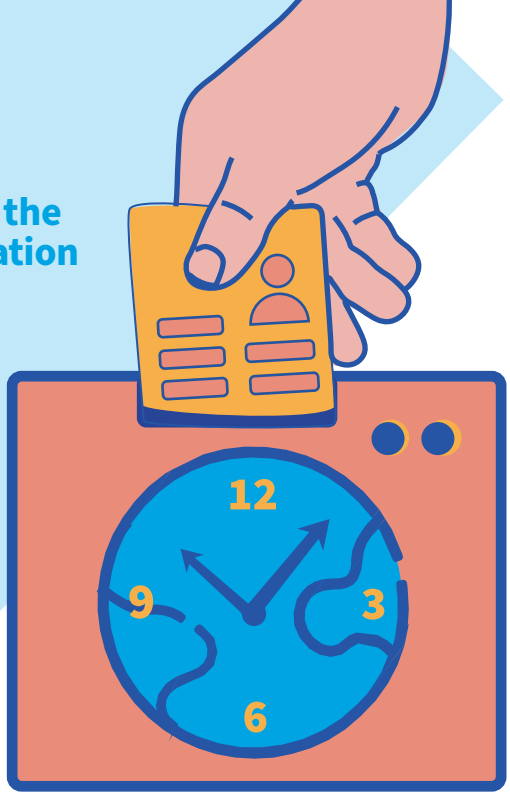


Support workers with mental health conditions to participate fully and equitably in work through reasonable accommodations, return-to-work programmes and supported employment initiatives.



Create an enabling environment with cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence and compliance.

As of 2022, almost 60% of the world's population is in work.



Introduction

As of 2022, almost 60% of the world's population is in work. All workers have the right to a safe and healthy environment at work. Work can be a protective factor for mental health but it can also contribute to potential harm. Across the world, workers, families, enterprises[1] and whole economies feel the impact of mental health conditions irrespective of whether they were caused by work.[2]

This policy brief aims to support stakeholders in the world of work to fulfil their respective roles in taking action to improve mental health at work.

Primarily written for national and workplace policy-makers - i.e., governments, employers, workers and their representatives - this policy brief presents strategies and approaches for implementing the recommendations from the World Health Organization (WHO) *guidelines on mental health at work [1]* taking into account the principles set in relevant conventions and recommendations of the International Labour Organization (ILO) *(e.g. [2–4])*. It describes the inextricable links between mental health and work, outlines the duties of employers and the rights and responsibilities of workers, and identifies strategies that stakeholders can take to:

01

PREVENT

exposure to psychosocial risks (risks to mental health) at work;

02

PROTECT & PROMOTE

mental health and well-being at work;

03

SUPPORT

people with mental health conditions to participate in and thrive at work.

[1] "Enterprises" refers to businesses or companies.

[2] The term "mental health conditions" covers mental disorders and psychosocial disabilities. It also covers other mental states associated with significant distress, impairment in functioning or risk of self-harm *[6]*.

Work and mental health

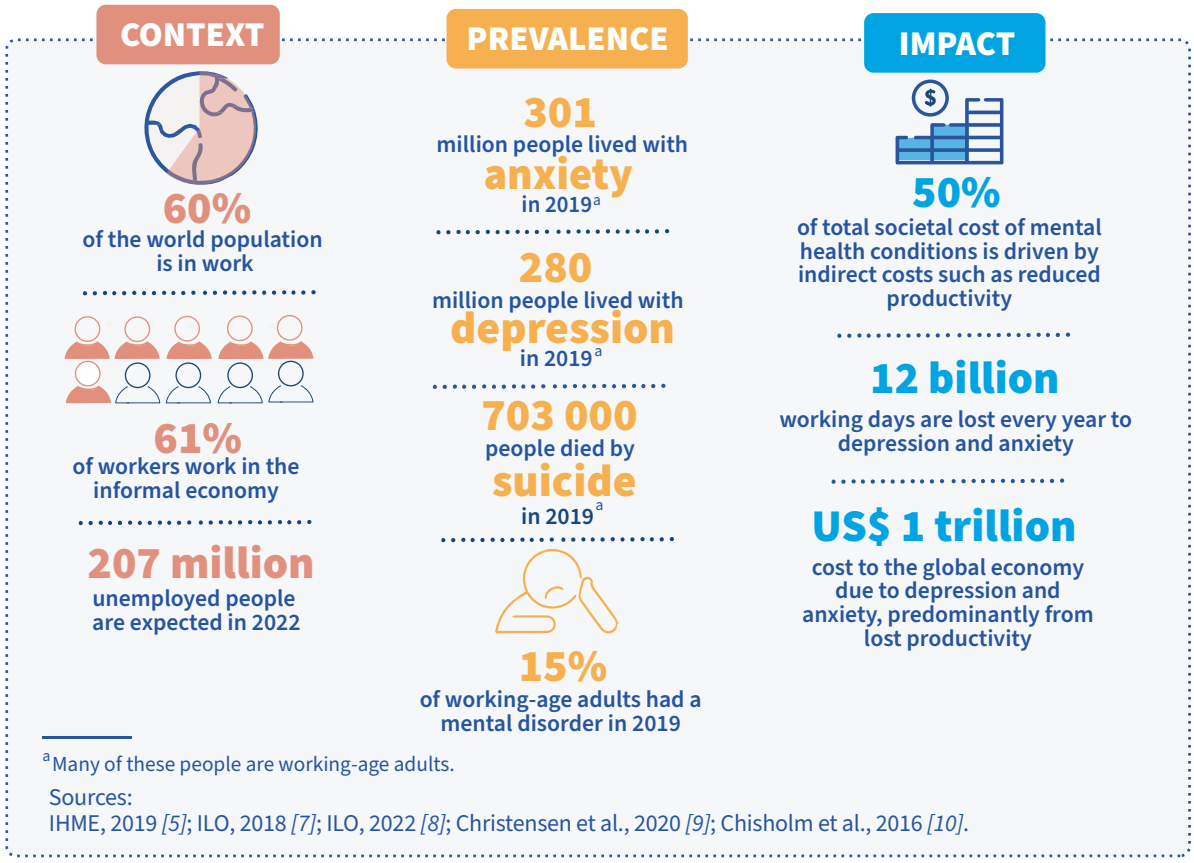
Work and mental health are closely intertwined. A safe and healthy working environment supports mental health, and good mental health enables people to work productively. An unsafe or unhealthy working environment can undermine mental health, and poor mental health can interfere with a person's ability to work if left unsupported.

Globally, 15% of working-age adults live with a mental disorder (see Fig. 1) *[5]*. Mental disorders and other mental health conditions are experienced in different ways by different people, with varying degrees of difficulty and distress *[6]*. Without effective structures and support in place, and despite a willingness to work, the impact of unsupported mental health conditions can affect self-confidence, enjoyment at work, capacity to work, absences and ability to gain employment. Carers and family members are similarly affected.

In governments, workplaces and communities around the world, mental health is too often misunderstood, under-resourced and deprioritized compared with physical health. People with mental health conditions are routinely stigmatized, discriminated against and excluded *[6]*. Widespread stigma creates a barrier. Some employers may be reluctant to hire people with mental health conditions and some workers may hesitate to disclose or seek help because they fear negative career consequences.

Work losses and missed opportunities affect individual and household earning capacities. Work losses also contribute to wider societal costs through increased unemployment, lost productivity, loss of skilled labour and reduced tax revenue.

Fig. 1 Mental health at work in numbers



[a] Many of these people are working-age adults.

Sources:
IHME, 2019 *[5]*; ILO, 2018 *[7]*; ILO, 2022 *[8]*; Christensen et al., 2020 *[9]*; Chisholm et al., 2016 *[10]*.

Work: opportunity and risk for mental health

For all people, regardless of whether they have a mental health condition, workplaces can be places that enhance or undermine mental health.

On the one hand, decent work is known to influence mental health positively. It not only provides the means to an income but also offers a platform for structured routines, positive relationships and for gaining a sense of purpose and achievement. For people with severe mental health conditions, employment can promote recovery and is associated with improved self-esteem and better social functioning. For all workers, safe and healthy working environments are not only a fundamental right but are also more likely to improve work performance and productivity, improve staff retention and minimize tension and conflict.

On the other hand, unemployment or unstable or precarious employment, discrimination in the workplace or poor working environments[3] can all be sources of stress and pose a risk to mental health. Unemployment, job and financial insecurity, and recent job loss are known risk factors for suicide attempts *[6]*. Inequality and unequal treatment can manifest through inequity in earnings, opportunities or respect at work. Some people can face discrimination at work because of their race, sex, gender identity or expression, disability, sexual orientation, social origin (such as class or caste), migrant status, religion or age (or any other social characteristic), putting them at increased risk of work-related stress or compounding the impact of existing mental health conditions. The right to work is one of the most commonly violated rights for people with severe mental health conditions – who are also more likely to be underpaid than the general population *[6]*.

Unsafe working environments create risk factors for mental health. These are known as "psychosocial risks" and may be related to job content or work schedule, specific characteristics of the workplace, or opportunities for career development, among other things *[11]*. For example, how the job is designed, including high job demands, low job control (i.e. low authority to make decisions about work) and unclear roles can all exacerbate work-related stress and heighten the risk of exhaustion, burnout, anxiety and depression. Psychosocial risks at work are associated with negative mental health outcomes, including suicidal behaviours.

Violence and harassment at work, including bullying, also violate human rights and undermine mental and physical health. So too does limited access to essential environmental services at work, including safe drinking-water, clean air and good waste management. Inadequate and insecure pay and job insecurity, particularly for workers in the informal economy, can be profoundly detrimental to mental health as they increase uncertainty across multiple areas of life.

Psychosocial risks can also cause or exacerbate physical health conditions. For instance, in 2016, an estimated 745 000 people globally died from stroke and ischaemic heart disease as a result of having worked 55 hours or more per week *[12]*. Although psychosocial risk factors may be found in all sectors, working situations common to some occupations tend to increase the risk of exposure and a higher likelihood of mental health conditions is observed – e.g. where work carries a high emotional burden or exposure to potentially traumatic events is more likely, such as health and emergency work. Workers in low-paid, unrewarding or insecure jobs, or working in isolation are also likely to be disproportionately exposed to psychosocial risks, compromising their mental health. Workers who may face greater exposure to psychosocial risks due to a confluence of their work situation or their demographic status include migrants, domestic workers, casual labourers and those working in the gig[4] or care economies.

More than half the global workforce works in the informal economy[5] where there is no regulatory protection for health and safety *[7]*. These workers may face heightened threats to their mental and physical health through lack of structural support. Informal workers often operate in unsafe working environments, work long hours, have little or no access to social or financial protections, and face discrimination – all of which may further undermine mental health and limit access to mental health care.

Recent transformations in the world of work – including technological development, climate change, globalization and demographic shifts – are changing where and how people work. The COVID-19 pandemic has accelerated the pace of change, especially in remote work, e-commerce and automation. It has also disrupted labour markets, increased financial instability and prompted widespread restructuring of enterprises. For many workers, these changes have created new psychosocial risks or exacerbated existing ones *[13]*. For many, these changes resulted in loss of earnings. Likewise, crises such as conflict continue to profoundly disrupt where, how and whether people are able to work.

[3] The term "working environment" includes working conditions, as well as the environment in which an enterprise operates, its organizational culture, and how this affects the way it manages occupational safety and health.

[4] A gig economy is a free market system in which temporary positions are common and organizations hire independent workers for short-term commitments.

[5] "Informal economy": refers to all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements; and does not cover illicit activities, in particular the provision of services or the production, sale, possession or use of goods forbidden by law, including the illicit production and trafficking of drugs, the illicit manufacturing of and trafficking in firearms, trafficking in persons, and money laundering, as defined in the relevant international treaties (See: Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204)).

The need for action

Effective policies and action to improve mental health at work are critical to uphold the human right to good health, including mental health, and to advance progress towards the Sustainable Development Goals (SDGs), especially SDG 3 on health and SDG 8 on decent work for all.

For individuals and households, better mental health at work can reduce exclusion, improve overall health and well-being and increase economic security. Enterprises also stand to benefit through greater participation in the labour market and higher productivity, both of which improve a company's bottom line. For governments too, addressing mental health at work can lead to savings in health care expenditure and welfare support.

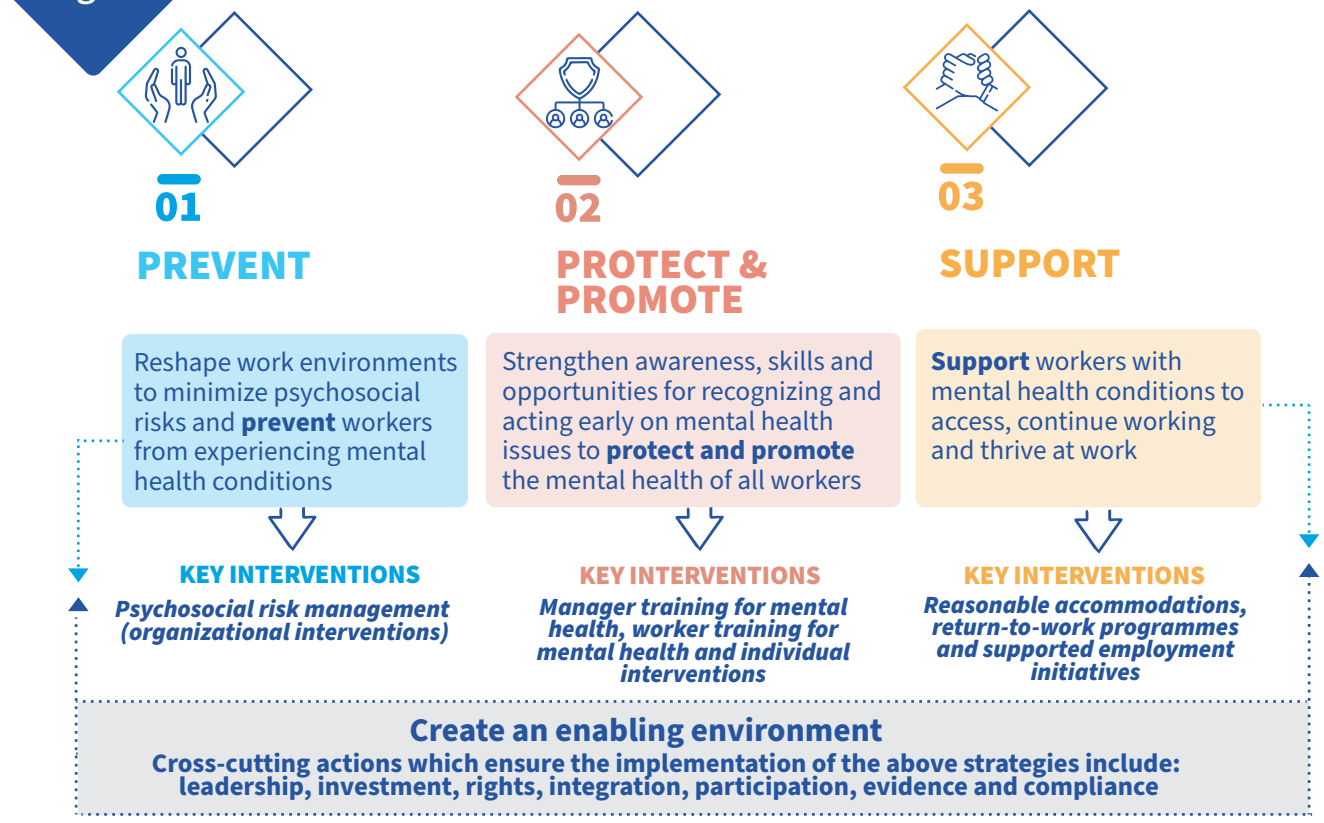
The costs to society of inaction are significant. Making mental (or physical) health care available comes at a cost. However, the indirect costs of reduced productivity (which can include premature death, disability and reduced productivity while at work) often far outstrip the direct costs of care *[6]*.

Improving mental health at work requires action to prevent work-related mental health conditions, to protect and promote mental health at work, and to support all workers to participate in work fully and equitably (see Fig. 2). Each area of action has limited value on its own and works best when implemented alongside the others as part of a broad and comprehensive approach.

Stakeholders in the world of work can help to create an enabling environment for change by securing commitment and funds, tackling stigma and discrimination, coordinating multisectoral and participatory approaches and strengthening the evidence for effective interventions.

The sections that follow take a closer look at both the specific strategies and the cross-cutting actions that different stakeholders can use to address mental health at work.

Fig. 2 Strategies to address mental health at work



International and national frameworks

At international levels, a diverse set of instruments create obligations or commitments for countries on mental health at work (see Fig. 3), including upholding workers' rights to a safe and healthy working environment, fair treatment in the workplace, and equitable opportunities for employment and vocational rehabilitation.

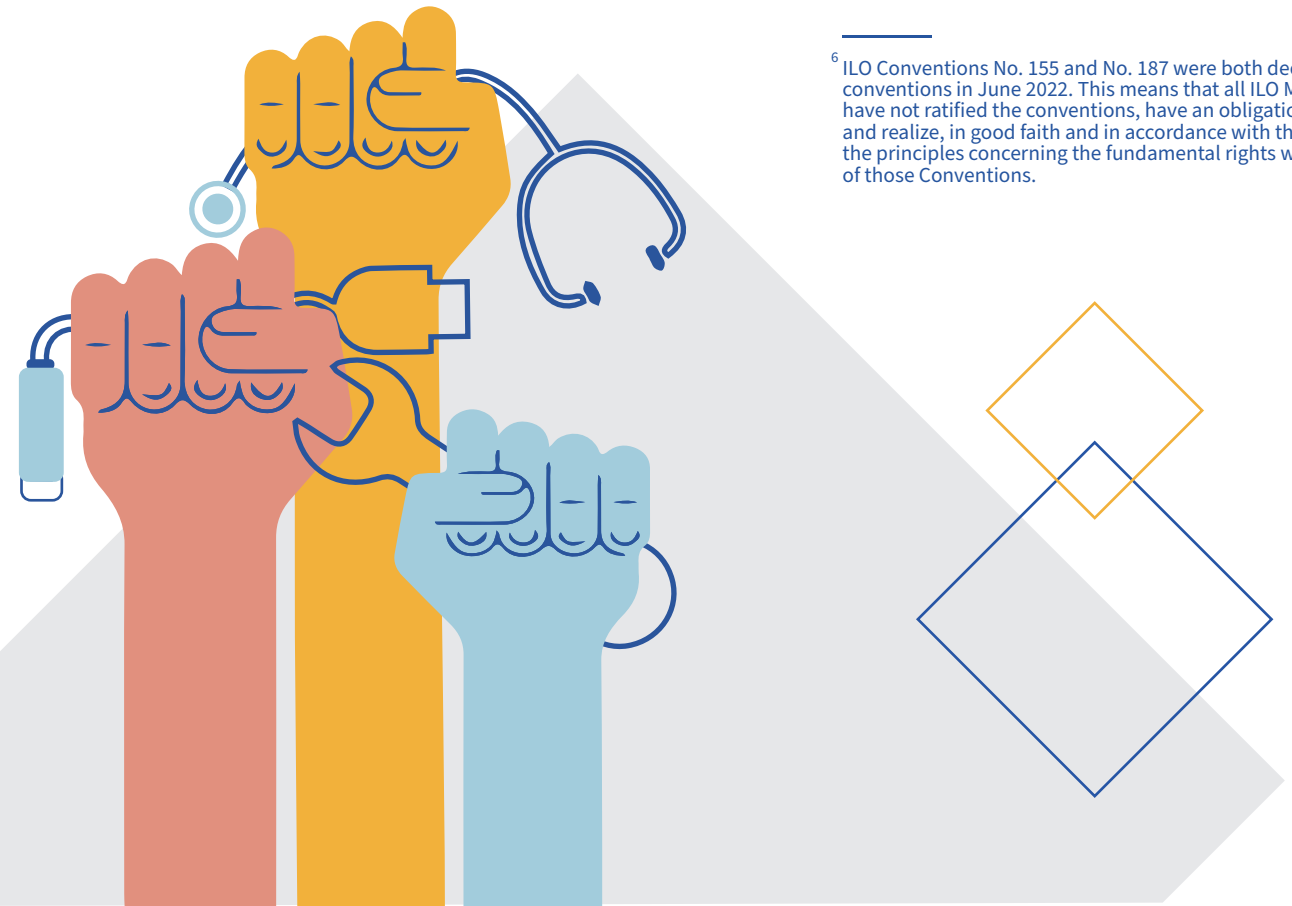
The ILO fundamental Conventions on OSH – the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)[6] – aim to protect both physical and mental health of workers and to prevent occupational accidents and diseases. Together, Conventions Nos 155 and 187 provide for the establishment of a systems approach to the management of OSH, defining the key responsibilities, duties and rights in this field, and highlighting the complementary roles of governments, employers and workers in creating safe and healthy working environments.

At national levels, governments can similarly establish and enforce laws, policies and guidance regarding mental health at work. This includes regulations on OSH as well as laws that compel equality and non-discriminatory and related policies on violence, harassment, minimum wage, parental leave and so on. In addition, governments should take action to promote, monitor and enforce compliance with such regulations – e.g. by strengthening the labour inspectorates' capacities to deal with issues at work.

Most countries require enterprises to safeguard workers' mental health within national frameworks of OSH rights and responsibilities. However, the extent to which these are implemented by lawmakers, enforced by regulators or put into practice by employers (e.g. through internal company regulations) remains unclear. In WHO's latest assessment of countries, only 35% reported having a national programme for work-related mental health promotion and prevention *[14]*.

All stakeholders in the world of work can and should do more to address poor mental health at work.

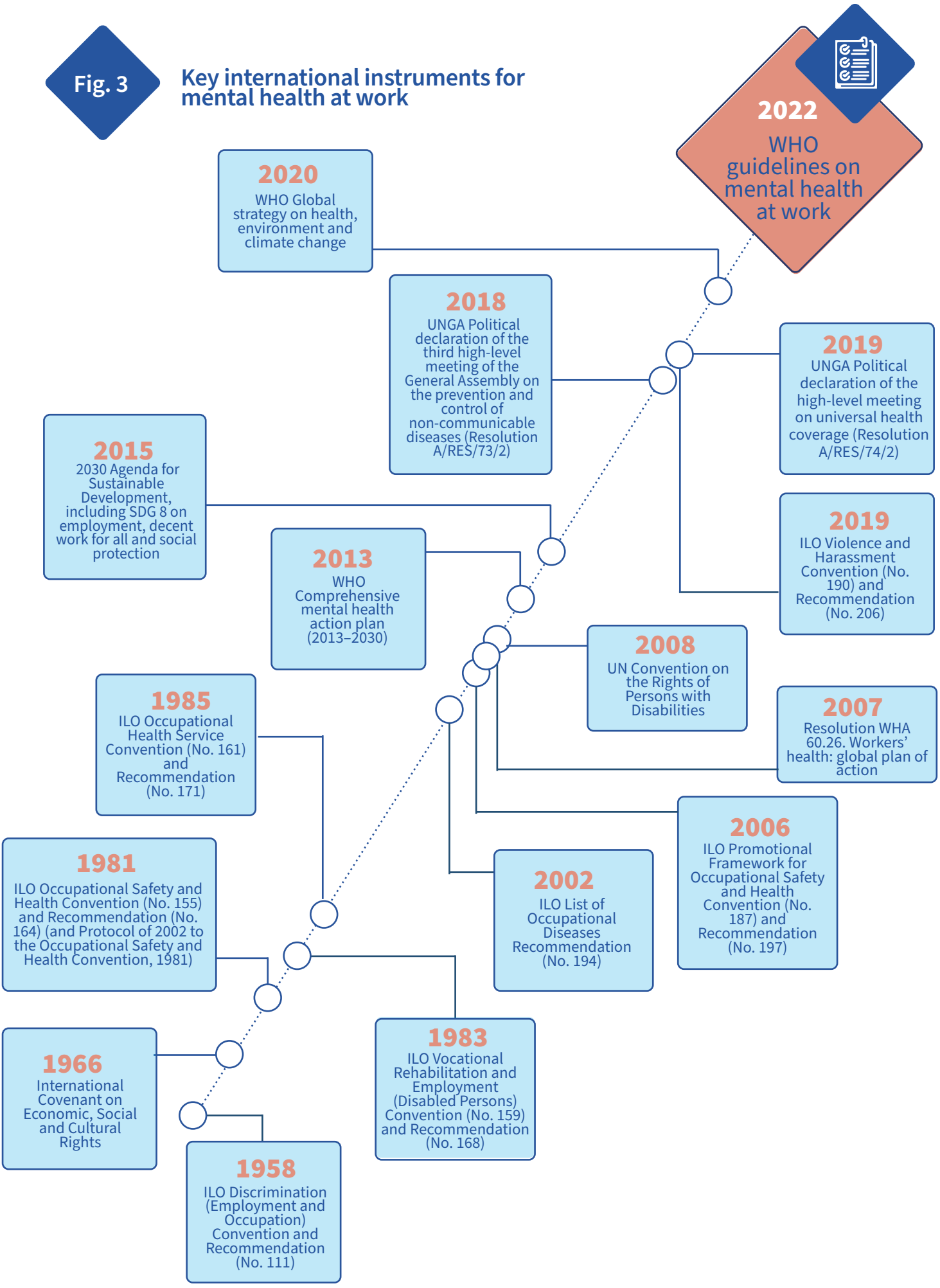
The sections that follow describe evidence-based interventions that can help drive improvement. Throughout this policy brief, actions for governments refer to national or subnational actions that can be collaboratively developed by health and labour ministries in meaningful consultation with employers' and workers' organizations. Actions for employers refer to actions at work that are taken in meaningful consultation with workers and/or their representatives.



[6] ILO Conventions No. 155 and No. 187 were both declared fundamental conventions in June 2022. This means that all ILO Members, even if they have not ratified the conventions, have an obligation to respect, promote and realize, in good faith and in accordance with the ILO Constitution, the principles concerning the fundamental rights which are the subject of those Conventions.

Fig. 3

Key international instruments for mental health at work





Prevent work-related mental health conditions

Strategies to prevent mental health conditions at work centre on psychosocial risk management, in line with ILO guidelines *[2, 4]*.[7]



For governments, this means working with employers' and workers' organizations to develop new, or review and revise existing, employment and OSH laws, policies and guidance to include provisions on mental health in parity with those on physical health. This implies ensuring that the definition of occupational health always covers both physical and mental health, as well as including mental disorders in the national lists of occupational diseases, in line with the ILO List of Occupational Diseases (revised 2010). Other provisions may, for instance:

- **ensure that work can be adapted to workers' physical and mental capabilities, or ensure transfer to alternative suitable employment without any loss of pay or seniority;**
- **emphasize the need for preventive measures (rather than reactive measures such as compensation);**
- **provide guidance on assessing and managing psychosocial risks, including violence, harassment and discrimination;**
- **protect wherever possible the employment and income of workers affected by mental health conditions; and**
- **ensure that workers and their representatives participate in identifying psychosocial hazards and are consulted in any action taken to mitigate the associated risks – as for any other hazards and risks at work.**

Governments also have a role in building capacities for psychosocial risk management among occupational health services. They should strengthen the role of these services in preventing, monitoring and proposing remedial action for harm caused by psychosocial risks, especially to support lower-resourced employers such as small- and medium-sized enterprises (SMEs).

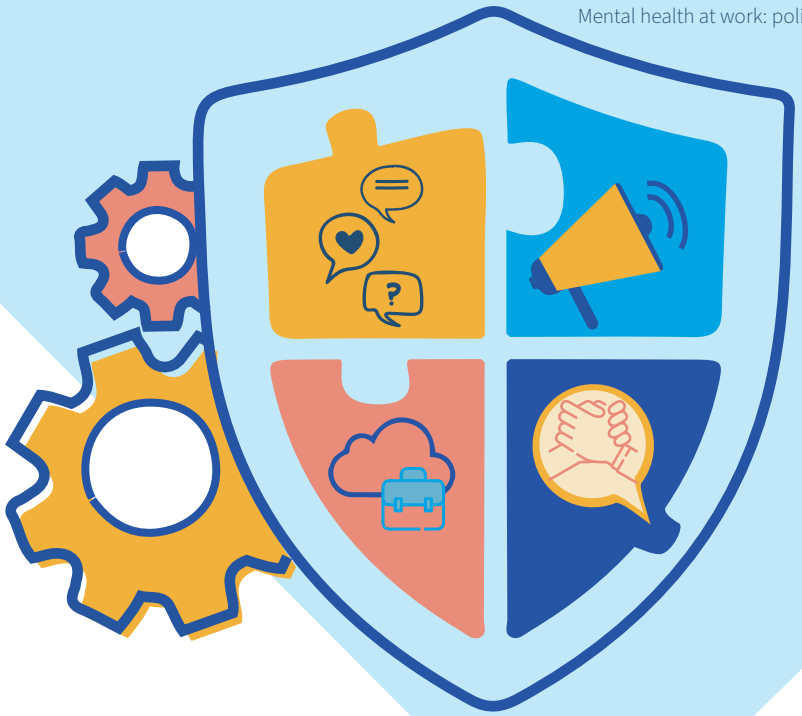


For employers, mitigating psychosocial risks can similarly be achieved by embedding mental health into their existing OSH management system *[4]*, not as an optional add-on but as an essential element. Integration should extend across every component of the management system: policy, organization, planning and implementation, evaluation and action for improvement *[2]*.

Activities to improve mental health at work should prioritize collective measures and should be based on a sound risk assessment and management process, done with the meaningful involvement of workers and their representatives. Workers and their representatives should be involved in identifying psychosocial hazards at work and should be informed and trained about the measures adopted to prevent the associated risks. Circumstances which may elicit risks – such as restructuring, or changes in staffing, processes, work methods or other substantive matters at work – should be managed in a way that prevents or minimizes psychosocial risks.

Ultimately, having a strong legal framework aimed at preventing psychosocial risks and protecting mental health at work is not enough if not supported by adequate compliance mechanisms, including through the advice, investigation and enforcement action carried out by competent and trained labour inspectors.

[7] Measures to control risks at work should always follow the hierarchy of control, prioritizing the elimination of hazards or - when this is not possible - the control of risks through the adoption of collective measures.



Organizational interventions

WHO guidelines recommend that organizational interventions are used as a means of preventive measures that can be universally implemented within the workplace *[1]* (see Box 1).

Box 1 Organizational interventions

- Planned actions that directly target working conditions to prevent deterioration in mental or physical health and quality of life.
- Assessing and modifying, mitigating or removing psychosocial risks to mental health.

Example interventions

- Providing flexible working arrangements
- Involving workers in decisions about their jobs
- Modifying workloads or work schedules to enable work-life prioritisation (see Table 1).

For suicide prevention, examples include restricting access to the means of suicide at work, such as pesticides or medicines.

Organizational interventions that address psychosocial risk factors help reduce emotional distress and improve work-related outcomes such as job satisfaction, absenteeism and work performance *[1]*. In all cases, organizational interventions work best when planned and delivered through meaningful participation of workers and/or their representatives, and as part of a broader programme of activities that also includes interventions to protect and support mental health at work.

Table 1 Examples of psychosocial risks at work and organizational interventions that employers can take to address them

Aspect of work	Potential psychosocial risks	Examples of organizational interventions
Job content/ task design	Lack of variety in the work; under-use of skills or under-skilled for work	◇ Participatory approaches to job design ◇ Task rotation or job redesign
Workload and work pace	Heavy workloads; high work pace, high time pressures; continual and short deadlines; understaffing	◇ Limits on working hours or number of shifts ◇ Achievable deadlines and targets ◇ Adequate job demands (neither too high nor too low) ◇ Safe staffing levels
Work schedule	Long or unsocial work hours; shift working; inflexible hours	◇ Participatory approaches to scheduling ◇ Flexible working arrangements ◇ Planned breaks ◇ Welfare facilities and support available during atypical hours
Job control	Lack of control over job design or workload; limited participation in deciding one's own work	◇ Participatory approaches to job design, work organization and decision-making ◇ Frequent and open communication
Environment and equipment	Unsafe equipment and resources; poor physical working conditions (such as poor lighting, excessive or irritating noise, poor ergonomics)	◇ Investment in improved environments and equipment meeting health and safety legal requirements, in consultation with workers and/or their representatives
Organizational culture	Unclear organizational objectives; poor communication; culture that enables discrimination or abuse	◇ Opportunities for meaningful consultation and cooperation with workers and/or their representatives ◇ Organizational frameworks for dealing with unfair treatment, offensive behaviour and abuse ◇ Support for affected workers, including access to workers' representatives – where they exist
Interpersonal relationships at work	Social or physical isolation; limited support from supervisors or colleagues; authoritarian supervision and poor line management; violence, harassment or bullying; discrimination and exclusion	◇ Frameworks for preventing violence, harassment and discrimination, and for investigating and dealing effectively with incidents ◇ Opportunities to improve knowledge, attitudes and skills for supervisors and line managers ◇ Opportunities for peer support, including in atypical working hours or sites
Role in organization	Unclear job role within the organization or team	◇ Clearly defined and sustainable work roles, reporting structures and performance requirements
Career development	Under- or over-promotion; job insecurity; poor investment in development; punitive procedures for sickness absence and performance management	◇ Fair and good career training and retraining prospects ◇ Formal, secure work through contracts in line with national law and practice, including paid sick leave Equal opportunities and transparency in all processes ◇ Supportive performance management ◇
Home-work interface	Conflicting home/work demands; being away from home for work	◇ Flexible working arrangements ◇ Support for carers

Protect and promote mental health at work

Protecting and promoting mental health at work is about strengthening capacities, building awareness and providing opportunities for recognizing and acting early on mental health conditions at work. WHO recommends three evidence-based interventions: manager training for mental health, training for workers in mental health literacy and awareness, and individual interventions delivered directly to workers (see Box 2) *[1]*.

Governments have an important role to protect and promote mental health at work, by:

- developing legal and policy frameworks to require or encourage the implementation of interventions to protect and promote mental health;
- providing guidelines and quality assurance standards for training and psychosocial interventions;
- supporting SMEs to implement training and psychosocial interventions; and
- building capacities within primary care, occupational health and mental health services to recognize and respond to mental health conditions in the context of work, including by assessing and advising on the need for leave from work, modifications to work and, where appropriate, by providing psychosocial interventions.

For employers, it is important to have a specific policy or plan for protecting and promoting mental health at work, which should be integrated into the OSH management system *[15]*.

Box 2 Interventions to protect and promote mental health at work

Manager training for mental health

- Recognize and appropriately respond to supervisees experiencing emotional distress.
- Employ interpersonal management skills such as open communication and active listening.
- Promote an inclusive and supportive work culture.
- Advocate for action on mental health at work from the top down.
- Understand how psychosocial risks can affect mental health and know how to prevent and control them.
- Ensure that workers can access support from their representatives, as the case may be.

Training for workers in mental health literacy and awareness

- Improve understanding about mental health and well-being at work.
- Shift attitudes around mental health conditions to reduce stigma.
- Encourage help-seeking behaviour.

Individual interventions

- Build skills to manage stress.
- Reduce symptoms of mental health conditions.

Manager training for mental health

Manager training for mental health strengthens managers' knowledge, attitudes and behaviours for mental health and can improve workers' help-seeking behaviours *[1]*. Managers and supervisors, including executive leaders, should be trained (see Box 2).

Importantly, the intention of this training is not to turn managers into mental health care providers: after completing training, managers cannot and should not diagnose or "treat" mental disorders. Rather, managers should be able to know when and how to direct supervisees to appropriate sources of support and should be willing and able to advocate for action on mental health at work.

Manager training for mental health may be given as part of pre-job training (including in management programmes, leadership curricula or inductions) or as on-the-job training. It can be delivered in multiple formats: electronically or face-to-face, guided or unguided, one-to-one or in groups. Choosing which format to use requires consideration of what will work best for the workforce.

Training may need to be adapted to local contexts and should be periodically refreshed. Training should be offered preferably within normal paid working hours. All training should be delivered by competent trainers, which means some employers may have to hire external experts. Training can be followed-up with evaluations to assess how well trainees have been able to apply the knowledge and skills gained.





Training for workers in mental health literacy and awareness



Training workers in mental health literacy and awareness improves trainees' mental health-related knowledge and attitudes at work, including stigmatizing attitudes *[1]*. Improving workers' understanding about mental health at work can empower them to better value their own well-being and recognize how and when to seek help. By reducing stigma, such training can also make people more likely to seek help when they need it. Building awareness and understanding of mental health in all workers is important to reduce stigma against people with mental health conditions and create a supportive work culture that values the diversity of workers and protects against bullying, harassment or exclusion.

Like manager training for mental health, training for workers can be delivered at different times and in different formats and, in all cases, it should be delivered by competent trainers and preferably within normal paid working hours. Involving people with lived experience of mental health conditions as co-facilitators can be particularly beneficial in reducing stigma *[6]*.



Individual interventions



Individual interventions in the workplace are delivered straight to a worker who then completes them, with or without guidance from a competent practitioner. They include psychosocial interventions and opportunities for leisure-based physical activity.

Psychosocial interventions use interpersonal or informational activities, techniques or strategies to build skills in stress management and reduce mental health symptoms. Examples include psychoeducation, stress management training (including relaxation training and mindfulness), and emotional or practical social support. Evidence shows that these interventions can help promote positive mental health, reduce emotional distress and improve work effectiveness *[1]*.

Stress management interventions, including digital self-help tools, are a popular choice for employers because they can be easily delivered to a workforce if there are resources to do so. However, they should only be delivered as part of a broader programme of activities that also includes other interventions that prevent, protect and promote and support mental health at work. This is because a focus on individual stress management is unlikely to be effective on its own; critically, it can wrongly make people feel it is their own fault for experiencing understandable stress in response to difficult work circumstances.

It is important that employers check and verify the quality and effectiveness of any intervention before using it by consulting with experts. Many digital applications are available for mental health self-help and only a few have been well tested and evaluated.

Workers with mental health conditions should also be offered access to (but not obliged to have) evidence-based psychological treatment, preferably outside the workplace. This may include behavioural activation, problem-solving therapy, cognitive behavioural therapy or interpersonal therapy. Any provider of psychological treatments must be appropriately accredited and subject to clinical supervision.



Support people with mental health conditions at work

People living with mental health conditions have a right to work. Both governments and employers should uphold that right through person-centred, recovery-oriented strategies[8] that support people living with mental health conditions to gain, sustain and thrive in work.

WHO guidelines recommend three evidence-based interventions to support people with mental health conditions at work: reasonable accommodations at work, return-to-work programmes and supported employment initiatives (see Box 3) *[1]*. All three can increase inclusivity at work and help those with mental health conditions to fulfil their potential.

Box 3

Interventions to support workers with mental health conditions

Reasonable accommodations at work

Reasonable accommodations at work adapt working environments to match the capacities, needs and preferences of the worker. In practice, these are a form of organizational intervention, but they are implemented to address the barriers that individual workers face, rather than whole organizations. Reasonable accommodations may include giving individual workers flexible working hours, extra time to complete tasks and time off for mental health care. They may include access to private spaces such as somewhere to store medication or somewhere to rest when necessary. They may also include regular supportive meetings with supervisors or job redesign to reduce interacting with clients if the worker finds this unduly stressful.

Return-to-work programmes

As their name suggests, **return-to-work programmes** are designed to enable workers to return to and remain in employment after an absence associated with mental health conditions. These programmes can combine work-directed care (including reasonable accommodations or phased re-entry to work) with ongoing evidence-based clinical care to support workers in meaningfully returning to work while also reducing symptoms of mental health conditions.

Supported employment initiatives

Supported employment initiatives are designed to enhance vocational and economic inclusion for people with severe mental health conditions. Through these initiatives, individuals are supported into paid work quickly and then continue to receive mental health and vocational support – usually from health, social and employment services or psychosocial rehabilitation programmes – to learn on the job. In some cases, supported employment programmes are augmented with additional interventions such as social skills training or cognitive-behavioural therapy.

[8] In this context, person-centred, recovery-oriented strategies refer to strategies that are organized around the needs, expectations and recovery goals of the individual worker.

Reasonable accommodations and return-to-work programmes may be needed for workers who are experiencing a mental health condition, or for workers who are caring for someone with a mental health condition. Return-to-work programmes and supported employment initiatives are multi-component interventions comprising a mix of interventions that prevent and protect mental health at work and are tailored to the individual worker. Both require multistakeholder coordination – e.g. between health care providers, employers and individual workers or their representatives and advocates (including carers and family members), social services and employment specialists – to identify and mobilize the most appropriate resources and strategies to use.

Decisions about which stakeholders and interventions to include should be based on the worker's preferences. Because support needs may vary over time, all interventions should be regularly reviewed and, where necessary, adjusted.

Governments - in consultation with workers' and employers' organizations - have a critical role in enabling support interventions.

- Ensure that employment laws align with international human rights instruments and provide for the non-discrimination of workers with mental health conditions, including by covering key issues such as confidentiality, reasonable accommodations and social protection.
- Establish policies and referral pathways between health, social and employment services to facilitate supported employment initiatives and return-to-work programmes, including to support employers to implement these.



Employers have a responsibility to comply with rights-based laws to implement non-discriminatory recruitment and employment policies and practices. They should consult with workers and/or their representatives, and be supported to collaborate with multiple stakeholders as appropriate to ensure that the approach addresses all the worker's mental health and vocational support needs.

Employers should ensure that workers are aware of their options for support. Managers have a critical role in supporting the mental health needs of their direct supervisees and should be equipped (e.g. through training) to do so.

Protecting the privacy of those seeking help is paramount. Anti-stigma action is necessary to counter misconceptions about mental health conditions. Neither confidentiality nor anti-stigma measures are costly to implement. Both are important to ensure that anyone experiencing difficulties with their mental health feels able to ask for support without fear of reprisals or judgement.

Create an enabling environment for change

Underpinning all strategies for improving mental health at work – prevent, protect and promote, and support – lie seven cross-cutting factors that are critical for progress, namely: leadership, investment, rights, integration, participation, evidence and compliance (see Table 2).

Table 2 Cross-cutting actions to improve mental health at work

	Leadership	Investment	Rights
	Strengthening commitment to mental health at work	*Securing sufficient funds and resources to protect, promote and support mental health at work*	*Upholding people's rights to participate fully and effectively in work*
For employers (in consultation with workers and/or their representatives)	◇ **Develop a specific policy and plan** for mental health at work that aims for continual improvement and is integrated into the OSH management system.[9] ◇ **Assign roles, responsibilities and accountabilities** for developing and delivering the policy and plan, including assigning a senior focal point. ◇ **Establish a mandate** for mental health at work by obtaining the buy-in of senior leaders and, where relevant, shareholders. ◇ **Clearly and regularly communicate** commitment to and progress in implementation.	◇ **Allocate financial and human resources** for implementing mental health at work policies and interventions. ◇ **Include mental health services** in work benefits packages, where relevant, to ensure that workers have access to sufficient mental health care.	◇ **Develop and implement policies** on equality and non-discrimination throughout the full employment cycle, including processes for dealing with offensive behaviour, unfair treatment and abuse. ◇ **Reduce negative attitudes** towards mental health conditions through training and proven anti-stigma interventions such as contact-based strategies. ◇ **Ensure confidentiality and protection from reprisals** to promote voluntary disclosure of mental health issues and facilitate access to support.
For governments (e.g. by national and subnational governments, in consultation with employers' and/or workers' organizations)	◇ **Assign a senior focal point or champion** for mental health at work with decision-making authority to raise awareness, advocate for action and lead policy development. ◇ **Integrate mental health at work** into other relevant national policies and plans across sectors. ◇ **Establish mechanisms for multisectoral coordination** across the employment, public health and social welfare sectors, e.g. through professional associations or OSH tripartite bodies.	◇ **Establish a dedicated budget** across health, social services and labour to design and deliver mental health at work activities, including providing expert advice on effective interventions. ◇ **Support lower-resourced enterprises (i.e. SMEs)** to implement recommendations without creating additional burdens by making mental health and employment services available to them. ◇ **Ensure resources** to advise, inspect and enforce safety standards for mental health in the workplace. ◇ **Build capacities** of health and labour services, including primary care, to recognize and respond to work-related mental health issues to increase access to mental health care, especially for informal workers. ◇ **Include mental health** in universal health coverage packages of essential services and financial protection schemes.	◇ **Align employment laws** and regulations with international human rights instruments to ensure non-discrimination. ◇ **Develop referral pathways** for workers with mental health conditions to be supported across health, social care and workplace systems. ◇ **Implement proven anti-stigma interventions** in the community to reduce misconceptions about people with mental health conditions.

[9] Of note, the policy or plan may be stand-alone or integrated in the OSH policy or plan.

Integration

Integrating action to prevent, protect and promote, and support mental health at work across sectors

- **Embed mental health** into the existing OSH management system.
- **Ensure a comprehensive programme** of interventions targeting the organization, managers and workers based on evidence about the prevalence and impact of psychosocial risks in the workplace and the quality and effectiveness of interventions.
- **Communicate with local health -care providers** to ensure that relevant services are available.

- **Value mental health as much as physical health** in national OSH strategies and related employment regulations and recommendations.
- **Add workplaces as a setting** for community prevention and promotion in national mental health plans.
- **Build capacities of OSH and primary health care** to respond to the mental health needs of workers, in collaboration with mental health specialists.
- **Integrate mental health at work** into training programmes for world of work actors and for primary care, mental health and occupational health.

Participation

Engaging workers and people with lived experience in decision-making about mental health at work at all levels

- **Develop policies and interventions in consultation with workers**, including those with lived experience of mental health conditions, to empower people in decisions for their own mental health.
- **Provide a safe and confidential reporting mechanism** that all workers can access to identify and report psychosocial risks.
- **Hold meaningful and timely consultations** about workplace changes, listen to workers' views and show how their views have been incorporated.
- **Adapt programmes** to match local contexts and workforce diversity based on a robust local needs assessment.

- **Co-develop all policies, plans, laws, services and research** about mental health at work with people with lived experience of mental health conditions.
- **Promote tripartite discussion** on mental health at work with government, employer and worker organizations.

Evidence

Strengthening the evidence base on the prevalence and impact of work-related risks and effectiveness of interventions

- **Ensure that all interventions are based on the latest evidence** available *[1]*.
- **Collaborate with academia** on research projects to study the effectiveness and acceptability, accessibility and uptake of interventions in order to better inform knowledge on what works, where and for whom.
- **Conduct participatory research** with workers and/or their representatives to track trends and deepen understanding of key risks and how to mitigate them in different work sectors.
- **Use a psychosocial needs assessment** to identify requirements for intervention.
- **Regularly review records** on, for example, sickness and disability leave, health care usage and employee satisfaction surveys to identify potential prevention priorities.

- **Establish and review laws, codes of practice and guidance** to ensure these are appropriate and sufficient to address psychosocial risks.
- **Use lessons learned during emergencies and other crises** to inform policies and plans about mental health at work.
- **Establish a research agenda** to develop better understanding of and response to psychosocial risks in different industries.
- **Mobilize the collection of evidence** on the prevalence of risks and effectiveness of interventions over time and space and across different sociodemographic groups and industries.

Compliance

Strengthening uptake of and compliance with evidence-based laws, regulations and recommendations

- **Check accreditations** when contracting intervention service providers.
- **Establish performance indicators** and means of measurement for monitoring and evaluating the mental health at work programme of activities and use assessment data to inform continual improvement.
- **Provide information to workers** about evidence-based services (both internal and external).

- **Establish regulatory processes** that can guide employers to implement interventions, including when using contracted service providers.
- **Continuously monitor and evaluate** the impact of laws, codes and policies for mental health at work, including the extent to which they are implemented within industries.
- **Integrate mental health** into the responsibilities of national labour inspection and other compliance mechanisms and enable these to hold employers accountable for non-compliance.
- **Use a combination of enforcement options** including proactive inspections as well as reactive investigations after a complaint or incident.
- **Provide expert advice and guidance** on standards and performance, including through on-site visits.

Actions by stakeholders in the world of work

Beyond governments and employers, all stakeholders in the world of work can take action to improve mental health at work.

Role of employers' and workers' organizations

Employers' and workers' organizations are key partners for action on mental health at all levels, from the national level to the workplace. Governments should consult them in designing and implementing OSH policies, strategies and laws aimed at improving mental health at work. Their participation builds ownership of, and commitment to, the adopted policies, thus facilitating their rapid and effective implementation. Employers' and workers' organizations can organize awareness-raising campaigns as an effective way to disseminate essential information and make employers, workers and communities familiar with their rights and responsibilities in protecting mental health at work. Such campaigns can have a stronger impact when jointly designed and implemented by employers' and workers' organizations.

Employers' and workers' organizations have also a critical role in supporting the implementation of OSH regulations on mental health at the workplace level. They are trained to understand OSH and disability laws and can provide advice on how to recognize and address psychosocial risks at work. They can help to identify concerns and potential solutions by consulting with members. Where workers are affected by mental health concerns, workers' representatives and workers' organizations can be important supporters during discussions about sick leave, rehabilitation or performance and capability. All workers can help by taking an interest in the issue and actively participating in initiatives for better mental health at work. Co-operation between management and workers and/or their representatives should be an essential element in the definition of measures to address work-related mental health issues.

Other stakeholders

Civil society – including nongovernmental organizations and organizations of people with lived experience of mental health conditions – can have a huge influence through advocacy and action (see Fig. 4). In some contexts, civil society can proactively facilitate the delivery of, or access to, interventions to protect and support the mental health of workers (e.g. in the informal sector). Similarly, development partners may have a role to play in implementation in low-resourced settings.

Health care providers, including those in primary care, occupational health and mental health, may be called upon to advise on or deliver interventions and should be prepared to do so. Pre- and in-service training for occupational and primary health care workers should include components on mental health, including mental health at work. Mental health professionals should also be equipped, through pre- or in-service training, to supervise occupational health and primary care providers to recognize and respond to work-related mental health conditions and should be up-skilled in occupational issues affecting mental health. Strengthening national health systems is especially important in lower-resourced settings to ensure that quality mental health services are available and accessible to all who need them.

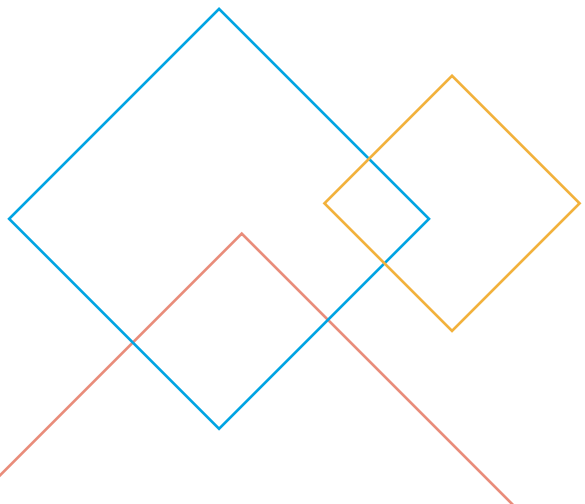


Fig. 4 Multistakeholder action for mental health at work

Employers' and Workers' organizations:

- offer a first point of contact for employers or workers with concerns about mental health at work;
- use consultative methods to identify psychosocial hazards and assess the associated risks, prioritize needs and help design, implement and monitor interventions;
- address issues through joint employer-workers mechanisms such as workplace health and safety committees;
- ensure that workers' representatives have time and resources to represent their members effectively in negotiations and discussions when support is requested.

Civil society organizations:

- advocate and negotiate for policies and interventions and hold governments and employers to account on delivery of safe and inclusive workplaces;
- raise awareness on mental health at work and evidence-based interventions among both workers and employers;
- tackle mental health stigma in the workplace through education and social contact;
- advocate for and engage in supported employment initiatives and return-to-work programmes.

Health service planners:

- provide interventions for workers with little access to care, including informal workers and workers in low-resource settings;
- build capacity to identify and care for work-related mental health conditions among occupational health, mental health and primary care providers;
- establish district focal points to advise employers and help implement interventions, especially in SMEs;
- participate in supported employment initiatives and return-to-work programmes and advise on reasonable accommodations.

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