European Parliament
2024-2029

TEXTS ADOPTED

P10_TA(2026)0326

Psychosocial risks, stress and mental health at work

European Parliament resolution of 6 October 2026 with recommendations to the Commission on psychosocial risk, stress and mental health at work (2026/2023(INL))

The European Parliament,

– having regard to Article 225 of the Treaty on the Functioning of the European Union (TFEU),

– having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 21, 27, 31 and 35 thereof,

– having regard to the European Pillar of Social Rights, in particular Principle 10 on healthy, safe and well-adapted work environments,

– having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (the 'OSH Framework Directive')[1],

– having regard to Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law[2],

– having regard to the Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers and repealing Council Directive 2010/18/EU[3],

– having regard to the Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on improving working conditions in platform work[4], in particular Article 12;

– having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time[5],

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1 OJ L 183, 29.6.1989, p. 1, ELI: http://data.europa.eu/eli/dir/1989/391/oj.
2 OJ L 305, 26.11.2019, p. 17, ELI: http://data.europa.eu/eli/dir/2019/1937/oj.
3 OJ L 188, 12.7.2019, p. 79, ELI: http://data.europa.eu/eli/dir/2019/1158/oj.
4 OJ L, 2024/2831, 11.11.2024, ELI: http://data.europa.eu/eli/dir/2024/2831/oj.
5 OJ L 299, 18.11.2003, p. 9, ELI: http://data.europa.eu/eli/dir/2003/88/oj.

Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union[6], and Directive 2002/14/EC of the European Parliament and of the Council of 11 March 2002 establishing a general framework for informing and consulting employees in the European Community[7],

– having regard to the European social partners' framework agreement on work-related stress (2004),

– having regard to the European social partners' framework agreement on harassment and violence at work (2007),

– having regard to the EU Strategic Framework on Health and Safety at Work 2021–2027, which sets out key priorities for anticipating and managing change in the new world of work, improving prevention of workplace accidents and diseases, and increasing preparedness for future health crises,

– having regard to its resolution of 10 March 2022 on a new EU Strategic Framework on Health and Safety at Work post 2020 (including better protection of workers from exposure to harmful substances, stress at work and repetitive motion injuries) (2022/2165(INI))[8],

– having regard to its resolution of 5 July 2022 on Mental Health in the Digital World of Work (2021/2098(INI))[9],

– having regard to its resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect (2019/2181(INL))[10],

– having regard to its resolution of 12 December 2023 on mental health (2023/2074(INI))[11],

– having regard to its resolution of 17 December 2025 with recommendations to the Commission on digitalisation, artificial intelligence and algorithmic management in the workplace – shaping the future of work (2025/2080(INL))[12],

– having regard to European Economic and Social Committee's opinion on Precarious work and Mental Health (SOC/745-EESC-2023),

– having regard to the Council conclusions on mental health (15971/23),

– having regard to the Commission communication of 4 December 2025 on the Quality Jobs Roadmap (COM(2025)0944),

– having regard to the Commission communication of 5 March 2026 entitled "A Union of

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6 OJ L 186, 11.7.2019, p. 105, ELI: http://data.europa.eu/eli/dir/2019/1152/oj.
7 OJ L 80, 23.3.2002, p. 29, ELI: http://data.europa.eu/eli/dir/2002/14/oj.
8 OJ C 347, 9.9.2022, p. 122.
9 OJ C 47, 7.2.2023, p. 63.
10 OJ C 456, 10.11.2021, p. 161.
11 OJ C, C/2024/4162, 2.8.2024, ELI: http://data.europa.eu/eli/C/2024/4162/oj.
12 OJ C, C/2026/2154, 6.5.2026, ELI: http://data.europa.eu/eli/C/2026/2154/oj.

Equality: Gender Equality Strategy 2026-2030" (COM(2026)0113),

– having regard to the Commission communication of the 7 June 2023 on a comprehensive approach to mental health (COM(2023)0298),

– having regard to the European Parliament's Policy Department study published in May 2023 on Minimum health and safety requirements for the protection of mental health in the workplace,

– having regard to Eurofound (2024), European Working Conditions Survey 2024: First findings, Publications Office of the European Union, Luxembourg,

– having regard to EU-OSHA's reports on psychosocial risks and stress at work, and in particular its report on "Work-related psychosocial risks and mental health in the EU health and social care sector" published on 13 November 2025,

– having regard to the World Health Organization (WHO) guidelines on mental health at work (2022),

– having regard to the WHO Europe's Mental Health of Nurses and Doctors (MeND) survey in the European Union, Iceland and Norway, published on 10 October 2025,

– having regard to its resolution of 17 September 2026 on an EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector (2025/2062(INI))[13],

– having regard to the 2022 policy brief by the WHO and the International Labour Organization (ILO) entitled 'Mental health at work: policy brief',

– having regard to the opinion of the Committee on Legal Affairs on the proposed legal basis,

– having regard to Rules 47 and 55 of its Rules of Procedure,

– having regard to the opinion of the Committee on Public Health,

– having regard to the report of the Committee on Employment and Social Affairs (A10-0225/2026),

A. whereas work-related psychosocial risks and resulting impacts are multifactorial and arise primarily from exposure to risk factors related to the organisation, design and management of work, as well as from the social and relational context of work; whereas workers are often exposed simultaneously to multiple and interacting risk factors, and whereas such cumulative and combined exposure can amplify the negative impact of work-related psychosocial risks;

B. whereas the organisation, financing and delivery of health services and medical care, including mental health services, is the responsibility of the Member States; whereas Union action in the field of occupational safety and health, should respect national

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13 Texts adopted, P10_TA(2026)0312.

competences;

C. whereas a distinction must be made between work-related psychosocial risks and mental health, with organisations such as the ILO[14] and WHO[15] outlining that for poor health results mental health is the "outcome" and work-related psychosocial risks are the "cause";

D. whereas, according to the ILO report on "The psychosocial working environment: Global developments and pathways for actions"[16], more than 840 000 people die every year from health conditions linked to psychosocial risks; whereas exposure to psychosocial risk factors such as excessive workload, unreasonable work pace and unachievable objectives, workforce shortages including unsafe staffing levels, psychological and sexual harassment, lack of autonomy or influence, lack of role clarity and ineffective communication, blurring of work and life through expectations of constant connection, job insecurity, poor management and collegial practices, dysfunctional performance and merit-based evaluation systems, workplace bullying, including the devaluating of personal dignity and the undermining of professional identity, mobbing, significantly increase work-related psychosocial risks and should be prevented and managed effectively to ensure good working conditions, a healthy working environment and to support productivity;

E. whereas quality managerial practices and support, and positive workplace relationships contribute significantly to mental well-being at work and can act as protective factors against psychosocial risks;

F. whereas exposure to psychosocial risk factors at work has serious negative effects on workers' mental and physical health, including work-related stress, burnout, anxiety disorders, depression, cardiovascular diseases, relational disruptions impacting the working environment, the consumption of anxiolytics or alcohol, smoking, musculoskeletal disorders and long-term work incapacity, potentially resulting in the loss of employment or resignation or in extreme cases increased risk of suicide; whereas conversely a good psychosocial workplace environment enhances good performance for both workers and businesses as well as workers' personal development and mental and physical wellbeing;

G. whereas psychosocial risk factors at work can have a negative effect on disability and chronic health conditions such as diabetes, epilepsy, autoimmune diseases or rheumatic and musculoskeletal diseases; whereas these conditions require appropriate support measures at work;

H. whereas Eurofound's European Working Conditions Survey 2024[17] underlines that most of the Union workforce reports good or very good health, and this share has been slowly increasing over the years: 77 % in 2010, 78 % in 2015 and 80 % in 2024; whereas

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14 https://www.ilo.org/publications/mental-health-work
15 https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work
16 https://www.ilo.org/resource/news/840000-deaths-year-linked-psychosocial-risks-work
17 Eurofound (2026), European Working Conditions Survey 2024: Overview report, Publications Office of the European Union, Luxembourg

Eurofound's European Working Conditions Survey 2023[18] shows that exposure to high work intensity rose from 27 % in 2015 to 40 % in 2021 with one in three employees working at high work intensity, to tight deadlines or during their free time and remains one of the most significant drivers of psychosocial risks, requiring targeted organisational measures to manage workload and staffing levels; whereas the effects of this are particularly stark in the case of continuous shift work, night work and systematic staff shortages;

I. whereas the WHO defines a healthy workplace as an environment where workers and managers collaborate to promote the health, safety and well-being of all workers and the sustainability of the workplace; whereas to improve the health of workers, consideration should be given not only to the (i) physical work environment, but also (ii) the organisation of work and workplace culture, (iii) the personal health resources in the workplace, and (iv) corporate social responsibility and ways of community involvement[19];

J. whereas factors related to gender, age and occupation can play a role in workplace dynamics and in different sectors; whereas reportedly all workers identify a safe working environment for physical and mental health as the most important aspect; whereas the social environment index has decreased for women with simultaneous deterioration of the work intensity index, while the latter has improved for men[20] leading to an overall situation where the proportion of men in good health is higher than that of women;

K. whereas work-related psychosocial risks generate substantial social and economic costs, including absenteeism, labour market exit, increased rates of early retirement as well as sickness absence, reduced productivity and competitiveness across the Union, costing over one hundred billion euro annually[21], increasing pressure on healthcare systems and public health expenditure and accounting for approximately 60 % of lost working days in the Union, thereby contributing to labour shortages and increased work intensity for workers in organisations impacted by such shortages; whereas addressing work-related psychosocial risks, stress and mental health at work is beneficial for both workers and employers, contributing to productivity, innovation and the competitiveness of European businesses and small and medium enterprises (SMEs) ultimately benefiting and the wider economy and society;

L. whereas work-related psychosocial risks intensify the burden on healthcare systems and public health expenditures and have a bearing on the financial viability of organisations in both the public and private sector; whereas investing in prevention, early intervention

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18 Eurofound (2023), Psychosocial risks to workers' well-being: Lessons from the COVID-19 pandemic, European Working Conditions Telephone Survey 2021 series

19 World Health Organization (WHO) (2010). WHO healthy workplace frame-work and model: Background and sup-porting literature and practices. https://iris.who.int/server/api/core/bitstreams/70cf9aff-6a33-4897-9328-f96d0ece89f1/content

20 https://www.eurofound.europa.eu/en/publications/all/european-working-conditions-survey-2024-overview-report

21 https://www.etui.org/news/first-time-european-report-puts-price-stress-work and previously adopted European Parliament resolutions: Mental Health in the Digital World of Work (2022), and on Mental Health (2023)

and accessible counselling services reduces pressure on healthcare and social protection systems and constitutes therefore an essential component of preventive public health policy;

M. whereas adverse social behaviour, including verbal abuse, devaluation of personal dignity and undermining of professional identity, threats, bullying, psychological and sexual violence and harassment or abusive conduct by employers, colleagues, supervisors, managers or persons in positions of authority, has a particularly severe and long-lasting impact on workers' physical and mental health; whereas such behaviour should be addressed, also within the framework of social dialogue, focusing on sectors where these risks are most prevalent; whereas women are more exposed to workplace violence and harassment; whereas the whole spectrum of harassment and violence, including third-party and cyber violence from clients, patients, care recipients or service users, should be explicitly recognised and proactively addressed, with a gender-sensitive approach;

N. whereas workers in service sectors, which are often female dominated, such as health and social care, education and public administration, and sectors with client-facing occupations such as passenger transport are particularly exposed to acute and high psychosocial risks due to high work intensity, workforce shortages, challenging working conditions and exposure to third-party violence; whereas aggressive behaviour towards health, social care and emergency service workers is particularly acute; whereas military personnel, workers moderating online content[22], farmers and agricultural workers and workers in slaughterhouses and meatpacking[23] also face high levels of work-related stress and psychosocial risks linked to the nature and intensity of their work; whereas these sector-specific risks require tailored preventive and supportive measures, including ensuring safe staffing levels, adequate resourcing, supportive management practices with adequate supervision, access to mental health services, and decent working conditions, which are essential to protect both the physical and mental health of workers in these sectors;

O. whereas according to the WHO/Europe MeND survey[24], one in three doctors and nurses report symptoms of depression, one in ten experience passive suicidal thoughts, one in three experience bullying or threats of violence at work, and one in ten report having experienced physical violence or sexual harassment; whereas, addressing these issues, is also a prerequisite for guaranteeing patient safety as well as the quality and continuity of patient care, and to ensuring the quality of public services as well as well-being of such workers;

P. whereas people with lived experience of mental health conditions and psychosocial disabilities face additional stigma, discrimination and barriers in employment, which can exacerbate psychosocial risks;

Q. whereas the increasing use of digital technologies, algorithmic management and artificial intelligence, while also offering opportunities to improve work organisation and flexibility when properly implemented, can contribute to work intensification, undue surveillance, social isolation and loss of autonomy, and often results in workers

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22 https://cyberpsychology.eu/article/view/33166

23 https://kar.kent.ac.uk/100440/

24 https://www.who.int/europe/news/item/10-10-2025-healing-hands---hurting-minds.

being required to adapt to technology rather than the other way around when it is not deployed and managed in a human-centric way with workers involvement and training;

R. whereas around two-thirds of managers that use algorithmic management tools have concerns regarding trustworthiness of their current use; whereas managers most often flag unclear accountability (28 %), lack of explainability (27 %), as well as inadequate protection of employees' physical and mental health (27 %)[25];

S. whereas mental fatigue from excessive use or oversight of AI tools beyond one's cognitive capacity, a phenomenon, sometimes described as "digital" or "AI-related brain fatigue" or "brainfry", may lead to reduced concentration, impaired decision-making, decreased productivity, and increased psychosocial stress, particularly in high-responsibility environments; whereas the ever greater use of digital tools for work purposes can have detrimental effect on workers' fundamental rights and fair working conditions, the limitation of working time and work-life balance, physical and mental health and safety at work and well-being, as well as on gender equality, because of its disproportionate impact on workers with caring responsibilities, the majority of whom are women; whereas the digital transition should be guided by respect for human rights and for the fundamental rights and values of the Union, and should have a positive impact on workers and working conditions;

T. whereas the current EU occupational safety and health (OSH) framework, in particular Directive 89/391/EEC, in order to ensure legal certainty, should sufficiently provide for specific rules and guidance addressing developments in the world of work over the last 30 years and their psychosocial risks and impacts; whereas there is also a need to strengthen the implementation and enforcement of the existing Union's legislative framework, ensuring that current standards are applied effectively across all Member States, in order to ensure a level playing field and consistent protection with full respect of different national labour market models and enforcement systems, while enabling tailor-made solutions for different industrial traditions and systems of Member States; whereas recent Union legislation, including Directive (EU) 2024/2831 on improving working conditions in platform work, has to some extent addressed emerging risks related to work organisation, digitalisation and algorithmic management in the platform sector, while taking into account the diversity of national labour market systems and the role of social partners;

U. whereas the European Parliament has recognised the adverse OSH risks of algorithmic management (2025/2080(INL)); whereas the current EU OSH framework for addressing the specific OSH challenges posed by algorithmic management and AI systems at work should be reviewed and adapted to protect workers; whereas the rapid changes brought about by the adoption of algorithmic management systems, digital surveillance and AI at the workplace and the nature of these technologies to adapt and bring about OSH risks are difficult to predict in the design phase, and require that workers are able to report OSH-related risks through effective communication channels, and that they are informed, consulted and involved in the use of the technologies introduced at the workplace;

V. whereas there is considerable variation in the prevalence of work-related psychosocial risks and in how they have been addressed in national legislation and wider policies,

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25 OECD Working Paper, Algorithmic Management in the Workplace, 2025, p. 37.

including those implementing the European social partners' agreements on work-related stress and on harassment and violence; whereas such variation reflects differences in labour market structures, regulatory frameworks and implementation practices, thereby leading to unequal levels of protection and discrepancies across the Union particularly in sectors and occupations experiencing changing workplace organisation and conditions; whereas sharing of best practices between Member States is necessary to promote convergence towards high standards; whereas the social partners have a key role to play in preventing and addressing psychosocial risks, particularly at sectoral and company level, to ensure solutions are adapted to their specific context and needs;

W. whereas climate-related psychosocial risks, including exposure to extreme weather events and conditions and their outcomes, such as heat stress, eco-anxiety, increased fatigue, reduced concentration, interpersonal conflicts, and higher prevalence of anxiety and depression and work-related stress linked to environmental transitions are significant determinants of workers' health and safety; whereas those risks disproportionately affect vulnerable workers and sectors; whereas some Member States have already taken appropriate temporary targeted measures to address those risks; whereas addressing and integrating these risks in Union law and through social dialogue would contribute to ensuring that EU OSH frameworks remain effective and responsive to new and emerging risks in the world of work;

X. whereas EU-OSHA highlights the importance of participatory risk assessment processes and the involvement of workers and their representatives in preventing work-related psychosocial risks in order to ensure that measures are effective, inclusive and grounded in actual workplace conditions and needs;

Y. whereas 29 % of workers report being not very well informed or not at all informed about the prevention of work-related stress at their workplace indicating a significant knowledge and communication gap on psychosocial risk prevention as well as insufficient access to early psychosocial support, occupational mental health guidance and referral pathways when symptoms emerge, not least to those entering the labour market for the first time; whereas this highlights the need to strengthen education, training and awareness-raising measures, including for students in preparation for working life, in order to foster preventive measures and to ensure that workers are adequately informed, in a timely, clear and comprehensible manner, about the nature of psychosocial risks, the factors affecting them and the measures in place to prevent and address them; whereas such information should be provided in writing and in formats that are accessible and understandable to all workers, taking into account diverse needs, including those of persons with disabilities; whereas accessibility should be ensured in accordance with the principles of universal design; whereas ensuring all workers, including those with disabilities, can access, understand and use such information is essential to enable their meaningful participation in prevention, reporting and risk management processes;

Z. whereas telework and adaptive working arrangements, while providing flexibility and opportunities for improving work-life balance, have also been associated with increased work intensity and connection to work-related digital tools beyond working hours, which leads to reduced social interaction, work–life interference and extended availability which can negatively affect mental health if not properly managed; whereas, in this context, ensuring clear limits to working time and protecting workers from being required to engage in work-related communications outside normal working hours, may

contribute to mitigating the adverse effects associated with digitalisation of work; whereas implementing and promoting digital and mental health literacy, good management practices and the right to disconnect is essential to mitigate those risks;

AA. whereas women, young and older workers, single parents, people with care responsibilities, workers in precarious or non-standard forms of employment, managerial staff, third-country nationals, workers living with a chronic health condition, workers with disabilities, and workers subject to intense performance monitoring and merit-based reward systems are disproportionately exposed to work-related psychosocial risks; whereas this is not due to individual vulnerability but a result of inequalities and certain workplace practices in the organisation of work, including unequal treatment and discrimination on various grounds, such as sex, age, disability, or sexual orientation; whereas these multiple forms of discrimination constitute psychosocial risk factors in themselves and whereas it is important to ensure that that all workers are protected in accordance with existing legislation and ensuring an inclusive and a safe and healthy working environment for all workers;

AB. whereas supervisors and managers are affected by particular stressors such as demanding work, self-management, fragmentation and spillover of work into private life; whereas supervisors suffering from work-related burnout and exhaustion can create a trickle-down effect, with workers that they manage also experiencing higher levels of emotional exhaustion, anxiety and depression;

AC. whereas gender disparities affect how psychosocial risks are experienced, reported, and managed within workplace environments; whereas women workers are disproportionately exposed to psychosocial risks in the world of work, including gender-based violence and harassment, which constitute serious OSH risks with significant impacts on their physical, economical and mental well-being; whereas the ILO Convention No. 190 (C190) is the first international treaty to recognise the right of everyone to a world of work free from violence and harassment, including gender-based violence and harassment;

AD. whereas young people are disproportionately affected by anxiety, mental distress and burnout in the workplace, not least due to their more intensive use of digital technologies and the often-precarious nature of early-career employment; whereas the expansion of teleworking may further limit opportunities to build meaningful social connections, access informal learning, and receive adequate supervision and mentoring, all of which are essential at the beginning of a professional career; whereas these factors may increase the risk of isolation and frustration, thereby exacerbating psychosocial risks among young workers;

AE. whereas third-country workers are disproportionately exposed to psychosocial risks at work due to various factors such as atypical, precarious and unsafe working conditions, unequal treatment and barriers to accessing rights and reporting abuse; whereas workers in an irregular situation are particularly vulnerable to labour exploitation and abusive practices when seeking to assert their rights; whereas these risks are particularly relevant in platform work and in other sectors such as domestic work, where women from third countries constitute a significant part of the workforce;

AF. whereas difficulties in the recognition of work-related psychosocial diseases resulting from exposure to work-related psychosocial risks and the burden of proof placed on

workers constitute obstacles to effective prevention, enforcement and access to justice;

AG. whereas raising mental health aspects and mentioning challenges in the workplace is still attached to the fear of stigma by workers, leading to underreporting of work-related psychosocial risks and mental health conditions and thereby limiting access to justice and appropriate support; whereas workers who report OSH violations or work-related psychosocial risks, as well as direct and indirect witnesses, are particularly exposed to adverse treatment such as limiting their responsibilities, inaction and pressure to resign; whereas the protection of persons reporting breaches of Union law is established, inter alia, in Directive (EU) 2019/1937 ensuring protection against retaliation, intimidation and career penalties;

AH. whereas pregnant workers and workers who have recently given birth or are returning from maternity leave may face specific forms of discrimination, unequal treatment or adverse career impacts, which constitute psychosocial risk factors and must be prevented;

AI. whereas secondary prevention plays a key role in protecting workers' health by enabling the early detection of work-related health impairments, in particular those linked to psychosocial risks, and by ensuring timely intervention to prevent their aggravation; whereas it includes, inter alia, appropriate monitoring, alert and support mechanisms, including access to occupational and mental health services and relevant support measures; whereas a clear and organised approach to secondary prevention contributes to reducing the duration of absences, facilitating a sustainable return to work that reduces symptoms of ill-health following periods of absence and preventing recurrence, thus complementing primary prevention measures; whereas psychosocial risks may have cumulative and delayed effects, particularly in professions involving exposure to traumatic events, where health impairments may arise long after the initial exposure;

AJ. whereas work-related psychosocial risks are the responsibility of the employer and must be addressed primarily through collective and organisational prevention measures;

AK. whereas a healthy work-life balance is an essential component of workers' well-being and a key factor in preventing work-related psychosocial risks; whereas excessive working hours, unpredictable schedules and constant connectivity can negatively affect workers' mental health and overall quality of life; whereas appropriate work organisation, including the right to disconnect and flexible working arrangements when properly managed, can contribute to improved well-being, productivity and labour market participation;

AL. whereas companies, in particular SMEs, must be supported to fulfil their OSH obligations, including addressing work-related psychosocial risks, through awareness raising, training initiatives particularly for management and user-friendly tools and practical guidance, including on preventive measures, emerging workplace technologies and policies supporting return-to-work;

1. Notes the extensive implications of work-related psychosocial risks on individuals, including adverse effects on mental and physical health, work-life balance and private life, as well as the potential to cause economic hardship, particularly in cases of prolonged incapacity to work; stresses the importance of proactively addressing

evolving OSH risks, in particular psychosocial risks, to work tasks, patterns and workplaces, in the context of the twin transition; acknowledges the important role that the workplace can play in facilitating good mental health and recognises that healthy working conditions can positively impact well-being and productivity; emphasises in that regard, the need to strengthen the Union's legislative framework on the prevention, identification and management of work-related psychosocial risks, and to ensure a high level of protection of workers' mental and physical health and safety, in full respect of the principles of subsidiarity and proportionality as well as the autonomy of the social partners and the diversity of national systems; calls furthermore for improving the implementation and enforcement of the existing Union's OSH legislative framework;

2. Calls on the Commission and the Member States to explicitly recognise that work-related psychosocial risks give rise to occupational diseases, including mental health issues; calls on the Commission, in cooperation with relevant bodies including the Advisory Committee on Safety and Health at Work, to review and, where necessary, amend Commission Recommendation (EU) 2022/2337 of 28 November 2022 concerning the European schedule of occupational diseases[26] accordingly; calls furthermore on the Commission to facilitate the exchange of best practices between Member States regarding the recognition and prevention of work-related mental health issues;

3. Calls for all forms of gender-based violence and harassment at work to be explicitly recognised as a psychosocial risk requiring gender-responsive prevention and management, and for a comprehensive Union approach aligned with international standards that covers all forms of such violence, including sexual harassment, third-party violence and cyber-violence; further calls for clear employer obligations to prevent and address these issues, including the establishment of safe reporting mechanisms and effective victim protection as determined by the Directive (EU) 2024/1385;

4. Recalls that the rules on the burden of proof and the recognition of occupational diseases fall within the competence of the Member States and their social security systems; opposes any presumption of causality that would require the employer to prove a negative, to the detriment of legal certainty, particularly for SMEs; calls on Member States to exchange best practices regarding the recognition of work-related mental health conditions;

5. Recalls the importance of ensuring a high level of workers' occupational health and safety; welcomes the initiative for a Quality Jobs Act with the aim to ensure employment practices keep up with developments in the modern economy; stresses the need for this Act together with the forthcoming update of the European Pillar of Social Rights Action Plan to include measures that improve workplace health and safety and address psychosocial risks; calls furthermore on the Commission to conduct a comprehensive review of the current strategic framework on health and safety at work and the existing Union's OSH legislative framework, in particular Directives 89/391/EEC and 90/270/EEC, with a view to identifying remaining gaps, ensuring the EU acquis remains fit for purpose and feeding into future initiatives, in particular the

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26 Commission Recommendation (EU) 2022/2337 of 28 November 2022 concerning the European schedule of occupational diseases (OJ L 309, 30.11.2022, p. 12, ELI: http://data.europa.eu/eli/reco/2022/2337/oj).

post-2027 strategic framework on safety and health; underlines the need to ensure coherence with existing Union legislation and to avoid unnecessary administrative burdens, in particular for SMEs;

6. Calls on the Member States, in accordance with existing obligations under Article 9 of the OSH Framework Directive, to ensure that psychosocial risk assessments are mandatory, and conducted at regular intervals and in cases of significant workplace changes, participatory and properly documented in all workplaces, and undertaken with the effective involvement of workers and their representatives, while also taking into account sectoral, occupational and organisational specificities; calls for the systematic integration of a gender-sensitive and intersectional perspective in such assessments, taking into account discrimination and gender inequalities and stereotypes including specific consideration of workers during or after pregnancy, or miscarriage, maternity or paternity leave and upon return to work;

7. Recalls the need for and importance of informing and consulting workers and their representatives at relevant stages of psychosocial risk assessment, prevention and elimination, in accordance with Union and national labour law and social dialogue principles, ensuring the participation of workers and their representatives in the implementation of measures and continuous monitoring of risks, including through ensuring dedicated channels for workers to report OSH risks and challenges;

8. Underlines the important role of social partners and collective bargaining in preventing and addressing work-related psychosocial risks, by ensuring social dialogue, strengthening workers' protection, and promoting healthier, safer and more resilient workplaces;

9. Considers it vital to respect the autonomy of the social partners; calls moreover on the Member States to promote a high level of collective bargaining coverage and recognise the role of and strengthen the capacity of social partners, in accordance with Article 4 of Directive (EU) 2022/2041, in order to contribute to fair and adequate working conditions across the Union, and thus further prevent psychosocial risks;

10. Calls on the Member States, in cooperation with social partners to ensure continuous, accessible and specialised training for employers, managers, workers and workers' representatives on work-related psychosocial risks and psychosocial risk factors, including harassment and violence, prevention and intervention measures, in particular regarding the abuse of authority and harassment by supervisors or colleagues, and awareness of early signs of burnout and other work-related mental health conditions, while taking into account sector-specific risks; stresses the need to integrate preventive education and training on psychosocial risks also into lifelong learning systems, including in vocational education and training; calls furthermore on the Member States to ensure that training and specific tools and methodologies are made available to support and guide employers in the assessment of work-related psychosocial risk, which should facilitate the application of that concept, especially for microenterprises and SMEs;

11. Stresses that individual resilience training or wellbeing programmes cannot replace employers' legal obligations to prevent work-related psychosocial risks through proper work organisation;

12. Recalls the need to move towards a zero-tolerance approach to violence and harassment at work and encourages Member States to ratify relevant international instruments, in particular the Violence and Harassment Convention, 2019 (No 190) of the ILO; underlines the importance of clear, confidential, independent and accessible procedures to address cases of harassment, violence and discrimination at work, including cases involving abuse by colleagues, supervisors or management, ensuring protection against adverse treatment and respect for victims' rights;

13. Calls on the Commission and Member States to strengthen labour inspectorates through a proposal for a Council Recommendation on EU-wide minimum standards, including through enhanced cooperation and exchange of best practices and taking into account the realities of SMEs in the field of work-related psychosocial risks, including specialised training, harmonised assessment and monitoring tools, and adequate resources to support effective prevention and enforcement, and thereby strengthening national inspectorates based on those standards; reiterates its call on the Commission to substantially strengthen the European Labour Authority's (ELA) mandate[27]; considers that a strengthened ELA mandate would improve the enforcement of EU labour law and occupational health and safety, and enhance the collection and dissemination of best practices of national labour inspectorates, and should also allow for the issuing of recommendations based on these learnings;

14. Urges Member States to incorporate primary and secondary prevention measures into their national occupational health and safety strategies, while paying particular attention to more vulnerable groups ensuring effective coordination between healthcare systems, labour inspectorates, and social partners; emphasises the importance of improving the collection, monitoring, and reporting of data on work-related psychosocial risks and associated absences, occupational diseases and injuries, including through better use of comparable indicators and data-sharing mechanisms to enable a more accurate evaluation of the effectiveness of prevention and intervention measures and to support evidence-based policymaking;

15. Underlines that prolonged isolation, combined with blurred boundaries between professional and private life, may increase the risk of stress and burnout; stresses, therefore, the importance of ensuring a balanced and voluntary approach to telework, including adequate opportunities for in-person interaction, on-the-job learning and managerial support;

16. Stresses the need for comprehensive return-to-work policies that support employees following illness or psychosocial difficulties; encourages Member States to develop tailored reintegration programs, including workplace adjustments to tasks, hours or environment and continuous occupational health support, including psychosocial support measures; highlights the importance of collaboration between employers, including human resources personnel and occupational health services, healthcare providers, social partners and workers' representatives to facilitate a smooth, sustainable, and inclusive return to work, including through early intervention and individualised support plans, while preventing relapses and promoting long-term well-being;

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27 European Parliament resolution of 18 January 2024 on the revision of the European Labour Authority mandate (2023/2866(RSP)).

17. Stresses the need for minimum standards in the recognition, prevention and compensation of work-related psychosocial risks, in order to avoid legal fragmentation and ensure equal protection of workers; calls on the Commission to propose a clear definition of work-related psychosocial risks and psychosocial risk factors, covering risks arising from work organisation, design and management practices comprising those related to digital surveillance and algorithmic management at the workplace, the social and relational context at work and working conditions, heat and extreme weather, affecting both physical and mental health, with particular impact on emergency responders and including issues such as work-related stress, mobbing burnout, harassment, violence and discrimination; underlines that such standards must be workable and easily implementable for companies of all sizes, with tailored and dedicated support for SMEs (e.g. simplified digital risk assessment tools, sectorial guidance, targeted financial or advisory assistance); stresses that such tailored support can help SMEs embed effective and sustainable psychosocial risk prevention in their daily operations while remaining fully aligned with the Union's ambition to promote safe, healthy and productive workplaces; calls furthermore for algorithmic management systems and technologies to be better integrated into health and safety systems at workplaces, with the involvement of worker representatives;

18. Requests the Commission to carry out an impact assessment including an assessment of existing legislation complemented by a competitiveness and SME test and to submit, on the basis of Article 153(2), point (b), and Article 153(1), point (a), TFEU and the result of the aforementioned steps, a proposal on work-related psychosocial risks, stress and mental health at work which would address the remaining gaps in existing legislation and avoid creation of overlapping legal instruments, with view to an equivalent, high level of protection for all workers in the Union following the recommendations set out in the Annex hereto;

19. Considers that the financial implications of the requested proposal should be covered by existing budgetary allocations;

20. Instructs its President to forward this resolution and the accompanying recommendations to the Commission and the Council, and to the parliaments and governments of the Member States.

ANNEX TO THE RESOLUTION:
RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED

The European Parliament requests the Commission to carry out an impact assessment including an assessment of existing legislation complemented by a competitiveness and SME test and to submit, depending on the result of the aforementioned steps, a proposal on work-related psychosocial risks, stress and mental health at work where the following recommendations should be incorporated:

Recommendation 1

Subject matter and purpose

The aim of the proposal should be to lay down minimum requirements to prevent, eliminate or, where this is not possible, reduce work-related psychosocial risks and their potential outcomes which may include, inter alia, work-related stress, burnout, including cyber violence and harassment, bullying, mental disorders, including post-traumatic stress disorder, moral distress and trauma-related conditions, addiction or suicidal behaviour, cardiovascular diseases and musculoskeletal disorders, in full respect of the competences of the Member States and of the principles of subsidiarity and proportionality.

It should establish organisational, structural and participatory obligations for employers in order to protect workers' mental and physical health and to ensure safe and dignified working conditions.

Recommendation 2

Scope

The proposal should apply to workers, defined as any person employed by an employer, including trainees and apprentices, in all sectors of economic activity, both public and private.

Recommendation 3

Definitions

The proposal should provide for the following definitions:

(1) "work-related psychosocial risks" means work-related risks arising from exposure to psychosocial risk factors, which affect workers' mental and physical health, safety and dignity; such risks may lead, inter alia, to work-related stress, burnout, mental health issues, addiction or suicidal behaviour, cardiovascular diseases and musculoskeletal disorders, which may lead to job loss, termination of employment, or pressure to resign;

(2) "psychosocial risk factors" means work-related risk factors related to the organisation,

design and management of work, its social and relational context and working conditions, including an excessive workload, high work intensity, long and often unpredictable working hours, presenteeism, lack of autonomy, lack of support from supervisors, psychological and sexual harassment, violence including cyber violence and harassment, and discriminatory behaviour, exposure to adverse working relationships and workplace bullying, high emotional demands, violation of personal dignity, devaluation of professional identity, and the undermining of performance, high digital intensity, in particular digital connectivity outside working time, or being subject to automated decision-making or constant automated monitoring and undue excessive surveillance, lack of role clarity and ineffective communication, customer evaluation by real-time ratings systems, and unrealistic targets;

(3) "work-related stress" means a state of physical, emotional, and psychological strain resulting from prolonged exposure to work-related psychosocial risk factors; it is characterised not only by feelings of exhaustion, but also by heightened levels of tension, anxiety, or being persistently "on edge", reflecting both overactivation (stress/anxiety) and depletion (fatigue);

(4) "moral distress" means distress arising when workers are constrained from acting in accordance with professional, ethical or clinical standards, including because of understaffing, insufficient resources, conflicting instructions or unsafe organisational arrangements;

(5) "presenteeism" means employees' presence at the workplace when exhibiting ill-health or illness, due to fear stemming from possible negative consequences of their absence being perceived or measured as being less productive, which could lead to them being made redundant, job loss, income loss and subsequent overall well-being being threatened from a socioeconomic stance;

(6) "primary prevention" means measures aiming to prevent and eliminate work-related psychosocial risks at source, or where not possible, reduce negative effects, through adaptations to work organisation, design and management, and working conditions;

(7) "secondary prevention" means measures aiming to the early identification and timely management of emerging adverse outcomes from exposure to work-related psychosocial risks in order to prevent their progression, reduce their impact, and avoid the development of more serious outcomes, including through screening, monitoring and targeted interventions for workers showing initial signs of exposure or harm;

(8) "tertiary prevention" means measures that can support a sustainable and manageable return to work for everyone, and means measures aiming to manage and mitigate the adverse outcomes from psychosocial risks that have already occurred, in order to, without undue delay, prevent their progression, reduce their impact, prevent permanent impairing and set out a path for rehabilitation.

Recommendation 4

General prevention obligation

1. Employers should ensure the prevention of work-related psychosocial risks. To that end,

the general principles of prevention laid down in Article 6 of the Directive 89/391/EEC should apply.

Within the context of work-related psychosocial risks, the adaptation of the work to the individual should be understood as including measures to avoid imposed telework.

Within the context of work-related psychosocial risks, developing a coherent overall prevention policy should be understood as including measures on safe staffing levels

Within the context of work-related psychosocial risks, employers should have in place effective mechanisms for reporting and addressing psychosocial risks, ensuring that workers are protected from retaliation.

2. Taking into account the nature of the activities and the size of the enterprise concerned, employers should ensure that organisational resources that support primary prevention, including managerial support, worker participation and access to training, are made effectively available and accessible to all workers.

   They should also provide regular, targeted, and adequate training to workers, managers and supervisors on work-related psychosocial risks and risk factors related to work organisation, design and management, the social and relational context at work, and working conditions, and prevention measures taking into account sector-specific needs, including the prevention of harassment, mobbing, inappropriate managerial practices, while ensuring that improvement of individual resilience, training or counselling is not considered sufficient where organisational risk factors remain unaddressed.

3. Employers should adopt and implement policies defining and prohibiting violence, harassment, bullying and discriminatory behaviour that undermines workers' dignity, physical and/or mental health or well-being. These policies should include effective procedures for reporting and addressing such behaviour, ensure confidentiality and protect workers from retaliation.

4. Employers should also implement appropriate secondary prevention measures, including early detection mechanisms and risk-based prevention protocols for third-party violence, access to occupational health services, and timely support for workers exposed to psychosocial risks.

5. In accordance with Directive 89/391/EEC, employers should ensure the nomination of designated personnel, with sufficient training and/or expertise, supported by appropriate resources, to carry out measures related to the mitigation of work-related psychosocial risks while taking into account the situation of small and medium-sized enterprises (SMEs).

6. Information on the measures implemented will be made available to workers in accordance with Article 10 of Directive 89/391/EEC.

Recommendation 5

Psychosocial risk assessment and action plan

1. Employers should carry out regular psychosocial risk assessments and whenever significant changes to the organisation of work and organisational restructuring occur, including where such changes lead to notable fluctuation in staffing levels, high instances of workplace sick-leave, and a prevalence of long-term and/or repeated absences. Additionally, workers' representatives should have the possibility to propose an assessment based on their reasoned evaluation.

2. The psychosocial risk assessment should evaluate psychosocial risk factors such as excessive workload, high work intensity, lack of autonomy, long and often unpredictable working hours, presenteeism, lack of support from supervisors, psychological and sexual harassment, violence and discriminatory behaviour, bullying, high emotional demands, especially in client-facing occupations, poor recognition and feedback practices, workplace relationships, exposure to adverse social behaviour from both internal sources in the organisation and external parties, job insecurity, work–life interference, high digital intensity, in particular digital connectivity outside working time, or being subject to automated decision-making or constant automated monitoring and undue excessive surveillance, including customer evaluation by real-time rating systems, lack of role clarity and ineffective communication, or unrealistic targets.

   Such assessments shall be based on scientifically comparable and validated methods.

3. Member States should take into account the size, sector and resources of undertakings when implementing the provisions related to such assessments. In this context, simplified and practical tools should be made available to facilitate implementation without undue administrative burden, and in particular to assist SMEs with carrying out risk assessments.

4. On the basis of the psychosocial risk assessment, employers should without delay adopt an action plan setting out concrete measures to prevent, eliminate or reduce potential and identified work-related psychosocial risks and ensure their implementation, monitoring and evaluation.

5. The action plan should include, where relevant, in line with the results of the risk assessment:

   (a) measures to address, workforce shortages, including through adequate staffing levels, and where possible reducing monotonous work;

   (b) measures aiming to promote a good work-life balance;

   (c) measures to improve working conditions, reduce excessive workload and work intensity, including, where appropriate, measures addressing the frequency impact of overtime and unpredictable working hours, in accordance with national law and practice, with particular attention being paid to sectors characterised by irregular, extended or operational working time patterns, ensuring adequate recovery periods and compensatory measures;

   (d) measures addressing presenteeism, and effective implementation of the right to disconnect referred to in Recommendation 11, including measures aiming to prevent practices requiring workers to be available outside working hours unless in exceptional circumstances, including technical and organisational safeguards;

(e) measures to prevent abusive social behaviour such as harassment, bullying and violence, including cyber harassment and violence;

(f) measures governing work-related psychosocial risks related to automated and semi-automated decision making or monitoring, the processing of workers' data for profiling or other purposes and the use of artificial intelligence;

(g) targeted measures for sectors, occupations and groups of workers identified as being at higher risk, including health and social care, public administration and client-facing services; taking into account factors such as high work intensity, workforce shortages and exposure to third-party violence and harassment;

(h) measures for early intervention and support, including access to counselling, occupational health follow-up and mechanisms facilitating sustainable return to work.

(i) the establishment of peer-support systems and trust-based mechanisms;

(j) continuous risk management systems based on the results of the risk assessment to ensure a cyclical approach to prevention with regular review of progress, defining measurable objectives and timelines and allocation of adequate resources for the implementation.

6. The risk assessment measures and the action plan should be subject to approval by the relevant protective and preventive services for psychosocial risks designated pursuant to Recommendation 12.

7. The results of the risk assessment and the action plan should be documented and communicated to all workers in the workplace in a comprehensible adequate and accessible manner.

Recommendation 6

Work reorganisation and technological change

1. Any significant restructuring, reorganisation of work, including teleworking arrangements, shifts in workforce levels or introduction of automated decision-making and automated monitoring systems, where significant impact on workers is expected, should be subject to a prior psychosocial risk assessment by employers in cooperation with workers and their representatives.

2. Employers should integrate the results of the risk assessment into their safety and health systems, as regards possible risks of work-related accidents, psychosocial and ergonomic risks as well as any undue pressure put on workers. The use of algorithmic management technologies should respect workers' wellbeing and be designed to ensure their physical and mental health and safety.

3. Employers should ensure that the introduction of algorithmic systems does not impose excessive burden or monitoring of workers, while ensuring continuous, meaningful and effective human oversight at all times over all decisions taken or supported by digital

management technologies.

Recommendation 7

Right to a psychologically safe working environment and to relevant support services

Workers should have the right to a psychologically safe working environment that does not expose them to sustained work-related psychosocial risk factors that can result in significant negative impact on their physical and mental health and on their well-being.

Employers should take measures to address stigma related to mental health and to ensure that seeking psychological support does not lead to negative career consequences.

Member States should ensure the continuity of care and access to mental health support for workers exposed to psychosocial risk factors, including following the termination of an employment relationship, particularly in sectors where exposure to work-related psychosocial risk factors may have long-term consequences. In this context, Member States should ensure that employers, in particular SMEs, and workers have access to specialised mental health support services.

Recommendation 8

Supporting a sustainable return to work

1. Workers who have been absent from work long-term or for repeated periods of time due to health impairments linked to work-related psychosocial risks, including work-related stress, bullying, burnout, harassment or violence, should have the right to a supported and sustainable return to work.

2. Employers should ensure that a return to work as referred to in the first paragraph is organised in a manner that protects the worker's health and prevents a recurrence of the risks that contributed to the worker's absence.

3. This right should form part of the employer's obligations in the framework of secondary and tertiary prevention of work-related psychosocial risks.

When a worker returns to work, the employer should establish an individual return-to-work plan.

The plan should be developed in cooperation with the worker concerned, occupational health services, a member of staff with supervisory functions and workers' representatives in accordance with EU and national law and practice.

The plan should specify, where relevant:

(a) a gradual resumption of work;

(b) temporary or permanent adaptations of the worker's tasks or workload;

(c) adjustments to the worker's working time or work organisation;

(d) any other measures addressing the work-related psychosocial risks that had a negative impact on the worker's health.

Recommendation 9

Follow-up action and prevention of recurrence

Employers should ensure regular follow-up action and maintain appropriate communication with the worker concerned during the return-to-work period, including on the possibility to review and adapt the return-to-work plan, as well as the long-term monitoring and any necessary action to ensure the success of the process of return-to-work period.

Where necessary, employers should take organisational measures to address the psychosocial risk factors that contributed to the worker's absence, including the possibility of job redesign.

Workers returning to work after an absence linked to work-related risks should be treated in a fair and supportive manner and should not suffer discrimination or adverse treatment as a result of their absence.

The findings from return-to-work processes should be taken into account in the employer's psychosocial risk assessment and prevention measures, with a view to preventing recurrence and improving working conditions.

Recommendation 10

Reporting and protection against retaliation

Workers should have the right to report, including anonymously, through effective channels, work-related psychosocial risks that they have identified or been affected by. Workers' representatives should be informed and consulted in the design and monitoring of those effective reporting channels.

Appropriate safeguards should be put in place to prevent any form of retaliation, discrimination or disadvantage as a result of such reporting.

The provisions set out in this Recommendation should apply without prejudice to Directive (EU) 2019/1937.

Recommendation 11

Right to disconnect

Workers should be able to exercise their right to disconnect and employers should respect that right unless in exceptional circumstances as set out in the resolution of the European Parliament of 21 January 2021on the right to disconnect.

Employers should ensure that digital tools and work organisation support the effective exercise of this right, taking into account different forms of work organisation.

Recommendation 12

Protective and preventive services for psychosocial risks

1. Employers shall should be able to designate one or more workers to carry out activities related to monitoring, risk assessment, early detection, and the prevention and management of psychosocial risks within the undertaking or establishment or if, because the undertaking does not dispose of sufficient competent personnel, such designation cannot be effected, they should be able to enlist competent external services or persons to that end, in addition to those designated or enlisted pursuant to Article 7 of Directive 89/391/EEC. Article 7(2), (5), (6) and (7) of Directive 89/391/EEC should apply to such workers, external services or persons. The designated workers may be the same as those designated to carry out activities related to the protection and prevention of other occupational risks for the employer.

2. In the cases referred to in paragraph 1, the employer should inform those services or persons of all relevant factors known to affect, or suspected of affecting, the mental health and well-being of workers, including work organisation, working conditions, staffing levels and interpersonal relations at work.

3. Member States should determine:

   — the necessary capabilities and qualifications in the field of psychosocial risk prevention;

   — the sufficient number of persons or services required to carry out these tasks.

Recommendation 13

Information, consultation *and participation of workers*

1. Workers and their representatives should be informed, consulted and involved at all relevant stages of the assessment, prevention and management of psychosocial risks, including the action plan, and the introduction of or changes related to the organisation of work and working conditions, such as performance evaluation and algorithmic management practices, including through appropriate educational and awareness-raising measures in accordance with Union and national law and practice, which should take into account, inter alia, the size of the undertaking. Workers should have the right to nominate their representatives for such purposes, in accordance with national law and practice.

   Employers should ensure that workers are provided with information, in writing and in an accessible format, to ensure that they are clearly and regularly informed about work-related psychosocial risks and the measures in place to prevent them and mitigate their negative impact.

Particular attention should be paid to ensuring that all workers understand that work-related psychosocial risks arise from exposure to psychosocial risk factors, and the nature of those factors.

2. Information, consultation and participation as referred to in paragraph 1 should concern, in particular:

   (a) the identification and assessment of psychosocial risks;

   (b) the design, planning and implementation of risk assessment preventive and remedial measures;

   (c) the monitoring and evaluation of the effectiveness of those measures;

   (d) the continuous improvement of policies and practices relating to psychosocial risks.

   Workers and their representatives should be provided with the necessary information, training and means by which to participate effectively in the consultation processes referred to in paragraph 1.

3. The participation of workers referred to in paragraph 1 should take place in good time and in a meaningful manner, allowing workers and their representatives to contribute to decision-making and the development of appropriate measures, while respecting the organisation of work and established decision-making structures.

   National health and safety bodies may also be invited by the employer to participate in the consultation processes, where appropriate, with a view to implementing solutions addressing detected or identified risks.

   Workers and their representatives, where all internal procedures have been exhausted, should also be entitled to appeal, in accordance with national law and practice, to the authority responsible for safety and health protection at work if they consider that the measures taken and the means employed by the employer regarding work-related psychosocial risks including algorithmic management systems , are inadequate for the purposes of ensuring safety and health at work.

4. In accordance with Article 11 of Directive 89/391/EEC, workers and their representatives should have the right to make proposals relating to safety and health at work, including measures to address work-related psychosocial risks.

Recommendation 14

Labour inspections

Member States should ensure that labour inspection authorities are provided with adequate powers, as well as the necessary training, expertise, tools and resources to address work-related psychosocial risks, including with view to identifying, assessing, investigating and monitoring obligations concerning the effective prevention and combatting of these those risks.

Recommendation 15

Education and training

Member States should develop education and training programmes related to psychosocial risks at work, allowing management, occupational health services and all relevant occupational health professionals to receive adequate, continuous and multidisciplinary training on psychosocial risks at work, including their identification, assessment, prevention and management, so that they have the necessary knowledge and capabilities.

Recommendation 16

Member States may provide for more favourable provisions for workers, including mechanisms for the alleviation of the burden of proof subject to legal certainty and the prevention of abusive and manifestly ill-founded claims.

Recommendation 17

Monitoring and data collection

The Commission, in cooperation with the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Agency for Safety and Health at Work (EU-OSHA), should monitor trends in work-related psychosocial risks across Member States, in order to assess the effectiveness of the Commission's proposal.

Member States should ensure that effective data is collected for the purpose of monitoring trends in work-related psychosocial risks. The data should be prepared in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council[1], and should be regularly reported to the bodies referred to in the first paragraph.

Member States should also promote the involvement of stakeholders, in particular social partners, in collecting and monitoring data regarding work-related psychosocial risks and effectiveness of subsequent measures at national level.

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[1] Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation), (OJ L 119, 4.5.2016, p. 1, ELI: http://data.europa.eu/eli/reg/2016/679/oj).

Recommendation 18

Implementation and enforcement

The proposal should provide that the Commission, Member States, their national competent authorities and the social partners cooperate, share best practices in order to build capacities, and ensure effective implementation and enforcement.

The proposal should provide that Member States, also when implementing this proposal, take adequate measures, in accordance with their national law and practice, to ensure the effective involvement of the social partners, including through collective bargaining, and to promote and enhance social dialogue.

Recommendation 19

Non-regression and more favourable provisions

This proposal should not constitute valid grounds for reducing the level of protection already afforded to workers within Member States.

The proposal should not affect Member States' prerogative to apply or to introduce laws, regulations or administrative provisions and should not affect the social partners' prerogative to conclude and apply collective agreements which are more favourable to workers.