



MENTAL HEALTH IN THE WORKPLACE

# National highlights - Ireland

## Deliverable 2.1



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## Table of Contents

Abbreviation.....	5
List of figures.....	5
List of tables .....	6
<b>1. Introduction .....</b>	<b>7</b>
1.1. Methodology.....	7
<b>2. Theoretical framework (desk research) .....</b>	<b>8</b>
2.1. National-level legislation and authorities.....	8
2.2. Irish industrial relations .....	11
2.3. Scientific literature .....	12
Definition of psychosocial risks.....	12
Prevalence of psychosocial risk and its impacts.....	12
Approaches to managing psychosocial risk .....	14
2.4. Grey literature .....	16
<b>3. Research Findings.....</b>	<b>16</b>
3.1. The Current State of Workers’ Mental Health .....	16
3.2. Psychosocial risk management and strategies.....	22
3.3. Psychosocial risks and the new way of working .....	27
3.4. Key interview findings .....	29
3.4.1. Prevalence and Increase in Mental Health Issues .....	29
3.4.2. Barriers to effective management of psychosocial risks .....	30
3.4.3. Strategies for dealing with psychosocial risk.....	32
3.4.4. Role of social dialogue in addressing mental health in Ireland.....	34
<b>4. Final remarks .....</b>	<b>34</b>
<b>References .....</b>	<b>36</b>
<b>Annex 1. Fictional cases .....</b>	<b>39</b>



**Annex 2. FAQ.....42**

**Annex 3. Tips and guidance for organisational-level interventions in protecting and promoting mental health in the workplace.....43**



## Abbreviation

ESENER	European Survey of Enterprises on New and Emerging Risks
EAP	Employee Assistance Programme
EU-OSHA	European Agency for Safety and Health at Work
EWCS	European Working Conditions Survey
HSA	Health and Safety Authority
HSE	Health Service Executive
ILO	International Labour Organisation
MENTUPP	Mental Health Promotion and Intervention in Occupational Settings
MI	Mental Illness
OSH	Occupational Safety and Health
SIPTU	Services Industrial Professional and Technical Union
WRC	Workplace Relations Commission

## List of figures

<b>Figure 1.</b> Rating of overall mental health (N=28).....	17
<b>Figure 2.</b> Importance of work-related psychosocial risks (%) (N=32) .....	18
<b>Figure 3.</b> Most commonly reported symptoms of psychosocial risks in work (%) (N=32)....	19
<b>Figure 4.</b> Types of workers most affected by psychosocial risks (N=32).....	19
<b>Figure 5.</b> Exposure to risks (N=30).....	20
<b>Figure 6.</b> Discrimination based on gender.....	20
<b>Figure 7.</b> Availability of Procedures to Deal with Discriminatory (N=32) .....	21
<b>Figure 8.</b> Opportunities to look after your health and mental wellbeing (%) (N=32).....	21
<b>Figure 9.</b> Company Culture Towards Supporting Workers' Mental Health (N=29) .....	22
<b>Figure 10.</b> Formal policy or initiatives in place regarding psychosocial risk (%) (N=32).....	23
<b>Figure 11.</b> Training received in mental health and well-being (N=32).....	23

**Figure 12.** Main obstacles to managing psychosocial risks (N=32)..... 24  
**Figure 13.** Employee Involvement in Managing Psychosocial Risks ..... 24  
**Figure 14.** Job resources available ..... 25  
**Figure 15.** Areas for improvement in company’s culture..... 26  
**Figure 16.** Services available for mental health issues ..... 27  
**Figure 17.** Key features of change (N=32) ..... 28  
**Figure 18.** Impacts of change which have been discussed..... 29

**List of tables**

**Table 1.** Psychosocial risks addressed..... 22  
**Table 2.** Organisational change..... 27

## 1. Introduction

This national report provides a comprehensive overview of the current state of workers' mental health in Ireland, with a specific focus on the metalworking industry. It identifies key psychosocial risks at work and discusses effective strategies for prevention and management. Additionally, the report highlights the role of social partners in and offers recommendations for improving workplace mental health in the future. This report will provide the basis for the design and delivery of three training sessions focused on understanding and managing psychosocial risks at work. This report will firstly describe the methodology used to undertake research on the topic of psychosocial risks. Next an overview of the Irish context and the regulatory and policy frameworks that support mental health in Ireland is presented. It will then provide an extensive literature review of scientific and grey literature on the topic of psychosocial risk at work. Finally, key findings from field research activities are explored.

### 1.1. Methodology

This report is based on a combination of desk research and empirical fieldwork. The desk research includes an extensive review of peer-reviewed scientific literature and grey literature on mental health at work, as well as an assessment of the regulatory framework governing workplace mental health in Ireland.

Field research involved distributing online questionnaires to employees in the metalworking sector and conducting eight in-depth interviews. The field research was completed with the assistance of the associated partner, SIPTU, who helped with questionnaire distribution and access to interviewees. The analysis of this data offers valuable insights into the prevalence of psychosocial risks at work in Ireland, the factors impacting on psychosocial risks, and the existence and effectiveness of strategies and interventions.

A total of 32 responses to the questionnaire were received. Respondents predominantly worked as plant operators (40.6%) and assembly workers (31%) with the remainder working as process engineers (6.2%), production line managers or assistants (6.2%), maintenance technicians and tool operators. Over 87% of the sample were male, which was anticipated since all respondents were from the metal manufacturing sector, a traditionally male-dominated industry (Eurofound, 2021). A quarter of respondents (25%) were aged 40-44 years, 34.3% were less than 40 and almost 22% were between 50 and 59 years old. The remainder were over 60 years old. The majority of respondents (50%) had been with the company for 10 years or more, while 21.8% reported a tenure of 1-3 years, and another 21.8% had worked for 4-10 years. NACE classification codes were reported as manufacture of computer, electronic and optical products (34%), manufacture of fabricated metal products, except machinery and equipment (48%), manufacture of electrical equipment (11%) and manufacture of basic metals (7%). The majority of respondents (66%) indicated they worked in an organisation with between 50-249 employees.

Eight in-depth interviews were conducted. These were with experts in occupational health and safety (1 interview), sectoral trade union representatives (1 interview), company level trade union representatives (3 interviews) and company level management (3 interviews). As Ireland does not have national-level or sectoral level bargaining (metal sector), a key focus was getting a dyadic response to the questions to understand what is happening at company level. Therefore, the company-level management interview is matched with the company-level trade union interview across three organisations, meaning they correspond within each company. This means there is a matching interview from the trade union within the same company for every management interview, ensuring a balance of perspectives from both sides.

## 2. Theoretical framework (desk research)

This section analyses the policy frameworks and legislative approaches to mental health and psychosocial risks at work in Ireland. It then presents key literature on psychosocial risks at work in the context of both scientific and grey literature.

### 2.1. National-level legislation and authorities

The primary legislation concerning health and safety in the workplace in Ireland is the **Safety, Health and Welfare at Work Act 2005**<sup>1</sup>. Under Part 2, Section 8 of this Act employers are required to manage and assess workplace risks, including those related to mental health and stress. The implementation of the 2004 EU Framework Agreement on Work-Related Stress in Ireland was via an interprofessional social partner approved guide completed in October 2007 under the auspices of the then Labour Relations Commission<sup>2</sup>. However, the Act does not make explicit reference to psychosocial risk. Ireland does not have any specific legislation on psychosocial risks at work (compared to countries such as Belgium, Sweden, Finland, the Netherlands) nor does it make any references to psychosocial risks in their legislation (such as the case in countries such as Spain, Poland and Latvia). Instead, Ireland adopts a 'soft law' approach to psychosocial risk at work with non-binding guidance and best practices to address these risks which are developed and monitored by the Health and Safety Authority (European Commission, 2024). Ireland also has other initiatives that link to psychosocial risks. The Code of Practice for Employers and Employees on the Right to Disconnect (2021)<sup>3</sup> (developed by the Workplace Relations Commission), the Code of practice for employers and employees on the prevention and resolution of bullying at work<sup>4</sup>, the Organisation of Working Time Act 1997 (OWTA), the Employment (Miscellaneous Provisions) Act 2018 and

<sup>1</sup> Safety, Health and Welfare at Work Act 2005. S.I. No. 10 of 2005 [Online]. Available from: <http://www.irishstatutebook.ie/2005/en/act/pub/0010/> [Accessed 15 December 2012].

<sup>2</sup> Labour Relations Commission has been subsumed into the Workplace Relations Commission

<sup>3</sup> [https://www.workplacereactions.ie/en/what\\_you\\_should\\_know/codes\\_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf](https://www.workplacereactions.ie/en/what_you_should_know/codes_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf)

<sup>4</sup> Health and Safety Authority in Ireland, 2021, Code of practice for employers and employees on the prevention and resolution of bullying at work. Available at: [https://www.hsa.ie/eng/workplace\\_health/bullying\\_at\\_work/codes\\_of\\_practice/](https://www.hsa.ie/eng/workplace_health/bullying_at_work/codes_of_practice/).



the Terms of Employment (Information) Act 1994. Some of this legislation complements that in the Safety, Health and Welfare at Work Act 2005.

The Health and Safety Authority (HSA) was established under the Safety, Health and Welfare at Work Act 1989 (since been replaced by the Safety, Health and Welfare at Work Act 2005) and is the central authority responsible for health and safety in Ireland. The Health and Safety Authority publishes Codes of Practice and guidelines providing additional practical measures for managing health and safety including psychosocial risk in the workplace. The board of the HSA has 12 members – a chairperson, 3 employer nominees, 3 employee nominees and 5 Minister nominees. The HSA mandate includes the following:

- To regulate the safety, health and welfare of people at work and those affected by work activities.
- To promote improvement in the safety, health and welfare of people at work and those affected by work activities.
- To regulate and promote the safe manufacture, use, placing on the market, trade, supply, storage and transport of chemicals.
- To act as a surveillance authority concerning relevant single European market legislation.
- To act as the national accreditation body for Ireland.

While not legally binding, the HSA has published a number of codes of practice and information sheets which support the Safety, Health, and Welfare at Work Act 2005 by offering practical advice on managing psychosocial risks, including stress and mental health issues at work. The primary documents are: (1) Managing Psychosocial Hazards in the Workplace 2023<sup>5</sup>; (2) Work-Related Stress Information Sheet for Employees<sup>6</sup>; (3) Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work; and (4) Psychosocial Risk Assessment – Exposure to Sensitive Content.<sup>7</sup> They have collaborated with the Workplace Relations Commission (WRC) on the WRC/HSA Joint Code of Practice on the Prevention and Resolution of Bullying at Work (2021) and on the The Code of Practice on the Right to Disconnect ( 2021).

There are also ongoing governmental and non-governmental campaigns aimed at promoting mental health awareness, reducing stigma around mental health, and supporting workplace wellbeing. In 2020 the Government launched Ireland's national mental health policy *Sharing the Vision – A Mental Health Policy for Everyone 2020-2030* <sup>8</sup>. which aims to place mental health policy centrally in the development of Irish healthcare. The policy was organised

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[https://www.hsa.ie/eng/publications\\_and\\_forms/publications/occupational\\_health/managing\\_psychosocial\\_hazards\\_in\\_the\\_workplace\\_2023.html](https://www.hsa.ie/eng/publications_and_forms/publications/occupational_health/managing_psychosocial_hazards_in_the_workplace_2023.html)

6

[https://www.hsa.ie/eng/publications\\_and\\_forms/publications/occupational\\_health/work\\_related\\_stress\\_information\\_sheet\\_for\\_employees.html](https://www.hsa.ie/eng/publications_and_forms/publications/occupational_health/work_related_stress_information_sheet_for_employees.html)

7

[https://www.hsa.ie/eng/publications\\_and\\_forms/publications/occupational\\_health/psychosocial\\_risk\\_assessment\\_guidance\\_for\\_exposure\\_to\\_sensitive\\_content.html](https://www.hsa.ie/eng/publications_and_forms/publications/occupational_health/psychosocial_risk_assessment_guidance_for_exposure_to_sensitive_content.html)

<sup>8</sup>[https://www.psychologicalsociety.ie/source/Press%20Releases/PSI%20Press%20Release%20on%20Mental%20Health%20Allocation%20in%20Budget%202025%20\(Oct%202024\).pdf](https://www.psychologicalsociety.ie/source/Press%20Releases/PSI%20Press%20Release%20on%20Mental%20Health%20Allocation%20in%20Budget%202025%20(Oct%202024).pdf)

around four core domains: Domain 1: Promotion, prevention and early intervention (12 recommendations); Domain 2: Service access, coordination and continuity of care (53 recommendations); Domain 3: Social inclusion (9 recommendations); and Domain 4: Accountability and continuous improvement (26 recommendations). A Policy Implementation Status Report at the end of 2023 highlighted only 48 of the 100 policy recommendations had progressed however, and only three had been fully completed. This led to calls for more funding to support the implementation of key recommendations. In the Government Budget plans for 2025 an increase in mental health funding was announced, bringing the total allocation to almost €1.5 billion, up from €1.3 billion in Budget 2024.

The Implementation Plan for the strategy, specifically recommendations 2 and 31, advocated for the use of digital solutions to promote and support mental health through its Digital Mental Health Action Plan. The HSE provides a range of digital initiatives from online mental health information, promotion and prevention, online person-to-person support, to the clinically staffed community and primary care health activities providing video-enabled consultations. Some of these initiatives include:

*Yourmentalhealth.ie*: This Health Service Executive (HSE) dedicated website provides information and resources to support mental health promotion and prevention, mental health difficulties, with signposting to more specialist supports and services.

*My Mental Health Plan*: This online interactive tool helps support and improve mental health and self-care. It will provide more tailored and personalised content on stress, anxiety, low mood and sleep and signpost to further support, if required.

*Minding Your Wellbeing* programme supports positive mental health and is available through a series of five videos on *yourmentalhealth.ie*, featuring information on self-care, thoughts, emotions, resilience and building positive relationships.

To increase public awareness of mental health, a public awareness campaign titled 'making the connections' was developed in 2022 to increase the population's mental health literacy. This iterative campaign aimed at adults 18+, with a multitude of digital promotions including advertisements on public transport, radio ads, was designed to support people to recognise the signs of common mental health difficulties of ongoing stress, anxiety, low mood and sleep problems by directing them to *yourmentalhealth.ie*. Post campaign awareness research conducted in June 2023 of 1,000 adults in Ireland showed 84% believe it is important to communicate about common mental health difficulties<sup>9</sup>.

The biggest Government sponsored initiative related to psychosocial risk and work is **Work PositiveCI**<sup>10</sup>. This is a cost-free service the State and stakeholder supported psychosocial risk management process which helps organisations identify ways to improve employee wellbeing. It was launched in 2017 and is a collaboration between the State Claims Agency, the Health and Safety Authority, and Critical Incident Stress Management (CISM) Network Ireland. It aims to provide feedback on workplace stress, psychological wellbeing and critical incident exposure in organisations and to then deliver guidance and action plans to help mitigate against these identified stressors. There is a free confidential website that provides

<sup>9</sup> <https://assets.gov.ie/281570/fe738c7d-674a-4aba-ac2f-b3567fb304fb.pdf>

<sup>10</sup> <https://www.workpositive.ie/>

an assessment template and outlines the key steps of carrying out a risk assessment for any psychosocial hazards that could cause harm to people in an organisation. The risk assessment is the starting point to set up control measures for eliminating or reducing the risk of harm at work. In the case of psychosocial hazards, a risk assessment should identify and manage high risk hazards which a reasonable person would consider harmful. The main stressors to be assessed in the *Work PositiveCI* psychosocial risk assessment include work demands, the controls in place, the supports available (training, support, occupational health), relationships, roles and role clarity, and how change is managed.

Other stakeholder groups and social partners are also involved in supporting mental health issues. Irish Business and Employers' Confederation (IBEC) is Ireland's largest lobby and business representative group. They have several resources available to organisations to support mental health and wellbeing in the workplace. They have recently published a *Health and wellbeing: A line manager's guide*<sup>11</sup>. They also have **KeepWell™** accreditation which aims to demonstrate an organisation's commitment to the health and wellbeing of their employees. Other nonprofit organisations such as Mental Health Reform<sup>12</sup>, Mental Health Ireland<sup>13</sup> and See Change<sup>14</sup> work with organisations and social partners to develop initiatives and raise awareness. See Change for example, focuses on activities to reduce stigma associated with mental health problems and challenge discrimination in work and society more broadly.

## 2.2. Irish industrial relations

In addition to the legal framework set out above, the industrial relations features in Ireland are also important to consider in this study. The key IR features include (a) trade union and employers' association density, (b) collective bargaining coverage and style (e.g. integrative or distributive), (c) the role and influence of direct forms of employee representation at company level and the role of social partners at the national level, and (d) the role of the state (Visser 2009). Voluntarism is a key feature of Ireland's industrial relations system where there is limited state intervention and distributive bargaining generally at the company level (Visser 2009). Trade union density is estimated at 22% (ICTU, 2024). In Ireland, unlike in some other EU countries, workers do not have automatic rights to access or engage in collective bargaining. While workers have a constitutional right to join a trade union, generally employers are not obliged to bargain with trade unions - employers and unions voluntarily engage in collective bargaining.

From 1987 to 2009 a set of national social partnership deals existed. However, with the recession and collapse of the national social partnership in 2009, the main levels at which collective bargaining now takes place are the company and the workplace levels (with some sectoral agreements in public sector and some low-paid and weakly unionised sectors) (Paolucci, Roche & Gormley, 2023). Whilst company-level collective bargaining is

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<sup>11</sup> <https://www.ibec.ie/employer-hub/corporate-wellness/the-keepwell-mark-public-page>

<sup>12</sup> [Home-Mental Health Reform](#)

<sup>13</sup> <https://www.mentalhealthireland.ie/>

<sup>14</sup> <https://seechange.ie/>

predominantly focused on pay related issues, the breadth and scope of company-level bargaining has widened in some instances over the past 10 years to include health insurance, parental leave, sick pay, holidays, training, and education. In many employments, however, collective bargaining is narrowly focused on remunerations, sick pay and holiday entitlement. Although unions may negotiate aspects that affect health and safety (e.g. workload, right to disconnect, safety licences in certain professions, etc.), there is no specific statutory trade union role in health and safety recognised under Irish law. Safety Representatives are selected by the entire workforce, have a legally protected function to work alongside management to prevent injury, illness and loss of life. Still, where there are recognised trade unions, union representatives, can and are, elected as safety representatives.

### 2.3. Scientific literature

This section reviews research in the area of psychosocial risk and mental health in Ireland and the EU. First, we define psychosocial risk and explore the prevalence of work-related mental health issues in Ireland. We then examine the causal role of working conditions in the development of mental health and wellbeing issues. Finally, we set out what key strategies and recommendations exist to protect and promote mental health in the workplace.

#### *Definition of psychosocial risks*

Work-related psychosocial risks are recognised as one of the primary concerns to be addressed in the workplace worldwide (ESENER, 2024) yet it is acknowledged that there is a lack of clarity on what is a fuller definition of what is a psychosocial risk (Leka and Jain, 2024). Quinlan (2023) in their review differentiates between psychosocial hazards and psychosocial risk. Hazards refer to harmful characteristics of work (like dangerous chemicals, overload, bullying, and stress) while risk refers to the likelihood and magnitude of hazard exposure (p. 2), both are interlinked and important to explore in research. Psychosocial risks refer to unfavourable working conditions that may cause harm and can be divided into work characteristics (e.g. aspects of work organisation, work demands, work design/content, work pace, control and participation) and social and organisational contexts (e.g. role conflict or ambiguity, job insecurity, regulatory protections, the availability of organisational support, rewards, and interpersonal relationships in the workplace) (Leka et al., 2015).

#### *Prevalence of psychosocial risk and its impacts*

Mental ill-health is strongly affected by work-related psychosocial risks (EU-OSHA, 2021). Since 2015, the trend in the average share of employees in the EU with high mental well-being scores has been negative overall, dropping from 45% to 37% (Eurofound, 2023). In Ireland, the prevalence of mental health issues in workplaces are growing. The 2018 OECD Health At a Glance Report indicates that 18.5 per cent of people have a mental health problem in any given year. The figure is slightly above the EU average of 17.3 per cent. More recent research reported that 1 in 5 respondents stated an official diagnosis of depression (21 per cent versus 24 per cent in 2023), with more than half (53 per cent) reporting what they believe was an experience of depression over their lifetime (AWARE, 2024). Evidence

globally indicates that psychosocial risks exist in workplaces and may impact mental health. Both at EU and national level, there has been increased emphasis on wellbeing and health at work.

Previous research has identified several work antecedents to undermining mental wellbeing. These include insecure or inadequate work (both qualitative and quantitative job insecurity) and unemployment (Balogh et al., 2022) together with long hours, financial pressures and lack of 'voice'/dignity; work-non-work or work-life imbalance; and emotional discordance and incompatible demands (Quinlan, 2023). Organisation of working time (work-life interference, work intensity and unsocial working hours) most prevalent psychosocial risk identified (Eurofound, 2023). Rugulies et al. (2023) "umbrella review" suggests that issues including bullying, long working hours, job insecurity and high levels of workplace pressure all contribute to elevated levels of mental health issues. In a meta-analytic review, Stansfeld and Candy (2006) found that a combination of both high demands and low decision latitude in the workplace, with high demands and low rewards, were risk factors for mental health problems.

The Eurofound (2023) study examined the impact of the main stressors and resources on health and well-being across the 27 EU countries, drawing on the job-demands and resources (JD-R) model. Their findings based on a survey of employees conducted during the COVID pandemic, show that mental ill-health is substantially affected by work-related psychosocial risks. In 2021, Ireland had the lowest share of employees with high mental well-being scores (26%), 11% lower than the EU27 average (Eurofound 2023: 21). The most common stressors reported by Irish employees were work intensity (42%) and unsocial hours (37%) both higher than the EU27 average, while adverse social behaviour, discrimination and job insecurity were similar to the EU27 average. Moreover, the prevalence of task significance (i.e. having a job that gives one the feeling of 'doing a good job) in Ireland was the second lowest in the EU (Eurofound, 2023). The prevalence of the other resources was similar or higher in Ireland compared to the EU27 average. In line with the JD-R model, the findings of Eurofound (2023) study suggest that the resources available to Irish employees were generally insufficient to mitigate the negative effects of stressors, affecting their mental health.

Some researchers have explored demographics and sectoral factors and their influence on both mental health and psychosocial risks at work in Ireland. Hodgkins et al. (2017) highlight how age, gender, organisation size and sector are linked to bullying and mistreatment at work. Mistreatment at work was significantly higher amongst females and employees of black/mixed ethnicity. Watson et al (2015) examined risk factors in Ireland (compared to other EU countries) and found that mental distress was associated both with characteristics of the workers (being higher among older workers and women) and characteristics of the job (being a trainee, unskilled occupations and longer working hours). Psychosocial hazards affect all types of occupations (Quinlan, 2023). Health and Social services are to be well above average in terms of reported bullying. Hayes et al. (2017) found that hospital doctors in Ireland had higher levels of psychological distress than both their peers internationally and the general population. Levels of psychological distress, depression and anxiety were particularly high in junior trainees. Their findings indicate that significant efforts are needed to enhance both the working conditions of young doctors and their awareness of mental health issues.

No research has examined the area of mental health in the metal sector specifically in Ireland, although it has been explored in the Irish construction industry. Like the metal industry, construction has been characterised as a male-dominated industry with a prevailing masculine culture associated with high mental health stigma, elevated levels of mental health shame and reduced help-seeking (Greiner et al., 2022). Lower skilled occupations, lower occupational levels and blue-collar workers have also been found to be associated with more anxiety and/or depression (Kleppa et al., 2008). In this male-dominated construction context a multilevel mental health intervention (MENTUPP) was developed and implemented. Along with the construction sector in Ireland, Albania and Australia, this intervention was also implemented in the ICT sector (Finland, Germany and Spain) and health sector (Hungary, Kosovo, and the Netherlands) (Tsantila et al., 2024). All companies from the three sectors were small and medium size enterprises. The MENTUPP intervention involves providing workplaces with access to an online platform called the MENTUPP Hub (<https://www.mentupphub.eu/en/>) with a range of resources promoting mental health.<sup>15</sup> Tsantila et al. (2024) highlight the strong link between the nature and content of occupations and employees' experiences of the work environment. Sectors with a higher proportion of blue-collar workers, such as construction (and metal sector), tended to have a poorer psychosocial work environment, characterised by heavy workloads, job content challenges, strained interpersonal relationships and job insecurity.

A dominant model in psychology to link psychosocial risk and mental wellbeing is the Job Demands and Resources model (JD-R model) proposed by Demerouti et al. (2001). The central assumption of the JD-R model is that, drawing on COR theory, job strain develops – irrespective of the type of job or occupation – when (certain) job demands are high and when (certain) job resources are limited. Many IR and HR researchers have criticised this model. Dollard et al. (2019) argued the JD-R model failed to take account of the social relations of production within capitalist societies and to really understand psychosocial risk researchers should be sensitive to industrial relations institutions and issues, including the impact of union presence.

### *Approaches to managing psychosocial risk*

At EU-level, as far back as 2004, work-related stress was highlighted resulting in the Framework Agreement on Work-Related Stress. There was also the revised version of Directive 90/270/EEC on work with display screen equipment and more recently Directive on platform work. Research has shown that the transposition of EU Directives relating to psychosocial risks and mental health differ across countries as they align with their own internal regulations (Aldasoro and Cantonnet, 2021). These transpositions as a result can cause differences in OHS management practices between countries (Saksvik and Quinlan, 2003). It is also noted that implementation of these directives are frequently sub-standard

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<sup>15</sup> More detailed descriptions of the Hub and the entire intervention can be found in Arensman et al. (2022). Arensman E, O'Connor C, Leduc C, Griffin E, Cully G, Ni Dhalaigh D et al (2022) Mental Health promotion and intervention in occupational settings: protocol for a pilot study of the MENTUPP intervention. *Int J Environ Res Public Health* 19(2):947.

(Eurocadres, 2024). The 2022 European Stakeholder Survey <sup>16</sup> outlines why implementation is poor and identify a number of factors: (1) lack of awareness; (2) low prioritisation of psychosocial risk; (3) perception that psychosocial issues are too complex/difficult to deal with; (3) lack of practical and user-friendly tools; (4) lack of resources (e.g., financial, human); (5) lack of clear terminology on work-related stress and psychosocial risks; (6) a lack of consensus between social partners; and (7) insufficient infrastructure (e.g., services, formalised systems). The *ESENER-2* study (2015) showed that legal obligations are still the main driver for organisations' management of OHS and dealing with psychosocial risk. As a result, Leitão and Greiner (2017) suggest that "*aspects not explicitly addressed in the law, or for which a practical operationalization is not provided - such as the psychosocial risk factors - are not a priority for enterprises*" (p. 91).

Verra et al.'s (2019) study of policy and practice in both prevention and promotion categorised Ireland as Level 1 based on their health promotional OHS policy indicating the lowest level in terms of promoting healthier lifestyles at work. In contrast, Ireland ranked higher when examining OHS policy based on prevention (categorised as Level 3). Level 3 countries take a more inclusive view toward OHS and have established psychosocial aspects in their OSH policy by areas such as mental health, violence, and harassment. The *EU-OSHA Flash Barometer Pulse Survey 2022*<sup>17</sup> examined what preventive measures existed at company level to address psychosocial risks at company level. Only 43% of EU respondents said they were consulted about the stressful aspects of their work, with Ireland at 56%. 69% of Irish respondents indicated their organisations used Information and training on well-being and coping with stress (well above the EU level of 42%). Just over half indicated they had access to counselling to address stress at work (above the EU average of 38%).

A recent *ESENER 2024* survey concerning psychosocial risks looked at risk assessments and inspections. In Ireland 72% of respondents indicated that risk assessments were regularly carried out (down from 80% in 2019). Labour inspections are also down from 50% to 25%. More than a third of the surveyed establishments (38%) pointed out that health and safety representatives are elected by the employees. In Ireland, that was by far the largest response with almost 70% of respondents indicating that Health and Safety representatives were appointed by employers. 22% of respondents indicated they were appointed by employees with the remainder nominated by employer and employees. Therefore, the latter is a clear indication that employers and not unions are taking the lead in workplaces on H&S matters.

Where there is a recognised health and professional lead (HSP) in an organisation they are an important lynchpin in maintaining and promoting a safety culture. Research by Leitão and Greiner (2017) in Ireland and the UK, however identified that work activities relating to Psychosocial risk factors were performed least often by HSPs indicating that psychosocial risk factors were not considered an intrinsic part of a strong workplace safety culture. Respondents also reported that psychosocial risk factors were more difficult to manage than other OSH risks. This is due to a reluctance to talk openly about these issues, which then presents a difficulty for addressing these psychosocial risks. The issue of stigma and mental

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<sup>16</sup> <https://osha.europa.eu/en/publications/eu-osha-stakeholder-survey-results-2022>

<sup>17</sup> [https://osha.europa.eu/sites/default/files/Eurobarometer-OSH-in-post-pandemic-workplaces-summary\\_en.pdf](https://osha.europa.eu/sites/default/files/Eurobarometer-OSH-in-post-pandemic-workplaces-summary_en.pdf)

health is a significant barrier in identifying mental health issues at work. Research has repeatedly linked the disclosure of a mental illness (MI) or health issue to the risk of experiencing stigma (Chaudoir and Fisher, 2010). If stigma or discrimination appears to be a likely outcome of disclosure, employees are more likely to conceal their MI (Peterson et al., 2011). Kavanagh and Heffernan (2023) explored MI disclosure at work in Ireland and argue that MI disclosure is complex as it “places employees with a MI in a precarious position when it comes to deciding if they should disclose their illness to an employer, along with how much information should be shared and to whom” (p. 141).

## 2.4. Grey literature

In a recent Irish study of HR managers in Ireland by CIPD, the most common reason provided for absence was mental health issues (22%, up from 17% a year ago) and work-related stress (15%) (CIPD, 2024). In terms of the factors contributing to mental health issues, workload featured significantly, with 55% of respondents identifying this. Nonwork issues such as relationships/ family were reported by 59% of respondents, and 47% reported a perceived lack of management support in this area (CIPD, 2024). Traditionally, organisations have significant procedures and protocols to manage physical health and safety at work as mandated by legislation including the Health and Safety Act 2005 but less has been done regarding employee mental wellbeing. CIPD (2024) reported that in relation to wellbeing, there is strong use at company level of online wellbeing and health initiatives (62%), and 50% of HR managers who responded reported that they encouraged employees to disconnect from technology. However, when the factors contributing to mental health issues were explored four emerged, close to the top were; workload/volume of work, an ‘always on’ culture enabled by technology, job design and job changes. These show the potential risk of technology harming employees and the need for care and a people-centred approach to its use (CIPD, 2024). This risk of technology is also reinforced in the recent *ESENER 2024* survey. The two most frequently reported risk factors linked to digitalisation/technology are MSDs: prolonged sitting (54% of workplaces in the EU-27 using at least one of the digital technologies) and repetitive movements (47%). The next set of risk factors increased work intensity (34%) and information overload (32%). Interestingly, both reports taken at different times and in scope, broadly report similar workplace risk factors to workers mental health.

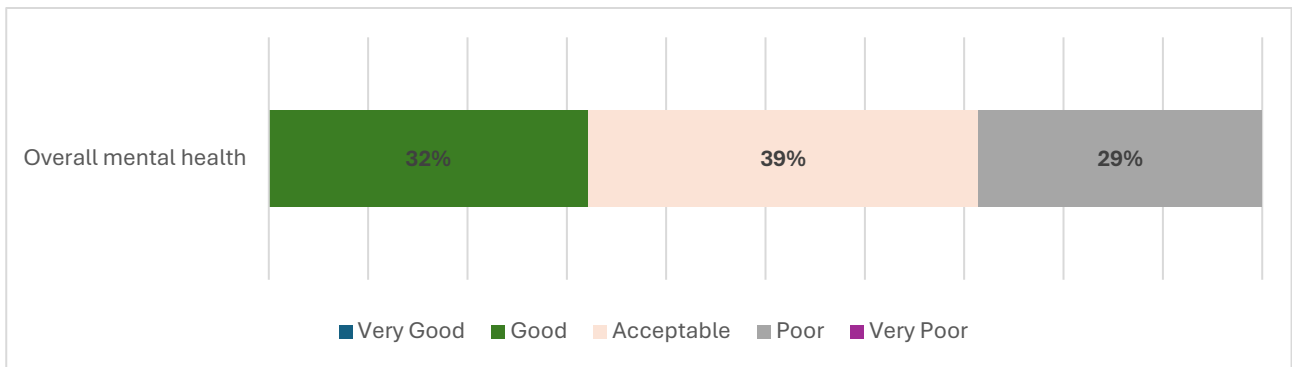
## 3. Research Findings

### 3.1. The Current State of Workers’ Mental Health

The current state of workers’ mental health is varied, with scores ranging from good (32%) to poor (29%). No respondents indicated that overall mental health in their company was either very good or very poor. 39% indicated it was at an acceptable level.

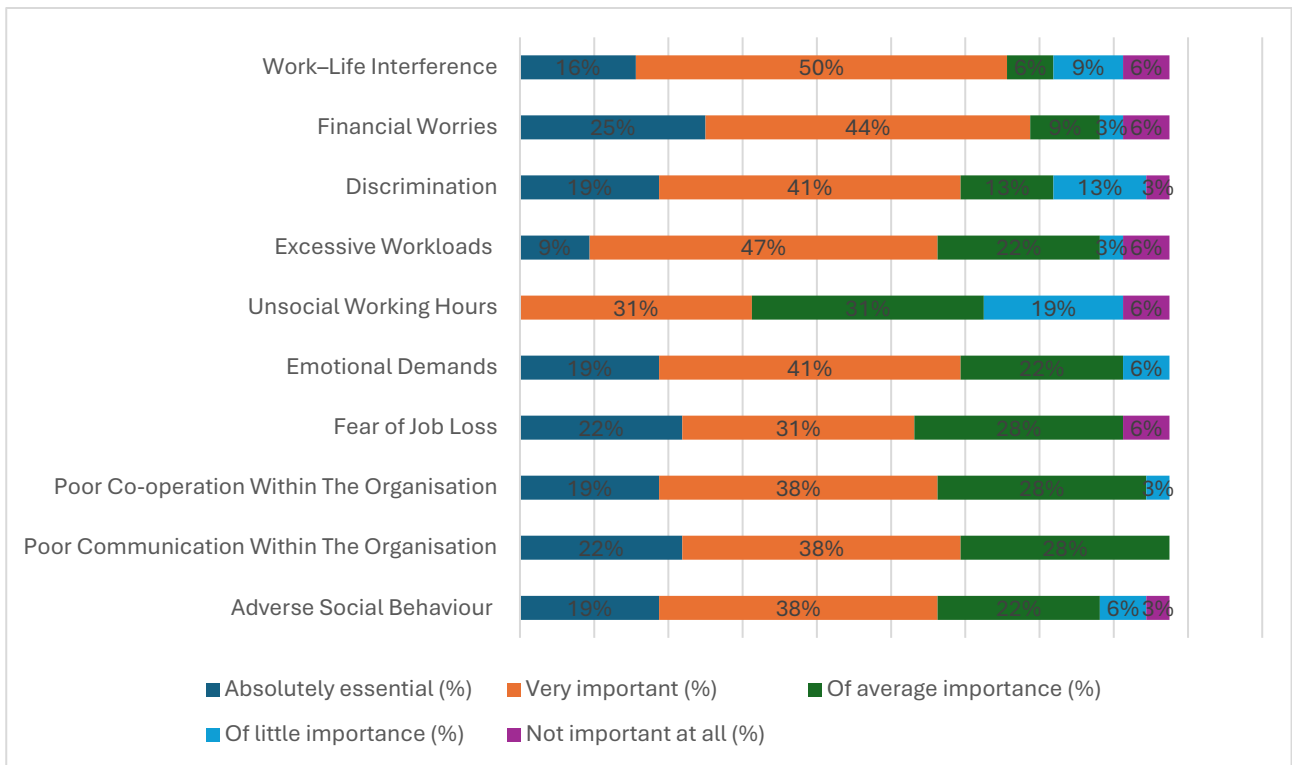


**Figure 1.** Rating of overall mental health (N=28)



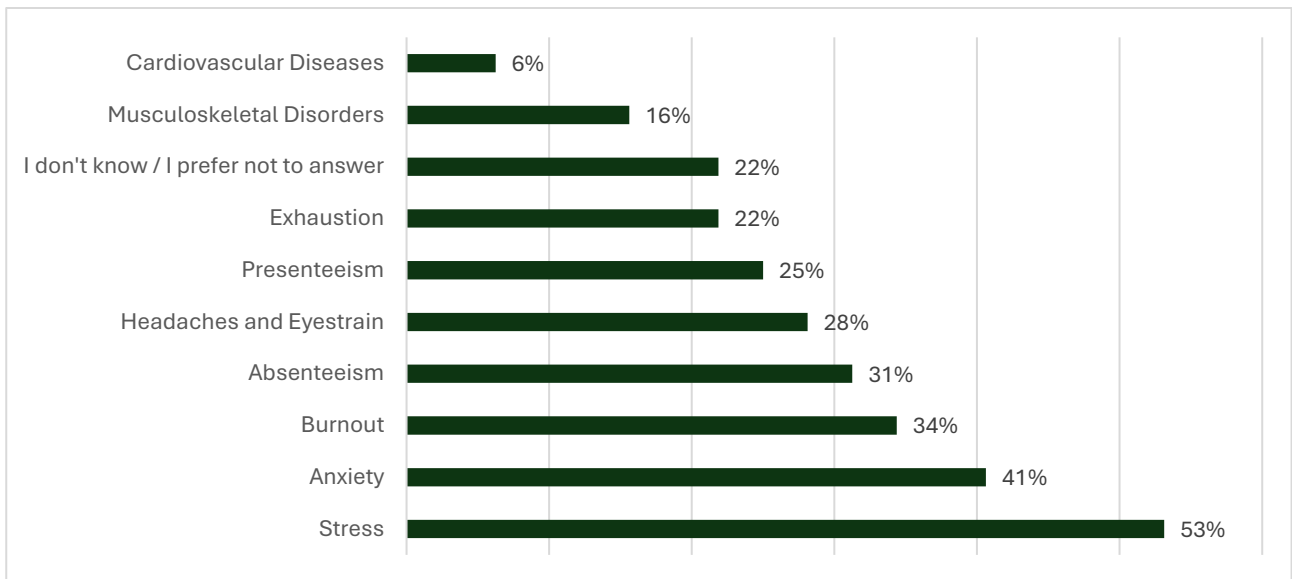
Respondents were asked to consider what were the job characteristics that may influence employees' health and well-being with a specific focus on work related risks or job stressors. Figure 2 shows that financial worries were considered absolutely essential by 25% of respondents, closely followed by fear of job loss and poor communication, each at 22%. This was reinforced in interviews, where participants highlighted financial anxiety as a major contributor to mental health issues in Ireland due to cost-of-living pressures. Discrimination, emotional demands, adverse social behaviour and poor cooperation were each reported as essential by 19%. Interestingly no respondents indicated that unsocial work hours were essential.

**Figure 2. Importance of work-related psychosocial risks (%) (N=32)**



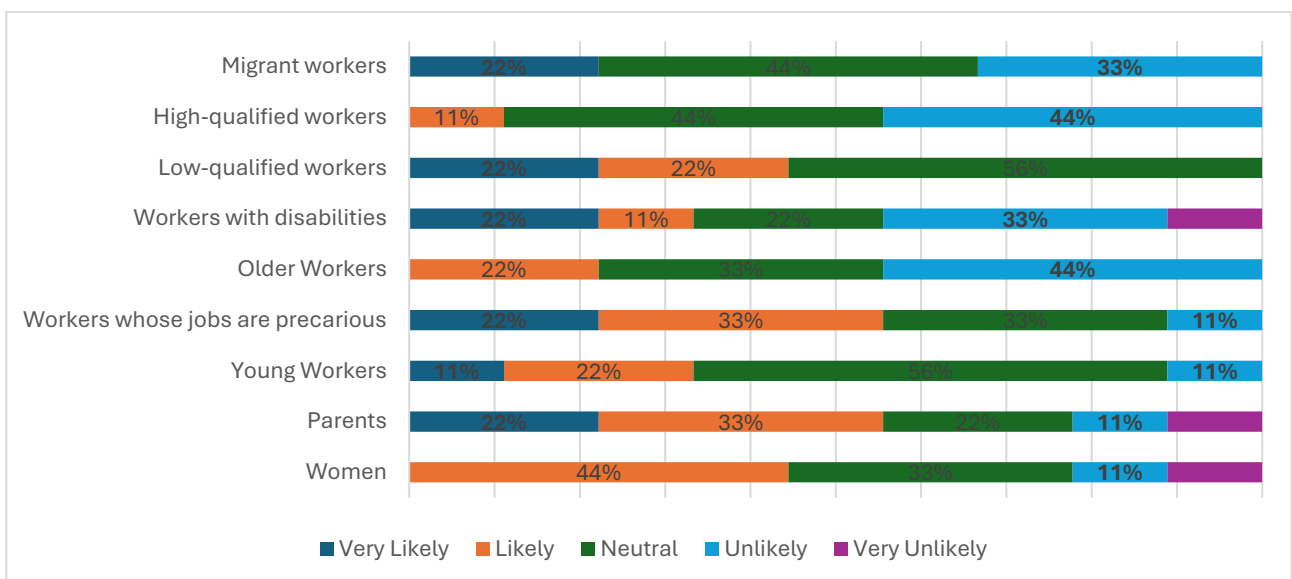
Among workers in the Irish metal sector, the most frequently reported symptom of work-related psychosocial risks was stress, which affects 53% of employees, followed by anxiety (41%), burnout (34%) and absenteeism (31%). Additionally, 28% of employees experience headaches and eyestrain and exhaustion (22%), highlighting the broad range of psychological and physical challenges associated with their work environment.

**Figure 3.** Most commonly reported symptoms of psychosocial risks in work (%) (N=32)



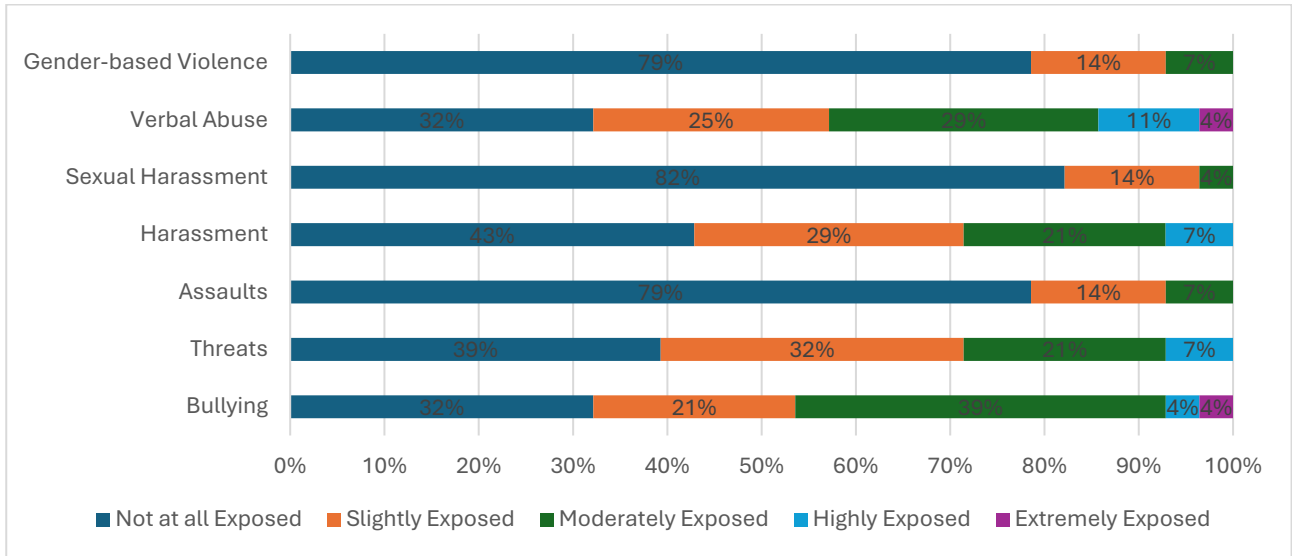
Participants indicated that the workers likely or very likely to be affected by psychosocial risks are parents and precarious workers (both at 55%) followed by low qualified workers (44%). 22% indicated that migrant workers were very likely to be most affected. Interestingly, 0% of respondents indicated that women were most likely to be affected by psychosocial risk. This may reflect the nature of the respondents, however, who were working in a male-dominated workplace.

**Figure 4.** Types of workers most affected by psychosocial risks (N=32)



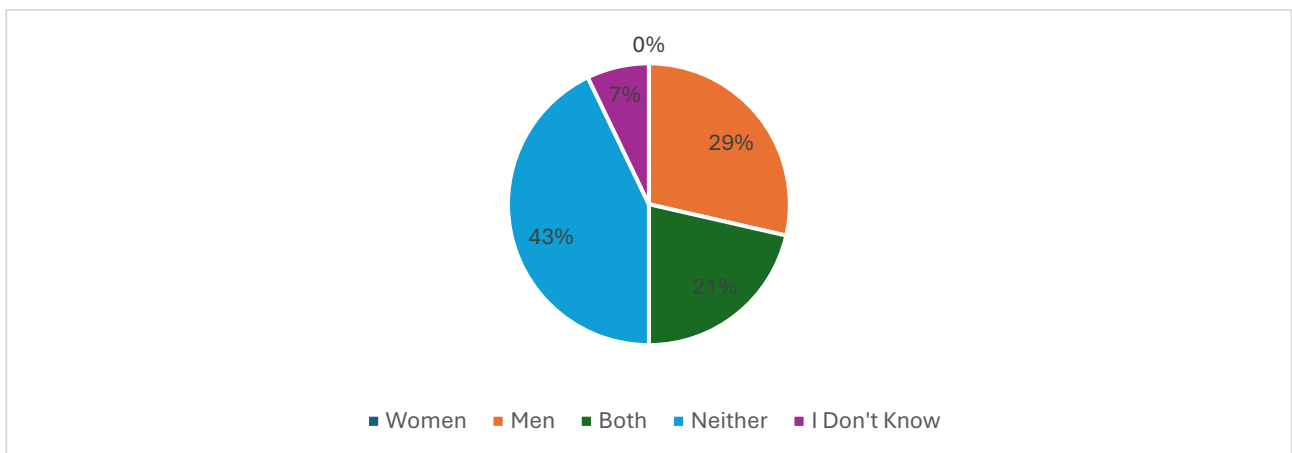
To gain a deeper understanding of specific risks within the metal sector, respondents were asked to indicate the extent to which they were exposed to various abusive attitudes or actions. Participants reported that workers in their company face significant exposure (highly or extremely exposed) to various forms of abusive behaviour, including verbal abuse (15%), bullying (8%), threats (7%) and harassment (7%). 4

**Figure 5. Exposure to risks (N=30)**

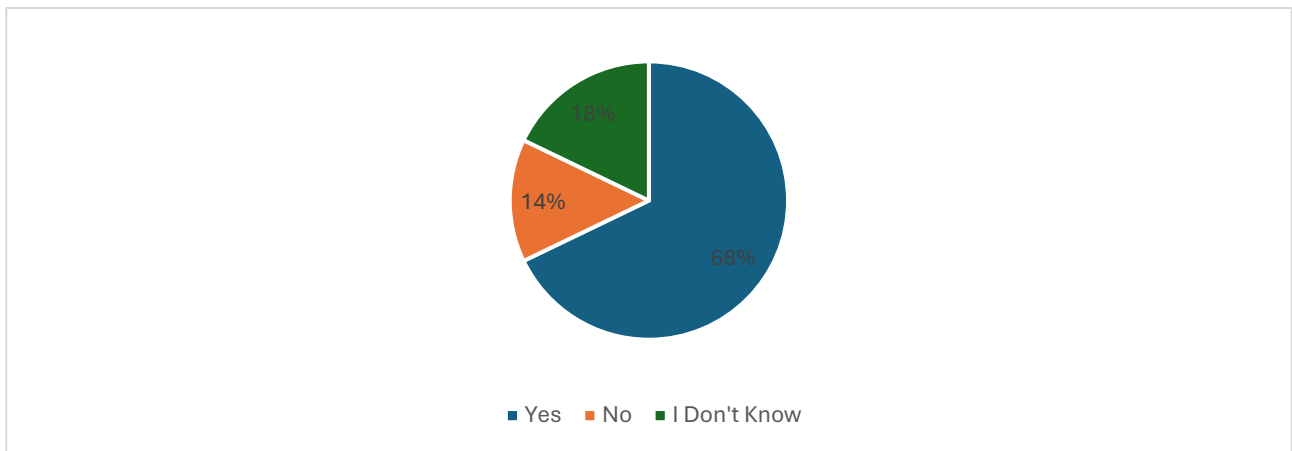


When asked which groups are most frequently subjected to discriminatory behaviour, 43% of respondents identified women, while 29% pointed to men. A follow up question indicated that 68% of respondents had access to procedures to deal with discrimination in their workplace (see Figure 7 below).

**Figure 6. Discrimination based on gender**

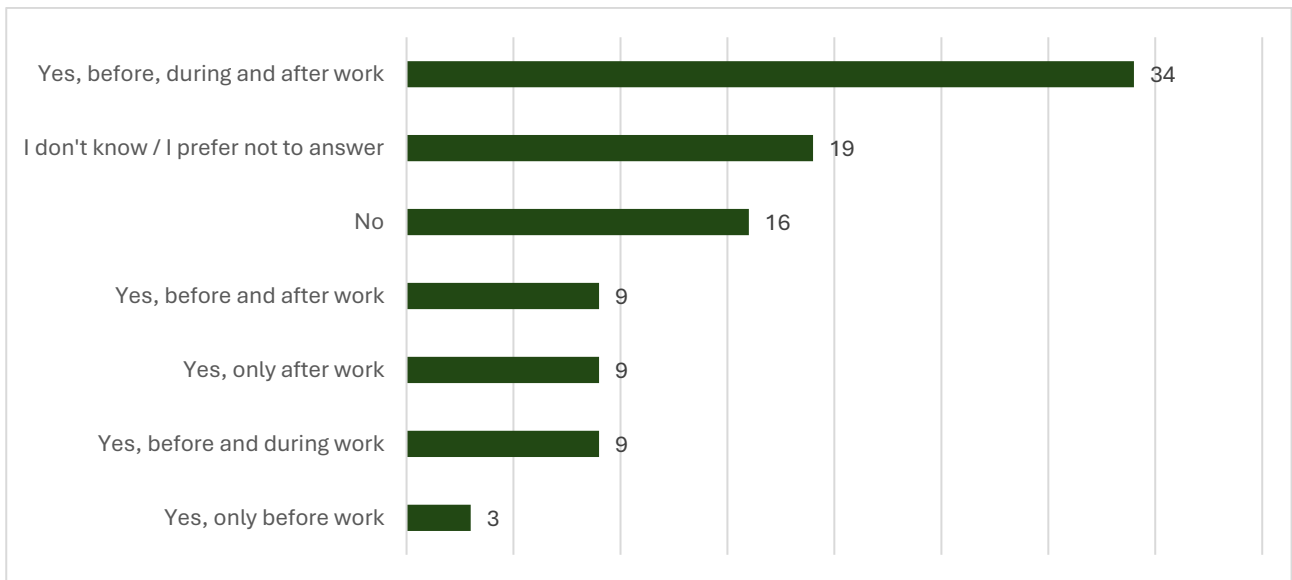


**Figure 7. Availability of Procedures to Deal with Discriminatory (N=32)**



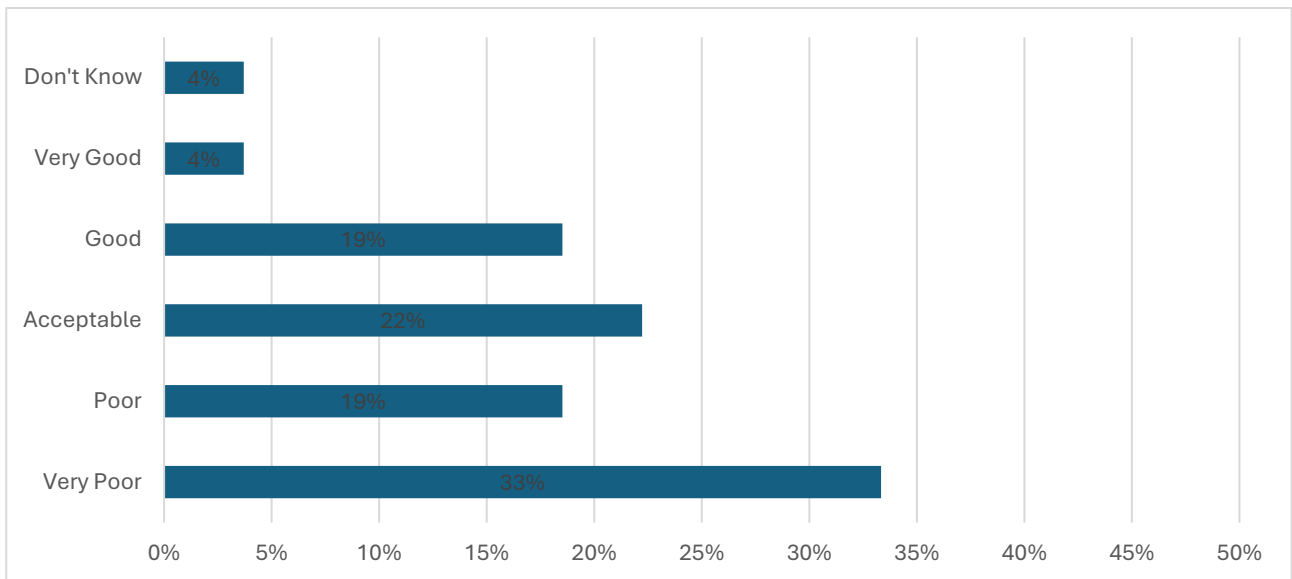
Over a third (34%) of Irish metal sector workers indicated they had enough opportunities to look after their health and mental well-being before, during, or after work considering the work environment and its influence on their life. Just 16% indicated they had no time and 19% did not know or could not answer.

**Figure 8. Opportunities to look after your health and mental wellbeing (%) (N=32)**



Respondents were asked to characterise their company's culture towards supporting workers mental health. A third indicated that it was very poor, followed by 19% characterising it as poor Only 4% reported it as very good.

**Figure 9.** Company Culture Towards Supporting Workers' Mental Health (N=29)



### 3.2. Psychosocial risk management and strategies

The following sections set out respondents' views on strategies and initiatives around psychosocial risk at work. 54% of respondents indicated that psychological risks were addressed in their workplace. 18% however indicated they did not know if they were. 64% of respondents were not aware of any formalised policy on work related stress prevention.

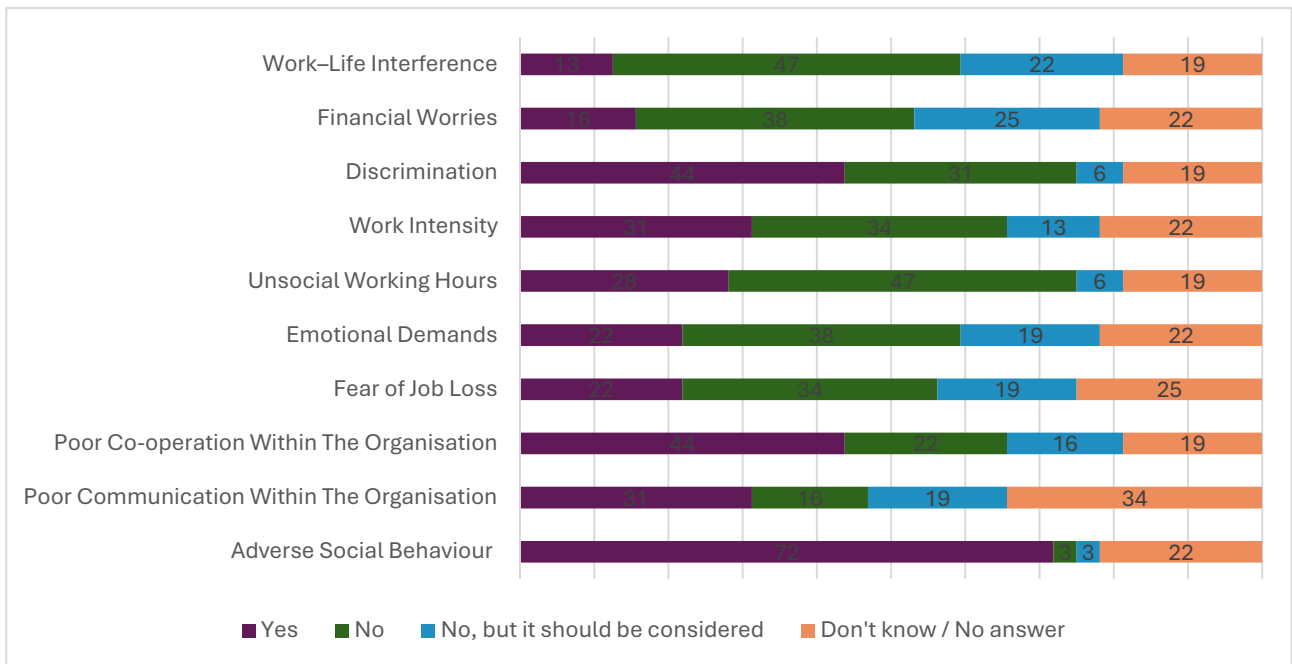
**Table 1.** Psychosocial risks addressed

	Yes %	No %	I don't know/prefer not to answer
Are work-related psychosocial risks specifically addressed in your Company/Sector	54%	28%	18
Are you aware of any formalized policy to prevent work-related stress experienced in your Company/Sector?	3.5	64	32

N=28

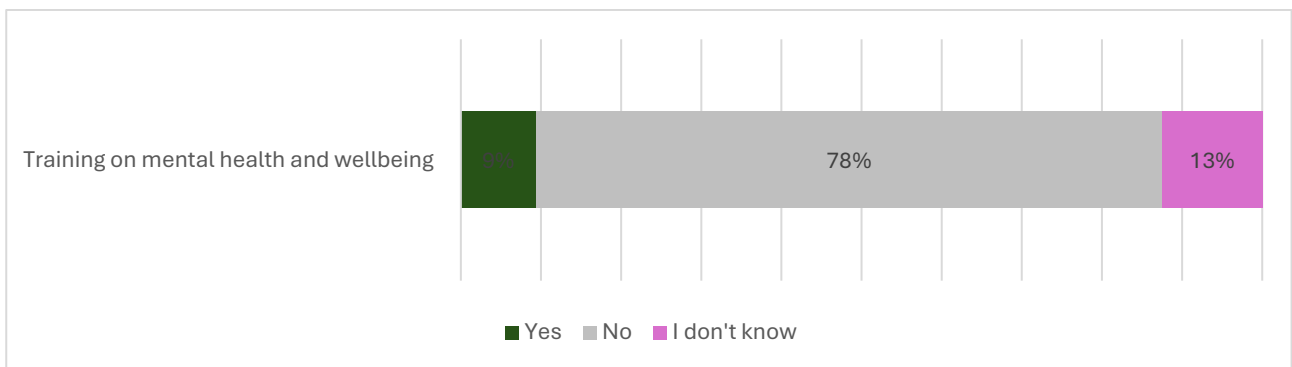
Figure 2 above identified the most prevalent psychosocial risks experienced in work amongst the sample. Almost three quarters of respondents (72%) indicated that there were policies and initiatives in place to deal with adverse social behaviour. However, 47% disclose no policies or initiatives exist with regard to work-life interference or unsocial work hours. 22% indicated that a policy on work life interference should be considered.

**Figure 10.** Formal policy or initiatives in place regarding psychosocial risk (%) (N=32)



Over three quarters of respondents indicated they had received no training in mental health and wellbeing in their organisations. Just 9% responded that they had.

**Figure 11.** Training received in mental health and well-being (N=32)



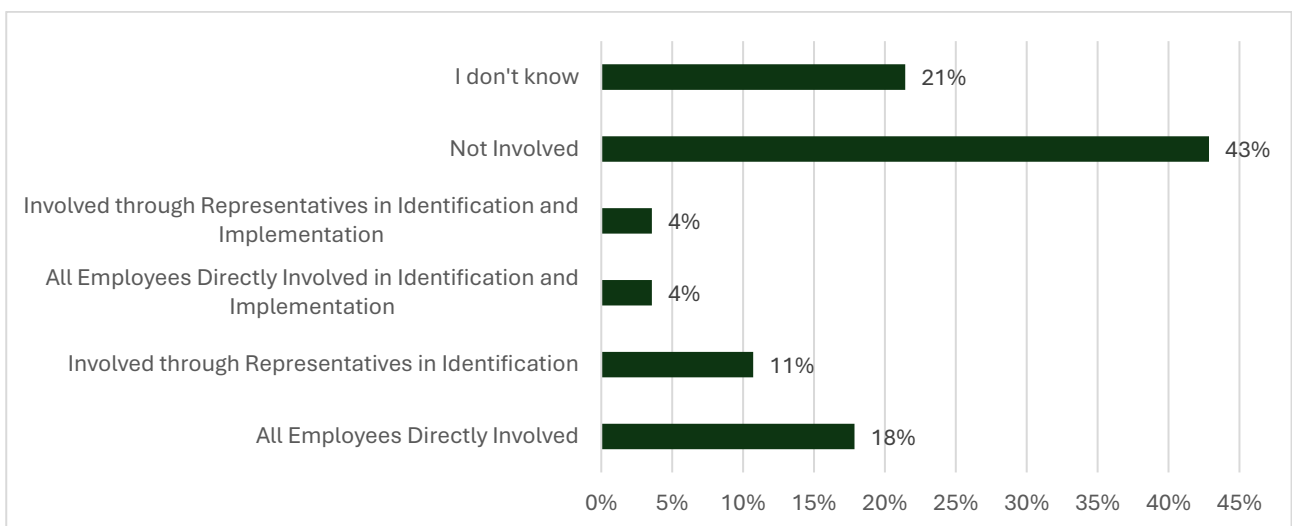
When exploring key obstacles to managing psychosocial risks at work, the lack of management awareness was the most significant, at 28%, closely followed by a lack of expertise (15%) and a reluctance to openly discuss the issue (22%).

**Figure 12.** Main obstacles to managing psychosocial risks (N=32)



Employee involvement has been identified as important in managing psychosocial risk at work. Almost half (43%) of respondents reported that they had no involvement in defining and implementing targeted measures aimed at protecting their health in relation to psychosocial risks at work. A small proportion were involved in identification and implementation phases either directly (4%) or through a representative (4%). Just 18% were directly involved.

**Figure 13.** Employee Involvement in Managing Psychosocial Risks

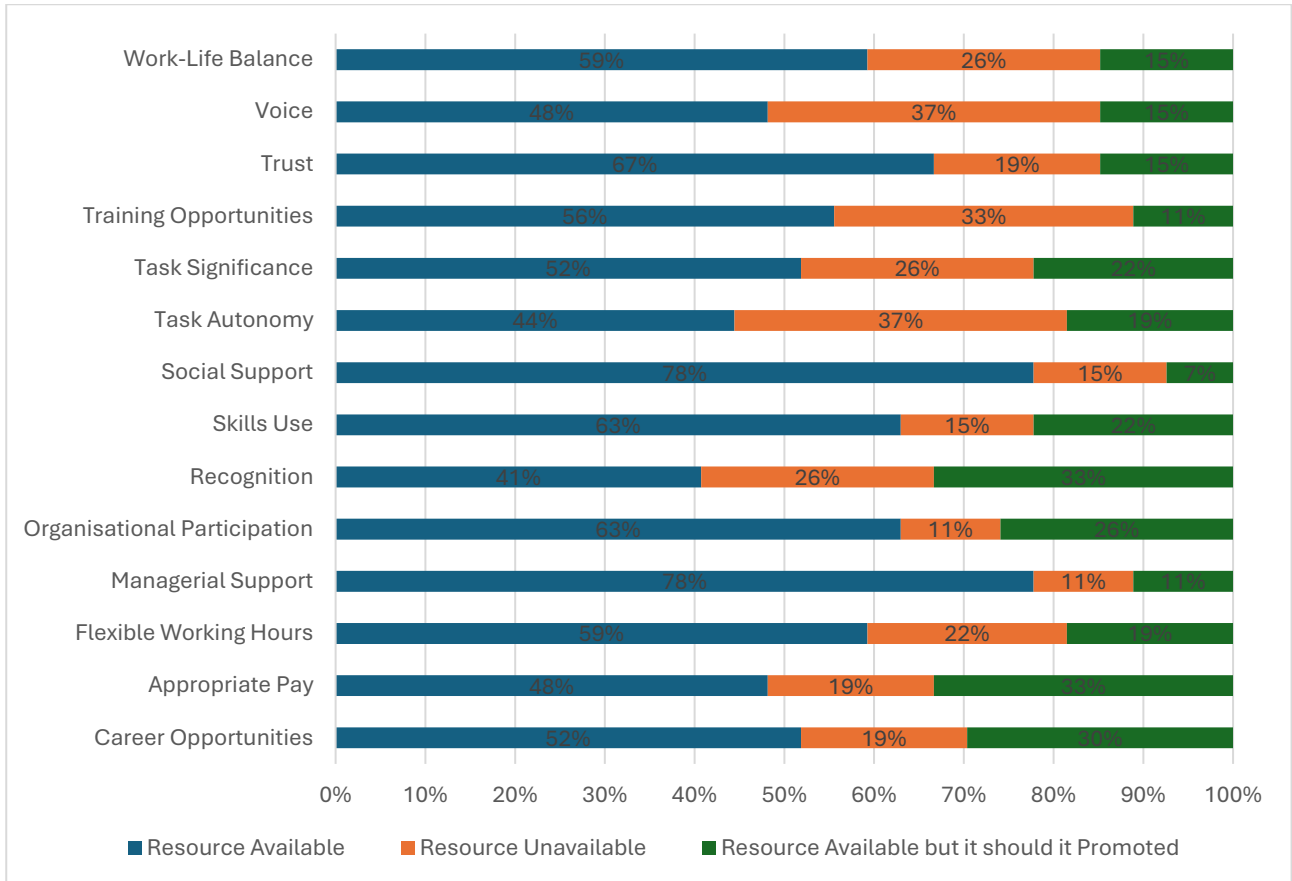


Job resources have been shown to impact the adverse impact of psychosocial risk at work. Respondents indicated that the following job resources are available in their organisation:



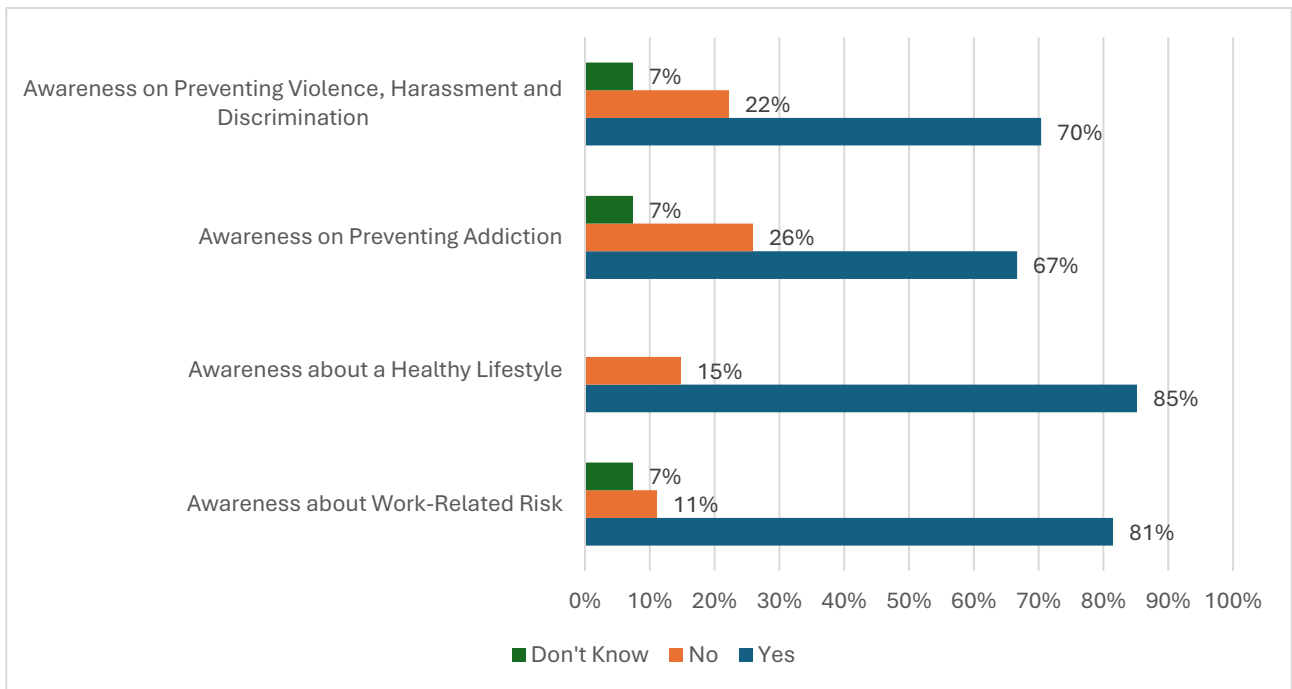
managerial support (78%), social support (78%), trust (67%), and work life balance (59%). Voice and task autonomy are not available for over a third of respondents (37%).

**Figure 14. Job resources available**



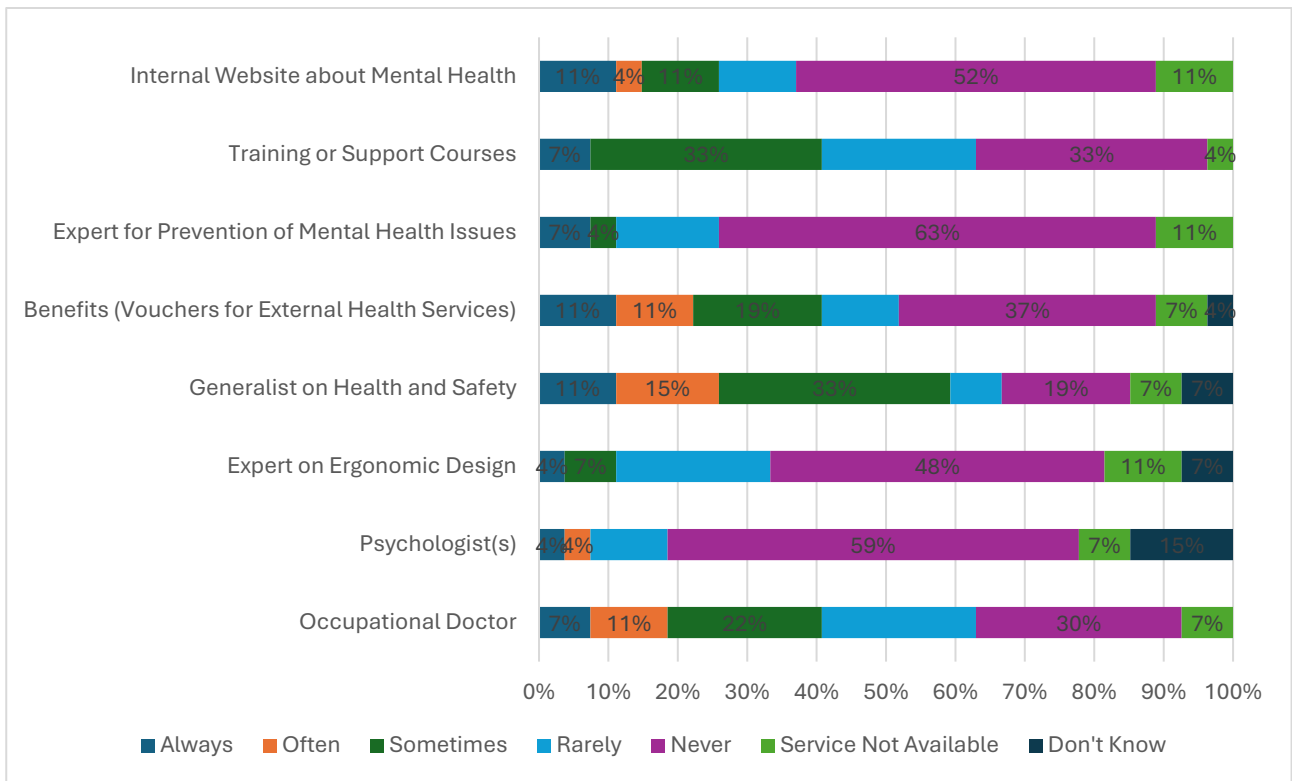
When asked to consider what areas need to improve in their company’s culture regarding psychosocial risks, awareness of work-related health (85%) and work-related risk (81%) scored highest, followed closely by awareness of discrimination and violence prevention (70%) and addition prevention awareness (67%).

**Figure 15.** Areas for improvement in company's culture



The primary services available to workers in the metal sector in Ireland seem to focus mainly on traditional health and safety requirements, such as access to an occupational doctor or general health and safety specialists. However, there is a significant gap in services specifically addressing mental health issues, with 59% of workers indicating they have never had access to psychologists and 52% reporting they have never used an internal website dedicated to mental health.

**Figure 16.** Services available for mental health issues



### 3.3. Psychosocial risks and the new way of working

Half of the respondents reported that their organizations had undergone significant organizational changes in the past five years. Additionally, 65% of respondents mentioned that they had not been involved in any discussions regarding the introduction of new technologies at work and their impact on health and safety. Almost a quarter of respondents indicated new technologies had led to a better organisation of work which allowed them to address their wellbeing needs. 60% indicated it either did not or they did not have access to flexible work.

**Table 2.** Organisational change

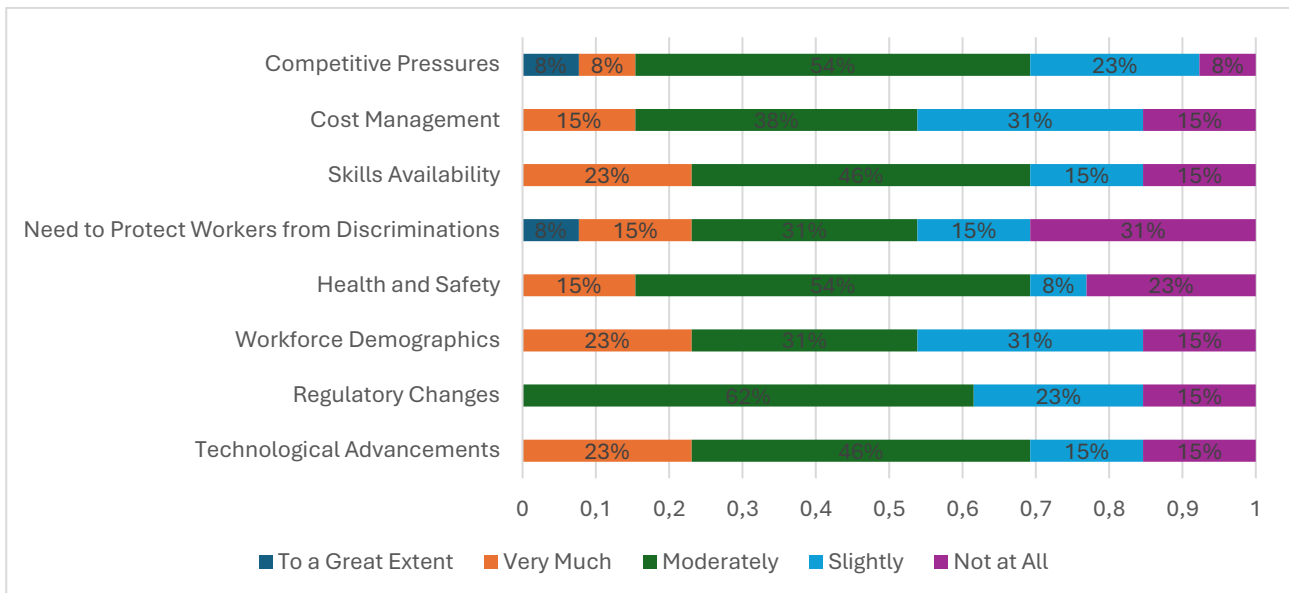
	Yes %	No %	I don't know/prefer not to answer
<b>Significant organisational changes in the past 5 years</b>	50%	35%	15%
<b>Discussion of new technologies and their effects on employee health and safety</b>	15%	65%	19%

<b>New technologies led to a more flexible work organisation that addresses wellbeing needs</b>	24%	60%	16%
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N=28

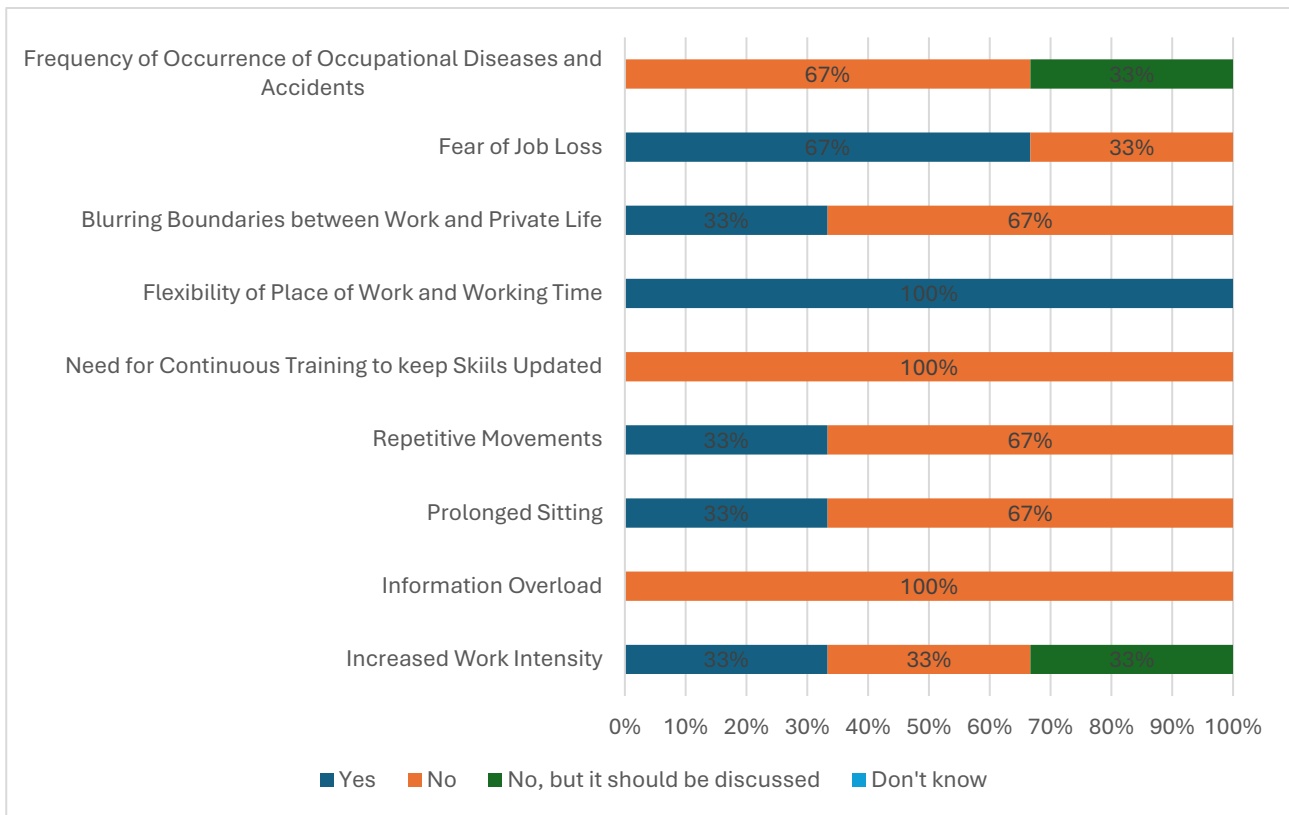
Figure sets out the key features of change each respondent had experienced. Competitive pressures and the need to protect workers from discrimination were highlighted as 'to a great extent' (8%). Followed closely by technological advancements, skills advancement and workforce demographics (23%).

**Figure 17.** Key features of change (N=32)



There was some evidence of engagement on impacts of change within the respondents organisations, The most likely impacts discussed were flexibility of place of work and working time (100%), fear of job loss (67%), work life balance (33%), increased work intensity (33%), repetitive movements (33%) and prolonged sitting (33%).

**Figure 18.** Impacts of change which have been discussed



### 3.4. Key interview findings

#### 3.4.1. Prevalence and Increase in Mental Health Issues

The interviews conducted with both union representatives and management in the metal sector revealed a shared acknowledgment of the prevalence of mental health issues among metal workers in Ireland, with all interviewees noting a significant increase in these issues in recent years. However, the reasons behind this increase were identified as mixed, with various factors contributing to the rise in mental health challenges within the sector.

Several factors were identified as potential contributors to the rise in mental health issues within the metal sector. Interviewees highlighted societal pressures, the increasing pace of change, and financial pressures as significant causes. These pressures were often linked to broader societal shifts, including the influence of neoliberal policies and the rise of individualism, which have heightened stress and contributed to an overall sense of instability. Working in the metal sector which is characterised as having “*low paid workers in a heavy lifting industry*” (TU rep 4), a key burden is financial insecurity or financial fears. Job insecurity was also identified as a factor by both a trade union representative and a manager. Both shared experiences of a company that had been significantly impacted by COVID-19, during which the company's viability had been questioned. Describing his experience, one shop

steward explained how that insecurity affected him: *"We weren't getting no new contracts, and to be quite honest with you, we didn't know whether we were going to be here in a year's time or two years time....Well, obviously it's going to affect you, because ultimately it's it's your job, your lifestyle, your wages, and how do you get somewhere else to work up here?"* (Shop Steward 3)

Social media was also cited as a contributing factor, with many interviewees pointing out that the platform's promotion of unrealistic expectations has led to increased anxiety and lower self-esteem, particularly among younger workers. Describing the situation, a manager explained, *"I think people are suffering generally, because they're in an age of comparison, and it's not really focused inwardly on where they are and their own happiness. It's their happiness and their contentment is dependent on a relative position to others."* (Manager 2). These societal factors were seen as intensifying the mental health challenges experienced by workers in the sector beyond the workplace with impacts within work.

The interviews also revealed that certain demographic groups within the workforce are particularly vulnerable to mental health issues. Gender, age, and migrant status were all identified as factors influencing the prevalence of mental health challenges. Women and younger workers were noted as being more likely to experience mental health issues, while migrant workers were often seen as facing additional pressures due to integration challenges and language barriers. Most, however, acknowledge that metal work being a male-dominated workplace was a key challenge in identifying and supporting mental health at work. All interviewees mentioned challenges of limited discussion of mental health issues among male workers and the challenges around identifying if there is an issue and then trying to resolve it. A shop steward acknowledged many people are struggling at work, *"but there's a lot of people that won't put up their hand and ask for help"*.

The nature of work in the metal sector was also highlighted as a significant factor affecting mental health. The physically demanding and often hazardous working conditions, combined with long hours and the need for precision, can lead to stress and burnout. Additionally, the interviewees noted that the lack of sufficient support systems, such as mental health services, further exacerbates the issue, particularly given the high levels of job insecurity and the pressure to meet performance targets. One manager identified the repetitive nature of the work as a factor impacting on mental health stating *"can be very much, eat, sleep, repeat here. And I think people suffer with that"* (Manager 2). The issue of shift work was also identified as a stressor impacting on mood *"the evening shift has an effect as well, especially during the winter time, when it's dark and you're going to you're going to work, when it's there, when you're coming home"* (Shop Steward 2). Most employee representatives mentioned that they were not monitored using technology to increase the pace of their work, Most had some control of the pace of their work once they met their targets. One interviewee highlighted workload pressure and management *"it's, probably, is the pressure to get work out the door. It can kind of put a lot of stress on you. It's management as well. Could be an issue. If you have a bad management team, it's, they can kind of make the workplace kind of toxic."*

### 3.4.2. Barriers to effective management of psychosocial risks

The interview findings point to several challenges that hinder the identification, management, and mitigation of mental health or psychosocial risks at work. Many of these

align with the barriers in the implementation of EU directives also (see 2022 European Stakeholder Survey).

**Stigma and Fear of Disclosure** One of the primary barriers to managing psychosocial risks is the persistent stigma surrounding mental health issues. Workers in the metal sector, as noted by both union representatives and managers, often fear the negative consequences of disclosing mental health concerns. . This fear of being judged or facing discrimination can prevent workers from seeking help or communicating their struggles. As one employee representative noted *“men don't want to be weak or seen as weak.”* As a result, mental health issues may remain unaddressed, exacerbating the risk of further psychological distress and potentially impacting productivity and well-being. One interviewee mentioned his own struggles with mental health and how it made him more open to discuss the issues with his fellow work colleagues creating more of an awareness.

**Difficulty in Spotting Early Signs of Mental Health Issues:** It was noted by interviewees that it can often be difficult for managers and work colleagues to spot the early signs of mental health issues. The physical demands of the job and the way work is organised on a factor floor can overshadow or disguise subtle signs, and workers may mask their mental health challenges in order to avoid stigmatization. As a result, mental health problems may not be identified or addressed until they have significantly worsened, leading to increased absenteeism, burnout, or other serious consequences. A manager mentioned that *“sometimes it's easier to see an alcohol or a drug problem and it's less visible to see sometimes somebody with a mental health”* (Manager 3) and one shop steward was critical of his own role in not spotting an employee struggling at work until they left the organisation. *“there's few people there, and you ask them if they're okay, to say, Yeah, you know they're not okay, but you can't do much if someone tells you they're okay.”*

**Managers' Fear of 'Making Matters Worse'** Many managers, expressed concerns about intervening when they suspect a worker may be struggling with mental health issues. There is a widespread fear that bringing up mental health concerns could *“make matters worse”* or create further distress for the employee. This fear of overstepping boundaries or unintentionally exacerbating the situation leads to hesitation and avoidance, preventing proactive management of mental health risks.

**GDPR and Worker Privacy Concerns** Data protection regulations, particularly the General Data Protection Regulation (GDPR), present another challenge in the management of psychosocial risks. Managers and HR personnel are often uncertain about what information they are legally allowed to share regarding employees' mental health. Worker privacy concerns can create barriers to implementing effective mental health support systems. One respondent (a manager) spoke about how he and a colleague of an employee intervened when the employee was clearly having mental health issues. Both the manager and work colleague spoke with his wife to check in on him and give him some time to deal with his mental health issues. The manager and co-worker continued to follow up with his wife while he was on sick leave. As the manager reported *“he wouldn't talk to anyone. And eventually we, after a couple of coffee dates, he agreed to go and get some, seek out some professional help. And now he goes regularly, and we were facilitating that at our own cost”* but *“we probably broke every rule in the book if you talked to HR”*.

Lack of Legislation or Clear Guidelines Compared to Physical Risk: Another significant barrier is the absence of legislation or clear guidelines for managing psychosocial risks, especially when compared to the well-established frameworks for managing physical risks and hazards. While the metal sector has clear guidelines for handling physical safety issues, such as machinery hazards and exposure to harmful substances, there is no equivalent legal framework for addressing mental health risks. This lack of legal clarity makes it difficult for employers to know how to implement effective interventions and manage psychosocial risks in a systematic and legally compliant manner. All respondents identified this lack of clarity around guidelines as a key barrier. *“If somebody cut their finger on the machinery, there’s a very clear, real playbook there, in terms of what we have, everything we have the first aid kits. We have the First Aiders. We know what to do. We know how to report it. We know we have to send them off site”* (Manager 3).

### 3.4.3. Strategies for dealing with psychosocial risk

The research found that many companies have initiated some activities aimed at supporting employee wellbeing, but these efforts often focus on individual health rather than addressing underlying workplace stressors. Most organisations involved in the study had programmes such as Employee Assistance Programs (EAPs), wellness boards, Blue Monday memos, health check-ins etc, which are commonly implemented. However, these initiatives can be seen as superficial and insufficient, as they do not address the systemic or work-related factors that contribute to mental health challenges.

Some examples of effective strategies align with the resources identified in the earlier sections. Access to flexible working and autonomy are identified as important resources in supporting mental health. Two organisations studied show examples of flexible working. Company 1 has flexi time where *“there’s certain core hours the guys have to be in, but there’s flexibility in, you know, they start at eight, half eight ... they want to come in earlier and finish once they do their 39 hours throughout the week. There’s a bit of flexibility with that”*. Additionally, Company 3 introduced more flexible work schedules (a shift change) following consultation with evening shift employees. It was introduced on a trial basis but was kept. Employees now finish earlier on Friday evening allowing more time with family and better work life balance.

A key finding from the interviews is that there is no comprehensive policy or framework for addressing mental health risks specifically. Health and Safety (H&S) committees are not consistently involved in mental health issues and there were some situations where there was no Health and Safety committee. There was no evidence of use or knowledge of any risk assessment tools e.g. the Work Positive programme to assess or mitigate work-related mental health risks. There is a notable lack of guidance on this front, with employees and managers alike expressing a desire for clearer legislation to provide direction on handling mental health at work. A key respondent (a TU OSH expert) highlighted the lack of effective risk assessment and management of psychosocial risks, despite tools like the HSA’s Work Positive program. He stated *“we also know from decades and decades now of Occupational Safety and Health Practice and development that the only way to effectively deal with that is to adopt a risk assessment model and to properly assess the risk, not only the physical risks and the slip strips and falls, not only the broader occupational illness risks in terms of*



identifying chemicals and so on that can affect people's health, but also looking at the what can affect people's mental health, and in particular, contribute to stress". He criticized the focus on wellness and activities over addressing root causes and called for more proactive campaigns and training for managers stating that *"if your pond is toxic, you treat the water, not the Fish. So there's been this ignoring of the fact that our workplaces, in lots of ways, are toxic"*. Both he and other interviewees have highlighted that the thrust of policy from employers, (such as IBEC for example) and State initiatives like the Healthy Workplaces Ireland makes almost makes no mention of "work itself, organisational factors, all the things that this, this report talks about, yeah, it's, it's more, you know, eat more Apples, go for a run and do some yoga" (TU OSH rep). Other interviewees agreed stating it was *"just window dressing"* (Shop Steward 1) and *"it's not for our benefit as the employees; it's for their benefit. So they can say, Look, we're we're doing something, but it's the bare minimum. They might just put up a poster on it, on a board in the canteen, and they think that kind of covers things."*

There is also a notable decline in safety representatives. One of the organisations involved in this study did not have a health and safety committee or health and safety officer. Two companies used health and safety consultants who visited the sites sporadically and had no real knowledge of the company or the people. The shop steward (3) acknowledged *"they have a health and safety consultant, but he basically does what the company wants him to do. Or if he goes back to the company saying X, Y and Z needs to be done. It never really gets done, because if it costs money or takes time to do it, the company don't want to do it."* A similar case existed in Company 2 *"There's a guy that, there's a consultant, that comes in every once a month, I suppose, tick the boxes."*

A discussion also focused on workplace stress and the inadequacy of current approaches, such as those by IBEC and other organisational initiatives which fail to address organizational factors contributing to stress. A recent EU report from 2024 highlighted that 21% of EU establishments perceive psychosocial risks as more challenging than other risks. The conversation emphasized the need for a supportive psychosocial climate in workplaces, where employees can openly discuss stress without fear of repercussions. The key role of trust and open culture was identified by a number of respondents. An open culture allows for more communication and feedback: *"communication is key. I think if to me communication, communication, communication, if we have something that we can talk to people, but it can't be off the cuff. It can't be once a month. It has to be really you should have daily meetings, if we're overworked, and if we don't have some kind of structure of talking to people in our communication, how do you do it?"* (Shop Steward 2).

Interestingly, some employees and managers advocate for more proactive training, particularly around identifying and responding to mental health crises. One shop steward emphasized the importance of suicide prevention training, which included learning how to identify at-risk individuals, engage in conversations about suicide, and connect them with appropriate support services. This kind of training was praised as essential for any representative or manager responsible for employee wellbeing.

Despite the good intentions behind wellness initiatives, the study reveals that there is a gap in how mental health is framed within the broader health and safety framework. The absence of clear policies and the lack of consistent attention to mental health risks in relation to workplace practices and culture reflect a gap in support. Mental health risks at work should

not be treated in isolation or as an individual issue; instead, they need to be integrated into a holistic approach that addresses both the individual and the structural work-related factors contributing to mental health challenges. This gap was highlighted in numerous interviews with calls for greater awareness campaigns at national level and more supports and guidelines for managers and employees at company level.

#### *3.4.4. Role of social dialogue in addressing mental health in Ireland*

In Ireland, social dialogue around mental health in the workplace has traditionally been limited to health and safety (H&S) frameworks and only enters the industrial relations (IR) landscape when there is a significant failure or crisis. This narrow focus means that mental health as a specific concern often falls outside the realm of collective bargaining at national, sectoral and company level, particularly in comparison to other countries, such as the UK, where trade unions have historically been more involved in negotiating health and safety measures through collective agreements. None of the interviewees in this study address health and safety issues through collective bargaining. Instead, it is usually directly with management or via health and safety committees.

This absence of social dialogue around mental health at the bargaining table means that mental health issues often only enter the industrial relations sphere when a major incident occurs, such as a high-profile case of workplace stress or a mental health crisis. This reactive approach limits the ability of unions to advocate for systematic changes that could prevent mental health issues from escalating, and it also restricts the scope for proactive, preventive measures to be embedded within collective bargaining agreements. While the COVID-19 crisis did bring health and safety and mental health concerns into the workplace dialogue more than usual, this engagement has not yet translated into lasting changes in how it is dealt with within the broader industrial relations framework. As a result, mental health issues still tend to be managed in a siloed way, primarily through health and safety policies and not as part of ongoing, structured negotiations or bargaining between employers and unions.

## **4. Final remarks**

A workplace can only be considered safe and healthy when it offers both health protection and health promotion in tandem. Protection is via assessing the psychosocial risks and ensuring they are dealt with. HR interventions around mental health and well-being, whilst important in terms of mental health promotion, do not deal with the underlying issues within the workplace. While current efforts have largely focused on individual resilience and wellness programs, there is growing awareness of the need to integrate psychosocial risk management into broader workplace health and safety frameworks at national level.

Unlike in most EU countries and the UK, Irish unions do not negotiate health and safety issues via collective bargaining. Nevertheless, unions are members of the tripartite Health and Safety Authority in Ireland together with representatives of employers and the state. Also, trade union representatives may be members of H&S committees and get support from unions in addressing any H&S issues, including mental health.

The findings confirm previous research (e.g. Eurofound, 2023) concerning the high prevalence ('bad situation') on mental health issues in Ireland. There has been a massive increase in the reporting of mental health issues at work in the past 5 years, while some of it might be due to increased awareness and more reporting within organisations. In the Irish metal sector, the most commonly reported symptoms of psychosocial risks in the workplace were stress (53%), anxiety (41%) and burnout (34%). The main stressors were financial worries and work-life interference (reported by over two thirds of the respondents) followed by poor communication and emotional demands (60%). Financial worries were circa three times more prevalent amongst Irish metal employees than the EU average (Eurofound, 2023). The main obstacles to managing psychosocial risks are the lack of awareness of management, lack of expertise as well as reluctance to talk about mental issues.

It is essential to foster a preventive culture that prioritises risk assessment and management of psychosocial risk factors as a core aspect of occupational health and safety (OHS). Primary prevention through practice organisational directed activities (such as increased job control or autonomy) should circumvent the need for more reactive activities (such as stress management programmes) and tertiary activities, such as Employee Assistance Programme (EAP).

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## Annex 1. Fictional cases

### Case 1: Flexible Working to Support Work-Life Balance

John, a machine operator at a manufacturing plant, worked a permanent evening shift from 4 p.m. to midnight, Monday to Friday along with 14 others on his team. Over time, he found this schedule negatively impacted his family life, as he was unable to attend his children's school events or spend quality time with them in the evenings. The strain on his work-life balance was causing stress and frustration. His team also felt the same.

The evening shift employees approached the production manager, explaining that while committed to the job, they were struggling with the fixed schedule. They requested a change to allow them to finish at 8 p.m. on Fridays, proposing to make up the hours by working extra Monday to Thursday.

The company's HR team and operations manager assessed the request, considering production requirements and fairness to other employees. Recognising the impact of rigid shift structures on well-being, they approved a pilot arrangement and agreed to set up a joint H&S Committee.

#### Outcome:

- John's schedule was adjusted, allowing him to finish earlier on Fridays.
- The arrangement was reviewed after three months by the H&S Committee, with positive feedback from both John and his team.

### Case 2: Job Rotation to Address Mental Health Risks

Sarah, a quality control worker in a production plant, had been showing signs of withdrawal, fatigue, and low motivation. Her line manager noticed a decline in her engagement and performance and arranged a private conversation. During their discussion, Sarah confided that the repetitive nature of her tasks made her feel unchallenged and disengaged, contributing to low mood and anxiety.

Recognising the risk of burnout due to the repetitive nature of tasks of many employees, the line manager worked with HR and the H&S committee to explore potential solutions, such as job rotation. Sarah was temporarily reassigned to a different section, where she would gain new skills while still using her expertise. A six-month follow-up meeting was scheduled to check on her well-being and satisfaction.

#### Outcome:

- Sarah's motivation and mood improved as she gained new responsibilities.
- Regular check-ins ensured the new role was a good fit and helped prevent similar issues.
- The company adopted job rotation as a proactive strategy for engagement and skill development.

### Case 3: Supporting an Employee with Depression and Addiction Issues

Mark, a warehouse employee, had begun missing work frequently and showing signs of irritability and fatigue. His colleagues noticed his performance declining and reported concerns to the shift supervisor. His manager met with Mark in a supportive, confidential setting. He admitted he was struggling with depression and alcohol dependence, which were affecting his work and personal life.

Recognising this was a serious issue, his manager spoke to HR who facilitated access to the company's Employee Assistance Programme (EAP), providing professional counseling and addiction support. A temporary adjustment to Mark's workload and schedule allowed him to attend treatment. Regular, non-judgmental check-ins were conducted by HR and his manager to offer support while ensuring work adjustments remained effective.

**Outcome:**

- Mark engaged with the EAP and gradually improved his attendance and performance.
- The company reinforced its commitment to mental health by training managers on recognising and addressing mental health addiction issues.
- Mark later shared his experience in an internal awareness campaign, helping reduce stigma around seeking help.

#### Case 4: Phased Return to Work for a Production Manager After Mental Illness Diagnosis

Pat, a production manager at a manufacturing facility, had taken four months of medical leave following a severe episode of anxiety and depression. His role was demanding, involving tight deadlines, staff management, and operational problem-solving. While he felt ready to return, he was concerned about managing workplace stress and reintegrating smoothly. He also felt self-conscious about how his team and senior management might perceive his absence and return.

HR, Pat's line manager, and an occupational health advisor collaborated on a structured return-to-work plan that balanced his well-being with operational needs:

- **Gradual workload increase:** Pat returned at 50% capacity, initially focusing on non-urgent operational planning and team oversight.
- **Flexible working arrangements:** For the first six weeks, he worked reduced hours and had the option to work remotely one day per week to help manage his transition.
- **Regular support check-ins:** Weekly one-on-one meetings with HR and his line manager allowed for progress assessments and adjustments to his workload if needed.
- **Workplace adjustments:** Pat was temporarily relieved of direct shift-scheduling duties, reducing immediate stressors while he regained confidence.

**Outcome:**

- Pat successfully reintegrated into his role, gradually resuming full responsibilities over three months.
- His return set a precedent for return to work following illness protocols, particularly around mental health, reinforcing the company's commitment to employee well-being.
- Open communication about his phased return helped normalise discussions around **mental health in leadership roles**, reducing stigma across the organisation.

#### Case 5: Addressing Psychosocial Risks Through Union Consultation

John, a machine operator in a unionized manufacturing plant, had worked there for ten years. Recently, he had become withdrawn, struggled with fatigue, stress, and sleep issues, and was making more mistakes. His colleagues also reported similar concerns about increased work pressure, unrealistic production targets, and lack of consultation on workload changes.



The union representative, Mark, raised these concerns with management, highlighting the potential impact on worker well-being, absenteeism, and productivity. In response, both parties agreed to conduct a joint psychosocial risk assessment using Work PositiveCI tools, ensuring an evidence-based approach to identifying and addressing workplace stressors.

## Psychosocial Risk Assessment Process (in Collaboration with the Union)

### 1. Identifying and Evaluating Risks

The H&S committee, which included union representatives and management, used Work PositiveCI to assess workplace risks. The findings revealed:

- High work intensity, with increased production demands and insufficient staffing.
- Repetitive tasks contributing to mental and physical fatigue.
- Poor communication, with workers feeling excluded from decisions about workload and shift scheduling.
- Excessive noise levels, leading to additional stress and exhaustion.

### 2. Implementing Preventive Measures

Following discussions between the union and management, several best-practice interventions were introduced:

- Revised shift patterns to reduce fatigue and improve work-life balance.
- Additional staffing to ease excessive workloads.
- Improved noise protection measures, including upgraded equipment and better personal protective gear.
- Structured rest breaks and a clearer workload allocation system to prevent burnout.
- Ongoing union-management consultations, ensuring workers had a voice in decision-making.

### 3. Monitoring and Reviewing

- Quarterly H&S committee meetings to track progress and refine interventions.
- Union-led workplace inspections to ensure compliance with new policies.
- Anonymous reporting channels, allowing workers to flag issues without fear of retaliation.

#### Outcome:

- John and colleagues reported lower stress levels and improved work-life balance.
- Absenteeism dropped by 25%, and error rates stabilised as fatigue-related mistakes decreased.
- Ongoing psychosocial risk management became embedded in workplace safety policies, ensuring sustained improvements.

## Annex 2. FAQ

### What are psychosocial risks?

Psychosocial risks refer to environmental, relational and operational hazards at work that may cause harm to people's psychological and physical health. These risks arise from poor work design, excessive job demands, lack of support, workplace conflict, job insecurity, and other factors that impact employees' mental and emotional well-being. Examples of these factors include high workloads, tight deadlines, bullying, and lack of autonomy in the workplace.

### Why is it important to understand psychosocial risks at work?

Psychosocial risks in the workplace can have significant consequences at multiple levels—affecting individuals, organizations, and society.

1. Consequences for Employees include (1) Mental Health Issues; (2) Physical Health Problems; (3) Reduced Job Satisfaction and Motivation (4) Work-Life Conflict (5) Increased Absenteeism and Presenteeism.
2. Consequences for Organisations: (1) Decreased Productivity and Performance; (2) Higher Employee Turnover; (3) Increased Workplace Conflict and Poor Collaboration; (4) Legal and Financial Costs; and (5) Negative Employer Branding.
3. Consequences for Society: (1) Increased Healthcare Cost; (2) Economic Impact; (3) Workforce Inequality

### What is a psychosocial risk assessment?

A high-quality risk assessment of psychosocial risks should contain the following steps:

1. Identifying psychosocial risks and the workers who may be exposed to them (what can cause harm and who might be harmed?)
2. Evaluating and prioritising risks (what might happen if someone is exposed to a hazard and what is the likelihood of such an exposure happening? What might be the outcome?)
3. Deciding on preventive and protective measures and taking action (what can we do to prevent harm?)
4. Monitoring and reviewing (What's working well or not well? What can we do better to address any new hazards and existing hazards?)

### Where can I find further information?

HSE Work Positive Critical Incident (CI) - information for managers

[https://healthservice.hse.ie/staff/health-and-safety/work-related-stress/HSE\\_Work\\_Positive\\_Critical\\_Incident/#:~:text=What%20is%20HSE%20Work%20Positive,stress%20and%20conducting%20risk%20assessments.](https://healthservice.hse.ie/staff/health-and-safety/work-related-stress/HSE_Work_Positive_Critical_Incident/#:~:text=What%20is%20HSE%20Work%20Positive,stress%20and%20conducting%20risk%20assessments.)

## Annex 3. Tips and guidance for organisational-level interventions in protecting and promoting mental health in the workplace

The following recommendations outline key organisational interventions to safeguard employee well-being and foster a supportive work environment.

### Conducting a Psychosocial Risk Assessment at the Company Level

A crucial first step in protecting mental health at work is conducting a comprehensive psychosocial risk assessment. This involves identifying workplace factors that may contribute to stress, burnout, or mental health issues, such as high workload, job insecurity, lack of control, or poor workplace relationships. Regular assessments ensure that risks are identified early and addressed through targeted interventions. Involving employees in this process helps capture a full picture of workplace challenges and fosters a culture of shared responsibility.

### Training for Managers and Staff

Equip managers and employees with the knowledge and skills to recognise and address psychosocial risks. Training should include stress management, mental health awareness, and guidance on fostering an inclusive and supportive workplace. Ensuring that managers understand how to implement reasonable adjustments and provide appropriate support is crucial for promoting a positive workplace culture.

### Developing a Workplace Mental Health Policy

A comprehensive mental health policy, developed in collaboration with employees and trade unions, ensures that workplace well-being is a shared priority. The policy should outline responsibilities, available supports, and clear processes for seeking help, fostering a culture where mental health is taken as seriously as physical health.

### Awareness-Raising Workplace Campaigns

Regular campaigns can help normalise conversations around mental health and reduce stigma. Initiatives such as mental health days, well-being workshops, and internal communications about available support services encourage employees to prioritise their mental well-being.

### Creating an Inclusive Workplace with Recognised Points of Contact

Having designated points of contact, such as trained mental health champions or HR representatives, ensures that employees know where to turn for support. A culture of openness, where concerns can be raised without fear of negative consequences, is essential for fostering psychological safety.

## Independent Review of Work and Terms & Conditions

Regularly reviewing job roles, workloads, and employment conditions helps identify stressors that may impact mental health. Addressing issues such as excessive workloads, unclear job expectations, or lack of autonomy can contribute to a healthier work environment.

## Providing Reasonable Time Off for Medical and Counselling Services

Allowing employees to attend medical or counselling appointments without penalty acknowledges the importance of mental health care. Flexible working arrangements or adjustments can further support employees dealing with mental health challenges.

## Strengthening the Psychosocial Climate

A positive psychosocial work environment is supported by peer networks, mentoring schemes, and buddy systems that foster connection and support. Encouraging team-based initiatives and promoting social cohesion can help reduce stress and create a sense of belonging.

## Implementing a Policy of Reasonable Adjustments

A structured approach to workplace adjustments ensures that employees experiencing mental health difficulties receive the support they need. This may include flexible hours, workload modifications, or changes to work arrangements that enable individuals to remain productive while managing their well-being.

## Introducing a Disability Leave Policy

Establishing a clear disability leave policy ensures that employees dealing with long-term or fluctuating mental health conditions can take necessary leave without fear of job loss. Providing structured support for returning to work after a mental health-related absence is equally important.

## Regular Monitoring and Policy Review

Policies should be reviewed on a regular basis to assess their effectiveness and ensure they align with best practices. Gathering employee feedback and monitoring workplace well-being indicators can help organisations adapt their strategies to better support mental health.

## Establishing an Employee Assistance Programme (EAP)

An EAP provides confidential support, counselling, and access to external resources for employees experiencing personal or work-related difficulties. Ensuring that employees are aware of and encouraged to use these services can significantly enhance workplace mental health support.

By implementing these organisational-level interventions, employers can create a healthier, more inclusive work environment that prioritises mental well-being and fosters a culture of support and resilience.