



Cross Border Benefits Alliance – Europe (CBBA-Europe)
Position Paper on Addressing Mental Health in the Workplace in Europe

Introduction	2
Awareness	3
Psychosocial Safety	6
Diagnosis	8
Training to detect and manage mental health	9
Support upon return to work	10
Summary of Key Recommendations	12

Introduction

Following the COVID-19 pandemic, which put mental health in the spotlight, the European Commission adopted in June 2023 the [Communication on a comprehensive approach to mental health](#), a comprehensive, prevention-oriented and multi-stakeholder approach to mental health meant to help Member States and stakeholders deal with mental health challenges.

While this is a helpful document, we look forward to a new, robust directive to update the latest directive on health and safety in the workplace, dated 1989, to explicitly include mental health as a workplace health and safety risk, and ensure that actions to manage mental health are binding by Member States.

In fact, the 1989 Directive (Framework Directive 89/391/EEC), does not specifically mention “mental health” or “work-related stress,” and thus, an [Interpretative Document](#) of the Implementation of Council Directive 89/391/EEC in relation to Mental Health in the Workplace was published in 2014 by the European Commission. It confirms that the provisions of the Directive are equally applicable with regards to the mental health of workers, and that companies must take risk prevention measures for the mental health of workers.

Since 1989, a non-binding [Framework agreement](#) on work-related stress was signed by Member States in October 2004 to increase the awareness and understanding of employers, workers and their representatives of work-related stress, and to identify and prevent or manage problems of work-related stress. The framework agreement did not provide a definition of stress, but describes it as "a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them." The framework agreement indicated that anti-stress measures **could** include, for example:

- “management and communication measures such as clarifying the company’s objectives and the role of individual workers, ensuring adequate management support for individuals and teams, matching responsibility and control over work, improving work organisation and processes, working conditions and environment,
- training managers and workers to raise awareness and understanding of stress, its possible causes and how to deal with it, and/or to adapt to change,

- provision of information to and consultation with workers and/or their representatives in accordance with EU and national legislation, collective agreements and practices.”

The absence of an explicit integration of mental health within the binding framework for occupational health and safety may lead to uneven policy implementation and divergent levels of worker protection across Member States.

This document is aligned with some of the flagship initiatives highlighted in the June 2023 Communication. With the on-the-ground input and experience from Workplace Options, a wellbeing solutions provider, and Zurich, a global insurer, we outline key recommendations for a comprehensive and binding framework directive to ensure mental health is addressed as one of the most serious workplace related health concerns. We focus on:

1. Awareness
2. Psychosocial safety
3. Diagnosis
4. Training to detect and manage mental health
5. Support upon return to work

Awareness

Awareness in the context of mental health refers to the recognition and understanding of mental health issues among individuals, workplaces, and society at large. It involves increasing knowledge about the prevalence, risk factors, and impacts of mental disorders, as well as reducing stigma and misconceptions.

The European Economic and Social Committee (EESC) emphasizes that **mental health literacy** for the whole of society is essential to fight stigma, enable early recognition, and facilitate early intervention for mental health conditions.⁽¹⁾ An Axa Mind Health Report supports this, demonstrating that people who perceive themselves as well-informed about mental health matters are substantially more likely to have better mental health. Among the “flourishing mind health” population, 75% consider themselves well-informed, versus

only 59% of the “struggling mind health” population.⁽²⁾ This is why increasing awareness around this topic is crucial.

In terms of risk factors, awareness needs to be raised that **overall health** has an impact on mental health. This includes physical activity, sufficient sleep, nutrition and psychosocial safety including safety in the workplace and financial wellbeing (to be further discussed in the next section).

- A meta-analysis of randomized controlled trials supported that improving **sleep** quality and increasing physical activity are associated with better mental health outcomes⁽³⁾.
- According to a study published in the National Library of Medicine, a higher **physical activity** level is also associated with a 17% decreased risk of incident depression and reduced odds of developing anxiety when compared to those with lower physical activity.⁽⁴⁾
- Mental health and **nutrition** are interconnected via complex mechanisms involving intestinal microbiota, neurotransmitters production and systemic inflammation.⁽⁵⁾⁽⁶⁾ A diet that protects the gut microbiota, reduces inflammation and supports neurotransmitter function will reduce anxiety, depression and cognitive disorders (eg mediterranean diet, high in Omega-3 and tryptophan, low in added sugar and avoidance of ultra-processed foods).

And finally, more awareness about the connection between time spent in **nature** and improved mental health needs to be provided.⁽⁷⁾⁽⁸⁾

In terms of **target audience**, the **younger generation and women** are significantly more likely to experience mental health problems, with rates of depression and anxiety up to twice as high among women as men, and the lowest levels of mental well-being consistently reported among adolescents and young adults. These patterns highlight the urgency for targeted support in schools and in the workplace.⁽⁹⁾⁽¹⁰⁾

Recommendations:

- Mental health issues should be recognised as occupational diseases.
- Burnout should be added to the official list of work-related diseases in all EU member countries.
- **Policy Incentives:** Governments can incentivise organisations to adopt health-promoting behaviors, such as offering tax benefits for implementing workplace wellness programs focused on mental health, nutrition, and physical activity.
- Continue the **EU-wide campaign** to destigmatise mental health. While the flagship initiatives “Healthier Together” and “Tackling Stigma and Discrimination” (including #InThisTogether) of the June 2023 Communication is tracked as completed, we see the need for continued resources, highlighting best practices of Member State initiatives already deployed (difficulties finding this on the Best Practices Portal).
- **Multi-stakeholder campaigns:** Employers are encouraged to implement national public campaigns in collaboration with associations, insurers, brokers and other employers to set out workplace-specific initiatives to increase mental health awareness, including stress management, healthy lifestyle promotion (including sleep, nutrition, physical activity), and resilience building.
- Employers should provide regular, evidence-based **mental health literacy programs** for all employees, with special focus on vulnerable groups, to help increase knowledge and reduce stigma related to mental health.
- **Digital solutions**, including cognitive behavioral therapy, stress management, and mindfulness tools, should be promoted and made accessible by organisations to support prevention, early intervention, and ongoing management of mental health.

Psychosocial Safety

Organisations are required by the Directive 89/391/EEC to provide an environment that is safe for workers. While this directive includes physical safety measures, it should be updated to explicitly include psychosocial safety measures. Psychosocial risks present in an organisation include excessive workloads, poorly managed organisational change, lack of autonomy in decision-making, job insecurity, lack of support from management and colleagues, verbal or sexual harassment or violence from colleagues or customers/clients/patients/students.⁽¹¹⁾ The [OSH Pulse survey](#) conducted by EU-OSHA in 2022 shows that 27% of workers experience stress, anxiety or depression caused or made worse by work. Some of the psychosocial risks that have been found to have the most detrimental effect on workers' health are working alone and work intensity, both created by increased use of digital technologies.

While organisations integrate artificial intelligence in their processes, this raises a “red flag” of diligence required and the monitoring of AI's impact on psychosocial risks. For example, a chatbot may be able to answer simple questions for customers or patients, thus reducing the number of cases to be managed by workers. However, an inadvertent negative impact is that it leaves only mentally strenuous cases to workers, increasing work intensity.

Recommendations:

- **Preventive care and early intervention**, such as regular well-being check-ins and coaching, should be implemented by employers to identify and address potential psychosocial risks before they escalate.
 - Interventions should adopt a **biopsychosocial model**, addressing the physical, psychological, and social aspects of health for comprehensive employee well-being.
- Employers must conduct **annual psychosocial risk assessments** and respond to employee requests for psychosocial interventions. These assessments should include factors such as workload, work organisation, job control, interpersonal relationships, violence, changes and uncertainty, work-family balance, introduction of new technologies, ethics and conflicts of values, lack of autonomy at work, and emotional requirements including financial stability.

- Employers should establish **minimum standards for psychosocial risk** assessment. If psychosocial risk assessments yield results below this minimum, employers should design and implement remediation plans to mitigate these risks.
- Employers undergoing major transformations, such as reorganisation, restructuring, or the introduction of new technologies, should conduct impact studies on psychosocial risks and develop plans to mitigate these risks during the transformation.
 - When artificial intelligence is introduced in the workplace and is expected to significantly impact work activities, organizations must design mitigation plans, including staff training and protective measures against increased cognitive pressure and stress.
- **Multistakeholder tools:** Insurers, mental health service providers, institutions associations and employers should collaborate to prepare nation-wide simple practical tools required for the above recommendations.
- Jobs in sectors that pose a risk of violence (retail sector, transportation, services) must have established safety protocols.
- Employers are required to implement **anti-bullying policies** and take corrective actions when incidents occur.
- **The right to disconnect:** employers must establish clear boundaries for when employees can disconnect from work-related communications.

We look forward to the sharing of results of the EU-level initiative on the psychosocial risks at work, EU Workplace Campaigns, and the gathering of mental health data across the EU. These flagship initiatives of the June 2023 Communication will help us gather comprehensive statistics on the prevalence of mental health conditions across member states and best practices in the workplace.

The preventative actions listed above to address psychosocial risks will also contribute to the long-term sustainability of health and social protection systems, reducing future fiscal pressures and sustaining productivity, an element critical to the overall resilience of European economies.

Diagnosis

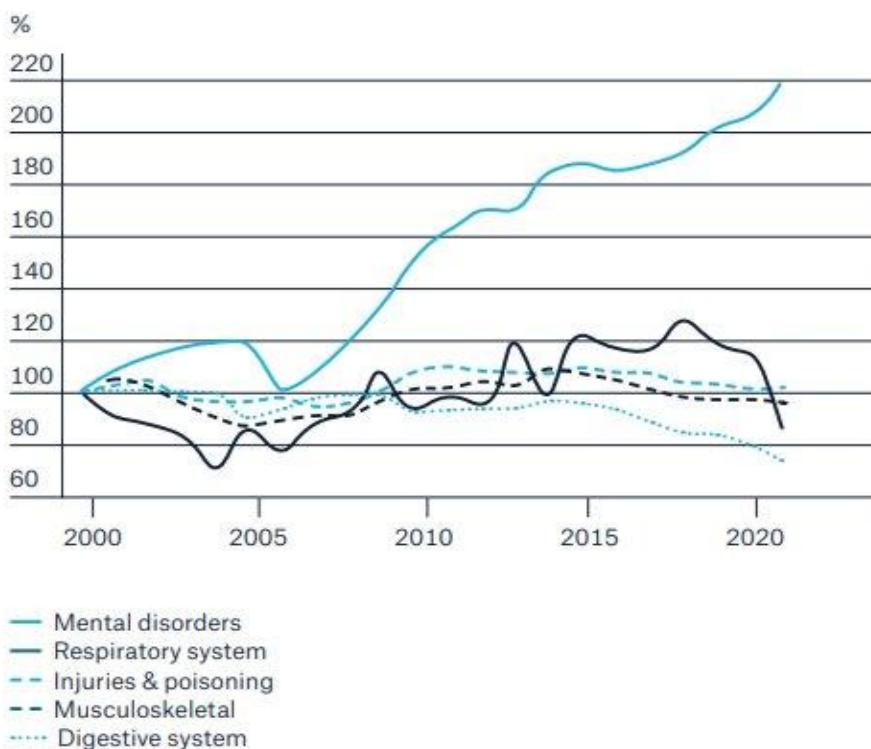
Member states show a rise in the number of absenteeism cases due to mental health. For example, approximately 30% of Disability claims and 8% of Life Claims in Germany are attributed to mental health issues. ⁽¹²⁾ Given the growing impact on public sector health costs and productivity of organisations, mental health screening could be included in nation-wide prevention and screening campaigns.

For large employers, data collection on workplace mental health indicators and data-driven decision-making by leveraging HRIS (Human Resource Information Systems), well-being platforms, and claims data can inform targeted interventions and measure impact.

Recommendations:

- **Standardised Health Assessments:** The establishment of streamlined clinics that integrate dietetics, exercise physiology, clinical psychology, and other disciplines to address metabolic and mental health needs comprehensively.
- Employers must provide **self-assessment mental health tools** to employees in an accessible and confidential manner.
- **Mental health support lines** (telephone, video or in person) must be available to employees 24/7.
- **Multistakeholder involvement:** Insurers, mental health service providers, institutions and associations should collaborate to prepare nation-wide self-assessment tools for employers.
- Employers are encouraged to use the support of **digital solutions**. Their flexibility, accessibility, and scalability make them uniquely suited to support employees at all stages of the mental health continuum—from prevention and early intervention to ongoing management and recovery, particularly in resource-constrained settings. ⁽¹³⁾ Their deployment requires a clear framework for quality assurance, ethics and data protection, ensuring that digital tools complement existing care structures rather than substitute human-centered support.

Figure 1 – Relative increase of sick leave due to mental disease between the years 2000 and 2021 compared to other disease categories. German public insurance data (Techniker Krankenkasse, 2022)³



Training to detect and manage mental health

Training to detect and manage mental health in the workplace starts with building the capability of both leaders and employees to recognize early signs of mental health issues and respond appropriately. Evidence and best practice highlight that effective training should be integrated from the outset, ideally at induction and reinforced through regular refreshers, helping to create a culture where mental health is openly discussed and stigma is reduced. Managers play a crucial role; with the right training, they can spot changes in behavior, initiate supportive conversations, and guide employees to appropriate resources, while acting as role models for healthy workplace practices.

Organisation-wide strategies such as appointing mental health champions, embedding mental health in leadership communications, and ensuring HR systems monitor well-being are also key to prevention and early intervention.⁽¹⁴⁾

Recommendations/Guidelines:

- Employers should be required to implement **training programs for managers** on recognising, responding to, and managing mental health challenges in the workplace. To support employers, these training programs should be mandatorily provided within the health insurance offer of insurance companies and mental health providers and regularly updated and tailored to the specific needs of each organisation and its workforce.
- **Mandatory Certification: Mental Health First Aid** should be included as a standard requirement within workplace health and safety policies—just as physical first aid is mandatory. This equips staff with the skills and knowledge needed to recognize and respond to mental health challenges early, supporting colleagues when it matters most.⁽¹³⁾

Support upon return to work

Insurers and employers are encouraged to expand their roles beyond financial compensation. Income replacement, while supporting mental health claimants against mounting financial burdens, does not contribute to meaningful recovery or reintegration into the workforce.

As mental health becomes the leading cause of disability claims, insurers must evolve their strategies and collaborate more with the public sector to improve the care pathway. Offerings must now include provisions for more comprehensive services such as appropriate rehabilitation programs, collaboration with medical professionals, and interventions aimed at enhancing overall health, including metabolic health.

Insurance must play a proactive role in elements of the biopsychosocial model. This starts with preventive care and coaching to maintain healthy routines, guiding issues before

they escalate. This in turn facilitates assistance during disability events, enabling more targeted interventions such as occupational health management and metabolic health programs, aligned with personal health care teams. There is strong and growing evidence that metabolic health plays a crucial role not only in physical health but also mental health, yet there remains a lack of focus and action in this area.

By adopting a holistic approach that integrates mental, physical and professional support including workplace accommodations, and a patient-centered care pathway, insurers in collaboration with health care providers - both public and private - can enhance recovery outcomes while promoting societal productivity and overall well-being. Loved ones of mental health patients should be included in the care pathway, as they are “first-line” support for patients and require training and support themselves.

Recommendations:

- Insurers should provide holistic rehabilitation programs in collaboration with medical professionals that include loved ones and provide interventions aimed at both psychological and physical health.
- Employees who are diagnosed with burnout must be protected from reprisals by their employers.
- Employers - with the help of their insurer and/or mental health provider - must establish reintegration tracks for those on sick leave due to mental health conditions.

Summary of Key Recommendations

1. **Create mental health awareness**, reduce stigma and promote a culture of psychosocial safety and inclusion by launching EU-wide, national, and employer-based **campaigns**
2. **Standardised Health Assessments**: Include mental health along with metabolic health needs comprehensively by establishing streamlined clinics that integrate dietetics, exercise physiology, clinical psychology, and other disciplines
3. Mandate employers to conduct annual **psychosocial risk assessments**
4. **Multistakeholder tools**: Mandate the collaboration among insurers, mental health service providers, institutions and associations to prepare nation-wide or regional-based simple practical tools for use in the workplace, including psychosocial risk assessments and self-assessments
5. Mandate **training programs for managers** on recognising, responding to, and managing mental health challenges in the workplace
6. Introduce a **mental health first aid** certification program
7. Mandate insurers and mental health providers to provide **holistic rehabilitation programs** in collaboration with medical professionals and loved ones that support workers' psychological and metabolic health
8. Mandate employers - with the help of their insurer and/or mental health provider - to **establish reintegration tracks** for those on sick leave due to mental health conditions
9. Protect employees who are diagnosed with burnout from reprisals by their employers
10. **Widespread sharing** of results of the EU-level initiative on the psychosocial risks at work, EU Workplace Campaigns, and **mental health data** across the EU to understand the prevalence of mental health conditions across member states and best practices in the workplace
11. Encourage the use of **digital solutions** by organisations to support prevention, early intervention, and ongoing management of mental health