European Agency for Safety and Health at Work

Guidance for workplaces on how to support individuals experiencing mental health problems

Safety and health at work is everyone's concern. It's good for you. It's good for business.

Authors: Marianna Virtanen, Kirsi Honkalampi, Petri Karkkola, Maija Korhonen (University of Eastern Finland), Sarah Copsey – European Agency for Safety and Health at Work (EU-OSHA).

Additional good practice resources were provided by experts nominated by EU-OSHA's network of National Focal Points.

This report was commissioned by the European Agency for Safety and Health at Work (EU-OSHA). It is based on a background review by Marianna Virtanen et al. (University of Eastern Finland). Its contents, including any opinions and/or conclusions expressed, are those of the authors alone and do not necessarily reflect the views of EU-OSHA.

EU-OSHA wishes to thank Mental Health Europe for their valuable comments.

Luxembourg: Publications Office of the European Union, 2024

PDF ISBN 978-92-9402-332-2 doi: 10.2802/675164 TE-02-24-738-EN-N

Table of Contents

List of Tables and Boxes

1 Introduction

Mental health problems are very common — before the COVID-19 pandemic they affected about 84 million people across the EU[1] and the situation has worsened since then. Work can also impact mental health. 'Stress, depression or anxiety' is the second most common type of work-related health problem in the EU.[2] The proportion of workers who reported facing risk factors for their mental wellbeing at work was nearly 45%. The European Agency for Safety and Health at Work's (EU-OSHA) OSH Pulse survey 2022[3] shows that 27% of workers experience stress, anxiety or depression caused or made worse by work. And 10% of European workers report feeling burned out.[4]

Mental health issues do not only increase personal suffering and decrease quality of life, they also have substantial financial implications. The total costs of mental health problems are estimated at more than 4% of GDP (more than €600 billion) across the 27 EU Member States and the United Kingdom.[5] It is in employers' own interests to take a positive, proactive approach to mental health at work. Doing so will help employers to reduce sickness absence, presenteeism (reduced productivity while continuing to work) and staff turnover.

On the other hand, good-quality work is good for health and most people experiencing a mental health problem want to work. While a lot of stigma surrounds mental health problems at work, many individuals with mental health problems can continue to work or successfully return to work if they are provided with the right support and work accommodations. All employers have a responsibility to support the health and wellbeing of their staff. They should provide the support people need while they're off sick and on their return to work. Adopting supportive policies and practices will help to reduce sick leave, retain valued workers and meet legal obligations. And work accommodations can be simple and low-cost. Employers also have legal obligations to prevent and manage work-related risks — exposure to work-related psychosocial risk factors at work can lead to stress, anxiety and depression. Psychosocial risk factors include high work demands, low control, lack of support, poor relationships, unclear roles and poor change management.

Creating a mentally healthy workplace covers: 1) preventing work-related psychosocial risk factors and promoting mental health; 2) supporting groups that may be more exposed to psychosocial risk factors; and 3) supporting return to work and continued working of those experiencing a mental health problem. This report focuses on 3) — return-to-work and working with a mental health problem.

The report aims to share practical information for workplaces on how to support individuals experiencing a mental health issue to stay in work or successfully return to work following sickness absence. It provides advice and examples of workplace accommodations, some additional advice on suicide, and tips for micro and small enterprises (MSEs). Links to a detailed set of resources are included in an appendix. The advice is based on a review carried out to identify existing guidance and recommendations on workplace support for workers experiencing mental health problems to stay at work or successfully return to work following sickness absence and previous EU-OSHA reports covering return to work and working with health problems.[6,7,8,9,10,11,12]

The report supports the European Commission's Comprehensive approach to mental health.[13] The report also supports the Commission's Strategy for the Rights of Persons with Disabilities (2021-2030)[14] and the related Disability Employment Package.[15]

---

[1] See: https://www.oecd.org/health/health-systems/OECD-Factsheet-Mental-Health-Health-at-a-Glance-Europe-2018.pdf
[2] See: https://ec.europa.eu/eurostat/web/products-statistical-reports/-/ks-ft-21-007
[3] See: https://osha.europa.eu/en/facts-and-figures/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces
[4] See: https://www.eurofound.europa.eu/en/publications/2018/burnout-workplace-review-data-and-policy-responses-eu
[5] See: https://health.ec.europa.eu/state-health-eu/health-glance-europe/health-glance-europe-2018_en
[6] See: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-analysis-report-eu-and-member-states-policies-strategies
[7] See: https://osha.europa.eu/en/publications/research-review-rehabilitation-and-return-work
[8] See: https://osha.europa.eu/en/publications/ageing-workforce-implications-occupational-safety-and-health-research-review-0
[9] See: https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-literature-review
[10] See: https://oshwiki.osha.europa.eu/en/themes/return-work-after-sick-leave-due-mental-health-problems
[11] See: https://osha.europa.eu/en/publications/working-chronic-msds-good-practice-advice
[12] See: https://osha.europa.eu/en/publications/workers-mental-s-digitalised-world-challenges-opportunities-and-needs
[13] See: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52023DC0298
[14] See: https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes
[15] See: https://ec.europa.eu/social/main.jsp?catId=1597&langId=en

2 Creating a supportive setting for mental health

2.1 Workplace mental health policy

Workplaces and organisations should have written mental health and return-to-work policies. A workplace mental health policy should address mental health issues in a comprehensive way. It sets out the workplace procedures and practices to be used to prevent mental health problems. The overall goals are to: take preventive action to remove psychosocial risks for all workers; promote good mental health; support workers to deal with work stress; encourage early intervention for any work stress or mental health problem; and support workers who have a mental health problem — including by making reasonable adjustments to enable people experiencing a mental health problem to work and providing effective rehabilitation and return-to-work plans. The key elements of a workplace mental health policy are given in Box 1. An example of a mental health and wellbeing promotion programme (Box 1, point 4) is given in Box 2.

Box 1: Elements of a comprehensive workplace mental health policy

A workplace mental health policy should cover:

1. preventing work-related psychosocial risk factors and promoting wellbeing;
2. supporting workers or teams more exposed to work-related psychosocial risk factors;
3. supporting workers experiencing a mental health problem or work-related stress to continue work or return to work;
4. promoting mental health and wellbeing in the workplace; and
5. consulting and involving workers and their representatives over policies and actions.

Prevention (1) and consultation (5) are prerequisites for the success of the other items.

2.2 Workplace strategies to support a mental health policy

A number of key strategies are needed to put a mental health policy into practice to achieve a *mentally healthy workplace*. These include:

- Long-term *commitment* to continuous improvement.
- A *respectful work culture* where workers are treated fairly, difference is acknowledged and valued, communication is open and civil, conflict is addressed early, and there is a culture of empowerment and cooperation.
- Promoting *inclusive ways of working*: the more supportive and integrated the team the better for individuals within it. Personal resilience is less of an issue in a group that works well together.
- A *proactive prevention approach*: designing and managing work to prevent work-related risk factors and promoting health and wellbeing (see section 2.6), taking account of diversity within the workforce.
- Promoting *protective factors at a team and organisational* level to maximise resilience (e.g. managing work demands, providing manager training, managing change effectively).
- Enhancing *personal resilience* (e.g. stress management training, coaching/mentoring).
- *Early and effective workplace interventions*: supportive conversations with the worker, promoting and facilitating early help-seeking (e.g. employee assistance programmes (EAPs), appropriate responses to traumatic incidences).
- *Supporting workers' recovery* from mental health problems (e.g. return-to-work policy, tailored return-to-work plans, supervisor support and training, partial sickness absence, work-focused exposure therapy, individual placement and support method for workers with severe mental disorders).
- *Making accommodations* to support continued working.
- Increasing *awareness of mental health and stigma*.
- *Cooperation and consultation* in policy development and implementation, involving occupational health services and workers, human resources (HR), and workers and their representatives.
- *Continuous evaluation* of the policies and practices.

The World Health Organisation (WHO) also recommends that suicide prevention strategies be included in an organisation's health and wellbeing policies[16] (see Appendix A).

Box 2: An example of a workplace mental health and wellbeing promotion programme

Deutsche Post DHL Group implemented a new Health, Safety and Wellbeing Strategy that included training of managers, a discussion forum with experts, flexible working arrangements, worker check-ups with a procedure to response, and events that increased group spirit and engagement.[17]

2.3 Interventions to support workers experiencing a mental health problem

WHO and International Labour Office (ILO) guidelines[18] recommend three types of workplace interventions to support individuals experiencing mental health problems:

1. *reasonable accommodations* at work – defined as adapting work environments to fit the worker's current needs and work capacity;
2. *return-to-work programmes* – programmes designed to enhance the worker's ability to return to work and remain in employment after a sickness absence, involving a combination of medical care, rehabilitation, and work-focused interventions and support; and
3. *supported employment initiatives* to enable individuals experiencing severe mental health problems to find a job and remain in employment, with vocational, educational and clinical support.

Employers need to *check what programmes and initiatives are available* in their Member State to support them and the individual. These can range from advice to tailored multidisciplinary services to grants towards making workplace accommodations.

Treat mental health problems the same as physical health problems: The same approach required to support working with physical health problems, such as a musculoskeletal disorder (MSD) or return to work after a heart attack or cancer, should be applied to supporting someone who is experiencing a mental health problem. As with many physical conditions, recovery is often gradual and, therefore, some work accommodations may be needed to facilitate return to work that may need to change over time. Likewise, mental health problems can also be episodic where periods of good health are interrupted by periods of illness that are frequently unpredictable, requiring a flexible approach to providing accommodations. Poor working conditions, excess workload or other work-related risk factors can lead to a relapse

As with any health problem, *early and regular contact* from the manager during sickness absence is recommended.[19] The focus should be on the worker's wellbeing and a detailed plan for return to work to be developed. A *gradual return to work* is often very helpful for integrating a worker back to work, if the Member State's social security/sickness absence system allows for it.

Practice tip – Extra leave

Some organisations have policies on leave of absence and extra leave to enable staff who are experiencing a personal crisis to take some time away from work.

Source: https://www.mind.org.uk/media-a/4806/how-to-support-staff-who-are-experiencing-a-mental-health-problem_wales_v2.pdf

Note: return-to-work procedures and who should be involved vary between EU Member States.

[16] See: https://www.who.int/docs/default-source/mental-health/suicide-prevention-employers.pdf
[17] See: https://osha.europa.eu/en/publications/healthy-workplaces-good-practice-awards-2014-2015
[18] See: https://www.who.int/publications/i/item/9789240057944
[19] Rules on contact with the employee during sickness absence (with whom and how) varies between Member States.

2.4 Addressing mental health-related stigma and promoting open conversations

Stigma and myths about mental health

There is stigma around all health problems, but it is worse for mental health. There a1re various misconceptions around mental health, and it is often wrongly believed that mental health problems are a sign of weakness or a flaw, or that people experiencing mental health problems are unpredictable, violent or dangerous. In fact, they are more likely to be victims than perpetrators of violence. Many people also believe that it is not possible to recover from a mental disorder.

Stigma around mental health prevents people speaking up and seeking help early on, including in the workplace (see Box 3). Diagnoses also attract different degrees of stigma which is why people often prefer them to remain confidential. Addressing stigma is crucial for creating a supportive and inclusive work environment. If an individual cannot safely disclose a mental health problem at work, they will not be able to get the work accommodations needed to continue to work.[20]

Box 3: Stigma at work

- 37% of workers would not feel comfortable speaking to their manager or supervisor about their mental health.
- 50% of workers think that disclosing a mental health condition would have a negative impact on their career.

Source: OSH Pulse 2022[21]

Addressing mental health-related stigma in the workplace

It is important to create a workplace culture that promotes inclusion, diversity and non-discrimination, together with dignity and respect towards other people. Ways to do this include:

- *Showing commitment*, including by ensuring that the necessary *resources* are targeted towards mental health promotion at all levels and are available to provide work accommodations for those in need.
- *Education and training* for workers and supervisors on mental health at the workplace and mental health literacy.
- Ensuring *zero tolerance for all forms of discrimination* in the workplace and a safe environment for discussion about difficult topics.
- *Encouraging open conversations about mental health* and work-related stress and *early reporting of problems*. Workers need to feel that they can speak up about their mental health without fear of judgment by colleagues or managers, that support is available and that what they share will be treated in confidence.
- *Education and training for managers and supervisors* on having conversations with individuals about mental health and training to recognise the signs of problems and how to help the individual.

Appendices 2 and 3 provide some guidance for employers and workers about having conversations about mental health problems.

2.5 Understanding the law – don't discriminate, provide accommodations, and assess and prevent work-related risks

Employers who put plans in place to manage work-related psychosocial risk factors and support workers experiencing mental health problems are helping to ensure that they comply with their legal obligations as well as effectively managing their business.

[20] See: https://www.who.int/publications/i/item/9789240053052
[21] See: https://osha.europa.eu/en/facts-and-figures/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces

Employers have duties under safety and health legislation to assess psychosocial risk factors and the risk of stress-related ill health arising from work activities and to take measures to control that risk.[22] The priority is to eliminate risks at source and take collective measures to make work safer and healthier for all workers. This is important, as measures to make work easier for all workers could enable someone experiencing a chronic health condition to continue working. Particularly sensitive groups must be protected against hazards that specifically affect them. Workers and their representatives must be consulted about risks and prevention measures. Member States provide guidelines on how to apply the legislation to work-related psychosocial risks. See also section 2.6 and EU-OSHA's guide.[23]

If someone is experiencing a serious mental health problem, they may be considered to have a disability. In the EU[24] an employer may not treat a disabled person less favourably for a reason relating to their disability, without a justifiable reason. Employers are also required to make reasonable accommodations or adjustments to ensure that a disabled person can carry out their job. Accommodations could include providing equipment, adapting working hours, modifying or changing tasks, or providing training. In practice, many accommodations are simple and inexpensive.

Note: precise requirements and definitions of disability vary between Member States. Some countries have adopted a positive approach by moving from the concept of disability to that of work capacity. Some countries have more detailed requirements, including regarding return to work following sick leave and provide specific multidisciplinary support programmes that both workers and employers can access. Rules on the management of sickness absence and aspects such as a gradual return to work also differ between European countries and some countries have specific employment services or work insurance services that govern return to work. Ensuring data protection of medical information applies in all countries, and it is the individual's decision whether or not to disclose a medical condition.

2.6 Preventing work-related psychosocial risks

The workplace should not cause ill health or make existing conditions worse

Psychosocial risks at work are a consequence of problems in work design, organisation and management. They may also be associated with poor social relationships at work. Psychosocial risks in the work environment may increase the risk of work stress, burnout and mental health problems, such as anxiety and depression. They are managed by assessing the risks and putting in place measures based on the risks. Workers and their representatives should be involved at all stages from identifying psychosocial risk factors to implementing and evaluating solutions. They know the work and where the problems lie. Employers should enable and encourage workers to speak up about stress and the work factors contributing to it, and act upon what they hear. Early intervention to address work-related factors and support workers is important.

Working conditions that lead to psychosocial risks include, for example:[25]

- excessive workload;
- high or conflicting job demands;
- poor role clarity, low possibility of decision-making;
- poor leadership;
- job insecurity, ineffective communication;
- lack of support;
- psychological and sexual harassment and violence; and
- physical risks and a poor physical work environment.

Actions to prevent work-related psychosocial risks include:[26]

- Changing work and work organisation: e.g. reducing workload or responsibilities, providing support in major changes at work, improving communication.

[22] The OSH Framework Directive 89/391/EEC: https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A31989L0391
[23] See: https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work
[24] Directive 2000/78/EC – Equal treatment: https://osha.europa.eu/en/legislation/directives/council-directive-2000-78-ec
[25] See: https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health
[26] See: https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work

- Training, decision-making and roles: ensuring that the workers have appropriate competences to perform their duties; participating in decision-making; and clarifying roles and responsibilities.
- Involving others and providing support: whether there are other workers involved in the stress situation (e.g. harassment or bullying); help and support with non-work issues.
- Health promotion: regarding psychosocial risks, it is likely that the interventions will reduce but not completely remove all such risks; therefore, a comprehensive approach on psychosocial risk prevention includes overall health promotion, including a healthy lifestyle.

2.7 Creating inclusive workplaces

Inclusion at work means having an environment where all people feel welcomed, heard, respected, supported, valued and able to reach their full potential (Health and Safety Executive[27]). The more inclusive and accessible workplaces are, removing barriers and providing for the needs of a diverse workforce, including those experiencing mental health problems, the less likely separate accommodations will be needed for individuals. This also avoids the stigma they may feel asking for special treatment. Measures that support inclusion include providing options for flexible working hours or teleworking for all workers. Inclusivity also involves creating supportive and integrated teams at work. This is better for individuals and their morale and personal resilience is less of an issue in a group that works well together.

Even regarding supportive workplace for open communication, individuals have different ways and needs for communication — a simple one-size-fits-all procedure is not enough.

The starting point for supporting inclusion is management commitment, which should be clearly stated and communicated. Workplace inclusivity should be visible in all policies and activities, ranging from recruitment to performance management and job redesign, and finally, to monitoring the current state and progress of policies and practice (See Table 1). Workplace safety and health risk assessments, including for psychosocial risks, must take account of 'particularly sensitive groups' and EU-OSHA provides advice on how to include diversity in risk assessment[28].

Practice tip – Inclusive workplaces minimise the need for accommodations
Making a workplace more inclusive for all workers, taking account of diversity, and providing flexibility and adjustability, for example, when buying equipment, planning tasks, workspaces and working hours, reduce the need to make accommodations for individuals and help compliance with equality law.

Table 1: Policies and practices to support vulnerable groups in the workplace

Senior management commitment	▪ Inclusion of disability in the organisation's policies and mission statement ▪ Strategic plan for normalising disability ▪ Policy of non-discrimination and openly addressing stigma against disability ▪ Internal and external promotion of disability-inclusive programmes ▪ Involvement and commitment of (senior) management to inclusion with a vision ▪ External reporting on performance – e.g. in the annual review or reporting to the board on performance regarding mental health policies and procedures

[27] See: https://www.hse.gov.uk/disability/best-practice/index.htm
[28] https://osha.europa.eu/en/publications/factsheet-87-workforce-diversity-and-risk-assessment-ensuring-everyone-covered-summary

Recruitment and selection	▪ Inclusive recruitment and selection strategy ▪ Collaboration with external parties in recruitment, such as vocational rehabilitation agencies ▪ Internship programmes for people with disabilities or participation in job fairs ▪ Diverse recruitment team ▪ Accommodations in the recruitment process (e.g. different communication format) ▪ Open communication in recruitment process
Performance management and development practices	▪ Disability–HR management fit with disability-inclusive (performance management) practices ▪ On-the-job training for people with disabilities ▪ Career advancement opportunities based on merit for people with disabilities ▪ Fair compensation and flexible benefits ▪ Regular performance reviews ▪ Wellness programmes and healthcare support, specialised for people with disabilities ▪ Inclusion of work and disability in all relevant HR policies ▪ Inclusion of diversity and disability in workplace risk assessment and management
Work accommodations and redesign of work	▪ Flexible work schedules, locations and leave arrangements ▪ Modified or partial work duties ▪ Accessibility of the workplace ▪ Adapted furniture or equipment ▪ Accommodations officer and system for accommodations request ▪ Budget reserved for accommodations
Supportive culture	▪ Inclusive culture (e.g. fairness, cooperativeness, empowerment, encouragement) ▪ Inclusion in social opportunities and customs ▪ Support in socialisation ▪ Management support (e.g. inclusive leadership, mentoring systems) ▪ Co-worker support (e.g. buddy systems, peer modelling or worker resource groups) ▪ Disability (awareness) training ▪ Management training, e.g. in inclusive team working
External collaborations (excluding recruitment)	▪ Strategic alliances with experts, other organisations or vocational rehabilitation agencies ▪ Employer networks for inspiration and visibility ▪ Requirements for subcontractors or suppliers
Monitoring	▪ Annual targets for disability management and the number of people with disabilities, which include monitoring of mental health policies and issues ▪ Corporate analysis of costs related to disability management ▪ Mechanism to assess the number of people with disabilities ▪ Involvement of people with disabilities in decision-making ▪ Worker surveys aimed at feedback from minorities

Based on Kersten et al.[29]

[29] See: https://link.springer.com/article/10.1007/s10926-022-10067-2

3 Return to work and making accommodations

Irrespective of the mental health condition, the following *principles apply when supporting workers to stay in work or return to work after an episode of sickness absence*:

- a culture of awareness and inclusion enabling disclosure of the mental health condition, to develop a sense of a psychologically safe workplace;
- early intervention, i.e. contact with the worker at an early phase of the sickness absence;
- established mental health and return-to-work policy, i.e. there are steps to take that are tailored to each case;
- managers who are trained in supporting workers' mental health and return to work;
- acceptance and support from co-workers and supervisors;
- work accommodations, based on an analysis of work tasks in relation to the worker's current work capacity; and
- follow-up of progress.

3.1 Steps in the return-to-work process

Return to work should be covered by a return-to-work policy. There are six *key steps in the return-to-work-process*:

- time off and recovery,
- initial contact with the worker,
- evaluation of the worker and their job tasks,
- a return-to work plan with work accommodations,
- work resumption, and
- follow-up of the return-to-work process.

The general principles for making the return-to-work plan and determining work accommodations for an individual include the following (adapted from[30]):

- *Make the worker feel valued* and respected.
- *Be open* and look for creative ways of finding solutions.
- *Tailor* the return-to-work plan and accommodations to the individual's needs.
- *Focus on the worker's work capacity* – what they can do – as well as what they may need help with.
- *Involve the worker and listen* to their wishes and opinions – the return-to-work plan and decisions on accommodations must be made in consultation with the worker. It is important that the worker feels involved and in control of their return-to-work process.
- *Seek advice* where necessary from occupational safety and health (OSH) providers, NGOs and other sources of information, obtaining the support of available return-to-work services.
- *Make a return-to-work plan*, developed in consultation with the worker, *tailored* to their needs, and including all important aspects of support and follow-up.

Possible *work-related psychosocial risk factors* causing or contributing to the problem must be addressed, starting with their prevention for all workers.

Coordination between all those involved is crucial, for example, supervisor, senior management, return-to-work coordinator, co-workers, trade union representatives and sickness absence manager. This includes cooperation between HR and occupational health services (in those organisations that have one). With the permission of the worker, there may also be contact with their doctor, psychologist, occupational therapist or other healthcare provider that they are using. The worker may wish to involve their trade union representative. Co-workers need to be informed and involved as appropriate (e.g. if accommodations involve swapping tasks). The acceptance and support from co-workers and supervisors is important.

[30] See: https://osha.europa.eu/en/publications/analysis-case-studies-working-chronic-musculoskeletal-disorders

The *timing of the intervention* is important. Early intervention and a gradual return to work are more likely to result in a successful return to work. However, the timing of the return must also be tailored to the individual's needs. They need to be ready to return. In addition, in some cases an individual might need some weeks off from work as a coping strategy during a crisis phase.[31]

Note: in some Member States there are specific laws, processes and programmes covering return to work.

Additional advice for managers on supporting return to work is given in Appendix B.

3.2 Involving the worker

A mental health condition is invisible unless the person reveals it to other people. Disclosing a mental health problem to some degree is necessary to receive work accommodations.

Practice tip – Early disclosure

The earlier a problem is reported, the easier it is to deal with; an employer cannot act if they are not aware of the problem. This means encouraging and enabling workers to disclose health problems as soon as they arise, assuring them that they will be listened to and supported. If someone is experiencing a persistent mental health problem that affects their work, they should be encouraged to seek medical advice as soon as possible. Medical advice, if shared with permission, should help the employer (or their occupational health service) to understand what support the worker needs.

Let the person choose how much information they reveal and to whom it will be revealed in the workplace. They may wish to bring their trade union representative or a colleague with them to discuss return to work and accommodations.

Practice tip – Open conversations

A worker's needs will become clearer through good communication. A conversation between an individual and their manager about a health condition could cover the following:

- the condition (if the worker wishes to disclose it);
- the symptoms experienced;
- if the symptoms vary, how they feel on a good or bad day;
- the effects of medication;
- what tasks or factors in the work environment they find challenging and need help with; and
- what support they need or might need to do their job now and in the future.

Note: voluntary participation leads to the best communication and cooperation.

While a worker may choose to disclose their condition, it may not be necessary to know the diagnosis. The important thing is to understand how their work may be affected by the metal health problem that they are experiencing and what support they think they need, fully involving them to agree on the support they need. Focus on their work capabilities, not their incapacities.

Note: data protection laws apply regarding medical information. Procedures regarding return to work and contact with an individual can vary between Member States.

Appendices 2 and 3 contain further advice for employers/occupational health services on communicating with individuals about mental health and for workers about speaking to their supervisor/occupational health service.

3.3 Implementing work accommodations and follow-up

Work (or job) accommodations are individual adjustments to the job, task or work environment to enable a worker to remain in work. They allow a person to manage a long-term problem while working or to continue working while recovering.

[31] See: https://oshwiki.osha.europa.eu/en/themes/return-work-after-sick-leave-due-mental-health-problems

Work accommodations include modifying tasks, offering flexible working hours/patterns, allowing time to attend medical appointments, additional training and so on. Interventions such as active support from the supervisor, contact with the workplace and early graded return to work can also be important in supporting return to work.[32]

Work accommodation needs are highly individual and depend on the workplace and the person's needs to manage their problem and carry out their work. Not everyone will need the same accommodations, and some may not need accommodations at all. Some accommodations may only be needed temporarily, such as reduced hours as part of a gradual return to work. Some examples are given in Box 4. A more detailed list is given in Appendix D.

The tool of risk assessments can also be used to identify suitable accommodations that could support the person. When analysing work tasks the focus should be on the person's work capacity — what they can do not what they can't do. As mentioned, the individual must be involved in any discussion and decisions about their work. They are the experts on their work and how their condition affects them. Follow-up is needed to check that accommodations are working for the individual and to review their needs if things change. The time and arrangements for follow-up should be included in the return-to-work plan.

Box 4: Examples of accommodations

- Hours and patterns of work:
  - Reduced hours
  - Later start – e.g. if sleep disturbed
  - Allowing breaks for relaxation practice
  - Time off for medical appointments
  - Flexible hours and teleworking
  - Gradual return to work
- Tasks:
  - Allowing extra time to learn new tasks
  - More structured tasks, breaking tasks down into smaller tasks, help with task planning
  - Swapping tasks with colleagues
  - Additional breaks, e.g. for fatigue or to carry out relaxation techniques
  - Change to a new position
- Equipment :
  - Voice-activated software, task planning software and apps
- Work environment:
  - Access to a quiet area to work, reducing noise
- Support and communication:
  - Additional supervision, coaching or training, extra support for specific tasks, mentoring or having a co-worker 'buddy', written instructions

❖ A combination of several measures may be needed.

Many accommodations are simple and inexpensive, and just part of good management. The benefits of making accommodations include retaining valued workers, decreasing turnover rates, reducing long-term sickness absenteeism, and creating a mentally healthy workplace to the benefit of all workers and the organisation. Box 5 provides some practical examples of providing support and more accommodation stories are given in Appendix E.

Note: *if the return-to-work is following work-related stress or burnout or work-related post-traumatic stress disorder*, then the work-related causes must be addressed alongside providing support and accommodations. Appendix F provides more specific advice regarding support following work-related absences.

[32] OSHwiki, *Return to Work after sick leave due to mental health problems*, 2020. Available at: https://oshwiki.osha.europa.eu/en/themes/return-work-after-sick-leave-due-mental-health-problems

Box 5: Examples of providing support

Simple, practical and inexpensive changes and support:

- Sita was experiencing anxiety and needed the reassurance of her boss regularly acknowledging her work, saying 'thank you' and greeting her in the morning. Otherwise she worried she'd done something wrong.
- Simon takes his lunch break in three 20-minute slots over the day to manage his mental health and take time out when he's feeling under pressure.
- Alison experienced a family bereavement and was struggling with phone calls from the public which can be challenging and emotional. A temporary adjustment was put in place so another team member could field her calls for a period until she felt able to manage external contact again.
- Chloe was experiencing depression. Fearing the worst, she disclosed her condition but found that her boss did everything to support her by offering: weekly catch-ups to prioritise her workload; flexible working; and afternoon naps to cope with the side effects of medication. This aided Chloe's speedy recovery and ability to stay in work. 'It doesn't feel like I've been punished for being depressed, it almost feels like I've been rewarded for being honest.'
- Liz works in a flower shop that is open from 09.00 to 17.00. She finds that rush hour travel on public transport makes her feel unwell. Her employer adjusts her working hours from 08.00 to 16.00, so she can avoid travel during peak rush hour. This would be practicable for her employer, as Liz can open the shop and process overnight orders before the shop opens to the public.
- When people feel under pressure they can find it hard to prioritise their workload. Flexible working hours and increased one-to-one supervision can help people better manage their time and plan and prioritise. Some people find a regular surgery-style trouble-shooting session with their manager helpful. You can go through the person's to-do list together to coach them on how to approach challenging tasks. This can act as a useful pressure valve to help people regain confidence and cope with challenges.

Source: https://www.mind.org.uk/

3.4 Digital technologies, mental health and work accommodations

Depending on how it is implemented, the use of digital technology in the workplace can improve work or it can increase work-related risk factors, for example if it reduces work autonomy or increases the pace of work, monitoring or isolation. It can bring extra problems for some people experiencing mental health problems, for example if they find it hard to disconnect from work, obsessively check emails, or have difficulties coping with multiple communication channels or need additional training and support when new technologies are introduced. On the other hand, it can bring benefits, such as opportunities for individuals with mental health problems to manage their symptoms better, for example through teleworking, or the use of assistive technologies. Some individuals may need greater support, for example, more or a different form of training, or mentoring when digital changes are introduced into the workplace, or they may need additional support to manage the change process itself.

Teleworking – help or hinderance to mental health?

Teleworking from home can bring advantages or disadvantages for all workers. Whether permanent or occasional, it can help some people to manage a mental health problem (likewise for people with a physical health problem) and allow them to continue to work. Preferences for teleworking could be dependent on individual needs related to autonomy, influence over the workplace or the availability of social contacts at the workplace. For all workers teleworking has potential advantages, such as the time and stress saved by not commuting, a better work–life balance, higher productivity and better concentration. However, it can also lead to an increase in time pressure, longer working hours and social isolation, and increased risk of MSDs if these factors are not managed.

Teleworking should be covered by a policy that includes the right to disconnect from work and both ergonomic and psychosocial risk factors should be covered by a risk assessment. It is important to ensure good communication between the teleworker and the employer or co-workers. Managers should stay in regular touch with teleworkers. Team meetings are best alternated with one-to-one talks. Managers should talk to workers about healthy disconnection from work.[33,34]

Work accommodations – digital equipment and technologies

One positive aspect of digitalisation is that there are various types of digital equipment and technologies that can support someone experiencing a mental health problem to deal with certain aspects of work that they find difficult. Their use should be piloted and then monitored to make sure that they are helpful to the individual. Simple, low-cost accommodations that could help workers experiencing mental health problems to perform their jobs more effectively include:

- tools that help organisation: electronic organisers, apps for task management (e.g. set time needed for tasks, then it will tell you when to move to the next tasks), software calendars, organiser programmes, calendar schedulers and reminders, visual scheduling apps;
- devices to record and review meetings and training sessions;
- use of technology to calm or reduce arousal;
- 'white noise' or environmental sound machines;
- lamps and lighting that simulate outdoor lighting;
- use of software/apps during the working day to assist self-management, e.g. to monitor symptoms, manage medication, track mood, connect with trained health provider; and
- use of software that minimises computerised distractions such as pop-up screens.

Some resources with more examples of assistive technologies, and advice on choosing them, are given in Appendix I.

3.5 Occupational health services and risk assessment

Occupational health and HR services should cooperate to find the right support and accommodations. The role of OSH includes risk assessment to identify work-related psychosocial risk factors that are affecting the whole workforce and in relation to the individual and their work and propose solutions. Some countries have specific regulations on the role of occupational health services regarding return to work, for example, in some countries contact with a worker on sick leave may only be done by the occupational health service.

3.6 Offering support services

An occupational psychologist/support desk in the company or a company employee assistance programme (EAP) may provide support and an opportunity to a person to talk freely and confidentially about their problem with a competent professional. Some workplaces have agreements offering staff confidential counselling sessions or cognitive behavioural therapy sessions. Some EAPs provide guidance to managers and supervisors on how to support their staff.

3.7 Getting external support

External advice and support for both employer and worker may be needed to enable an effective return to work. Return-to-work services and advice and statutory requirements on employers regarding return to work following sick leave vary between countries. Some countries have specific support programmes for return to work or reinsertion into employment. These may be in the form of national and regional employment or health services that provide return-to-work advice and support, including financial support and support for employing workers with disabilities or who have been off work with health problems. In other countries, national or regional work accident insurance systems may offer support and advice, provide grants for equipment and adaptations, or run specific programmes. The most effective services are multidisciplinary that provide coordinated, tailored support to the individual and the employer. Evidence suggests that the most effective way of supporting people

[33] See: https://osha.europa.eu/en/publications/preventing-musculoskeletal-disorders-when-teleworking
[34] See: https://oshwiki.osha.europa.eu/en/themes/practical-tips-make-home-based-telework-healthy-safe-and-effective-possible

with more serious mental health problems that involve psychosis to work is through Individual Placement and Support (IPS) (see section 3.8).

Healthcare support is not covered by this report. An individual's healthcare is not a matter for the employer. However, an employer can encourage a worker to seek medical advice if they spot that a worker is in distress, or point the individual in the direction of where they can seek help or counselling. Therapies such as cognitive behavioural therapy are most helpful if they are work-orientated.

Some sources of national information and service providers are listed in Appendix I.

3.8 Employing someone with a serious mental health condition

More serious conditions that involve psychosis are relatively uncommon and require at some point the support of specialist mental health services. People with these conditions mostly want to work and are capable of employment given the right kind of support. Evidence suggests that the most effective way of supporting people experiencing serious mental health problems to work is IPS[35], which aims to match the potential worker with an employer and then support both the employer and the worker to make the job a success. For this to happen requires both parties to overcome prejudice, pessimism and preconceptions. The results are good for the employer who gets a committed worker and also good for the worker who in addition to getting a proper wage often finds a significant improvement in their general health and mental health. Detailed advice on this area is beyond the scope of this guide. However, even for more serious problems, the accommodations needed may still be low-cost and simple. Sources of information on supporting individuals experiencing more serious mental health problems involving psychosis can be found in Appendix I.

3.9 Checking everything is in place

Table 2 provides a quick checklist to check whether everything is in place to support mental health and manage work capacity (the ability of your workforce to perform their work). It covers awareness, preparedness and worker participation.

Table 2: Checklist for managing work capacity, adapted to SMEs

Awareness – Do you know…	▪ … how are your workers doing? ○ Job satisfaction, competence, health, work capacity ▪ … what are the risks to work capacity in your workplace? ▪ … what are the health risks in your workplace? ▪ … what is the level of physical and psychosocial risks in your workplace? What are the targets? ▪ … what are the costs associated with work incapacity? ▪ etc.
Preparedness	▪ Do you have means to address the identified risks? ▪ Do you have preventive OSH practices? ▪ Do you have early support practices in case of mental health issues? ▪ What types of work accommodations are agreed? ▪ Do you have a return-to-work policy?
Worker participation	▪ Do your workers participate in the planning of policies and practices? ▪ Do your workers participate in the planning of the provision of EAPs and OSH services?

Source: Confederation of Finnish Industries[36]

[35] See https://www.base-uk.org/sites/default/files/knowledge/Working%20with%20Schizophrenia/330_working_with_schizophrenia.pdf

[36] Confederation of Finnish Industries [Elinkeinoelämän keskusliitto]. *Management of work capacity for extending working lives. A model for work capacity management by the Confederation of Finnish Industries* (in Finnish). Helsinki: Confederation of Finnish Industries, 2011.

A more detailed checklist for SMEs on supporting workers experiencing mental health problems is given in Appendix G and Appendix H contains some pointers for self-employed workers.

4 Conclusion

Good quality work is supportive of mental health and most people experiencing a mental health problem want to work. There is an urgent need to tackle stigma around working while experiencing a mental health problem. Diagnoses also attract different degrees of stigma which is why people often prefer them to remain confidential. With the right support and accommodations, many more workers experiencing mental health problems could continue to work. The return-to-work process is the same as for physical conditions. There are many different accommodations that can be helpful, many are simple and low-cost and within the means of small businesses. However, the more a workplace is inclusive and takes account of diversity, the less need there will be for individual accommodations and the stigma involved in asking for them. Focusing on preventing risks at source, incorporating adaptability and promoting wellbeing is also part of making a workplace inclusive. Having specific policies for all workers and flexible work arrangements, such as adaptable working hours and teleworking, can support continued working while experiencing a mental health problem or other health conditions.

Appendices

Appendix A - Suicide prevention

This information is based on the WHO leaflet 'Preventing suicide at Work: information for employers, managers and workers WHO',[37] with additional material from the listed resources.

Suicide is a major cause of premature death in Europe. However, most suicides are preventable with appropriate interventions. Apart from the human tragedy, a workplace suicide[38] can have a serious and lasting impact on an organisation and its workers. People in work spend about one-third of their lives at their place of employment, so employers can play an important role in suicide prevention.

Work that is interesting and fulfilling is good for mental health, but a negative working environment or work-related stressors can lead to physical and mental health problems. Work-related factors may contribute to feelings of humiliation or isolation. An issue or combination of issues such as job insecurity, discrimination, work stress factors (including excessive workload or hours), and bullying may play their part in people becoming suicidal. It is important for employers and others in positions of responsibility in the workplace to put in place measures to prevent work-related risk factors and promote the good mental health of their workers, and to have a plan for supporting workers and colleagues experiencing mental health conditions or who may be at risk of suicide. Suicide prevention strategies should be part of an organisation's health and wellbeing policies.

Signs to look out for:

- expression of thoughts or feelings about wanting to end their life, or talking about feeling hopeless or having no reason to live;
- expression of feelings of isolation, loneliness, hopelessness or loss of self-esteem, or dwelling on problems;
- withdrawal from colleagues, decrease in work performance or difficulty completing tasks;
- changes in behaviour, such as restlessness, irritability, impulsivity, recklessness or aggression;
- speaking about arranging end-of-life personal affairs such as making a will, or concrete plans for suicide, abuse of alcohol or other substances;
- depressed mood or mentioning of previous suicidal behaviour; and/or
- bullying or harassment.

Particular attention should be paid to people who are losing their job.

What you can do if you are worried about a colleague:

- Express empathy and concern, encourage them to talk, and listen without judgment. Ask if there is anyone they would like to call or have called.
- Encourage them to reach out to health or counselling services inside the organisation, if available, or otherwise outside the organisation, and offer to call or go there together.
- If your colleague has attempted to or indicates that they are about to intentionally harm themselves, remove access to means and do not leave them alone. Seek immediate support from staff health services, if available, or health services outside of the organisation.

[37] See: https://www.who.int/docs/default-source/mental-health/suicide-prevention-employers.pdf

[38] 'workplace suicide' is understood to be a suicide in or outside the workplace, which may involve an employee or contractor, or a family member or close friend of an employee or contractor. It may also concern a significant customer or supplier, or a person who is important to the organisation, such as a trade union representative (https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/).

What you can do as an employer or a manager:

- Provide information sessions for your staff on mental health and suicide prevention. Ensure all staff know what resources are available for support, both within the organisation and in the local community.
- Foster a work environment in which colleagues feel comfortable talking about problems that have an impact on their ability to do their job effectively and supporting each other during difficult times.
- Become familiar with relevant legislation.
- Identify and reduce work-related stressors that can negatively impact mental health.
- Reduce, remove or eliminate the methods people use to commit suicide, based on a risk assessment (e.g. access to roof tops, drugs, anaesthetics, pesticides or weapons).
- Design and implement a plan for how to sensitively manage and communicate the suicide or suicide attempt of an worker in a way that minimises further distress. Measures should include the availability of trained health workers and support services for staff.
- Support people through stress caused by non-work factors, for example:
    - be flexible with working hours,
    - allow workers time for counselling or medical appointments,
    - allow them time to get other advice, for example from solicitors,
    - direct workers to appropriate help, for example from their GP or an EAP, and
    - identify other sources of potential help.
- Support workers after an incident, e.g. help through an EAP or access to counselling; check that other workers are not under the same pressure; review your risk assessment for work-related psychosocial risk factors.
- Consult workers and their representatives on workplace policies and prevention measures.

Examples of actions for organisations to take to prevent work-related suicide:

- Destigmatise seeking help and treatment.
- Foster a no-blame culture.
- Improve access to health and wellbeing resources.
- Mitigate work-related psychosocial risk factors.
- Provide support for addressing immediate concerns such as staffing shortages, burnout and stress management.
- Provide support for emotionally demanding work, e.g. resilience training, debriefing following stressful incidents, sharing experiences.
- Employ staff who are responsible for overseeing and supporting worker health and wellbeing. Ensure coordination between HR and occupational health services.
- Implement policies and procedures to address discrimination and workplace bullying and harassment. Ensure cyber-harassment is covered.
- Foster a work culture that encourages workers to disconnect from work.

Further information and resources:

- Business in the Community, 2019, Crisis Management In The Event Of A Suicide: A Postvention Toolkit For Employers, https://www.bitc.org.uk/toolkit/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/
- Business in the Community, 2019, Suicide prevention tool kit, https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/
- WHO (World Health Organisation), Preventing Suicide: a resource at work, http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf
- Euregenas, Preventing and managing suicidal behaviour: A toolkit for the workplace, https://www.researchgate.net/publication/269093105_Preventing_and_managing_suicidal_behaviour_A_toolkit_for_the_workplace_EUREGENAS_project
- HSE (Health and Safety Executive) Suicide prevention, https://www.hse.gov.uk/stress/suicide.htm

- AHA (American Hospital Association), 2022, Suicide prevention: evidence-informed interventions for the health care workforce, https://www.aha.org/system/files/media/file/2022/09/suicide-prevention_evidence-informed-interventions-for-the-health-care-workforce.pdf
- Advice for farmers:
    - The little book of minding your head, https://www.yellowwellies.org/LittleBookOfMindingYourHead_5thEdition_1122/?page=88
    - The FARMWELL toolbox, https://farmwell-h2020.eu/toolbox/

See Appendix I for additional resources.

Appendix B - Speaking to a worker about their mental health and supporting return to work

Conversations around mental health problems should be approached in the same way as for physical health problems. The principles of how to hold conversations are the same. People experiencing mental health conditions can feel their condition is less understood than more visible physical conditions. It is important not to trivialise problems like depression and anxiety. Take time to learn from and listen to the worker. If workers have a diagnosis, they are not legally obliged to disclose their diagnosis.

Physical conditions can also affect mental health, and long-term conditions like depression can affect people very differently over time. A worker is likely to have good and bad days, with different needs for each.

When using the tips below, bear in mind that some aspects of supporting a worker can depend on specific national legislation and support services, so some tips may not be applicable. Member States have different legislation regarding sick leave and return to work, for example, regarding the return-to-work process, whether a gradual return to work is permitted or regarding contact with a worker while on sick leave. In some Member States, contact is only through the occupational health service and the manager may not initiate the contact.

The tips are based on: Mond Cymru, 'How to support staff who are experiencing a mental health problem'. https://www.mind.org.uk/media-a/4806/how-to-support-staff-who-are-experiencing-a-mental-health-problem_wales_v2.pdf

How do I know if someone's experiencing a mental health problem?

You know the people in your team and you may notice changes in them. However, it's important to remember everyone's experience of a mental health problem is different and there may be no outward sign — this is why it is so important to create an environment where people can be open. You should never make assumptions about people's mental health but clues might include:

- changes in people's behaviour or mood or how they interact with colleagues;
- changes in their work output, motivation levels and focus;
- struggling to make decisions, get organised and find solutions to problems;
- appearing tired, anxious or withdrawn and losing interest in activities and tasks they previously enjoyed; and
- changes in eating habits, appetite, and increased smoking and drinking.

How to have a conversation with an individual about their mental health:

- Be positive – focus on what workers can do, rather than what they can't.
- Work together and involve people in finding solutions as much as possible.
- Remember people are often the expert when it comes to identifying the support or adjustment they need and how to manage their triggers for poor mental health.

1. *Choose an appropriate place* – somewhere private and quiet where the person feels comfortable and equal, possibly a neutral space outside of the workplace. If they are a remote worker, consider whether going to where they are may help.
2. *Encourage people to talk* – people can find it difficult to talk about their mental health but it helps to have an open culture where conversations about mental health are routine and normalised. Ask simple, open and non-judgmental questions and let people explain in their own words how their mental health problem manifests, the triggers, how it impacts their work and what support they need. Be patient, and let the conversation develop gradually. Listen to the words they prefer to use and use those words yourself and try to avoid words such as 'suffering from'.

3. *Don't make assumptions* – don't try to guess what symptoms a worker might have and how these might affect their ability to do their job; many people are able to manage their mental health and perform their role to a high standard but may require support measures when experiencing a difficult period.
4. *Listen to people and respond flexibly* – everyone's experience of a mental health problem is different so treat people as individuals and focus on the person, not the problem. Adapt your support to suit the individual and involve people as much as possible in finding solutions to any work-related difficulties they're experiencing. Conversations about work accommodations and what support are needed should focus on the individual's capabilities. What is important is to know what the individual can do, what they have difficulty with at work and what changes could help them, not the diagnosis. Remember effective workplace adjustments are often quite individual but needn't be costly or require huge changes.
5. *Be honest and clear* – if there are specific grounds for concern, like high absence levels or impaired performance, it's important to address these at an early stage.
6. *Ensure confidentiality* – people need to be reassured of confidentiality. It's sensitive information and should be shared with as few people as possible. Create strict policies to ensure this. Discuss with the individual what information they would like shared and with whom.
7. *Develop an action plan* – work with your worker to develop an individual action plan that identifies the signs of their mental health problem, triggers for stress, the possible impact on their work, who to contact in a crisis and what support they need. The plan should include an agreed time to review the support measures to see if they're working. (Note – such a plan may be required by your national legislation.)
8. *Encourage people to seek advice and support* – people should speak to their doctor about available support from the health services such as talking therapy. If your organisation has an EAP it may be able to arrange counselling. Mental health-related NGOs may be able to signpost people on to support or return-to-work services if they exist.
9. *Seek advice and support yourself* – e.g. NGOs that support people with mental health problems, the occupational health service (if you have this), can provide tailored advice to support both employers and workers, healthcare organisations and services that support return to work. If relationships have become strained mediation can help.
10. *Reassure people* – people may not always be ready to talk straight away, so it's important you outline what support is available, tell them your door is always open and let them know you'll make sure they get the support they need.

Tips for managers – while a worker is off sick

- Send a 'get well soon' card as you would with a physical health problem.
- Be clear the organisation will support people during their absence and reassure them their job will be there when they return.
- Maintain regular open and meaningful communication with people — agree together the frequency of contact early on and confirm this in writing.
- Take your lead from how people choose to communicate — whether by phone, email, text or face-to-face — and keep checking that the current arrangement is still working for people.
- Have an open-door policy so the person can approach you with any concerns.
- Ask how people are doing and focus conversations on their wellbeing.
- Make it clear people should not rush back to work or push themselves too much.
- Consider visiting the worker at home, but only with their consent.
- Staying in touch with friends can support people's smooth return so encourage work colleagues to keep in touch.
- Keep people in the loop about important developments at work so they still feel connected.

- Regularly communicate with HR/occupational health services, act on their recommendations and keep people informed.
- Agree what information they would like shared with colleagues — close colleagues will want to know how they are getting on.
- Communicate clearly with the team and ensure they understand the situation. If they have to pick up extra work it's vital this is managed well. There may be uncertainty about if or when their colleague may return. If colleagues feel the person is receiving unfair special treatment this needs to be constructively challenged.
- If there are grievances or other concerns raised, work to resolve these as quickly as possible and keep people informed of progress.

Tips for the return-to-work interview

- Tell people they were missed.
- Explain the return-to-work process/procedures.
- Reassure people they are not expected to walk straight back into full-time hours or to manage a full-time workload.
- Ask the worker how they are feeling.
- Use open questions that require more than just a 'yes' or 'no' answer and give people lots of space and time to talk.
- Listen and try to empathise with the worker.
- Ask if there are any problems at work that might be causing them stress.
- Ask if there are difficulties outside work that might be contributing to their absence.
- Discuss the person's mental health problem and the possible impact on their work.
- Discuss possible solutions and ensure you are aware of sources of available support.
- Discuss any worries the person has about returning to work, reassure them that this is normal and agree on a strategy to address these concerns together.
- Try to prepare people for how they may feel on their return and also to think about how they want to manage their return, e.g. what they want to say to colleagues.
- Understand that despite looking fine, someone may still be unwell.

Tips for managers – when people return to work

- Meet the individual on their first day back.
- Have a plan for the person's first day to ensure they feel included and welcomed, e.g. in lunch plans.
- Discuss if there are particular tasks, responsibilities or relationships that people are apprehensive about and consider temporary changes to their role during their initial return to work to help manage this.
- Explore potential return-to-work adaptations with an open mind.
- Explain any recent changes that affect the individual's role, responsibilities and work practices.
- Incorporate a phased return to work for the individual, if appropriate.
- Make the individual's first few weeks back at work as low-stress as possible.
- Suggest they involve their trade union representative or a trusted colleague — someone they are friends with — to help them reintegrate into the workplace.
- Promote a positive team spirit and encourage colleagues to make sure the person feels welcome and their return is comfortable.
- Colleagues are often unsure if it's OK to ask how people are but, just as with a physical health problem, most people appreciate being asked how they're doing.
- Keep in regular contact with the returning worker and regularly ask how they are.

- Take time to try out support measures. Ensure there are regular ongoing opportunities to monitor and review what's going well and what's not going well, to make sure the support/adjustments are helping and to tweak these if they aren't quite right, and to adjust, e.g. if the mental health problem is short-term.

See Appendix I for additional resources on 'talking'.

Appendix C - Speaking to my employer about my mental health

These tips are based on information provided by Mind (https://www.mind.org.uk). Different countries have different requirements and services supporting return to work, so the applicability of the advice below may vary depending on your country.

Should I tell my employer about my mental health problem?

If you have a mental health problem, you might feel unsure about telling your employer about it. You might feel worried about confidentiality or unfair treatment because of it. It is up to you whether or not you want to disclose a mental health condition to your employer. However, if your mental health problem is a disability and you want the protection of your country's employment equality legislation, your employer needs to know about it. Also, informing the employer might mean they are better able to understand and support you.

If you do decide to tell your employer, think about the following:

- How and when to do it. It can be helpful to have a note from your doctor to help explain your situation.
- How much information you want to give. You don't have to go into personal details, just focus on how your mental health problem can affect your job.
- Who you want to share it with. For example, you might tell the HR department about your diagnosis, but you don't have to tell your supervisor or colleagues.

How do I tell my manager?

If you want to tell your manager about your mental health problem, it can be hard to know where to start. To make the process easier, you could try the following suggestions:

- Arrange to talk to your manager privately. This could be during a regular catch-up, or by requesting a one-to-one meeting.
- Think about what you'd like to say in advance. Write up some notes and bring them with you when you meet your manager.
- Think about your support needs and what keeps you well at work. Come prepared with reasonable accommodations or suggestions for how you'd like to move forward, like a more flexible schedule or the option to work remotely. Read more and get examples, e.g. from the websites of mental health NGOs or disability organisations.
- Focus your conversations about work accommodations and what support you need on your individual capabilities. Your employer needs to know what you can do, what you have difficulty with at work and what changes could help them, not your diagnosis.
- Make your conversation clear and concise by writing out what you'd like to say and rehearsing it ahead of time.
- Keep a written note of what you discussed.

To help you stay well and work effectively, you might need to change something about your environment or the way you work. You can make some changes on your own. Others, such as reasonable work accommodations or adjustments, will require action or agreement from your employer. If you have a diagnosed mental health problem, think about what changes would help the difficulties you experience. Your employer might refer you to an occupational health adviser for advice on how best to support you. You may want to involve a trusted colleague or your trade union representative (either in meetings, or to discuss your approach with them).

How do I show my employer that my mental health problem is a disability?

Some employers may accept what you say without asking for more information. But because mental health problems aren't visible, it may be hard to explain your situation to your employer.

It can help to have a note from your doctor or another professional to explain:

- what mental health problems you are experiencing,
- how they may affect you at work, and
- what reasonable adjustments might help you to manage your work.

You could also show your employer information about your condition.

See Appendix I for additional resources on ‘talking’.

Appendix D - Types of accommodations

This section provides examples of accommodations that could be considered to support someone experiencing a mental health problem. It is not a definitive list. Choices will always depend on the individual's needs and the work context.

Table D1: Types of accommodations

Support need	Type of accommodation	Specific accommodations

Support to manage work demands	Modified tasks or additional support for existing or new tasks	▪ Additional support and/or extra time for demanding work tasks.
		▪ Reduced/balanced workload:
		  ○ Clearly defined and sustainable work roles.
		  ○ Reduced work tasks.
		▪ Modifying job tasks/job redesign.
		▪ Job change/exchange.
		▪ Assistance and help from co-workers, e.g. 'back-up' from a colleague delegating the work, arranging a substitute during sick leave; possibility to ask for help.
		▪ Temporarily adapting work responsibilities during return to work.

	Supervisory support/ communication	Managerial/supervisor support: ▪ Monitoring coping at work. ▪ Managing worker's work capacity through development discussions. ▪ Work skills training, resilience training. ▪ Engaging worker in decision-making and choice over work. ▪ Positive support/recognition/frequent feedback from the workplace/supervisor. Follow-up of progress. ▪ Providing opportunities for professional development. ▪ Providing emotional support. ▪ Increasing supervision, e.g. weekly meetings. ▪ Help with task planning/management/setting priorities (e.g. scheduling deadlines). Support from colleagues/others: ▪ Mentor/co-worker buddy. ▪ Return-to-work coordinator.
	Hours/scheduling flexibility	Schedules/working hours: ▪ More flexible work hours. ▪ Shift and/or task rotation. ▪ Reduced work hours. ▪ Working in shorter intervals.
	Other	▪ Partial sick leave. ▪ Gradual return to work.

Support need	Type of accommodation	Specific accommodations
Stamina/fatigue/ struggling with a previously easy task	Modified tasks or additional support for existing or new tasks	▪ Job task redefinition/modification/task rotation. ▪ Job task reduction/easier tasks/gradually increase work tasks/flexibility in carrying out work tasks – self-paced work/slowing pace of work. ▪ Reduced pace of work/more rest pauses. ▪ Job sharing, exchanging some tasks with other colleagues. ▪ Modified/periodic rest breaks. ▪ Allowing extra time to learn tasks. ▪ Help to find manageable job routines.
	Hours/scheduling flexibility	▪ Working from home. ▪ Reduced working hours/part-time work. ▪ Paid/unpaid time off (e.g. for medical appointments). ▪ Leaves of absence allowed. ▪ Gradual return to work, partial sick leave .
Sleep problems and fatigue	Physical space accommodation	▪ Workstation with natural light, consider the use of daylight simulator lamps, particularly during the winter. ▪ Ensure optimal temperature, ventilation and humidity.
	Modified tasks	▪ Modified/periodic rest breaks.
	Hours/working time flexibility	▪ Flexible working – e.g. being able to start a bit later following a ‘bad’ night. ▪ Working from home occasionally. ▪ Move from shift work to day work, review shift working arrangements to ensure ‘healthy’ shift work schedules.
Problems concentrating	Modified tasks or additional support for existing or new tasks	▪ Gradually increase job tasks. ▪ Allowing extra time to learn tasks. ▪ Work skills training. ▪ Reducing distractions/interruptions. ▪ Working in a smaller group. Communication: ▪ Written/modified instructions.
	Hours, work schedule	▪ Flexible work hours/self-paced work.
	Physical space accommodation	▪ Reducing noise (e.g. headsets). ▪ Access to a quiet place to work when necessary/own office. ▪ Working from home.

Support need	Type of accommodation	Specific accommodations
Attention difficulties	Modified tasks or additional support for existing or new tasks	▪ Job task redefinition/modification. ▪ Reducing distractions. ▪ Breaking down tasks into smaller tasks. ▪ Reduced pace of work, more rest pauses. ▪ Self-paced workload.
	Scheduling flexibility	▪ Flexible work hours/schedules. ▪ Reduced work hours, from full-time to part-time.
Forgetfulness	Help with scheduling and planning	▪ Support from manager to plan tasks, planning apps. ▪ Maintaining a consistent, routine schedule. ▪ Making notes, using planners/calendars/checklists. ▪ Assistive technologies/apps, e.g. alerts, reminders, voice recognition software. ▪ Learning information through multiple modalities. ▪ Keeping a well-organised workspace. ▪ Visual reminders. ▪ Auditory cues. ▪ Repeated exposure to important information (e.g. recording). ▪ Additional support or coaching, especially for new tasks. ▪ Written/modified instructions.
Meeting deadlines/ timekeeping	Modified tasks or working hours	▪ Tailored workday. ▪ Flexible work hours/schedules.
	Additional support for existing or new tasks	▪ Increasing supervision; weekly meetings with supervisor. ▪ Help with task planning/management/setting priorities (e.g. scheduling deadlines). ▪ Work skills training. ▪ Assistive technologies/apps to support planning and timekeeping.
	Communication facilitation	▪ Written/modified instructions.
Decision-making	Modified tasks or additional support for existing or new tasks	▪ Job coach/mentor/co-worker buddy. ▪ Help with task planning/management/setting priorities (e.g. scheduling deadlines). ▪ Adjust responsibilities, e.g. away from the supervisor role.

Support need	Type of accommodation	Specific accommodations
Planning work	Modified tasks or additional support for existing or new tasks	▪ Breaking down tasks into smaller tasks. ▪ Tailored workday. ▪ Help with task planning/management/setting priorities (e.g. scheduling deadlines). ▪ Assistive technologies/apps.
	Communication facilitation	▪ Increasing supervision; weekly meetings with supervisor.
Difficulty disconnecting from work	Modified tasks or additional support with existing or new tasks	▪ Ensuring that the person is not contacted out of work hours. ▪ Right to disconnect, and organisational culture that encourages this. ▪ Manager support to make clear that they should not work outside normal work hours, and take their work breaks and their full holiday entitlement.
Overcoming problems in returning to work (e.g. lack of confidence, anxiousness)	Scheduling flexibility	▪ Gradual return to work. ▪ Partial sick leave. ▪ Reduced working hours.
	Communication facilitation	▪ Increased supervision; weekly meetings/calls with supervisor. ▪ Mentor. ▪ Return-to-work coordinator.
Coping with changes at work	Modified tasks or additional support	▪ Minimising exposure to changes where possible (e.g. to tasks, workstation, supervision).
	Communication and support	▪ Additional support from supervisor. ▪ Additional information and training in relation to changes.
Noisy or other stressful aspects of the physical work environment	Physical space accommodation	▪ Improving work ergonomics: workstation modifications, workspace modifications (to allow own space or reduce noise levels). ▪ Reducing exposure to noise (e.g. provision of headset). ▪ Transferring to another department/location away from distraction.
Needing own space	Physical work environment	▪ Working from home. ▪ Workstation modifications, workspace modifications (to allow own space).
Avoiding isolation	Communication facilitation	▪ Offering peer-to-peer support. ▪ Regular meetings with supervision. ▪ Extra contact if working from home.

Support need	Type of accommodation	Specific accommodations
Managing social interaction, coping with social situations	Communication facilitation	▪ Communication in writing. ▪ Mentor/co-worker buddy. ▪ Training concerning difficult social interactions in a safe environment. ▪ Communication skills training. ▪ Being allowed to leave difficult social situations. ▪ Assistance and help from co-workers, 'back-up' from a colleague. ▪ Mentor/co-worker buddy. ▪ Moving away from client work. ▪ Moving away from supervisor position. ▪ Participating in meetings online.
	Physical work environment	▪ Own workspace. ▪ Allowing working from home.
Coping with giving presentations	Modified tasks or additional support for existing or new tasks	▪ Modified tasks to avoid or reduce the need for public speaking. ▪ Provide a substitute to make presentations if needed. ▪ A person to provide support while making a presentation. ▪ Additional support and tailored training, e.g. for giving presentations.
Coping with changes and transitions	Modified tasks or additional support for existing or new tasks	▪ Minimising changes to work tasks. ▪ Limiting changes in supervision/staff.
	Communication facilitation	▪ Offering additional support and training during change.
Coping with unexpected events	Communication facilitation	▪ Giving as much advance notice as possible. ▪ Offering spontaneous meetings with the supervisor in addition to scheduled discussions with the supervisor.
Managing mood swings, feeling emotional	Communication facilitation	▪ Positive support/recognition/frequent feedback from the workplace/supervisor. ▪ Job coach/mentor/co-worker buddy. ▪ Peer support groups.
	Physical work environment	▪ Working from home.
Managing anxiety	Additional support	▪ Stress management coaching. ▪ Job coach/mentor/co-worker buddy.
	Scheduling flexibility	▪ Allowing breaks for stress management and relaxation practices during the workday. ▪ Flexible work hours/schedules.

Support need	Type of accommodation	Specific accommodations
Managing panic attacks	Modified tasks, physical space	▪ Reducing exposure to triggering situations or objects at work by adjusting tasks, work environment, etc. ▪ Providing access to a quiet, private area to manage the attack and a short break to recover afterwards.
	Hours/scheduling flexibility	▪ Additional breaks when having or anticipating an attack ▪ Working from home.
	Support	▪ Training managers in how to support someone having a panic attack.
Managing an eating disorder	Scheduling flexibility	▪ More meal breaks at work to help manage irregular eating rhythm. ▪ Allowing eating alone.
	Modified tasks and work arrangements	▪ Less physically demanding tasks, more rest pauses (because of physical fatigue and reduced muscle strength). ▪ Voluntary participation in any health and wellbeing initiatives, ensuring initiatives are without competition or comparison.
	Other	▪ Other support areas listed in this table as necessary.
Attending medical / therapy appointments	Flexible work schedule	▪ Time off, flexible working, teleworking.

Appendix E - Case examples of accommodations

The following are case examples of accommodations. While providing an idea about the types of accommodations that can be made, accommodations must be made on a case-by-case basis, tailored to the individual and their workplace. While the examples relate to specific mental health problems, it can be seen that in many cases the accommodations needed are similar, underlining the fact that the focus should be on the needs of the worker, without the need to know the diagnosis

a. Depression – case examples of support

Case 1

‘I was recently on sick leave and I was shocked to be given a diagnosis of “severe depression”. Individual therapy helped me, by addressing my fears and self-confidence, my feelings of crisis, but also my strengths and my environment. I wanted to change my ambition, be less perfectionist, regain my self-confidence and, above all, spend more time with my family. Work was still important in my life, but should not be everything.

During this period, I had contacted my employer. During the interview, I made it clear that I planned to reintegrate step by step and to move to another job because I did not want to work with my former boss anymore. In addition, in the first year I wanted to reduce my working hours and stop overtime. The interview went well and I was promised a change of job. The discussion with my new boss in the run-up to the return was crucial. She assured me of her full support and revealed that her partner was in a similar situation. I will start with two hours a day in the first week. I will have a fixed free day

during the week and I will increase the number of hours I work every two weeks until I am working six hours a day.

I told my colleagues about my mental illness. Individuals talked about their own experiences and then asked me what I needed. I replied that I would like to be open and they should be honest with me. This open atmosphere has had a significant and positive impact on return. My boss met with me frequently during this time. I was able to organise my working hours flexibly with her. I again feel that I am a full member of the team and that my work and myself are valued. I have enough time to get involved in new matters. At the same time, I am continuing to train and learn new things. At present, I do overtime only in exceptional cases – in agreement with my boss. She makes sure that I get these hours back as leisure time in compensation as soon as possible. I am really optimistic about the future. Two years on, I continue to work, I am satisfied with my new tasks and satisfied with myself. Work is still important for me, but other things are at least as important for me.'

Source: BAuA, Germany https://www.baua.de/DE/Angebote/Publikationen/Praxis/A106.html

Case 2

A staff member (counter area), who coordinates appointments and copies or scans important documents for the area and so on, suffers from depression, which has massively intensified due to a bad working atmosphere and various private strokes of fate. Work was in an open plan office, with a different workplace every day due to workplace rotation, constant interruptions due to customer enquiries or telephone enquiries, and a permanent noise level. Attention and concentration problems occurred. The worker also had a higher error rate as a result. As a result, the worker was on long-term sick leave.

For reintegration at the workplace, it was agreed that the worker would not rotate her job for the time being, but that she would be assigned a permanent job in this area. The range of tasks was systematically adapted to her needs — for the time being, no customer contact or telephone enquiries by customers were agreed upon, and the coordination of appointments was also not reassigned for the time being. The worker was given a new training period for the first few months and was assigned the task of issuing documentation and digitally archiving various documents. With this gradual adjustment of her work, the worker was able to develop self-confidence in her work again. In addition, the new training period showed that the worker was also confident in dealing with her future areas of responsibility.

In addition, a colleague was designated as a 'return buddy' so that the worker had the opportunity to reflect on her questions or her activities and to correct them if necessary. Likewise, a guideline for her tasks was written down, in which the worker had all the essential steps mapped out and could always fall back on this nine-month reintegration period.

Source: Pensionsversicherungsanstalt, Austria www.pv.at

Case 3

A regional government worker who works in the property records room has episodes of depression that are more intense when he is busy, under deadlines or is frequently interrupted, making it difficult for him to concentrate and get his work done. The employer rescheduled a part-time worker to help during busy periods, allowing the worker to go to a specified desk behind a partition where he can concentrate better on the records he has responsible for.

Source: https://askjan.org/

Case 4

IT expert supported to cope with home conflicts, work stress and depression: A qualified system IT expert electrician with a specialist role had worked for his company for 20 years. Conflicts in his private life made it harder for him to cope with his complex and demanding work (e.g. cooperating with the various actors involved in his projects, dealing with problems, missed deadlines). The work stress caused him communication difficulties and he felt isolated, both professionally and physically in his job. He felt trapped but was unable to ask for help and suffered a breakdown resulting in a month's hospitalisation. He has depression, his condition has been unstable, he has difficulty

making decisions, he is uncertain and it is difficult for him to deal with more complex processes. His return to work was facilitated by the employer's diversity and inclusion expert. In consultation with the worker, a personal rehabilitation plan was drawn up that also involved his managers, his direct colleagues, his psychologist and other external professionals: a flexible working time schedule now means that he can work from home when he needs to; by rethinking business processes, a better task distribution system was implemented, making it possible to reduce the number of his business contacts; and the employer financed family therapy and psychotherapy sessions for him.

Case 5

A new mother returned to work with postnatal depression. She requested to work from home three days a week instead of the standard one day all workers were allowed. She asked to do so on a temporary basis, not knowing for sure how long it would be necessary. After determining that the worker would most likely be able to do her work from home the two extra days per week, the employer allowed telework on a trial basis to see how well it would work. They agreed to meet with her weekly in order to touch base and see how effective the accommodation was for both parties.

Source: https://askjan.org/articles/Postpartum-Depression.cfm

b. Anxiety – case examples of support

Case 1

J is living with generalised anxiety disorder. His contract of employment says that his hours of work are from 09.00 to 17.00 daily and his place of work is the head office of his employer. J's mental health problem meant that the requirement to work 09.00 to 17.00 in the head office would be difficult at times of stress. A plan to support J includes: letting him work from home when he is feeling anxious; giving him flexible start and finish times; giving him a work mentor who can support him during stressful periods at work; and allowing slightly longer periods of absence before taking action under the sickness policy (which typically requires a sickness absence interview when absence exceeds five days in a three-month period).

Source: https://www.mind.org.uk/information-support/legal-rights/discrimination-at-work/telling-my-employer/

Case 2

A 36-year-old works for a municipal government. She experiences anxiety and depression and says she has grown to value remote working through the pandemic and has developed coping strategies for managing her anxiety that make her far more productive at home. She can get overwhelmed while she's working, but finds having her dog close by has been a huge source of comfort: 'At work there wasn't a place to step away from your desk – we ate our lunch in front of our screens – so you couldn't escape it. At home I can lie down with my dog for a few minutes or go for a dog walk at lunchtime.' She prefers to work from home but sees the benefit of a hybrid approach — something her employer is implementing. She is returning to the office for two days a week which she says will benefit her in terms of training and learning from colleagues.

Source: https://www.lancaster.ac.uk/work-foundation/publications/unlocking-flexible-working

c. Sleep problems – case examples of support

Case 1

An office worker had problems with waking up in the morning and was consequently often late for work. As an accommodation, their employer introduced a thirty-minute arrival window, and the worker was allowed to extend their day to make up the time.

Source: https://askjan.org/disabilities/Sleep-Disorder.cfm

Case 2

When returning to work following extended maternity/postnatal leave (linked to postpartum depression), a worker asked for a flexible schedule to help her battle fatigue due to insomnia and the medications she takes. As part of the flexibility, she asked to start her day an hour before others or to stay an hour after others had left to have more uninterrupted, quiet work time. She also asked if breaks and lunch could be redistributed so that she had shorter, more frequent breaks to get up and move around. Despite there being quite a rigid work schedule in place, the employer agreed that the worker could try out this flexible schedule.

Source: https://askjan.org/articles/Postpartum-Depression.cfm

d. Adjustment disorder – case examples of support

Case 1

A worker in the IT department of a hospital is living with adjustment disorder and is increasingly overburdened with customer support (user enquiries about problems with the IT system). He also has difficulties concentrating in an open plan office with constant noise. The worker's work has been adapted to his needs. He now only has to provide customer support in exceptional cases. He can do most of his work in his home office.

Source: Allgemeine Unfallversicherungsanstalt, Austria www.auva.at

Case 2

A man in his late 20s has been working in a bank for 10 years. He has recently had difficulties in his private life. He met with a representative from the EAP a few times and then with his GP, who diagnosed reactive depression, and he had to take some time off work. The worker knew his supervisor and employer were aware of his situation, but he was unsure what his next steps should be. His supervisor was also unsure how he could support and retain this valued worker. A meeting was arranged between the worker, his supervisor and a representative of the EAP to discuss how he could be adequately supported in the workplace. The outcome of this meeting was that Mark would continue his course of treatment (counselling and antidepressants for three months) and the EAP representative and the supervisor agreed to be his support network. A risk assessment for his health and safety at work was carried out in conjunction with his support network. This assessment helped him and his supervisor to identify those aspects of his work he found difficult and to find effective ways in which they could address them.

Through the risk assessment, the worker identified four difficulties: dealing with irate customers on the telephone, dealing with large groups at the bank counter, getting up for work on Mondays to face these pressures, and dealing with his low energy levels in the afternoons. Working together, the worker and his support network came up with the following practical solutions/control measures to deal with the above situations: 1) he has confidential access to the EAP service throughout the working week; 2) work activities that he finds calming are timetabled every morning; 3) he has a limited, designated time each day when he talks to customers on the telephone; 4) he has access to a designated supportive colleague should a call become difficult; 5) he engages in counter work only with individuals and for limited periods and defined times — not first thing in the morning nor late in the afternoon; and 6) he has confidential meetings with his employer to monitor and support his progress in the workplace.

Source:
https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/employees_with__disabilities.html

Case 3

A young adult was dealing with depression, anxiety and also moving to a new city where he had no friends. He begun a job in a museum where he was expected to gather data about the new acquisitions and catalogue them and communicate information in different formats to different departments. He also had a number of other related tasks. He was doing well as far as relating to

others in the museum but felt overwhelmed by the complexity of the job and felt that the learning curve was too high for him. He also felt very lonely and did not know what to do at breaks and lunch when others were socialising. He confided in his employment counsellor that he wanted to quit because he was too 'stressed out' and did not feel like he was doing a good job. At the same time he had some excellent ideas about how to make some changes that would help him to reduce his anxiety and do a better job. A final issue to be addressed was that he felt very tired, both from his medications and his schedule. He had to get up at 06.00 in order to get the bus that would get him to work by 08.30. If he took a bus half an hour later, he would have been able to sleep an additional 1.5 hours.

With the support of the employment counsellor, he went to meet with his supervisor and this is the plan that resulted: 1) The communication and delivery systems were modified and reorganised in a way that helped him to be more focused and more efficient. Incidentally, the changes turned out to benefit the whole museum and to make the procedures more streamlined and efficient. 2) He and his supervisor agreed to meet every week for 20 minutes to go over any job-related issues that need to be addressed. 3) He was given permission to take two short afternoon breaks instead of one break, because his anxiety was the greatest in the afternoons. 4) He was allowed to work 09.00 to 17.00 instead of 08.30 to 16.30. 5) His supervisor informally asked another worker to help him to ease into the socialising that sometimes took place at breaks and lunch. This plan made him feel more confident, reduced his anxiety, increased his sense of belonging and in effect had a benefit to everyone in the museum's workforce. He not only was able to stay on at the museum, but he also eventually received recognition and a promotion.

Source: https://cpr.bu.edu/wp-content/uploads/2013/12/Job-Acc-Fact-andScenarios.pdf

e. Post-traumatic stress disorder – case examples of support

Case 1

A veteran working in a busy real estate company encountered high levels of stress and anxiety when startled by loud noises (windows/doors slamming, cars backfiring, etc.) or people she did not see or hear approaching. Referred to as startle response, the condition was alleviated when her desk and computer monitor were repositioned so she could see people coming toward her, and she was provided with sound suppression ear buds.

Source: https://www.dva.wa.gov/sites/default/files/2020-02/retaining_our_veterans_2014_0.pdf

f. Specific phobias, agoraphobia and social anxiety disorder – case examples of support

Case 1

A retail associate was struggling with the fear of interacting with customers at his workplace. For him, every customer interaction felt like an uphill battle, and he found himself constantly nervous about saying the wrong thing or not having the right answers to their questions. This fear had a significant impact on his job performance. To help him overcome his fear, he sought the help of a therapist. The therapist recommended exposure therapy, which involved progressively increasing his interactions with customers until they no longer made him feel nervous.

He also practiced role playing scenarios with his co-workers and used positive self-talk to build his confidence. He found that this approach helped him to feel more comfortable in his interactions with customers and to gradually overcome his fear. Over time, his performance on the job began to improve significantly. He was no longer nervous when interacting with customers, and he felt more confident in his ability to provide them with the information they needed.

Source: https://www.ovrcome.io/

Case 2

A 17-year-old recently got a job as a waitress, which was extremely challenging for her due to her social anxiety. She got nervous every time she had to talk to someone, and working as part of the team and meeting so many new people at once was very mentally draining. However, she overcame these challenges by facing them head-on and not letting her anxiety control her. She also learned to ask for help when she needed it and not to focus too much on her anxiety.

Source: https://www.youngminds.org.uk/young-person/blog/dealing-with-social-anxiety-at-work/

Case 3

A 20-year-old business and administration apprentice: 'I suffer from depression and anxiety, so it took me a while to get out there and start my career. When I did it was extremely hard. Many sick days were taken to avoid having to face people and the fear of needing to perform well. A little after a year into my job I decided to take the dreaded leap. I told my manager about my mental health, and it went better than I thought it would! Luckily where I work hours are flexible and working from home is permitted. I now work from home every Friday, which has made a massive difference.'

Source: https://www.theguardian.com/sustainable-business/2016/oct/10/mental-health-work-depression-anxiety-career-living-wage-flexible-working

g. Panic attacks and panic disorder – case examples of support

Case 1

An IT expert has anxiety disorder and panic attacks. He is afraid of having a panic attack in meetings, on public transport and in situations where he has to be the centre of attention. He has agreed with his supervisor that he will, as a rule, do remote work from home, because then he experiences less anxiety. He does not have to go into performance situations alone, and if necessary, someone else can do the performances on his behalf.

His work tasks have been modified in such a way that he does not usually have to travel to customers. He only comes to the workplace one day a week. He is about to start short psychotherapy paid by his employer. He has agreed with the supervisor that they will discuss work accommodations when the therapy has properly started.

Source: Pensions Insurance Company Ilmarinen, Finland https://www.ilmarinen.fi/

Case 2

A worker who works in an open plan office is experiencing anxiety and panic attacks as well as depressive episodes. He works mainly at the PC and his main job is administrative work. The worker showed a clear decline in performance and frequent error rate. He was distancing himself from colleagues and work orders were left undone, so that the list of tasks to be completed grew enormousl and he began to have, longer absences leading to long-term sick leave.

To help him address distancing himself from colleagues, the worker was given a more central workplace within his team for his return. This ensured that in addition to the manager, the other team members could also function as constant anchor points. In addition, the worker was advised to take structured breaks so that he would not be overburdened. Customer contacts or telephone enquiries were taken over by colleagues. Furthermore, the worker was assigned a set daily workload — also adapted to his needs. The reintegration period lasted for nine months.

Source: Pensionsversicherungsanstalt, Austria www.pv.at

h. Obsessive-compulsive disorder – case examples of support

Case 1

A truck driver who had specific issues with cleanliness was required to drive another person's truck when his broke down. His employer insisted that he get back out on the road as soon as possible. The worker was not afforded the time he needed to clean out the truck before he used it. Once the

worker explained to his employer that he had obsessive compulsive disorder (OCD) and what solutions would work to help him, the employer allowed the driver a more relaxed starting time for his next run when he had to use someone else's truck so that he could adequately clean it out before leaving. The driver had the supplies he needed, as he carried a cleaning kit with him for quick cleansing jobs that needed to be done along the way in his own truck.

Source**:** Job Accommodation Network (JAN) https://askjan.org/

Case 2

A worker and her manager have written a joint blog on the experience of her anxiety to illustrate it from both a worker and employer perspective.

Source: https://www.charliewaller.org/blog/time-off-work-for-my-mental-health-personal-story

i. Bipolar disorder – case examples of support

Case 1

A 35-year-old works as an IT support technician for a large company. He has bipolar disorder and has been hospitalised in the past. He has been off work with depression for eight weeks and has kept in contact with his manager over this time. Knowing that he was considering a return to work, his manager referred him to the occupational health service for advice on what support he may need to return to the workplace. He attends a back to work meeting with his manager to agree on adjustments. The occupational health physician suggests that he returns to work on a phased return, gradually building up his hours to full time over four weeks. She also suggests that the worker introduces his work tasks slowly, concentrating on desk work in the first few weeks and gradually reintroducing customer query facing work which is more demanding. Although the worker is feeling a lot better, his medication makes him drowsy in the mornings, which means that he is unsafe to drive. As his home is not well served by public transport his manager suggests that he applies to Access to Work (a national support organisation) to pay for a taxi to work. They agree the adjustments in a live document and agree a provisional date for him to return to work.

Source: https://www.nhshealthatwork.co.uk/

Case 2

In this journal article women living with bipolar disorder tell their stories and emphasise support from supervisor and flexible working times as key elements that made them succeed in working life (in Swedish).

Source: https://vision.se/tidningenvision/arkiv/2021/nr3/hon-ar-oppen-med-sin-bipolara-sjukdom-pa-jobbet/

j. Severe mental health problems, including schizophrenia – case examples of support

Case 1

A person with an MA degree is trained as an administrative and accounting assistant. She has cyclical psychological disturbances as a result of schizoaffective psychosis with depressive symptoms which is in satisfactory remission with the help of psychopharmaceuticals. After the rehabilitation assessment, she was included in a programme to strengthen work potential and professional competencies (virtual workshop) within which she completed an internship with an employer has an integrative workshop. Professional support was provided by CPRZ experts to both the worker and the employer with the aim of adjusting the workplace and working conditions. During the internship, she was gradually introduced to the job and increased her working hours daily. After completing the internship, the employer hired her, enabling her to work reduced hours with shorter and more frequent breaks. She works in a quiet working environment with several colleagues, and

an expert worker provides her with support. A meeting was also organised with the employer, CPRZ, her psychiatrist and herself, with the aim of adjusting the workplace and working conditions.

Source: Rehabilitation centre CPRZ, Croatia https://cprz.hr/

Case 2

A tailor/seamstress living with paranoid schizophrenia had changed a significant number of employers in a short period of time because. Due to excessive physical and mental stress, she could not cope with the pace of work or was unable to meet the employer's demands due to her slow pace of work. After a rehabilitation assessment, the expert team of the CPRZ referred her to a workplace for job training where the employer was aware of how to support people with disabilities. CPRZ provided her with a mentor and professional support. After completing the work training, she was given a job there. The employer allowed her to be absent from work or to go home earlier if her symptoms (auditory hallucinations) intensified. Her colleagues and superiors show understanding, and she has a senior person with whom she can talk about any difficulties and is able to take more frequent and shorter breaks during work if she needs to. She can vary her work pace and she is integrated into the work environment and is accepted by colleagues and superiors. along with the characteristics of the job itself (absence of stress and greater responsibilities), which has helped her work efficiency and the stability of her employment.

Source: Rehabilitation centre CPRZ, Croatia https://cprz.hr/

Case 3

A graphic arts technician experiences chronic mental health problems from emotionally unstable personality disorder and unspecified psychosis, which are in stable remission with the help of psychopharmaceuticals. He also has deafness in the left ear. He is trained as an administrative assistant and accountancy worker. After a rehabilitation assessment, he was included in a professional rehabilitation programme 'Strengthening work potential and professional competences' (a virtual workshop). Within the programme he completed work experience in the open labour market with the help and support of CPRZ professionals with the aim of adjusting the workplace and working conditions. During the internship he was gradually introduced to working with set daily working hour (four hours). After the internship, the employer hired him and allowed him to work reduced hours, and vary his work pace, taking shorter and more frequent breaks as needed. He works in a peaceful working environment with help and support from the employer in terms of instructions on carrying out his work tasks and a breakdown of work tasks into smaller steps with occasional control of work performance.

Source: Rehabilitation centre CPRZ, Croatia https://cprz.hr/

Appendix F - Return to work following work-related stress, burnout and post-traumatic stress disorder

Work-related stress and burnout

Work-related mental health problems include stress, anxiety, depression, burn out and post-traumatic stress disorder (PTSD). Occupational burnout is a state of mental and physical exhaustion that results from constant and long-term pressure from work. While burnout is particularly associated with occupations that involve a lot of emotional and interpersonal investment, such as healthcare occupations, teaching and customer services, it is not limited to specific work occupations or work contexts.

Interventions for work-related mental health problems must address the work organisational factors (see section 2.6) and not only the individual, as the cause is in the work situation. The management of work-related stress and related mental health problems involves three principles: 1) preventing the sources of stress (psychosocial risk factors), for example, work overload, lack of control over work, unclear job roles, high emotional work demands, bullying and harassment; 2) affecting the individual's perception of stress and strengthening psychological coping skill; and 3) supporting individuals who have become stressed, including by providing accommodations.

When planning return to work, it is very important that the approach taken is the same as for work-related physical injuries, and that the workplace culture has the same attitude to return to work following work-related stress as for physical injuries, such as work-related MSDs. Unfortunately, there is evidence that workers seeking to return to work following work-related stress are less likely to have a positive response from their supervisor or colleagues, and less likely to be offered return-to-work plans or modified duties compared to those returning to work with a work-related MSD.[39]

Contributory factors outside work are not the employer's responsibility, but it is in the interest of the organisation to offer support for non-work at the same time as addressing work-related aspects if they want to retain the worker. Many workplaces have EAPs that can provide counselling and advice. Some employers will offer to fund therapy sessions.

Protecting workers from work-related burnout requires a combination of organisational and individual measures such as reorganising the work situation, building up job resources and providing support, for example, developing resilience and coping strategies in all workers to cope with emotional work.[40] Individual interventions can include retraining, psychotherapy and other forms of counselling. Work-related burnout is unlikely to be confined to one individual, so group interventions can be considered, such as work-focused burnout workshops, in which workers discuss their work conditions in a group and together plan ways to resolve work-related challenges or to develop their work.

The main accommodations to help the person manage occupational burnout include job modifications: reduced/modified workload; schedule changes; modified job tasks; changing job if necessary.

Workers need to be encouraged and enabled to report problems arising from their work and work-related risk factors so that early action can be taken to address the work issues and support the worker.

The resources on burnout in Appendix I include a checklist of work features for burnout and advice, to help address burnout at the organisational level.

PTSD is a mental health problem that a person may develop after experiencing traumatic events.[41] It can develop in relation to a single event, series of events or set of circumstances that the individual experiences as physically or emotionally harmful or life threatening. It can be delayed in onset. It is also possible to have a 'secondary traumatic stress' when seeing other people suffering. Entire communities and workplaces can have a traumatic experience, for example, a robbery, a terroristic attack or a natural

[39] See: https://www.iwh.on.ca/sites/iwh/files/iwh/reports/iwh_infographic_rtw_differences_psychological_physical_2021.pdf
[40] See: https://oshwiki.osha.europa.eu/en/themes/understanding-and-preventing-worker-burnout
[41] See: https://oshwiki.osha.europa.eu/en/themes/post-traumatic-stress-disorder

disaster. In addition, environmental or psychological hazards in the work environment can be the sources of PTSD symptoms among workers. These include safety hazards leading to accidents and injuries, as well as bullying, harassment and abusive leadership styles.

High-risk occupations include police, rescue services, social and healthcare, military services, transport services and physically dangerous occupations, although traumatic experiences are possible in all occupations.

Triggers and flashbacks may remind the person of their traumatic experiences, resulting in intrusive thoughts, avoidance behaviour or panic attacks. Avoidance behaviour is common in PTSD, and it may be related to certain tasks, work situations or co-workers reminding them of the event. Someone experiencing work-related PTSD needs specialist treatment and support and the employer should facilitate this. For those occupations where there is a risk, employers should have emergency plans in place, but they should also take steps to prevent exposure to traumatic experiences and reduce their impact. The following measures are recommended:

- Put in place prevention measures to avoid workers being put in traumatic situations (e.g. measures to prevent work-related violence, ensuring clear responsibilities so workers know the limit of their role – this can help avoid guilt, supervisors who are trained to provide support).
- Help the person overcome the traumatic situation (e.g. including coping with possible traumatising events in the preparation of tasks and worker training).
- Provide support during a possible traumatic event (e.g. on scene support from qualified persons, enabling colleagues to discuss and exchange traumatising feelings).
- Provide support after a possible traumatic event (e.g. psychoeducation about PTSD and traumatic responses, screening for the development of symptoms).
- Provide support for individuals if they have PTSD symptoms (e.g. short breaks from work after a traumatic event, offering professional treatment to the worker, including mid-term and long-term follow-up care).
- Provide rehabilitation (in addition to the accommodations listed, in the work-related context, providing social support and peers showing appreciation of the colleague's work, gradual reintegration; offers to talk to experienced colleagues, health surveillance and monitoring of symptoms are also part of rehabilitation).
- Following incidents, evaluate the situation to see if prevention and other measures could be improved.

Where there is a risk of exposure to events that could cause PTSD, prevention strategies should always be embedded in the follow-up treatment plan. It is very important that a no-blame approach is taken when supporting someone who is living with work-related PTSD. This includes using non-stigmatising language and ensuring that PTSD is not treated as a weakness.

Cases of support for individuals

An IT support engineer lost interest in his work, which affected his work performance. His manager noticed the change in this previously efficient and engaged worker. His manager showed her support and talked to him frankly. Together they sorted things out. He started getting more varied types of work and a more balanced work schedule. Changes were made so that he was not bombarded with multiple small tasks at the same time.[42]

A retail worker was on sick leave for several months due to burnout. She was supported by a Member State's multidisciplinary return-to-work programme. Her reintegration programme included reduced hours. Overloading her is avoided by ensuring that she does not have to work at the cash desk while simultaneously providing customer advice — so she can devote herself to one activity at a time. Under

[42] See: https://business.calm.com/resources/blog/employees-open-up-about-mental-well-being/

the programme, her return is accompanied by occupational psychology in coordination with a psychiatrist/psychotherapist.[43]

In a study on work-related burnout, nurses gave some examples of work changes that had helped them:[44]

- '*It was all about a good dialogue with the leader, during sick leave and … when returning to work. It is important that you have the opportunity to let them know what works and does not work and then, it is very important to feel that you are being heard. […] And… yes, adapting workload in that phase is important and then I think it is beneficial that colleagues or at least some of the colleagues are informed a little, they do not need to know exactly what has been going on, but they need to be aware not to pile too many tasks on the worker that is returning to work*.'
- '*I was not allowed to start in more than 20% of work in the beginning, but then the doctor saw that it was too much so it was reduced again. So I worked 10% and then it was increased by 10% every 3. weeks*.'
- '*The workload must be adjusted so that you feel a sense of mastery from being at work, and not the opposite*.'
- '*I had the opportunity to start in a new position and that was probably the salvation for in a way, the reason why I managed to get back to work …*'.

A worker was verbally attacked by a customer at the gym they work at. Following the encounter, they felt nervous about coming in for shifts, were not as welcoming or chatty to customers and colleagues noticed this change in their behaviour, and did not feel comfortable leading exercise classes alone. The gym owner notices a change in the worker. They set up a meeting to discuss possible support. The employer researches mental health awareness training to help them understand how best to support staff if this situation were to happen again.

The employer suggests that: the worker takes a short break from customer-facing tasks; all staff work in pairs when opening and locking up the gym; all exercise classes run by individual workers have a buddy (another colleague) observing. They agree to meet in a couple of weeks following the changes to discuss if the changes are helping the worker manage their anxiety.

The worker now feels comfortable running classes and agrees to try leading a session on their own in a couple of weeks. They're also working with a buddy on the front desk one shift per week for a trial period. They now have regular meetings to talk about any issues and to discuss and agree on any changes needed. The employer makes sure that any notes from their meetings are kept private.

See also Appendix A Prevention of suicide and the sections on work-related stress, burnout, PTSD and suicide in the resources in Appendix I.

[43] See: https://www.fit2work.at/artikel/erfolgreiche-faelle-aus-der-praxis
[44] See: https://bora.uib.no/bora-xmlui/bitstream/handle/11250/2762988/After-Burnout.pdf?sequence=1&isAllowed=y

Appendix G - Advice for MSEs

Although small organisations have fewer resources and less flexibility to adapt work or provide flexible working and a gradual return to work, simple steps can often be taken through discussions with the worker experiencing the health problem to support them to continue to work. In some EU Member States, employers and workers may have access to support from external return-to-work programmes or work insurance organisations. These checklists provide a quick summary of the advice given in this publication.

General principles

- Create a supportive and enabling workplace
- Take an inclusive approach to workplace health
- Understand the work barriers that impact on workers
- Make suitable workplace adjustments or modifications
- Develop skills, knowledge and understanding
- Use effective and accessible communication
- Support sickness absence and return to work

General approaches to supporting a person experiencing a mental health problem

- Show workers that they are valued and you will support them with health issues, including mental health.
- Treat mental and physical health problems the same.
- Be open to exploring ways to support someone to continue to work.
- Take a positive attitude by starting with the idea of 'let's see what might be possible', rather than assuming from the outset that it will be impossible. If in the end it proves too difficult to accommodate a worker, they will leave with a positive attitude, knowing that you at least tried, and other workers will see this as well.
- Discuss with the worker their problems with work, wishes and ideas for measures that could be taken. Often in smaller organisations communication is better, as everyone knows each other.
- Get advice from relevant NGOs, work insurance organisations, and national health and safety websites. Involve the worker in this, for example by asking the worker to find and share relevant information. Ask them if they have had any advice given to them by their medical physician, therapist or other professional. Check if there are any external programmes that provide support to employers and/or workers.
- Make a simple plan in writing, for example a bullet point list of steps and measures agreed on. This will help to make the approach more systematic and avoid misunderstandings. In some countries, external return-to-work programmes have the role of developing return-to-work plans.
- Try out agreed support measures and adapt if necessary. Review them overtime if things change. Usually a combination of measures is needed.

Speaking with a worker about a mental health problem and the support they need to work or return to work

- Conversations should only take place if the worker agrees. Depending on a Member State's laws, policies and practices, this may involve the worker, healthcare services and the employer. Conversations could cover how symptoms and medication may affect their work, what tasks or factors in the work environment they find challenging and need help with, and what support they need or might need to do their job now and in the future.
- Listen to your worker and do not make assumptions – everyone has a different experience of their health problem or disability, and they are the expert in their own situation.

- Find out something about their condition if they have disclosed it, e.g. from the information or information sources in this publication.
- Always ensure confidentiality – this is a legal duty.
- Ask what tasks or factors in the work environment they find challenging and need help with.

Simple measures (depending on the individual and their condition)

Hours, schedules and working arrangements, for example.

- Allow changes to start and finish times, e.g. so that the worker can avoid rush hour traffic or a later start in the morning if their sleep is disturbed or if their medication cause tiredness in the morning.
- Allow rearrangement of working hours around medical appointments.
- Allow breaks for relaxation practice or stress management.
- Consider a gradual return to work, with reduced hours to begin with.
- Would teleworking help for some tasks or some of the time? Teleworking can help with managing fatigue or with concentration problems, for example.

Tasks, for example.

- Provide more structured tasks, break tasks down into smaller tasks, help with task planning, set priorities and clear deadlines, increase supervision. These types of measures help with decision-making problems.
- Provide extra time to learn new tasks.
- Can a task that causes a person particular problems be assigned to someone else and they be given a different task instead?
- Allow self-paced work to help with fatigue.

Equipment and work environment, for example.

- Would voice-activated software help?
- Can access be provided to a quite worker area, away from noise or distractions? For example, for tasks that need special attention or for a worker who is feeling overwhelmed by stress.

Promoting mental health

- Promote inclusion at work – this means having an environment where all people feel welcomed, heard, respected, supported, valued and able to reach their full potential.
- Conduct risk assessments to identify risks and support changes[45]. Involve workers – ask workers about psychosocial risks about work and solutions. Treat psychosocial risks the same as physical risks.
- Encourage early reporting of problems and open communication between line managers and workers so that all parties feel comfortable discussing the process.
- Raise and discuss issues of mental health as part of other meetings or briefings.
- Ensure line manager support, both formally (e.g. in a meeting) and informally (e.g. catching up over a coffee), whether the worker is away from work, in the process of returning to work or remains in work.
- Introduce flexibility in work time and arrangements for everyone. If everyone is allowed some flexibility in start and finish times, and teleworking, this takes the stigma out of someone having to ask for special treatment. This may not always be possible, but be open to exploring ways of introducing some flexibility and teleworking.

[45] https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work

- Ensure supervisors have an awareness and general understanding of mental health issues and how to support workers.
- Involve workers and their representatives in planning policies and practices on mental health.
- Start with small steps.

See Appendix I for additional resources.

Appendix H - Advice for the self-employed

Being self-employed can be enormously rewarding. You have control over your work and are setting your own challenges and goals. But the self-employed can lack support for mental health problems and feel isolated, and also feel unable to seek support due to stigma. Financial worries can create the biggest problem. It is easy to be constantly on the go or take on too much and burn out. Tips to help you manage include the following.

- Take regular breaks throughout the day, such as a proper lunch break, to give your mind and body a chance to rest and recharge. But also factor in a weekly rest break and schedule the occasional holiday.
- Establish clear boundaries with your clients or customers around work hours, deadlines and expectations so you don't overwork yourself and you can disconnect from your work. Establish a rule that you don't check emails or take business calls after a certain time in the evening.
- Don't be afraid to ask for help. Speak to friends, family or a mental health professional for support if you're struggling. It may not be easy, but don't carry on in silence and alone.
- Prioritise your own health: make time for exercise, healthy eating and other activities that help you to relax.
- Look at ways to delegate work to your team or freelance experts.
- Practice mindfulness: incorporating deep breathing, meditation or yoga into your daily routine can help reduce stress and improve mental clarity. Many self-help resources can be found online.
- Put financial safeguards in place and stay on top of your business administration, e.g. by having a routine of doing a certain amount of admin every day.
- See if your trade association provides information and advice on mental health. Professional networking events can be a source of support and a means of speaking to people in the same situation as you.
- If you feel you need urgent mental health support, seek help immediately.

See Appendix I for additional resources.

Appendix I - Resources for workplace practices

Table I1: Resources for workplace practices

General workplace mental health and return-to-work support

Country	Resource	Organisation	Web link	Summary
EU	Mental Health Platform	H-WORK – Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces	https://www.mentalhealth-atwork.eu/	H-WORK Innovation Platform is an outcome of the EU-funded H-WORK 'Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces'. It includes analytical, decision-making, intervention and evaluation tools to promote wellbeing in the workplace.
EU	Eurofound's website	Eurofound	https://www.eurofound.europa.eu/en/topic/health-and-well-being-work	Eurofound's research reports, data and other information on health and wellbeing at work can be found at this link.
EU	Eurofound: Absence from work	Eurofound	https://www.eurofound.europa.eu/sites/default/files/ef_files/docs/ewco/tn0911039s/tn0911039s.pdf	This study addresses patterns of absence from the 27 EU Member States and Norway, the costs involved, policies for dealing with absence, and general developments in relation to promoting health and wellbeing. It includes national examples of best practice for sickness absence management.
EU	Eurofound: Disability and chronic diseases	Eurofound	https://www.eurofound.europa.eu/topic/disability-and-chronic-disease	Eurofound's research reports, data and other information on disability and chronic diseases can be found at this link.
EU	ENWHP website	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.home	The European Network for Workplace Health Promotion (ENWHP) conducts research and training for improving workplaces and occupational health. Its online publications and resources include material related to healthy working and chronic illnesses, good practices for promoting healthy working, good practices in the prevention of psychosocial risks, and guidance on healthy ageing and healthy lifestyles.
EU	A guide to employers to promote mental health in the workplace	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/resources/toolip/doc/2018/04/23/mentalhealth_broschuere_arbeitgeber.pdf	A practical guide for employers published in a European campaign Work in Tune with Life as the initiative to help promote mental health in workplaces.

Country	Resource	Organisation	Web link	Summary
EU	Work in Tune with Life: Mental Health at the Workplace guidance	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.8th-initiative-work-in-tune-with-life	This page links to resources aimed at helping employers and employees to implement measures to promote good mental health at work and to convince European stakeholders and companies that it is necessary and worthwhile to invest in programmes that help improve employees' mental health.
EU	Promoting healthy work for workers with chronic illness: A guide to good practice (available in various languages)	European Network for Workplace Health Promotion (ENWHP)	https://www.enwhp.org/?i=portal.en.european-guide-to-good-practice-guidelines	Guidance on promoting healthy work for workers with chronic illness.
EU	Healthy Workplaces Campaigns	European Agency for Safety and Health at Work (EU-OSHA)	https://healthy-workplaces.osha.europa.eu/en	Healthy Workplaces Campaigns aim to raise awareness, provide practical resources and bring stakeholders together around different workplace health issues, such as musculoskeletal and mental health, risk assessment and digitalisation.
EU	Healthy Workplaces Lighten the Load	European Agency for Safety and Health at Work (EU-OSHA)	https://healthy-workplaces.osha.europa.eu/en/previous-campaigns/musculoskeletal-disorders-2020-22/campaign-summary	The campaign raised awareness of work-related musculoskeletal disorders and the need to manage them and promote a culture of risk prevention. The campaign was structured around eight priority areas: prevention, facts & figures, chronic conditions, sedentary work, worker diversity, future generations, psychosocial risks, and telework.
EU	Healthy workers, thriving companies – a practical guide to wellbeing at work	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work	Tackling psychosocial risks and musculoskeletal disorders in small businesses.
EU	Workforce diversity and risk assessment: ensuring everyone is covered, Factsheet 87	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/tools-and-publications/publications/factsheets/87/view	Workforce diversity and risk assessment: ensuring everyone is covered – summary of an Agency report, providing practical advice.
EU	EU-OSHA Factsheet 53	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/publications/factsheet-53-ensuring-health-and-safety-workers-disabilities/view	Ensuring the health and safety of workers with disabilities – factsheet providing simple advice on risk assessment.

Country	Resource	Organisation	Web link	Summary
EU	Rehabilitation and return to work report	European Agency for Safety and Health at Work (EU-OSHA)	https://osha.europa.eu/en/tools-and-publications/publications/rehabilitation-and-return-work-analysis-eu-and-member-state/view	Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes.
EU	Ill health, disability, employment and return to work	European Agency for Safety and Health at Work (EU-OSHA)	https://oshwiki.osha.europa.eu/en/themes/ill-health-disability-employment-and-return-work	This OSHwiki article presents EU-OSHA's resources related to returning to work and working with an ill-health condition or disability; it also features key resources from other organisations. It includes a section on mental health and work-related stress.
EU	Mental Health Europe website	Mental Health Europe	https://www.mhe-sme.org/	Mental Health Europe (MHE) is a European NGO network committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers. MHE represents associations and individuals in the field of mental health and together with its members, MHE formulates recommendations for policymakers to develop mental health-friendly policies. A specific section is devoted to workplace mental health.
EU	Mental Health: The Power of Language' – A glossary of terms and words	Mental Health Europe	https://www.mhe-sme.org/mhe-releases-glossary/	By being mindful of the terms and words we use about mental health, this publication can contribute to the elimination of stigma and discrimination related to mental health. It was developed in co-creation by people with lived experience, supporters, care professionals, service providers, and human rights and health experts.
EU	A position paper on psychosocial accessibility	Mental Health Europe	https://www.mhe-sme.org/new-reflection-paper-accessibility/	'More than a ramp: rethinking accessibility for people with psychosocial disabilities' is a position paper on accessibility on a psychosocial perspective. The position paper can be used by stakeholders (e.g. the EU institutions and the Member States), as a working document and baseline for the initial discussions around accessibility and what barriers persons with psychosocial disabilities can encounter.
EU	Frontex Mental Health Strategy	Frontex	https://op.europa.eu/en/publication-detail/-/publication/89c168fe-e14b-11e7-9749-01aa75ed71a1/language-en	Frontex is the European Border and Coast Guard Agency that supports EU Member States and Schengen-associated countries to manage the external borders of the EU, including cross-border crime prevention and intervention. The strategy is tailored to operational conditions, and it includes topics on occupational health and safety (OSH), mental health promotion and rehabilitation/return-to work.

Country	Resource	Organisation	Web link	Summary
Australia	Developing a return to work plan	Work Safe Australia	https://www.safeworkaustralia.gov.au/sites/default/files/2023-12/202311-FINAL-Developing%20a%20return%20to%20work%20plan%20-%20guide%20and%20template_0.pdf	This resource is a guide and template for anyone responsible for developing a return-to-work plan in collaboration with the injured or ill worker.
Australia	Return to work websites and toolkits	Melbourne School of Population and Global Health, University of Melbourne	https://returntowork.workplace-mentalhealth.net.au/tools-downloads/ https://mhfa.com.au/sites/default/files/8671_return-to-work_guidelines.pdf	Return to work is a comprehensive website on all aspects of return to work developed by University of Melbourne. According to information and guidance, it includes several toolkits on mental health and return to work.
Australia	Mental Health First Aid education	Mental Health First Aid (MHFA)	https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/07/23.07.16_MHFA-at-Work-marketing-one-pager-v1.pdf	MHFA is a course for employees on how to identify, understand and respond to signs of mental health problems and substance abuse. The training gives skills that are needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
Australia	Mentally Healthy Workplace platform	Australian Government National Mental Health Commission	https://beta.mentallyhealthyworkplaces.gov.au/about-mentally-healthy-workplaces	The Mentally Healthy Workplace platform was developed as part of the national Workplace Initiative, and it includes information, materials and case stories of the companies creating mentally healthy workplaces across Australia.
Austria	Fit2Work website	Fit2Work	https://fit2work.at/	Fit2Work is an Austria-wide programme based on the Labour and Health Act, with the key objectives to reintegrate employees after long periods of sick leave and to preserve their workability on a long-term basis. This is to be done by taking adaptive measures at organisational level and supporting the individual's efforts (integration schedule for the company and the individual).
Austria	Fit2Work practical examples	Fit2Work	https://www.fit2work.at/artikel/erfolgreiche-faelle-aus-der-praxis	Summaries of return-to-work cases assisted by Fit2Work.
Austria	Wiedereingliederung steilzeit Arbeitsrechtlicher und	BM für Arbeit und Wirtschaft Österreich-	https://www.bmaw.gv.at/dam/jcr:369f4770-83ea-4f92-ae3c-75c459d8d167/20220719_Wiedereingliederungstz.pdf	This brochure contains all the important information on labour and social security law as well as an overview of the most important regulations, concrete examples, checklists and step-by-step instructions.

Country	Resource	Organisation	Web link	Summary
	sozialversicherungsrechtlicher Leitfaden / Reintegration part-time work guide to labour law and social security law	Federal Ministry of Labour and Economic Affairs Austria		
Belgium	Checklists: Reintegration at Work	Belgium FPS Employment, Labour and Social Dialogue	https://werk.belgie.be/nl/publicaties/checklists-re-integratie-op-het-werk	This resource includes four checklists. The first three each relate to a phase of reintegration (incapacity for work - risk prevention, during incapacity for work - maintaining contact, effective reintegration); the fourth checklist indicates transversally what the actors should pay attention to during the entire reintegration process (promote communication between actors).
Bulgaria	ПОДКРЕПА ЗА ТРУДОВАТА РЕАЛИЗАЦИЯ НА ХОРА С ИНТЕЛЕКТУАЛНИ ЗАТРУДНЕНИЯ / Support for people experiencing mental health problems	Bulgarian Center for Non-Profit Law and the “World of Maria” Foundation with the support of Active Civil Fund of Iceland, Liechtenstein and Norway	https://bcnl.org/uploadfiles/documents/%D0%A0%D0%B5%D0%B7%D1%8E%D0%BC%D0%B5_%D0%9F%D1%80%D0%B0%D0%B2%D0%B5%D0%BD%20%D0%B0%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7_%D0%9F%D0%BE%D0%B4%D0%BA%D1%80%D0%B5%D0%BF%D0%B0%20%D0%B7%D0%B0%20%D1%82%D1%80%D1%83%D0%B4%D0%BE%D0%B2%D0%B0%20%D1%80%D0%B5%D0%B0%D0%BB%D0%B8%D0%B7%D0%B0%D1%86%D0%B8%D1%8F%20%D0%BD%D0%B0%20%D0%9B%D0%98%D0%97.pdf	Possible forms of employment, legislative requirements for rehabilitation and support are described, as well as the challenges for providing these actions.
Bulgaria	Психично-здравен сайт на България / Mental Health Website of Bulgaria	Mental Health Website of Bulgaria	https://psihichnozdrave.com/	Association “Adaptation Society” – an NGO of relatives of people experiencing mental health issues.

Country	Resource	Organisation	Web link	Summary
Canada	ACED website	ACED	https://aced.iwh.on.ca/	Accommodating and Communicating about Episodic Disabilities (ACED) is a research partnership developing evidence-based workplace tools, resources and training programmes to support the sustained employment of people with episodic disabilities.
Canada	CCOHS guidance and recommendations	CCOHS	https://www.ccohs.ca/topics/wellness/mentalhealth/	CCOHS (Canadian Centre of Occupational Health and Safety) mainly provides guidance and recommendations on how to achieve a healthy workplace. It covers a range of occupational-related topics such as mental health, gender and health in the workplace. Its pages on mental health cover topics such as active listening, conversations, providing support, PTSD and burnout.
Canada	Guide on return to work, workplace mental health information	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/return-to-work-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for line managers on return to work.
Canada	IWH website	IWH	https://www.iwh.on.ca/topics/mental-health-in-the-workplace	IWH carries out research projects and provides practical tools. Its materials on mental health can be found on this web page.
Canada	Tools and guides	IWH	https://www.iwh.on.ca/tools-and-guides/supporting-return-to-work-among-employees-with-musculoskeletal-or-mental-health-conditions-evidence-based-practical-resource	This resource synthesises the research evidence on the practical solutions that workplaces can implement – in conjunction with workers' compensation, insurance and healthcare authorities – to support the return to work of employees with musculoskeletal disorders or mental health conditions. This two-page guide emphasises that the most effective return-to-work strategies package together interventions from more than one of three areas of return-to-work support: health services, case coordination and work modification.
Croatia	Center for Vocational Rehabilitation "Zagreb"	Center for Vocational Rehabilitation "Zagreb"	https://cprz.hr/	Initiatives, examples of good practice, projects or other activities on the topic of *Supporting workers experiencing a mental health problem to return to work/continue working*. Center for Vocational Rehabilitation "Zagreb" organises and performs vocational rehabilitation of persons with disabilities, including persons experiencing mental health difficulties.
Denmark	En af os – One of Us	Danish Health Authority	https://www.sst.dk/da/en-af-os	The main purpose of One of Us is to end stigma related to mental health issues. In cooperation with different actors within the labour market, One of Us has run several initiatives targeting the workplace. One long-term goal is to create more awareness about mental health, which may contribute to reducing sick leave caused by the problem and providing better conditions for the inclusion of people experiencing mental health problems.

Country	Resource	Organisation	Web link	Summary
Denmark	The ABCs of Mental Health	University of Copenhagen	https://psychology.ku.dk/abc/	The ABCs of Mental Health partnership cooperates across different academic and organisational disciplines (public, private and civil society) to promote mental health on a research-based foundation. The initiative focuses on: 1) increasing the knowledge and understanding of what people can do to strengthen their own and other's mental health, and 2) creating the best possible conditions for mental health and wellbeing for the entire population across life conditions and situations in Denmark.
Estonia	Vaimne tervis töökohal / Mental health in the workplace	MTU Peaasjad	https://peaasi.ee/tookohal/	This web page on mental health in the workplace includes a dropdown section on mental health issues in the workplace, where there are subsections on anxiety disorders and the workplace, depression, traumatic events, and managing retention and return to work. The sections contain advice and links to further information and resources. The section on depression includes a plan for a work discussion on depression with video clips.
Finland	The Mental Health Toolkit for workplaces and occupational healthcare providers	Finnish Institute of Occupational Heath (FIOH)	https://hyvatyo.ttl.fi/en/mental-health-toolkit English language version: https://hyvatyo.ttl.fi/en/mental-health-toolkit/tool	The FIOH Mental Health Toolkit provides resources for supervisors and a recovery calculator, resilience test and substance abuse programme. It includes: developing supervisory work, mapping cognitive work stress factors, developing occupational health care co-operation, assessing an organisation's recovery practices, and establishing an overview of well-being at work (available in Finnish, Swedish and English).
Finland	Hyvän mielen työpaikka /	Finnish Institute of Occupational Heath (FIOH)	https://www.ttl.fi/oppimateriaalit/hyvan-mielen-tyopaikka	A website that includes educational materials for supervisors about how to support mental health at work and develop a workplace with good mental health.
Finland	MIELI Mental Health Finland	MIELI	https://mieli.fi/en/	MIELI Mental Health Finland is a mental health organisation whose mission is to promote mental health, provide crisis support and prevent mental health issues. "We want to build a society in which people can talk about mental health safely and without stigma." Materials are available in several languages.
France	Website Travail, parcours et prévention de l'usure professionnelle / Work, career paths and preventing occupational attrition	Agence nationale pour l'amelioration des conditions de travail (ANACT)	https://www.anact.fr/travail-parcours-et-prevention-de-lusure-professionnelle	This series of articles seeks to understand the organisational phenomena at the root of the professional attrition experienced by certain employees, and identify possible courses of action for those involved in prevention.

Country	Resource	Organisation	Web link	Summary
France	Psycom website	Psycom	https://www.psycom.org/	Psycom is an NGO in France that provides information and tools to handle mental health issues for everyone.
Germany	Collaborative practice of returning to work – reintegration after a mental health condition	Bundesanstalt fur Arbeitschutz und Arbeitsmedizin (BAuA)	https://www.baua.de/DE/Angebote/Publikationen/Praxis/A106.html	The brochure is based on studies examining the return-to-work process of employees with common mental health problems. It includes two exemplary cases with insights into the experience, behaviour and action in the return-to-work process from the perspective of returning employees. See First and Second lessons learned in the English translation.
Germany	Umgang mit psychisch beeinträchtigten Beschäftigten - Handlungsleitfaden für Führungskräfte / Dealing with employees experiencing mental health problems – Guidance for managers	Deutsche Gesetzliche Unfallversicherung (DGUV)	https://publikationen.dguv.de/widgets/pdf/download/article/3732	This guidance aims to raise awareness and provide information to managers on the issue of mental health problems. The guideline intends to encourage managers/supervisors and support them in approaching mental health aspects at work. It includes information on how to talk to employees experiencing mental health problems and provides practical guidance on steps to take.
Germany	Rückkehr an den Arbeitsplatz nach psychischer Erkrankung – Leitfaden für Betriebsärztinnen und -ärzte / Returning to work after mental health issues – Guidance for occupational health physicians	UKD – University of Düsseldorf (Institute for Occupational Health, Social and Environmental Medicine)	https://www.uniklinik-duesseldorf.de/fileadmin/Fuer-Patienten-und-Besucher/Kliniken-Zentren-Institute/Institute/Institut_fuer_Arbeits_Sozial_und_Umweltmedizin/Materialien/Downloads/Handlungsleitfaden_RTW_nach_psychischen_Krisen_final.pdf	This guide on the implementation of the reintegration process of workers experiencing mental health problems was developed and tested in the framework of a study. The main objective of the guide is to empower the occupational physician in his/her position as a facilitator of reintegration after mental health crises. The guide provides assistance in communication with other internal and external stakeholders and in their involvement. It includes various scenarios with options for action by the occupational health physician.

Country	Resource	Organisation	Web link	Summary
Germany	Initiative Neue Qualität der Arbeit - New Quality of Work" (INQA) website	Bundesministerium für Arbeit und Soziales	https://www.inqa.de/DE/themen/gesundheit/psychische-gesundheit-am-arbeitsplatz/uebersicht.html	INQA supports companies and institutions on their way to an economically sustainable and at the same time humane working environment. The initiative unites all the important social forces and contributes new know-how about the design of the working environment to companies. The aim is to improve the quality of work, to maintain employees' health and to increase the innovative power and competitiveness of the German economy. The main themes include, for example, health and diversity management.
Greece	IASIS website	IASIS (external support organisation)	https://www.iasismed.eu/	IASIS is an NGO that provides psychosocial support and promotes mental health. It has a day centre for workers and the unemployed – IASIS at Work – that also provides education and training on mental health issues relevant to the workplace.
Greece	HR case study series of workers with mental health problems	University of Athens	https://issuu.com/hrm_aueb/docs/24_hr-case-study-series_issue	HR case study series 24: Mental health at work / Ψυχική Υγεία και Ευζωία στην Εργασία. Experts examine case examples of teleworkers experiencing mental health problems and work stress during the COVID-19 pandemic, discussing factors such as using the preconditions, the commitment of leadership, the role of HR in educating, designing and implementing policies, and the use of employee support programmes as well as the help of psychologists and coaches.
Greece	PEPSAEE website	Pan-Hellenic Association for Psychosocial Rehabilitation and Professional Reintegration (PEPSAEE, external support organisation)	https://www.pepsaee.gr/	PEPSAEE is a scientific not-for-profit organisation whose main purpose is to support the social and labour market integration of people experiencing psychosocial difficulties. It has day centres and operates an Employment & Social Entrepreneurship Support Office.
Greece	"Thalpos-Mental Health" Agency website	"Thalpos-Mental Health" Agency External support organisation)	https://thalpos.org.gr	The "Thalpos-Mental Health" Agency is an NGO with an active role in intervention and information on mental health and in the management of social care programmes.

Country	Resource	Organisation	Web link	Summary
Ireland	Employees with Disabilities An employer's guide to implementing inclusive health and safety practices for employees with disabilities	Health and Safety Authority (HSA)	https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/hsa_disability_guidelines_2021.pdf	Guidelines for employers on disability that includes case studies.
Ireland	Mental Health Ireland website	Mental Health Ireland	www.mentalhealthireland.ie	A national NGO for mental health promotion.
Ireland	Shine website	Shine	https://shine.ie/	Shine is an NGO that supports individuals and groups experiencing mental health problems to enhance their recovery and challenge negative attitudes and behaviours, and delivers a variety of programmes and services.
Ireland	Practical guidance	NDA (National Disability Authority)	https://nda.ie/uploads/publications/retaining-employees-who-acquire-a-disability-a-guide-for-employers.pdf	Practical guidance for employers about how to help employees who have acquired a disability to stay in work.
The Netherlands	Effectieve interventies / Effective interventions	Trimbos institute	https://www.trimbos.nl/kennis/mentale-gezondheid-preventie/expertisecentrum-mentale-gezondheid/arbeid-en-mentale-gezondheid/effectieve-interventies/	This web page describes a number of interventions aimed at promoting the mental health of employees that have been found effective in the scientific literature or recognised by Dutch intervention databases. They cover return to work and mental health in the workplace.
The Netherlands	Blijven werken met psychische klachten / Keep working with mental health problems	HAN University of Applied Sciences	https://www.han.nl/projecten/blijven-werken-met-psychische-klachten/ https://www.han.nl/projecten/takeover/interventies-en-diensten/	Practical tips and information on supporting employees with mental health problems aimed at employers. The website offers general advice for employers and links to diverse support options both for staying at work but also preventive approaches.

Country	Resource	Organisation	Web link	Summary
The Netherlands	Good practices	Commissie Werk Gezondheid	https://centrumwerkgezondheid.nl/wp-content/uploads/2018/02/Overview_Good_Examples_work_chronic_conditions_31jan2018.pdf	Results of an exploration of European initiatives for stay at work with a chronical condition and job opportunities for (young) people with a chronic condition.
The Netherlands	Werk en inkomen / Op zoek naar werk - Work and income / Seeking employment	MIND	https://mindplatform.nl/thema/werk-en-inkomen-1 https://wijzijnmind.nl/op-weg-naar-werk/op-zoek-naar-werk	MIND is an independent advocacy organisation for people experiencing mental health issues and their families. These web pages contain practical tips and information on finding, maintaining and going back to work with mental health problems. There are links to different support programmes.
The Netherlands	Mind Your Business	MIND	https://wijzijnmind.nl/mind-your-business	This web page contains information on how to stay mentally health at work. A self-test and so called challenges where you can sign up for 7-10 days of educational emails with information and small tasks for the day.
Norway	Open Mind	Telenor	https://www.telenor.no/openmind/english/	Telenor's Open Mind programme offers work to people experiencing different work disabilities, such as physical handicaps or mental health issues, and to immigrants from non-European countries. During the one-year programme, Open Mind can strengthen the participants' chances to gain employment through relevant on-the-job practice and training.
Poland	"Leczenie psychiatryczne a praca" / "Psychiatric treatment and work"	Grupa Pracuj	https://porady.pracuj.pl/zycie-zawodowe/leczenie-psychiatryczne-a-praca/	Grupa Pracuj is a platform that supports and equips companies with technological solutions to automate HR processes. This web page includes information on the following topics: Concealing a mental health issue from an employer - is it a bad thing?; Sick leave from a psychiatrist and return to work; Mental health treatment and work - how does work activity affect the healing process?; Mental health treatment and work - what is the situation?; How to support a colleague experiencing mental health issues.
Poland	"Wsparcie osób chorujących psychicznie na rynku pracy. Analiza i zalecenia" / "Supporting people who experience mental health problems in the labour market.	Biuro Rzecznika Praw Obywatelskich/Commission for Human Rights	https://bip.brpo.gov.pl/sites/default/files/Wsparcie_osob.pdf	The purpose of this handbook is to identify and define and compare the specificity of the functioning of the institutions of socio-professional activation of people in Poland who experience mental health issues from the perspective of the employees of the Regional Centres for Social Policy, managers and employees of the rehabilitation centres, and people affected by mental health problems, and identify good practices.

Country	Resource	Organisation	Web link	Summary
	Analysis and recommendations"			
Spain	Design for All Foundation website	Design for All Foundation	http://designforall.org/design.php	The Design for All Foundation promotes knowledge around the concept of design tailored to human diversity. Design for All projects aim to improve quality of life, solidarity, dignity, sustainability and equal opportunities. The website contains guidance for various sectors, such as the tourism, education and museum sectors, and companies, but also for individuals. There is a special section regarding news in the sector, where there is information regarding new trends of inclusive design and award-winning initiatives in the sector.
Sweden	SWEA website (available in various languages)	Swedish Work Environment Authority (SWEA)	https://www.av.se/halsa-och-sakerhet/#	This website provides information for the workplace on work adaptations and rehabilitation. It includes information on legal obligations and good practice.
Sweden	Plan för återgång i arbete efter sjukskrivning / Plan for return to work after sick leave	Social Insurance Office	https://www.forsakringskassan.se/arbetsgivare/att-forebygga-sjukfranvaro-bland-medarbetare/friskare-medarbetare-med-rehabiliteringsbidrag/plan-for-atergang-i-arbetet	Advice for employers on their legal responsibility to make a return-to-work plan for an employee on sick leave.
Sweden	Arbetsplatsdialogen - upptäck tidiga tecken på ohälsa / The workplace dialogue - detect early signs of ill health	Prevent	https://www.prevent.se/jobba-med-arbetsmiljo/osa/arbetsplatsdialogen/	ArbetsplatsDialog för arbetsåtergång, ADA (Workplace Dialogue for return to work, ADA), is a method developed and evaluated by the Occupational and Environmental Medicine Clinic in Lund. The manual can be found at www.fhvmetodik.se
Sweden	Krav- och funktionsschema (KOF) / Requirements and Functionality Schedule (KOF)	Arbets- och miljömedicin i Uppsala / Occupational and environmental medicine in Uppsala	https://ammuppsala.se/arbetsformaga/krav-och-funktionsschema-kof/	The Requirements and Functionality Schedule (KOF) is a method for collaboration around an employee's work ability, which is based on a meeting between the employee and their immediate manager.
Sweden	Riktlinjer vid psykisk ohälsa på arbetsplatsen /	Swedish Agency of Work Environment Expertise	https://mynak.se/publikationer/riktlinjer-vid-psykisk-ohalsa-pa-arbetsplatsen/	These research-based guidelines for occupational health and employers focus on preventing, investigating and remedying work-related mental health issues.

Country	Resource	Organisation	Web link	Summary
	Guidelines for mental health problems in the workplace			The guidelines also include guidance on measures for the workplace when someone has experienced mental health issues.
Sweden	Mind website	Mind	https://mind.se/	Mind is an NGO in Sweden that aims to promote mental health in the society in various ways. The website includes information on mental health, sources of help and possibilities for interaction. Part of the material is available in several languages.
Sweden	Work Integration Social Enterprise (WISE)	WISE Gävleborg	https://pubmed.ncbi.nlm.nih.gov/37187968/	This is a case study (Macassa *et al.*, 2023) of a social enterprise that operates in a small region in mid-Sweden. With a total of 40 employees, the WISE provides services, such as home and office cleaning, gardening, snow ploughing, rehabilitation, and lunch and cafeteria services, with flexible working hours. The interviewed employees reported that working in a WISE provided them a sense of safety, belongingness, freedom and improved self-esteem, and that they felt that their work contributed to the wider community.
UK	A Healthy Return guide	Institution of Occupational Safety and Health (IOSH)	https://www.cambridgesafety.co.uk/wp-content/uploads/2019/08/B1-Vocational-rehabilitation-IOSH.pdf	This is a guidance document for a healthy return to work and rehabilitation. It provides practical examples and guidance on good practice for returning to work after several causes of long absence, including mental health conditions. It defines the criteria for the main actors in occupational health and information on relevant reasonable adjustments, managing sensitive medical information and other helpful tools such as return-to-work plans with case examples.
UK	Occupational Health Toolkit	Institution of Occupational Safety and Health (IOSH)	https://iosh.com/resources-and-research/our-resources/occupational-health-toolkit/	The toolkit is a free resource that provides useful information to help employers tackle occupational health issues in the workplace, including psychosocial risks, mental health and return to work.
UK	Several toolkits to support inclusive workplace and mental health of employees	Business in the Community (BITC)	Various toolkits: https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/ Ethnically diverse women: https://www.bitc.org.uk/toolkit/mental-health-and-wellbeing-for-ethnically-diverse-women/ Inclusive remote working: https://www.bitc.org.uk/toolkit/inclusive-remote-working/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.

Country	Resource	Organisation	Web link	Summary
UK	HSE Guide on sickness absence management	Health and Safety Executive (HSE)	https://www.hse.gov.uk/disability/assets/docs/sickness-absence-return-to-work.pdf	The guide includes HSE's best practice on sickness absence management and return to work.
UK	CIPD guide on return to work	The Chartered Institute of Personnel and Development (CIPD)	https://www.cipd.org/en/knowledge/guides/manager-guide-managing-return-to-work-after-long-term-absence/	The guide, produced in partnership with Bupa, is designed to support line managers to manage instances of long-term absence and return to work.
UK	Wellness Action Plan by Mind	Mind	https://www.mind.org.uk/workplace/mental-health-at-work/wellness-action-plan-sign-up/	Mind is the national mental health charity in the UK. Local Minds support people in communities across England and Wales. Their range of services includes supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending. The toolkit has been developed for discussion and planning in the workplace.
UK	The Influence and Participation Toolkit	Mind	https://www.mind.org.uk/workplace/influence-and-participation-toolkit/	Mind is the national mental health charity in the UK. Toolkit for enabling workplaces to involve people with mental health conditions to participate in the development of the organisation.
UK	Ten Steps for Mindful Employer guide	Mind Leeds – Mindful Employer	https://www.mindfulemployertensteps.co.uk/steps	Mindful Employer is a national initiative supporting employers to take a positive approach towards mental health at work. The guide includes guidance on managing stress, mental health and return to work.
UK & USA	This is Me	Barclays	https://home.barclays/who-we-are/our-strategy/diversity-and-inclusion/disability/this-is-me/	The This is Me campaign was launched at Barclays to challenge the stigma around mental health and to create a workplace where people feel confident to talk about mental health. The campaign encourages colleagues to tell their personal stories and, in this way, create an open environment for everybody. The number of colleagues sharing their story about a disability, a neurodiversity or a mental health condition has increased from nine to over 250 within a couple of years.
USA	Center for Workplace Mental Health website	American Psychiatric Association Foundation	https://www.workplacementalhealth.org/	The Center for Workplace Mental Health exists to help employers create a more supportive workplace environment for their employees and advance mental health policies at their organisations. Includes resources to create a mentally healthy workplace.
USA	Workplace Mental Health Toolkit	Employer Assistance and Resource Network on Disability Inclusion (EARN)	https://askearn.org/page/mental-health-toolkit	EARN's Workplace Mental Health Toolkit aims to provide employers with the knowledge, skills and resources necessary to create a supportive work atmosphere for those living with mental health conditions. It provides advice on creating a mental health-friendly workplace.

Country	Resource	Organisation	Web link	Summary
USA	PEAT website	The Partnership on Employment & Accessible Technology (PEAT)	General resources: https://www.peatworks.org/employer-topics/ Advice in case of mental health conditions on audio-only meetings: https://www.peatworks.org/why-employers-should-allow-audio-only-status-on-calls/	The mission of PEAT is to foster collaborations in the technology space that build inclusive workplaces for people with disabilities. Their vision is a future where new and emerging technologies are accessible to the workforce by design.
USA	Several Toolkits for Workplace Mental Health	Mind Share Partners	https://www.mindsharepartners.org/toolkits	Mind Share Partners is a national NGO that aims to change the culture of workplace mental health so that both employees and organisations can thrive. The toolkits include advice and information on various topics of workplace mental health, such as a mentally healthy workplace, mental health awareness, peer listening groups and suicide prevention.
International	WHO Guidelines on Mental Health at Work web link (available in various languages)	World Health Organisation (WHO)	https://www.who.int/publications/i/item/9789240053052	Recommendations to promote mental health, prevent mental health conditions, and enable people experiencing mental health conditions to participate and thrive in work. The recommendations cover organisational interventions, manager and worker training, individual interventions, return to work and gaining employment.
International	The Global Business Collaboration for Better Workplace Mental Health	The Global Business Collaboration for Better Workplace Mental Health	https://betterworkplacemh.com/	The Global Business Collaboration for Better Workplace Mental Health is a business-led initiative to advocate and enable an evidence-based action for a positive change for mental health in the workplace. To date, 100 companies from 62 countries in six continents, with a total of 1,600,000 employees, have signed the Pledge. The website resources include webinars and case stories from participating companies on how they had improved mental health in their workplaces and how they are building up their roadmap for change.

Small and medium-sized enterprises (SMEs)

Country	Resource	Organisation	Web link	Summary
EU	Mental Health Platform	H-WORK – Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces	https://www.mentalhealth-atwork.eu/	H-WORK Innovation Platform is an outcome of the EU-funded H-WORK 'Multilevel Interventions to Promote Mental Health in SMEs and Public Workplaces'. It includes analytical, decision-making, intervention and evaluation tools to promote wellbeing in the workplace.
EU	MENTUPP Platform	MENTUPP project	https://www.mentuppproject.eu/	The MENTUPP project involves the development, implementation and evaluation of a multi-level intervention targeting both clinical and non-clinical mental health issues and combating the stigma of mental health problems, with a specific focus on SMEs. The used framework is a mentally healthy workplace, informed by several systematic reviews and a consultation survey with key experts in the area. The intervention is facilitated through the MENTUPP Hub, an online platform that presents interactive psychoeducational materials, toolkits and links to additional resources. A pilot study will be carried out in eight EU countries and Australia.
EU	Business Europe website	Business Europe	https://www.businesseurope.eu/	Business Europe's website includes information and advice ranging from legislation and European-wide events to OSH issues.
Australia	Business in Mind website	University of Tasmania	https://www.utas.edu.au/businessinmind	A website resource with information, support and a resource kit specifically developed for SMEs. Brief video clips and testimonies from SME owners/operators.
UK	It's okay to talk about mental health	Federation of Small Businesses (FSB)	https://www.fsb.org.uk/knowledge/fsb-infohub/it-s-okay-to-talk-about-mental-health.html	The Federation of Small Businesses (FSB) campaign 'It's okay to talk about mental health' provides various resources for SMEs on its website including a guide to help small businesses navigate workplace mental health
UK	Mind – Mental health for small workplaces	Mind	https://www.mentalhealthatwork.org.uk/toolkit/mental-health-for-small-workplaces/	This UK-based website has a collection of information and tools for SMEs. For example, as part of their campaign 'It's okay to talk about mental health', the Federation of Small Businesses (FSB) has published a guide to help small businesses navigate workplace mental health. The toolbox includes practical examples on how to begin talking about mental health and what to do if there is a mental health issue in the workplace.

Country	Resource	Organisation	Web link	Summary
International	Developing an integrated approach to workplace mental health: A hypothetical conversation with a small business owner	LaMontagne et al., 2018	https://academic.oup.com/annweh/article/62/Supplement_1/S93/5096681	This article from an academic journal provides practical tips to SMEs on how to start with mental health support in the workplace.

Self-employed

Country	Resource	Organisation	Web link	Summary
UK	Practical tips for the self-employed	Mental Health at Work website	https://www.mentalhealthatwork.org.uk/toolkit/practical-tips-for-the-self-employed/	This advice for the self-employed was produced together with a business organisation and is based on a survey of self-employed people. Topics include mental health, social anxiety, dealing with feeling overwhelmed

Workplace accessibility and accommodations

Country	Resource	Organisation	Web link	Summary
EU	Reasonable accommodation at work - Guidelines and good practices	Reasonable accommodation at work - Guidelines and good practices	https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8612&furtherPubs=yes	These guidelines provide information, practical examples to help employers provide accommodations. It also serves as a resource for creating a more inclusive work environment for all employees, irrespective of their abilities.
Canada	Northwest ADA Centre website	Northwest ADA Centre	https://nwadacenter.org/audience/employers	This website contains advice for businesses, government, architects and people with disabilities. This section contains advice on making workplaces accessible and making individual accommodations.
Canada	ACED website	ACED	https://aced.iwh.on.ca/	Accommodating and Communicating about Episodic Disabilities (ACED) is a research partnership developing evidence-based workplace tools, resources and training programmes to support the sustained employment of people with episodic disabilities.
Canada	Job Demands and Accommodation Planning Tool (JDAPT)	The Institute for Work & Health (IWH)	https://aced.iwh.on.ca/jdapt	Accommodating and Communicating about Episodic Disabilities (ACED) is a five-year research project bringing together researchers and community partners to develop evidence-based workplace tools. The JDAPT helps workers with chronic and episodic conditions, and the workplace parties who support them, identify accommodations tailored to job demands that allow workers to successfully stay in their jobs.
Canada	Guide on workplace accommodations	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/accommodation-strategies	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide on workplace accommodation strategies.
Finland	Website and guide on work accommodations	Mielenterveyspooli (Mental Health Pool) and Ministry of Social Affairs and Health	https://mielenterveyspooli.fi/materiaalipankki/tyon-muokkauksen-keinot-kun-mielenterveyden-hairio-vaikuttaa-tyokykyyn/	Website and guide on how to help employees to stay in work or return to work with flexible workplace accommodations.

Country	Resource	Organisation	Web link	Summary
Sweden	Arbetsanpassning (AFS 2020:5), föreskrifter / Work adaptation (AFS 2020:5), regulations	Swedish Work Environment Agency	https://www.av.se/arbetsmiljoarbete-och-inspektioner/publikationer/foreskrifter/arbetsanpassning-afs-20205-foreskrifter/	Guidance on Sweden's workplace adaptation regulations for workers with a reduced ability to perform their usual work, to continue working or to return to work.
Sweden	The Prehab Guide at Sunt Arbetsliv	Sunt Arbetsliv	https://prehabguiden.suntarbetsliv.se/	With the help of the Prehab Guide, work adaptation and rehabilitation can be easier. The prehab guide helps to fulfil the Swedish Work Environment Authority's regulations for work adaptations.
UK	Reasonable Adjustment Toolkits	Business in the Community, Public Health England, and Mind	https://www.mentalhealthatwork.org.uk/toolkit/understanding-reasonable-adjustments-in-your-workplace/	A toolkit for reasonable adjustments to support mental health at work. Business in the Community and Public Health England have developed a total of eight toolkits to help every organisation support the mental and physical health and wellbeing of its employees. Each addresses a different aspect of workplace wellbeing, with a common thread of mental health running through them all. They're freely available and designed to be relevant to employers across all sectors.
UK	NHS guide on workplace adjustments	National Health Services (NHS)	https://www.nhshealthatwork.co.uk/images/library/files/Government%20policy/Mental_Health_Adjustments_Guidance_May_2012.pdf	The guidance is intended to help employers think through the kinds of adjustments at work that they can make for people experiencing mental health conditions. They include practical advice and links to other resources that might help them to support job retention and return to work.
UK	Workplace Adjustment Passport	College for Policing	https://www.college.police.uk/support-forces/diversity-and-inclusion/workplace-adjustments-passports	A tool for recording an individual's agreed workplace adjustments.
UK	HSE Best practice work adjustments guide	Health and Safety Executive (HSE)	https://www.hse.gov.uk/disability/best-practice/workplace-adjustments.htm	This practical guide is part of the HSE's comprehensive guide on principles to support disabled workers with long-term conditions in work.
USA	Job Accommodation Network website (JAN)	JAN	https://askjan.org/	The Job Accommodation Network (JAN) provides practical information for workplace accommodations free of charge. The website contains a database with practical examples of accommodations divided by category and type of disability. There are solutions covering almost all health conditions and their problematic symptoms (not only disabilities) at work.

Country	Resource	Organisation	Web link	Summary
USA	Accommodations for employees experiencing mental health conditions website	Office of disability Employment Policy, US Department of Labor	https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities	Provides examples of accommodations that have helped employees experiencing mental health conditions to more effectively perform their jobs.

Workplace accessibility and accommodations – assistive technologies

Country	Resource	Organisation	Web link	Summary
USA	Assistive Technology for Supporting People with Mental Health Conditions: Part 1	Job-Driven Technical Assistance Center (JD-VRTAC)	https://www.explorevr.org/sites/explorevr.org/files/files/AT%20MH%20Part%201%20FINAL.pdf	This presentation provides advice on understand how assistive technology can help improve employment outcomes, the process for making a choice and implementing solutions.
USA	Assistive Technology for Supporting People with Mental Health Disabilities: Part 2	Job-driven Technical Assistance Center	https://www.explorevr.org/sites/explorevr.org/files/files/AT%20MH%20Part%202%20FINAL.pdf	This presentation provides advice on identifying specific assistive technologies that can be used as accommodations for people with mental health conditions. For example it provides information the pros and cons of mental health apps, and different types of aids for cognitive support, self-management apps, symptom tracking, calming/arousal devices etc.
USA	Accommodations for employees experiencing mental health conditions website	Office of disability Employment Policy, US Department of Labor	https://www.dol.gov/agencies/odep/program-areas/mental-health/maximizing-productivity-accommodations-for-employees-with-psychiatric-disabilities	Provides examples of accommodations that have helped employees experiencing mental health conditions to more effectively perform their jobs. see equipment/technology + good simple list of accommodations

Talking to your employee/employer about a mental health problem

Country	Resource	Organisation	Web link	Summary
UK	How to support staff who are experiencing a mental health problem	Mond Cymru	https://www.mind.org.uk/media-a/4806/how-to-support-staff-who-are-experiencing-a-mental-health-problem_wales_v2.pdf	This guide sets out simple, practical and inexpensive steps that any organisation can take to support staff at every stage of the mental health spectrum. It includes a section on 'How to have a conversation with someone about their mental health'.
UK	Telling my employer	Mind	https://www.mind.org.uk/information-support/legal-rights/discrimination-at-work/telling-my-employer/#ShouldITellMyEmployerAboutMyMentalHealthProblem	This webpage provides guidance to individuals on deciding whether to tell an employer about a mental health problem, and how to ask for accommodations, etc. There is a template for drafting a letter to ask for accommodations. There are links to other webpages that provide advice for individuals about applying for jobs and challenging discrimination.
EU	Conversation starters for workplace discussions about musculoskeletal disorders	EU-OSHA	https://osha.europa.eu/en/publications/conversation-starters-workplace-discussions-about-musculoskeletal-disorders	These conversation starters can facilitate group discussions in the workplace or during vocational training. The resource contains activities and annexes on having a conversation about an ill health condition. While the resource is focused on musculoskeletal disorders, the activities and advice on speaking about health conditions can be applied to mental health.

Depression and burnout

Country	Resource	Organisation	Web link	Summary
EU	Burnout in the workplace: A review of data and policy responses in the EU.	Eurofound	https://www.eurofound.europa.eu/publications/report/2018/burnout-in-the-workplace-a-review-of-data-and-policy-responses-in-the-eu	The report includes information on relevant national strategies and policies and some example of workplace actions.
EU	Understanding and Preventing Worker Burnout	EU-OSHA	https://oshwiki.osha.europa.eu/en/themes/understanding-and-preventing-worker-burnout	Article that describes work-related burnout, work risk factors, and managing and preventing work-related burnout.
Belgium	Fedris Burnout Pilot Project Federal Agency for Occupational Risks - Burnout support programme	Fedris	https://www.fedris.be/nl/pilootproject-burn-out	A pilot programme to support workers with burnout, aimed at banking and health care sectors. It offers a psychological support pathway for workers, suffering from early signs of burnout, in terms of their retention and/or return to work. Results expected end of 2023.
Canada	Practical guide	IWH	https://www.iwh.on.ca/tools-and-guides/evidence-informed-guide-to-supporting-people-with-depression-in-workplace	The guide is designed for anyone in the workplace who supports workers with depression as they cope with their symptoms while working, or when they are returning to work following an episode of depression.
Canada	Several guides	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/burnout-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for managing stress and burnout.
Ireland	Aware's website	Aware	https://www.aware.ie/	This NGO aims to raise awareness about people affected by stress, depression, bipolar disorder and mood-related conditions and provide education and support.
Ireland	Employees with disabilities – an employer's guide	Health and Safety Authority	https://www.hsa.ie/eng/publications_and_forms/publications/safety_and_health_management/employees_with__disabilities.html	An employer's guide to implementing inclusive health and safety practices for employees with disabilities, including mental health issues (a practical example is provided).
The Netherlands	Guide on preventing or solving overvoltage and burnout	Ministerie van Sociale Zaken en Werkgelegenheiden / Ministry of Social Affairs and Employment	https://www.arboportaal.nl/onderwerpen/werkdruk/documenten/publicatie/2021/10/22/voorlichtingsfolder-overspanning-en-burn-out-voorkomen-of-oplossen	Brochure providing tips and advice on preventing or solving work-related stress and burnout, provided by the Dutch Association for Occupational and Occupational Medicine (NVAB) and the Dutch Association of Insurance Medicine (NVVG).

UK	Depression after childbirth	NCT	https://www.nct.org.uk/life-parent/work-and-childcare/returning-work/returning-work-after-postnatal-depression	A guide about returning to work after having experienced depression following childbirth (postnatal depression).

Psychosocial risks and work stress

Country	Resource	Organisation	Web link	Summary
EU	Occupational health and safety risks in the healthcare sector	European Commission	https://op.europa.eu/en/publication-detail/-/publication/b29abb0a-f41e-4cb4-b787-4538ac5f0238	This practical guidance on risk prevention in the healthcare sector includes detailed sections on the prevention of psychosocial risks covering stress and burnout, long working hours and drug abuse. Although focused on the healthcare sector, much of the advice is relevant or adaptable to other workplaces. Available in various languages.
EU	Healthy workers, thriving companies - a practical guide to wellbeing at work,	European Agency for Occupational Safety and Health (EU-OSHA)	https://osha.europa.eu/en/publications/healthy-workers-thriving-companies-practical-guide-wellbeing-work	A practical guide for employers about managing psychosocial risks in the workplace.
EU	Managing Stress and Psychosocial Risks e-guide	European Agency for Occupational Safety and Health (EU-OSHA)	https://osha.europa.eu/sites/default/files/Eguide_stress_ENGLISH.pdf	A comprehensive e-guide for employees and employers about understanding more about stress and psychosocial risks, taking steps to address them.
EU	How to reduce employee stress and prevent burnout.	EURopean Employment Service (EURES)	https://eures.ec.europa.eu/how-reduce-employee-stress-and-prevent-burnout-2023-06-12_en	Advice giving practical tips for employers/managers on how to tackle employee burnout in the workplace.
Canada	Several guides	Workplace Strategies	https://www.workplacestrategiesformentalhealth.com/resources/burnout-response-for-leaders	Workplace Strategies and the partners, the Canadian Standards Association (CSA Group) and the Bureau de normalization du Québec (BNQ) have developed the Workplace Strategies for Mental Health website, including a guide for managing stress and burnout.
Ireland	Healthy Workplace Framework website	Government of Ireland	https://www.gov.ie/en/publication/445a4a-healthy-workplace-framework/#	Information and links to guidance on how to develop a workplace with the Healthy Workplace Framework.
Ireland	Ireland Code of practice for employers and employees on the right to disconnect	Workplace Relations Commission	https://www.workplacerelations.ie/en/what_you_should_know/codes_practice/code-of-practice-for-employers-and-employees-on-the-right-to-disconnect.pdf	Code of Practice to give guidance on best practice to organisations and their employees on the Right to Disconnect.

Country	Resource	Organisation	Web link	Summary
The Netherlands	Handige tools en instrumenten / Useful tools and instruments	Ministerie van Sociale Zaken en Werkgelegenheiden / Ministry of Social Affairs and Employment	https://www.arboportaal.nl/onderwerpen/werkdruk/handige-tools-en-instrumenten	Collection of tools and instruments that can be used to tackle work-related stress, such as factsheets, checklist, questionnaires and self-tests, tips – e.g. about having a conversation about work stress.
Sweden	Vägledning till föreskrifterna om organisatorisk och social arbetsmiljö, AFS 2015:4 (H457), bok / Guidance to the regulations on organisational and social work environment, AFS 2015:4 (H457), book	Arbetsmiljöverket / The Swedish Work Environment Agency	https://www.av.se/arbetsmiljoarbete-och-inspektioner/publikationer/bocker/vagledning-organisatorisk-social-arbetsmiljo-h457/	Guidance on complying with regulations on the organisational and social work environment.
UK	Ten Steps for Mindful Employer	Mind Leeds	https://www.mindfulemployertensteps.co.uk/steps	Mindful Employer is a national initiative supporting employers to take a positive approach towards mental health at work. The guide includes guidance on managing stress, mental health and return to work.
UK	HSE Management Standards	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/standards/	HSE's Management Standards is a good practice tool with a step-by-step assessment of the current situation, and identification, management and follow-up of work stress.
UK	HSE Stress Talking Toolkit	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/talking-toolkit.htm	Advice for managers on talking with employees and to prevent and manage work-related stress.
UK	Managing stress and mental health at work	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/workplace-stress-fulfilling-your-responsibilities-as-an-employer/	Managing stress and mental health at work toolkit includes several resources, such as Stress Risk Assessment, Talking Toolkit, Common Adjustments, Thriving at Work, and Mental Health Conditions, Work and the Workplace.
USA	A complementary guide to effectively manage and support remote workers	The Hartford	https://s0.hfdstatic.com/sites/the_hartford/files/remote-work-toolkit.pdf	Managing and supporting remote workers toolkit.

Trauma and PTSD

Country	Resource	Organisation	Web link	Summary
EU	Post-Traumatic Stress Disorder	OSHwiki	https://oshwiki.osha.europa.eu/en/themes/post-traumatic-stress-disorder	This article on PTSD covers work-related risks, occupations at risk and how to handle work-related PTSD.
EU	Frontex Mental Health Strategy	Frontex	https://op.europa.eu/en/publication-detail/-/publication/89c168fe-e14b-11e7-9749-01aa75ed71a1/language-en	Frontex is the European Border and Coast Guard Agency that supports EU Member States and Schengen-associated countries to manage the external borders of the EU, including cross-border crime prevention and intervention. The strategy is tailored to operational conditions, and it includes topics on OSH, mental health promotion and rehabilitation/return-to work.
Italy	Work-related post-traumatic stress disorder: report of five cases	University of Pavia & Institute of Pavia	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7708739/	This journal article describes five unusual cases of work-related PTSD, diagnosed with an interdisciplinary protocol. All patients required psychiatric help and pharmacological treatment, with difficulty of varying degrees in resuming work.
UK	Guides	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/helping-staff-to-cope-with-trauma/	A toolkit with a focus on helping staff to cope with trauma. Other resources provide, for example, response to a traumatic incidence in rail work.
USA	CTIPP Trauma-Informed Workplace Toolkit	Campaign for Trauma-Informed Policy and Practice (CTIPP)	https://www.ctipp.org/post/toolkit-trauma-informed-workplaces	CTIPP involves representatives from education, mental health, justice, civil society and government. CTIPP informs and advocates for public policies and practices that incorporate scientific findings on the relationship between trauma, health and wellbeing across the lifespan. The toolkit provides educational concepts and practical strategies on trauma-informed workplaces to support team members.
USA	NIOSH Guide on Traumatic Incidence Stress	National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/topics/traumaticincident/	NIOSH recommends that all workers involved in response activities help themselves and their co-workers and reduce the risk of experiencing stress associated with a traumatic incident by utilising simple methods to recognise, monitor and maintain health on-site and following such experiences. The guide includes the methods of managing traumatic incidence stress.
USA	SAMSHA's Guidance for a Trauma-Informed Approach	Substance Abuse and Mental Health Services Administration (SAMSHA)	https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884	The manual introduces a concept of trauma and offers a framework for becoming a trauma-informed organisation, offering six key principles and 10 implementation domains.

Sleep and recovery

Country	Resource	Organisation	Web link	Summary
Canada	Toolkit for Sleep Hygiene	MyWorkplaceHealth	http://www.myworkplacehealth.com/uploads/2/1/2/0/21200088/sleep_hygiene_toolkit_9.pdf	The toolkit includes resources to help you develop skills and strategies to enhance your sleep hygiene.
UK	Toolkit on Sleep and Recovery	Business in the Community (BITC)	https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-sleeprecovery-jan2018.pdf	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health. The toolkit has been developed to increase understanding on sleep and recovery and taking action to support good sleep.
UK	Barnsley sleep toolkit for employers and employees	Barnsley Metropolitan Borough Council	https://www.barnsley.gov.uk/media/17930/barnsley-sleep-toolkit.pdf	A toolkit for employers and employees about sleep and work.
USA	Toolkit on Fatigue among Retail Workers	National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/docs/wp-solutions/2019-102/default.html	By using Total Worker Health® principles, NIOSH has developed solutions on how to reduce fatigue among retail workers.

Chronic pain

Country	Resource	Organisation	Web link	Summary
EU	Employment and pain policy	European Pain Federation (EFIC)	https://europeanpainfederation.eu/sip/employment-and-pain-policy/	Position Paper on Workplace Integration and Adaptation, highlighting the importance of addressing pain management to support a healthy and productive European workforce and society.
Canada	AQDC website	AQDC	https://douleurchronique.org/management-of-chronic-pain/managingpain-at-work/?lang=en	The Association Québécoise de la douleur chronique — Quebec Association for Chronic Pain (AQDC) is an association aiming to provide information on how to deal optimally with chronic pain. The website contains resources on the types of diseases related to chronic pain and the treatment and management of chronic pain. It gives specific information on managing pain effectively at work.
UK	Several toolkits to support inclusive workplaces and mental health of employees	Business in the Community (BITC)	https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.

Eating disorders

Country	Resource	Organisation	Web link	Summary
Australia	Guide on eating disorders in the workplace	Butterfly Foundation	https://butterfly.org.au/eating-disorders-in-the-workplace/	Butterfly Foundation is the national charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them. The guidance includes information on how to address eating disorders in the workplace and develop a Body Kind Workplace.
UK	Guide	Mind – Mental Health at Work	https://www.mentalhealthatwork.org.uk/toolkit/creating-workplaces-that-are-positive-for-people-with-eating-disorders/	A toolkit with a focus on creating workplaces that are positive for people with eating disorders. Other resources for people with eating disorders are provided, for example, a helpline and how to develop a wellness plan.
USA	Guide and toolkit	The National Eating Disorders Association (NEDA)	https://www.nationaleatingdisorders.org/learn/help/workplace	NEDA is the largest NGO dedicated to supporting individuals and families affected by eating disorders. The guide and toolkit provide advice on how to address eating disorders in the workplace (e.g. screenings) to improve overall workplace wellness and to get help to those who need it.

Severe mental health conditions

Country	Resource	Organisation	Web link	Summary
EU	European Supported Employment Toolkit	European Union of Supported Employment (EUSE)	http://www.euse.org/resources/supported-employment-toolkit	The Supported Employment model was developed to assist people with significant disabilities or other disadvantaged groups to access employment in the open labour market. The European Supported Employment Toolkit is for professionals who are working in supported employment programmes.
Belgium	Individual Placement and Support (IPS) pilot project	National Institute for Health and Invalidity Insurance	https://www.inami.fgov.be/nl/publicaties/jv2017/themas/Paginas/ips.aspx	This programme/study focuses on individuals experiencing moderate to severe mental health issues. Its goal is rapid and enduring employment, by getting people back to work as soon as possible and providing ongoing support within the workplace.
Bulgaria	Шизофрения / Schizophrenia	Gedeon Richter Foundation	https://schizophrenia-life.bg/public/living-with-schizophrenia/professional-life/	This web page, from a site dedicated to schizophrenia, includes some key suggestions for employers, families, healthcare professionals and institutions to improve understanding of the disease.
Greece	Panhellenic Federation of Koi.S.P.E. (P.O.Koi.S.P.E.) website	Panhellenic Federation of Koi.S.P.E. (P.O.Koi.S.P.E., external support organisation)	http://pokoispe.gr/	POKOISPE is a social cooperative, with the aim to represent and coordinate the activities of socioeconomic integration and the professional integration of people with psychosocial problems. The social cooperatives are mental health units that develop programmes and for people experiencing severe mental health conditions.
Italy	Individual Placement and Support (IPS) in Italy	Emilia-Romagna Region, Italy	https://health.ec.europa.eu/system/files/2018-03/2018_goodpractices_en_0.pdf	A guide published by the 3rd EU Health Programme (2014-2020).
The Netherlands	Individuele Plaatsing en Steun (IPS) / Individual Placement and Support	Kenniscentrum Phrenos	https://www.werkenmetips.nl/en/what-is-ips/	This web page provides information about the Individual Placement and Support (IPS) programme. The programme is an approach to help people with severe mental health issues to get and to keep paid employment. They can receive guidance from a trained counsellor who helps with looking for, finding and keeping a job. People who have problems at work because of their mental health issues can also use an IPS programme to keep their job.
USA	Individual Placement and Support (IPS) method	IPS Employment Center	https://ipsworks.org/	IPS is a model of supported employment for people experiencing severe mental health problems, such as schizophrenia, bipolar disorder or severe depression. IPS helps them work at regular jobs of their choosing. IPS refers to the evidence-based practice of supported employment. Mainstream education and technical training are included as ways to advance career paths.

Suicide

Country	Resource	Organisation	Web link	Summary
EU	Preventing and managing suicidal behaviour. A toolkit for the workplace	Euregenas	https://www.euregenas.eu/wp-content/uploads/2014/11/EUREGENAS-TOOLKIT-WORKPLACE-Preventing-and-Managing-Suicidal-Behaviour-1.pdf	This resource includes tools to help workplaces prevent suicide, identify and interact with suicidal workers, and what to do after suicide The Euregenas (European Regions Enforcing Actions Against Suicide) project was co-funded by the European Union.
Sweden	The national action programme for suicide prevention	Public Health Agency of Sweden	https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/living-conditions-and-lifestyle/suicide-prevention/national-action-programme-for-suicide-prevention/	National programme on suicide prevention.
UK	Reducing the Risk of Suicide: a toolkit for employers	Business in the Community and Public Health England, and Mind	https://www.mentalhealthatwork.org.uk/resource/reducing-the-risk-of-suicide-a-toolkit-for-employers/?read=more	Reducing the risk of suicide: a toolkit for employers. Business in the Community and Public Health England have developed a total of eight toolkits to help every organisation support the mental and physical health and wellbeing of its employees. Each addresses a different aspect of workplace wellbeing, with a common thread of mental health running through them all. They're freely available and designed to be relevant to employers across all sectors.
UK	Crisis Management in the Event of Suicide: a postvention toolkit for employers in the event of suicide	Business in the Community (BITC)	https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-suicidepostventioncrisismanagement-mar2017.pdf	A crisis management guide in the event of a suicide in the workplace, with the aim to support employers in their response to an employee taking their own life, whether that be within a workplace or outside of it – as either scenario can have a profound effect on the mental health of colleagues. It covers all stages from preparing an appropriate culture, policy and procedures, to the immediate time around a suicide, to dissemination of news through an organisation and supporting employees through the subsequent days, months and years.

Country	Resource	Organisation	Web link	Summary
UK	The little book of minding your head	Yellowwellies.org	https://www.yellowwellies.org/wp-content/uploads/2024/02/LittleBookOfMindingYourHead.pdf	Poor mental health is not uncommon among farmers. This booklet was written to offer support and guidance for those who may be struggling with the pressures of farming or recognise that struggle in someone else. It covers various issues including suicidal feelings.
UK	Suicide Prevention	Health and Safety Executive (HSE)	https://www.hse.gov.uk/stress/suicide.htm	Employers have a duty of care to workers and to ensuring their health, safety and welfare. HSE promotes action that prevents or tackles any risks to workers' physical and mental health, for example due to work-related stress. This guide is for prevention of suicide and how to support workers after a suicide incident.
USA	Suicide prevention: evidence-informed interventions for the health care workforce	American Hospital Association/HRET	https://www.aha.org/system/files/media/file/2022/09/suicide-prevention_evidence-informed-interventions-for-the-health-care-workforce.pdf	Healthcare workers are at an increased risk of suicide. This resource is based on the results of a project. It suggests interventions for suicide prevention that have been developed specifically for the sector. It contains advice, checklists, links to videos
USA	Several Toolkits for Workplace Mental Health	Mind Share Partners	https://www.mindsharepartners.org/toolkits	Mind Share Partners is a national NGO that aims to change the culture of workplace mental health so that both employees and organisations can thrive. The toolkits include advice and information on various topics of workplace mental health, such as a mentally healthy workplace, mental health awareness, peer listening groups and suicide prevention.
International	Preventing Suicide: a resource at work	WHO	http://apps.who.int/iris/bitstream/10665/43502/1/9241594381_eng.pdf	This resource provides practical advice on preventing suicide at work and helping a suicidal worker. It is aimed at employers, worker representatives, providers of employee assistance programmes, human resources and workers.

Substance abuse

Country	Resource	Organisation	Web link	Summary
Australia	Mental Health First Aid education	Mental Health First Aid (MHFA)	https://www.mentalhealthfirstaid.org/wp-content/uploads/2023/07/23.07.16_MHFA-at-Work-marketing-one-pager-v1.pdf	MHFA is a course for employees on how to identify, understand and respond to signs of mental health issues and substance abuse. The training gives skills that are needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.
Austria	WIETZ bei Suchterkrankung-Checkliste / Checklist	Kontakt & co, Jugendrotkreuz Verein “Österreichisches Rotes Kreuz - Landesverband Tirol” / Kontakt &co- Red cross Youth, Association	https://www.kontaktco.at/infoapp/downloads/pib_checkliste_wiedereingliederung.pdf	Checklist on how reintegration into the workplace can succeed in the case of addictions.
Canada	Guide	Atlantic Canada Council on Addiction	https://www.gov.nl.ca/hcs/files/publications-addiction-substance-abuse-workplace-toolkit.pdf	The guide includes information and a step-by-step guide for workplaces on how to address problematic substance use in the workplace. Workplaces come in different shapes and sizes, so the steps and tools in the guide can be adapted to suit the unique workplace needs. A case study is provided to demonstrate how the steps may be applied in the ‘real world’.
Finland	FIOH Mental Health Toolkit	Finnish Institute of Occupational Health (FIOH)	https://hyvatyo.ttl.fi/en/mental-health-toolkit	The FIOH Mental Health Toolkit includes practical material and toolkits for supervisors and a recovery calculator, resilience test and a managing substance abuse programme.
Sweden	Riktlinjer vid alkoholproblem på arbetsplatsen / Guidelines for alcohol problems in the workplace	Swedish Agency for Work Environment Expertise	https://mynak.se/publikationer/riktlinjer-vid-alkoholproblem-pa-arbetsplatsen/	These guidelines are aimed at occupational health and include guidance, methods and working methods for early prevention, identification and remediation of alcohol problems among employees.

Country	Resource	Organisation	Web link	Summary
UK	Toolkits to address drugs, alcohol and tobacco in the workplace	Business in the Community (BITC)	https://www.bitc.org.uk/toolkit/drugs-alcohol-and-tobacco-a-toolkit-for-employers/	BITC is the UK's responsible business network to support fairer, greener and more inclusive workplaces. The website includes various toolkits for mental health, for example, Mental Health for Employers, Drugs, Alcohol and Tobacco, Musculoskeletal Health, Sleep and Recovery, Crisis Management in the Event of Suicide, and a Toolkit for Mental Health for Ethnically Diverse Women.
USA	NIOSH Opioids in the Workplace toolkits	The National Institute for Occupational Safety and Health (NIOSH)	https://www.cdc.gov/niosh/topics/opioids/	By using Total Worker Health® principles, NIOSH has developed solutions to help workers and employers facing the opioid crisis in their communities.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

European Agency for Safety and Health at Work

Santiago de Compostela 12
48003 - Bilbao, Spain
E-mail: information@osha.europa.eu

https://osha.europa.eu

Publications Office of the European Union