



IncreMe(n)tal Comparative Policy Brief

Deliverable 2.3



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D2.3 IncreMe(n)tal Comparative Policy Brief

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Abbreviations

COPSOQ	Copenhagen Psychosocial Questionnaire
ESENER	European Survey of Enterprises on New and Emerging Risks
EU-OSHA	European Agency for Safety and Health at Work
ILO	International Labour Organisation
HR	Human Resources
ISO	International Organisation for Standardisation
OHS	Occupational Health and Safety
SME	Small and Medium Enterprises
V AENC	V Agreement for Employment and Collective Bargaining - a social pact to guide salary increases and working conditions
WHO	World Health Organisation

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Executive Summary

This policy brief is part of the IncreMental EU project, which examines psychosocial risks and mental health challenges within the metalworking sector across seven countries: Belgium, Ireland, Italy, Slovakia, Slovenia, Spain, and Turkey. Drawing on EU-OSHA and ILO/WHO guidelines, the project identifies a shared foundation for understanding these risks: shifting the focus from individual pathology to organizational hazards, such as workload and time pressure. Despite this common ground, significant national variations exist in how these risks are regulated and managed.

Key Findings

Prevalence of Issues: An online survey of 596 respondents revealed that stress (58%) and burnout (48%) are the most frequently reported symptoms of psychosocial risks. Other common issues include absenteeism and musculoskeletal disorders.

Vulnerable Groups: Respondents perceive women, parents, and workers in precarious positions as the groups most exposed to these risks. Additionally, older, long-tenured employees often experience cumulative strain and difficulty adapting to organizational changes.

Barriers to Management: The primary obstacles to addressing mental health at work include a lack of management awareness, a reluctance to discuss these issues, and pervasive stigma, particularly in male-dominated settings. Furthermore, nearly 70% of respondents reported receiving no training on how to cope with mental health issues.

The "Implementation Gap": While formal regulations exist in many countries, there is often a gap between legal requirements and workplace practice. For instance, in Belgium and Italy, systems are highly structured, with specialized advisors, whereas in Ireland and Spain they rely more on "soft law" or general duties of care.

National Regulatory Approaches

Structured Models: Belgium and Italy utilize precise legal language and involve multiple actors, like prevention advisors and trade unions, through strong social dialogue.

Compliance-Driven Models: Slovakia, Turkey, and Ireland tend to rely on broader occupational health and safety (OHS) obligations, often focusing on meeting minimum legal standards rather than proactive prevention.

Digitalization and Change: Technological acceleration and the post-COVID reality have introduced "new risks," such as blurred work-life boundaries and increased work intensity, that are not yet systematically addressed in most workplace dialogues.

Policy Recommendations

Based on the findings, the recommendations emphasize that mental health at work is a systemic issue rooted in organizational culture and working conditions, requiring collective action rather than just individual interventions. In turn, the recommendations advocate for an integrated governance approach based on an established prevention hierarchy:

For Employers: Prioritize primary prevention by redesigning work (e.g., balancing workloads and ergonomic shift planning). Employers should integrate psychological health into existing OHS systems and foster a culture of trust where employees can report concerns without fear of retaliation.

For Trade Unions: Institutionalize employee participation and use collective bargaining to shape psychosocial risk policies. Unions should provide training on risk definitions and act as trusted "first contact" persons for workers facing mental health challenges.

1. Introduction

The IncreMental EU project examines psychosocial risks and mental health challenges in the metalworking sector across seven countries: Belgium, Ireland, Italy, Slovakia, Slovenia, Spain, and Turkey. As it draws on theoretical frameworks aligned with EU-OSHA and ILO/WHO guidelines, national regulatory analyses, an online survey of 596 respondents, and in-depth interviews to highlight prevalence of issues like stress, burnout, and workload pressures, it identifies several gaps in prevention and management. In particular, the project reveals shared EU-level foundations but national variations, from Belgium's structured advisor systems to Ireland's soft law approaches and Turkey's indirect integration into OHS laws. Key findings from surveys and interviews underscore high stress incidence (56% of respondents), stigma in male-dominated settings, and the need for stronger social dialogue. As such, this policy brief synthesises comparative insights to inform actionable recommendations for employers, trade unions, and policymakers. By bridging gaps between formal regulations and practice, it aims to foster sustainable mental health improvements in the metal sector.

2. Theoretical framework

The IncreMe(n)tal project reveals a robust, EU-harmonised foundation for understanding psychosocial risks and mental health at work, with all partners explicitly adopting the EU-OSHA conceptualisation of psychosocial risks as "aspects of the design, organisation and management, and its social and organisational context, that have the potential to cause psychological or physical harm." (Leka et al., 2008: 2). This framing shifts focus from individual pathology to organisational hazards, drawing on the 2004 EU Framework Agreement on Work-Related Stress (ETUC 2004) and tools like ESENER (2024) and OHS Pulse surveys, which underscore the prevalence of psychosocial risks as, for example, workload and time pressure. Specifically, recurring terminology within the national theoretical frameworks includes terms such as "work-related stress," "burnout," "anxiety/depression," "bullying/harassment/mobbing," "technostress," and "adverse social behaviours," which again implies a high degree of shared theoretical foundations across the partner countries' frameworks. At the same time, three levels of prevention are also regularly emphasised: primary (eliminate root causes), secondary (early intervention), and tertiary (rehabilitation), aligning with ILO/WHO guidelines (WHO 2022). Most partners also note that the consequences of the post-COVID reality and digital acceleration, such as blurred work-life boundaries, influence the current debate on the topic.

2.1. Differences across national regulatory frameworks

However, the national regulatory frameworks differ in how and to what extent the terminology on psychosocial risks is embedded in national law. Belgium defines psychosocial risks broadly in the 1996 Welfare at Work Act (amended in 2014) as the probability of psychological (and possible physical) damage from work organisation, content, conditions,

and relations, mandating continuous assessment, prevention advisors, and confidential advisors, with a preference for collective over individual interventions. Slovakia integrates psychosocial risks into Occupational Safety and Health section under the Labour Code and dedicated Act, focusing on stress management duties, with recent strategies highlighting digitalisation and automation as "new risks". Turkey aligns psychosocial risks with ILO/WHO concepts, embedding them in the 2012 Occupational Safety and Health Law's risk assessments without sector-specific rules, though metal sector firms (classified as high-risk) require health surveillance including psychological tests, with emphasis on workers' awareness and participation.

Italy and Slovenia closely align with EU norms on psychosocial risks, integrating them into national occupational safety and health laws while highlighting unions' roles in sector-specific bargaining, though effectiveness varies with the strength of social dialogue. Specifically, Italy's Legislative Decree 81/2008 - while not including a specific definition of psychosocial risks - mandates periodic work-related stress assessments involving safety representatives. Slovenia's act requires evaluations with union input on shifts/digital stress. All notes common issues such as stigma, under-reporting due to the male-dominated character of the metalworking sector, and gaps in SME regulations, advocating for workers' involvement through safety representatives and unions to support proactive measures.

Ireland adopts a "soft law" approach to psychosocial risks at work. Instead of specific legislation naming or regulating psychosocial risks, it relies on general duties of care under the 2005 Safety, Health and Welfare at Work Act, which requires employers to assess and manage all health and safety risks, including mental health risks such as stress. This legislative framework is supported by the Health and Safety Authority, which provides non-binding codes of practice and guidance on psychosocial hazards, bullying prevention, right-to-disconnect policies, and the Work Positive Critical Incident tool for voluntary stress and wellbeing audits. Spain also lacks specific legislation on psychosocial risk prevention. Worker protection falls under the general framework of Law 31/1995 on Occupational Risk Prevention, which implicitly covers such risks. The law allows collective bargaining to regulate the issues, but only a few agreements address them explicitly.

2.2. Comparative findings and implications

In general, Belgium and Italy use more precise, clearly defined language when discussing psychosocial risks, along with structured involvement of multiple actors, such as specialised prevention advisors and supplementary welfare funds, reflecting their long-standing traditions of strong social dialogue between employers, workers, and government bodies. In contrast, Ireland, Slovakia, and Turkey tend to rely on broader occupational safety and health legal obligations that indirectly cover psychosocial risks, with less strict enforcement mechanisms, emphasising voluntary cooperation between parties and revealing gaps in which compliance is more about meeting basic legal minimums than proactive prevention. As such, the lack of detailed definitions and methodological guidelines for psychosocial risks in the legislation underscores the importance of academic and field studies in this area.

In essence, while all partners attribute the emergence of psychosocial risks and related mental health issues to an imbalance between job pressures and available support, the national approach they take to manage these risks differs significantly. Belgium focuses on dedicated advisors for ongoing assessments; Italy and Spain emphasise negotiations through collective bargaining that result in concrete benefits, such as welfare funds for mental health support; Ireland promotes practical self-assessment tools and audits; and Slovakia, along with Turkey, prioritises health surveillance checks, including psychological screenings. As such, enforcement mechanisms are notably stronger in some countries, for example, in Belgium, where regular inspections and advisor oversight ensure compliance, whereas in Slovakia, Turkey, and Ireland, efforts tend to be more compliance-driven, focusing on meeting minimum legal standards without robust proactive monitoring.

Nevertheless, across all countries, social dialogue is central as a key mechanism of addressing psychosocial risks through negotiations, although its strength and density vary significantly. Belgium and Italy benefit from high union density and confederal pacts at national, sectoral, and company levels that produce binding agreements on mental health measures, while Ireland and Turkey face challenges from lower union presence, voluntarist systems that depend on voluntary employer engagement, and weaker overall bargaining power. In Spain, V Agreement for Employment and Collective Bargaining (V AENC) 2023–2025 explicitly promotes preventive management of psychosocial risks and related measures. In the metal sector specifically, a universal interplay emerges between physical hazards - like shift work and machinery, and psychosocial risks such as digital monitoring or emotional demands from high-pressure production. Stigma also takes on a notably gendered dimension, particularly in Ireland and Turkey, where male-dominated cultures discourage open discussions of vulnerability, amplifying under-reporting of issues like burnout or anxiety.

3. Survey findings

In addition to qualitative evidence, the project conducted an online survey across 7 countries. The aim of the survey was to uncover individual perceptions of mental health related to work, identify challenges to mental health at one's workplace, and examine employers' existing approaches to addressing mental health issues at the workplace. This section provides a selective analysis of some survey findings, focusing on their relevance for policy recommendations.

In total, the survey collected 596 responses from participants across multiple European countries, with a geographically diverse yet uneven distribution (see Table 1).

The analysis of survey findings below is structured into three subsections:

- perceptions of psychosocial risks and groups likely affected;
- approaches to managing psychosocial risks at the workplace, focusing on obstacles to addressing these risks;
- existing practices and policies to manage psychosocial risks at the workplace.

Table 1. Overview of survey respondents by country

Country		Respondents
Belgium	8,05%	42
Ireland	6,13%	32
Italy	6,13%	32
Slovakia	35,63%	186
Slovenia	7,47%	39
Spain	7,28%	38
Turkey	26,63%	139
Other (please, specify)	2,68%	14

N=522 respondents that replied to the question about their country

Source: Incremental online survey, 2024-2025

3.1. Psychosocial risks and worker exposure

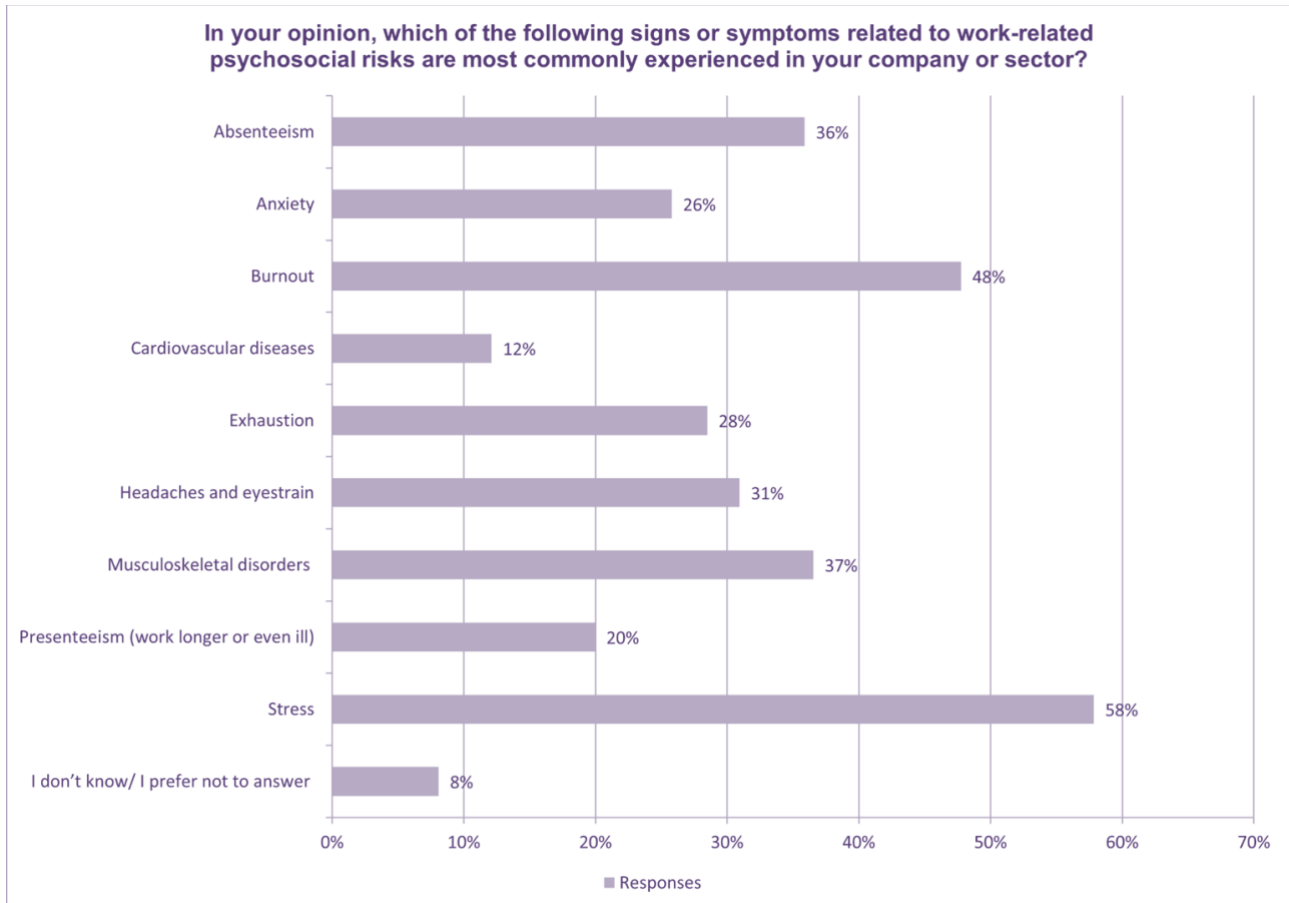
Figure 1 shows that stress is the most frequently reported sign or symptom of psychosocial risks at work, identified by nearly 58% of respondents. The second most cited sign/symptom is burnout (over 48% of respondents), a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and reduced professional efficacy.

Absenteeism (cases when persons are not at work when they should be) and musculoskeletal disorders were recognised as symptoms by over 36% and 37% of respondents, respectively.

Respondents, in open questions, describe chronic stress, fatigue, anxiety, and physical symptoms clearly spilling over into their private lives, often making it difficult to “switch off” after work. High workload, constant pressure, job insecurity, and long or unpredictable working hours are repeatedly mentioned, with some describing severe manifestations such as “*tachycardia, continuous muscle tension and widespread physical anxiety*” or “*a knot in my stomach when at home with my family but thinking about toxic issues at work.*” Several responses explicitly note that when work is calm and manageable, well-being at home improves: “*If I*

have a problem-free day at work, my social life is calmer,” and “When an employee has peace at the workplace, they also have peace at home with the family.”

Figure 1. Incidence of psychosocial risks – respondent views

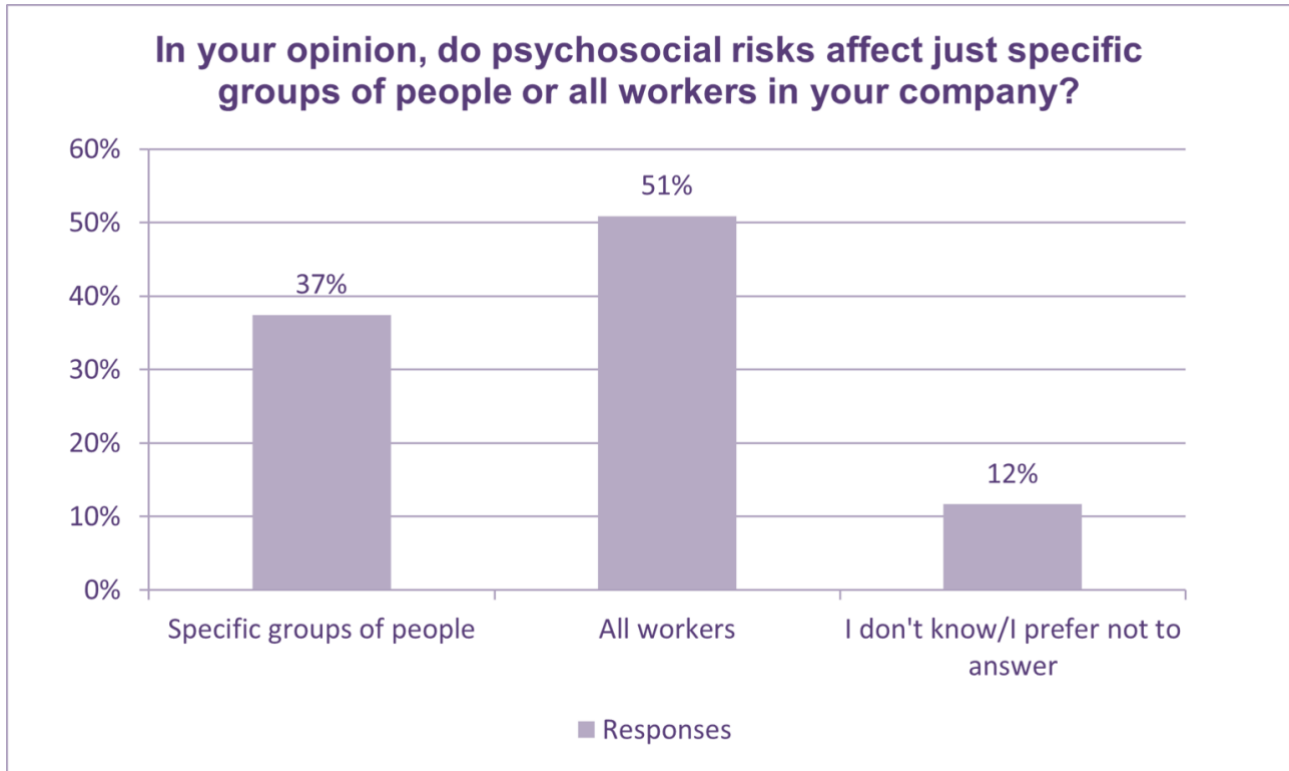


N=446 (multiple responses allowed; number refers to the share of responses, not respondents)

Source: Incremental online survey, 2024-2025

Over 50% of respondents perceive that all workers are affected by psychosocial risks, while 37% perceive that the risks concern specific groups of people (see [Figure 2](#)).

Figure 2. Perceived effect of psychosocial risks on worker groups

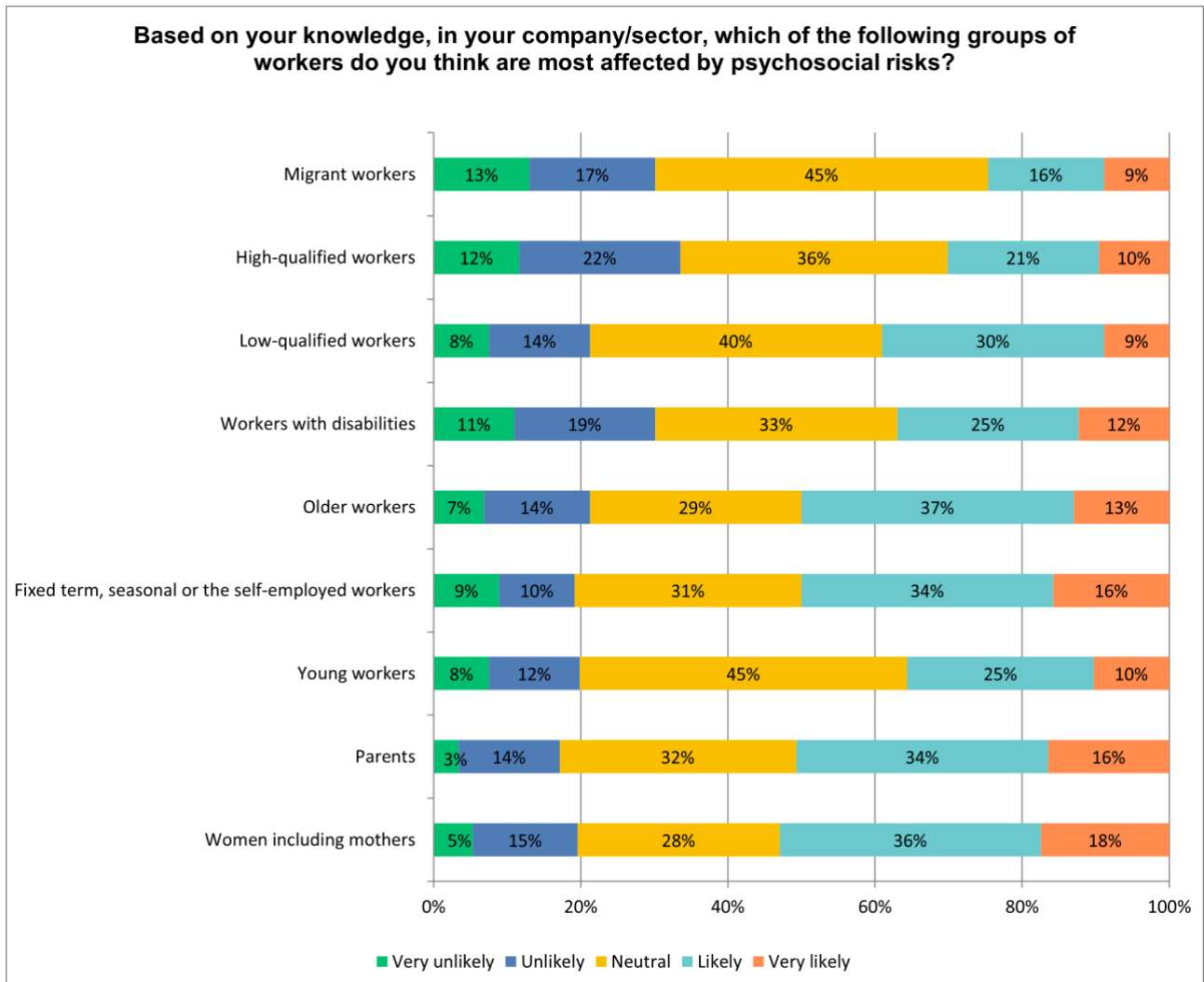


N=446 (multiple responses allowed; number refers to the share of responses, not respondents)

Source: Incremental online survey, 2024-2025

Elaborating further on which worker groups are affected, the survey findings reveal that women, parents and workers in precarious positions are perceived as most likely exposed to psychosocial risks (see **Figure 3**). Older workers were also perceived as vulnerable to psychosocial risks, while young, migrant and high-qualified workers were identified as groups that are the most unlikely to be affected by psychosocial risks. This is an interesting paradox, where the respondents perceive different exposure based on a workers' social background (migrant status, family status, gender and age) and a professionalisation/skill level (low vs. high skilled).

Figure 3. Perceived exposure to psychosocial risks



N=165

Source: Incremental online survey, 2024-2025

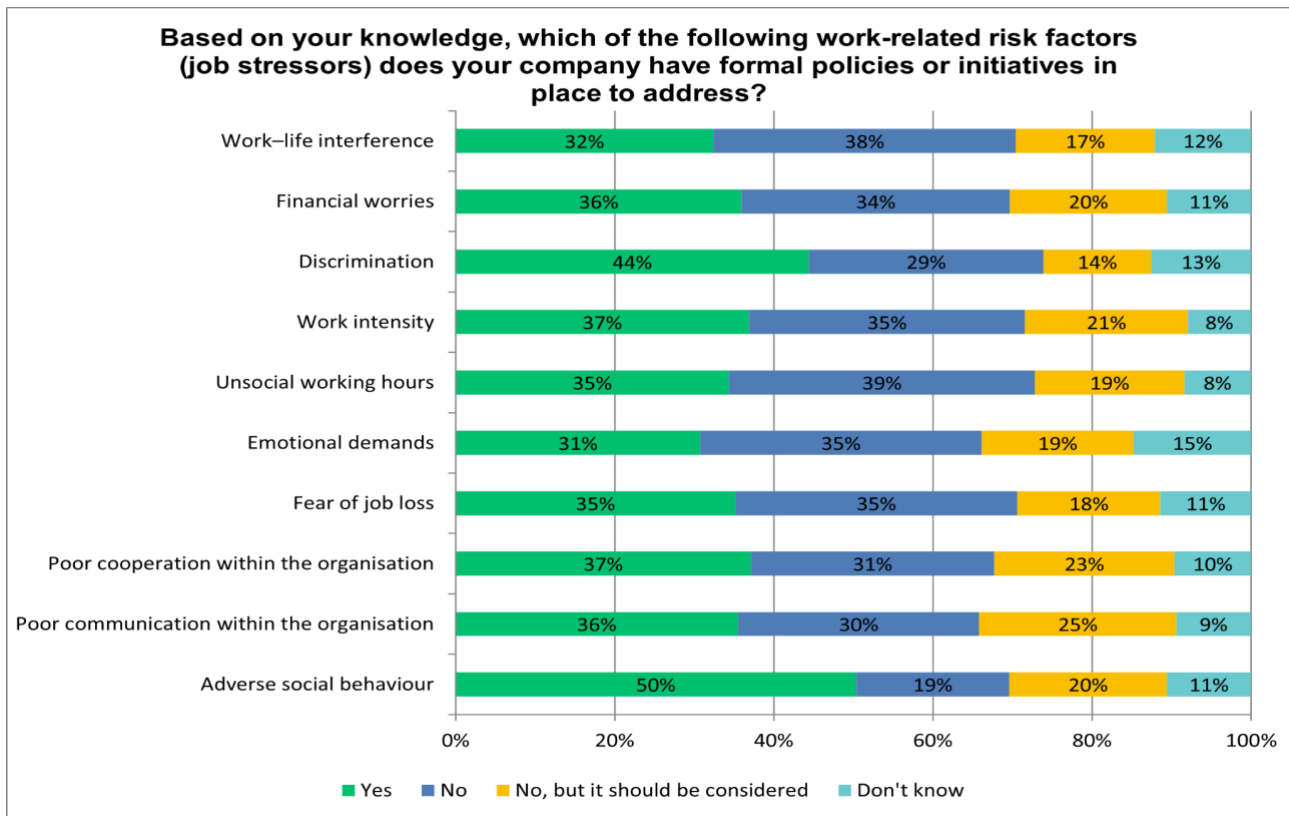
The survey also examined the perceived impact of technology on mental health. The findings suggest that the implications of new technologies for mental health and occupational well-being are only partially addressed in workplace dialogue. Only around 32% of respondents report that the potential health and safety impacts of new technologies have been discussed with workers or their representatives, while 46% indicate that no such discussions have taken place and 21% are unsure, pointing to limited transparency and consultation. Where impacts are discussed, the most frequently mentioned concerns relate to increased work intensity, the need for continuous training to keep skills up to date, and repetitive movements, all of which may have implications for both physical and mental health. Despite the growing role of digitalisation, almost half of the respondents report having no access to flexible work arrangements, such as remote work or flexible working hours. This suggests

that technological change has not been systematically accompanied by organisational measures that could support workers' well-being.

3.2. Management of psychosocial risks in the workplace

When asked about the areas in which employers have policies or initiatives, about 50% of respondents reported policies on adverse social behaviour, including verbal abuse or threats, bullying, harassment, or violence (see Figure 4). Respondents also reported initiatives related to working at very high speed and to tight deadlines, as well as internal communication and work intensity.

Figure 4. Company policies and initiatives



N=446 (multiple responses allowed; number refers to the share of responses, not respondents)

Source: Incremental online survey, 2024-2025

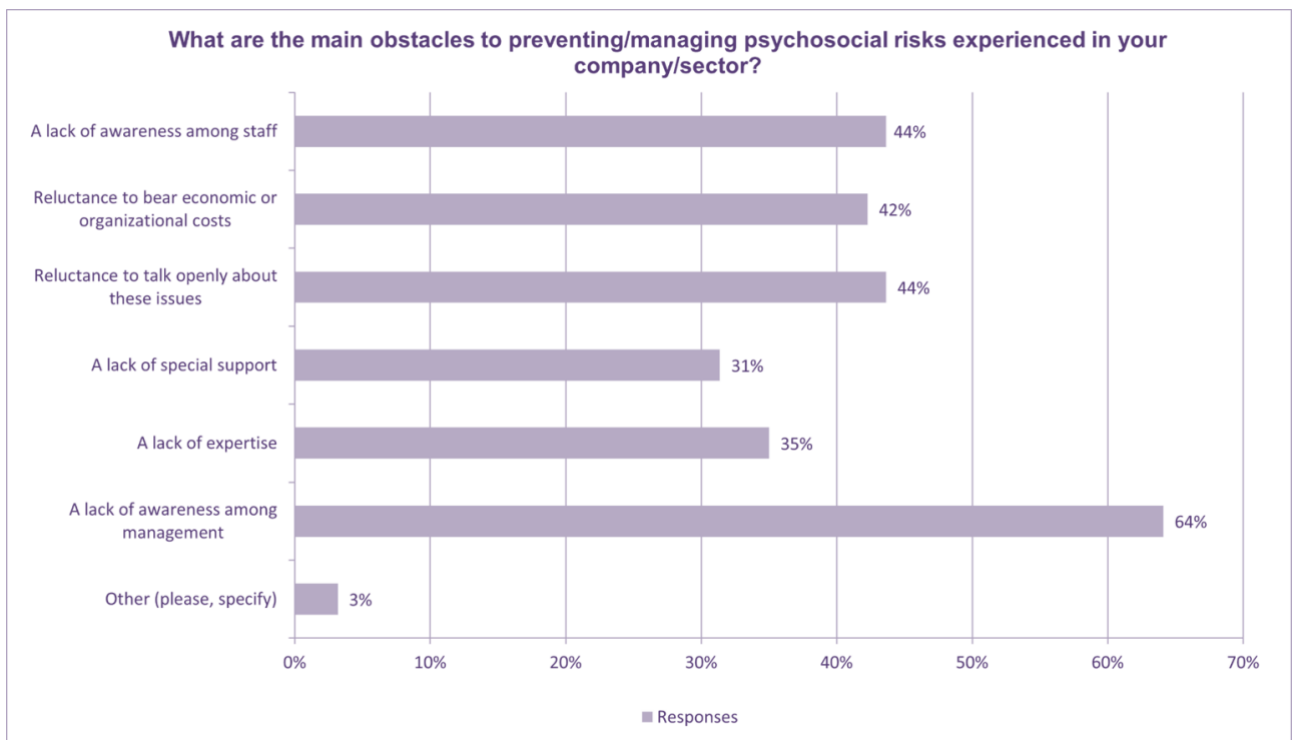
The respondents also identified areas where policies are desired; these include mainly policies related to internal communication and cooperation, as well as emotional demands and financial worries stemming from workers' fears of household income sufficiency.

Fear of job loss, working unsocial hours, emotional demands, and work-life balance were identified as areas where a significant share of respondents reported lacking policies and initiatives.

These findings suggest that company policies, where they exist, emerge from a formal company culture of verbal communication (e.g., vis-à-vis clients and to some extent also vis-à-vis other colleagues at the workplace), but areas of individual workers' mental well-being are more often unregulated or not supported with tailored initiatives at the workplace.

The survey also provided insights into the obstacles perceived by individual respondents when addressing psychosocial risk. **Figure 5** shows that a lack of awareness among management was the most frequently reported obstacle, followed by a lack of awareness among colleagues and perceived reluctance to discuss these issues. This finding suggests a lack of collective and regulated support, leaving the worker often alone to handle their own psychosocial risks, e.g., through interventions outside the workplace, such as individual consultations or psychological support.

Figure 5. Obstacles to prevention and management of psychosocial risks at the workplace



N=220 (multiple responses allowed; number refers to the share of responses, not respondents)

Source: Incremental online survey, 2024-2025

Responses indicate that companies generally place a high priority on occupational health and safety training, with little variation in perceptions across the sample. At the same time, a clear gap emerges between what is formally emphasised and actual content: almost 70% of respondents report that they have not received any training focused on coping with mental health issues. This is particularly significant given that respondents consistently identify the work environment as having a strong impact on wellbeing. Moreover, around 30% of respondents believe that employees are not involved in defining and implementing targeted

measures to protect their health in relation to identified psychosocial risks, suggesting limited worker participation in preventive strategies.

At the same time, responses highlight how management practices, social relations, and the physical work environment shape mental well-being. Negative factors include poor leadership, unequal treatment, mobbing, lack of HR support, and being ignored or isolated (*“aggressive behaviour of colleagues, mobbing, constant tension and stress”; “they humiliate women, different rules apply to everyone”*), as well as environmental stressors such as noise, overcrowding, inadequate ventilation, heat or cold, and poor equipment. Conversely, respondents point to protective factors such as supportive supervisors, good colleagues, teamwork, clean and ergonomic workplaces, and the ability to speak up: *“A positive and supportive environment boosts motivation, reduces stress, and improves physical and mental health,”* and *“A peaceful work environment motivates you to be in well-being.”* Overall, the responses suggest that mental health at work is not an individual issue but a systemic one, rooted in workload, organisational culture, and working conditions.

3.3. Policies, interventions and call for action

The survey collected a number of examples, which can be grouped into several sets of interventions to inform the comparative policy recommendations:

- **formal regulatory frameworks** (codes of ethics/conduct, disciplinary procedures, internal policies, equality plans, harassment and gender-based violence protocols),
- **reporting and complaint mechanisms** (HR departments, line management, equality or ethics committees, whistleblowing systems, anonymous mailboxes or hotlines, external or internal confidential counsellors/vertrouwenspersonen),
- **collective or social-dialogue-based channels** (trade unions, works councils, collective agreements, cooperation with equality bodies, or references to international standards such as *“ILO Convention 190 ... included in our disciplinary regulations”*).
- **soft and preventive interventions**, such as training, working groups on diversity, awareness campaigns, mediation, and direct conversations, e.g., with management and HR.

At the same time, several responses point to implementation gaps, noting that protocols may exist but are unevenly applied or ineffective in practice, or that procedures begin but are never completed. Overall, the examples suggest that while most organisations have a broad formal architecture for psychosocial risk prevention and redress, outcomes depend heavily on trust in reporting channels, managerial commitment, and the actual enforcement of rules rather than their mere existence.

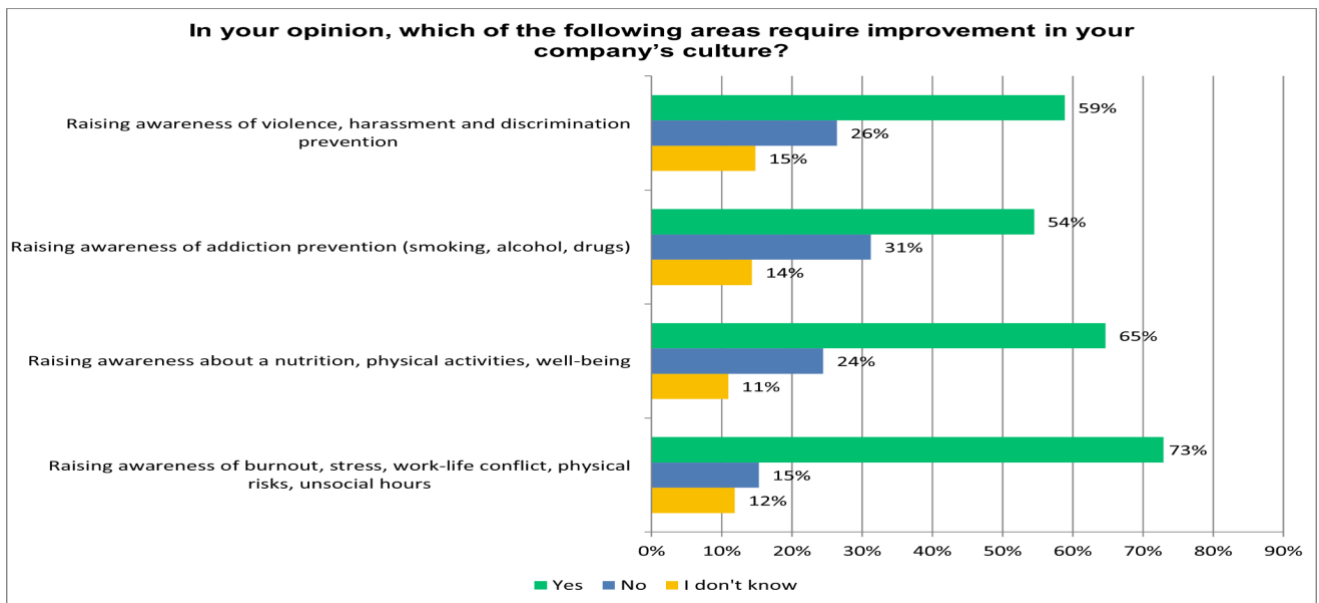
The responses acknowledging the existence of formal procedures suggest that formalised policies to prevent work-related stress are uneven and often limited, ranging from structured frameworks to ad hoc or minimal measures. In some organisations, stress prevention is embedded in formal occupational safety and legal frameworks, such as compliance with *“strictly legal obligations”*, inclusion *“inside the safety work document”*, or references to international standards (*“ILO C190 is implemented in our workplace”*). Others mention procedural or organisational responses, including setting up working groups, engaging a

prevention adviser, or addressing stress on a case-by-case basis through individual conversations (“Engaging in a discussion with the person concerned and involving the prevention advisor”). However, several respondents explicitly report the absence of any formal policy or note that initiatives are discontinued when costs arise (“when it starts to cost money, it usually stops”).

Where measures do exist, they are often framed as wellbeing or awareness initiatives rather than comprehensive stress-prevention policies. These include yoga sessions (sometimes limited to white-collar staff), stretching and relaxation exercises, “feel-good” sessions, anti-stress chairs, healthy corners, awareness-raising courses, training, company presentations on stress, and access to psychologists. Some activities take place outside working hours, raising questions about accessibility and sustainability. Overall, the responses indicate that stress prevention is frequently treated as an individual or lifestyle issue rather than as a structural work-organisation problem, with limited evidence of systematic, company-wide strategies to address workload, working time, or psychosocial risks.

For related policy recommendations, the areas identified by survey respondents as requiring improvement are relevant (see Figure 6). The largest share of respondents indicated the need to raise awareness concerning psychosocial issues such as burnout, stress, working in unsocial hours, physical risks and a work-life conflict that may potentially emerge if psychosocial risks at work remain unaddressed. Respondents also identified awareness raising on nutrition, well-being and physical activities as an area requiring improvement. Other areas, including awareness raising on violence, harassment and discrimination prevention, as well as awareness on prevention of addiction also raised respondent interests as areas requiring improvement.

Figure 6. Areas requiring improvement



N=413

Source: Incremental online survey, 2024-2025

4. Comparative insights from in-depth country studies

This chapter offers a comparative overview of how psychosocial risks and mental health issues are currently shaping working life in the metalworking sector across seven countries: Belgium, Ireland, Italy, Slovakia, Slovenia, Spain, and Turkey. These insights are drawn mainly from the interviews with workers, managers, occupational safety and health professionals, and social partner representatives, and they are supported where relevant by survey data. This chapter is divided into four subchapters around key findings of how psychosocial risks are experienced, managed and governed in the metalworking sector.

4.1. Prevalence and increase in mental health issues

Across all seven countries, interviewees consistently report a high prevalence and perceived increase of work-related mental health problems, although the extent to which these problems are explicitly recognised and discussed varies across countries.

In Ireland, Belgium and Spain, interviews place strong emphasis on work-related stress, anxiety, mental fatigue and emotional exhaustion as widespread experiences among metalworking sector employees. Italian interview findings align closely with this pattern, with respondents frequently referring to elevated stress levels, burnout, and emotional strain associated with high workloads, time pressure, and difficulties in reconciling work and private life. While awareness of mental health issues has recently increased in Italy, interviews indicate that these problems remain unevenly recognised at the workplace level and are often under-reported due to stigma.

In contrast, interviews conducted in Slovenia, Slovakia, and Turkey indicate that mental health problems are present but often less explicitly articulated or prioritised within occupational safety and health discourses. In Slovakia, interviewees frequently describe fatigue, exhaustion and long-term strain without explicitly labelling these experiences as mental health issues, suggesting a more implicit framing of psychosocial risks. Slovak survey findings support the interview evidence by indicating widespread exposure to psychosocial stressors, even where explicit discussion remains limited.

A key pattern emerging from interviews in Ireland, Belgium, Spain, and Italy is the close association between mental health problems and high work intensity, excessive workload, and sustained time pressure. Workers in these countries frequently describe accelerated work rhythms, chronic understaffing, and tight production deadlines as sources of persistent strain. In Belgium and Ireland, interviewees further highlight the role of organisational restructuring, performance management systems, and productivity targets in intensifying psychosocial pressure. Spanish and Italian interviews place particular emphasis on deficiencies in work organisation, emotional demands, and limited worker control over task allocation.

In Slovenia, Slovakia, and Turkey, interviews reveal that stress and burnout are often experienced in conjunction with physical health complaints, most notably musculoskeletal disorders. This co-occurrence suggests a strong interaction between physical and psychosocial risks, rather than a clear separation between them. Turkish interviewees

similarly report experiences of stress, fatigue, and burnout, especially in hazardous and very hazardous workplaces characterised by long working hours, shift work, and high production pressure. However, in Turkey, these experiences are more frequently framed as issues of personal endurance or resilience, rather than as work-related psychosocial risks requiring organisational intervention.

Across several countries, particularly Belgium, Spain, and Italy, interviewees identify organisational change and digitalisation as important drivers of psychosocial strain. While technological developments are sometimes associated with improvements in physical working conditions, interviewees indicate that they also contribute to increased cognitive demands, intensified monitoring, reduced autonomy, and heightened performance expectations. Slovak interviews, although referring less explicitly to digitalisation, nonetheless highlight job insecurity, limited predictability, and restricted control over work as key stressors affecting mental well-being. Similar dynamics are reported in Ireland, Slovenia, and Turkey.

Interview evidence across all national contexts points to differential vulnerability among specific groups of workers. Older workers and long-tenured employees are frequently described in Ireland, Slovenia, and Slovakia as being particularly affected by cumulative strain and reduced adaptability to organisational change. Italian, Spanish, and Turkish interviewees draw attention to the heightened exposure of women, younger workers, and parents, often linked to employment insecurity, work-life balance pressures, and limited bargaining power. Migrant workers emerge as a vulnerable group in Slovenia, Belgium, and Italy, where language barriers, precarious contracts, and limited access to representation exacerbate psychosocial risks. Despite growing awareness of mental health issues in several countries, interviewees consistently report that stigma, fear of negative consequences, and the normalisation of stress contribute to systematic under-reporting.

4.2. Barriers to effective management of psychosocial risks

Across all national contexts, interviewees identify a persistent gap between formal recognition of psychosocial risks and their practical implementation as a central barrier. This gap is particularly evident in Belgium, Spain, and Italy, where comprehensive legal frameworks and formal obligations regarding psychosocial risk assessment exist, but where interviewees frequently describe assessments as procedural exercises with limited follow-up or tangible impact on working conditions. In these contexts, psychosocial risks are formally acknowledged but insufficiently integrated into everyday management practices. For example, Belgian interviews indicate that the current legal framework has become so complex that it is difficult both to implement in practice and to enforce effectively.

Interviews conducted in Ireland, Spain, and Italy highlight the normalisation of stress as a major obstacle to prevention. Workers and managers alike describe stress as an inherent and unavoidable aspect of industrial work, which reduces both individual reporting and organisational willingness to intervene. Slovenian and Slovak interviews similarly indicate that mental health is often framed as a private or individual matter, rather than as a collective occupational concern requiring systematic prevention.

Across all countries, interview material indicates that managerial capacity and competence are critical constraints. Line managers are frequently described as lacking the training, tools and confidence needed to recognise psychosocial risks, initiate preventive action or respond appropriately to workers' mental health concerns. This issue is particularly pronounced in Ireland, Slovenia, Slovakia, and Turkey. Production pressures, tight deadlines and performance targets further restrict the scope for preventive management, especially in small and medium-sized enterprises.

Stigma emerges as a pervasive barrier across all national contexts, although its expression varies. In Belgium, Ireland, and Italy, interviewees emphasise concerns about being perceived as weak, unreliable, or less committed. In Slovakia and Turkey, mental health problems are more strongly individualised and rarely framed as work-related, reinforcing reluctance to disclose difficulties. Across all countries, fear of negative employment consequences discourages open discussion and reinforces reactive approaches to mental health.

Structural and institutional constraints further shape national differences. Interviews in Ireland, Slovenia, and Slovakia highlight resource limitations in smaller enterprises, while Italian and Turkish interviewees point to uneven enforcement, limited guidance, and insufficient institutional support for psychosocial risk management. Together, these barriers contribute to a predominantly reactive and case-based approach to mental health across national contexts.

4.3. Strategies for dealing with psychosocial risks

Across the seven countries, measures addressing psychosocial risks are fragmented and unevenly implemented, with a strong emphasis on individual-level support rather than structural prevention. Even where formal measures exist, interviewees frequently report gaps between policy and practice.

In Ireland and Belgium, interviewees report a comparatively wider range of formal measures, including Employee Assistance Programmes, psychosocial risk assessments, and access to internal or external prevention services. However, these measures are not consistently integrated into broader organisational strategies and often depend heavily on organisational culture and managerial commitment. The challenge is more obvious in smaller companies, particularly in Belgium.

Italian interview findings indicate a mixed approach, combining individual-level support measures with collective initiatives linked to company-level or sectoral collective bargaining. Interviewees refer to measures addressing workload management, working time arrangements, and work-life balance, while also noting uneven access to psychological support services and limited systematic prevention, particularly in smaller firms.

Spanish, Slovenian, and Slovak findings place greater emphasis on organisational and collective measures, such as work reorganisation, improved communication, and adjustments to working time. Nevertheless, implementation remains inconsistent and strongly dependent on local management practices, worker participation, and available resources.

In Turkey, strategies remain largely reactive and individualised, focusing on health surveillance or limited counselling provision rather than preventive organisational change.

Awareness-raising and basic training are identified by interviewees as necessary preconditions for developing more systematic approaches.

4.4. Role of social dialogue in addressing mental health

Social dialogue is identified across national contexts as a potentially important but unevenly developed mechanism for addressing psychosocial risks. Belgium represents the most institutionalised model, in which worker representatives are formally involved in psychosocial risk prevention through established health and safety committees that foster greater transparency, legitimacy, and trust.

In Ireland and Spain, social dialogue plays a more limited and predominantly company-level role. Trade unions are often involved in addressing individual cases but have a constrained influence over preventive strategies. The absence of sectoral collective bargaining in Ireland and the uneven use of consultation mechanisms in Spain limit coordinated action.

Italian interview findings point to a comparatively stronger role for social dialogue, particularly in larger firms, where mental health and work-related stress are increasingly addressed through collective bargaining. However, implementation remains uneven across workplaces and sectors.

In Slovenia and Slovakia, social partners are primarily involved in awareness-raising and advocacy, with limited resources restricting their preventive impact. In Turkey, social dialogue on psychosocial risks remains weak and fragmented, with mental health rarely addressed in collective bargaining or formal consultation structures.

Across all countries, interviewees consistently describe social dialogue on mental health as more reactive than preventive, focusing on individual problems rather than systematic psychosocial risk management.

5. Conclusions and policy recommendations

Preventing psychosocial risks and improving mental health requires an integrated governance approach that goes beyond legal compliance and emphasises participation, education, and continuous improvement. The qualitative research highlights the importance of a clear prevention hierarchy: primary prevention (redesigning work), secondary prevention (training and awareness), and tertiary prevention (counselling and support). This approach aligns with ILO and WHO guidelines while also acknowledging emerging risks in the post-COVID context, including the accelerated digitalisation of work and the blurring of work-life boundaries.

Survey findings indicate that outcomes depend less on the formal existence of rules and more on trust in reporting channels, visible managerial commitment, and consistent enforcement. Effective measures, therefore, include balancing workloads, organising shift schedules according to ergonomic principles, strengthening employee participation in decision-making, introducing anti-mobbing policies, and regularly conducting psychosocial risk assessments (e.g., COPSQ-based surveys).

Emerging from survey findings and qualitative research, a holistic approach is recommended that integrates psychological health and safety into the overall OHS management system. In line with ISO 45003:2021, such integration can enhance sustainable OHS performance and improve mental health outcomes in the metal sector (ISO, 2021).

Recommendations can also be formulated for specific actors, including employers, trade unions, and other relevant parties, providing individual or collective support for mental health outside the workplace. The commitment of all relevant stakeholders to psychosocial factors and workers' mental health can enhance employee well-being and contribute to sustainable, safe working environments in the metal industry.

Recommendations for employers

Employers should adopt an integrated governance approach to psychosocial risk prevention that goes beyond formal legal compliance. Instead, employers need to actively promote participation, education, and continuous improvement in prevention, awareness raising and support to workers' mental health and psychosocial conditions. A structured prevention hierarchy then may guide action: prioritising primary prevention through work redesign (e.g., balancing workloads, improving task allocation, ensuring ergonomic shift planning), complemented by secondary measures such as awareness-raising and training, and supported by tertiary measures including counselling and access to professional support services. Particular attention should be paid to emerging risks related to work organisation amidst digitalisation, especially the blurring of work–life boundaries and intensified work in the post-COVID years.

Systematic psychosocial risk assessment tools (e.g., surveys or equivalent instruments) should be embedded into routine OHS processes. Employers should integrate psychological health and safety into their overall OHS management systems, thereby strengthening sustainable OHS performance and long-term organisational stability.

Organisational culture represents a crucial context for the effective prevention of psychosocial risks and the promotion of mental health. Within this context, employers should demonstrate visible and consistent managerial commitment to mental health and psychosocial risk prevention, making it clear that these issues are strategic priorities rather than symbolic declarations. They should establish reporting channels that are trustworthy, confidential, and easily accessible, so that employees feel safe to raise concerns without fear of retaliation.

Employers must also ensure the consistent enforcement of anti-mobbing and anti-harassment policies at the workplace. Reducing stigma related to mental health should be pursued through internal awareness campaigns and open dialogue, fostering a culture in which employees can speak openly about challenges they experience. Employers should encourage active employee participation in decision-making processes, particularly in matters related to work organisation, workload, and well-being. Where appropriate, employers should create working groups or committees dedicated to psychosocial risks, enabling structured cooperation between management and employee representatives. Finally, employers should promote the exchange of best practices both within their own

organisations and across companies in the metal sector, supporting collective learning and continuous improvement.

Recommendations for trade unions

Trade unions play a key role in strengthening the prevention of psychosocial risks and improving mental health at work. They should institutionalise employee participation and structured feedback mechanisms, and actively shape psychosocial risk policies through collective bargaining, social dialogue, and targeted training. Union training programmes should include modules on the clinical and operational definitions of psychosocial risks, supported by case analyses and sector-specific examples.

Unions should be directly involved in workplace risk assessment teams, contributing to the implementation of psychosocial risk assessment tools (e.g., via surveys), the interpretation of findings, and the development of concrete action plans. They should also systematically collect workers' experiences through focus groups, surveys, and feedback sessions, and use this evidence to formulate proposals for improvements in working time, workload, break arrangements, and social support mechanisms, integrating these demands into collective bargaining strategies. PSR can also serve as an organising issue: unions can advocate for joint PSR committees, request structured risk assessments, and develop practical toolkits for shop stewards and representatives.

Union roles may differ depending on workplace presence and self-perceived mandate. Where a union is present and emphasises its legal role, it should strengthen expertise in OHS and labour law, provide legal advice, and support formal reporting procedures. Where no union is present at the workplace, unions can still act at the sectoral or confederation level by raising awareness through media, offering legal advice and counselling services, and supporting workers in small and medium-sized enterprises, especially with legal advice.

If unions perceive a broader psychological role, workplace representatives can serve as trusted first points of contact, providing a safe, non-judgmental space for workers to share concerns. In non-unionised workplaces, unions can develop this role through public awareness campaigns and anonymous support mechanisms, such as helplines operated in cooperation with mental health professionals. Through these combined legal, organisational, and supportive functions, unions can significantly contribute to sustainable working environments.

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