

Project acronym: IncreMe-n-tal | Project No. 101143366



Comparative Policy Brief

Deliverable 2.3

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February 26, 2026



Co-funded by the
European Union

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Structure of the Policy Brief



Survey findings

01

Psychosocial risks
and workers
exposure
Management of
psychosocial risks
Policies,
interventions and
call for action



Comparative insights from country studies

02

Prevalence and
increase in mental
health issues
Barriers to effective
management
Strategies
Role of social
dialogue



Policy recommendations

03

Clear prevention
hierarchy
Recommendations
for employers
Recommendations
for trade unions

The Survey

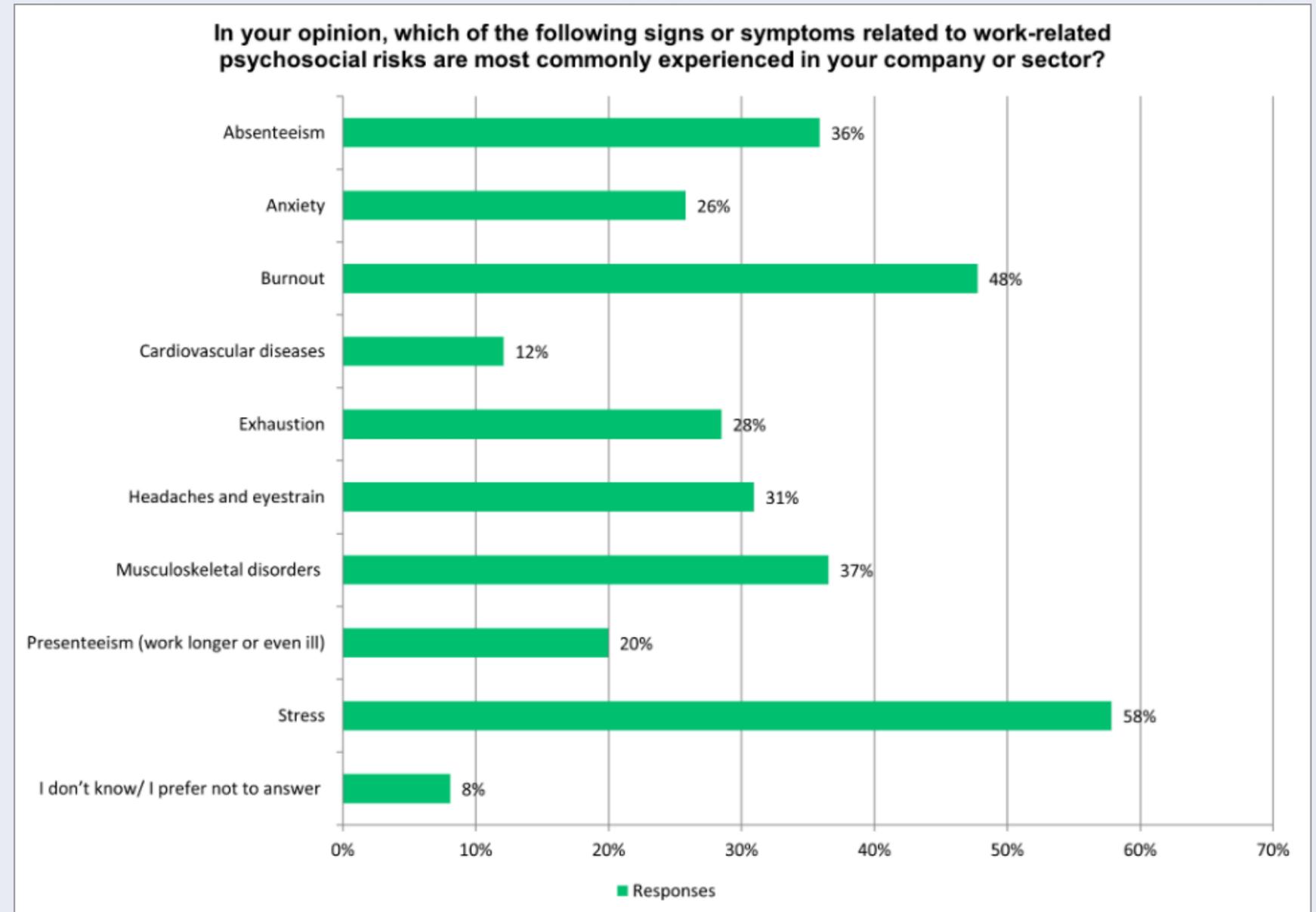
Online, 7 countries
Implemented in 2024-2025
596 responses

Structure of the survey analysis:

- 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

Survey findings 1: Incidence of Psychosocial Risks

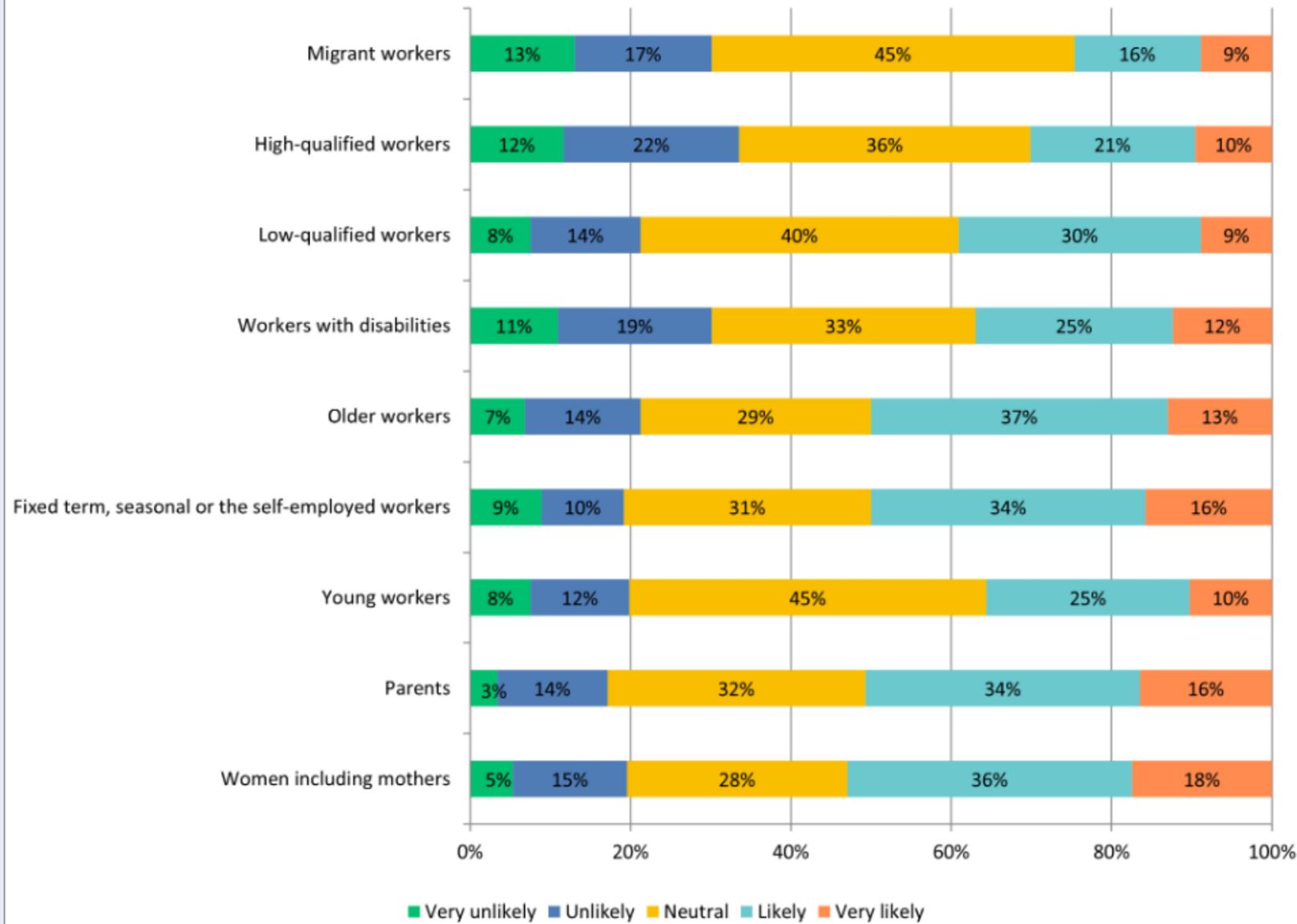
- 58% report work-related stress as most frequent symptom
- 48% experience burnout from chronic workplace stress
- 36% report absenteeism and 37% musculoskeletal disorders
- Over 50% perceive all workers are affected by psychosocial risks



N=446 (multiple responses allowed; number refers to the share of responses, not respondents)
Source: Incremental online survey, 2024-2025.

Perceived exposure to psychosocial risks

Based on your knowledge, in your company/sector, which of the following groups of workers do you think are most affected by psychosocial risks?



Groups Most Affected

- women, parents, workers in precarious positions, older workers, migrant workers

Key drivers

- employment insecurity, work-life imbalance, limited bargaining power, language barriers, precarious contracts

N=165

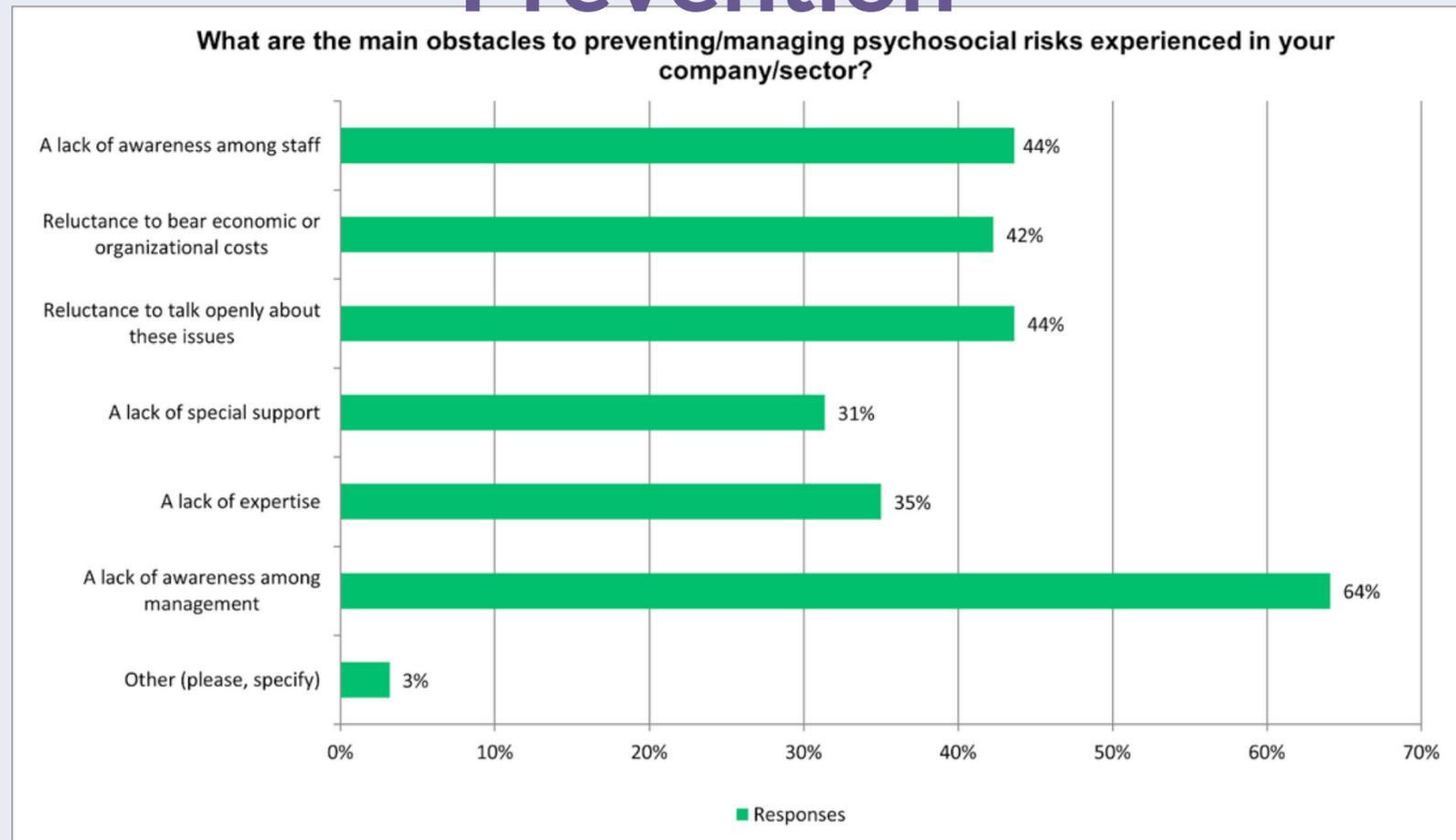
Source: Incremental online survey, 2024-2025.



Primary Sources of Strain

- High workload, constant pressure, and tight production deadlines
- Organisational change and accelerated digitalisation
- Limited worker control over task allocation
- Intensified monitoring and reduced autonomy through technology
- Blurred work-life boundaries in post-COVID context
- Shift work and physical hazards combined with psychosocial demands

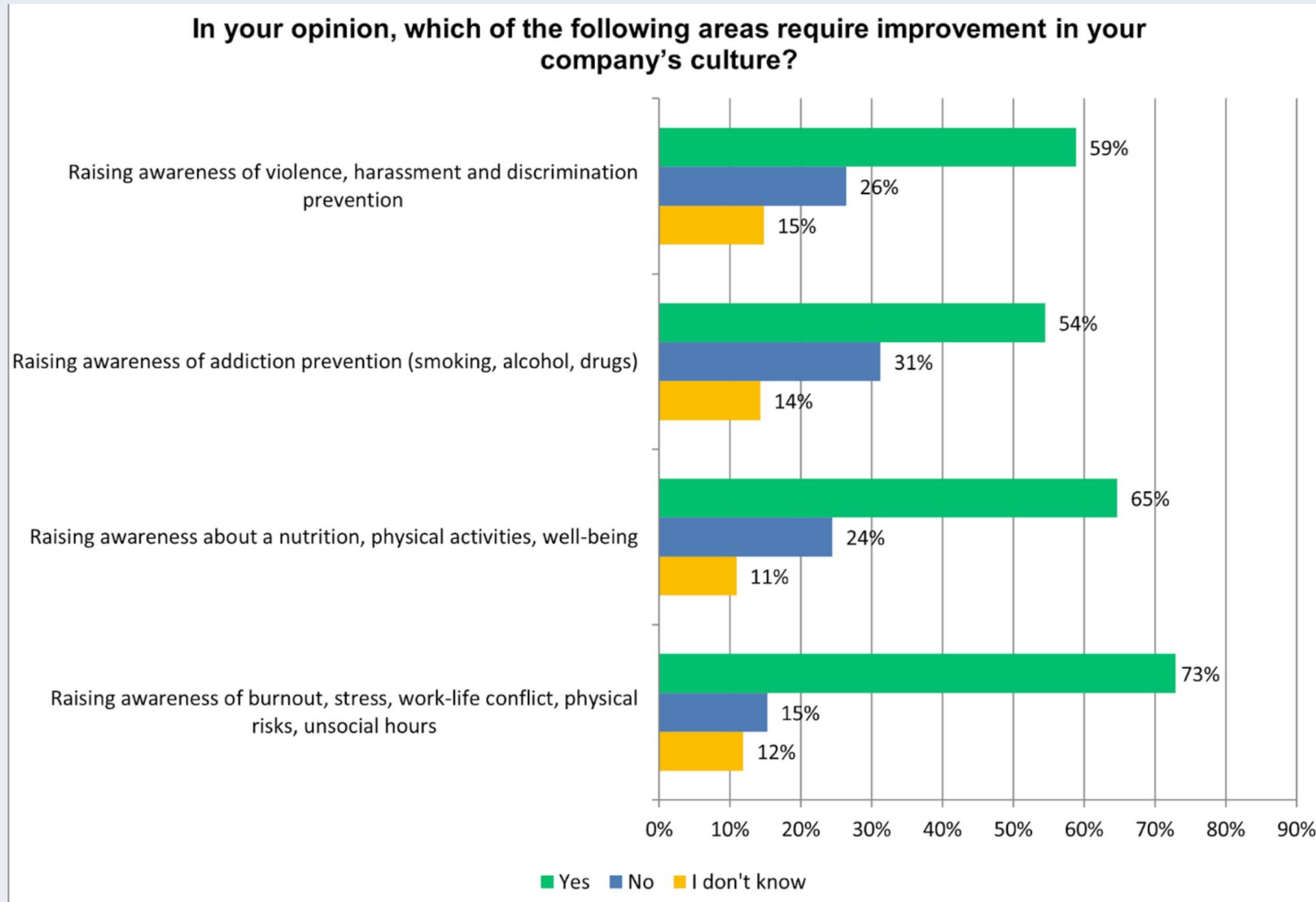
Critical Barriers to Prevention



N=220 (multiple responses allowed; number refers to the share of responses, not respondents)
Source: Incremental online survey, 2024-2025.

- Gap between policy and practice: Formal frameworks exist but lack implementation
- Lack of managerial capacity: Limited training and tools for line managers
- Stigma and under-reporting: Fear of negative consequences discourages disclosure
- Normalisation of stress: Viewed as inherent to industrial work
- Resource constraints: Particularly in small and medium enterprises

Lacking Aspects in Company Culture



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N=413, Source: Incremental online survey, 2024-2025.



Policies, interventions, call for action

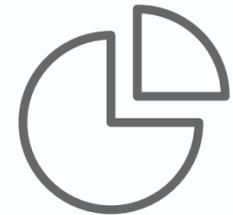
Formal regulatory frameworks

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



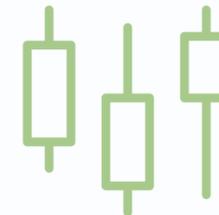
Social dialogue

Trade unions, works councils, collective agreements, cooperation with equality bodies, or references to international standards



Soft interventions and prevention

Training, working groups on diversity, awareness campaigns, mediation, and direct conversations, e.g. with management and HR



Insights from country studies

THE REGULATORY SPECTRUM

Seven nations, one directive, distinct enforcement mechanisms

 BELGIUM

 ITALY

 SPAIN

 SLOVENIA

 IRELAND

 SLOVAKIA

 TURKEY

**STRUCTURED /
HARD LAW**

Specific Acts,
Defined Roles

MIXED

Implicit
Coverage

**GENERAL /
SOFT LAW**

Voluntary Codes,
Duty of Care

Comparative findings (interviews)

Explicit recognition and discussion

Ireland, Belgium, Spain: stress, anxiety, emotional exhaustion widely reported.

Italy: similar pattern (stress/burnout); workplace recognition uneven and stigma-driven under-reporting.

Less explicit articulation in OHS discourse

Slovenia, Slovakia, Turkey: issues present but less prioritised or labelled as 'mental health'.

Slovakia: fatigue/strain described implicitly; surveys indicate high exposure to psychosocial stressors.

Key drivers of psychosocial strain

- High work intensity, workload, and time pressure (esp. IE/BE/ES/IT).
- Restructuring, performance management, and productivity targets (notably IE/BE).
- Work organisation gaps, emotional demands, low task control (ES/IT).
- Digitalisation & organisational change: higher cognitive demands, monitoring, reduced autonomy (BE/ES/IT; similar dynamics noted elsewhere).

Vulnerable groups and framing differences

- Older/long-tenured workers: cumulative strain & lower adaptability (IE/SI/SK).
- Women, younger workers, parents: insecurity & work-life pressures (IT/ES/TR).
- Migrant workers: barriers + precarious contracts + limited representation (SI/BE/IT).
- Under-reporting across contexts due to stigma, fear of consequences, and normalisation of stress.

Barriers to effective management (from interviews)

- **Implementation gap:** Strong legal recognition exists (e.g. BE, ES, IT), but psychosocial risk management often remains procedural, with weak follow-up and limited impact in practice.
- **Normalisation of stress:** Stress is widely seen as inherent to industrial work, and in some countries framed as a private issue, reducing prevention and reporting.
- **Managerial capacity constraints:** Line managers often lack training and tools to address psychosocial risks, while production pressures limit preventive action.
- **Stigma and fear:** Workers fear being seen as weak or unreliable; mental health issues are often individualised and under-reported.
- **Structural barriers:** Resource limits, weak enforcement, and limited guidance contribute to reactive, case-based approaches across countries.

Strategies for dealing with psychosocial risks



Ireland and Belgium

Broader use of formal tools (Employee Assistance Programmes, risk assessments, prevention services), but integration is uneven and depends on managerial commitment—especially weak in SMEs.



Italy

Mixed approach combining individual support with collective measures (workload, working time, work–life balance), though systematic prevention remains limited in smaller firms.



Spain, Slovakia, Slovenia

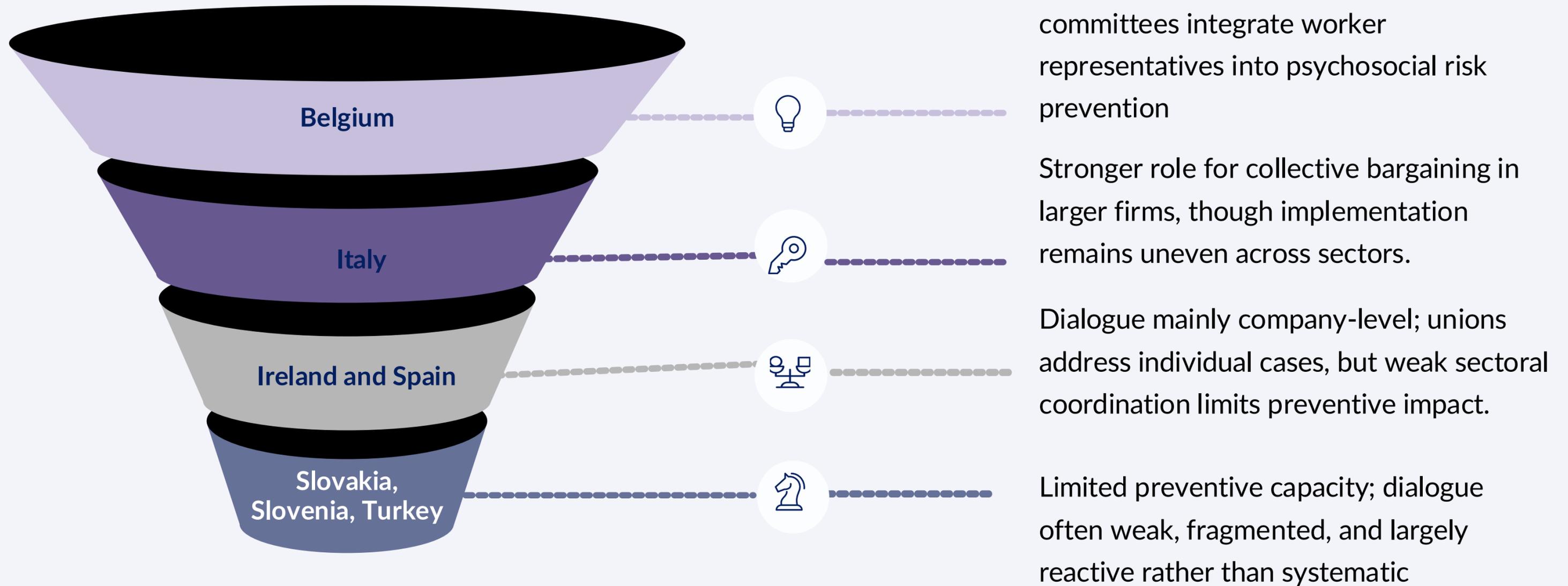
Greater focus on organisational and collective adjustments (work reorganisation, communication, working time), but implementation varies by local management and resources.



Turkey

Predominantly reactive and individualised measures (health surveillance, counselling), with limited preventive change; awareness-raising and training seen as key next steps.

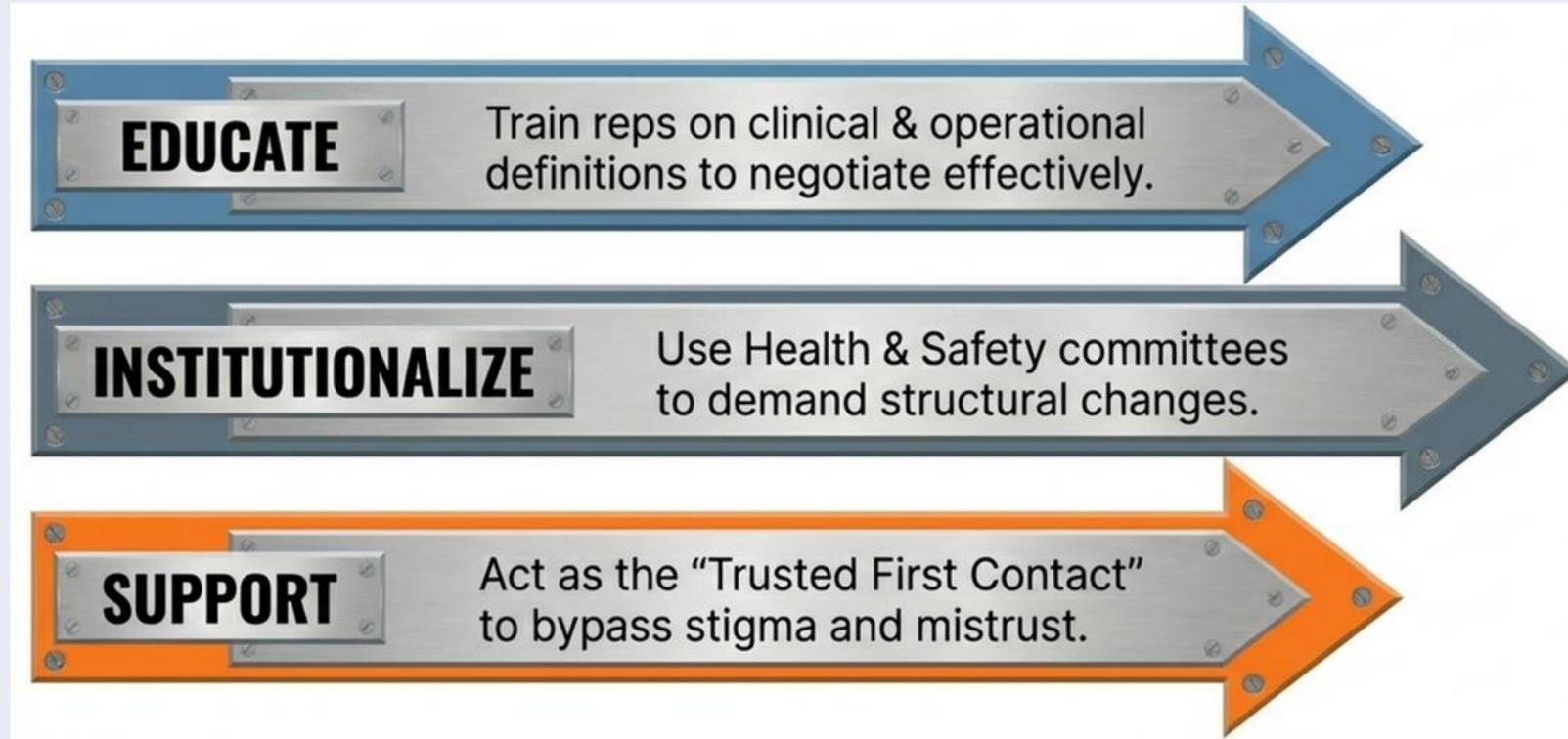
Role of social dialogue





Policy recommendations

A holistic approach is recommended that integrates psychological health and safety into the overall OHS management system



Employers



Trade unions

The commitment of all relevant stakeholders to workers' mental health can enhance employee well-being and contribute to safe working environments.



Project Consortium

Coordinator	FIM-CISL (IT)
Beneficiaries	Fondazione ADAPT (IT), Dublin City University (IE) Central European Labour Studies Institute (SK) Univerza v Ljubljani (SI) Universidade de Santiago de Compostela (ES) HIVA - KU Leuven (BE) Hacettepe University (TR) Vormingscentrum Recht en Plicht (BE) Services Industrial Professional and Technical Union (IE), Sindikat kovinske in elektroindustrije Slovenije (Trade Union of Metal and Electro Industry of Slovenia) (SI) La Federación de Industria, Construcción y Agro de la Unión General de Trabajadoras y Trabajadores (ES) Türk Metal Sendikası (TR)
Affiliated Entities	ADAPT Associazione (IT)
Associate Partners	IndustriAll Europe OZ KOVO (SK)