

# A review of good workplace practices to support individuals experiencing mental health problems

## Summary

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

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## Introduction

Mental health conditions are a leading cause of disability in high-income countries, and in Europe, more than 125 million people live with a mental health condition.<sup>1</sup>

The EU has now elevated mental health alongside somatic diseases to among its first priorities. In 2023, the European Commission adopted a new, comprehensive, multi-stakeholder approach to mental health, which is prevention-oriented and aims to tackle the mental health challenges in Europe,<sup>2</sup> while in 2022 the European Commission set out actions on return-to-work and work accommodations in its Disability Employment Package.<sup>3</sup>

There is a particular focus in the 'Comprehensive approach to mental health' on psychosocial risks at work and supporting people with mental health conditions to continue working and when returning to work after a period of sickness absence, as acknowledged also in the 'EU strategic framework on health and safety at work 2021-2027'.<sup>4</sup> European Agency for Safety and Health at Work (EU-OSHA) activities contributing to this comprehensive approach include this report<sup>5</sup> and a resource for workplaces based on the findings<sup>6</sup>. The overarching aim was to find and share good practices for workplaces on how to support individuals who experience a mental health issue, to stay in work or successfully return to work following sickness absence.

## Key concepts and methods of support

A *mental health policy* in the workplace is a comprehensive approach for addressing mental health issues in the workplace. It defines the workplace's vision on what procedures and practices will be used to prevent mental health problems. The overall goal is to promote good mental health, take preventive action to remove psychosocial risks for all workers, 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 with a mental health problem to work and providing effective rehabilitation and return-to-work plans.

*Return to work* is a concept that involves all procedures and initiatives that aim to facilitate the workplace reintegration of individuals with a reduced work capacity.<sup>7</sup> A return-to-work programme can be part of a disability management programme, which is further integrated into a wider safety and (mental) health policy.

This report builds on previous work on *psychosocial risks at work*,<sup>8,9</sup> which have been found to be associated with mental health problems among workers. Psychosocial risks include, for example, excessive workloads, conflicting demands and lack of clarity, lack of involvement in decisions that affect the worker, lack of influence on the way the job is done, poorly managed organisational change, job insecurity, ineffective communication, lack of support from management or colleagues, psychosocial

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<sup>1</sup> WHO (2023) *The Pan-European Mental Health Coalition*. <https://www.who.int/europe/initiatives/the-pan-european-mental-health-coalition>

<sup>2</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on A Comprehensive Approach to Mental Health COM (2023) 298. [https://health.ec.europa.eu/system/files/2023-06/com\\_2023\\_298\\_1\\_act\\_en.pdf](https://health.ec.europa.eu/system/files/2023-06/com_2023_298_1_act_en.pdf)

<sup>3</sup> See: <https://ec.europa.eu/social/main.jsp?catId=1597&langId=en>

<sup>4</sup> Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions: EU strategic framework on health and safety at work 2021-2027 Occupational safety and health in a changing world of work COM (2021) 323. [eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021DC0323](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52021DC0323)

<sup>5</sup> The full report is available at: <https://osha.europa.eu/en/user/login?destination=/en/publications/review-good-workplace-practices-support-individuals-experiencing-mental-health-problems>

<sup>6</sup> EU-OSHA – European Agency for Safety and Health at Work, *Guidance for workplaces on how to support individuals experiencing mental health problems*, 2024. Available at: <https://osha.europa.eu/en/user/login?destination=/en/publications/guidance-workplaces-how-support-individuals-experiencing-mental-health-problems>

<sup>7</sup> EU-OSHA – European Agency for Safety and Health at Work, *Rehabilitation and return to work: Analysis report on EU and Member States policies, strategies and programmes*, 2016. Available at: <https://osha.europa.eu/en/publications/rehabilitation-and-return-work-analysis-report-eu-and-member-states-policies-strategies>

<sup>8</sup> EU-OSHA – European Agency for Safety and Health at Work, *Psychosocial risks and mental health*, 2023. Available at: <https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health>

<sup>9</sup> EU-OSHA – European Agency for Safety and Health at Work, *Return to work after MSD-related sick leave in the context of psychosocial risks at work*, 2021. Available at: <https://osha.europa.eu/en/publications/return-work-after-msd-related-sick-leave-context-psychosocial-risks-work>

and sexual harassment, and third-party violence. When supporting a worker to continue working or return to work, it is highly important that psychosocial risks are assessed and their adverse effects minimised.

Mental health-related *stigma* refers to negative attitudes, beliefs and stereotypes about mental health issues, which lead to discrimination of people who experience mental health conditions. Typical stigmatised characteristics are gender, race, socioeconomic status, disability and health. Addressing mental health-related stigma in the workplace is crucial for creating a supportive and inclusive work environment, as stigma and its consequences may become severe barriers to safely disclose one's mental health condition and to have work accommodations needed to continue working or return to work.<sup>10</sup> For employers, it is important to create an atmosphere in the workplace that promotes inclusion, diversity, equal treatment and non-discrimination. They can signal their commitment by ensuring that necessary resources are targeted towards mental health promotion at all levels and by providing resources to work accommodations for those in need. Specific education and training can be provided to employees and supervisors on mental health at the workplace and mental health literacy.

*Disclosing* a mental health condition by an employee is necessary to implement work accommodations. However, employers should be aware of the difficulties around disclosure due to a threat of stigma, which is real, because mental health conditions are among the most stigmatised conditions in the workplace. In the OSH Pulse survey, 50% of respondents answered that they thought disclosing a mental health condition would have a negative impact on their career.<sup>11</sup> Training managers for creating a supportive workplace climate, recognising an individual's uniqueness in their needs, and open dialogue (e.g. leaders speaking openly about their own mental health challenges) are important aspects when encouraging employees to disclose a mental health condition.

*Work (or job) accommodations* refer to modifications of job or work environment to fit an individual's work ability so that they can perform their job duties. Work accommodations are categorised into four broad groups: scheduling accommodations (e.g. reduced working hours, changes in the shift work schedule); job description modifications (e.g. modified tasks, change to a different position); physical space accommodations (e.g. access to a private area, reduction of noise); and communication facilitation (e.g. added supervision, a co-worker 'buddy', written instructions). Some accommodations may only be needed on a temporary basis, such as reduced hours as part of a gradual return to work. The advantages of work accommodations include the possibility for a worker to work while recovering from a mental health problem or to manage a long-term mental health problem while continuing to work. For employers, the accommodation policy may be beneficial by being a low-cost solution, decreasing turnover rates, reducing long-term sickness absenteeism, and creating a mentally healthy workplace with a culture of mental health awareness and commitment to good mental health policy in the workplace.

### **Aims and methods**

The overarching aim of this report was to provide information to produce a practical resource on workplace support for workers experiencing mental health problems. 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 were identified. Advice for micro and small enterprises (MSEs) was also identified.

Some of the mental health conditions covered are purely work-related, for example, occupational burnout and work stress, some of them can be either work-related or non-work-related, for example, sleep problems, depression, post-traumatic stress disorder, and some of them are mainly non-work-related in nature (e.g. schizophrenia, bipolar disorder). In addition, some conditions are based on medical diagnoses whereas others represent symptomatology that does not necessarily involve medical diagnoses, such as sleep problems and cognitive problems. We used reliable sources of information from 'grey literature', patient support organisations and disability organisations, the websites of occupational safety and health national and intermediary organisations, employers and trade unions, rehabilitation/return-to-work organisations, and relevant institutions such as EU-OSHA, Eurofound,

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<sup>10</sup> WHO (2022). *Guidelines on mental health at work*. <https://www.who.int/publications/i/item/9789240053052>

<sup>11</sup> EU-OSHA – European Agency for Safety and Health at Work, *OSH Pulse - Occupational safety and health in post-pandemic workplaces*, 2022. Available at: <https://osha.europa.eu/en/publications/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces>

WHO, the ILO and the OECD. We completed the searches with peer-reviewed international articles based on scientific databases (PubMed and Cochrane Database of Systematic Reviews).

## Results

The review found a total of 278 relevant documents, and of these, 113 were scientific studies or policy/practice documents and 165 were websites. The review found several review articles and reports in which the information on workplace policies and practices was systematically collected and reviewed. Sections 4.1 to 4.4 cover scientific literature-based knowledge on interventions and good practices to support individuals with mental health conditions to stay in employment or return to work after a period of disability. Section 4.5 and Appendix A cover informative websites, practical guides and tools that have been developed in different countries, Appendix A contains a brief summary of these resources, with web links, and section 4.6 provides guidance for SMEs. Chapter 5, concluding remarks, includes some policy pointers. A list of different types of work accommodations retrieved from the scientific literature is provided in Appendix B.

## Guidance for the workplace

The workplace is an important arena for mental health promotion and there are various ways to implement support and become an inclusive workplace. Good practices found in this report are applicable to mental health issues irrespective of their origin; more than the type of mental health condition, workers' unique needs, capabilities and job demands determine which types of workplace practices are helpful in supporting mental health and capacity for work.

As mentioned above, and in line with previous reports on work-related stress,<sup>12</sup> mental health issues are highly stigmatised. Therefore, the most important starting point is the willingness and commitment of the employer to raise awareness of mental health issues, address stigma, train supervisors and workers to talk about and address mental health issues, and, eventually, develop an open, inclusive and non-discriminative workplace.

The findings of this report are also in line with a previous article that suggested that interventions that are not only targeted to the individual but also include, for example, active support from the supervisor, contact with the workplace and early gradual return to work, can be effective in returning to work after sickness absence due to common mental health conditions.<sup>13</sup> We add to this evidence the component of work accommodations by providing a catalogue of mental health conditions and a comprehensive list of possible work accommodations that can be applied in the workplaces. In practice, many accommodations are simple and inexpensive.

The findings of this report suggest that 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 and developing a sense of psychologically safe workplaces;
- acceptance and support from co-workers and supervisors;
- 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;
- good access to health services, professional multidisciplinary support;
- work accommodations, based on an analysis of work tasks in relation to the worker's current work capacity; and
- follow-up of progress.

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<sup>12</sup> EU-OSHA – European Agency for Safety and Health at Work, *Safer and healthier work at any ages: Final overall analysis report*, 2016. Available at: <https://osha.europa.eu/en/publications/safer-and-healthier-work-any-age-final-overall-analysis-report>

<sup>13</sup> EU-OSHA – European Agency for Safety and Health at Work, *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>

In addition, supported employment initiatives, with vocational, educational and clinical support, have been found to be effective in enabling individuals experiencing severe mental health conditions to find a job and remain in employment.<sup>14</sup>

The following steps can be followed to apply work accommodations:

1. Prevent and manage work-related psychosocial risk factors and promote health and wellbeing.
2. Ensure workers are encouraged to report psychosocial risk factors at work and that this leads to early intervention at the workplace to address work-related factors and workers being encouraged to seek treatment.
3. Some information about the worker's health and functional status is needed to compare the worker's current work capacity with the demands of the current job. For this, consent from the employee and collaboration between the employee, employer and health professionals is essential.
4. Psychological job analysis: a description of the essential tasks and demands of the current job is important to compare whether there is a mismatch between current job demands and the worker's work capacity.
5. For work accommodations, it is important to identify job practices and factors in the psychosocial and physical work environment that are modifiable.
6. Follow-up: develop a holistic plan that includes all important aspects of support at follow-up; work accommodations, therapeutic and medical support, self-management and relapse prevention. Evaluate each support factor and make changes when needed.

Few good practices and tools developed for the needs of SMEs regarding mental health issues were found. For them, access to multidisciplinary external support services is needed and healthcare treatments should include return to work as a treatment goal. Given the stigma around mental health and the lack of awareness of how to act, giving support and tools for workplaces to support worker mental health is even more important than for other, physical health conditions. In this way, it is possible to have coverage of good practices for all workers, irrespective of where they work.

Finally, it is important to note that 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.

### **Policy pointers**

Key takeaways for policymakers and decision-makers include:

- Interventions to support individuals should be implemented within the context of organisational interventions that address psychosocial risks factors for all workers.
- Regarding return to work and workplace support, the same approach should be applied to mental health problems as is taken with physical health conditions.
- More needs to be done to raise awareness of mental health in the workplace and to reduce stigma.
- All employers and their workers, especially MSEs, would benefit from access to multidisciplinary return-to-work services. The self-employed also need access to services. Examples and experiences of good practices regarding multidisciplinary support programmes should be shared.
- Return to work should focus on an individual's capabilities not their disabilities.
- National sickness insurance and benefit schemes should allow a gradual return to work.
- Employment should be part of all healthcare policies on mental health: health practitioners should have return-to-work as a treatment objective for patients with mental health problems and therapies, such as cognitive behavioural therapy, should be work focused.

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<sup>14</sup> WHO & ILO (2022). *Mental health at work: policy brief*. <https://www.who.int/publications/i/item/9789240057944>

- Workers may often have a physical and a mental health condition. These physical and mental health conditions need to be addressed together within a work-focused approach.
- Social partners should incorporate the issue of integration and retention of workers with chronic disease into social dialogue at all levels<sup>15</sup>.
- Social partners should engage in policies for return-to-work at the workplaces.
- More evidence-based tools and resources need developing, including ones tailored to different sectors, and including how to support workers with episodic conditions (where the person has periods of wellness and short periods of being unwell).

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<sup>15</sup> Eurofound, *How to respond to chronic health problems in the workplace?* Publications Office of the European Union, Luxembourg, 2019. Available at: <https://www.eurofound.europa.eu/en/publications/2019/how-respond-chronic-health-problems-workplace>

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