# Psychosocial risk prevention – strategies and legislation - Belgium

National report





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# **Table of Contents**

1		Introduction	5	
2		Country context		
	2.1	PSR trends at national level	5	
	2.2	Main national stakeholders involved in OSH governance and specifically in PSR prevention	7	
3		Legislative and non-legislative measures	9	
	3.1	National legislative and strategic approaches to PSRs	9	
	3.	.1.1 National PSR legislation	9	
	3.	.1.2 Occupational diseases related to PSR exposure and mental health aspects	13	
	3.	.1.3 National PSR strategy	16	
	3.2	Measures supporting the implementation of PSR legislation	18	
	3.3	Impact of the COVID-19 pandemic and digitalisation on PSR approaches	21	
	3.4	PSR prevention activities implemented by the social partners	22	
	3.5	.5 Other national measures/activities not explicitly linked to PSRs		
4 P	SRs	Success factors and challenges with legislative and non-legislative measures addressing 25		
	4.1	Assessment of the impact of measures on PSRs	25	
	4.2	Assessment of success factors and challenges	26	
5		Conclusions	29	
6		List of references	31	
7		Annexes	34	
	7.1	Annex 1: pilot projects (organisational level)	34	
	7.2	Annex 2: pilot projects (sectoral level)	36	
	7.3	Annex 3: toolkits	38	

## 1 Introduction

This report examines national approaches to work-related psychosocial risks (PSRs) in Belgium, with a focus on legislative and non-legislative measures as well as success factors and challenges concerning the national and sectoral approaches taken to enhance PSR prevention. It is part of a larger study on the strategies and legislation on the prevention of PSRs at work in a selection of EU Member States (Belgium, Denmark, Estonia, Spain, Croatia and Austria).

Methodologically, this study relies on data gathered through desk research and semi-structured interviews. These national interviews were conducted with representatives from government, the social partners, and organisations and institutes involved in occupational safety and health (OSH). Ten interviews in total were carried out during the months of August, September and October 2024: five interviews with government representatives (working in various institutes and departments, and with different areas of expertise, e.g. legislation, research, inspections); one interview with a trade union representative; one interview with a representative from an employers' organisation; one interview with a representative of the National Labour Council; one interview with a representative of an external occupational prevention and protection service; and one interview with a legal expert working in academia. To ensure confidentiality, the names of individuals are not included and the names of organisations are only mentioned where explicit consent was given.<sup>1</sup>

# 2 Country context

# 2.1 PSR trends at national level

#### Data on developments in work-related PSRs and mental health issues

To collect data at national level, the federal government uses the possibility to pay a fee to Eurofound, the European Foundation for the Improvement of Living and Working Conditions, to **boost its sample of workers targeted by the European Working Conditions Survey** (EWCS). It used this option for the 2021 survey wave, as well as for the 2010 and 2015 survey waves. When new data become available, the Federal Public Service for Employment, Labour and Social Dialogue (FPS Employment) commissions a research study that presents a deep dive into the Belgian data, covering a range of topics (see: Lamberts et al., 2016; Thil et al., 2023). To the extent possible, the research looks at changes over time, to detect developments in the Belgian labour market and in the quality of work, including, inter alia, PSRs.

The most recent analysis of the EWCS data for Belgium is presented in the study by Thil et al. (2023). To understand how job quality developed in the country between 2015 and 2021, the authors merged data relating to Belgian workers from 2015 and 2021 into a single database. In total, the merged data set contains responses from 5,902 employees, including 2,169 employees from the 2015 survey and 3,733 from the 2021 survey. Regarding self-employed workers, the numbers are much smaller, with 350 self-employed workers in 2015 and 465 in 2021. It is important to note here, however, that the analyses of changes over time were more limited in this study than in previous cases because of changes in the EWCS questionnaire and survey mode in 2021 (related to the COVID-19 pandemic), which hampered comparability.

Comparing 2021 with 2015, the study by Thil et al. (2023) detected a deterioration in the work dimension, but improvements in the employment and social relations dimensions<sup>2</sup>. However, a significant *increase in workplace bullying and harassment* (average score of 3 in 2015 and 9 in 2021) was noted (Thil et al., 2023). Importantly, as explained in the study, the **number of employees reporting that work had a (negative) impact on their health increased between 2015 and 2021**, with an average score of 32 in 2021 versus 26 in 2015, with more workers answering that they thought that their health or safety was

<sup>&</sup>lt;sup>1</sup> Interviewees in this report have requested anonymity. Accordingly, we use the pronoun they/their when referring to them, so as not to compromise them by revealing their gender. See APA guidelines on singular 'they' (<a href="https://apastyle.apa.org/style-grammar-guidelines/grammar/singular-they">https://apastyle.apa.org/style-grammar-guidelines/grammar/singular-they</a>).

https://werk.belgie.be/sites/default/files/content/documents/Welzijn%20op%20het%20werk/Onderzoeksprojecten/EWCS21 Summary FR NL EN.pdf The 'work' element refers to the content of the work, the organisation of the work and the circumstances of work. The 'employment' element covers transfers from work to private life, i.e. the volume of work and flexibility, but also training and career opportunities. The third element, 'social relations' includes interpersonal relations and social dialogue.

at risk because of their work (Thil et al., 2023). In 2021 fewer workers than in 2015 said that they felt calm and relaxed, full of energy and vigorous, and fresh and rested when waking up, and fewer people indicated that their daily life was filled with interesting things. In 2021, 32% of employees indicated that they often or always felt physically exhausted at the end of the workday, while 15% often or always felt emotionally drained by their work. On the other hand, 62% of employees said that they felt happy and in good spirits most or all of the time in the past two weeks.

The European Survey of Enterprises on New and Emerging Risks (ESENER), conducted by EU-OSHA, is another important data source. The ESENER 2019 data, for example, provide insights into OSH management, emerging risks (including PSRs) and their management, drivers and barriers, and worker participation. According to the 2019 ESENER (EU-OSHA, 2019), in Belgium, 47% of the surveyed establishments indicated that they had an action plan to prevent work-related stress, 83% had a procedure in place to deal with possible cases of bullying or harassment, and 71% had a procedure to deal with possible cases of threats, abuse or assault by clients, patients, pupils or other external persons. Of those establishments that regularly carried out risk assessments, 65% indicated that they had sufficient information on how to include PSRs in risk assessments. Allowing employees to take more decisions on how to do their job emerged as the most common measure taken by establishments in Belgium to prevent PSRs.

Recently, the FPS Employment, Labour and Social Dialogue has begun providing PSR data on a specific website<sup>3</sup> launched as part of a **data mining project** (for more information, see section 3.2). More specifically, data on the proportion of employees exposed to PSRs are presented for the years 2020-2022 in the 'working conditions' section. The data were obtained from Co-Prev,<sup>4</sup> an umbrella organisation of 10 external occupational prevention and protection services serving the private sector, and Empreva,<sup>5</sup> the central cell of the joint internal service for prevention and protection at work of the Federal Public Administration. In 2020, just under 8% of all Belgian employees reported being exposed to PSRs. In 2021, this proportion increased to 8.12% and then to 8.39% in 2022.<sup>6</sup> Across all age groups, more women than men reported exposure to PSRs. In addition, workers in the 30-39, 40-49 and 50-59 age groups reported higher levels of exposure to PSRs than workers in the youngest and oldest age groups. Across all workers, in 2022, 0.83% reported that they were the victim of bullying, harassment and sexual harassment. No data are available for this indicator in 2020 and 2021.

Another important source of data is the National Institute for Health and Disability Insurance (RIZIV/INAMI). According to this institute, the number of people in disability due to burn-out and depression lasting longer than one year increased by 46% between 2016 and 2021, from 80,252 persons in 2016 to 117,452 persons in 2021 (this includes employees, unemployed and self-employed; National Institute for Health and Disability Insurance, 2024). Women represented more than two-thirds of the individuals who were unable to work due to burn-out or depression. Although the largest group of workers impacted were those aged 50-64 years old, the largest increase was recorded for self-employed workers between the ages of 25 and 39. According to a report published by the High Council for Prevention and Protection at Work in March 2024, the number of workers who were unfit for work for over one year due to health reasons grew by over 150% between 2000 and 2021 (High Council for Prevention and Protection at Work, 2024). The report attributes this significant rise, especially among women, to increases in the retirement age of women and the feminisation of the labour market but also to general changes with regard to access and arrangements of end-of-career adjustment schemes. One of the interviewed government representatives highlighted that there is a lack of concrete data linking changing working conditions to increases in the number of cases of burn-out and depression. The quoted data do not give details about the workplace role in the onset of these conditions.

Taken together, the available data do imply a worsening in terms of the PSRs that workers in Belgium encounter, and they highlight key challenges in terms of the prevention and management of such risks. That being said, the difficulties in collecting data on this topic constitute

<sup>&</sup>lt;sup>3</sup> See: <u>https://data.risicosophetwerk.be/nl</u>

<sup>&</sup>lt;sup>4</sup> See: https://co-prev.be/en/

<sup>&</sup>lt;sup>5</sup> See: https://empreva.be/nl and https://empreva.be/fr

<sup>&</sup>lt;sup>6</sup> The website mentions that no information is available on the frequency of the exposure or on its severity, and that for each worker a code indicating 'one' in case of exposure and 'zero' in case of no exposure was used. No additional details are provided.

<sup>&</sup>lt;sup>7</sup> A rise in employment rates for women

an important challenge, according to the academic expert interviewed, and the data shortcomings are an obstacle when it comes to making a comprehensive assessment of the situation and the effectiveness of the legislative and non-legislative measures.

#### Stakeholders' views on trends in PSRs and mental health issues

Based on the stakeholder interviews, it is clear that PSRs and mental health issues are on the rise in Belgium, and several drivers and underlying trends have been identified by the different stakeholders. On the one hand, across interviews, stakeholders pointed to significant changes in the job content, work environment and working conditions, due to global trends such as digitalisation. Some highlighted that these issues were exacerbated by the COVID-19 pandemic and have deepened existing inequalities between workers (e.g. those in essential professions, those in physically demanding vs other jobs, in industrial vs service-oriented jobs, and those being able to telework or not). The pandemic accelerated changes in working conditions and the work environment and underscored the importance of addressing risks relating to interpersonal relations and social support in the workplace. Increased work intensity and work–life interference were also mentioned in a number of interviews as key factors contributing to stress and burn-out. Generally, the interviewees agreed that Belgium is exposed to the same trends as other EU Member States.

On the other hand, all the stakeholders pointed out that Belgium has a well-developed legal framework on PSRs and mental health issues, especially when compared with other EU Member States, which implies that awareness on these topics is in all likelihood higher in the country. It was stressed that this long tradition of focusing on PSRs and mental health is paying off, as reflected in a higher number of cases being reported. As explained by a government representative working with the Labour Inspectorate, the number of complaints registered with the inspectorates is on the rise. In terms of the nature of the complaints filed, the interviewee pointed out that there had been an increase in complaints filed by managers (which was rare in the past) as well as in complaints about intimidation, threats, verbal aggression and sexual harassment. The number of reported cases of burn-out is also on the increase. At the same time, the interviewee indicated that there may well be some underreporting, as there still seems to be a perception that inspectorates only deal with severe cases and mostly focus on bullying, which is not the case. Although the reporting threshold is lower than it was, some cases do not reach the inspectorate at all or reach it when it is too late (e.g. an escalated situation that is very difficult to resolve, or cases where the inspectorate legally can no longer act). The interviewee from the external prevention service also indicated that there had been an increase in the number of cases involving PSRs and mental health-related issues in recent years.

Overall, there seems to be a consensus that **two concurrent factors are at play**: on the one hand, a greater awareness of PSRs and mental health issues than in the past and therefore an increased likelihood of such issues being reported, and, on the other hand, an actual increase in the number of cases. Accordingly, the interviewed stakeholders expressed concerns that while the current regulatory framework might **help mitigate some issues relating to PSRs at work, managing them still remains a pressing challenge**.

# 2.2 Main national stakeholders involved in OSH governance and specifically in PSR prevention

In Belgium, a wide range of stakeholders is involved in the design and implementation of OSH policies and regulations. This section offers a brief description of the main actors, including their roles and responsibilities. To that end, it builds on information gleaned from the websites and other publicly available documentation offered by these actors, stakeholder interviews, as well as recent studies covering OSH in Belgium (e.g. EU-OSHA, 2018).

OSH generally falls under the authority of the FPS Employment, Labour and Social Dialogue, which is overseen by the Federal Minister of Employment (EU-OSHA, 2018; FPS Employment, Labour and Social Dialogue, n.d.). The main units involved within the FPS are the Directorate General for the Humanisation of Work and the Directorate General Control on well-being at work. For the purpose of this study, interviews were conducted with four representatives from different units within the FPS in order to obtain a complete view. The general mission of the Directorate General for the Humanisation of Work is to prepare, promote and implement policy on wellbeing at work and to raise awareness

**among social and economic actors** on the humanisation of work. This unit is organised into divisions covering the promotion of wellbeing at work, social dialogue around wellbeing at work, legislation and standards, research, international affairs and related subjects.

The Directorate General Control on well-being at work aims to improve workers' wellbeing at work on an ongoing basis and to ensure compliance with the implementation of wellbeing legislation and policies through a **consultative**, **preventive and oversight role**. In other words, this unit serves as the Labour Inspectorate. This unit is divided into regional control, chemical risk control and knowledge management divisions. In Belgium, labour inspectors have several tools to perform their work, ranging from information and improvement notices to offence reports with legal consequences. In this regard, a government representative working with labour inspectorates explained that inspectors do engage with employers and try to take into consideration their specific circumstances, for example, in the case of SMEs with limited resources. Belgium is a country with a high share of SMEs, which complicates the implementation of uniform regulations. At the same time, this allows inspectors some leeway so that their approach may vary depending on the company's size and the nature of the complaints received, enabling them to demonstrate flexibility and understanding when addressing compliance issues.

Another important actor is the **Federal Agency for Occupational Risks** (Fedris, n.d.), which is the public social security institution covering compensations for occupational accidents and occupational diseases in the private sector. The agency also has some responsibilities with regard to the public sector: it covers occupational diseases in local and provincial government departments and, to some extent, occupational accidents. Fedris thus plays a key role in secondary prevention — aiming to reverse, reduce or slow down the progression or impact of a disease or an injury once it has occurred, or to boost an individual's resources to handle it (Leka et al., 2008). The agency thus serves as a bridge between actors involved in primary and tertiary prevention. Fedris is overseen by a management committee composed of representatives of trade unions and employers' organisations.

The **National Institute for Health and Disability Insurance**<sup>8</sup> comes into play for tertiary prevention, of a rehabilitative nature (Leka et al., 2008). The institute is part of the country's social security system, and it administers the compulsory national disability benefits and health insurance as well as compensation for medical accidents. The National Institute for the Social Security of the Self-Employed has a similar role but for self-employed persons.

Of note here is the federal network mental health @work,9 launched in 2021 by the FPS Social Security. Its members include the FPS Employment, Fedris, the FPS Public Health, the FPS Policy and Support, the Food Chain Safety and Environment, the Superior Health Council, the National Institute for Health and Disability Insurance, and the National Institute for the Social Security of the Self-Employed. The federal government that took office in 2020 identified stress, burn-out, work-life balance and sustainable work as key topics, and even mentioned burn-out explicitly in its coalition agreement. In terms of scope, the network focuses on work-related psychosocial problems, covering prevention, detection, recovery and reintegration aspects. The aim of the network is to combine federal powers which are divided across several institutions — to achieve an integrated approach and to communicate about PSRs and mental health in a coordinated way. To that end, network members exchange information and consult each other on current or upcoming initiatives to improve coordination, and the network tries to develop a global vision of different phases of addressing PSRs and mental health issues: prevention, detection, recovery and reintegration. This was highlighted as an important feature in the stakeholder interviews: the network brings together knowledge and competences in different areas and at different levels, which makes it possible to see the full picture and to identify knowledge and data gaps more easily. The network collects data, monitors trends, and makes recommendations to authorities or political representatives.

An overview of the role of social dialogue and key actors in Belgium is presented in section 3.4.

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<sup>8</sup> See: https://www.riziv.fgov.be/nl and https://www.inami.fgov.be/fr

<sup>&</sup>lt;sup>9</sup> For more information, see: <a href="https://www.ikvoelmegoedophetwerk.be/nl/federaal-netwerk-mentale-gezondheid-werk">https://www.ikvoelmegoedophetwerk.be/nl/federaal-netwerk-mentale-gezondheid-werk</a>. This website is jointly managed and maintained by the network with the aim of centralising relevant information in one place.

# 3 Legislative and non-legislative measures

# 3.1 National legislative and strategic approaches to PSRs

## 3.1.1 National PSR legislation

Belgium has an **extensive OSH legal framework**, with the Act of 4 August 1996 at its core. This Act ensured already that wellbeing at work and stress were covered in the Belgian legislation. The idea behind this was to see the prevention of PSRs as not being isolated from other risks. Wellbeing at work is defined as all factors relating to the working conditions in which work is performed: safety at work, protection of workers' health, psychosocial aspects of work, ergonomics and occupational hygiene.

In 2014, an important amendment was made to this Act, introducing the concept and the **definition of PSRs**. This legislative framework is further enhanced by the Codex on Well-being at Work and by collective labour agreements. The advice and opinions issued by the National Labour Council (see section 3.4 for further details on this body and its role) and by the High Council for Prevention and Protection at Work play a key role in the development of the legislative framework. The importance of the Act of 1996 and of the changes introduced in 2014 was highlighted in all 10 interviews conducted for this study.

Before providing more details, it is important to stress that this framework establishes the general principles and thus sets the targets that must be achieved, while leaving a lot of room for organisations to make adaptations according to their specific needs (Cefaliello, 2021).

In Belgium, the most important legislation on OSH is the *Act of 4 August 1996 on well-being of workers in the performance of their work* (Belgian Official Gazette 18/09/1996). This Act transposes into law the framework Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. It is **applicable to all employers and all employees in the public and private sectors**.

The Act of 4 August 1996 on well-being of workers in the performance of their work establishes a framework on the basis of which **implementing royal decrees** are issued. These decrees were codified in the **Codex on Well-being at Work**. The codex is structured according to a philosophy that is innovative in relation to that assumed in the General Regulations on Occupational Safety and Health (ARAB/RGPT), which was the previous codification of OSH regulations in Belgium. Whereas the current approach is based on **targets**, the ARAB/RGPT mainly focused on **means**. The Act of 1996 and the codex thus involve **less detailed technical regulations** and follow a **looser structure outlining legal norms** to which employers need to give concrete content. The ARAB/RGPT has already been largely eroded and will disappear altogether in the future as its relevant remaining provisions will also be transferred to the codex.

Prior to discussing the specific PSR provisions, it is important to mention that the legal provisions on wellbeing at work (including those relating to PSRs) apply to all employees, that is, those who have an employment contract and perform work in return for a salary under the authority of another person. All employers in the public and private sectors are required to implement a policy in their organisation to promote the wellbeing of workers in the performance of their work. This policy is based on the principle of *risk assessments*, which enable employers to develop the appropriate preventive measures to eliminate dangers completely, and prevent and limit harm. The policy must focus not only on the traditional risks to the health and safety of workers (e.g. risks resulting from the use of dangerous machines or chemicals), but it must also cover PSR factors at work, as discussed below. The aim of the legislation is to encourage companies to consider dangers present within the organisation and to adopt collective preventive measures to prevent workers from suffering harm. Individual procedures are only used when collective prevention approaches have not worked. In relation to PSRs, this means that workers can submit a request for a psychosocial intervention to discuss their situation with an expert in order to get advice. If workers cannot resolve a situation themselves, their employer must take the necessary measures.

The Act of 1996 includes a **definition of PSRs** as the 'likelihood that one or more workers will experience psychological harm which may or may not be accompanied by physical harm, as a result of exposure to components of the work organisation, the job content, the working conditions, the

employment conditions and the interpersonal relations at work, on which the employer has an impact and which objectively present a danger'. As explained below, **this definition was introduced into the Act of 1996 in 2014**.

With regard to the definition, a hazard is considered 'objective' if it can lead to psychosocial harm (and possibly also to physical harm) to the average worker under the same circumstances. In other words, it is not dependent on the subjective experience of an individual worker. In addition, PSR factors at work concern those **elements on which the employer has an impact**; employers must be able to act on the hazard and its underlying drivers. This means that the framework recognises that experiencing some emotional strain is inherent to some occupations, for example, in care. In such cases, the hazard cannot be eliminated. Employers are then obliged to take measures to mitigate the risk and its impact.

The academic expert interviewed for this study emphasised that this **definition of PSRs is comprehensive**, precisely because it refers to **five main causes**: job content, working conditions, work organisation, employment conditions and interpersonal relations. It thus goes beyond the traditional focus on interpersonal relations, which seemed more central in previous versions of the legal framework where the focus was more on violence, harassment and sexual harassment. In the interviews, the notion of **work organisation** was discussed by several stakeholders (government representatives, social partner representatives and academic expert), as this concept was added to the four other concepts derived from a study by Kompier and Marcelissen (1995). The social partners, in particular the trade unions, appeared to be in favour of adding this point.

Over time, the scope of the Belgian legal framework has been broadened and there has been a shift in the concepts used in the framework. As mentioned above, the original version of the Act of 1996 represented the transposition into national law of framework Council Directive 89/391/EEC. Even in its earliest versions, the Act stipulated that the legislator could require employers to take all necessary measures for the wellbeing of workers in the performance of their work. Wellbeing is pursued by measures relating to workplace safety, the protection of workers' health at work, ergonomics, workplace hygiene, the enhancement of the work environment and the **psychosocial burden caused by work** (see Article 4 of the Act).

In 2002, following a severe case of violence and harassment in the workplace, the legislator adopted the **Act of 11 June** (Belgian Official Gazette 22 June 2002) concerning **protection against violence**, **harassment and sexual harassment in the workplace**. In the Act, *workplace violence* refers to any situation in which a worker is psychologically or physically harassed, threatened or assaulted in the course of their work. The Act defines *workplace harassment* as any unlawful and recurring behaviour, inside or outside the organisation, which manifests itself in actions, words, threats, gestures or unilateral writings, and is intended to, or has the effect of, undermining the personality, dignity, or the physical or psychological integrity of a worker during the performance of their work, jeopardising their employment, or creating a threatening, hostile, offensive, humiliating or hurtful environment. Finally, the Act penalises any form of verbal, non-verbal or physical conduct of a sexual nature, where the perpetrator knows or should know that it undermines the dignity of women and men at work.

The Act of 11 June 2002 specified that prevention measures not only had to address workplace safety, the protection of workers' health at work, ergonomics, workplace hygiene, the enhancement of the work environment and the psychosocial burden caused by work, but also had to protect workers against harassment, violence and sexual harassment in the workplace (the latter was added as point 8° under Article 4 in the Act; Directorate General for the Humanisation of Work, 2004). In addition, a Chapter Vbis was introduced into the Act of 4 August 1996, specifically addressing violence, harassment and sexual harassment (e.g. definitions). In the interviews, this was identified by government representatives, an academic expert and an external prevention advisor as having a major impact on the legal framework. An evaluation of the Act of 11 June 2002 (Directorate General for the Humanisation of Work, 2004) clearly shows that the Act has helped to reduce the taboos around this topic, by making it less personal and subjective. In 2007, through the Act of 10 January 2007 (Belgian Official Gazette 6 June 2007) the reference to 'the psychosocial burden caused by work' under point 3° in Article 4 of the Act of 1996 was replaced by 'the psychosocial burden caused by work, including in particular violence, bullying, and sexual harassment at work', while point 8° in Article 4 was removed. Point 8° referred to the protection of employees against violence, bullying and sexual harassment at work. This change was intended to help clarify Article 4, and it recognises that violence, harassment and sexual harassment at work are in fact part of, as well as a consequence of, the psychosocial burden at work. Having these notions in separate points under Article 4 caused confusion, according to the interviewees.

With the Act of 28 February 2014 amending the Act of 4 August 1996 on well-being of workers in the performance of their work concerning PSRs at work, including violence, bullying and sexual harassment (Belgian Official Gazette, 28 April 2014), the concept of the 'psychosocial burden caused by work' was removed, in favour of the current concept of 'psychosocial risks'. As confirmed in the interviews, this change helped to bring more clarity and it also put more emphasis on collective risk factors. In addition, the Act provides for a system of both formal and informal requests for psychosocial interventions.

In summary, the law has thus changed over time as follows: first, it recognised the importance of addressing the psychosocial burden caused by work; then provisions were added on violence, harassment and inappropriate sexual behaviour (alongside what was already included in the Act of 1996 on the psychosocial burden); and finally, the recognition that issues linked to violence, harassment and so on are actually part of or caused by PSRs (e.g. excessive workload, dealing with difficult clients or patients) led in turn to the introduction of that concept in the legislation.

The 2014 Act emphasises the importance of prevention and introduces the obligation for the employer to conduct a risk assessment related to PSRs and to establish preventive measures on a collective and on an individual level. This Act further clarified the roles and the responsibilities of **confidential counsellors and PSR prevention advisors** and contains measures to support collaboration and exchanges between them and others (e.g. occupational physicians). The **confidential counsellor** has an important first-line function in the informal internal procedure when it comes to addressing PSRs and mental health issues, which allows solutions to be sought without formalism and in a confidential way. In this sense, the confidential counsellor provides opportunities for internal clarification and mediation, while PSR **prevention advisors** have a more formal role.

More specifically, PSR prevention advisors oversee the whole range of PSR factors in the workplace, covering both informal and formal aspects. Their tasks can include a range of activities, such as assisting the employer in conducting risk assessments, providing advice on preventive measures resulting from such risk assessments, handling requests from employees for *informal* psychosocial intervention (e.g. mediation), handling requests from employees for *formal* psychosocial intervention, and drawing conclusions from and maintaining a register of recurring incidents, among others. To carry out this work with full independence from the employer and employees, a PSR prevention advisor benefits from special legal protection. To be appointed in this role, one must: (i) have obtained a university-level degree or higher education diploma at a university level, with a curriculum that includes a significant focus on psychology and sociology and which specialises in work and organisation; (ii) have completed a multidisciplinary basic training and specialised module on PSR factors at work; and (iii) provide proof of five years of relevant practical experience in the field. All employers must appoint a PSR prevention advisor.

Confidential counsellors also cover the full range of PSR factors at the workplace, but their role is limited to the *informal* procedure. It is not possible to direct a request for a formal psychosocial intervention to a confidential counsellor. Instead, these are handled by the PSR prevention advisor. The confidential counsellors are also not responsible for conducting PSR assessments, but they can be involved in it, for example, by informing employees on the procedure. Confidential counsellors do not have a special legal status. In terms of requirements, confidential counsellors must follow a specific training of at least five days, which covers topics such as the legal framework and their specific role, PSR factors in the workplace, conversation techniques and managing difficult situations.

However, according to one of the interviewed government representatives, there is also a downside to the **history of the developments of the legal framework**. The representative reiterated that important changes were introduced in 2002, 2007 and 2014 to further expand the scope of the legislation. According to the interviewee, as a result, legislation has evolved to include both an *individual part* and a *collective part*. In the interviewee's experience, too much attention is paid to what can be achieved at individual level, while the collective approach is used less, despite its potential to have a wider reach and contribute to greater improvements. The interviewee also explained that here the involvement of the social partners was noticeable. Representatives from the Labour Inspectorate and an external prevention service further highlighted that, despite the broader scope of legislation today as a result of

developments over the past decade, there still seems to be a **perception** among certain groups that they can only reach out if the issue concerns bullying, harassment, violence or other forms of adverse social behaviour. Both interviewees mentioned that greater efforts needed to be made to raise awareness and clarify that issues relating to a wider range of PSRs fall within the scope of legislation.

Overall, these changes have led to a rather complex framework that seems difficult to interpret and apply in practice, and also difficult to explain, for example, to employers, prevention advisors, confidential counsellors and so on. This issue was raised across all interviews and is seen as a key challenge. This complexity of legal obligations was also underlined by the ESENER 2019 data, where for Belgium, 53% of establishments flagged this as a barrier to addressing health and safety (EU-OSHA, 2019). This was the highest score recorded across all surveyed countries. More generally, the complexity of the legal framework is considered the main barrier to addressing health and safety in half of the surveyed countries, including Belgium (EU-OSHA, 2019).

Before detailing the most recent changes to this legislative framework, it is important to note that Title 3 on the Prevention of Psychosocial Risks at Work of Book I of the Codex on Well-being at Work implements Chapter Vbis of the Act of 4 August 1996. It contains provisions on risk assessments and prevention measures, various procedures accessible to workers who believe that they have been harmed because of exposure to PSRs at work, and the role of PSR prevention advisors and confidential counsellors. As several of these items relate to the implementation of the legal framework, these are discussed further, both below and in section 3.2.

#### Box 1: The concepts of stress and burn-out

Since 1 September 2014, Chapter V (a) of the Act of 4 August 1996 establishes a new general framework for the prevention of PSRs at work. The general framework was introduced through the laws of 28 February 2014 and 28 March 2014. The term 'stress' is not defined in any of the above-mentioned laws. It is, however, defined in collective bargaining agreement No 72 of 30 March 1999 (see section 3.4), as 'the condition perceived negatively by a group of workers, accompanied by complaints or dysfunction in physical, psychological and/or social terms and resulting from the inability of workers to meet the demands and expectations placed on them from the work situation'. The concept of **burn-out** is not defined in Belgian regulations either. It is only mentioned in Article I.3-1 of the Codex on Well-being at Work as one of the manifestations of PSRs at work.

In the past decade, three other acts have been adopted that are of particular relevance to OSH in general, and to work-related PSRs and mental health in particular. First, the Act of 26 March 2018 on strengthening economic and social cohesion (Belgian Official Gazette 30 March 2018), of which section 1 of Chapter 2 covers projects on the prevention of burn-out. The Act stipulates that after obtaining the opinion of the National Labour Council (see section 3.4), among others, the government can determine that projects aimed at the prevention of burn-out and submitted by the joint committees or subcommittees are financed by certain employer contributions. Section 2 of Chapter 2 of this Act deals with consultations on disconnection and the use of digital means of communication. With a view to ensuring respect for employee rest periods, annual leave and other types of leave, and to safeguard the work–life balance of employees, employers must organise consultations on disconnection from work and the use of digital communication tools in the Committee for Prevention and Protection at Work at regular intervals. The Committee for Prevention and Protection at Work may also formulate proposals and issue opinions. Agreements may be introduced in the work regulations at company level. Further information on these various committees is provided in section 3.4, as these are all important bodies within the social dialogue system.

Secondly, the **Act containing various labour provisions of 3 October 2022** (Belgian Official Gazette 10 November 2022) introduced a *right to disconnect for workers in companies with more than 20 workers*. Employers employing 20 or more workers must conclude agreements on the right of workers to disconnect during times when they are not required to work and on the arrangements for applying said right. A company-level collective agreement must be concluded and filed with the clerk's office of the Directorate General for Collective Labour Relations of the FPS Employment, Labour and Social Dialogue. This agreement must include at least the following: i) practical arrangements whereby employees can avail themselves of their right not to be on call outside of their working hours; ii) guidelines for using digital tools in such a way that the rest and leave entitlements, private life and

family life of employees remain guaranteed; and iii) training and awareness-raising actions for employees and managers regarding the wise use of digital tools and the risks associated with excessive connectivity. If it is not possible to conclude a company-level agreement on these issues, companies are required to amend their work regulations and provide a copy of those to the regional directorate of the Labour Inspectorate - Supervision of Social Laws within eight days from the date of entry into force.

The Act of 5 November 2023 containing various labour provisions (Belgian Official Gazette 29 November 2023) introduced an **obligation to appoint a confidential counsellor if there are more than 50 employees in the organisation**. Included in the Act of 4 August 1996 (Article 32sexies) it requires the appointment of a confidential counsellor for employers employing 50 or more employees. In addition, at least one confidential counsellor must be part of the staff in these enterprises. This amendment is part of the measures to implement the Federal Action Plan on Mental Well-being at Work (see below) and aims to increase the presence of confidential counsellors in enterprises.

The mandatory designation of at least one internal confidential counsellor ensures that employees always have access to a counsellor who has sufficient knowledge of the company's structure, operation and culture. Companies with fewer than 50 employees are not obliged to appoint a confidential counsellor. In this case, the employer is only required to appoint a confidential counsellor if all members of the trade union delegation, or in their absence, all employees themselves request that the employer makes such an appointment.

If such an employer chooses to appoint a confidential counsellor (on its own initiative or at the request of the union delegation or the employees), at least one confidential counsellor must be drawn from among the company's staff when the company has 20 or more employees and a PSR prevention advisor from an external service for prevention and protection at work is used. Companies with fewer than 20 employees may appoint an external confidential counsellor.

# 3.1.2 Occupational diseases related to PSR exposure and mental health aspects

In the Belgian regulatory framework, a distinction is made between occupational accidents, occupational diseases and work-related diseases. To date, mental health issues are not officially recognised as occupational diseases and PSR factors are not officially recognised as possible causes of an occupational disease. However, burn-out can sometimes be acknowledged as a work-related illness and PSR factors have been defined as causes and consequences of occupational accidents. There seems to be a consensus among the interviewees that there is still a long way to go before mental health issues can be considered as occupational diseases due to their complex nature, compared with physical issues, which are more straightforward to diagnose and classify. Several interviewees, from government as well as other organisations, argued that the current approach needs further development to properly address the complexities of mental health issues in the workplace.

## Occupational diseases

Occupational diseases are diseases that are caused by performing an occupation. In Belgium, there is an **official list of recognised occupational diseases**, available in Dutch, French and German, laid down by Royal Decree. The list is managed and updated by Fedris. It currently comprises over 150 occupational diseases. To be eligible for compensation, employees must prove that they are suffering from a disease on the list, and that they have been exposed to the occupational risk associated with the disease. However, psychosocial illnesses are not included or considered in the list of occupational diseases and the list also does not make any reference to PSR factors among the causes of occupational diseases.

Besides the official list of occupational diseases, there is a so-called **open system**. The logic behind this approach is that the possibility that someone develops an illness through their work that is not included in the official list cannot be ruled out. In such a case, **an application for recognition** can be filed through the open system. To qualify for compensation, the applicant must prove that: (i) they have an illness that is determinant and directly caused by their occupation; (ii) they were exposed to an occupational risk; and (iii) there is a causal link between the illness and the exposure to that occupational risk. An occupational risk means exposure to the harmful influence is associated with a professional activity and is significantly greater than exposure among the general population and, according to

generally accepted medical opinion, is the predominant cause of the disease in groups of exposed persons. In the open system, the worker must prove that there is a causal link between the disease and the occupational exposure to the risk of this disease; in the list system, this link is assumed and does not have to be proven.

It is interesting to note that trade unions recommend workers to register their illness through the open system if it is not included in the list of occupational diseases, arguing that an increasing number of applications through the open system for the same disease could lead to an investigation and the inclusion of the disease in the list (see for example the brochure developed by ABVV Algemene Centrale, n.d.). Since the list of occupational diseases was first created, it has in fact been expanded several times, for example, to include upper limb tendinitis and hypothenar hammer syndrome. As regards the list, in the interviews, representatives from the government said that the list of occupational diseases is fairly up to date when it comes to more traditional risks, but that it might benefit from an update on challenges in the workplace with regard to PSRs and mental health.

#### Work-related diseases

The concept of *work-related disease* was introduced into Belgian legislation on 13 July 2006 (officially published in the Belgian Official Gazette on 1 September 2006). This concept is important as it allows Fedris to detect and prevent a worsening of this type of illness. While an occupational disease is directly caused by a specific occupational factor, a **work-related illness has multiple causes**, **with work being just one of them**. The law views an illness as work-related when an occupation exposes the worker more than the general population to a harmful influence that is a partial cause of their illness. While scientific studies agree that burn-out is a work-related syndrome, other personal aspects or circumstances in the private sphere may also play a role. For this reason, and at the request of former Social Affairs Minister Maggie De Block, Fedris **recognised burn-out as a work-related illness**. In interviews conducted for this study, government representatives highlighted that this recognition helped to break the taboo around burn-out. Another interviewee working at the FPS Employment, Labour and Social Dialogue explained that the recognition of burn-out as a work-related issue helps the creation of prevention plans and support systems in workplaces <sup>10</sup> (see also the Fedris project on burn-out prevention, elaborated also in Annex 1).

## Box 2: Ruling Brussels Criminal Court (R.G. n° 18AB3001, Corr. Brussels (69th Chamber)

On 24 February 2021, the Brussels Criminal Court handed down a landmark ruling (R.G. n° 18AB3001, Corr. Brussels (69th Chamber), unpublished) in the case of Alders (2021) with regard to work-related PSRs. The case concerned the suicide of an employee in 2018 as a result of burn-out. In 2017, several employees, including the employee in question, had already tried to raise internally their concerns about the corporate culture, management style and bullying. This, however, led to a severe conflict between employees and the employer, and to the burn-out of the specific person in question. Employees had also submitted a formal request for psychosocial intervention to the external service for prevention and protection at work. An external service report was drafted and the employer, much later, commissioned an external consultant to carry out a risk assessment. Both the external report and the risk assessment indicated that the excessive workload was a structural issue. The employee in question had specified in their request for the psychosocial intervention that they had an untenable workload and that there was a disproportionate division of labour between teams. Although the employee had raised this issue, it had not been addressed and this had led to the burnout suffered by the employee. When the employee came back to work in a progressive work system, the organisation of work had not changed and, in fact, the employee was assigned additional tasks to fill in for another employee who had left. After four months of working in this way, the employee refused to continue to do so and was dismissed for being disloyal, uncooperative and unfit for work. This caused the employee to become incapacitated again and finally led to the employee's suicide. The court found that the employer did have knowledge of the problems this employee was faced with and the PSRs that they posed or were at the root of them, so that appropriate measures should have been taken immediately. Although the employer did eventually commission the risk assessment, the court stressed that it was not the risk assessment itself that was essential, but rather the employer's obligation to adopt the preventive measures that it specified, which did not happen. Due to the lack

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<sup>&</sup>lt;sup>10</sup> See: https://www.fedris.be/fr/programme-burn-out.html and https://www.fedris.be/nl/programma-burn-out.html

of concrete measures such as the appointment and training of a confidential counsellor, the lack of organisation of internal reconciliation attempts and the lack of measures targeting the supervisor contributed to the court's decision. This is a critical point as the court invoked in this regard the employer's obligation of prevention, underscoring that it involved a real duty and was not just an administrative formality. The court imposed the maximum fine on the employer for failing to take measures to address the workload problem.

## Occupational accidents

An occupational accident refers to any accident that an employee suffers during and because of the execution of work as described in the employment contract, due to a sudden event that causes an injury. Accidents that happen on the way to or from work (following the normal route) are also considered as occupational accidents, as are accidents that happen outside of the performance of an employee's duties but are caused by a third party due to the employee's work. The sudden event may refer to various circumstances (e.g. a fall or a fight). Occupational accidents may have one or more external causes. There must be a causal link between the accident and the injury. The injury may involve physical harm as well as mental harm. It does not necessarily have to lead to an incapacity to work; receiving medical care to treat the injury is sufficient to be categorised as an accident.

There have been many courts cases on PSRs in the work context (see FPS Employment, Labour and Social Dialogue, 2024), some of which **explicitly relate to occupational accidents**, defining psychosocial factors as both causes and consequences. Statistics from Fedris show 1,095 cases of 'shocks' recognised as accidents at work for the private sector in 2021, including 433 temporary disabilities, 178 permanent disabilities and one fatal case (Eurogip, 2023). One example is a case in which a worker was informed that they would be dismissed, which caused a severe emotional shock for which the employee had to be treated. The court ruled that it should be seen as an occupational accident (Arbh. Luik (afd. Luik), 13/12/2022, AR 2022/AL/122). Another example involved a case in which a school principal had a difficult meeting with a union representative, during which the latter had shouted and banged on the table with their hands, after which the principal had developed post-traumatic stress disorder. The court also ruled in this case that the incident should be classified as an occupational accident (Arbh. Brussel, 02/05/2022, 2021/AB/203).

The FPS Employment, Labour and Social Dialogue recognises that PSR factors can contribute to occupational accidents, as confirmed in several interviews with government representatives during which it was mentioned that, for example, a heart attack that occurs due to stress can be classified as an occupational accident. Several years ago, the FPS had commissioned a **study** on this topic, which comprised a literature review as well as an inventory and analysis of occupational accidents and how these are registered and assessed (Braeckman & Hansez, 2010a). Building on this work, Braeckman and Hansez (2010b, 2010c) developed a tool and a manual targeting a wide audience (e.g. prevention advisors, labour inspectors, occupational physicians, and health and safety committees). The tool serves as a checklist to verify and objectify whether psychosocial factors may have had an impact. More specifically, it presents a series of questions on seven main topics intended to help detect possible linkages between PSR factors and the occupational accident that occurred. For each topic, detailed questions are presented, as shown in Table 1. Users are asked to tick the box that is applicable to the situation. The idea is that the checklist is completed in a meeting with the victim of the accident as soon as possible after the accident occurred. If this is not an option, information can instead be gathered from witnesses of the accident or others (e.g. the employee's supervisor). After the checklist is completed, an in-depth analysis of the identified PSR factors can be conducted. The manual explains the use of the tool and the concepts that it adopts. It further provides recommendations on how to address specific risk factors when they emerge.

Table 1. Tool to detect the potential role of psychosocial aspects in an occupational accident.

Cotomony (major temia)  Evenuella of an acific greations (tiple bay if annihable)			
Category (main topic) Support to perform the task	Examples of specific questions (tick box if applicable)  Concerning the task the employee was doing at the time of the accident  there was no problem regarding the employee's support  the employee's task description was poorly defined  the instructions conflicted with other tasks to be performed or tasks of colleagues  the employee did not receive instructions		
Workload	At the time of the accident  there was no workload problem  the workload was higher than usual  the task complexity was higher than usual  the time pressure was higher than usual		
Job insecurity	At the time of the accident  there was no problem regarding job insecurity  the employee was (at risk of) being dismissed  the organisation was restructuring  the organisation was involved in a merger or acquisition		
Recent changes in the organisation of work	At the time of the accident  there was no problem regarding the organisation of work  the employee was faced with an unexpected change in the work schedule or work location  the employee's team had recently changed  the employee was covering for an absent colleague		
Work relations	At the time of the accident  there was no problem regarding the work relations  the employee was faced with a lack of workplace support  the employee had a conflict with a colleague  the employee experienced adverse social behaviour at work		
Safety climate	At the time of the accident  there was no problem regarding the safety climate the employee experienced the climate as unsafe there was recently a labour conflict/strike in the organisation there was recently a serious accident in the organisation		
Other	At the time of the accident  there were no other psychosocial aspects at play that could be linked to the accident  there were other psychosocial aspects at play that could be linked to the accident		

Source: Author's adaptation based on the tool and manual, both available at: <a href="https://werk.belgie.be/nl/onderzoeksprojecten/2014-psychosociale-aspecten-op-het-werk-en-arbeidsongevallen">https://werk.belgie.be/nl/onderzoeksprojecten/2014-psychosociale-aspecten-op-het-werk-en-arbeidsongevallen</a>.

# 3.1.3 National PSR strategy

The overarching aim of the former national plan to improve the wellbeing of workers covering the period 2008-2012 was to ensure a consistent and unified reduction in workplace accidents and illnesses. Findings from the evaluation of the 2008-2012 strategy (Prevent, 2013) revealed some shortcomings, including unclear responsibilities, an inadequate frame of reference, and aspects related to defining and implementing objectives. Moreover, insufficient consultation between stakeholders led to further complications in strategy formulation and execution, compounded by communication challenges regarding strategic and operational goals. A similar evaluation was carried out for the plan covering the period 2016-2020, but the findings are not publicly available.

PSRs and the mental health and wellbeing of workers are now **high on the agenda of policymakers** and the social partners in Belgium. The prevention of burn-out among workers is seen as a major

societal challenge in the country. In 2014, there was a policy debate on the need to explicitly introduce PSRs into the regulatory framework on OSH. This debate was driven by the high and rising number of individuals suffering from a long-term illness, including burn-out, and its severe impact on the Belgian labour market and social security system. In response to this challenge, stress and burn-out were indeed included in the legal framework (also see section 3.1.1). In addition, the then Minister of Employment Monica De Coninck launched a campaign targeting companies to raise awareness about PSRs and burn-out (De Standaard, 2013). The main aim of the campaign was to encourage employers, line managers, human resources (HR) managers and workers' representatives to put PSRs on the company's agenda. The idea also was to raise the issue in bodies such as the CPPT in order to put in place a PSR prevention approach as part of an overall occupational risk management policy in companies.

A decade later, In 2024, Belgium Is still confronted with a **high number of individuals who are not or no longer available for work due to a long-term illness, chronic condition or disability**, including those suffering from burn-out (National Institute for Health and Disability Insurance, 2024; High Council for Prevention and Protection at Work, 2024). Against this background, and given the current labour shortages, this issue as well as efforts to encourage labour market reintegration are high on the policy agenda.

The topic of mental health was also put forward as a **priority of the Belgian Presidency of the Council of the EU**. Within the framework of the presidency, a '<u>high-level conference on mental health and work</u>' was organised by the FPS Employment, Labour and Social Dialogue on 30-31 January 2024.<sup>11</sup> The conference called for an **integrated approach** to PSRs and mental health issues, a **strong legislative framework at EU level**, and a **better anticipation and preparedness for future crises**. The conference highlighted the roles and responsibilities of different actors in the area of OSH, including the importance of the social dialogue at various levels.

The National Action Plan to improve the well-being of workers in the performance of their work 2022-2027 is of particular importance for the Belgian national PSR strategy. <sup>12</sup> This action plan is the translation at Belgian level of the EU OSH Strategic Framework 2021-2027. It defines the objectives in terms of wellbeing at work to be achieved in the coming years. The plan is a follow-up to the National Action Plan for the period 2016-2020. The current plan takes full account of the joint priority note of the social partners of the High Council for Prevention and Protection at Work (see section 3.4 for further information on this note). This ensures that all stakeholders strongly support the action plan. In addition, the plan is discussed annually with the social partners represented in the High Council for Prevention and Protection at Work, so that it can be adjusted to account for new challenges and unforeseen circumstances.

The action plan pays ample attention to the prevention of PSRs and musculoskeletal disorders and to the prevention of the exposure of workers to hazardous chemical agents. It further emphasises the need for a Vision Zero approach to workplace accidents. It also has an explicit focus on vulnerable groups among workers (e.g. service workers), and it aims to facilitate the reintegration of incapacitated workers. In addition, the plan focuses on changes in the field of work organisation, as manifested through teleworking, among other things. This action plan also aims to support company-level actors active in the field of wellbeing at work policy and optimise the functioning of prevention services and the social dialogue. Finally, through a data mining project on occupational risks for sustainable work, the action plan seeks to make exposure data more accessible, ensure qualitative regulation and optimise the Labour Inspectorate function (see section 3.2).

More specifically, with **reference to PSRs**, the national action plan indicates that a *federal action plan* on mental wellbeing at work will be adopted and implemented in collaboration with all actors with relevant competences. This also includes the social partners. This federal action plan is further discussed in section 3.2. The national action plan explicitly refers to the *high levels of stress and poor* mental wellbeing among health and care workers. Moreover, the government has agreed to support any

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<sup>&</sup>lt;sup>11</sup> For more details on the conference programme and a summary, see: https://employment.belgium.be/en/themes/international/belgian-presidency-council-european-union/conference-mental-health-and-work-30

<sup>&</sup>lt;sup>12</sup> Available at: <a href="https://werk.belgie.be/sites/default/files/content/publications/National\_Action\_Plan\_Angl.pdf">https://werk.belgie.be/sites/default/files/content/publications/National\_Action\_Plan\_Angl.pdf</a>

sectoral-level agreement for the reduction of work pressure and will pay specific attention to this group in its own actions regarding PSRs. The national action plan also stipulates that the *government is closely monitoring how the PSR-related legislation that was introduced in 2014 works in practice*. To that end, according to the plan, networking sessions are being organised with confidential counsellors and prevention advisors for PSRs, case law on the topic is being collected and analysed (see FPS Employment 2024 for the outcome of this work), and interferences with anti-discrimination legislation are being examined. With regard to case law, a government representative highlighted that this had been a major exercise to help establish further clarification on the legal concepts and their application. The plan additionally indicated that ILO Convention No. 190 concerning the elimination of violence and harassment in the world of work would be ratified, which was indeed done in 2023.<sup>13</sup> The plan also mentions that the pilot projects for burn-out prevention initiated by the National Labour Council play an important role in combating PSRs. In addition, it states that pilot projects on innovative work organisation are being rolled out (see below), which will be closely monitored.

The national action plan further has a specific section on **telework**. It explains how teleworking became an important form of work organisation in Belgium in the aftermath of the pandemic. For this reason, the government has called upon the National Labour Council to clarify and refine the legal framework of teleworking. This interprofessional framework will have to consider, among other things, the combination of work and private life, the need for disconnection, the adaptation of workplace design according to the individual worker and PSRs, such as those caused by isolation. The government plans to follow up on these discussions between the social partners and to continue to make available information, tools and good practices through its websites (beswic, <sup>14</sup> werk.belgie.be<sup>15</sup>)

Another point of attention in the action plan is the **reintegration of workers unavailable for work for health reasons**. To that end, the government plans to implement the opinions of the National Labour Council on this topic. As it is one of the priority topics for the National Labour Council, it has published 11 opinions addressing worker reintegration since 2015. <sup>16</sup> In addition, the government has indicated that it will closely monitor discussions between the social partners on the development of tools to improve the collective reintegration policy in companies. In fact, the National Labour Council opinions published in April and June of 2024 explicitly address this issue. The national action plan mentions that efforts will be made to raise awareness about individual pathways for employees with their own employer and the collective approach in the companies as part of reintegration processes.

# 3.2 Measures supporting the implementation of PSR legislation

This section discusses key measures that support the **implementation and take-up of PSR legislation** in Belgium, as well as measures aimed at **enhancing compliance** with the legislation. Stakeholders generally confirmed that a range of measures is in place to support the practical implementation of the legal framework. Examples are action plans, guidebooks and tools such as the Online interactive Risk Assessment (OiRA).<sup>17</sup>

A first important measure, which was highlighted by almost all stakeholders in the interviews conducted for this study, is the **federal action plan on mental wellbeing at work** (MWOHW/BEMAT) launched in 2021. The plan targets **all types of workers**: workers, civil servants and the self-employed. The MWOHW/BEMAT plan was launched under the leadership of four federal ministers (Vandenbroucke (Deputy Prime Minister and Minister of Social Affairs and Public Health), Dermagne (Deputy Prime Minister and Minister of Economy and Employment), De Sutter (Deputy Prime Minister and Minister of Minister of Public Administration, in charge of Public Enterprises, Telecommunication and Post), and Clarinval (Minister of Small Businesses, the Self-Employed and SMEs, Agriculture, Institutional Reforms and Democratic Renewal)). The plan represents a collaborative effort, encompassing a range of government administrations and bodies. One interviewed government representative indicated that the **strength of this plan lies in its holistic and coordinated approach**: by bringing together all these actors and by addressing primary, secondary and tertiary prevention, it ensures **comprehensive** 

<sup>15</sup> See: https://employment.belgium.be/en/themes

<sup>&</sup>lt;sup>13</sup> See: https://normlex.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300 INSTRUMENT ID:3999810

<sup>&</sup>lt;sup>14</sup> See: <u>https://beswic.be/nl</u>

<sup>&</sup>lt;sup>16</sup> See: https://cnt-nar.be/nl/thema-dossiers/vrijwillige-terugkeer-naar-werk-van-personen-met-een-gezondheidsprobleem

<sup>17</sup> See: https://beswic.be/nl/kmo/oira-uw-online-risicoanalyse & https://beswic.be/fr/pme/oira-votre-analyse-des-risques-en-ligne

**support for mental health in the workplace**. Another government representative argued that the MWOHW/BEMAT is a landmark initiative, the like of which has not been seen in the past two decades in Belgium.

As part of the plan, an **information and awareness-raising campaign** was organised in the period from November 2021 to June 2022, with the aim of reducing barriers to discussing the topic of mental wellbeing at work and addressing the taboos that exist around the topic. The campaign explicitly referred to COVID-19, recognising that the pandemic's impact on the mental health of workers and citizens more generally will reverberate for a long time. The campaign, moreover, highlighted that there will be new challenges for mental health on the horizon, so continuing to address the topic beyond COVID-19 is key.

Alongside the campaign, a website <sup>18</sup> was launched. It contains information and advice aimed at both employers and workers. More specifically, the website presents measures that employers and managers could adopt to improve mental wellbeing at work, <sup>19</sup> besides information on actions that workers can take themselves, or together with colleagues and supervisors to improve their mental health. <sup>20</sup> The website offers a podcast and a confidential self-test for workers to evaluate their own mental health. The website, furthermore, features sections discussing prevention, recognition of deteriorating mental health, recovery, reintegration and how to avoid a relapse. The interviewed representatives from the FPS Employment, Labour and Social Dialogue indicated that the **reach of the website and the campaign seemed to be quite extensive**, reaching various target groups (e.g. trade union representatives, managers).

In November 2022, under the umbrella of the MWOHW/BEMAT plan, the Council of Ministers approved a series of structural measures, including 13 actions to be implemented by the FPS Employment, Labour and Social Dialogue. These 13 actions are structured around three strands:

- A first strand involves so-called wellbeing actors: occupational physicians, PSR prevention advisors and so on. An action plan is planned to raise awareness about the role of occupational physicians and to improve their image among workers, as well as to attract future professionals to this occupation. As regards the PSR prevention advisors, it is noted that there is a shortage of such professionals, which warrants measures to increase their number. To that end, it is deemed important to improve job quality in order to make the profession more attractive and sustainable.
- The second strand relates to the Codex on Well-being at Work, with actions to evaluate and improve the current legislative framework. Among the main points here are the scientific study commissioned by the FPS to evaluate the legal framework (see section 3.1).
- The third strand relates to the **development of tools for practitioners**. It consists of a variety of tools that, in the meantime, have already been developed or are in development. These tools were mentioned during most of the stakeholder interviews. Examples are a toolkit for managers about leadership styles, a questionnaire to assess PSRs, pilot projects, and the development of a new OiRA tool targeting SMEs to guide them when carrying out a PSR assessment and when establishing a wellbeing policy within their organisation. As regards pilot projects, 12 pilot projects on the 'Integrated prevention of work-related mental disorders' were selected (see Annex 1). In a second stage, sectoral projects (Annex 2) for the prevention of PSRs at work were conducted, as part of the BEMAT plan and targeting primary prevention on a sectoral level. The approach of the National Labour Council is further detailed in section 3.4.

Besides the federal action plan on mental wellbeing at work and its related actions, the FPS Employment, Labour and Social Dialogue has launched a **data mining project**, <sup>21</sup> a national recovery and resilience plan project with financial support obtained from the EU under the Recovery and Resilience Facility Instrument. The project's aim is to compile data from multiple sources (e.g. social security institutions, external prevention services, social secretariats, various surveys, etc.) on occupational risks and

<sup>&</sup>lt;sup>18</sup> See: <u>https://www.ikvoelmegoedophetwerk.be</u>

<sup>&</sup>lt;sup>19</sup> The section of the site targeting employers and managers links to: <a href="https://www.afspraakmetjemedewerkers.be">https://www.afspraakmetjemedewerkers.be</a>

<sup>&</sup>lt;sup>20</sup> This section can be found at: <a href="https://www.afspraakmetjezelf.be">https://www.afspraakmetjezelf.be</a>

<sup>&</sup>lt;sup>21</sup> 2022-2026 Project (RRF) DATAMINING van beroepsrisico's voor duurzaam werk, on which more information is available at: <a href="https://werk.belgie.be/nl/onderzoeksprojecten/2022-2026-project-rrf-datamining-van-beroepsrisicos-voor-duurzaam-werk-lopende">https://werk.belgie.be/nl/onderzoeksprojecten/2022-2026-project-rrf-datamining-van-beroepsrisicos-voor-duurzaam-werk-lopende</a>

working conditions in Belgium, and to make data available to researchers, policymakers, the social partners and so on through a dedicated website. The final database includes over 500 indicators, covering exposure to hazards, consequences and harm, and prevention. The website of the project was launched on 15 May 2024.<sup>22</sup> The further development of this major project and its website should help to better align policies and measures to be adopted to protect the mental and physical health of workers throughout their career.

Turning to the impact on organisations, on the one hand, the **legislative framework** lays down obligations for employers, such as conducting risk assessments and implementing preventive measures to address any detected PSR. The legal framework also contains provisions relating to those procedures accessible to workers who believe that they have been harmed by exposure to PSRs at work, and the roles of the PSR prevention advisors and confidential counsellors.

Prevention structures are established in organisations to help employers develop and implement wellbeing policies. In fact, every employer is required to have an **internal service for prevention and protection at work** (IPBW), composed of at least a prevention advisor (FPS Employment, Labour and Social Dialogue, n.d.). As Terlinden and Ramioul explain (EU-OSHA, 2018), there are some exceptions, notably for micro and small companies with fewer than 20 workers. In such cases, the employer can act as the internal prevention advisor. Employers can also affiliate with an **external occupational prevention and protection service** (EPBW), which they can call upon if the IPBW cannot fulfil the full content of its mission. In Belgium, there are 10 such external prevention services, which together reach almost all employers (with some exceptions, i.e. very large companies that rely on their IPBW, as was confirmed by the interviewed representative of the external prevention services). The fact that there are just 10 such external services is peculiar to the Belgian case, according to the interviewed representative, who further pointed out that it means that the application of the law is actually quite uniform. This representative moreover explained that the 10 services are in close contact with each other, as well as with the government, including the Labour Inspectorate. This allows them to swiftly address issues as they arise, request clarification on how to interpret the law and so on.

Finally, **industrial accident insurance**, managed by private insurers, is compulsory for employers in the private sector, while the public sector has its own specific regulations (FPS Employment, Labour and Social Dialogue, n.d.; EU-OSHA, 2018). Most insurers offer services to affiliated organisations covering risk assessment, accident prevention and training. Employers are required to take out insurance cover (EU-OSHA, 2018).

There was a consensus among the stakeholders consulted for the study that simply adopting and enforcing regulations is not sufficient. Instead, organisations need to be equipped with tools and guidance for implementing effective prevention policies and recognising early warning signs. Importantly, the evaluation of such measures implemented at company level is part of an internal process that employers must establish. Employers can get assistance, for example, from external prevention services (see earlier in this section for more information) to create and assess their plans. It must be noted that employers on the basis of their risk assessment establish which key action points are put forward in a global prevention plan. The results of the assessment and the prevention measures are included in the five-year global prevention plan, which is further developed each year in an annual action plan. The impact of the various measures is thus monitored on a yearly basis. This approach allows employers to prioritise and implement measures gradually, and to review and adjust them annually based on their effectiveness.

Although both the representative working with the Labour Inspectorate and the representative of the external prevention services noted that there are still organisations that do not carry out any PSR assessments, both indicated that, overall, this is not the part of the process that is problematic, pointing out that instead **things seem to go wrong after the risk assessment has been carried out**. In some cases, companies may not adopt any action plan at all, or claim to adopt one but then never implement it in practice. Other examples include measures that are implemented but are neither monitored nor evaluated. Overall, there seems to be a lack of follow-up to these assessments. This notion was echoed by government representatives, the academic expert and the representatives from the social partner organisations. To explain the lack of follow-up, especially in smaller organisations, the representative of the employers' organisation pointed to a lack of knowledge and resources. The academic expert added

<sup>&</sup>lt;sup>22</sup> See: https://data.risicosophetwerk.be/nl

that organisations may prefer to focus on visible outputs, whereas measures addressing stress and burn-out may take more time and are not always very visible to the outside world.

# 3.3 Impact of the COVID-19 pandemic and digitalisation on PSR approaches

Although PSRs and mental health were regarded as important policy issues even before the **outbreak of COVID-19**, the pandemic focused the attention of the general public, as well as that of policymakers, the social partners and other actors on this issue. In the interviews, one government representative indicated that the pandemic, in fact, did not have a large impact on legislation, because there was already an extensive regulatory framework in place, and several measures were already planned or in progress. This interviewee mentioned that the main changes in the past five years seemed to be linked to the rise of teleworking and the need to organise this from an ergonomics perspective. Other stakeholders, however, argued that the pandemic had an important impact on how PSR risks and mental health issues are tackled in Belgium.

A representative from the FPS Employment, Labour and Social Dialogue, for example, highlighted that the pandemic had a twofold PSR impact. On the negative side, the pandemic significantly increased mental health issues across the population, including among workers. Essential workers were particularly affected due to their inability to isolate and their higher exposure to the virus. On the positive side, the pandemic raised awareness about mental health, demonstrating that mental health issues could affect anyone and needed to be addressed more seriously. According to this government representative, this increased awareness led the government to take more comprehensive measures, including investing in mental health support and developing broader plans to tackle these challenges beyond the workplace. This was echoed by a government representative from another department, who had noted a shift in the awareness and resources dedicated to mental health issues following the pandemic. The COVID-19 crisis seems to have created a sense of urgency around the topic. This sense of urgency is important, as it emphasised the need for collaboration across different government bodies not only at federal level, but also extending to other levels of government. Other interviewed government representatives also stressed this point. Moreover, they all referred to the federal action plan on mental wellbeing at work (see section 3.2) in this regard. The plan and, most importantly, the accompanying resources and actions have created a momentum for making progress on mental health. Finally, several interviewees reiterated that the pandemic had helped to break taboos around PSRs and mental health issues and had also led to increased reporting. This was, for instance, noted by a government representative working with labour inspectors.

Turning to **digitalisation**, the interviewed representatives from the government, an employers' organisation and a trade union all referred to recent legal provisions on **teleworking** and the **right to disconnect** when asked about the impact of digitalisation. It is clear that the impact of digitalisation on the workplace has generated significant debate in Belgium on its opportunities and risks. Several stakeholders working at government agencies and social partner organisations spoke about the uncertainty that digitalisation could create for some workers, who might feel isolated and lost. This highlights the need for comprehensive strategies that help navigate the intersection of digitalisation and mental health in the workplace, so that employees receive the support they need as they adapt to an increasingly digital world.

In terms of campaigns, the FPS Employment, Labour and Social Dialogue campaign on PSR 'Let's go for it together!' was launched in the context of the COVID-19 crisis. In March 2021, one year after the pandemic's outbreak, the FPS Employment, Labour and Social Dialogue launched a social media campaign to raise awareness about its available tools to help prevent, manage and analyse PSRs among employers, employee representatives and stakeholders. The campaign was disseminated on Facebook, X (formerly Twitter), LinkedIn and Instagram. Information and tools were also shared on the website. <sup>23</sup> This website contains a folder detailing what PSRs are and who to reach out to when workers experience such risks. It further provides videos, key indicators, brochures and so on on different topics (e.g. stress, alcohol abuse, violence at work, loneliness and teleworking). The website and campaign devote significant attention to the pandemic and the changing world of work (digitalisation). In the context

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 $<sup>^{23}</sup>$  See:  $\underline{\text{https://voeljegoedophetwerk.be}}$ 

of the pandemic, employers were instructed through the website and the campaign to bear in mind their responsibilities towards their employees in the context of telework, since in such a case the legislation on wellbeing at work still applies and employers must pay heed to ergonomics, the work environment and PSR factors.

# 3.4 PSR prevention activities implemented by the social partners

## The Belgian system of social dialogue and the role of the social partners

Belgium has an intricate social dialogue system operating across national, sectoral and company levels, and covering economic, social and OSH policies. In the country, it is widely accepted that the social dialogue between (the representatives of) workers and employers leads to better, safer and healthier jobs. The social dialogue complements existing laws and regulations, with bi-partite agreements on various OSH issues.

In Belgium, collective bargaining occurs at national, sectoral and company levels, which are hierarchical in the sense that lower-level agreements can only improve what was agreed at a higher level (Vangeel & Lenaerts, 2024). At **national** level, there are two main negotiation bodies: the National Labour Council and the Central Economic Council. While both have an advisory role on economic, labour and social affairs and policies, the National Labour Council can conclude collective bargaining agreements at national level that span all economic sectors and regions in Belgium (Vangeel & Lenaerts, 2024). Besides the National Labour Council and the Central Economic Council, high-level representatives of trade unions and employers' organisations are brought together in the so-called Group of Ten that, every two years, concludes an interprofessional agreement (IPA). An IPA is not a collective bargaining agreement and therefore is not legally binding. It rather presents a work programme of the social partners (Vangeel & Lenaerts, 2024). In order for their provisions to be binding, IPAs must be translated into collective bargaining agreements concluded within the National Labour Council. The National Labour Council is thus a critical body and is composed of an equal number of representatives from employers' organisations and trade unions. It does not include government representatives among its committees or managerial board.

Another key body at national level is the **High Council for Prevention and Protection at Work** that is an advisory body composed of representatives from the social partners (unions and employers' organisations) to provide opinions on wellbeing issues. An interviewee from an employers' organisation noted that while these opinions are not binding, the Minister of Employment generally follows them. Therefore, the social partners have a significant influence when they provide unanimous opinions. If they cannot reach a consensus, the Minister makes the final decision. A **joint priority note**<sup>24</sup> drafted by the social partners of the High Council for Prevention and Protection at Work, which lays out their priorities for the period 2024-2029 on OSH issues, is particularly relevant for this study. In the note, the social partners call on the Minister of Employment to implement their **prior opinion**, to continue to provide **support for ongoing initiatives** and to make available a **sufficient budget** for the administration. The social partners also **set goals for themselves** in the note, namely: (i) to improve the functioning of external services for prevention and protection at work and to improve data exchanges; (ii) to improve the prevention of musculoskeletal disorders; (iii) to support an efficient multidisciplinary approach to risks; (iv) to improve the quality and readability of legislation; (v) to improve the social dialogue on wellbeing; and (vi) to raise awareness among employees on work-related risks.

At **sectoral** level, collective bargaining is organised in joint committees and subcommittees composed of equal numbers of representatives of employers and trade unions (EU-OSHA, 2018; Vangeel & Lenaerts, 2024). Importantly, these (sub)committees implement the framework that has been set by national collective bargaining agreements and usually focus on aspects such as wage negotiations and working time arrangements. Belgium is also known for its sectoral social funds or joint sector federations, which oversee the distribution of social benefits to employers and employees within a specific sector (see EU-OSHA, 2018). Such sectoral funds also launch prevention initiatives and offer training.

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<sup>&</sup>lt;sup>24</sup> This note can be found here:

https://werk.belgie.be/sites/default/files/content/documents/Welzijn%20op%20het%20werk/Adviezen%20Hoge%20Raad/D27 9 Prioriteitennota%20sociale%20partners%20HRPBW 2024 2029.pdf

At **company** level, the trade union delegation, the committee for prevention and protection at work (i.e. the health and safety committee) and the works council play noteworthy roles (Vangeel & Lenaerts, 2024). It is to be noted, however, that these three bodies are not necessarily found in all companies. Companies that employ more than 50 employees are obliged to create a committee for prevention and protection at work, composed of representatives from the trade unions and the employer at the level of the organisation. It provides advice on matters affecting the health, safety and wellbeing of employees. However, the academic expert noted that in practice the role of this committee seems to vary depending on the training that its members have received. In principle, these committees follow up on the PSR assessments and the action plans that are derived from them (e.g. advising on measures, ensuring that all workers are heard). Companies with more than 100 employees must establish a works council. Also in this case, it is an advisory body that comprises an equal number of employer and employee representatives. Finally, a trade union delegation can be created once one of the three representative trade unions (ACV-CSC, ABVV-FGTB, ACLVB-CGSLB) request the employer to do so, irrespective of the number of employees. This means that in SMEs, the social dialogue is less formalised or informal. In this regard, the representative of the employers' organisation emphasised during the interviews the more general need for a solid HR policy in SMEs, also from an OSH perspective.

## PSR approaches implemented by the social partners at different levels

The interviewed academic expert highlighted that Belgium's strong tradition of social dialogue is a key asset, **fostering collaboration between employers**, **workers and the social partners to effectively address issues such as stress and harassment**. This dialogue has been instrumental since the 1990s, enabling proactive negotiations that deal with these challenges. However, while the social partners are generally well informed on PSRs (with some variations across sectors) at **interprofessional** level, at **company** level both workers and employers often seem to lack adequate training. A related issue, which was raised by the academic expert, is that while employers are ultimately responsible for implementing preventive measures, they may delegate this task to HR without providing them with sufficient resources to do so.

With regard to the **PSR** and mental health initiatives of the social partners in Belgium, the activities of the **National Labour Council** are an important starting point. The National Labour Council issues opinions on social affairs, either at the request of the federal government or parliament, or at its own initiative. Although the opinions are not legally binding, the government generally follows them, especially where the opinion is the subject of a unanimous agreement among employers' organisations and unions. Importantly, the National Labour Council can conclude collective bargaining agreements of national and interprofessional scope, covering all regions and sectors. Collective bargaining agreements concluded by the National Labour Council are declared universally applicable by Royal Decree.

In 1999, the National Labour Council adopted Collective Agreement No 72 (as explained, it was made mandatory by the Royal Decree of 21 June 1999; Belgian Official Gazette 9 July 1999), which defines the concept of stress, determines how an employer should implement a stress prevention policy, and defines the role of employees and their representatives in this regard. This agreement is still in force today. It approaches the issue of stress at work mainly from the working conditions angle, giving a role to the works council in addressing it. However, except for the definition of stress and the role of the works council, all provisions of this agreement were taken over and further developed in Title 3 of Book I of the Codex on Well-being at Work (see section 3.1.1). This title has a broader scope and more binding character than the collective agreement. More specifically, the collective agreement applies solely to stress addressed from a collective point of view, while Title 3 of Book I applies to the entirety of PSRs at work. On a related note, the collective agreement aims to identify and address problems at collective level (i.e. at company and group levels), while Title 3 of Book I also approaches problems at an individual level. While the collective agreement applies only to private sector employers, Title 3 of Book I is applicable to both the private and public sectors. Finally, while the collective agreement aims to prevent risks (primary prevention) or prevent harm (secondary prevention), Title 3 of Book I additionally covers harm reduction measures for the individual (tertiary prevention). In this regard, one of the interviewed government representatives flagged this collective agreement as a specific measure from the social partners that had a significant impact.

The National Labour Council has been at the forefront of primary prevention of burn-out at work in recent years. Here, the primary prevention of burn-out refers to **prevention policies at organisational level** 

that help ensure the sustainable employability of workers and prevent burn-out. The National Labour Council was mandated to work on this topic by the interprofessional agreement of 2 February 2017, that is, the social partners' work programme for 2017-2018. At the time, the social partners had already identified preventing burn-out as a pressing social challenge.

An approach for the primary prevention of burn-out in companies was outlined by the National Labour Council in 2018. Through **pilot projects** based on expert guidance, the social partners decided to develop, test and promote an approach to create meaningful, high-quality work against a background of rising work pressure and psychosocial strain with the aim of preventing employees from suffering from psychosocial issues in general and burn-out in particular. The preventive approach that is favoured by the social partners involves **various actors interacting at company level**: employees, management, consultation bodies, prevention advisors, HR and so on. The pilot projects focused on delivering a **results-oriented methodology** that mainly supports the implementation of actions and prevention measures. The preventive approach, furthermore, is a **collective approach**.

The approach was tested in several companies and sectors, where *pilot projects were running between 2019 and 2021* (subsidised for the intervention of a project supervisor with this expertise). These projects were evaluated by the National Labour Council in 2021 and 2022, in collaboration with several academic experts. These evaluations, which are reported on in **Opinion No 2.218 and Opinion No 2.330**,<sup>25,26</sup> showed that the actors involved in most of the selected companies **evaluated burn-out primary prevention interventions positively** and saw them as **good practice for the prevention of burn-out and PSRs at work**. When speaking about these pilot projects, the interviewed trade union representative pointed out the examples of the wood and steel sectors as particularly interesting, while underlining that these sectors could rely on a well-established social dialogue, which has been working well for several decades. This presents a solid foundation to build upon.

Following the pilots, in November 2023 the National Labour Council published **Recommendation No 30**, presenting companies and sectors with six recommendations for actions to improve psychosocial wellbeing and burn-out prevention. These include: (i) an integrated and multidisciplinary approach, given that research and the pilots have shown that the most successful approach is a holistic one that focuses on both the individual and the organisation; (ii) a prior commitment to creating a strong internal support base, by first raising awareness within the organisation about psychosocial wellbeing and burn-out, and then establishing a positive environment/workplace culture in which wellbeing and burn-out can be openly discussed; (iii) a tailored situation analysis and approach, identifying positive elements and areas for improvement; (iv) embedded in the company's longer-term strategic policy; (v) bottom-up, participatory and in dialogue, recognising the crucial role of workers (representatives); and (vi) from awareness to action, the important role of expertise from the sectors, by encouraging companies to draw on the transversal scope and the expertise available at sectoral level.

It should be noted that the National Labour Council's initiatives are part of a wider range of policies that have been and are being adopted at federal level with the aim of reducing PSRs and work-related stress and preventing burn-out, as also described above. Moreover, in 2020, the National Labour Council launched pilot projects on **innovative work organisation**. These pilot projects ran until 31 March 2024, and a second cycle of pilots was scheduled to start later. These projects focus on work–life balance and how work organisation can improve worker wellbeing.

Other important opinions of the National Labour Council on PSRs:

- Opinion No 2.265 of 21 December 2021 on anti-discrimination protection against harmful
  measures draft law and Royal Decree amending the anti-discrimination laws of 10 May 2007,
  the Act of 4 August 1996 on the wellbeing of workers and Title 3 of Book I of the codex
  concerning employer information on protection against victimisation within the framework of the
  internal procedure.
- **Opinion No 1.851** of 28 May 2013 on the prevention of psychosocial strain (including harassment and sexual harassment at work) and follow-up to Opinion No 1.808.
- Opinion No 1.808 of 17 July 2012 on the prevention of psychosocial workload (including

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 $<sup>^{25}\,\</sup>text{See:}\,\underline{\text{https://cnt-nar.be/sites/default/files/documents/ADVIES/advies-2218.pdf}$ 

<sup>&</sup>lt;sup>26</sup> See: https://cnt-nar.be/sites/default/files/documents/nl/advies-2330.pdf

harassment and sexual harassment at work) and follow-up to Legislative Review.

It is also important to note the following opinions of the High Council for Prevention and Protection at Work:

- Opinion No 241 of 17 December 2021 on the draft Royal Decree amending Title 3 of Book I of the Codex on Well-being at Work as regards information to the employer on protection against reprisals within the framework of the internal procedure.
- Opinion No 178 of 7 February 2014 on a draft Royal Decree on the prevention of PSRs at work.

For this study, an interview was carried out with a representative from the National Labour Council, who corroborated the information from the desk research. The interviewee explained that after two cycles of pilot projects on burn-out, it was decided to pause the projects to carry out an evaluation before proceeding further. The National Labour Council commissioned evaluation studies, which led to final reports that fed into Recommendation No 30. The main findings of these evaluations were that what experts initially thought was the right approach to tackling burn-out in companies — namely, improving the organisation of work, working collectively and taking an integrated approach across different aspects — was actually a necessary condition to address the issue. Moreover, as underlined in the interview, the involvement of employees and trade unions also emerged as an important element. The National Labour Council is currently preparing to launch a third set of pilots on burn-out (e.g. discussing whether projects will be considered where some preparatory steps have already been taken, or projects proposing long-term solutions extending beyond the pilot). In the meantime, work on the topic continues, for example, to see where refinements can be introduced into the Recommendation.

# 3.5 Other national measures/activities not explicitly linked to PSRs

During the interviews, stakeholders mentioned a number of measures and activities that are not explicitly linked to PSRs but could be relevant when it comes to addressing them. A first topic that emerged during the interviews was the impact of **musculoskeletal disorders**. As indicated above, the national action plan puts both PSRs and musculoskeletal disorders at the top of the list of priorities. Moreover, the links between physical and psychosocial risks and physical and mental health were flagged. In addition, in May 2024, new legislation on ergonomics and the prevention of musculoskeletal risks was introduced in Belgium (see the Royal Decree of 19 March 2024 (Belgian Official Gazette 15 May 2024)).

Several aspects of the health and safety of workers are indeed **interconnected**. Related to this, all aspects of the workplace conditions and policies interact with each other and may result in PSR factors. Building further on this argument, another key point is that **legislation concerning labour rights in general** is crucial for ensuring good working conditions, as PSR prevention is inherently linked to these conditions. This is not limited to the prevention of stress, but also involves ensuring favourable employment conditions, a supportive work environment and positive interpersonal relations at work. Multiple combined regulatory measures support the establishment of healthy workplace conditions.

# 4 Success factors and challenges with legislative and nonlegislative measures addressing PSRs

# 4.1 Assessment of the impact of measures on PSRs

## General considerations

A number of interesting points were raised in the interviews concerning the impact of the legislative and non-legislative measures in place on PSR.

Many stakeholders commented that **both the legislative framework and non-legislative measures are monitored and evaluated**. It is important to note, however, that these evaluations are not always publicly available. However, stakeholders often shared their opinions and some information on these evaluations during the interviews.

Several interviewed stakeholders stated that even when certain measures were evaluated, there was often no direct or clear follow-up; this seemed to be the case especially for non-legislative measures. A similar challenge was identified at company level, as mentioned by another government representative

working on data and research, who had noticed a disparity between organisations that are proactive when it comes to the implementation and monitoring of measures aimed at addressing PSRs and those that are not, which seems to stem from education and corporate culture.

When formal evaluations have been carried out, these are mentioned throughout the text where the measure in itself is discussed.

#### Evaluations of key legislative and non-legislative measures

In 2023, the FPS Employment, Labour and Social Dialogue commissioned a study aimed at evaluating legislation concerning the prevention of PSRs at work.<sup>27</sup> This study is currently ongoing, and no results are available at this stage. The lead researcher involved in that study was interviewed for the purposes of the current project, and initial findings that could be shared have been included throughout this report in the corresponding sections. At the time of writing, no recommendation has yet been formulated.

In general, the evaluation study aims to assess the effectiveness of legal provisions related to the prevention of PSRs at work on a collective level, introduced by the Act of 28 February 2014, amending the Act of 4 August 1996, specifically regarding the prevention of PSRs at work, including violence, harassment and sexual harassment at work, and by the Royal Decree of 10 April 2014, concerning the prevention of PSRs at work. The evaluation focuses on the preventive and collective aspects of the legislation. Its aim is to provide recommendations for potential changes in legislation and prevention, and to enhance awareness for a more effective implementation of the law. In particular, the project will examine whether certain objectives intended by the legislator have been achieved: (i) the development within enterprises of a (collective) PSR prevention policy involving all actors and promoting collaboration between them, particularly internal actors; and (ii) the application of mechanisms promoting a collective approach to the issue, particularly the a priori risk assessment, the risk assessment of a specific work situation where a hazard has been identified, and the request for formal psychosocial intervention primarily of a collective nature. The study builds on newly collected data and considers the information from previous evaluations. Since the results and recommendations of this study are not yet available, most stakeholders were cautious in commenting on the effectiveness of the legal framework and its interplay with non-legislative measures, although many of them did share ideas with regard to success factors and challenges based on their own experiences (see section 4.2).

In the case of **non-legislative measures**, stakeholders of all groups agreed on their significance in enhancing workforce participation and preventing long-term health-related absences. According to one of the government representatives, the key reasons as to why this is the case are that many measures are built on a **solid scientific foundation** and have **undergone some type of monitoring or evaluation**. The need for collaboration among the various actors was another point that emerged from the interviews.

# 4.2 Assessment of success factors and challenges

This section discusses the success factors and the challenges associated with the legislative and non-legislative measures in place to tackle work-related PSRs and mental health issues in Belgium. The insights provided below were mostly obtained through stakeholder interviews and thus reflect the various experiences and views of different actors.

Throughout the interviews, the **strengths** and **weaknesses** of the **Belgian legislative framework** were weighted against each other, and the framework was assessed in terms of effectiveness to tackle exposure to PSRs at work and the damage they can cause. In this regard, there seems to be a consensus among stakeholders that the **existence of a legal framework specifically addressing PSRs** is a key success factor. A trade union representative explained that Belgium was a **pioneer in including a detailed definition of PSRs in its legislation, and that this contributed to a better <b>understanding of the issue**. This point also came to the fore in other stakeholder interviews, in which it was mentioned that this framework provides the flexibility required to make it work.

As regards the legislation, its comprehensiveness was also commented on. The legislation offers a system of intervention that enables simple problems to be dealt with simply (e.g. via front-line players such as confidence counsellors) and complex problems to be dealt with at a more professional level (via

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<sup>27</sup> See: <a href="https://werk.belgie.be/nl/2023-onderzoekproject-betreffende-de-evaluatie-van-de-wetgeving-verband-met-de-preventie-van?back to theme=3297">https://werk.belgie.be/nl/2023-onderzoekproject-betreffende-de-evaluatie-van-de-wetgeving-verband-met-de-preventie-van?back to theme=3297</a>

psychosocial prevention advisers) and with more in-depth procedures. As such, **the legislative approach is prepared for different kinds of interventions**, preparing an easy pathway to already prevent small issues from escalating into bigger issues. This general approach and specifically the comprehensive legislation is appreciated by interviewed stakeholders.

The comprehensiveness of the legislation also becomes clear in the way PSRs are defined. As was mentioned above and confirmed in almost all stakeholder interviews, the fact **that the definition explicitly refers to the five main causes of work-related PSRs** — the organisation of the work, the content of the work, the working conditions, the employment conditions and interpersonal relations at work — **is one of the core strengths of the legislation**. It shows well that PSRs go beyond the interpersonal relationships. In addition, the definition clearly focuses on those aspects that fall within the remits of what employers can change.

The comprehensiveness of the legislation also comes with a certain degree of complexity, which is perceived as a possible downside across many stakeholders. According to several interviewees, from both government and the social partners, this has resulted in a system that is in certain aspects overly formalistic, which comes with a high administrative burden on employers and coordination costs as many actors are theoretically involved. An important note here, however, is that not all players are involved at the same time. The Belgian legislation clarifies the roles and obligations of the different actors, in that way also highlighting the timing of their involvement, and ensuring a comprehensive coverage along the prevention continuum. From this perspective, this could be a strength of the legal framework, and not just pose a challenge.

Another point that came to the foreground in the interviews is that **this comprehensive legal framework also helped to bring together different stakeholders around PSRs and mental health**. More specifically, especially in the past 20 years, the approach towards PSRs has become more collaborate and more integrative, drawing on legislation, research and practice (ICF, 2024). This point is also clear in the different national action plans on PSRs, mental health and wellbeing.

On the challenges side, the idea was voiced that workers may sometimes be unsure about whom to reach out to as a result. In this regard, a union representative added that in practice it can be difficult for some workers to implement formal requests for psychosocial interventions, so that more informal approaches are often used, but these do not offer the same protection to workers and may not deliver the same results. A representative from an employers' organisation commented that in SMEs the employer often wears many hats, which means they might simply lack the knowledge and resources to keep up with developments.

A related challenge is the **application of the legislation in practice**. This was identified as an issue by representatives from the government, the social partners and the external prevention services, who all discussed it from different angles. While there was an agreement that the legislation covers comprehensively all aspects of PSR prevention at work, a trade union representative mentioned that the effect of this legislation on the actual exposure to PSRs at work is not as clear. The idea was discussed **if legislation could have a broader influence with an increased support in implementation or monitoring** on the ground. According to this representative it is important to verify whether things actually work in practice.

A government representative working with the Labour Inspectorate indicated that more PSR assessments are being conducted, but that many organisations have not evolved beyond an approach that consists of executing the assessment and analysing its results, **without actually implementing comprehensive preventive measures to address the risks identified**. Despite the legal obligation to carry out such assessments, this interviewee still regularly comes across organisations that simply do not comply with follow-up actions on that obligation. A similar point was raised by the academic expert, who stated that even if good measures are proposed, their implementation can be undermined in certain situations by a passive employer.

Several challenges and opportunities were also raised with regard to **inspections and external prevention services**. It was mentioned that there is a **persistent shortage of inspectors**, which means that despite recent recruitment efforts the current group of inspectors is overburdened with responsibilities and struggle to manage their duties. Coupled with this, the administrative burden is high and formal procedures are time-intensive, which leave less time for inspections. A representative from

an employers' organisation also argued that inspections should focus more on the advisory role and provide concrete guidance, not just on *what* to do but on *how* to do it, rather than sharing a long list of points where improvements are needed. At the same time, however, the Peer Review 'Legislative and enforcement approaches to address psychosocial risks at work in the Member States' from June 2024 does highlight the critical role of the labour inspectorates in the enforcement of the legislation on wellbeing at work, including the legislation on PSRs (European Commission, 2024). Among the key strengths of the Labour Inspectorate's approach are its relationship with a wide range of stakeholders working at different levels (e.g. social partners, confidential counsellors and prevention advisors, etc.), whom they inform and provide guidance to on appropriate procedures. Furthermore, the Labour Inspectorate initiates major campaigns that are aimed not only at monitoring and enforcement of compliance with the legal framework but also at providing information and guidance on the prevention and management of PSRs at the organisational level.

Turning to external prevention services, similar issues were reported in the interviews for **external prevention services** as for the Labour Inspectorate (e.g. understaffing, high workloads, high administrative burden, etc.), while at the same time, their important role was underlined. Another issue highlighted in this regard is that external prevention services **have commercial contracts with their clients**. Although **prevention advisors have a protected status** and should be able to work impartially, they could be vulnerable to pressure because of the commercial interests involved. This issue was raised by both a representative of the external prevention services and the Labour Inspectorate and confirmed by the academic expert based on their ongoing study. The representative of the Labour Inspectorate mentioned that some prevention advisors confide in inspectors when such situations occur. It is particularly problematic when prevention advisors have to deal with formal requests concerning bullying, violence or sexual harassment where the accused is the employer or in a hierarchical position. Turning to SMEs, a representative from an employers' organisation called for more cooperation between employers and external prevention services, as the support of these experts is vital for the provision of tailored advice. The 10 external prevention services also use their own administrative tools and systems, which complicates their roles as intermediaries and may lead to a lock-in for employers.

Besides monitoring and enforcement, the **need for more training** was raised by representatives from the government and the social partners. Investing in education and training could lead to an improved understanding of the issues at hand, as well as an improved application of the law. Training programmes can be fragmented, especially considering the wide range of factors linked to PSRs and mental health. From the trade union's perspective, there is a need for mandatory PSR training, especially for middle and senior management. According to the interviewed trade union representative, this should be a basic requirement. Specific tools, checklists, training programmes and other resources could be created for managers to help them better support their teams. A government representative highlighted that more generally the connection between education institutes and businesses should be strengthened to ensure that education programmes are up to date.

A related challenge that was highlighted by most stakeholders is that although many tools, initiatives, campaigns and other measures have been developed or adopted, it is **not always clear to what extent these are used** and whether they **do reach their target audience**. The need to regularly repeat campaigns and actions, even successful ones, is deemed crucial. Moreover, adequate resources are required to support these efforts. The effectiveness of these measures is often difficult to assess.

One government representative underlined the **pivotal role of employers' organisations and trade unions in disseminating information** to companies, prevention advisors, workers and so on. This was echoed by the interviewed trade union representative, who underscored the role of trade unions in ensuring greater protection and resources for workers, by serving as a platform to share knowledge, experiences and concerns, and by playing a proactive role in creating healthier and safer work environments. This role also seems to be pivotal when it comes to guiding workers about the most appropriate pathway to take should they encounter PSR factors at work. In addition, it was mentioned that closer connections between trade unions and other actors could also be helpful in this regard. A similar point about dissemination efforts was raised with regard to the **inspectorates**, as well as **internal and external prevention services**. This requires employers to engage with these actors.

Furthermore, and in line with the country's **strong, highly institutionalised model of social dialogue**, interviewed stakeholders all agreed on the need for more dialogue and collaboration across actors and

at all levels. A trade union representative commented, for example, on the disconnect between what unions are advocating and what employers are willing and able to implement, notably in the context of smaller organisations. If that gap could be bridged, this could lead to better outcomes for everyone. One way to achieve this could be by organising regular meetings and implementing joint initiatives in order to foster closer relations and a better understanding between the different parties. A government representative made a similar point, highlighting that when stakeholders pursue their initiatives in isolation, the overall impact diminishes. Such fragmentation can result in inefficiencies and gaps in addressing the needs of individuals requiring support.

With regard to the tools, initiatives, campaigns and other efforts themselves, most stakeholders were quite positive and highlighted several successful actions. At the same time, stakeholders reflected on how existing programmes, actions and initiatives could be improved, to ensure that the message really does get across and reaches the desired audience. One suggestion was to focus on identifying innovative ways of engaging and informing workers and managers, for example, through a 'serious game' where they could face 'real-life situations' and discuss them. A suggestion from a government representative was to pay more attention to demographic groups when developing actions, while keeping in mind a life-cycle perspective, where worker protection in the area of PSRs is secured at each step in a person's career, rather than for specific age categories.

Another point related to **micro**, **small and medium-sized organisations**, which are generally difficult to reach with OSH topics. A representative from an employers' organisation stressed that small companies often lack the capacity to fulfil formalistic requirements and would benefit from having more toolkits, guidance and practical assistance on how to ensure compliance with legislation. It was mentioned that PSRs are just one of the many concerns that companies need to address. According to a government representative, various outreach strategies have been attempted (e.g. evening events). However, traditional awareness-raising initiatives, such as the mentioned events aimed at small businesses, are more difficult to organise and need more resources. The approach therefore was adapted by working with the organisations representing the business sectors. There have been some great successes in this area, such as those highlighted here. The OiRA tools can be named as one of the good examples in this area.

Examples of successful toolkits and campaigns targeting OSH in general in SMEs were mentioned in several interviews (e.g. on musculoskeletal disorders for hairdressers). A specific PSR toolkit targeting small organisations is currently being developed.

Lastly, and with the recent Belgian Presidency in mind, the influence of EU policy was discussed with stakeholders. Interviewees referred to a **mutual influence** between the EU and national levels, for example, in the context of the recent peer review (European Commission, 2024). Interviewees from the government and the social partners said that they considered Belgium to be a precursor in the area of PSRs and mental health issues.

## 5 Conclusions

This report represents a deep dive into work-related PSRs and mental health in Belgium, by highlighting trends and recent developments in PSRs and reviewing the policy context, the legal framework and the activities of the social partners, as well as other measures aimed at the prevention of PSRs and the protection of the mental and physical health of workers. The insights gathered in the stakeholder interviews and through the desk research confirm that the Belgian approach makes a compelling case on how to tackle PSRs at work in a **holistic** and **proactive** way, which relies heavily on **coordination** and **cooperation** between a wide range of stakeholders at several levels and across domains.

Although quantitative data that can be used to document PSR trends at national level remain scarce, it is clear that PSRs are on the rise, as might be the awareness of them. This is due to both: (i) an actual growth in the number of cases; and (ii) the result of a long tradition of work on this topic by various actors in Belgium — government agencies, the social partners, external prevention services, inspectorates and others — which has helped to reduce taboos, raise awareness, and encourage people to report PSRs and mental health issues. The stakeholders do however recognise that there is still a way to go when it comes to reducing the barriers around this issue. Several of them pointed out a potential issue of underreporting in this regard, and both inspectorates and external prevention services mentioned that the cases reported to them tended to be severe ones and that less severe cases were

less likely to be reported to their organisations and were instead presumably dealt with by other actors. Among the stakeholders interviewed, there was therefore a feeling that there was a need for continued efforts around PSRs and mental health issues through awareness-raising campaigns, which could help to create an environment where workers feel safe to raise issues and discuss such matters.

Turning to the legal framework in itself, its strengths lie in its **extensive coverage** (almost all employers and workers are included in its scope) and a **broad definition of PSRs** (which goes beyond interpersonal relations or issues relating to discrimination, violence, harassment, etc., as was initially the case in the Belgian legal framework). The legal framework is clear about the **obligations** it imposes on employers by **setting targets**, while at the same time leaving them some **leeway to tailor their approaches** to the needs of their organisation, by establishing the general principles that could then be further developed. PSRs must be considered in **risk assessments** and employers must **invest in the primary and secondary prevention of such risks**. PSRs must be eliminated to the extent possible, or mitigated when elimination is not possible. Another important point is that policymakers continue to work on improving the legal framework, as evidenced by several amendments introduced over time. The interviewed stakeholders moreover underscored the close collaboration between government agencies, the social partners, prevention services and other stakeholders in the field, which means that information and knowledge are exchanged, and key actors work together to achieve an improved approach. A final point that must be highlighted is the **focus on a regular evaluation of the legal framework**, with a highly anticipated study on developments since 2014 now underway.

On the other hand, a key weakness of the legal framework that was pointed out across all stakeholders is its **complexity**, which can sometimes make it **difficult to interpret and implement** and to **enforce** it. This is also due to the many changes that have been introduced over time. There seems thus to be a consensus among the stakeholders that there is a solid basis, but that efforts could be made to simplify or better explain the law. In this regard, the employers' organisations in particular highlighted that the current approach is already too formalistic and warn against adopting even more regulations. The **shortage of inspectors and PSR prevention advisors** was also highlighted as a critical issue. This point was not only recognised by the interviewed stakeholders but is also reflected in an action plan launched by the federal government in which making these professions more attractive is seen as a priority. A need for more training was also highlighted by the social partners, government representatives and external prevention services.

The legal framework is accompanied by a wide range of **non-legislative measures**, which again target a wide audience and are tailored to specific topics and needs. These non-legislative measures, just like the legal framework, are continuously under development and are also evaluated to the extent possible. However, stakeholders generally felt that it was quite difficult to truly measure their impacts, especially in a quantitative way and over the long run. At the same time, it is clear that several campaigns do 'stick' and have had an impact. Moreover, work is being done to fill gaps, as evidenced for example by the development of a new OiRA tool on PSRs for MSEs.

Another lesson from the Belgian case relates to the **role of the social partners** and the strong **involvement of workers and trade unions with regard to PSR prevention**. This involvement spans several levels — national, sectoral and company levels — and several stages such as the design, implementation, monitoring and evaluation of measures. The social partners have initiated several initiatives, such as awareness-raising campaigns, training and specific projects at sectoral level, among others. Their contribution to creating a culture where PSRs and mental health issues can be openly discussed is instrumental. The efforts of the National Labour Council around PSRs and burn-out are considered critical.

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## 7 Annexes

# 7.1 Annex 1: pilot projects (organisational level)

## 1. SECONDARY PREVENTION OF BURN-OUT AT OISZ (FEDRIS)

Action to prevent burnout! The pilot project offers an early-stage counselling path to the staff of public social security institutions (OISZ) who suffer from burn-out. This flexible and individualised path comprises various care measures aimed at both individuals (via 'stress clinic sessions', psycho-physical sessions, cognitive-emotional sessions, etc.) and the work environment (via information on labour and welfare legislation, and via the organisation of a multidisciplinary meeting with the employer). This pathway was developed by Fedris, with scientific collaboration, within the framework of secondary prevention. The aim is to enable the workers concerned to remain at work or quickly resume their work. The project also aims to confirm the feasibility and validity of a counselling pathway for workers threatened by or suffering from the early stages of burn-out. The project's strengths lie in the combination of individual and organisational approaches.

# 2. NETWORK SPACE FOR PREVENTION OF WORK-RELATED MENTAL HEALTH DISORDERS (ISOSL)

Clinical Network for Work - Focus on the professionalisation of actors (Intercommunale de soins spécialisés de Liège - Ulg). Occupational health actors are confronted with new work-related mental health disorders that reflect very complex problems that require specific skills to tackle them. The aim of the Clinical Network for Work project is to conceptualise a specific clinical approach to the management of work-related mental health disorders by creating a reference system of skills and pedagogical resources for the training and professionalisation of actors in the field. These resources promote an active pedagogy that brings together healthcare professionals and corporate actors. After the implementation of this project, beacons will be set to create networking spaces, multidisciplinary reference centres, research, and therapeutic and training spaces for healthcare professionals and company actors as well as individual workers. Because it aims to improve the quality of care, this project will have a long-term impact on the prevalence of work-related mental health disorders and will help maintain the quality of life at work and employability throughout the worker's life.

#### 3. PREVENTING BURNOUT - LIFE IN BALANCE (CGG KEMPEN)

Preventing Burnout - Life in Balance (CGG Kempen - Centre for Mental Health Care). CGG Kempen works to prevent burn-out by offering information sessions on 'stress in the workplace' in which workers get a clear view on how stress works and are sensitised to its causes and impact. In this way, CGG Kempen tries to break the taboo and inform and sensitise people. People with mild to moderate stress complaints and who want to work actively to prevent burn-out or a relapse can take part in the preventive group programme 'Living in Balance'. During three modules, workers learn to become more aware of their stress levels and create a more balanced life. This is done in an interactive way in which well-founded information is alternated with practical tools and experiential exercises. The complete training programme can be followed by both the organisation's own staff and private individuals in an open programme.

## 4. INTERVENTION THEATRE (ARTEVELDEHOGESCHOOL)

Through a practice-oriented approach on the shop floor, staff members of the Arteveldehogeschool investigate how a well-known interactive theatre method (legislative forum theatre) can be transformed into an innovative methodology that can be used in an organisation around burn-out and other work-related mental health disorders. The aim of the methodology is to reduce these disorders and their risks. It also aims to improve the organisational culture and structure. The outcome of the project is a clear and accessible description of the methodology on the website so that it can be widely used in various companies and organisations. To develop the methodology, the Arteveldehogeschool is working closely with companies where this theatre form will be concretely applied and tested during the pilot project.

#### 5. WE CARE FOR YOU (ASZ)

'We care for you' (General Municipal Hospital (ASZ)). The new mantra gradually making its appearance at the ASZ stands for integrated care for all ASZ workers. Framed within the welfare policy and building

on the attendance policy, the burn-out prevention working group wants to focus on work-related mental health disorders. The members of the prevention team receive thorough training to that end. Having completed this training, they will be the first points of contact on the various campuses. They listen and give advice, but also refer individuals to professional help and the Medical Social Team, consisting of the occupational physician, the personnel director, a member of HR, the confidential advisor and a member of the burn-out prevention working group. This ensures that policy and organisational actions can also be taken to prevent or cure work-related mental health disorders that transcend the individual level. In addition, they offer peer evaluation to managers. All departments also receive training, at team level, linked to an online tool to continue this learning process permanently.

## 6. ICARE (FCR Media)

FCR Media specialises in digital marketing solutions for the self-employed and SMEs. Companies have undergone a major transformation in recent years due to digital disruption and this has led to, among other things, a higher psychosocial workload and increased absenteeism. A pilot project within the framework of burn-out prevention was launched in 2017. The goal of the entire pilot project is a 20% reduction in absenteeism and a halving of the number of workers staying at home for long periods due to burn-out. Monitoring is carried out using a 'wellbeing indicator', an instrument developed by an external service, Securex. The following actions have been taken in this context:

2017: training sessions for managers around early identification; reintegration processes for workers who have been absent for long periods due to psychological complaints; project around relapse prevention.

2018: workshops for workers to help them identify symptoms in themselves or colleagues; a prevention programme (walking, yoga, etc.).

2019: 'Peer support' programme. This is a new intervention programme in which a dozen workers receive intensive training over four days with the aim of acquiring the competences to support their colleagues effectively and efficiently through peer support.

## 7. EQUILEARNING (LE TIMON ASBL)

The 'equilearning project' (Le Timon ASBL, a workplace training enterprise) offers a work-related mental illness prevention action aimed primarily at SME managers. The action takes the form of two training and trial days with the main objectives of: (i) raising awareness around the topic; (ii) developing self-knowledge to better prevent these disorders and to positively influence the workplace in a risk reduction dynamic; and (iii) examining and enhancing certain skills that play a decisive role in the prevention of suffering at work. It is accompanied by an original methodology that combines mediation with a specific partner (a horse) and techniques from social psychology, the psychology of groups and organisations. An additional secondary prevention action will be proposed to professional teams showing initial signs of work-related mental illness. A coherent approach to the reality of the participating team will then be developed.

## 8. ORIENTEZ-MOI (WALLOON PUBLIC SERVICE)

Co-funded by the Minister of the Walloon Public Service as part of the prevention of work-related mental illness, the aim of the Walloon Public Service is to set up a counselling network composed of in-house experts to refer and guide civil servants suffering from burn-out. This network will strengthen primary prevention within the organisation. Workers will be able to contact a single point of contact at their discretion. The aim is to provide a front-line listening ear to better understand the needs of employees and provide them with appropriate guidance. This guidance will be provided by the network, which has defined a common intervention policy and mobilises existing tools within the organisation (assessment of competences, psychosocial follow-up, help for dependents, personalised social assistance, reconciliation, mediation, professional reorientation interview, coaching, etc.). The project aims to provide Walloon Public Service workers with coordinated and multidisciplinary assistance.

## 9. BUILDING MENTAL CAPACITY (ALERT!)

The aim of the Building Mental Capacity (Alert! Training and Constructiv East Flanders) project is to offer tailor-made courses for companies via a catalogue. The pilot project focused on the construction sector, because research has shown that construction workers are a forgotten target group when it

comes to mental wellbeing. The project will now be extended to other sectors. This integrated project is based on implementing a culture shift, whereby the mental wellbeing of workers becomes part of the existing safety culture with the aim of ensuring a sustainable workplace.

## 10. INTEGRATED APPROACH TO BURN-OUT (DOMUS MEDICA AND VVKP)

The project aims to strengthen multidisciplinary cooperation between general practitioners (GPs) and clinical psychologists for the detection and treatment of burn-out through an integrated approach to burn-out in general practice through locally organised multidisciplinary training sessions for GPs and clinical psychologists (Domus Medica and the Flemish Association of Clinical Psychologists). To that end, a multidisciplinary training package will be developed, consisting of an e-learning. The training package will focus on the theoretical framework/definitions, the recognition of signals (differential diagnosis), the use of tools for this purpose, and the processing of insights into the thinking/roles of GPs, clinical psychologists, coaches, counsellors and occupational physicians. Based on case studies, cooperation between GPs and clinical psychologists is discussed in more detail. What are the concrete expectations? How is a referral handled? How is communication throughout the care pathway ensured and facilitated? In addition, the application for a nomenclature code for psychosocial consultation is being developed.

## 11. THE RESILIENT SELF-EMPLOYED (UNIZO-INTEGRAAL-LIANTIS)

The Resilient Self-Employed - Prevention of stress and burn-out among self-employed entrepreneurs (Unizo - Integral - Liantis). With support from the Minister of Social Affairs Maggie De Block, self-employed organisation UNIZO, training institution Integraal and service group Liantis are uniting to tackle stress and burnout among self-employed. With the pilot project, they want to support and sustain as many self-employed entrepreneurs as possible. Specifically, the project focuses on a broad awareness campaign, specific tools, training, breakfast sessions and individual coaching. All this is tailored to self-employed entrepreneurs and underpinned by recent scientific research.

## 12. GUIDANCE OF EMPLOYEES (ST-VINCENTIUS HOSPITAL)

Through its guidance for workers with a work-related mental illness in their process towards reintegration based on a transparent policy and unambiguous procedure (St-Vincentius Hospital), which puts the individual at the centre of the procedure, the hospital wants to optimise the return to work of employees with a work-related mental illness. It considers that investing in workers acts as a lever to the progress of the organisation. In the case of absenteeism due to a work-related mental illness, the organisation wants to free up time by appointing an internal expert/psychologist. This expert can enter into a dialogue with workers and assist them in their search for the right care provider, by providing a social map. In the case of a return to work, the organisation wants to provide the right information to the worker to enable them to make the right decision and ensure that the return to work goes as smoothly as possible. To that end, workers engage with a supervisor and HR. A new policy ensures that workers know what to expect in the case of absence due to work-related mental illness.

# 7.2 Annex 2: pilot projects (sectoral level)

# 1. 'Institut de Formation Postscolaire de l'industrie des fabrications Métalliques' (IFPM): Technios-tool voor psychosociale risico's [technios-tool for psychosocial risks]

This project aims to develop a 'serious game' for the metalworking industry that provides a playful and dynamic instrument for raising awareness of psychosocial risks (PSRs). This instrument could be used on a large scale within companies in the sector to make the target group aware of PSRs. In addition, the tool is intended to facilitate the adoption and development of appropriate behaviour within a company, as well as an understanding of the issues. The development of the game will be based on an interface that will be available online and will place workers in a typical working environment within their sector.

# 2. PRE-WIN in de voedingsindustrie (Alimento) & Textielnijverheid (Cobot) [Psychosocial risk PREvention through Workplace Innovation in the food (Alimento) and textiles (Cobot) industries]

These two parallel projects will encourage and support companies in the food industry and the textile sector to tackle PSRs at the source through smarter work organisation, at organisational and/or team level. Guided by the Workitects organisational canvas, the focus is on the entire company, where pain points in the organisation are detected based on the organisational canvas and improvement actions are put in place. This is done, inter alia, through exercises that promote participation, such as jointly

drawing up the workflow and labour relations, but also, for example, by administering the Work Meter (a workability survey) as a basis for further action. In the food industry, collective guidance actions are provided in a minimum of 10 companies and individual guidance programmes in a minimum of six companies. In the textile industry, collective guidance actions are provided in a minimum of five companies and individual guidance programmes in a minimum of three companies.

## 3. Constructiv (construction): Building your Mental Resilience

The proposed actions in this project are set at various levels and are developed and implemented in three phases:

- Phase 1: participatory risk assessment of PSRs in 12 companies from four different construction sectors
- Phase 2: development of sector-specific toolkits with additional supporting instruments (webinars, informative videos, information brochures, etc.)
- Phase 3: implementation (follow-up sessions, consultations, information sessions with the line management, awareness sessions)

# 4. 'L'association Paritaire pour l'Emploi et la Formation' (APEF): Preventie van psychosociale risico's in de Franstalige en Duitstalige non-profitsector van ondernemingen voor aangepast werk [Prevention of psychosocial risks in the French- and German-speaking non-profit sector of enterprises for adapted work]

This project aims to help adapted work companies, severely affected by the health crisis, to redirect their resources to develop a working environment that contributes to a better quality and sustainability of life at work of their workforce. In concrete terms, the project proposes the following: awareness and dissemination meetings; workshops on PSR prevention (six workshops); analyses of PSRs via on-site working groups in eight companies; analyses of PSRs based on a questionnaire; collective support for prevention measures; and action research.

# 5. Woodwize: PrePs in Wood (PREventie PsychoSociale risico's in de houtsectoren) [Prevention of psychosocial risks in the woodworking sectors]

In this project, Woodwize works with the Appreciative Inquiry methodology that uses targeted positive experiences and examples in the work context to work and learn in a solution-oriented manner. The emphasis of the Appreciative Inquiry methodology is on bringing forward best practices from the past, recognising what works well today and, finally, building on these energising forces. The organisation of a 'Social Hackathon' is a central element in the project, where the PSR-related context and issues are presented to the participants to work out (possible) solutions through co-creation, in an innovative manner.

# 6. Volta: Mini-vormingen ter preventie van PSR in de elektrotechnische sector [Mini-training for the prevention of psychosocial risks in the electrotechnical sector]

Volta already offers some mini training sessions to prevent electrical risks. Given the initial success, Volta wants to expand the offering within this project with four mini training sessions to prevent PSRs. Mini training sessions can be used by company management (e.g. manager, site manager, prevention advisor, HR, etc.), in a team meeting or other form of consultation to discuss certain themes. In these short training sessions (30 to 60 minutes), learning from each other through experiences is central. They are accessible and flexible and save time and money. These ready-made packages will be made available digitally.

# 7. APEF: Preventie van psychosociale risico's in de Franstalige en Duitstalige non-profitsector [Prevention of psychosocial risks in the French- and German-speaking non-profit sector]

This project's proposed actions are consistent with the logic of the dynamic risk management system in healthcare. The proposed participatory risk analyses will be carried out based on awareness-raising actions that consider the legal framework. In concrete terms, the project proposes: awareness and dissemination meetings, 20 workshops on PSR prevention, PSR analyses through on-the-spot working groups in 40 associations, PSR analyses based on a questionnaire, action research and so on.

# 8. ICOBA (VIVO): Voorkomen en beheersen van (Seksueel) grensoverschrijdend gedrag in de Vlaamse diensten voor gezinszorg ter ondersteuning van het psychosociaal welzijn van de medewerkers [Prevention and management of (sexual) transgressive behaviour in the Flemish family care services to support the psychosocial wellbeing of workers]

With this project, the social partners within the Flemish family care services want to strengthen family care services in their integral and structural policy on (sexual) transgressive behaviour. A clear understanding, greater discussion, and better assessment and limitation of (signals of) such behaviour from users to workers play an important preventive role.

The social partners primarily want to respond to needs in the field of specific prevention. This may, for example, involve supporting the services in developing a code of conduct for workers and users, which can be included in the agreement between the service and the user.

## 9. Mtech+: #Me(n)taal krachtig [Mentally powerful]

The aim of this project is to give companies from the metal processing and technological sectors the opportunity to map out a tailor-made prevention programme in the post-COVID-19 pandemic field through an interactive online decision tree. At each endpoint of the decision tree, the HR manager, prevention advisor, or learning and development professional will find a toolbox with various interventions that can improve psychosocial wellbeing. Within the project, on the one hand, an online, interactive decision tree is built, and, on the other hand, a number of 'good practices' and interventions are collected and developed, which can be inspiring and lower barriers to further promoting a cultural shift with a greater focus on psychosocial wellbeing. These good practices and interventions are bundled in a number of toolboxes.

# 10. VIVO: Werken aan werkbaarheid in de Maatwerkbedrijven met een werkbaarheidsscan [Working on workability in social enterprises aimed at supporting workers with a disability with a workability scan]

The project aims to develop a workability scan to collect more specific data about the problems of workability at the level of the individual and the organisation, both at sector and company levels. This involves the development of a kind of workability scan or flashing light meter, for both management staff and for workers.

## 7.3 Annex 3: toolkits

In 2025, the FPS Employment will publish two teaching tools to help managers and future executives adopt a more people-oriented management style and better manage their teams by focusing on wellbeing at work. One of these tools will be aimed at management schools while the other will be designed for managers in the field.

There are also other tools on topics related to PSRs, in particular musculoskeletal disorders (MSDs). Here are three useful resources:

- <u>36 Practical Sheets for the Prevention of Musculoskeletal Disorders</u>
- Ergonomics and MSD Prevention Alert Indicators Tool
- Guide for the Prevention of Musculoskeletal Disorders at Work

All the mentioned tools are available in French and Dutch, and some are also available in German and English.

Toolkit developed by the Federal Public Service for Employment on PSRs in SMEs

#### First aid for increased psychosocial wellbeing in SMEs

This tool contains concrete tips on how, as an employer of an SME, you can deal with problems that you experience yourself or that your workers may experience, such as stress, discomfort, conflicts, alcohol abuse and so on. In other words, to manage PSRs. This 'first aid kit' for psychosocial wellbeing can help make this theme a topic of discussion among employees.

# https://emploi.belgique.be/sites/default/files/content/publications/FR/KMO tools F R 2015.pdf

# Toolkit developed by the Federal Public Service for Employment on industrial accidents and PSRs

#### Psychosocial aspects and work accidents tool

Psychosocial aspects can also cause accidents at work. This checklist can be used to easily verify and objectify whether psychosocial aspects had any influence during an industrial accident. The use of the checklist can provide important information to enable a better analysis of the accident. In the event of a serious accident at work, this information can also be used to complete the detailed report that must be submitted to the officials responsible for monitoring wellbeing at work.

https://emploi.belgique.be/sites/default/files/content/documents/Bien-%C3%AAtre%20au%20travail/Projets%20de%20recherche/RPS Accidents%20de%20travail Outil.pdf

Toolkits developed by the Federal Public Service for Employment on PSRs (awareness raising and training, detection and analysis, reporting)

#### Toolkit for the trainer (FPS Employment - Belgium - 2020)

The sheet for the trainer guides users through the toolkit. Users will receive a brief overview of all the themes offered, the approach, learning objectives and didactic guidelines.

https://emploi.belgique.be/sites/default/files/content/publications/FR/Outils%20Formateur Dossier%20complet.pdf

#### E-learning wellbeing at work (FPS Employment - Belgium - 2019)

Through animations, images, videos and so on, this easy-to-use tool allows users to understand the legislation on wellbeing at work and its main principles in order to increase awareness and prevent occupational risks in any company.

 $\underline{\text{https://emploi.belgique.be/fr/actualites/e-learning-pour-faire-ses-premiers-pas-en-bienetre-au-travail}$ 

# Collection of good practices in companies regarding the prevention of PSRs (FPS Employment - Belgium - 2019)

This collection offers a brief description of changes in legislation, examples, good practices and learning cases from various organisations that have implemented a PSR prevention policy and are happy to share their experiences.

https://emploi.belgique.be/fr/propos-du-spf/services-offerts/projets-de-recherche/2019-realisation-dun-recueil-de-bonnes

# Brochure 'Towards a socially responsible internal communication policy during restructuring' (FPS Employment, with support from ESF - Belgium - 2015)

This brochure is intended for employers, HR managers, communications managers, executives, worker representatives and so on. The brochure emphasises the importance of effective communication during restructuring to limit PSRs. It discusses the actors and target groups of communication, the foundations for responsible communication, success factors and problems in the communication process. The brochure contains numerous quotes and views from those involved and provides a series of recommendations for an optimal approach to communication. It also pays attention to these problems in SMEs.

https://emploi.belgique.be/sites/default/files/content/publications/FR/PolitiqueCommunicationRestructuration.pdf

# Guide for the prevention of PSRs (FPS Employment, with support from ESF - Belgium - 2016)

This guide helps organisations to implement a PSR prevention policy that is part of a global policy for occupational risk management and social dialogue. The guide describes the risks, provides prevention principles and describes in detail the steps to achieve a real prevention policy. The proposed avenues that can lead to solutions recommend collective

measures that take work organisation into account. The guide also describes the actors involved and provides information on some of the instruments available.

https://employment.belgium.be/sites/default/files/content/publications/PSR Guide prevention EN 2020.pdf

Vademecum for the diagnosis of relational suffering at work (FPS Employment, with support from ESF - Belgium - 2007)

This brochure on the diagnosis of relational distress at work consists of two parts: an introduction to diagnosis: diverse types of diagnoses regarding bullying, the objectives and methods, the limits; and a practical guide: a structured and systematic guide to making a diagnosis. Each step indicates which elements are required to make a differential diagnosis of different situations or configurations.

 ${\color{blue} \underline{https://emploi.belgique.be/sites/default/files/content/publications/FR/596329da2f1649a08a097a13151fdc163.pdf}$ 

From disagreement to hyper-conflict. Guide for those who intervene professionally and are confronted with conflicts and transgressive behaviour at work (FPS Employment, with support from ESF - Belgium - 2007)

This guide covers prevention, as well as various awareness, training and intervention methods regarding relational suffering at work. After a brief explanation of the concept of relational distress at work, four major intervention methods are discussed that are adapted to a situation of relational distress at work: the support conversation: listening, advising and adjusting; mediation: theory, practice and limitations; the intervention with groups and work teams: general considerations and specific methodologies; and the coaching: considerations and practical initiatives. This manual also proposes good practices.

https://emploi.belgique.be/sites/default/files/content/publications/FR/Manuel%20intervenant.pdf

#### Reintegration at work checklists (FPS Employment - Belgium - 2022)

This tool has been developed on the basis of a qualitative survey of 22 Belgian companies to identify good practice in facilitating the reintegration of workers with long-term illnesses. The aim is to inspire practitioners in developing or confirming return-to-work policies. The tool comprises four checklists covering aspects: risk prevention, maintaining contact with workers being on leave, effective reintegration and the communication between all players. Moreover, each piece of advice must be transposed by the company's players according to the organisational context.

 $\underline{\text{https://emploi.belgique.be/sites/default/files/content/publications/FR/Checklists}\_Reintegration\_Travail.pdf}$ 

#### Feel good at work: guides and tools (FPS Employment - Belgium - 2023)

This website provides tools for worker representatives, wellbeing specialists and line managers to prevent and manage PSRs. The tools are divided into different categories: prevention, training and awareness-raising, model reports and return to work. A brochure for workers explains in simple terms what PSRs are, who to contact and how to contact them.

https://sesentirbienautravail.be/

## Well-being at work: simple and practical! (FPS Employment - Belgium - 2020)

To help everyone improve their wellbeing at work, the guide 'Well-being at work: simple and practical!' is now available. As its name suggests, this guide is accessible and suitable for everyone, whether they have been working in the field of wellbeing for a long time or have just set up their own business. No prior knowledge is required, and this guide contains all the information you need: the basic principles of this compulsory legislation on

wellbeing at work, clearly explained and practical support for implementing this policy, in the form of 17 practical sheets!

https://beswic.be/sites/default/files/public/content/download/files/FR/simple\_pratique/guide\_web\_fr.pdf

#### **Videos**

The FPS Employment has developed a series of videos that can be useful during training to explain PSRs and regulations, to enable practical exercises thanks to illustrated cases and so on.

https://www.youtube.com/@FODWerkSPFEmploi

#### General risk assessment

# Analysis of work-related PSRs: questionnaire method (FPS Employment - Belgium - 2023)

The PSRs questionnaire is an instrument to identify and evaluate PSRs at work. The questionnaire accompanies the first two steps of the risk assessment (inventory and analysis of risks) and forms the starting point for the third step (acting). It is based on the Job Demands – Resources model.

Using the following four materials, the employer can carry out the PSR analysis independently or in collaboration with a PSR prevention advisor:

The *user guide* is a practical manual that clarifies the various steps to follow. It also contains important points of interest and additional background information for users.

The *questionnaire* consists of about 100 short questions that workers can answer with a Likert scale (e.g. with the answer options never/rarely/sometimes/often/always). The questionnaire is available as an interactive PDF file so that workers can administer it in writing or via a computer.

The *Excel template* for data processing makes it possible to generate minimum, maximum and average scores per question and provides a general score per theme. The *Demo Excel template* is a fictional example of what the Excel template for data processing looks like when data has been entered.

 $\frac{https://employment.belgium.be/en/publications/analysis-work-related-psychosocial-risks-guestionnaire-method}{}$ 

#### PSR at work 'indicators' (FPS Employment, with support from ESF - Belgium - 2020)

This is an instrument that can be used to get an initial indication of the presence of PSRs within the company and the level at which they occur (green light: few problems; orange light: warning signal; red light: alarm). The instrument is aimed at all companies: large, medium-sized and small companies with 20 workers or more. However, the lower limit of 20 workers is not a strict limit. The indicators can also be used in smaller companies, but adjustments may need to be made here and there. The aim of this pre-diagnosis instrument is to alert the employer about the presence of PSRs in the company so that a risk assessment and a realistic policy for the management of PSRs can be started as quickly as possible. The tool provides an initial indication and in no way replaces the risk assessment that is legally required for all companies in Belgium.

The alarm indicator consists of a table composed of several indicators, to be completed by a small group of people representing the company.

The *first module* involves an initial rapid assessment based mainly on objective and numerical indicators. This module checks whether 12 "flashing lights" related to PSRs occur. Depending on the number of flashing lights that were scored, an initial diagnosis is obtained in the form of a colour code.

In the *second module* the aim is to analyse the raw data obtained in more depth and interpret them. This allows the figures to be nuanced depending on the characteristics of the company, the sector and the company size. This module also accounts for changes in the indicators over time.

The *integrated module* is mainly aimed at companies that are already further along in the design and development of their welfare policy and want to use the tool for a systematic follow-up of this policy. The integrated module combines the indicators from modules 1 and 2 of the standard version of the PSRs tool and contains an additional indicator, namely 're-integration'.

https://emploi.belgique.be/fr/publications/indicateurs-dalerte-des-risques-psychosociaux-au-travail-guide-dutilisation-et-outils

# SOBANE strategy - Psychosocial aspects (FPS Employment, with support from ESF - Belgium - 2015)

The SOBANE occupational risk management strategy was developed to implement a dynamic and efficient risk policy. The principle is to deploy the necessary resources and competencies according to the complexity of the problems. The strategy consists of four intervention levels: screening (detection), observation, analysis, and expertise.

The first levels, detection and observation, constitute a participatory approach, based on the knowledge that workers have about their situation. The workers are encouraged to think about the problems they face and can propose solutions.

The analysis and expertise levels are used for problems that are more difficult to solve. They are explored in-depth with the help of specialists, the prevention advisors.

The objective of level 2 (observation) is to focus the discussion on a risk, in this case the psychosocial aspects. With this further in-depth analysis (the so-called DEPARIS investigation meeting), the problems can be analysed in more detail and additional measures can be taken to improve the situation.

https://emploi.belgique.be/fr/publications/aspects-psychosociaux-serie-strategie-sobane

# DEPARIS guide – related to the SOBANE strategy (FPS Employment, with support from ESF - Belgium - 2007)

The Deparis guide is used for the participatory detection of risks. It corresponds to the 'detection' level of the SOBANE strategy. During a two-hour meeting with workers, problems related to the working environment are discussed together and solutions are proposed that can lead to immediate improvements.

The different sections of the DEPARIS guide can be used to lead the meeting and guide the conversation. The content of these sections has been adapted for many sectors and professions. For some large companies, different guides may be used for very different employment situations.

 $\underline{\text{https://emploi.belgique.be/sites/default/files/content/publications/FR/Stategie\%20sobane}\\ -FRANS\%202006.pdf$ 

# The VOW/QFT: Measuring instrument of workability (Experience Fund - Belgium - 2009)

The VOW/QFT aims to investigate how workers sense and experience the balance between their own abilities and resources and the demands they are confronted with at work. The questionnaire consists of six modules: psychosocial factors, physical aspects of working conditions, safety, health, work capacity, and stay intention.

https://emploi.belgique.be/fr/le-vow-qft-instrument-de-mesure-des-facultes-de-travail

Online interactive Risk Assessment - OiRA (FPS Employment - Belgium - 2024)

The law requires a risk assessment to be carried out and the actions that this assessment deems necessary to be put in place. Small and medium-sized businessesface specific challenges in this regard, related to resources and expertise. The OiRA tool helps SMEs to carry out their risk assessment and build their action plan based on a very intuitive online process. Usually, OiRA tools are tailor-made for a specific sector, but for this specific risk area, an OiRA that can be used in several sectors, has been developed and published.

https://beswic.be/fr/pme/oira-votre-analyse-des-risques-en-ligne

#### Specific risk assessment

# Early detection tool for burnout for healthcare workers (FPS Employment, with support from ESF - Belgium - 2020)

The main objective of this tool is to help healthcare professionals spot signs of burn-out. Their experience enables them to notice a state of burn-out and its severity. The instrument also aims to provide healthcare professionals with initial ideas for the treatment. The screening instrument is completed by the health professional during a conversation with the worker. The care provider checks the symptoms that the worker exhibits in a table according to their frequency of occurrence. Each symptom has a short description. In 2020, the tool was adapted into two versions: one to be applied by occupational physicians and one to be applied by GPs.

https://emploi.belgique.be/sites/default/files/content/publications/FR/BurnOut Med%20G %C3%A9n%C3%A9raliste COMPLET.pdf

https://emploi.belgique.be/sites/default/files/content/publications/FR/BurnOut Med%20Tr avail COMPLET.pdf

#### The Burnout Assessment Tool (BAT) (KU Leuven - Belgium - 2019)

The Burnout Assessment Tool (BAT) is a self-assessment questionnaire to measure burnout. The BAT can be used for individual diagnostics as well as for screening and benchmarking purposes in organisations. In addition to the standard BAT, which is intended for those who are working or were working until recently, there is also a general version, which is intended to monitor those who have not worked for some time. This tool was developed by various researchers of KU Leuven (W. Schaufeli, H. De Witte S. Desart).

https://burnoutassessmenttool.be/wp-content/uploads/2020/08/Test-Manual-BAT-English-version-2.0-1.pdf

https://burnoutassessmenttool.be/wp-content/uploads/2020/08/BAT-English.pdf

## E-learning about burnout (FPS Public Health - Belgium - 2019)

Healthcare professionals can follow an online training course about burn-out. The FPS Public Health offers this e-learning free of charge: the definition, the screening, the diagnosis, and the treatment. The content of this training is based on the advice of the Superior Health Council of September 2017 and consists of six modules in video format.

https://www.health.belgium.be/fr/elearning-burnout

# Formal psychosocial intervention: advice report for the employer (FPS Employment - Belgium - 2018)

This manual provides a practical explanation for writing an advisory report in the context of a formal psychosocial intervention of an individual nature.

The document highlights the contents of the various sections that must be completed when drafting an advice note.

 $\underline{\text{https://emploi.belgique.be/sites/default/files/content/publications/FR/avis} \ \underline{\text{employeur interactif.pdf}}$ 

## Psychosocial risk prevention – strategies and legislation | Belgium

PSRs in a specific work situation: how to prepare a risk assessment report and propose measures? (FPS Employment - Belgium - 2016)

The purpose of this document is to provide recommendations on reporting to the employer on: the risk assessment process of a specific work situation in which a hazard was identified; the results of this risk assessment; and the proposed measures. Target group: employers, prevention advisors, and members of committees for prevention and protection at work.

https://emploi.belgique.be/sites/default/files/content/publications/FR/RPS\_situation%20s

p%C3%A9cifique%20de%20travail%20rapport FR 2020.pdf

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, 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 State Commission, Member governments, employers' and workers' organisations, as well as leading experts in each of the EU Member States and beyond.

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