IMPROVING WELL-BEING IN CONSTRUCTION: TAILORED PREVENTION MEASURES FOR PSYCHOSOCIAL RISKS

1 Overview

Country: Belgium

Name of the programme: Building Mental Resilience (Bouwen aan mentaal vermogen)

Organisations in charge: Constructiv East-Flanders and an external service provider

Year of implementation: 2019

Type of programme: Sectoral focus, with tailored implementation at company level

Reach: 10 companies in the construction sector, based in East Flanders (Belgium)

Target groups: Determined in collaboration with the company

Interviewees: One interview was conducted with a representative from the external service provider, two interviews were conducted with social partner representatives and two interviews were conducted with construction companies (one of which participated in the programme).

2 Description of the case

The aim of the Building Mental Resilience project ('Bouwen aan mentaal vermogen') was to raise awareness, build knowledge, support the development of organisational policies, and offer care and support around workers' well-being in the construction sector. The project was part of a larger programme led by the Federal Public Service (FPS) Social Security that encompassed 12 pilot projects designed to test innovative approaches to psychosocial risk prevention in real-world settings[1] (EU-OSHA, 2025). The overarching programme of pilot projects that focused on integrated prevention policy against burnout was launched with the aim of bringing together all stakeholders in Belgium around the topic of work-related mental health issues in order to (i) develop a vision and an integrated national plan for the prevention of such issues (with a particular focus on burnout) and (ii) select, implement, follow up and evaluate pilot projects, which would help to put the plan into practice. The pilot projects aimed to develop effective tools that could be adopted subsequently by employers, public authorities, healthcare professionals, etc.

To develop the vision and plan, a participatory approach was used, based on workshops and interactive discussion sessions that involved more than 200 representatives from business, workers, medicine, academia and other domains. The overarching programme ran between January 2018 and December 2019, whereas the specific pilot projects were implemented between January and December 2019. Twelve projects were selected from a pool of 77 submissions. Each project received a budget of between €10,000 and €300,000, with a total budget of €1.52 million for the 12 pilot projects.

The overarching programme, which was well received, was considered innovative, because it succeeded in bringing together a broad group of stakeholders, and because it sought to approach the topic of work-related mental health issues from an integrated prevention perspective, moving beyond tertiary prevention by building on primary and secondary prevention[2] and beyond measures that target

[1] See: https://socialsecurity.belgium.be/nl/sociaal-beleid-mee-vorm-geven/pilootprojecten-geintegreerd-preventiebeleid-burn-out

[2] Following the typology of Murphy and Sauter (2004), primary prevention is understood as those interventions that are protective in nature, and thus aim to modify or eliminate sources of psychosocial risks inherent to the work context, while secondary intervention refers to those interventions that aim to reverse, reduce or slow the progression of ill health following exposure to psychosocial risk factors and tertiary interventions are aimed at rehabilitation.

the individual level to include collective measures. As the overarching programme set out to be comprehensive, the pilot projects were allowed to put forward measures focused on the individual, teams of individuals, or the organisation. The Building Mental Resilience project, which was one of the pilot projects, focused mainly on primary and secondary prevention and included measures targeting the individual, teams of individuals, and organisational levels. Among the 12 pilot projects, the Building Mental Resilience project stood out precisely because of its inclusion of organisation-level measures, which were absent or less developed in several other pilot projects. One of the key outcomes of the overarching programme was an improved understanding and increased awareness of psychosocial risks and burnout prevention.

To provide more detailed look at the Building Mental Resilience project, organisations operating in the construction sector were followed by an external service provider, specifically a specialised training provider, over the course of one year. This was referred to as a 'trajectory'. An organisation's trajectory started with an intake interview with the business manager and/or additional stakeholders (e.g. HR and trade union representatives). The intake interview served as a needs assessment and helped to determine both the specific interventions that the organisation would implement and its specific target group. Interventions were tailored to the realities of the construction sector and to the specific situation of the organisation, including organisational readiness to work on topics such as psychosocial risks and well-being. The intake interview also considered the available resources of organisations and the results of previous psychosocial risk assessments. To support organisations in selecting interventions and guide the intake interview, the external service provider used a modular catalogue of training and coaching sessions, from which companies could choose. Sessions were then customised to the organisation's needs, and ad-hoc measures could be proposed as well (e.g. new training sessions). The external service provider already had in place an extensive programme of training and coaching sessions and other types of measures that formed the basis for the catalogue. However, as part of the overarching programme in scope here, the external service provider also tailored measures to meet the needs of the construction sector.

3 Context

3.1 The construction sector in Belgium

Construction is an important sector in the Belgian economy, employing approximately 142,000 workers in 2024 (Constructiv, 2025). This workforce includes both regular and temporary workers (just over 13,000 in 2024), as well as a significant number of foreign posted workers (59,000) and self-employed individuals. In 2024 there were about 23,000 active construction companies (Constructiv, 2025), the vast majority of which were small and medium-sized enterprises.

The nature of employment in the sector remains varied, with a substantial portion of workers employed in physically demanding on-site roles, though administrative and technical functions also form part of the workforce structure (Constructiv, 2025). In the Belgian context, white-collar and blue-collar workers in the construction sector are each represented by different joint committees[3]. Blue-collar workers (Joint Committee 124) can be further broken down into four core categories: '024' for structural works such as masonry, concrete and road construction; '026' for painters and carpenters; '044' for floorers and plasterers; and '054' for roofers. White-collar workers in construction, including those in architectural, engineering and IT-related roles, fall under Joint Committee 200.

3.2 Job quality in the construction sector

According to a study by the Flemish Foundation for Innovation and Work (StIA, 2025), in 2023, 55 % of construction workers reported having 'workable work', meaning jobs that support health, motivation, development and good work-life balance. However, 35 % experienced work-related stress, 11 % showed burnout symptoms and 17 % reported motivational difficulties (8 % severe). Reduced learning

[3] In Belgium, social dialogue at the sector level is organised into joint committees and subcommittees. Established under the Act of 5 December 1968 on collective bargaining and joint committees, joint committees are composed of an equal number of representatives of employers' organisations and trade unions. Joint committees were created for all industries with the aim of grouping companies with similar activities together and working out regulations adapted to working conditions.

opportunities remain an issue for 11 %, though this is an improvement from 20 % in 2004. Work-life balance problems affected 13 %, with acute conflicts rising from 2 % in 2004 to 5 % in 2023. Stress levels and motivation have changed little over time.

High workload is a major stressor: 32 % reported it in 2023, consistent with past trends. Lack of supervisor support (15 %) and routine tasks (17 %) also contribute to psychosocial risks. Autonomy has improved significantly, dropping from 27 % low autonomy in 2004 to 15 % in 2023. Physical strain remains high: 28 % report high physical demands and 13 % very high physical demands, far above other sectors. Emotional demands are less common but still relevant. Full-time work dominates (87.5 %), regular overtime is frequent (44 %), and after-hours communication is widespread (53 % handle emails, 84 % are reachable by phone).

Stakeholder interviews confirmed these findings and highlighted the importance of teamwork and the informal handling of psychosocial issues. Supporting managers in these skills is seen as crucial. Safety concerns often seem to overshadow psychosocial risks. The complexity of construction sites and digitalisation add challenges, including privacy concerns. The lack of attention to psychosocial risks is noticeable in different ways (EU-OSHA, 2024).

The topics noted above were taken into consideration in the Building Mental Resilience project. This is further elaborated below and also confirmed in the interviews conducted for the case study.

One interviewee gave the example that safety materials often exist in different languages and include brochures based on pictograms so that workers who do not know the national language can also understand and use them, whereas materials addressing psychosocial risks and well-being, when available, are usually only provided in the national language. Also, another interviewee pointed out that psychosocial risks are addressed mostly among white-collar workers in the construction sector, while blue-collar workers are overlooked. This point was explicitly tackled in the Building Mental Resilience project. Another related issue highlighted during the stakeholder interviews is that themes such as psychosocial risks and well-being are easily oversimplified, while the complexity of construction sites (multiple contractors, posted workers, high levels of workforce diversity, etc.) is not appropriately taken into account. This becomes even more concerning as additional complexities arise, for instance because of increased digitalisation (e.g. the use of AI-based tools such as smart helmets and sensors) and related concerns around surveillance and privacy.

Psychosocial risks remain a largely unspoken issue within the construction sector (EU-OSHA, 2024). According to some interviewed stakeholders, this can be attributed at least partially to the sector's traditionally more masculine culture, where discussions around mental health and well-being often remain stigmatised. In addition, the sector is predominantly composed of small and micro-enterprises, many with fewer than five workers. In such settings, interviewees argued that mental health and well-being issues become even harder to address for a range of reasons, including the absence of formal social dialogue structures, which were also confirmed in previous EU-OSHA research on psychosocial risks (EU-OSHA, 2019).

While stakeholders reported that there has been a gradual shift in the awareness of psychosocial risks, efforts remain fragmented and ad hoc. Safety issues tend to be prioritised and attention to psychosocial risks tends to come in waves, e.g. when more attention is devoted to the topic at national level (see EU-OSHA, 2025, for more details on the Belgian policy context). Stakeholders also reported that the practical implementation of measures aimed at the prevention of psychosocial risks is difficult, mostly because the topic remains more abstract and less concrete than other challenges faced daily by workers and organisations in construction. A key challenge remains ensuring that all employers and workers are aware of and utilise the resources that are available to support the prevention of psychosocial risks and boost well-being. On this point, stakeholders referred to resources available at sectoral and national levels (e.g. https://beswic.be/nl/themas/psychosociale-risicos-psr).

3.3 The Building Mental Resilience project

The Building Mental Resilience project aimed to spotlight psychosocial risks (PSRs) and well-being in a sector where such issues are often overlooked. To meet this challenge, the project sought to trigger a cultural shift by establishing good practices to support the recognition of psychosocial risks and well-being as an integral part of workplace health and safety and sustainability in construction companies. The project targeted various organisational actors across hierarchical levels, including workers, middle management, and business owners and leaders, and it engaged companies with multiple types of

intervention, ranging from awareness and education to organisational policy development and individual support.

Specifically, the project aimed to: (i) embed PSR prevention in the preventive policies of construction companies; (ii) promote awareness and active engagement with mental health issues among management and workers; (iii) foster an open climate in which mental health concerns could be expressed without stigma; and (iv) enable workers suffering from work-related psychological issues to remain in or return to employment in the sector. Primary prevention was the main focus of attention. While the project was wide-ranging in scope and open to various categories of workers, including white-collar and self-employed workers, the initiative focused particularly on manual labourers (blue-collar workers), who represent the majority of the construction sector's workforce and are often overlooked in programmes that target psychosocial risks and mental health, as stated in the interviews.

4 Description of activities implemented at project level

4.1 Actors, roles and implemented activities

Actors and roles

The Building Mental Resilience project was mainly implemented by an external service provider with the support of Constructiv East-Flanders. The external provider took a lead role and was responsible for project design, implementation, monitoring, evaluation and follow-up, whereas Constructiv East-Flanders was involved in dissemination activities (e.g. making the project known to construction companies in its network and circulating a call for project participation to self-employed contractors). In addition to these organisations, 10 companies and their workers were able to participate in the project.

Constructiv is a sectoral service organisation established by the social partners – trade unions and employers' organisations – in the Belgian construction industry. Operating as the fund for subsistence security in the sector, Constructiv plays a pivotal role in supporting construction workers and companies throughout the entirety of their career. Its core mission is to help attract and retain construction workers by ensuring safe and healthy workplaces and good working conditions, and by making training opportunities available. To this end, Constructiv conducts site visits, supports companies with the development and implementation of prevention policies, organises awareness campaigns and training, promotes the sector among students and jobseekers, etc. Constructiv also provides supplementary social benefits for construction workers as per the sectoral collective agreements (e.g. financial compensation in the event of temporary unemployment, illness, incapacity for work). Several interviews highlighted the pivotal role of Constructiv in ensuring the health, safety and well-being of construction workers more generally.

Implemented activities

- **The project**

Recognising that psychosocial risks and mental health and well-being tend to be overlooked in construction, the Building Mental Resilience project aimed to bridge the gap by offering a structured yet flexible set of tools for companies to address these topics in a contextually appropriate manner.

A call for applications was launched by the external service provider and Constructiv East-Flanders and shared across different channels. In total, 10 companies were able to participate, given the resources provided for the project. As soon as a total of 10 was reached, the call for applications was closed. For each company, a tailored trajectory was launched, with an in-depth intake interview as a starting point.

The intake interview served several purposes, which were briefly outlined above. First of all, the interview helped to clarify the overarching objective of the project and its fit within the wider programme targeting the prevention of work-related psychosocial risks and mental health issues.

Second, the interview clarified what psychosocial risks are and why it is important to prevent and manage them. It also clarified the regulatory framework around psychosocial risks and well-being, as well as the employer's role and obligations (e.g. the need to perform a psychosocial risk assessment and develop a tailored action plan).

In addition, the intake interview aimed to identify the company's needs and discuss its organisational culture and awareness, its approaches to work-related psychosocial risks and mental health issues, any gaps or challenges faced, and the available resources.

Finally, the interview covered different options for interventions, training, coaching and other measures to be implemented in the company over a period of 9-12 months. In order to support the process, a modular catalogue was developed with examples of measures for consideration. However, when a measure from the catalogue was selected, it was further tailored and customised to meet the company's needs. Intake interviews were thus essential to design the actual interventions. Moreover, the measures listed in the catalogue were predominantly based on collective measures and targeted the organisational level, in some cases combined with measures addressed at individuals, groups of individuals or teams. The catalogue was thus used as a starting point to open the discussion. During the interviews the external service provider noted that some of the measures in the catalogue addressed issues that were often raised by the companies with which they worked, thereby helping to ensure familiarity with the offer (e.g. healthy eating habits, which is an individual measure). However, during the intake process, the team underlined the importance of going beyond such measures, and more generally all interventions were coupled with coaching and support by the external service provider.

With regard to the catalogue, examples of (collective) measures that explicitly targeted the organisational level included a toolkit on strain and burnout (e.g. including screening instruments for supervisors and workers, and guidance on how to strengthen the organisational culture), information on how the organisation of work could be improved (e.g. by increasing autonomy, etc.), and training sessions tailored to different organisational roles on how to recognise and prevent stress through organisational measures (e.g. by clarifying role conflicts and ensuring improved leadership). Other examples include measures aimed at improving interpersonal communication, dealing with unwanted social behaviour (including violence and harassment) from third parties, sedentary behaviour and time management (e.g. in relation to handling email). The service provider also established a 'learning network', a collaborative platform that connects business owners and managers in the construction sector and enables them to share practices on what works in their organisation to prevent and manage psychosocial risks.

In this regard, it is important to recall that the overarching aim of the Building Mental Resilience project was precisely to ensure that the prevention of psychosocial risks and the promotion of workers' mental health and well-being become an integral part of a construction company's general approach to occupational health and safety, rather than an afterthought. The project worked to foster a shift in the organisational culture around these topics, as well as in the wider construction sector. This integration proved key during the project implementation: the service provider noticed that the companies that opted for an approach mostly based on training and individual measures struggled to see organisational-level change in the prevention of psychosocial risks. This issue was picked up by their team early on, so that greater effort could be devoted to guiding companies throughout the process.

At the project start, the external service provider identified workers (both blue- and white-collar), middle management, and business owners and managers as target groups. The specific target groups within each company were then determined by the companies themselves. Some companies opted to have all workers participate across all organisational levels and roles, whereas other companies were more selective (e.g. only blue-collar or white-collar workers, specific sessions targeting managers).

Within the company, each target group received interventions adapted to their roles and responsibilities, thus ensuring relevance and receptiveness. According to the external service provider, this is important in a sector marked by hierarchical distinctions and varied access to information and support. By offering different types of sessions, measures, etc. and allowing room for customisation and the development of new measures, companies could select the intervention formats most closely aligned with their operational schedules and organisational readiness, ranging from brief awareness-raising sessions to more sustained coaching engagements. As mentioned before, the importance of organisational level interventions was highlighted in every case. On a final note, and further discussed below, the point of organisational readiness is important, as the approach in question is expected to be most effective if a company follows some general steps such as a psychosocial risk assessment.

- **The implemented trajectories**

The table below provides an overview of some of the actions implemented in the participating companies, as well as the focus areas that were mentioned for the organisation during the intake process.

The actual implementation of measures was kept as accessible as possible. Participating companies varied in size and organisational structure. During the interviews, it was mentioned that the external service provider quickly realised that offering more guidance to participating companies – in the form of process management throughout the project implementation, supporting internal communication, maintaining the focus on PSR prevention and its integration into the wider occupational health and safety policies and practices, the coaching of individuals and teams, etc. – was key to foster organisational policy development and a cultural shift, one of the programme's critical objectives. To this end, the service provider team increased its capacity and support during the project implementation.

Company no.	Participants	Target group	Focus areas for the organisation as mentioned during the intake interview
1	35	10 % white-collar	Awareness-raising, knowledge-building
2	26	100 % workers	Experiential learning, awareness-raising
3	±130	Blue-collar and white-collar workers, executives	Behavioural strategies, awareness-raising
4	100	100 % workers	Practical stress management
5	2	Workers and executives	Awareness-raising
6	30	20 % white-collar	Communication, stress management
7	33	15 % workers	Coping strategies, team reflection
8	3	Executives	Strategic embedding of the need to address psychosocial risks and mental health issues at organisational level
9	18	Mixed, including white-collar	Mental health literacy
10	Not specified	White-collar and executives	Pre-implementation planning

Source: Overview table from the storybook (see Alert!, 2020, p. 4)

4.2 Results and outcomes

The outcomes of the Building Mental Resilience project can be grouped into three areas (Alert!, 2020):

- First, in terms of its quantitative achievements, the project was able to propose and complete 10 trajectories among companies in the construction sector. During the development of the interventions, the project gathered feedback from across all target groups: workers, middle managers, and business owners and managers.
- Second, in terms of diversity in the interventions, the project implemented two individual-level actions, 10 team-level actions and 13 organisation-level field interventions (see Alert!, 2020). In addition, as shown by the examples in the table above, the companies selected a range of interventions, for diverse target groups, combining both the provision of information and training and coaching options. During the interviews, it was further mentioned that the service provider

team offered guidance to participating companies beyond the training to further encourage organisational change. The catalogue helped to start the discussion with the companies, but the actual implementation of actions was flexible and allowed for customisation, and it emphasised the organisational level. It is also noteworthy that in some companies all staff members participated in the sessions.

- Third, in terms of its perceived impact**,** the external service provider reported that client satisfaction was as high as 86 %, while 96 % of participants (including workers and managers) reported they would apply the acquired knowledge in their work or daily life. Several of the organisations that participated in the project continued to be clients of the service provider after the completion of the project and expressed their satisfaction with the offer provided. As discussed in more detail below, the project clearly helped to raise awareness and put in motion a cultural shift in some organisations, while in other organisations significant barriers hampered such a shift. In addition, each action included evaluation and reporting, and the resulting information is freely available for anyone (see Alert!, 2020 as mentioned above).

Although the project was formally concluded several years ago, the project materials are still available. Also, there is still demand for sessions on well-being topics (including from both smaller and larger organisations in the construction sector).

5 Success factors and barriers

As part of the Building Mental Resilience project an assessment was carried out for each of the 10 companies in relation to the project's implementation, its outcomes, and any underlying success factors and barriers. The findings are summarised here based on the company reports (2020) and enhanced with information gathered in the interviews.

5.1 Success factors

Based on the desk research and interviews, a number of key success factors were identified in relation to the Building Mental Resilience project. These factors illustrate the relevance of the project approach and the enabling conditions required to stimulate cultural shifts on well-being issues.

A first factor was the strategic partnership between the service provider and Constructiv East-Flanders, which was able to leverage its network of construction companies to ensure that the invitation to participate in the project reached them. At the same time, the overall project helped to enrich the offer made available by Constructiv on these topics (which at the time was very limited but has been growing over the last five years). This helped to lower the participation threshold and ensure the quality of the project.

A second point is the integrated approach**,** addressing multiple levels of the organisation and working on awareness, knowledge-building, policy development and personal support, which proved to be a catalyst for organisational learning. This strategy helped to embed mental health and well-being topics within broader occupational safety and well-being frameworks. It is important to recall here that the service provider offered support to organisations implementing the programme on how to better integrate the prevention and management of psychosocial risks in their occupational health and safety policies and practices, including coaching sessions and overall guidance provided during the implementation.

Another strength of the project was its tailored and company-specific approach, which started with an in-depth intake interview that sought to fully understand the company's needs, expectations and objectives, as well as the target groups on which it wanted to focus. Moreover, several companies ensured that multiple actors were involved in the intake interviews, for example the business owner, HR manager and trade union representatives. This resulted in broader internal support for the project and a richer understanding of internal sensitivities, which could then be considered in the implementation process.

The flexibility and opportunities for customisation of the interventions were also appreciated by the participating companies. Although the catalogue served as a guiding tool, it was explicitly designed to be adaptable. Interventions could be adjusted or developed beyond the catalogue's existing modules, ensuring that the project remained closely aligned with each company's needs and expectations, while also accounting for any constraints.

In addition to making changes to the content, companies had a say in the practical organisation of activities: they were able to determine the timing (e.g. during early morning shifts), format (e.g. short sessions, clustered programmes) and location (e.g. on-site or in warehouses), enabling maximum alignment with the operational reality of the construction sector. On the point of timing, it was noted that many sessions were scheduled during the winter, when regular work activity in construction typically slows. This allowed for higher participation rates without compromising operational continuity. Also, companies appreciated the 'short and sharp' format of the sessions, which matched workers' preferred learning formats.

In this regard, the project was clearly focused on and tailored to the needs of the construction sector. It offered a wide range of modules, on different topics and in formats that addressed both collective and individual issues. Moreover, the organisational level and systematic prevention approaches had a critical place in the project implementation. Participating companies appreciated this, as was emphasised in several interviews. Crucially, the project revealed an unexpected openness among construction workers themselves, according to the service provider. Contrary to stereotypes about resistance to 'soft' themes, construction workers generally engaged with the sessions in a constructive manner. This suggests that when framed appropriately and facilitated in a low-threshold environment, mental health can become a topic of shared concern, even in a male-dominated and physically demanding sector.

5.2 Barriers

Nevertheless, the Building Mental Resilience project encountered several barriers. A first major challenge was the difficulty in reaching self-employed contractors, particularly sole proprietors. Self-employed contractors represent a significant portion of the construction workforce, yet they were underrepresented in the project, despite additional efforts from Constructiv East-Flanders to reach them. The limited uptake within this group suggests a need for alternative outreach strategies, possibly through collaboration with other actors.

A second barrier relates to the lack of initial investment in process facilitation. Although the project design initially focused on the catalogue and interventions, it quickly became clear that companies needed more continuous, hands-on guidance. This included support in internal communication, stakeholder alignment, and integration with existing HR or prevention policies. Such a deep level of guidance was not originally envisaged in the project, but when the need was realised resources were redirected accordingly. One recommendation for the future would thus be to ensure that hands-on guidance for participating companies is provided from the start.

Communication, more generally, emerged as an area requiring further attention. In several instances, the external service provider reported that participants joined sessions with little understanding of the project's broader context or of the objectives of a specific session. This sometimes led to misaligned expectations and limited buy-in from participating workers. The issue underlines the importance of clear, consistent communication within participating companies, ideally supported by a designated liaison or internal ambassador.

The project revealed differing resistance patterns across hierarchy**.** Contrary to expectations, construction workers were open to discussing mental health and well-being, whereas middle managers showed greater resistance. Middle managers questioned both the relevance of interventions and the legitimacy of offering such support to workers, thereby creating barriers in some companies. A key lesson is that securing buy-in at all levels is essential. Middle managers should be engaged early, ideally during the intake phase.

Closely related to this, the service provider identified the need to embed interventions within a structured policy framework in companies. While modularity offered flexibility, lasting change occurred when companies integrated interventions into broader prevention or HR strategies (e.g. by repeating sessions or including psychosocial risks in training and internal procedures). The popular 'short and sharp' format

improved accessibility but often lacked the depth needed for sustainable behavioural and organisational change. Striking a balance between accessibility and depth is crucial – a lesson that led the service provider to offer more guidance and support throughout the project.

Finally, the Building Mental Resilience project demonstrated that cultural change is non-linear and context-dependent. Some companies were quick to embrace the topic of PSR prevention and well-being, while others required much more time and support. Therefore, flexibility and responsiveness to organisational readiness should also be considered, as the latter can be a critical barrier.

6 Lessons learned

With respect to the lessons learned from the Building Mental Resilience project ('Bouwen aan mentaal vermogen'), several critical points have already been mentioned above in the discussion of the project's success factors and barriers. A first lesson relates to the importance of using an integrative approach that makes it possible to tackle PSR prevention and mental health from multiple angles, across different levels and for different target groups. In order to make this work in practice, it is vital to ensure that the programme is flexible and adaptable, yet tailored to the needs and realities of the company and the sector in which it operates. Several examples were identified in the project (e.g. giving companies a say in the content and the practical arrangements, and the importance of taking organisational readiness into account).

Flexibility, however, comes with a caveat. While it could help to create an openness for the project and the topics addressed in the short run, it may imply that the project does not get sufficiently anchored within the organisation, thus hampering its potential impact in the longer run. Another important lesson, therefore, is that there must be a clear structured framework to guide the project implementation, with an explicit aim to make PSR prevention and mental health a core component of wider HR or prevention policies. Programmes designed to make changes at company level should therefore ensure that sufficient time and resources are dedicated to this goal.

Another central lesson concerns the importance of process facilitation. Successful implementation hinges not only on content delivery but also on having someone within the company who can serve as the link between internal stakeholders and the project team. According to the service provider, this person should be empowered to support internal communication, monitor implementation and ensure that actions are embedded in the organisational structure. Their role is essential to build momentum and foster long-term engagement.

Although they did not receive much attention, the financial implications also have to be considered. In this case, the project received funding and was able to offer training and coaching sessions to 10 construction companies. It was mentioned in the stakeholder interviews that for some of the companies, the project might have been too expensive without the support of the government, especially when the topic is not high on their list of priorities. At the same time, however, it is noteworthy that several of the companies continued working on PSR prevention after the official completion of the project, since they had realised the benefits of the approach and made resources available to continue.

Finally, the structure and methodology of the Building Mental Resilience project were designed with adaptability, scalability and transferability in mind. While the pilot targeted the construction sector, the underlying approach can easily be adapted to other industries facing similar challenges, provided that adjustments are made to reflect sector-specific dynamics.

7 Implementation of the measures at company level

7.1 Company involved

The company in scope is a family-owned construction company that specialises in the restoration and renovation of historical buildings. The company currently employs around 25 skilled workers and has undergone a range of important changes in terms of its organisation and leadership over the past decade. For the purpose of this case study, the managing director of the company was interviewed.

This information was supplemented with the evaluation report (see Alert!, 2020) and information from interviews with social partner representatives. It should be noted that no company-level union representative was interviewed since the company does not have one.

The company prioritises craftsmanship, quality and tradition, keeping core activities in-house and fostering intergenerational knowledge transfer. Guided by the values of knowledge, pride and respect, it maintains a team-oriented culture and professional integrity while serving both public and private clients with tailored heritage solutions.

To preserve expertise, the company avoids subcontracting, believing craftsmanship is best passed on personally rather than through formal training. This approach supports a tight-knit, collaborative team with a flat hierarchy. In 2024, a team day emphasised collaboration. Looking ahead, the company faces challenges from an ageing workforce, because it is difficult to replace skilled staff.

The stakeholders that were interviewed for the case study also highlighted that pride in one's work is another hallmark of the construction industry and serves as a protective factor for workers' well-being. Workers contribute to projects that endure for decades, fostering a strong sense of purpose. In this regard, the notion of craftsmanship is also important.

7.2 Actions implemented at company level

The company joined the Building Mental Resilience project following a leadership transition, seeking to maintain its family-oriented culture and positive work environment. Participation in the project was proactive, driven not by issues like turnover or burnout, but rather by a commitment to staff well-being and improved prevention of psychosocial risks. This built on a previous risk assessment and aligned with the company's growth and increasingly stricter safety regulations, which require a more structured approach for ensuring work continuity, strengthening organisational culture and enhancing communication.

Earlier assessments highlighted a range of priorities: managing stress from tight deadlines, subcontractor coordination, dealing with the impact of workers' personal challenges, and improving collaboration and communication across teams. To address these priorities, the company implemented a strategy that combined awareness and skills development through three sessions over seven months. The sessions covered recognising and managing psychosocial risks, improving communication, clarifying roles and processes, and promoting respectful interaction. The inclusive, participatory interventions involved all staff and directors, with off-site sessions paired with team-building to strengthen cohesion.

7.3 Actors involved

The intake meeting involved both business owners. All workers were encouraged to participate in the project. Collaboration with the service provider team was assessed as very smooth by the management team. The company is now, after the completion of the project, still actively engaged in both psychosocial risk prevention and mental health support on a regular basis and they intend to keep the approach for the future.

7.4 Results and outcomes at company level

While psychosocial risk (PSR) prevention and mental health were less embedded in the company's occupational health and safety practices than other topics, they have always been valued, reflecting the company's family-run nature and its focus on quality over profit. Participation in the Building Mental Resilience project formalised PSR prevention as a core element of its occupational health and safety policy. The acquired knowledge continues to be applied. More generally, awareness about the importance of PSR prevention is higher as a result of the project, and PSR prevention has become more visible not only among the managerial team but also among the workers in the organisation.

The company maintains a flat hierarchy and informal communication lines, believing rigid and overcomplicated administrative procedures would be ineffective. While this approach fosters a close-knit environment, it can put a strain on managers, who feel constantly involved. The project's three sessions addressed this issue, improving understanding and equipping managers to handle the

emotional demands. Now, psychosocial risks are discussed in occupational health and safety meetings. In addition, the process triggered further discussions about and some changes to the organisation of work and the division of roles within the team in order to tackle role conflicts. The managerial team decided to maintain a flat hierarchical structure, recognising that giving workers autonomy, involving them in the decision-making processes and ensuring that their voices are heard are all important to provide good conditions for their mental health and overall well-being.

Stress often arose when experienced workers had unrealistic expectations of new colleagues, causing role conflicts and communication issues. To address this issue, many team members joined mentorship training that covered onboarding, development plans, feedback, performance reviews, motivation and group dynamics. The training proved highly valuable, and several changes – such as improved onboarding and personal development plans – remain in place and will guide future personnel management.

The management team plans to give more attention to psychosocial risks and well-being, mainly through less formal measures like regular check-ins and generally higher prioritisation of PSRs. Because the workforce is practical and hands-on, academic, highly theoretical or patronising approaches have been ineffective; workers prefer short, tailored, context-sensitive sessions. In addition, the manager noted as an insight from the project that one session is not enough and ongoing support is essential. Therefore, the company continues to seek external guidance on occupational health and safety topics, including PSR prevention.

7.5 Success factors and barriers at company level

Success factors

The Building Mental Resilience project was well received by management and staff as a progressive step in a traditionally conservative sector, where topics such as psychosocial risks and well-being are rarely addressed. The project improved team communication, raised awareness of stress management, and strengthened collaboration. Success was driven by clear goals focused on organisational change, strong trust with external facilitators, and the active involvement of all workers to ensure shared ownership.

Barriers

The project revealed several key challenges and areas for improvement reported by the interviewed company. A primary concern was the difficulty that some workers experienced in engaging with theoretical content. To maintain interest and ensure comprehension, it was essential to translate abstract concepts into practical, relatable examples. Despite the provider's experience in this area, it remained a key point according to the company.

Additionally, there is a need for clearer internal communication before launching such initiatives. Some workers appeared insufficiently informed about the purpose and scope of the interventions, which may have impacted their initial engagement, according to the interviewed business manager.

While the sessions successfully promoted a better psychosocial work environment, individual reflection and personal growth, follow-up actions are crucial to secure long-term organisational benefits.

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