

Chapter 2

International Initiatives to Tackle Psychosocial Risks and Promote Mental Health in the Workplace: Is There a Good Balance in Policy and Practice?

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Abstract This chapter reviews international initiatives for the management of psychosocial risks and the promotion of mental health in the workplace. The chapter first presents the relevant institutional framework including international organizations, regional institutions, stakeholder associations, networks, and professional bodies. It then proceeds to outline regulatory and nonbinding policy approaches applicable at the international level. Finally, an overall evaluation is offered on the current state of the art and whether the right balance has been achieved in policy and practice in this area.

Keywords Psychosocial risks • Mental health in the workplace • Policy • Practice

Introduction

Work-related psychosocial factors refer to aspects of work organization, design and management such as work demands, organizational support, rewards, and interpersonal relationships. When these factors are not managed well in the workplace they can represent hazards that have the potential to cause harm on individual health, safety, and wellbeing, on organizations (e.g., through sickness absence, reduced productivity, human error) and on society (e.g., increased disability pensions, healthcare costs, etc.) (e.g., WHO 2008). Psychosocial risk refers to the potential of psychosocial hazards to cause harm (BSI 2011).

Work-related stress is closely associated with exposure to psychosocial hazards and is defined, for example, on the UK Health & Safety Executive website as

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“the adverse reaction people have to excessive pressures or other types of demand placed on them at work.” The European Agency for Safety & Health at Work (EU-OSHA) website states that “people experience stress when they perceive that there is an imbalance between the demands made of them and the resources they have available to cope with those demands.” When pressure at work is chronic and unmanageable, it results in work-related stress which is recognized as a negative experience resulting from exposure to poor working conditions (psychosocial and/or physical) (Cox 1993; Cox and Griffiths 2010; WHO 2008).

International Initiatives to Prevent and Manage Psychosocial Risks

A number of significant developments toward the prevention and management of psychosocial risks have been achieved at the international, regional (e.g., European), and national level. These include both regulatory approaches such as ILO conventions, European Union directives, and national legislation, as well as ‘non-binding/voluntary’ approaches which may take the form of specifications, guidance, social partner agreements, and standards. This chapter clarifies the institutional framework of relevance to the prevention of psychosocial risks, identifying the key institutions which play a role in managing psychosocial risks, and highlights the key regulatory and nonregulatory approaches taken by these institutions.

Institutional Framework

International Organizations

A number of international organizations such as the International Labor Organization (ILO), World Health Organization (WHO), International Social Security Association (ISSA), Organization for Economic Cooperation and Development (OECD), and World Bank have been active in the prevention and management of psychosocial risks and promotion of mental health through research and advocacy, as well as through the development and implementation of specific initiatives. The contributions of the ILO, and the WHO, in this area, have been the most significant at the global level and are discussed in the next sections on regulatory and nonregulatory/voluntary approaches.

The ILO has been committed to the prevention and management of work-related stress and psychosocial risks since the 1970s, and has developed a number of policy instruments as well as guidance, tools, and training material. The current work of the WHO on occupational health is governed by the Global Plan of Action on

Workers' Health 2008–2017, endorsed by the World Health Assembly in 2007. Objective two of the global plan, specifies actions “to protect and promote health at the workplace,” and states that “the assessment and management of health risks at the workplace should be improved by: defining essential interventions for prevention and control of mechanical, physical, chemical, biological and psychosocial risks in the working environment” (WHO 2007a, p. 6). The WHO has contributed to this area through publication of research and guidance documents, and development of tools and resources.

Proactive and preventive social security is a pillar of ISSA's vision, and involves the promotion of health and support of employment and activity. ISSA recognizes that while prevention efforts over the past decades have resulted in many positive outcomes, numerous challenges to workers' health remain such as the increasing prevalence of psychosocial issues which require more complex approaches to prevention; therefore the ISSA has been calling and advocating for a more holistic approach toward promoting health and safety (ISSA 2012).

The OECD recognizes that tackling mental ill-health of the working-age population is a key issue for labor market and social policies in OECD countries, whose governments are increasingly recognizing that policy has a major role to play in keeping people with mental ill-health in employment or bringing those outside of the labor market back to it, and in preventing mental illness. The OECD Mental Health and Work Project is examining how the broader education, health, social, and labor market policy challenges for mental health and work are being tackled in a number of OECD countries (OECD 2012).

The World Bank works to enhance the awareness and understanding of mental and psychosocial health as a development concern by ensuring that mental and psychosocial health are incorporated into operations within the development of more long-term policies, strategies, plans, and resources to ensure sustainability (Rockhold and McDonald 2008). However, its activities in this area are not solely focused on work and employment, but on broader issues, particularly those in the context of conflict affected countries.

Regional Institutions

A number of regional organizations have adopted or intend to adopt policies that may lead to integration of national activities at the regional level. Regional institutions include the European Union (EU), African Union (AU), Association of Southeast Asian Nations (ASEAN), Commonwealth of Independent States (CIS), Caribbean Community (CARICOM), Cooperation Council for the Arab States of the Gulf (CCASG), South Asian Association for Regional Cooperation (SAARC), Union of South American Nations (UNASUR), and the Economic Cooperation Organization (ECO) among others. While a number of regional institutions have developed broad framework strategies which are relevant to workers' safety, health, and wellbeing (for example the UNASUR Health Institute—ISAGS, the AU's

Social Policy Framework for Africa), only the European Union has developed laws and policies that apply throughout the member states of the EU.

At the European level, the decision-making process in general and the co-decision procedure in particular involve three main institutions: the European Parliament, the Council of the EU, and the European Commission (EC). In addition to the main EU institutions, the EU has a number of other institutions and bodies that play specialized roles. Two tripartite specialized institutions, the European Agency for Safety and Health at Work (EU-OSHA), and the European Foundation for the Improvement of Living and Working Conditions (Eurofound), play an important role in managing psychosocial risks and promoting mental health in the workplace. Key policy initiatives from the EU are also reviewed in the following sections on regulatory and nonregulatory/voluntary approaches.

Stakeholder Associations, Networks, and Professional Bodies

Social dialogue is a mode of governance in the area of social policies, including policies on occupational safety and health. It comprises discussions, consultations, negotiations, and joint actions undertaken by social partner or stakeholder organizations such as federations of employers and workers, as well as experts in the field to participate in social policy decision making at international, regional, and sectoral level (Lawrence and Ishikawa 2005). There are a number of stakeholder organizations active in the field of managing psychosocial risks and promoting mental health at work.

The International Trade Union Confederation (ITUC) is the global voice of the world's working people. Its main areas of activity include trade union and human rights; economy, society, and the workplace; equality and nondiscrimination; and international solidarity. In 2010, the ITUC Congress Resolutions on Decent Work, called on the ITUC and regional organizations, working together with Global Unions partners and affiliates to "work with the ILO to campaign for the extension of social protection to all; work for the improvement of occupational health and safety in all countries, including as relates to exposure to hazardous chemicals, psychosocial hazards and other occupational injuries and accidents" (ITUC 2010, p. 17).

The International Organization of Employers (IOE) is the largest network of the private sector in the world. In social and labor policy debate taking place in the ILO, across the UN and multilateral system, and in the G20 and other emerging processes, the IOE is the recognized voice of business. The IOE supports national business organizations in guiding corporate members in matters of international labor standards, business and human rights, corporate social responsibility (CSR), occupational safety and health (OSH), and international industrial relations. The IOE has a number of guides and factsheets for employers to raise awareness of issues and to promote good practice in workers' safety, health, and wellbeing (e.g. IOE 2010, 2012).

The World Economic Forum (WEF) is an independent international organization for promoting public–private cooperation. The World Economic Forum is committed to improving the state of the world by engaging business, political, academic, and other leaders of society to shape global, regional, and industry agendas. The WEF established the Global Agenda Council on Wellbeing and Mental Health, which gives wellbeing and mental health recognition within a broader health context, and included them as a specific agenda on the UN’s post-2015 development charter. The Council’s current activities are focused on wellbeing and mental health in the workforce (WEF 2013).

The International Organization for Standardization (ISO) is the world’s largest developer of voluntary international standards, which are developed through global consensus. International standards give state of the art specifications for products, services, and good practice, helping to make industry more efficient and effective. The ISO 10075 series standards which establish principles and requirements for the measurement and assessment of mental workload and specify the requirements for measurement instruments are relevant to this field of work (ISO 2004).

In addition to these organizations, a number of international professional bodies/associations are active in the field of managing work-related stress and promoting wellbeing at work. These include the International Commission on Occupational Health (ICOH), the International Ergonomics Association (IEA), and a number of regional associations. ICOH is an international nongovernmental professional society whose aims are to foster the scientific progress, knowledge and development of occupational health and safety in all its aspects ICOH is recognized by the United Nations as a nongovernmental organization (NGO), and has close working relationships with ILO, WHO, and ISSA. In 1996, the International Commission on Occupational Health created its scientific committee on Work Organization and Psychosocial Factors (ICOH-WOPS). In 1999, the European Academy of Occupational Health Psychology (EAOHP) was established and in 2005, the Society for Occupational Health Psychology (SOHP) was founded in the United States. Other regional associations have been formed since which include the Asia-Pacific Academy for Psychosocial Factors at Work, the Latin American Research Network of Researchers on Psychosocial Factors at Work (RIFAPT), and the Ibero-American Network for Work-related Psychosocial Risks (RIPSOL).

The following sections outline regulatory and nonregulatory/voluntary approaches and instruments developed by some key institutions of the ones outlined above of relevance to the prevention of psychosocial risks.

Regulatory Approaches

The regulatory approach, typically characterized by ‘legal instruments’, is defined as a policy relying primarily on the authority and power of the state—ultimately its legitimate monopoly on the means of coercion—in the construction, operation, and implementation, including enforcement of arrangements at international, national,

or subnational level (Kirton and Trebilcock 2004). Statutes or regulations in national legal systems are generally taken as prototypical of legal instruments (Abbott et al. 2000). At the intergovernmental level they can take the form of legally binding treaties, conventions, and directives.

ILO Conventions

International labor standards are legal instruments drawn up by the ILO's constituents (governments, employers, and workers) and set out basic principles and rights at work. These standards can be either conventions or recommendations. ILO Conventions are legally binding international treaties that may be ratified by member states, which lay down the basic principles of a labor standard to be implemented by ratifying countries. They differ from recommendations, which serve as nonbinding guidelines. Recommendations can be used to supplement a Convention by providing more detailed guidelines on how it could be applied or they can be autonomous, i.e., not linked to any Convention. ILO Conventions relevant to the prevention and management of psychosocial risks are presented in Table 2.1.

Table 2.1 ILO Conventions relevant to the prevention and management of psychosocial risks

Document	Description of relevance
C155 Occupational Safety and Health Convention, ILO, 1981 and its Protocol of 2002	<p>The Convention provides for the adoption of a coherent national occupational safety and health policy, as well as action to be taken by governments and within enterprises to promote occupational safety and health, and to improve working conditions</p> <p>The Convention states that “each Member shall, in the light of national conditions and practice, and in consultation with the most representative organizations of employers and workers, formulate, implement and periodically review a coherent national policy on occupational safety, occupational health, and the working environment”</p> <p>The policy should take into account, “relationships between the material elements of work and the persons who carry out or supervise the work, and adaptation of machinery, equipment, working time, organization of work and work processes to the physical and mental capacities of the workers”</p>
C159 Vocational Rehabilitation and Employment (Disabled Persons) Convention, ILO, 1983	<p>This Convention provides for the adoption of a policy at the national level which shall aim to ensure that appropriate vocational rehabilitation measures are made available to all categories of disabled persons, and at promoting employment opportunities for disabled persons in the open labor market. This policy shall be developed by taking into consideration national conditions and practice and the representative organizations of employers and workers</p>

(continued)

Table 2.1 (continued)

Document	Description of relevance
	<p>(including representative organizations of and for disabled persons) shall be consulted on the implementation</p> <p>According to the Convention, “the term disabled person means an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment”</p>
<p>C111 Discrimination (Employment and Occupation) Convention, ILO, 1958</p>	<p>The Convention concerning discrimination in respect of employment and occupation (which include access to vocational training, access to employment and to particular occupations, and terms and conditions of employment) provides for the adoption of a policy at the national level which shall promote, by methods appropriate to national conditions and practice, equality of opportunity and treatment in respect of employment and occupation, with a view to eliminating any discrimination. For the purpose of this Convention the term discrimination includes</p> <p>(a) any distinction, exclusion, or preference made on the basis of race, color, sex, religion, political opinion, national extraction, or social origin, which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation</p> <p>(b) such other distinction, exclusion, or preference which has the effect of nullifying or impairing equality of opportunity or treatment in employment or occupation as may be determined by the Member concerned after consultation with representative employers’ and workers’ organizations, where such exist, and with other appropriate bodies</p>
<p>C187 Promotional Framework for Occupational Safety and Health Convention, ILO, 2006</p>	<p>This Convention aims at promoting a preventative safety and health culture and progressively achieving a safe and healthy working environment. It requires ratifying States to develop, in consultation with the most representative organizations of employers and workers, a national policy, national system, and national program on occupational safety and health. The national policy shall be developed in accordance with the principles of Article 4 of the Occupational Safety and Health Convention, 1981 (No. 155), and the national systems and programs shall be developed taking into account the principles set out in relevant ILO instruments</p>

European Union Legislation

The main piece of legislation on health and safety in the EU is the Framework Directive 89/391/EEC on Safety and Health of Workers at Work. Even though the Directive does not include the terms ‘work-related stress’ or ‘psychosocial risk’, it asks employers to ensure workers’ health and safety in every aspect related to work. It requires employers to “adapt the work to the individual, especially as regards the design of work places, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and working at a predetermined work-rate, developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment.” In this sense, there is an indirect reference to, and provision for, risks related to the psychosocial work environment (Ertel et al. 2010; Leka et al. 2011). However, there are several other pieces of legislation in the EU that are relevant to the prevention of psychosocial risks (for a full list see Leka et al. 2015).

Nonbinding/Voluntary Approaches

In addition to regulatory approaches, ‘non-binding/voluntary’ approaches which directly refer to psychosocial risks, and work-related stress have been initiated including social partner agreements in the EU, standards as well as guidance and tools. These initiatives have taken place partly due to the growing recognition that good psychosocial risk management also goes beyond legal requirements (Jain et al. 2011). Examples of nonbinding approaches take the form of recommendations, resolutions, agreements, and guidance developed by international organizations such as the ILO, WHO, and the European Commission, among others.

ILO Initiatives

Key nonbinding initiatives and approaches developed by the ILO to address work-related stress and psychosocial risks, include the ILO OSH-MS, ILO recommendation—R194, the SOLVE programme, and the Stress Checkpoints.

Psychosocial Factors at Work: Recognition and Control

This report of the Joint ILO/WHO Committee on Occupational Health (ILO 1986) examined the subject of psychosocial factors at work and their consequences, emphasizing health issues. It describes the nature of such factors as related to health and the methods of identifying psychosocial factors. It also examines the means of

preventing, reducing, or eliminating the psychosocial problems that arise in workplaces. It proposes a series of measures which could be taken at the enterprise level, national and international levels, with a view to giving greater importance to the psychosocial aspects of programs for the improvement of working conditions and environment and the promotion of the health and wellbeing of workers.

Preventing Stress at Work: Conditions of Work Digest

The conditions of work digest on preventing stress at work is a guidance document which provides an introduction to the issue of work-related stress, identifies trends and issues in an international perspective, and includes an analysis of 19 case studies on stress prevention programs from across the ILO regions. It is considered as essential reading for policy-makers in government agencies, employers' and workers' organizations, health professionals, trainers, consultants, managers, and workers' representatives concerned with the complex and challenging problem of work-related stress (ILO 1993).

ILO-OSH 2001 Guidelines on Occupational Safety and Health Management Systems

The ILO-OSH 2001 guidelines present practical approaches and tools for assisting organizations, national institutions, employers, and workers in establishing, implementing, and improving occupational safety and health (OSH) management systems, with the aim of reducing work-related injuries, ill health, diseases, incidents, and deaths, specifically defined 'as negative impacts on employee health arising from exposure to chemical, biological, physical, work-organizational, and psychosocial factors at work' (ILO 2001). Implementation of the guidelines would, therefore, also enable national institutions and organizations to put in place systems to prevent and manage psychosocial risks.

Violence at Work

This guidance document examines aggressive acts that occur in workplaces bullying, mobbing, and verbal abuse. It provides information and evidence about the incidence and severity of workplace violence in countries around the world, evaluates various causal explanations and details social and economic costs. "It evaluates the effectiveness of workplace anti-violence measures and responses such as regulatory innovations, policy interventions, workplace design that may reduce

risks, collective agreements and various best practice options worldwide” (ILO 2006, p. 362).

ILO Recommendation: R194 Revised Annex

On 25 March 2010, the governing board of the ILO approved a new list of occupational diseases which has been designed to assist countries in the prevention, recording, notification and, if applicable, compensation of diseases caused by work. With the publication of R194—Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases, for the first time mental and behavioral disorders in the workplace have been recognized as occupational diseases, which result from psychosocial hazards. Section 2.2.4 of ILO recommendation—R194 revised annex is titled “Mental and behavioural disorders,” and includes:

- “2.4.1. Post-traumatic stress disorder”
- “2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker” (ILO 2010).

SOLVE

The ILO’s SOLVE program, is an interactive educational program, based on the recognition of the interdependent relationships between psychosocial factors and other health-related behaviors and their underlying causes in the workplace (work organization, working conditions, labour relations). The program promotes the design of enterprise level policies and intervention programs to improve working conditions and reduce work-related stress from an occupational safety and health perspective by incorporating psychosocial hazards into the risk assessment and risk management strategy, involving both employers and workers through bipartite OSH committees at the workplace level.

Stress Checkpoints

The ILO Stress Checkpoints manual (ILO 2012) has been prepared to reflect the increased necessity for measures to deal with problems causing stress in the workplace. The 50 checkpoints included in the manual are based on the experiences

of the experts who contributed to its review and preparation for implementation of stress prevention in the workplace. The checkpoints represent simple, low-cost workplace improvements readily applicable in different working situations. As the checkpoints cover broad areas, users of the manual are encouraged to take multi-faceted actions that take into account local situations.

Initiatives in the European Union

Participants in European social dialogue—ETUC (trade unions), BUSINESSEUROPE (private sector employers), UEAPME (small businesses), and CEEP (public employers)—have concluded a number of agreements that have been ratified by the Council of Ministers and are now part of European legislation such as parental leave (1996), part-time work (1997) and fixed-term contracts (1999). The social partners have also concluded ‘voluntary’ agreements on telework (2002), work-related stress (2004), and harassment and violence at work (2007). Other relevant recent initiatives include the European Pact for Mental Health (2008) and the related European Parliament resolution on Mental Health (2009).

Framework Agreement on Work-Related Stress

The framework agreement on work-related stress clarifies the relevance of the Framework Directive 89/391/EEC for the management of work-related stress and psychosocial risks. The agreement states that “Stress is a state, which is accompanied by physical, psychological or social complaints or dysfunctions and which results from individuals feeling unable to bridge a gap with the requirements or expectations placed on them.” Under the agreement, the responsibility for determining the appropriate measures rests with the employer. These measures are carried out with the participation and collaboration of workers and/or their representatives. These measures can be collective, individual, or both. They can be introduced in the form of specific measures targeted at identified stress factors or as part of an integrated stress policy encompassing both preventive and responsive measures (European Social Partners 2004).

Framework Agreement on Harassment and Violence at Work

The Framework Agreement on Harassment and Violence at Work states that “Harassment and violence are due to unacceptable behaviour by one or more individuals and can take many different forms, some of which may be more easily identified than others. The work environment can influence people’s exposure to harassment and violence.” The agreement aims to increase awareness and

understanding of employees, workers, and their representatives of workplace harassment and violence, and to provide employers, workers, and their representatives at all levels with an action-oriented framework to identify, manage, and prevent problems of harassment and violence at work. According to the agreement, enterprises need to have a clear statement outlining that harassment and violence will not be tolerated. The procedures to be followed where cases arise should be included (European Social Partners 2007).

European Pact for Mental Health and WellBeing

In 2008, a high level conference finalized the development of the European Pact for Mental Health and Wellbeing which recognized that mental health and wellbeing are a key resource for the success of the EU as a knowledge-based society and economy and for the realization of the objectives of the Lisbon strategy, on growth and jobs, social cohesion and sustainable development. The purpose of the Pact was to establish an EU-level framework for exchange and cooperation on mental health challenges and opportunities. The Pact has five priorities, with ‘Mental Health in Workplace Settings’ being one of them. It stated that “employment is beneficial to physical and mental health...action is needed to tackle the steady increase in work absenteeism and incapacity, and to utilise the unused potential for improving productivity that is linked to stress and mental disorders” (European Pact for Mental Health and Wellbeing 2008). The Pact also called on the EC to issue a proposal for a Council Recommendation on Mental Health and Wellbeing.

European Parliament Resolution T6-0063/2009 on Mental Health

In 2009, the European Parliament passed a nonlegislative resolution on mental health. The resolution, called on “the Member States to encourage research into the working conditions which may increase the incidence of mental illness, particularly among women;” it called on “employers to promote a healthy working climate, paying attention to work-related stress, the underlying causes of mental disorder at the workplace, and tackling those causes,” and it called on “the Commission to require businesses and public bodies to publish annually a report on their policy and work for the mental health of their employees on the same basis as they report on physical health and safety at work” (European Parliament 2009).

WHO Initiatives

The WHO has also developed guidance on how to address psychosocial risks at work, work-related stress, violence and psychological harassment as discussed next.

Work Organization and Stress

This guidance document provides practical advice on how to deal with work stress. It is aimed at informing and raising awareness of management of work-related stress for employers, managers, and trade union representatives. It discusses the nature of stress at work, the causes and effects of stress, as well as prevention strategies, risk assessment, and management methods. The guide also discusses the role of organizational culture in this process and the resources to be drawn upon for managing work stress. The guidance includes lists of common causes and effects of stress for illustrative purposes (WHO 2003a).

Raising Awareness of Psychological Harassment at Work

This guidance document aims at raising awareness of harassment at work by, “providing information on its characteristics, such as its definition, differences between normal conflicts and psychological harassment at work, the ways it is practiced, and the consequences it can produce on health and society. Special attention is devoted to the causes that lead to its development and the measures to be adopted in order to combat it and react to it” (WHO 2003b, p. 4). Since psychological harassment is widespread in all occupational sectors, this guidance document is aimed at promoting health and safety at work among health professionals, decision makers, managers, human resources directors, the legal community, unions, and workers worldwide (WHO 2003b).

Raising Awareness of Stress at Work in Developing Countries: A Modern Hazard in a Traditional Working Environment: Advice to Employers and Worker Representatives

The purpose of this guidance document is to, “raise awareness for employers and worker representatives on work-related stress in developing countries. Work-related stress is discussed as an issue of growing concern in developing countries due to important developments in the modern world of work; two of the most significant

being globalization and the changing nature of work. Raising awareness at an early stage seems critical because work-related stress is also a problem which is far from being resolved in developed and industrialized countries” (WHO 2007b, p. 1). It addresses the need to resolve the division between working conditions and the (physical) work environment which makes psychosocial risks at work harder to identify by most occupational health and safety professionals (WHO 2007b).

PRIMA-EF: Guidance on the European Framework for Psychosocial Risk Management: A Resource for Employers and Worker Representatives

This document provides guidance on the European framework for psychosocial risk management (PRIMA-EF) and concerns the management of psychosocial risks in the workplace, aiming at the prevention of work-related stress, workplace violence and bullying (WHO 2008). PRIMA-EF was built on the basis of a review, critical assessment, reconciliation, and harmonization of methods that have proved valid in the EU for the management of psychosocial risks and the promotion of mental health and wellbeing in the workplace. The PRIMA-EF model is relevant to both the enterprise and the wider macro policy level and can be used as a guidance tool for the development of further methods both in Europe and internationally and provide a benchmark for validation of existing and new methods. Two priorities identified on the basis of PRIMA-EF for the future of psychosocial risk management and the promotion of mental health in the workplace in Europe were the development of training for different stakeholders, and the development of a guidance standard on psychosocial risk management in the workplace. As a result, the PRIMA-EF consortium worked with the British Standards Institution to develop Publicly Available Specification 1010 (PAS1010): Guidance on the management of psychosocial risks in the workplace (BSI 2011). This was the first guidance standard in this area to be introduced worldwide. The Canadian national standard in psychological health and safety developed in 2013 (see Potter et al. chapter in this volume) is aligned with PAS1010. In addition, a training course has been developed, PRIMA-eTraining (PRIMAeT) that includes specific modules for employers, employees, employee representatives, and OSH practitioners. The training is offered free of charge through a flexible online platform that can be adapted for use by different stakeholders.

WHO Healthy Workplaces Framework—Healthy Workplaces: A Model for Action: For Employers, Workers, Policymakers and Practitioners

Drawing on existing good practice tools and methodologies, the WHO, on the basis of the Global Plan of Action on Workers' Health, in April 2010, launched the Global Framework for Healthy Workplaces. In identifying common denominators across all regions, it aims to provide global guidance on how to create a healthy workplace, which takes into account the different aspects of the work environment and the potential hazards. The framework also highlights the benefits of creating healthy workplaces comprehensively and strategically aligned with the core objectives of an enterprise. The WHO defines a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- health and safety concerns in the physical work environment;
- health, safety and well-being concerns in the psychosocial work environment, including organization of work and workplace culture;
- personal health resources in the workplace; and
- ways of participating with all stakeholders to improve the health of workers, their families and other members of the community” (WHO 2010, p. 6).

Other International Initiatives

Other international initiatives include the relevant standards developed by ISO and various standards and instruments developed to promote CSR or responsible business practices.

ISO 10075 Series Standards

The ISO 10075 series standards establish principles and requirements for the measurement and assessment of mental workload and specify the requirements for measurement instruments. The standards are intended for use mainly by ergonomic experts, psychologists, occupational health specialists, and/or physiologists, with appropriate training in the theoretical background and usage of such methods, and in the interpretation of the results (ISO 2004).

ISO 10075-1 outlines the general terms and definitions of ergonomic principles related to workload. The standard defines mental stress as “the total of all assessable influences impinging upon a human being from external sources and affecting it mentally.” The standard states that mental strain results from immediate effect of

mental stress within the individual (not the long-term effect) depending on his/her individual habitual and actual preconditions, including individual coping styles (ISO 1991). ISO 10075-2 provides the design principles of the ergonomic principles related to workload, specifically “sources of fatigue: intensity of mental workload and temporal distribution of mental workload.” Factors of temporal distribution of mental workload include “duration of working hours, time off between successive work days or shift, time of day, shift work, breaks and rest pauses, changes in task activities with different task demands or kinds of mental workload” (ISO 1996). ISO 10075-3 provides information for choosing appropriate methods and on aspects of assessing and measuring mental workload to improve communication among the parties involved (ISO 2004).

It should also be noted that an ISO occupational health and safety standard, 45001, is currently being finalized and will be launched in 2017.

Sustainability and Corporate Social Responsibility Instruments and Standards

More than 200 standards and instruments to promote sustainability, responsible business practices, or corporate social responsibility (CSR) have been developed (McKague and Cragg 2007). These include a number of instruments that have specific labor dimensions and are applicable globally. Some key instruments include: the United Nations Global Compact, United Nations Guiding Principles on Business and Human Rights, OECD Guidelines for Multinational Enterprises, ILO Tripartite declaration of principles concerning multinational enterprises and social policy, the Global Reporting Initiative (GRI), and ISO 26000.

The ILO’s Tripartite Declaration of Principles concerning Multinational Enterprises and Social Policy (MNE Declaration), includes recommendations concerning occupational health and safety which encourage multinational enterprises to maintain the highest standards of worker health, taking into account relevant experience from operations in other countries. It calls on multinational and national enterprises to incorporate, where appropriate, matters relating to health and safety in agreements with workers’ representatives and organizations. As far as governments are concerned, the MNE Declaration recommends applying international labor standards in order to ensure that both multinational and national enterprises provide adequate health and safety standards for their employees (ILO 2006).

Jain et al. (2014) carried out a study to examine which psychosocial factors, and related issues such as work-related stress, violence, bullying, and harassment are covered in Sustainability and CSR instruments and standards. The findings clearly indicate that these instruments and standards provide a broad coverage of several psychosocial factors. Since most standards and instruments cover labor dimensions and working conditions, which include basic labor themes originating from

international labor standards and regulations, a number of psychosocial factors are directly or indirectly addressed by these instruments.

Is There the Right Balance in Policy and Practice?

An interesting policy mix can be observed at an international level in relation to psychosocial risks and work-related stress. This includes not only legislation in several countries but also additional nonbinding/voluntary policy initiatives including guidance, social partner agreements, and, since 2011, even standards. It can also be observed that the introduction of different types of policies such as legislation, agreements, guidance, and a national standard in the case of Canada, has spurred organizational action. The chapter by Potter et al. in this volume presents further national initiatives that can be considered alongside the international initiatives presented here to draw conclusions on the current state of the art in psychosocial risk management policy and practice.

For example, in the UK where extensive work has been carried out to implement the good practice approach of the Management Standards for work-related stress (that is also now used in Ireland and Italy), prioritization of psychosocial risks and work-related stress has suffered in recent years due to a lack of political will to address these issues and limited use of the evidence base (Leka et al. 2015). In many countries it seems that lack of action might be the result of lack of political will, deregulation, poor social dialogue practices, and lack of resources—key barriers that affect policy development, research, and organizational practices. However, overall, across countries, legislation has indeed acted as a catalyst for the prioritization of psychosocial risks and work-related stress. In fact, especially where awareness and expertise on these issues are limited, legislation has been highlighted as a necessary precondition to spur action (Kortum et al. 2011).

Another issue highlighted by experts and stakeholders is the lack of specificity in terminology used in existing legislation in relation to psychosocial risks and work-related stress (e.g., Ertel et al. 2010; Leka et al. 2015). This has been reported to negatively impact on practice even though complementary guidance might be available that clarifies the relevance of such legislation to these issues (for example, this is the case in the EU in relation to its key health and safety directive which also applies to psychosocial risks according to guidance from the European Commission and to the European social partner framework agreement on work-related stress; Leka et al. 2011).

Of course, what has been highlighted repeatedly is that legislation is no good without appropriate enforcement (Quinlan and Sheldon 2011). Appropriate enforcement is only possible where there are adequately resourced and competent inspectorates. However, in many countries it is observed that budget cuts have negatively affected inspectorates both in terms of manpower and resources to develop and promote new initiatives. In addition, competence of inspectorates in relation to psychosocial risks and work-related stress prevention has been widely

criticized (e.g., Johnstone et al. 2011; Lippel et al. 2011; Rasmussen et al. 2011). Efforts have been made in some countries to address this gap and tools developed could be used in other countries too (such as the tools developed through the Senior Labor Inspectors Committee (SLIC) campaign on psychosocial risks that can serve as a good practice example for countries outside Europe). The second issue in relation to enforcement of legislation concerns the low frequency of inspection visits in SMEs. This raises concerns about an over reliance on a legislative approach, even in countries where it exists.

A further issue is the information generated through the lists of occupational diseases and compensation systems used across countries. Although the ILO (2010) has led the way including mental and behavioral disorders in R194—Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases, it is still early to appreciate the level of consequent action that will result at national level. However, the EU, for example, has also put effort in exploring this possibility in terms of their respective list (EC 2013).

Even though legislation has been reported as being the main driver to engage businesses in good practice in health and safety in general, and in particular, psychosocial risk management (e.g., EU-OSHA 2010), others advocate that business and ethical case are stronger drivers (e.g., Bevan 2010; Jain et al. 2011). Approaches like PAS1010 by BSI and the Canadian national standard on psychological health and safety aim at showcasing that psychosocial risk management should be integrated in business operations and is good management practice. They offer a process, guidance, and tools to complement management systems used in companies in order to address psychosocial risks. Additional good practice examples include tools specifically developed for smaller businesses at national and sectoral level, promoted by the social partners, sectoral, and professional associations, both through the internet and more traditional means of communication. The promotion of an integrated approach through occupational health and safety management systems should be pursued at organizational level. At the same time, an integrated approach at policy level (e.g., bringing together the OSH and health promotion perspectives) should be promoted.

There is, however, also the case of developing countries where many believe that other much more urgent and serious issues need to be addressed (for example accidents and communicable diseases). Since evidence has been building in developing countries to indicate that psychosocial risks and work-related stress are real problems accentuated by processes of globalization and requiring urgent attention (e.g., Kortum and Leka 2013), the question arises of whether the models used in industrialized countries are appropriate for application in the developing country context. It is widely acknowledged that any good practice approach would require adaptation in any other country than the one where it was developed. The parameters of the psychosocial work environment are universal in any workplace. What will differ are their relative importance in the specific organizational context, and their interaction with other factors in the work environment, including physical aspects as well as the socioeconomic, and even the political, context in each country

(e.g. Maakip et al. in this volume). As such it has been suggested that the models used to address psychosocial risk and work-related stress in developing countries must be more comprehensive and consider macro factors (e.g., Benach et al. 2007; Kortum and Leka 2013).

Although the picture across the world varies considerably, it is fair to say that several actions have been taken at different levels to address psychosocial risks and work-related stress across countries. Sharing of good practices and critical evaluation of different approaches is missing so that these can be used for future planning. Some examples exist where good practices have been adapted and used in other countries (for example, the Management Standards for work-related stress in the UK, Ireland, and Italy, and ISTAS21 in Spain and Chile).

Since there are several approaches and tools available, it is important that key stakeholders further develop, and actively work in, strategic partnerships to advance sharing of good practices and evaluation in different contexts. International organizations and key regional bodies should work in closer collaboration with national stakeholders and professional associations to coordinate and promote good practice. A lot of knowledge is available in this area already and it is evident that limited success can be achieved by isolated efforts. Coordinated actions in strategic partnerships in policy and practice are needed.

An innovative policy mix, including regulatory and nonbinding/voluntary approaches, promoted through partnerships and networks, and supported by the availability of tools and access to competent support are crucial for the future, in order to tackle psychosocial risks and work-related stress in a preventive manner and to achieve the right balance in policy and practice.

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