

CEEMET POSITION PAPER ON MENTAL HEALTH AT THE WORK PLACE

Employers in the MET (metal, engineering and technology based industries) sector understand how occupational safety and health (OSH) concerns can be multifactorial, impacted by both work and non-work contributory factors. Workplace mental health which includes psychosocial risks is one example.

It is important to remember that both employers and employees have a shared responsibility under the Framework Directive to achieve improvements in health and safety (H&S) conditions. Consequently, efforts to improve OSH standards should not solely rest with the employer, but also rest with the individual.

Mental Health at the work place

CEEMET concurs with the description of stress as set out in the 2004 Framework Agreement¹ signed by all European social partners. CEEMET

¹ Framework Agreement on work related stress, <http://ec.europa.eu/social/BlobServlet?docId=1479&langId=en>, 2004

also acknowledges its main principles describing stress as set out below:

Stress is a state, accompanied by “physical, psychological or social complaints or dysfunctions” resulting from “individuals feeling unable to bridge a gap with the requirements or expectations placed on them”².

We recognise that there are positive and negative effects associated with work activity. For example, an individual may cope with a short-term exposure to pressure i.e. positive effect, but have difficulty in coping with prolonged exposure to intensive pressure i.e. negative effect.

Each individual has a unique coping capacity for managing their workload and individuals do display varied reactions to identical situations. Equally, any given person may react differently to identical situations at different stages of their lives.

The MET employers’ position on workplace mental health is outlined in the following 6 points:

1: EU Framework Directive caters for all workplace H&S risks

It is our view that there is no requirement for new legislative initiatives on managing workplace psychosocial risks as the 1989 EU Framework Directive³ already covers all H&S risks. Furthermore, a European Court of Justice ruling⁴ affirmed the view that the Framework Directive applies to all workplace H&S risks.

² Framework Agreement on work related stress, <http://ec.europa.eu/social/BlobServlet?docId=1479&langId=en> 2004:1

³ Council Directive of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (89/391/EEC), <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT>

⁴ EU Court of Justice judgement - [case C-49/00](http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:61370904700-45) - 15 November 2001



Early EU H&S directives set the right approach and establish a clear set of roles and responsibilities for both employees and employers. For example, the structure set out within the Framework Directive; requires that workplace risks are identified, assessed and acted upon together in a holistic fashion.

We do agree that whilst existing legal requirements play an important role, they must be complemented with practical guidelines and support at national and organisational levels.

We also agree that it is necessary to implement the Framework Agreement on work related stress at Member State level. Member States themselves have said that the **“work-related stress agreement... fits in a larger framework of existing national and EU legislation, such as the Framework Directive 89/391 on H&S at work”⁵**.

CEEMET support EU policy makers in utilising the Framework Directive with regard to work-related stress in Member States alongside the 2004 European Framework Agreement on work related stress.

2: Holistic approach to psychosocial risks

A holistic approach looks at all elements encompassing any H&S framework. It is essential in assessing the impact of psychosocial risks and mental health in the workplace. In looking at the issue holistically it is important to recognise that an individual’s mental health cannot be exclusively attributed to work place factors. There are many other factors and psychosocial risks outside the workplace which will determine an individual’s mental health status throughout their lives.

Significantly, for effective management of psychosocial risks, there must also be appropriate onus made on employee personal responsibility. According to a Commission⁶ report, this holistic approach to mental health is supported. The report cites how current evidence from meta-analysis supports actions at both organisational and individual level. In addition, it repeats this mantra, “employees need to take some personal responsibility for maintaining their health”. Mental health is not the exclusive responsibility of employers, in the same way as public health should not be the responsibility of employers to manage societal issues.

Health literacy is another important factor that must be taken into account in context of mental wellbeing and personal responsibility. Personal self-management capabilities determine the capacity of an individual to make sound health decisions on a daily basis. Personal self-management and motivation are factors, which contribute to an individual’s mental health. This must be understood when conducting any analysis of mental health in the workplace.

CEEMET calls on EU policy makers to avoid imposing legal obligations on employers to manage societal public health issues such as mental health and physical well-being. A holistic approach must be adopted.

3: Impact of multifactorial factors outside the employers’ control

Occupational health issues are often multifactorial, with both work and non-work related contributory factors. Both sets of factors can impact an individual’s mental health and psychosocial risks factors attributed to a work environment cannot be exclusively attributable in determining a person’s mental health. Every individual behaves and acts differently. Recent

⁵ <http://ec.europa.eu/social/BlobServlet?docId=2730&langId=en> (2008:33)

⁶ [Background document for the EU Thematic Conference on Promotion of Mental Health and Well-being in Workplaces](#), (McDaid, 2011: 7)



data⁷ indicates that an employee spends on average approximately 20% of their total time at the workplace with the remaining 80% in the private sphere.

The 2004 Framework Agreement supported the home-work interface paradigm. It stated “**stress originating outside the working environment** can lead to changes in behaviour and reduced effectiveness at work”⁸ and also that manifestations of stress at work cannot necessarily be considered as work-related stress.

EU OSHA⁹ also refer to the home work interface and the increasing inter-role conflict between pressures from home and at work. They found that a low level of satisfaction or wellbeing from marital dissatisfaction and parental distress functioned as a precursor of work-family conflict.

There are difficulties in differentiating between public concerns about non-active physical lifestyles (sedentary)¹⁰ and the workplace. Consequently, this has contributed to the growing recognition of sedentary working practices in influencing musculoskeletal symptoms. Change and uncertainty on the domestic front can be a risk factor for mental health in its own right as can issues arising from the workplace.

Occupational health issues are often multifactorial. CEEMET reminds EU policy makers that factors outside the work environment have a potential impact on an individual’s mental health whilst they are at work. Manifestations of stress at work cannot necessarily be considered to be work-related stress; especially as on average

employees spend approximately 80% of their lives outside the workplace.

4: Causes of psychosocial risks

There is great difficulty in identifying the exact causes of psychosocial risk. While it is possible to define the risk to a person from a physical hazard i.e. a chemical substance, such direct causality can be absent and non-specific for psychosocial risk. Moreover, identifying any direct causality is further complicated because of individual differences in coping with these risks.

Stress surveys very often aim to identify hazards or outcomes without linking them. This is due to the difficulty in identifying the precise causes of psychosocial harm as a result of the variety of psychosocial risks and the potential interaction effects between the individual risk factors. It is our view that this complexity cannot be adequately addressed and resolved through normal legislative channels.

CEEMET calls on EU policy makers to acknowledge the major differences which exist between the identification of physical and psychosocial harm, while taking account of each individual’s unique coping abilities to psychosocial risk factors.

5: OSH statistics and work related stress

CEEMET has some reservations about the representativeness; accuracy and comparability of some of the statistics compiled at the EU level in the OSH field and in particular work related stress. We question the accuracy in the following four areas.

1. Methodological shortcomings exist. For example, work related stress research tends to focus on employee perceptions. Such perception and bias led questions are

⁷ This figure is based on extrapolating the latest data from the EURES database portal covering European Economic Area (EEA) countries <https://ec.europa.eu/eures/>

⁸ <http://ec.europa.eu/social/BlobServlet?docId=2730&langId=en> (2004:2)

⁹ [Management of psychosocial risks at work](#): An analysis of the findings of the ESNER European Risk Observatory, (EU OSHA, 2012)

¹⁰ <http://ec.europa.eu/social/BlobServlet?docId=10016&langId=en>



subjective and are negatively framed toward the work life, e.g. "Do you think that you are stressed due to your workload?" This results in methodological weaknesses, with a lack of cross-checking of other data which cover objective questions which relate to the actual workload and exposures etc. at the workplace.

2. There is a lack of data to compare the prevalence of mental diseases in "non-active populations" (unemployed, retired, stay at home spouses) against "active populations" (working population). Non-active groups comprise a large segment of the population and are not reflected in such statistics.
3. Statistics compiled in the mental health area often only include data from health insurance providers. This can give rise to statistical inaccuracies and bias.
4. Changes in diagnostic techniques and procedures used by physicians/therapists in identifying mental health issues.

requirements are necessary. EU OSHA research has also reported how companies are voluntarily engaging, participating and promoting a good OSH culture in the mental well-being field.

CEEMET strongly advocates full implementation of the guidance from the 2004 Framework Agreement in all Member States, which employers are currently putting into place at the workplace.

6: Promoting positive OSH company culture

There has been a positive and proactive engagement by employers to mental wellbeing and workplace stress. The joint implementation report¹¹ of the 2004 Framework Agreement concluded it had "added real value" for work related stress, and enabled social partners to find solutions that benefited both workers and employers.

Guidelines from this agreement are being embraced voluntarily by employers and acted upon. We believe that no further regulatory

About CEEMET:

CEEMET (Council of European Employers of the Metal, Engineering and Technology-Based Industries) is the European employers' organisation representing the interests of the metal, engineering and technology-based industries. Through its national member organisations it represents 200 000 companies across Europe. The vast majority of them are SMEs, providing over 13 million jobs.

¹¹ [Implementation of the European autonomous framework agreement on work-related stress \(2008\)](#)

