



HAL
open science

Joint ICOH-WOPS & APA-PFAW global roundtable perspectives: exploring national policy approaches for psychological health at work through the ‘National Policy Index’ lens

Rachael Potter, Michael Ertel, Maureen Dollard, Stavroula Leka, Aditya Jain, Loïc Lerouge, Irene Houtman, Birgit Aust, Won-Jun Choi, Nicholas Crooks, et al.

► To cite this version:

Rachael Potter, Michael Ertel, Maureen Dollard, Stavroula Leka, Aditya Jain, et al.. Joint ICOH-WOPS & APA-PFAW global roundtable perspectives: exploring national policy approaches for psychological health at work through the ‘National Policy Index’ lens. *Industrial Health*, 2024, 62 (5), pp.2024-0092. 10.2486/indhealth.2024-0092 . halshs-04678962

HAL Id: halshs-04678962

<https://shs.hal.science/halshs-04678962v1>

Submitted on 19 Dec 2024

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L’archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d’enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Joint ICOH-WOPS & APA-PFAW global roundtable perspectives: exploring national policy approaches for psychological health at work through the ‘National Policy Index’ lens

Rachael E. POTTER^{1*}, Michael ERTEL^{2,3}, Maureen F. DOLLARD^{1,4}, Stavroula LEKA^{4,5}, Aditya JAIN⁶, Loic LEROUGE⁷, Irene HOUTMAN⁸, Birgit AUST⁹, Won-Jun CHOI¹⁰, Nicholas CROOKS¹¹, John FITZGERALD¹², Siti Nurani HASSAN¹³, Andrea KIRK-BROWN¹⁴, Takenori MISHIBA^{15,16}, Ashley SPETCH¹⁷, Ulrich STOETZER¹⁸ and Pieter VAN DIJK¹⁹

¹Psychosocial Safety Climate Global Observatory, Centre for Workplace Excellence, Justice & Society, University of South Australia, Australia

²Division Work and Health, Federal Institute for Occupational Safety and Health (BAuA), Germany

³ICOH Scientific Committee “Work Organisation and Psychosocial Factors” (ICOH-WOPS)

⁴School of Medicine, University of Nottingham, United Kingdom

⁵Centre for Organisational Health & Well-being, Lancaster University, United Kingdom

⁶Nottingham University Business School, United Kingdom

⁷French National Scientific Research Centre (CNRS), Centre for Comparative Labour and Social Security Law (COMPTRASEC), International Research Chair in Comparative Studies on Occupational Health at Work (CECST) GPR HOPE, Idex, University of Bordeaux, France

⁸Nederlandse Organisatie voor Toegepast Natuurwetenschappelijk Onderzoek TNO (TNO), The Netherlands

⁹National Research Centre for the Working Environment, Denmark

¹⁰Department of Occupational and Environmental Medicine, Gil Medical Center, Gachon University College of Medicine, Republic of Korea

¹¹Health and Safety Business Unit, WorkSafe Victoria, Australia

¹²WorkSafe New Zealand, New Zealand

¹³Consultation, Research & Development Department, National Institute of Occupational Safety and Health (NIOSH), Malaysia

¹⁴Monash Business School, Peninsula Campus, Monash University, Australia

¹⁵Department of Law, Kindai University, Japan

¹⁶Japan Association of Occupational Health Law, Japan

¹⁷WorkSafe British Columbia, Canada

¹⁸Regulations, Market Surveillance and International Affairs, Swedish Work Environment Authority, Sweden

¹⁹Monash Business School, Peninsula Campus, Monash University, Australia

Received May 14, 2024 and accepted July 20, 2024

Published online in J-STAGE July 30, 2024

DOI <https://doi.org/10.2486/indhealth.2024-0092>

*To whom correspondence should be addressed. E-mail: rachael.potter@unisa.edu.au

©2024 National Institute of Occupational Safety and Health

Abstract: Worker psychological health is a significant global imperative that requires national policy action and stakeholder engagement. While national policy is a critical lever for improving worker psychological health, some countries are more progressive than others in relation to policy development and/or implementation. At the Joint Congress of the International Commission on Occupational Health, Scientific Committee on Work Organization and Psychosocial Factors and the Asia Pacific Academy for Psychosocial Factors at Work in Tokyo (September 2023), a Global Roundtable was held that to initiate international dialogue and knowledge exchange about national policy approaches for work-related psychological health. The Global Roundtable involved experts from diverse regions alongside an engaged audience of congress attendees and facilitators. Qualitative data were analysed against the five components of the National Policy Index tool comprising, policy priority, specific laws, nation-wide initiatives, sector-oriented initiatives, national survey and/or studies. Analysis revealed that while work-related psychological health is a policy priority across many countries, at the same time, there are global gaps in both legislation specificity and active regulation across different countries. For future policy development across countries, it will be beneficial to continue and deepen international discourse and for countries to share their approaches with others.

Key words: Mental health, Psychosocial risks, Policy

Introduction

Protecting and promoting work-related psychological health (also referred to as mental health) is a serious international challenge, requiring coordinated stakeholder input and action¹. Psychological health is “a state of mental well-being that enables people to cope with the stresses of life, to realise their abilities, to learn well and work well, and to contribute to their communities” and is an intrinsic component of collective health and wellbeing². Population-level research affirms that poor work-related psychological health is pervasive and destructive to individuals, organisations, and society^{3,4}. A prominent review reported that adverse psychosocial working conditions (e.g., workplace bullying, job strain, effort-reward imbalance) were prospectively associated with an increased risk of developing a depressive disorder⁵. In addition, a recent population-based cohort study found that long working hours and poor workplace psychosocial safety climate (PSC) were associated with an increased risk of developing new major depression symptoms⁶. Economically, work stress is estimated to cost countries between US\$221.13 million to US\$187 billion due to lost outputs, healthcare costs, and medical expenses⁷.

In response to growing research evidence, psychological injury claims, and rapid developments in modern working arrangements⁸, various stakeholders—including international, national, regional, sectoral, and enterprise entities—have enacted large-scale policies that stipulate

global priorities⁹) as well as obligatory employer psychosocial hazard¹/risk² management duties^{11,12}. These efforts are in the name of improving working conditions and employment practices for better worker health. To advance evidence-based policy development and implementation, it is also important to investigate and explore how different countries prioritise—or address—psychological health.

National policy approaches can be a powerful impetus for positive organisational action^{4,13–15}. Jain *et al.*¹⁴, using a policy audit approach, established that having national-level legislation that addresses psychosocial risks and work-related stress leads to the implementation of organisational action plans aimed at mitigating stress. Potter *et al.* using reports from experts and linkage to European Survey of Enterprises on New and Emerging Risks (ESENER) data showed national policy approaches, particularly legislation, were important for enterprise-level protection for worker psychological health (i.e., the psychosocial safety climate). Yet some countries are more advanced than others in terms of policy development for worker psychological health¹⁶. For instance, in Australia there are now specific work health and safety (WHS) Regulations that delineate for employers the obligation to minimise psychosocial risks to workers so far that is reasonably practicable, and to exercise due diligence in practice. In the European Union (EU), trade unions have

¹Aspects of work organisation, design and management that have the potential to cause psychological or physical harm such as work stress¹⁰.

²Denotes the potential of a psychosocial hazard to cause harm¹⁰.

launched a campaign for an overarching EU Directive on psychosocial risks that focuses on work organisation, as national-level laws only exist in several member states¹⁷). Other countries such as the United States are without any regulatory national policies targeting psychological health. Recently, researchers from US NIOSH made an “urgent call to address work-related psychosocial hazards and improve worker well-being” and pointed to the need for regulatory policies¹⁸). Furthermore, some countries have more maturity in translating national policy principles into organisational action.

In response to discrepancies between national policy approaches surrounding worker psychological health, there is a great opportunity for policy stakeholders and experts to connect and learn from one another. Understanding different stakeholders’ perspectives is valuable in providing a greater understanding of national policy intentions, identifying strengths and weaknesses, and to stimulate thinking about alternative policy approaches or solutions. Current research in this area is scant, with a literature review only identifying 26 publications pertaining to studies that evaluate policies on work-related psychological health and/or psychosocial hazards and risks¹⁹). Notably, half of the reviewed studies were based on commentaries, and stakeholder inputs were seldom sought. There is also a current geographical bias in research focus, with a disproportionate concentration on specific regions, particularly Europe, thereby neglecting regions where workers may be most vulnerable to psychosocial risks and have limited policy protection. There is an urgent need for more expansive policy discourse and research to facilitate knowledge dissemination and identify areas requiring shared improvement across the world.

To address this gap in shared understandings, this paper presents valuable international information from the inaugural ‘Global Roundtable on National Policy Approaches for Work-Related Mental Health’, which was convened at the Joint Congress of the International Commission on Occupational Health (ICOH), Scientific Committee on Work Organization and Psychosocial Factors (ICOH WOPS) and the Asia Pacific Academy for Psychosocial Factors at Work (APA-PFAW) in Tokyo in September 2023. The purpose of the Global Roundtable was to promote international dialogue about national policy approaches between countries with diverse socio-political and cultural backgrounds. Roundtable facilitators (Rachael Potter, Michael Ertel, Maureen Dollard) brought together policy stakeholders and experts from various countries to engage in an exchange of experiences, knowledge sharing and discussion

on policy and practice implications to create a sustainable working network. A second goal was for a consensus statement, on steps forward to maintain shared knowledge that is published in this special issue volume. Undertaking a stocktake of different policy approaches via the Global Roundtable will enable stakeholders to reflect on their own initiatives and what could be improved, enhance collaboration and networking opportunities between countries, and promote policy knowledge transference and awareness.

The Global Roundtable extends research by Potter and colleagues (2023, 2024) who undertook a global analysis of the policy presence for worker psychological health across countries and then validated a tool to quantify national policy approaches called the National Policy Index (NPI, for worker mental health). The NPI denotes that for enterprises to have a healthy psychosocial safety climate, the country should have work-related psychological health as a policy priority, specific laws to regulate psychosocial aspects or work-related psychological or mental health, nation-wide initiatives, sector-oriented initiatives, and national studies or surveys pertaining work environment conditions. In the current study, using the NPI as the guiding framework, we explore the discussions that arose from the Global Roundtable to provide more depth on the status of policy development around the world for worker psychological health. Examining qualitative data in relation to the NPI’s 5 national principles will provide a deeper understanding around policy approaches across countries. Reflecting on the Global Roundtable, we aim to address the research question: “What are the current policy approaches that exist globally for the protection of work-related psychological health and psychosocial risk management?”.

Roundtable Method & Context

Participants

Participants were purposively invited to the Global Roundtable to capture an internationally diverse sample. There were ten invited expert speaker presentations, providing overviews of the policy context in Europe and Asia, and national policy initiatives and approaches in Australia, Canada, Denmark, France, Japan, Korea, Malaysia, New Zealand, and Sweden. Expert speakers had diverse occupational backgrounds such as academics, regulators and labour law. For one expert speaker an interpreter was present. There were three facilitators. The Global Roundtable was attended by other congress participants, from other countries as well as from the speaker’s countries, who also shared their views throughout the sessions and participated

in a team-based discussion exercise.

Procedure

The Global Roundtable was an integral component of the Tokyo Congress and welcomed expert speakers, as well as a realm of congress participants (approximately 25) to attend and provide input. The Global Roundtable took place over three sessions over two days. There were three two-hour sessions involving presentations, discussions of national policy and regulatory approaches for psychosocial risk management, unpacking current challenges and best ways forward as a collective. The room was configured with a large circular table for maximum communication. Anyone who registered were also able to attend the Global Roundtable and to ask questions to the speakers and become involved in the group discussions. The facilitators informed all attendees that the Global Roundtable also functioned as a research project (ethics was granted by UniSA protocol number 205180) and remaining on the Roundtable was indicative of consent. The three session structure was as follows:

- Day one (session one), following a brief overview of an international policy study (Potter *et al.*^{15, 16}) to establish the contextual framework, facilitators informed all attendees that the Global Roundtable was intended to follow an iterative discourse model, and for attendees to direct the course of conversation and ask questions. Next, there were ten-minute presentations from five expert speakers on their country's policy approaches, with time for all attendees to respond with questions and comments. At the conclusion of session one, attendees were asked to give feedback on specific topics that they would like to have discussed in the third session.
- Day two (session two) there were five expert presentations that included questions and answers in a group setting.
- Day two (session three) involved small group discussions based on the key issues that were provided in session one. The “core” participatory part of the round table was session 3, where working groups were formed around three pre-determined topics that were designed based on the feedback from session one. The topics were: (1) the strategy of the labour inspectorate on psychosocial risks at work and mental health, (2) drivers for action (e.g., stakeholders, processes, regulations), and (3) how to get action started—setting the agenda in the workplace. After about 15 min of self-organised small group discussion, the results were fed back to all attendees, followed by deeper discussion and exchange.

The audio recordings of the Global Roundtable were transcribed by an external party. The facilitators took notes and kept the participants' notes and outputs from their groupwork. To supplement this information, participants (including an additional expert from The Netherlands) were later asked to complete the NPI tool with qualitative information to ensure researchers gained an accurate understanding of their country's policy status. Data were analysed in a descriptive manner, conveying policy approaches rather than themes.

Results

The next section presents an overview as to how different countries approach the different aspects of the NPI. A tabular summary of NPI examples across countries is presented in the Appendix Table.

Policy priority

Most participating countries have work-related psychological health as a policy priority (or an occupational health and safety priority). Some countries or regions have national policy strategies in place to convey the prioritisation of work-related psychological health. For instance, in Australia, one regulator, WorkSafe Victoria, introduced a Mental Health Strategy (2021–2024) to prevent workplace mental injuries and to better protect workers with a mental injury. The strategy is underpinned by the principles of protecting workers and supporting the needs of employers, and it outlines objectives, focus areas and priority groups to engage with over the next three years. In Denmark, the policy priority for the psychosocial working environment was increased by several national initiatives in 2019/2020 including for the first time an executive order for the psychosocial working environment²⁰. While New Zealand is still working towards prioritising psychological health at work as a policy priority, there is a Government Health & Safety at Work Strategy (2018–2028) that indirectly addresses work-related psychological health. A broad goal is to ‘focus on what will make the biggest impact to reduce harm’, with a priority on ‘work-related health, including mental health’. While this is the accepted government strategy, there are challenges in recognising psychological health as a priority strategic area with adequate resourcing.

Policy priority was also described as existing through collaboration between relevant parties, coming together to address the issues of work-related psychological health problems. For instance in the Netherlands, there is collaboration between the Ministry of Social Affairs and Em-

ployment and the Ministry of Health, establishing a ‘Broad Social Cooperation’ including the social partners as well as all sorts of other stakeholders and professional groups (e.g. professional organisation of occupational health physicians, professional organisation of occupational health psychologists) to discuss what actions to take. Sweden, Korea, Japan, Canada, Malaysia, the broader EU, and France also noted work-related psychological health being a policy priority. However, some countries (e.g., Canada) stated that although it is a priority area there is a lack of broad regulation to prevent psychological work injuries. Also, it was stated the practicalities of conducting regulation was difficult in some countries such as France. Other countries are in the process of developing certain policies that reflect the prioritisation of these issues (e.g., Malaysia).

Specific laws

Most countries described having specific laws in place for the regulation of work-related psychosocial hazards/risks and/or work-related psychological/mental health, and the remaining countries noted partial legislative coverage. All participants recognised the critical need for specific legislation. A country with more policy development—including legislation—is Denmark. Since 2019, the Danish Government and social partners have reached several agreements to improve the psychosocial working environment. Initiatives involved a new Working Environment Law, an Executive order on the psychosocial working environment and a tripartite agreement on national goals for the improvement of the working environment. With its revision in 2019, the Working Environment Act (the Danish Occupational Health and Safety [OSH] law) explicitly included psychosocial risks; creating a “safe and healthy physical and psychosocial working environment” became its primary objective. Obligations associated with such psychosocial risks were clarified and specified through the legally binding Executive Order on psychosocial working environment, which came into force in 2020. It follows from the Executive order that it is always the employer’s responsibility to organise the work so it can be carried out in a safe and healthy manner in relation to influences from the psychosocial working environment. In 2019, the Government and the social partners (involving both the Ministry of Employment and both employer and employee organisations in the so-called tripartite system) reached a new 10 yr tripartite agreement on the working environment to which all the social partners are required to participate so the goals can be reached by 2030. Sweden also pioneers in this area and made Provisions on Organ-

isational and Social Work Environment in 2015.

As another example, Korea has two central Acts that regulate psychosocial hazards and mental health problems: the Occupational Safety and Health Act and the Industrial Accident Compensation Insurance Act. Under the Occupational Safety and Health Act, the government should establish policies to protect employees from job stress and abuse/bullying/harassment at work, and employers have the responsibility to maintain a work environment that prevents mental health problems. On the other hand, compensation criteria for work-related mental diseases are regulated by the Industrial Accident Compensation Insurance Act.

Malaysia has the Occupational Safety and Health Act (OSHA, 1994) which delineates the requirement to promote an occupational environment for persons at work which is adapted to their physiological and psychological needs. A 2022 amendment stated that every employer, self-employed person, or principal shall conduct a risk assessment in relation to the safety and health risk posed to any person who may be affected by their undertaking at the place of work. Where a risk assessment indicates that risk control is required to eliminate or reduce the safety and health risk, the employer, self-employed person, or principal shall implement such control. Such legislation is comparable to the ethos of New Zealand and the Australian law. However, in New Zealand while psychological health is covered implicitly by the word ‘mental’, this only appears twice in the legislation. The Act makes no specific mention of psychosocial risks or psychological harm and does not identify specific risks such as work-related bullying or high stress. In France, the obligation placed on officers/business owners is framed as a general Duty of Care, and psychological health at work is covered by the employer’s obligation to ensure general health and safety.

Australia has recently progressed beyond a more general duty approach (in all jurisdictions except Victoria) and now has clear (legally binding) WHS Regulations explicitly for psychosocial hazards. Having this increased legislative visibility in policy better informs regulators, employers, and workers that the current risk management provisions and models need to be applied to psychosocial hazards. The change has prompted greater national action and interest in capability building regarding psychosocial risk management.

In Japan, the Japanese Industrial Health and Safety Act stipulates a legally mandatory stress check, requiring employers to measure (1) job stressors, (2) mental and physical stress reactions, and (3) support from their employees. The Stress Check Guidelines recommend using

the Brief Job Stress Questionnaire (BJSQ), developed with reference to NIOSH's Generic Job Stress Questionnaire and other tests. The results of the check are subject to group analysis such as by department, and employers are encouraged to use them for primary prevention of psychological hazards. Additionally, if a worker is identified as experiencing high stress, the employer must arrange for an interview with a physician and provide workplace accommodations based on their recommendations.

Some participants described their country being partly covered by legislation. For instance, while the Netherlands adheres to national regulations based on the European Framework Directive on Safety and Health at Work (Directive 89/391 EEC), psychosocial risks or (risks for) work-related stress are not mentioned as such in the law. However, employers must regularly conduct a risk inventory and assessment and must tackle these types of risks when they are present in the organisation. The Labour Inspectorate in the Netherlands is quite small and the chance of a visit of the Labour Inspectorate to check this is slim.

Also, in Canada, both Occupational Health and Safety Regulations as well as Workers Compensation Boards exist at a provincial level. In all provinces, there is some coverage to compensate for psychological injuries, but it is quite different from province to province. For example, some provide coverage for significant stressors, while others only cover conditions that arise from exposure to traumatic events. In most provinces, OHS includes a general duty of the employer clause; however, most provinces do not have specific regulations or policies to protect workers from psychosocial hazards.

Nation-wide initiatives

In terms of what are important drivers for action, the speaker from Sweden pointed out:

So, basically yeah we agreed that enforcement is an important driver but as ... people are saying it's insufficient in terms of ... capacity ... So, we need to complement the power of legislation and regulations with actions in other levels. So social partners involvement and cooperation is essential (...) and in the case of Sweden, it's a very, very powerful driver (...) to set the agenda at many levels (...) and to get involved at both levels – national and workplace level. (T 3, p. 6/7).

Most participating countries noted there were nation-wide initiatives targeting work-related psychological health. These include Government strategies, such as the Swedish Government's National Work Environment strategy and National Strategy for Mental Health and Suicide

Prevention. Across the EU there is the EU Health and Safety at Work Strategic Framework, including a focus on psychosocial risks. Some countries have established national initiatives designed to improve employer capacity building. The National Institute of Occupational Safety and Health (NIOSH) in Malaysia has collaborated with the National Centre of Excellence for Mental Health and Ministry of Health Malaysia to organise a Corporate Social Responsibility (CSR) training program, a Mental Health Awareness (MHA) course and an Occupational Psychological First Aid (OPFA) course for 10,000 employees.

There are also some nation-wide non-regulatory documents to assist employers. The Canadian Centre for Occupational Health and Safety, and some labour groups, have resources and have offered free psychosocial risk management training. There is also the non-binding National Standard for Psychological Health and Safety in the Workplace.

Other countries offer nation-wide tools and information available via websites. The Netherlands have set up accessible tools and resources as part of the Broad Social Cooperation. A website financed by the Ministry of Social Affairs and Employment directed at support for medium to small enterprises offers a risk assessment tool for psychosocial risks. In Japan, there is also a national website called "Kokoro no Mimi" (meaning "Ears of the Heart"), providing comprehensive information on mental health to employers, employees, and their families, supervisors, and support providers, along with the option for online consultations. Here, tools for the legally mandated stress checks are also available. Furthermore, through the Japan Organization of Occupational Health and Safety (JOHAS), a public interest organisation established by the Ministry of Health, Labour and Welfare, consultations on mental health from both labour and management occur. They dispatch specialised staff to companies and provide support for mental health planning and training. All these services are provided free of charge.

In New Zealand, there are national events held by agencies (not regulators) such as the national Pink Shirt Day (Mental Health Foundation) which is a bullying prevention initiative, and Mental Health Awareness Week which usually has messaging around mental health at work. Yet there are currently no broad national initiatives focused on psychosocial risk management in work. In Korea, specific nationwide initiatives also exist to prevent customer service employees from being abused by customers and to protect employees from bullying and/or harassment by colleagues. The Netherlands noted that some sectors are

active in psychosocial risk management (e.g., education and health care).

A more local and specific jurisdictional initiative in Australia is the WorkWell program, which was a \$50 million Victorian Government investment to address psychosocial hazards/risks and/or work-related psychological/mental health. WorkWell was established in response to the Ministerial Work Health Advisory Report (2016) that recommended a focus on mental health in the workplace due to the emerging problem of increasing mental injury claims. Since its inception in 2017, WorkWell has become a world leading, successful model, which utilises multi-pronged interventions, partnerships, and accessible resources to influence workplace safety outcomes for Victorian workplaces. WorkWell supports workplaces to prevent injury and promote safe and mentally healthy workplaces and is a major contributor to WorkSafe Victoria achieving its Corporate Strategic Plan to reduce workplace harm.

Sector-oriented initiatives

Many countries have initiatives for sectors that experience high levels of injury or serious outcomes. However, most of their effectiveness has not been evaluated. In Korea, these include protection measures that have been implemented to protect customer service workers. It is mandatory for the employer to prepare customer response manuals and provide proper management to the victims. NIOSH Malaysia had organised customised programs under Employees Assistance Program (EAP) initiatives for customer service sectors such as telecommunications and banking. WorkSafe Victoria has committed AUD 11 Million to launch 5 sector wide trials in 2025 to address psychosocial hazards, promote mentally healthy workplaces and prevent mental injury.

In New Zealand, some priority sectors (Forestry, Agriculture, Construction, Manufacturing) have specific initiatives. Priority sectors are those identified as having higher work-related fatalities/serious injury, although these are usually identified based on acute traumatic fatalities/injury resulting from workplace accidents rather than those associated with chronic harm processes, e.g., exposure to carcinogens or other airborne risks, high worker stress, or work-related suicide. There is an interesting initiative run by Surfing for Farmers which teaches farmers to surf as a way of getting off the farm and de-compressing. Mates in Construction has a presence on several sites across New Zealand and Australia. Their primary focus is suicide prevention through awareness raising and training.

The Netherlands has sector-orientated initiatives for

education. Canada also has initiatives for health care workers such as the resources developed by the Mental Health Commission of Canada (MHCC), HeathCareCAN, and other health organizations across Canada, including a Psychological Health and Safety Toolkit for Primary Care Teams and Training Programs, a Declaration of Commitment to Psychological Health and Safety in Healthcare, and assessment tools to help the healthcare sector assess and mitigate psychological risks as well as first responders (Canada Standards Association [CSA] Group has a Standard for Psychological Health and Safety in the paramedic service organisation; Resilient Minds, founded by Canadian Mental Health Association and Vancouver Fire and Rescue Services, is a training program for first responders). They also have specific sector initiatives for construction and retail via online safety training for mental health.

In Japan, there are Industrial Safety and Health Associations for four sectors, a public interest organisation established by the Ministry of Health, Labour and Welfare, are implementing mental health measures specific to each sector. For example, the Construction Industry Safety and Health Association implements “Mental Health Measures in the Construction Industry”. Additionally, surveys have been conducted on the approach to mental health measures focusing on small and medium-sized enterprises.

In Denmark, the aims of the national goals are sector specific, meaning that efforts for improvement are concentrated on sectors with high prevalence of these risks according to the results from regularly conducted nationwide surveys. Currently, sectors with a high prevalence of psychosocial strain (i.e., imbalance between high demands and low influence, no possibilities for development and/or violence and harassment) include hospitals, schools, residential care institutions and home care. Five Sector Working Environment Committees (SWECs) covering all sectors, are required to guide the workplaces within their sectors in meeting the goals. The SWECs are evenly composed of employers’ and employees’ representatives and provide various materials (e.g., tools and guidelines), organise conferences and meetings as well as offer help by work environment consultants to support workplaces in their efforts to improve the working environment.

National Surveys or Studies Examples (see Appendix Table for More Comprehensive List)

- European countries are surveyed by the ESENER (by EU-OSHA) and European Working Conditions Survey (by Eurofound).

- In Japan, The Ministry of Health, Labour and Welfare (MHLW) conducts an annual “Labor Safety and Health Survey” that publishes data on various aspects related to mental health in the workplace. This includes the situation of workers who have taken consecutive leave for one month or more due to mental health issues, efforts made by employers regarding mental health measures, utilization of stress check results, prevalence of strong stress, anxiety, worries related to work, availability of individuals to consult regarding stress, anxiety, worries, among other factors. MHLW also conducts the survey on the implementation status of stress checks every year: The implementation status of stress checks, whether group analysis of stress check results have been conducted, how they are responded to are examined and publicly disclosed.
- In the Netherlands, surveys exist at various levels. At the employee level there is the annual National Working Conditions Survey, by TNO and Statistics Netherland, at the employer/organisational level there is the 2 yearly WEA—Werkgevers Enquete Arbeid/Employers Survey on Work; by TNO and there is a survey for self-employed workers (ZEA—Zelfstandigen Enquete Arbeid).
- Korea has the Korean Working Condition Survey (KWCS) which is a nationwide periodic survey that evaluates the effects of working and employment conditions. It is compatible with the European Working Condition Survey, so the results are comparative.
- New Zealand WorkSafe commenced a national survey of psychosocial risks in 2021, reporting in 2022. This was the first survey and it is projected to be repeated every 3–4 yr. Massey University’s Health Work Group has an annual New Zealand Workplace Barometer survey (based on the Australian Workplace Barometer). However, the funding of these was not continued after 2022. Statistics New Zealand were undertaking a *Survey of Working Life* which included work-related variable. However, the last survey was 2019 and wellbeing data is now displayed in the general population category.
- In France, there is a regular assessment called The Medical Monitoring of Professional Risks (SUMER) survey, which assesses exposure of working conditions and analyses appropriate protection measures. There are a few others: (1) EVREST program, (2) the French national occupational disease surveillance and prevention network (RNV3P) which comprises the 30 occupational disease consultation centres in university hospitals to which patients are referred for potentially work-related diseases, and (3) an occupational health service and a

program called “quinzaines des maladies à caractère professionnel” (15-d surveillance of work-attributed diseases) which monitors work-related stress notifications.

- In Denmark, every two years the Working Environment Authority (WEA) conducts a nationwide survey on working conditions, including a large battery of questions about the psychosocial work environment²¹. The results of these surveys are used to follow-up on national goals for the improvement of the work environment.
- The Australian Workplace Barometer (from 2019–2024) was the first nation-wide longitudinal survey of workplace psychosocial factors at work, mental health and productivity outcomes²². The HILDA longitudinal survey (from 2001) is funded by the Department of Social Services and includes some psychosocial risks, and mental health outcomes.
- In Sweden, on assignment from the government, statistics on occupational injuries are compiled by the Swedish Work Environment Authority. In addition to reports of occupational injuries, every other year a survey is conducted on work environment and health outcomes. Some questions on psychosocial work environment are included. Trends and correlations around work environment and ill health are identified.

Discussion

This paper uncovers the current policy approaches that exist globally for the protection of work-related psychological health and psychosocial risk management. Participants provided an overview of their country’s approaches in line with the five streams of the NPI tool, including whether work-related psychological health is policy priority, if there are specific laws in place, there are nation-wide initiatives, sector-oriented initiatives and national surveys or studies occurring. The Global Roundtable approach was highly valuable in efficiently capturing international progress in this space, as well as prompting participants to reflect on their country’s progress and areas for development.

It is evident that global efforts are being undertaken to improve work-related psychological health. Work-related psychological health is a policy priority across many countries, reflected in national strategy plans and collaborations between leading stakeholder groups. In addition, changes to specific laws (its own component of the NPI) also can also increase national policy priorities. Some countries

such as Denmark and Sweden also have a higher level of policy maturation than others, evidenced by the fact that they have completed evaluations of their legislation and have a great range of action in this space. However, a major outcome of this research is that it shows there are global gaps in *legislation specificity* and active regulation across different countries. Roundtable participants from Canada and New Zealand called for enhanced legislation coverage to improve effectiveness of regulation by inspectors. By gaining intra-country insights through the Global Roundtable, it may allow for some policy stakeholders to argue for the adoption of more specific legislation and enforcement to help bolster psychological health within workplaces. Findings also demonstrated a range of nationwide and sector-orientated initiatives undertaken by various countries, yet this could be broadened further to all countries, and the examples listed in this study may provide a source of inspiration. Another point for policy improvement is for all (or more) countries to implement national surveys or studies to assess the state of work-related psychological health; thus providing evidence regarding whether certain policy instruments (e.g. legislation) is effective and/or what the current issues are. Outcomes from recurrent psychosocial risk or work-related psychological health surveillance may then be used to inform the types of nation-wide or sector-oriented initiatives that could be developed.

For future policy development across countries, we suggest that it is beneficial to continue international discourse and for countries to share their approaches with others. In fact, Global Roundtable participants collectively pledged to form an expert committee that will facilitate information sharing and continuous dialogue on this vital issue. As a marked outcome of the joint congress and the Global Roundtable, attendees came together to endorse the 'Global Accord for Worker Mental Health: Tokyo Declaration on National Policy Commitments' (included as a standalone paper in this Special Issue). Specifically, the Declaration strongly encourages governance structures in all countries to take decisive action and prioritise worker mental health by implementing the following measures in line with the NPI tool:

- Assert mental health as a policy priority at both national and organisational levels.
- Establish specific laws and regulations to effectively manage psychosocial hazards/risks and promote mental health in workplaces. Also improve regulatory tools and inspection.
- Promote the right of workers and their representatives (e.g., labour unions) to actively participate in decision making regarding the management of health and safety at work.
- Implement nation-wide initiatives dedicated to enhancing mental health support for workers.
- Develop sector-oriented initiatives tailored to address the unique challenges faced by various industries.
- Conduct national surveys or studies to comprehensively assess psychosocial hazards/risks related to mental health, allowing for evidence-based policymaking.

Participants also noted the importance of strong stakeholder involvement in all policy development and implementation process, such as those listed above. Overall our findings elaborate on the domains of the NPI, providing rich qualitative insights. In future research we propose the NPI tool could be advanced to include elements relating to policy implementation as well, encompassing several streams as those put forward by Kingdon's Multiple-Stream Model²³⁾ taking into consideration how the problem (i.e. work-related psychological health) is framed, the political context or landscape (e.g. public attitudes) and to more greatly consider the role of stakeholders, including government agencies, employers, trade unions, and advocacy groups, in driving policy change and implementation. Certainly, research by Mishiba²⁴⁾ highlights there are differing views in addressing these issues, opting for a mental health approach as more effective (versus a regulatory psychosocial risk management approach). These divergent perspectives are an indication of cultural differences that should be examined more closely in the future. Including these elements alongside the NPI tool would provide even greater scope for understanding global policy development and implementation efforts.

As a limitation to this study, although the findings are summarized according to the 5 aspects of the NPI from 9 countries, there may be national policy approaches for psychological health at work that cannot be covered in this study. For instance the ILO Convention 190 (Violence and Harassment) ratified in 44 countries was not explicitly mentioned by participants, yet it could be expected to be a driver for improvement in member states when ratified.

The Global Roundtable facilitated an exchange of policy insights, practices, and challenges encountered within diverse cultural and socio-economic landscapes. Overall, this study provides a unique summary of the national policy approaches that exist across different countries relevant to work-related psychological health. We conclude that while there is welcomed international progress, there is still a pressing need to align protection

from harm worldwide particularly via greater legislative policy protection and regulation. It is hoped that all countries participating in this Global Roundtable maintain contact and communication as a platform to best advance their national policy approaches in line with the best possible world standards.

Conflict of Interest

None.

Acknowledgements

The authors acknowledge the Australian Laureate Research Council Grant (FL200100025) presented to Professor Maureen Dollard that enabled this research to be conducted. The authors also acknowledge and thank the organisers of the Joint Congress of the International Commission on Occupational Health-Work Organization and Psychosocial Factors (ICOH-WOPS) and the Asia Pacific Academy for Psychosocial Factors (APA-PFAW) Work in Tokyo in September 2023.

References

- World Health Organization & International Labour Organization (2022) Mental health at work: policy brief. <https://iris.who.int/bitstream/handle/10665/362983/9789240057944-eng.pdf?sequence=1>.
- World Health Organization (2022) World mental health report: transforming mental health for all. Geneva. <https://www.who.int/publications/i/item/9789240049338>.
- Cocker F, Sanderson K, LaMontagne AD (2017) Estimating the economic benefits of eliminating job strain as a risk factor for depression. *J Occup Environ Med* **59**, 12–7.
- European Agency for Safety and Health at Work (EU-OSHA) (2017) Second European Survey of Enterprises on New and Emerging Risks (ESENER-2) Overview report: managing safety and health at work. <https://osha.europa.eu/sites/default/files/ESENER%20II%20-%20Overview.pdf>.
- Rugulies R, Aust B, Greiner BA, Arensman E, Kawakami N, LaMontagne AD, Madsen IEH (2023) Work-related causes of mental health conditions and interventions for their improvement in workplaces. *Lancet* **402**, 1368–81.
- Zadow AJ, Dollard MF, Dormann C, Landsbergis P (2021) Predicting new major depression symptoms from long working hours, psychosocial safety climate and work engagement: a population-based cohort study. *BMJ Open* **11**, e044133.
- Hassard J, Teoh KRH, Visockaite G, Dewe P, Cox T (2018) The cost of work-related stress to society: a systematic review. *J Occup Health Psychol* **23**, 1–17.
- Black Dog Institute (2021) Modern work: How changes to the way we work are impacting Australians' mental health [White Paper]. Black Dog Institute. https://www.blackdoginstitute.org.au/wp-content/uploads/2021/10/modern_work.pdf.
- International Labour Organization (2022) ILO Declaration on Fundamental Principles and Rights at Work. https://www.ilo.org/wcmsp5/groups/public/—ed_norm/—declaration/documents/normativeinstrument/wcms_716594.pdf.
- Leka S, Jain A, Lerouge L (2017) Work-related psychosocial risks: key definitions and an overview of the policy context in Europe. In: *Psychosocial risks in labour and social security law: A comparative legal overview from Europe, North America, Australia and Japan*, 1–12, Springer Cham, Paris.
- Eurofound (2022) Psychosocial risks. Eurofound. <https://www.eurofound.europa.eu/en/european-industrial-relations-dictionary/psychosocial-risks>.
- Safe Work Australia (n.d.) Psychosocial hazard. Australia. <https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/mental-health/psychosocial-hazards>.
- Janetzke H, Ertel M (2017) Psychosocial risk management in more and less favourable workplace condition. *Int J Workplace Health Manag* **10**, 300–17.
- Jain A, Torres LD, Teoh K, Leka S (2022) The impact of national legislation on psychosocial risks on organisational action plans, psychosocial working conditions, and employee work-related stress in Europe. *Soc Sci Med* **302**, 114987.
- Potter RE, Dollard M, Lerouge L, Jain A, Leka S, Cefaliello A (2024) National Policy Index (NPI) for worker mental health and its relationship with enterprise psychosocial safety climate. *Safety Science*, **172**, 106428.
- Potter R, Dollard M, Leka S, Jain A (2023) International review of national policies for psychological health at work: expert opinion audit. University of South Australia, Adelaide.
- Glaise N, Cefaliello A (2023) The fight for a directive on psychosocial risks. *Hesamag*, **26**, 18–22.
- Schulte PA, Sauter SL, Pandalai SP, Tiesman HM, Chosewood LC, Cunningham TR, Wurzelbacher SJ, Pana-Cryan R, Swanson NG, Chang CC, Nigam JAS, Reissman DB, Ray TK, Howard J (2024) An urgent call to address work-related psychosocial hazards and improve worker well-being. *Am J Ind Med* **67**, 499–514.
- Potter R, Jamieson S, Jain A, Leka S, Dollard M, O'Keeffe V (2022) Evaluation of national work-related psychosocial risk management policies: an international review of the literature. *Safety Science*, **154**, 105854.
- Danish Working Environment Authority (2020) Executive order on psychosocial working environment. <https://at.dk/en/regulations/executive-orders/psychosocial-working-environment-1406/>.

- 21) Andersen LL, Bay H, Rugulies R (2023) Study design of National Surveillance of the Work Environment of Employees in Denmark (NASWEED): prospective cohort with register follow-up. *Scand J Public Health*, 14034948231182022.
- 22) Dollard MF, Bailey TS (2014) *The Australian workplace barometer: Psychosocial safety climate and working conditions in Australia*. Australian Academic Press, Samford Valley.
- 23) Kingdon JW (1995) *Agendas, Alternatives and Public Policies*, 2nd Ed. Harper Collins, New York.
- 24) Mishiba T (2024) The Legal Regulation of Psychological Hazards at Work: The Hypothesis regarding the Benefits of the Mental Health Approach Compared to the Psychosocial Risk (PSR) Approach. *J Work Health and Safety Regulation*, ed.23-002-. <https://doi.org/10.57523/jaohlev.ed.23-002>

Appendix Table

Summary table of the National Policy Index (NPI) with some examples (i.e., not an exhaustive list) from participating countries

	National Policy Priority	Specific Laws	Nation-wide Initiatives	Sector-orientated Initiatives	National Surveys and/or Studies
Australia	✓ Mental Health Strategy (WorkSafe Victoria)	✓ All states except for Victoria have specific legislation addressing psychosocial hazards/risks	No	✓ WorkSafe Victoria has committed AUD11 Million to launch 5 sector wide trials in 2025 to address psychosocial hazards, promote mentally healthy workplaces and prevent mental injury	✓ The Australian Workplace Barometer (from 2019–2024) is the first nation-wide longitudinal survey of workplace psychosocial factors at work, mental health and productivity outcomes The HILDA longitudinal survey (from 2001) is funded Department of Social Services and includes some psychosocial risks, and mental health outcomes
Canada	✓	Implicitly covered under OHS general duty clause	✓ National Standard for Psychological Health and Safety in the Workplace	✓ Sector initiatives for health care workers such as the resources developed by the Mental Health Commission of Canada, Health-CareCAN, and other health organizations across Canada, including a Psychological Health and Safety Toolkit for Primary Care Teams and Training Programs, a Declaration of Commitment to Psychological Health and Safety in Healthcare, as well as first responders Canada Standards Association [CSA] Group has a Standard for Psychological health and safety in the paramedic service organisation; Resilient Minds, founded by Canadian Mental Health Association and Vancouver Fire and Rescue Services, is a training program for first responders). Also have specific sector initiatives for construction and retail via online safety training for mental health	No Only one-time cross-sectional surveys (e.g., Psychological Health and Safety in Canadian Workplaces survey commissioned by Workplace Strategies for Mental Health and conducted by Mental Health Research Canada)
Denmark	✓	✓ Working Environment Law, an Executive order on the psychosocial working environment and a tripartite agreement on national goals for the improvement of the working environment. The Working Environment Act (the Danish Occupational Health and Safety [OSH] law) was revised in 2019 to explicitly include psychosocial risks	✓ The Psychosocial working environment was one of the four national targets for occupational health and safety for the 10 year plan decided on in 2020	✓ The national targets are sector specific and targets those with a high prevalence of risk. Therefore, hospitals, schools, residential care institutions and home care. Five Sector Working Environment Committees (SWECS) covering all sectors, are required to guide the workplaces within their sectors in meeting the goals	✓ Every two years the Working Environment Authority (WEA) conducts a nationwide survey on working conditions, including a large battery of questions about the psychosocial work environment. The results are used to follow-up on national goals for the improvement of the work environment

	National Policy Priority	Specific Laws	Nation-wide Initiatives	Sector-orientated Initiatives	National Surveys and/or Studies
France	✓	Implicitly covered under general duty of care obligation	No (However the France Telecom case in 2009 prompted national action for managing psychosocial risks)	No	✓ The Medical Monitoring of Professional Risks [SUMER] survey EVREST program that The French national occupational disease surveillance and prevention network (RNV3P) which comprises the 30 occupational disease consultation centres in university hospitals to which patients are referred for potentially work-related diseases An occupational health service and a program called “quinzaines des maladies à caractère professionnel” (15-d surveillance of work-attributed diseases) monitors work-related stress notifications
Japan	✓	✓ Delineates mandatory stress checks	✓ National website called “Kokoro no Mimi The Japan Organization of Occupational Health and Safety (JOHAS) have a free service of dispatching specialised staff to companies to provide support for mental health planning and training	✓ Industrial Safety and Health Associations for four sectors (a public interest organisation established by the Ministry of Health, Labour and Welfare) implement mental health measures specific to sectors The Construction Industry Safety and Health Association implements “Mental Health Measures in the Construction Industry”	✓ The Ministry of Health, Labour and Welfare (MHLW) conducts an annual “Labor Safety and Health Survey” MHLW also conducts the survey on the implementation status of stress checks every year
Korea	✓	✓ The Occupational Safety and Health Act and the Industrial Accident Compensation Insurance Act	✓ Nationwide initiatives to prevent customer service employees from being abused by customers and protect employees from bullying and/or harassment by colleagues	✓ Protection measures have been implemented to protect customer service workers	✓ The Korean Working Condition Survey (KWCS). It is compatible with the European Working Condition Survey, so the results are comparative
Malaysia	✓	Implicitly covered in the Occupational Safety and Health Act (OSHA, 1994)	✓ A Corporate Social Responsibility training program, a Mental Health Awareness course and an Occupational Psychological First Aid (OPFA) course for 10,000 employees	✓ Customised programs under Employees Assistance Program (EAP) initiatives for customer service sectors such as telecommunications and banking	✓ National report on occupational diseases by Department of Occupational Safety and Health

	National Policy Priority	Specific Laws	Nation-wide Initiatives	Sector-orientated Initiatives	National Surveys and/or Studies
New Zealand	✓ Government Health & Safety at Work Strategy (2018–2028)	Implicitly covered by the word ‘mental’, this only appears twice in the legislation	No broad national initiatives on psychosocial risk management at work Pink Shirt Day (Mental Health Foundation) which is a bullying prevention initiative, and Mental Health Awareness Week	✓ Surfing for Farmers Mates in Construction (also in Australia)	✓ New Zealand WorkSafe commenced a national survey of psychosocial risks in 2021, reporting in 2022. This was the first of such survey and it is projected to be repeated every 3–4 yr. Massey University’s Health Work Group has an annual New Zealand Workplace Barometer survey. However, the funding of these was not continued after 2022. Statistics New Zealand were undertaking a <i>Survey of Working Life</i> which included work-related variable. However, the last survey was 2019 and wellbeing data is now displayed in the general population category
Sweden	✓	✓ Provisions on Organisational and Social Work Environment in 2015.	✓ National Work Environment strategy and National Strategy for Mental Health and Suicide Prevention	✓	✓ On assignment from the government, statistics on occupational injuries are compiled by the Swedish Work Environment Authority. In addition to reports of occupational injuries, every other year a survey is conducted on work environment and health outcomes. Some questions on psychosocial work environment are included. Trends and correlations around work environment and ill health are identified
The Netherlands	✓ Collaboration between the Ministry of Social Affairs and Employment and the Ministry of Health, establishing a ‘Broad Social Cooperation’	Implicitly covered	✓ A website financed by the Ministry of Social Affairs and Employment (directed at support for medium to small enterprises) offers a risk assessment tool for psychosocial risk	✓ Initiatives targeted at the education sector	✓ Annual National Working Conditions Survey, by TNO and Statistics Netherland, at the employer/organisational level there is the 2 yearly WEA—Werkgevers Enquete Arbeid/Employers Survey on Work; by TNO and there is a survey asking self-employed workers (ZEA-Zelfstandigen Enquete Arbeid)

The symbol ✓ is used to indicate that the type of policy approach exists in the corresponding country.