

# TACKLING PSYCHOSOCIAL RISKS AT WORK:

HOW WORK STRESSES AND STRAINS CAN KILL  
WORKERS AND HOW UNIONS CAN SAVE THEM

# CONTENTS

FOREWORD	3
EXECUTIVE SUMMARY	4
PSYCHOSOCIAL RISKS: A GROWING ENDEMIC WITH DEVASTATING CONSEQUENCES	5
POOR QUALITY JOBS DRIVE POOR MENTAL HEALTH	10
AUSTRALIAN UNIONS CAMPAIGN AND WIN ON PSYCHOSOCIAL RISKS	12
DESPAIR AT WORK	14
FRENCH UNIONS WIN WORK SUICIDES JUSTICE	17
TREAT PEOPLE RIGHT	18
SPANISH TRADE UNION REPORTS ON PSYCHOSOCIAL RISKS	19
OLD RISKS, NEW RISKS	20
UNION ALLIANCE DEMANDS TRAUMA PROTECTION FOR CONTENT MODERATORS	23
THERE SHOULD BE LAW AGAINST IT	24
UNIONS AIM TO 'END STRESS' IN EUROPE	25
UNIONS ARE CRITICAL	26
SITE UNIONS CUT CONSTRUCTION OVERDOSE AND SUICIDE RISKS	28
KEY AREAS FOR ACTION	30
NATIONAL GOVERNMENTS	30
EMPLOYERS	30
UNIONS	31
INTERNATIONAL AGENCIES	31
SELECTED REFERENCES	33

## FOREWORD

**Too much work and too little control are an unwelcome feature of far too many jobs.**

It is routine to hear employers say that their workers are their greatest asset, but for too many workers, the reality is very different.

Low pay, unachievable targets and punitive sickness absence and performance management systems mean workers are under constant pressure.

It is a feature of the modern workplace that can break the body and blow the mind.

Of course it isn't always this way. But many workplaces are putting short-term profit and performance before people.

The unhealthy consequence is that psychosocial harm to workers now outstrips that of classic workplace injuries and occupational diseases.

Stress, anxiety and depression cause more sickness globally than diseases caused by dust, chemicals and fumes. Long hours kill more workers each year than any other workplace hazard.

Burnout affects one in five workers. Work pressures have been linked to over 10 per cent of all heart disease, depression and suicides.

It doesn't have to be this way. Work can be fulfilling and productive. Treat workers decently, and both companies and their workers thrive.

This is not wishful thinking. A healthy psychosocial safety climate in workplaces delivers a clear benefit to the economy.

And unions have a 'vital' role to play in achieving this, major international studies have established.

Research shows that the best way to achieve this boost to national coffers and workers' health is to have a high trade union density, with engaged unions delivering improvements through collective agreements and by promoting decent, satisfying and rewarding work.

Employers can ignore the psychosocial health of workers and as a result see them break, and ultimately lose valuable skills, increase sickness absence and hurt the bottom line.

Or they can work with unions to ensure workers are valued and provide value.

There is only one sane choice. If employers are struggling to recognise this, unions are ready and available to remind them.

**Luc Triangle,  
ITUC General Secretary**

## EXECUTIVE SUMMARY

**When people crack under the pressure, managers often say it's not the job. They say it was them — they're failing, they're fragile, their life is a mess. But bad jobs can break anyone. Harassment. Long hours. Mind blowing workloads. Impossible targets. Precarious conditions. International research, however, shows that unions are the best antidote to work-related anxiety, depression and suicide.**

Anxiety, depression and heart disease. Even suicide. The occupational diseases of the 21st century workplace are now outstripping the classic maladies caused by traditional dirty, difficult and dangerous work. There is an abundance of evidence that psychosocial hazards at work – including long hours, job insecurity, and a lack of control over what workers do – are breaking bodies and minds.

In many countries, occupational stress is now the single greatest cause of work-related harm, linked to heart and other chronic diseases, higher rates of sickness absence, addiction and suicides. Increased stress is being exacerbated by high incidences of low paid, precarious and poor quality work.

It is a workplace health crisis that in 2022 prompted the United Nations agencies with responsibility for employment and health – the International Labour Organisation (ILO) and the World Health Organisation (WHO) – to prepare their first ever joint publication on [good practice on mental](#)

[health at work](#). According to the ILO and the WHO, 11 per cent of depression worldwide is attributable to occupational risks, with 12 billion working days lost every year to depression and anxiety. ILO and WHO calculated that this came at a cost of US\$ 1 trillion per year in lost productivity.

“For all workers, safe and healthy working environments are not only a fundamental right, but are also more likely to improve work performance and productivity, improve staff retention and minimise tension and conflict,” stressed the ILO and WHO. That is, however, far from the norm. A review published in 2019 in the [International Journal of Environmental Research and Public Health](#) found two-thirds of countries had no preventive laws on psychosocial hazards.

The consequence, globally, is devastating. Take just one of the of the psychosocial risk factors, long working hours. Estimates of the global burden of disease published by the UN's [World Health Organisation \(WHO\) and International Labour Organisation \(ILO\)](#) in 2021, notes: “It can even result in death: one study found that in 2016, 745,000 people worldwide died as a result of working long hours alone.”

This is a small fraction of the total loss of life. Studies suggest [work-related suicides](#) alone could contribute at least 70,000 deaths each year.

None of this heartbreak is inevitable. In this report, the ITUC presents evidence, backed up by case histories, that establishes the single most ‘vital’ and effective antidote to workplace psychosocial risks is [active trade unions, collective action and high trade union density](#). And this is not just good for the workforce. It is good for the economy.

## PSYCHOSOCIAL RISKS: A GROWING ENDEMIC WITH DEVASTATING CONSEQUENCES

### **Psychosocial risks at the workplace are large and growing across the world.**

According to the [ILO and the WHO](#), 11 per cent of depression worldwide is attributable to occupational risks, with 12 billion working days lost every year to depression and anxiety. The ILO and WHO calculated this came at a cost of US\$ 1 trillion per year in lost productivity.

[New statistics](#) published by the Australia's federal safety regulator in October 2025 identified a 14.7 per cent increase in serious mental health injury claims in just one year, rising from 15,300 to 17,600 claims in 2023–24. Safe Work Australia noted mental health conditions had hit a record high of 12 per cent of all serious claims. It added that in the decade up to 2023/24, “serious claims for mental health conditions experienced the largest change of any nature of injury major group, up by 10,900 (or 161.1 per cent)”.

A review published in 2019 in the [International Journal of Environmental Research and Public Health](#) found **two-thirds of countries had no preventive laws on psychosocial hazards**, and that the absence of protection far is more pronounced in developing countries.

A [2025 report from the European Trade Union Confederation \(ETUC\)](#) estimated around **10,000 deaths annually in Europe are linked to occupational stress**. It calculated there are 6,190 deaths annually through coronary heart disease which are attributable to psychosocial risks at work across the 27 European Union member states and the UK. Another 4,843 people lose their lives through suicide caused by work-related

depression. It concluded psychosocial risks are a greater danger to workers than physical injuries, which killed [3,286](#) people in the EU in 2022.

**Unlike occupational injuries, women are as or more likely to be harmed.** Women workers are disproportionately affected by psychosocial risks, such as long working hours, job insecurity and workplace bullying. [Add in harassment](#), and the situation for working women is worse still.

A [2023 European Trade Union Institute \(ETUI\) and ETUC benchmarking report](#) noted **44.6 per cent of workers in the EU were exposed to at least one psychosocial risk factor**. An earlier [2018 study by EU-OSHA](#) on the management of psychosocial risks in European workplaces found nearly 9 in 10 (88 per cent) responding to the ESENER-2 survey on new and emerging risks report psychosocial risks as commonplace.

The findings of a survey of more than 2,700 union safety reps published in January 2026 by [Britain's national union federation TUC](#) found “79 per cent of safety reps cite stress as a major hazard – the highest figure recorded and significantly above all other hazards.”

**Risks are prevalent and increasing also in developing countries.** Results from UNI Global South OSH project highlight the high levels of psychosocial risks present in jobs such as data labelling and content moderation, largely performed by workers in precarious jobs in the global south, who are increasingly powering global AI supply chains.

**More broadly, we know from studies of the global burden of occupational disease, the lower a country's wealth, the greater the risk to its workers.** Take one psychosocial risk factor at work, long hours. A [2021 paper by the World Health Organisation \(WHO\)](#) on the burdens of ischemic heart disease and stroke

attributable to exposure to long working hours for 194 countries concluded “the Western Pacific, South-East Asia, men, and older people carried higher burdens.”

**The consequence, globally, is devastating.**

Take just one of the psychosocial risk factors, long working hours. Estimates of the global burden of disease published by the [World Health Organisation \(WHO\) and the International Labour Organisation \(ILO\)](#) in 2021, notes:

“It can even result in death: one study found that in 2016, 745,000 people worldwide died as a result of working long hours alone.”

**This is a small fraction of the total loss of life.**

Studies suggest [work-related suicides](#) alone could contribute at least 70,000 deaths each year.

**None of these developments are, however, inevitable.** As demonstrated within the rest of this report, effective actions can be taken, by governments, employers, and of course trade unions – who have been shown to be the most effective antidote to workplace psychosocial risks.

## BAD JOBS CAN BREAK PEOPLE

Mental health can be seriously harmed by exposure to psychosocial and other common workplace hazards.

**Depression** – ILO notes “strong epidemiological evidence links depression to job strain and long working hours, with further associations observed for effort–reward imbalance, job insecurity, organisational injustice, and workplace harassment and bullying.”

**Anxiety High** – job demands, low decision latitude, low support, and job insecurity are linked to increased anxiety symptoms and clinical anxiety. ILO notes exposure to workplace bullying, harassment, and effort–reward imbalance have also been shown to contribute to anxiety and related harm.

**Burnout** – This is one of the most common outcomes of sustained high job demands combined with low control and poor support. ILO notes burnout often co-occurs with other stress-related disorders and is a key indicator of prolonged occupational strain. Studies suggest approaching 1-in-5 workers experience frequent ‘emotional exhaustion’, ILO says. Burnout was recognised officially as an ‘occupational phenomenon’ in 2019, when it was included in the World Health Organisation’s (WHO) [11th Revision of the International Classification of Diseases \(ICD-11\)](#).

**Sleep disturbances and fatigue** – These are common outcomes of adverse psychosocial conditions and play an important role in the development of other disorders. High job demands, shift work and work–family conflict are strongly associated with insomnia, poor

sleep quality and chronic fatigue, ILO notes. It adds sleep disruption contributes to anxiety and depression and exacerbates burnout, with insufficient recovery exacerbating mental health deterioration.

**Cognitive decline** – This and possible increases in dementia risk have been observed in relation to long-term exposure to high-strain or low-control work. ILO says these associations suggest that adverse psychosocial conditions may accelerate cognitive ageing through vascular and neuroendocrine processes.

**Suicidal behaviour** – A ‘call for action’ on suicide and the workplace published in the journal [Crisis](#) in 2026 pointed to evidence indicating between 10 and 13 per cent of all suicides worldwide are caused or exacerbated by exposures at work – amounting to at least 70,000 suicides globally each year. Suicide ideation and suicide is associated with low job control, job strain, long working hours, job insecurity, poor social support, shift work and workplace violence and harassment, particularly sexual harassment and bullying, says ILO. It adds workers regularly exposed to traumatic events, such as first responders - including firefighters, emergency medical personnel, police officers, and dispatchers - also face heightened vulnerability. Repeated exposure to trauma, combined with irregular schedules, sleep disruption, and organisational cultures that stigmatise psychological distress, contributes to elevated rates of post-traumatic stress, depression, and suicidal ideation.

**Post-traumatic stress disorder** – Emotional distress from harrowing workplace exposures can cause post-traumatic stress disorder (PTSD). This can be the result of single traumatic incidents like train drivers and other rail staff experiencing a suicide on the railway lines, emergency responders facing injuries and deaths in the course of their work, or exposure to disturbing images of abuse in content moderation and care work. The condition can also be caused by the cumulative effect of exposures.

**Moral injury** – Psychological, emotional, and moral distress can occur when individuals perpetrate, witness, or fail to prevent acts that conflict with their deeply held moral or ethical values. Moral injury can have serious mental health consequences, including depression, anxiety, post-traumatic stress disorder (PTSD), and suicidal ideation, says ILO. It notes that during the Covid-19 pandemic, studies of healthcare workers and public safety personnel documented significant levels of moral injury related to ethical conflicts, perceived injustice, and chronic exposure to trauma.

**Psychological suffering** – **A French court in December 2024 ordered steel giant ArcelorMittal to pay €10,000 each to 58 former employees for psychological suffering linked to asbestos exposure at its sites in Gandrange, Florange, and Rombas. The Metz Court of Appeal determined the company failed in its duty to inform workers about asbestos risks. The court ruled the workers had experienced *préjudice d’anxiété* – a legal concept which refers to the psychological suffering experienced when someone fears they may develop a serious illness caused by prior exposure to a risk.**

**Unhealthy behaviours** – Chronic work stress can lead to increased smoking, alcohol consumption, prescription or other drug use, overeating and physical inactivity. ILO says these coping behaviours are often adopted to manage tension or fatigue, but can contribute over time to obesity, hypertension and other chronic diseases. ILO adds stress-related fatigue and time pressure may also discourage preventive habits such as getting sufficient sleep, physical activity and medical check-ups. These behavioural effects amplify the longer-term health consequences of adverse psychosocial environments.

**Cardiovascular diseases** – Conditions including coronary heart disease (CHD) and stroke have a clearly established association with exposure to job strain and effort–reward imbalance. Long working hours have also been linked repeatedly to increased cardiovascular risk, says the ILO. The joint WHO–ILO global study of occupational disease prevalence attributes an estimated 745,000-plus deaths annually to long working hours (over 55 hours a week), most from cardiovascular disease. The ILO adds that psychosocial work factors are estimated to account for 5–11 per cent of CHD cases in working populations.

**Metabolic disorders** – Conditions including obesity, diabetes and hypertension are strongly associated with chronic stress and irregular work schedules. ILO points to studies that indicate there is a higher risk of metabolic syndrome among workers exposed to high job strain, low control, or long working hours, with shift work further disrupting circadian and metabolic balance.

**Digestive and immune function** – Chronic job stress is associated with gastrointestinal disorders such as irritable bowel syndrome and dyspepsia, evidence cited by ILO suggests. It adds long-term exposure to psychosocial strain may suppress immune functioning and increase susceptibility to infections.

**Cancer** – Evidence suggests that chronic work stress and low control, long hours, and organisational injustice may increase the risk of certain cancers, including colorectal, lung, and oesophageal types, perhaps also acting as co-factors with other occupational risk factors for these conditions, including carcinogens. ILO says these associations appear to operate through inflammatory, hormonal, and behavioural mechanisms, including immune dysregulation, oxidative stress, and unhealthy coping behaviours such as smoking or alcohol consumption.

**Musculoskeletal disorders (MSDs)** – Conditions including back, neck and shoulder pain are well-established consequences of unfavourable psychosocial conditions, according to ILO. High job demands, low control, poor social support and effort–reward imbalance are consistently associated with MSDs. ILO adds psychosocial pressures interact with physical load, affecting both the onset of potentially disabling conditions and their chronic effects.

**Reproductive and perinatal outcomes** – Irregular hours, shift work and psychosocial stress are associated with menstrual disturbances, reduced fertility and adverse pregnancy

outcomes, including preterm birth and low birth weight, according to evidence cited by ILO. It says these effects appear to operate mainly through biological and circadian disruption rather than perceived stress alone.

**Workplace safety** – In high-risk industries including construction, agriculture, forestry and manufacturing, factors such as high demands, low control, bullying, job insecurity and organisational change are associated with elevated accident rates and unsafe behaviours, according to ILO. Workers under sustained pressure and suffering from fatigue and cognitive overload are more likely to skip safety protocols, take shortcuts or delay reporting near misses. Workers in precarious employment are particularly at risk, says ILO, adding fear of reprisal or job loss can deter incident reporting, leading to systematic underestimation of workplace harm. This also impacts on recognition of risks and associated preventive action.

**Neurotoxic effects** – Many common workplace chemicals, like [lead](#), mercury, [organic solvents](#), vinyl chloride, carbon disulphide and carbamate and organophosphate pesticides affect the brain, and can dramatically affect one's mood and mental wellbeing, leading to anxiety and depression. Several workplace exposures have been linked to entirely out of character criminal, violent and suicidal behaviour. A century ago, exposure to carbon disulphide, a commonly used chemical used in the manufacture of [artificial silk](#) – the synthetic textile viscose rayon, also known as 'fake silk' – rubber production, and many other products, was linked to insanity and suicides at work in exposed workers. Symptoms of solvent-induced chronic toxic encephalopathy in painters, printers and other exposed workers can include anxiety and depression. Occupational exposure to the anti-cholinesterase [carbamate and organophosphate pesticides](#) has been linked to depression, anxiety, atypical aggression and suicide in exposed workers. The expression 'mad as a hatter' referred to the mental illness associated with mercury exposure in hat makers.

#### KEY SOURCES

- [The psychosocial working environment: Global developments and pathways for action](#), ILO, April 2026.
- Mental health at work webpages, *Hazards*, [www.hazards.org/mentalhealth](http://www.hazards.org/mentalhealth)

## POOR QUALITY JOBS DRIVE POOR MENTAL HEALTH

**The ILO and the WHO jointly note that while decent work “can positively influence mental health”, bad work can be really bad for people, stating “unemployment or [unstable or precarious employment](#), discrimination in the workplace or poor working environments can all be a source of stress and pose a risk to mental health. Unemployment, job and financial insecurity and recent job loss are known risk factors for [suicide attempts](#).”**

The deleterious impact of [insecure work](#) is a repeat and long-established feature in research – with those affected having a health status closer to unemployment than employment, and studies showing insecure work can deprive people of the financial benefits of secure employment and the social benefits of regular routine, valued social status and positive social interactions. The evidence of the price paid by workers has been around for decades.

[At the Company’s Mercy](#), a 2013 report from the US thinktank the Center for Progressive Reform, noted the increasingly ‘contingent’ workforce - part-time, temporary, zero hours and contract workers - favoured in the deregulated global workplace faced higher rates of occupational injuries and illnesses.

The authors note: “To truly improve the circumstances of the contingent workforce – to reduce psychosocial stresses, improve wages, ensure full employment, and eliminate health and safety disparities – would require massive restructuring of labour and employment laws as well as major changes in economic policies. Narrower

reforms, however, could significantly improve working conditions in a way that creates safer and healthier jobs, while at the same time empowering workers.”

University College London’s [Institute of Education](#) reported in 2017 that ‘precarious workers’ are less likely to be in good health, and are at higher risk of poor mental health than workers with stable jobs. It linked the effect to ‘financial stress’ or ‘having a low-status job’.

It is a process that is known to harm workers with, ostensibly, permanent jobs. A [2012 study of the impact of the recent ‘Great Recession’](#) discovered just watching people lose their jobs can make someone sick, even if they hold onto their own. It found insecure workers were more likely to report symptoms suggesting major or minor depression and anxiety attacks, even after correction for confounding factors.

A 2012 meta-analysis, published in the [British Medical Journal](#), concluded that being a workplace job cull survivor is also bad for one’s heart, noting a “modest association between perceived job insecurity and incident coronary heart disease is partly attributable to poorer socioeconomic circumstances and less favourable risk factor profiles among people with job insecurity.”

But extensive body of evidence of a pronounced detriment to health has gone largely ignored, and instead employment has continued to become more precarious and more deregulated, as governments court businesses and target typically spurious ‘burdens on business’, while transferring the welfare, health care and human cost of weaker protections on to workers, society and the public purse.

Downsizing and understaffing put huge strain on those who remain, fuelling excessive workloads and long working hours. This leads to more attrition and higher absenteeism rates, worsening the workload crisis.

In 2024, researchers from Kings College London published the findings of their review of evidence from 32 studies of the impact of precarious work in western economies. Their paper in the journal [Work, Employment and Society](#) observed that several reported worker experiences of stress, exhaustion, anxiety, depression and other emotions such as frustration, guilt and low self-esteem.

The authors concluded: “Findings indicate that – beyond offering living wages and the social protection of sick pay – improvements to precarious workers’ mental health may be generated through offering more predictability in hours,” adding “greater confidence in the regularity of hours may counter responses of overwork and presenteeism, as well as reducing stressful complexity and uncertainties around budgeting and caring.”

## WHAT CAN A UNION CAN DO?

Health and safety can only be guaranteed – on mental health or any other issue – with informed worker participation, and that requires a joined-up, trade union approach.

**Look at the big picture** – does management talk safety but impose unachievable targets, low pay, punitive capability and sickness absence procedures, linking these to disciplinary processes – all factors that increase stress?

**Listen to the members** – surveys, risk mapping or body mapping, or a simple show of hands can give you the evidence unions need to recognise problems, identify solutions and negotiate improvements.

**Increase your capacity** – ensure where possible there are dedicated union safety reps that represent all the membership, not just the day shift, or permanent staff, ensuring temporary, seasonal, migrant workers and other vulnerable groups are not overlooked.

In reality, mental health problems are frequently the result of neglect of or an assault on dignity and respect at work. [Collective action](#) – which is caring with muscles – is the way forward.

## QUESTIONS FOR UNION REPS TO ASK

**Consultation** – Has the union been consulted on all health and safety issues, including psychosocial hazards? It is your right.

**Engagement** – Is there a problem with stress at work? Talk to union members – they are best placed to identify problems and solutions.

**Assessment** – Has the employer done an adequate risk assessment that includes stress? If not, why not?

**Action** – If the employer has done an adequate risk assessment, have they acted on the findings, in consultation with the union? If not, negotiate a prevention plan.

**Review** – Do sickness absence patterns reveal jobs, processes or other aspects of work that are affecting workers' mental health? For example, pressure to meet a deadline or particularly busy times of year can cause sharp spikes in psychosocial hazards and related ill-health, which can be anticipated and dealt with – by for example, ensuring there are sufficient staff.

Remember, measures to help workers cope with stress or to make them more 'resilient' mean people are still suffering and still at risk. Coping today doesn't mean your exposure won't hurt you in the future. Prevention is key.

## AUSTRALIAN UNIONS CAMPAIGN AND WIN ON PSYCHOSOCIAL RISKS

Unions in Australia have pressed for and won a law on prevention of psychosocial risks in the workplace, and are backing this up with a high-level campaign. National union federation ACTU says the intention of its [Mind your Head campaign](#) is [to raise worker awareness of psychosocial risks](#) and drive job change and to empower workers, using both education and the provision of risk assessment tools.

ACTU says these efforts, combined [with national campaigns to reduce insecure work](#), which it says is a key psychosocial risk, illustrate how unions are “combining industrial and

occupational health campaigns” to improve workers' mental health.

After concerted pressure by ACTU and its affiliated unions, the [Work Health and Safety \(Managing Psychosocial Hazards at Work\) Code of Practice 2024](#) has taken effect, covering employers' duties, hazard identification and risk management, and hazards including bullying, harassment, job demands, and poor organisational change management.

In 2025, [Australia extended workplace safety notification requirement](#) on employers under its Model Workplace Health and Safety Act to include a range of psychosocial problems at work, including all workplace work-related suicides.

ACTU's [Mind your Head campaign](#) on psychosocial risks is pressing the preventive message and aims to:

- Raise the priority of mental health and safety to sit equal to treatment of physical health and safety
- Educate and develop workers, union health and safety reps (HSRs), managers and leaders to understand work-related mental health risk factors and the relationship with workplace health and safety
- Design tools and resources for workplaces to create mentally safe systems of work
- Facilitate engagement with workers, HSRs, managers and leaders to work together to create mentally healthy work
- Review and analyse the interventions to determine best practice and create a community that learns from each other.

In its online prevention advice, Mind Your Head lists 11 of the most common workplace mental health hazards: High and low job demands; low job control; poor organisational change management; poor support; violent or traumatic events; remote or isolated work; poor workplace relationships; low role clarity or role conflict; poor organisational justice; low recognition and reward; and poor environmental conditions.

### *Have a nice day – off!*

[Four tips for taking a mental health day](#), a prescription for mentally healthy work from Australian Unions, says one shouldn't be expected to work through stress, anxiety or depression any more than through a workplace injury or illness. Australian Unions advises:

**1. Know your rights** A mental health day counts like a 'sick day'. You have a right to be absent from work if you are unwell. A discount on yoga classes doesn't cut it. And cut-price gym

membership is no use if you can't cover the cost of the groceries, fuel and electric and you are anyway working most waking hours.

**2. Build immunity to guilt-tripping** Don't let your boss guilt-trip you into working. "If they're short-staffed, that's on them," the Australian Unions guide says. It adds: "You are not obliged to tell your employer your personal medical situation (and a decent employer won't ask you)."

**3. Stay offline** "Don't work. No seriously, don't," states Australian Unions. "Switch off work notifications on your phone. Resist the urge to check emails. Not only is it your right to disconnect while on personal leave, but it'll also help you relax and recharge. Even if you're working from home, it is still worth taking the day off. Whether you're at home or not doesn't change the fact you're unwell." It adds: "Plugging into work from home instead of taking a mental health day is just another form of presenteeism that may lead to worse mental wellbeing."

**4. Put in prevention measures** "If you find your mental health is deteriorating due to work, there is something you can do about it," advises the union body. "All employers have a duty of care to provide and maintain a safe working environment – and those responsibilities are just as important whether it is to protect physical or mental health. That means identifying work-related hazards that could lead to poor mental health for workers." It adds: "As a first step, it's worth chatting to your health and safety representative at work about your concerns."

The guide says psychological hazards can be a little trickier to identify than physical hazards. To address this, the national union federation ACTU has a parallel Mind Your Head campaign with resources for workers looking to ensure a healthy workplace. It notes: "Are you stressed because you're not sure what your responsibilities are at work? Or do you

feel constantly in a churn because of frequent structural changes?

“Whether it be low role clarity, poor organisational change management or vicarious trauma, Mind Your Head has articulated everyday workplace experiences that may negatively affect our mental health that may not always be easy for us to identify and put into words.”

[Mind your head](#) campaign.

[Mind Your Head guidance booklet](#), providing information on how to minimise risk, and what to do if someone is harmed by psychosocial risks at work.

[Mind Your Head checklist for union health and safety reps](#) to help them conduct risk assessments in their workplaces.

## DESPAIR AT WORK

Some of the health impacts of work-derived pressures may be [misattributed to personal habits and behaviour](#), like smoking or substance misuse, when these are slamdunk symptoms of a toxic work environment.

A 2025 study published in the [American Journal of Epidemiology](#) and tracking 2.8 million Canadians found that people in precarious jobs face a two to three times higher risks of dying from suicide, drug poisoning or alcohol-related causes - sometimes referred to as ‘the diseases of distress’ or ‘the diseases of despair’ - than those in stable, well-paid work

Women in insecure jobs were especially vulnerable, with triple the risk of fatal overdoses compared to women in standard jobs. The study concluded that declining job quality fuels despair, highlighting the need for fair pay, stability and security in work. It concluded death rates were higher in workers in precarious work and low quality jobs.

Bad jobs breed a cluster of bad outcomes for workers. A 2021 paper published

in the [Annals of Work Exposures and Health](#) found: “Workers in occupations with higher injury and illnesses rates and more job insecurity had higher rates of deaths of despair, especially opioid-related deaths. Rates of deaths of despair increased most rapidly for occupations with increasing prevalence of workers employed in non-standard work arrangements.” It concluded “efforts should be made to address these factors, which also represent known or suspected hazards for other adverse health outcomes.”

Occupational health specialists from the [University of Massachusetts Lowell, reviewing evidence from a Princeton University studies from 2015 and 2017 of a sharp spike in death rates among white working class American males](#), identified job insecurity, discrimination and a lack of control at work behind an increase in ‘[diseases of distress](#)’— alcohol and drug-related diseases and suicides.

[ITUC commented](#) at the time: “These deaths should not be dismissed as a last cry for help. They are a last cry of protest. At the core of the problem is a system where workers are treated increasingly as just another component, a variable on a business spread sheet to be cut, squeezed or extended beyond operational capacity.”

Companies though are sometimes quicker to resort to punitive drug and alcohol testing programmes than any consideration of the psychosocial risks posed by the job itself. It is a blame the worker, break the worker system where risks go unaddressed.

The [ILO/WHO policy brief](#) outlines four key recommendations for tackling psychosocial risks:

- **Prevent** work-related mental health conditions through psychosocial risk management, which includes using organisational interventions to reshape working conditions, cultures, and relationships.
- **Protect and promote** mental health at work, especially through training and interventions that improve mental health literacy and strengthen skills to recognise and act on mental health conditions at work, empowering workers to identify mental health issues at work and to seek support and care early.
- **Support workers** with mental health conditions to fully and equitably participate in work through reasonable accommodations, return-to-work programmes and supported employment initiatives.
- **Create an enabling environment** with cross-cutting actions to improve mental health at work through: Leadership, investment, rights, integration, participation, evidence and compliance.

## TOP CAUSES OF WORK-RELATED MENTAL HEALTH PROBLEMS

Common causes of work-related mental health problems include:

- 1. Job content/task design** – Lack of variety in the work; under-use of skills or under-skilled for work; high or low job demands.
- 2. Workload and work pace** – Long or unsocial work hours; shift working; inflexible hours; high pace of work; unachievable targets; performance management surveillance and penalties.
- 3. Job control** – Lack of control over job design or workload; limited participation in deciding one's own work; insecure work.
- 4. Work environments and equipment** – Unsafe equipment and resources; poor physical working conditions (such as poor lighting, excessive or irritating noise, heat, poor ergonomics); poor environmental conditions.
- 5. Organisational culture** – Unclear organisational objectives; poor communication; culture that enables discrimination or abuse; poor organisational change management; lack of support; poor organisations justice; low recognition and reward; unsupportive sickness and capability processes.
- 6. Threats and trauma at work** – Violence, harassment or bullying; exposure to trauma, distressing and harrowing events and images.
- 7. Interpersonal relationships at work** – Social or physical isolation; limited support from supervisors or colleagues; authoritarian supervision and poor line management; discrimination and exclusion.
- 8. Role in organisation** – Unclear job role within the organisation or team.
- 9. Career development** – Under- or over-promotion; job insecurity; poor investment in development; punitive procedures for sickness absence and performance management.
- 10. Home-work interface** – Conflicting home/work demands; being away from home for work.
- 11. Workplace exposures** – Common occupational exposures to toxic metals, pesticides and solvents can lead to depression, anxiety and atypical aggressive behaviour.

## FRENCH UNIONS WIN WORK SUICIDES JUSTICE

A union campaign in France led to jail terms for company directors whose actions were linked directly to large numbers of [work-related suicides](#).

[Solidaires'](#) action, together with other unions, exposed the culpability of France Telecom's top bosses in 19 workers suicides and 12 attempted suicides between 2007 and 2010. The suicides came after the company embarked on a restructuring project intended to drive workers out. Didier Lombard, the former president and chief executive of the telecommunications giant, rebranded Orange in 2013, was jailed on 20 December 2019 for a year. Two other top executives also received jail terms. The company was fined €75,000. In September 2022, the sentences were upheld in the Paris Court of Appeal.

Lombard, human resources director Olivier Barberot and deputy executive director Louis-Pierre Wenes were accused in court of having "degraded work conditions of personnel that risked hurting their rights and dignity, altering the physical or mental health (of personnel), or compromising their professional future."

A [joint statement from unions CFE-CGC Orange, CFTC, CGT and SUD](#) issued as the trial commenced noted: "We're hoping for an exemplary judgment, so business leaders who could potentially be tempted by these management methods are warned they cannot act with total impunity." Echoing the words of one suicide victim, it added: "No to 'management by terror'!"

A 2023 paper in the [Journal of Public Mental Health](#) noted the union-initiated prosecution had a positive impact on workplace safety. "A legal framework that is more protective of the mental

health of employees" has been successful with "legal action against large companies including France Telecom, La Poste and Renault, and this, in turn, has led to significant improvements in workplace safety in France."

One in 10 suicides in adults in France is related to work, a 2021 study by the French ministry of health found, with the proportion much higher in those in work. The report from [Santé publique France](#) concluded among those still in work at the time of their death, the job played a role in 42 per cent of suicides.

In Japan, advertising giant Dentsu Inc has been under close scrutiny by labour inspectors since a 2015 suicide linked to excessive overtime. A labour inspectorate investigation saw the ad agency fined in 2017 and prompted the resignation of Tadashi Ishii, Dentsu's then president and chief executive. Dentsu announced a reform plan in July 2017, pledging to cut overall working hours per person by 20 per cent. The company was targeted again by the inspectorate in 2019, for failing to honour this pledge.

## TREAT PEOPLE RIGHT

**Addressing psychosocial hazards at work is also about fairness. “Inequality and unequal treatment can manifest through [inequity in earnings](#), opportunities or respect at work,” the ILO/WHO mental health policy brief notes. “Some people can face discrimination at work because of their race, sex, gender identity or expression, disability, sexual orientation, social origin (such as class or caste), migrant status, religion or age (or any other social characteristic), putting them at increased risk of work-related stress or compounding the impact of existing mental health conditions.”**

The way a job is designed also matters, the joint policy brief observing “high job demands, low job control (ie. low authority to make decisions about work), unclear roles have all been shown to exacerbate work-related stress and heighten the risk of exhaustion, burnout, anxiety, and depression.”

The occupational health and safety statistics rarely tell the full story. But if one asks workers, patterns emerge.

In Australia, the report of [ACTU’s 2025 ‘Work shouldn’t hurt’ survey](#) “confirms women suffer more injuries to their mental health than men and that younger workers are the most exposed to psychosocial hazards at work.”

In her 2021 book, [Bent out of shape: Shame, solidarity and women’s bodies at work](#), University of Quebec at Montreal emeritus professor Karen Messing, notes: “Although men have more industrial accidents, women suffer more from work-related musculoskeletal problems and from organisational stressors like insufficient support and excess demands.” Messing, who has interviewed thousands of working women in her research, adds: “Work

schedules are still organised as if workers have no outside responsibilities, leading to unfairly variable, unpredictable, and extensive schedules. The work-family interface is still treated as the workers’ problem even though the employer should also be responsible for smoothing the interface.”

Who hurts and why as a consequence of their work reflects social class and occupational segregation.

The major and ongoing [Whitehall II study](#), which has tracked the health of UK civil servants for four decades, quickly established that stress, sickness and heart disease all went up as one’s employment grade went down. In a 1991 paper, authors led by Sir Michael Marmot note “we found an inverse association between employment grade and prevalence of angina, electrocardiogram evidence of ischaemia, and symptoms of chronic bronchitis. Self-perceived health status and symptoms were worse in subjects in lower status jobs. There were clear employment-grade differences in health-risk behaviours including smoking, diet, and exercise, in economic circumstances, in possible effects of early-life environment as reflected by height, in social circumstances at work (eg, monotonous work characterised by low control and low satisfaction), and in social supports.”

The study authors conclude: “Healthy behaviours should be encouraged across the whole of society; more attention should be paid to the social environments, job design, and the consequences of income inequality.”

The prevention message was reinforced in a [1997 follow-up study](#), which emphasised the necessity for worker involvement in decision-making, noting: “Low control in the work

environment is associated with an increased risk of future coronary heart disease among men and women employed in government offices. The cumulative effect of low job control assessed on two occasions indicates that giving employees more variety in tasks and a stronger say in decisions about work may decrease the risk of coronary heart disease.”

For many jobs, particularly low paid, insecure or contingent jobs, any notion of control or even a semblance of a voice at work is vanishingly rare. Instead, the toll of emotionally demanding work on low pay can be exacerbated by arbitrary and unachievable performance rules imposed without consultation, flooding down from on high and enforced through oppressive management attention and surveillance.

Stanford University Jeffrey Pfeffer noted in his 2018 book [Dying for a Paycheck](#) that modern workplace can inflict potentially fatal levels of stress on employees. He points to a peer-reviewed study he coauthored, published in the journal [Management Science](#), which estimated

that there were 120,000 extra deaths annually in the US from harmful management practices. These were associated “with 10 workplace stressors: unemployment, lack of health insurance, exposure to shift work, long working hours, job insecurity, work–family conflict, low job control, high job demands, low social support at work, and low organisational justice.”

Women dominate caring jobs, experiencing [a higher burden of ‘emotional labour’](#) as a consequence. Retail, call centre and other public-facing workers face demands to appear happy, monitored for a perma-smile throughout the working day. This is a fiction that will inevitably stress people out and studies suggest [could drive people to drink](#).

A long-term study drawing on evidence from 339,403 participants from the Swedish Work, Illness, and Labour Market Participation (SWIP) group born between 1973 and 1976 found those that experienced job insecurity in early adulthood faced a [heightened risk of a serious alcohol-related illness in later life](#).

## SPANISH TRADE UNION REPORTS ON PSYCHOSOCIAL RISKS

Spain’s General Union of Workers (UGT) has published a [Mental Health and Work 2025](#) report, which analyses “the influence of exposure to the health of workers to psychosocial and organisational risks. We also give proposals for improvement,” the union says.

The report supports a demand for an EU-wide directive on the management of psychosocial risks at work. UGT says this should be accompanied by a legal ‘right to disconnect’.

The union points out that in Spain, where hazards like noise and biological agents have dedicated safety laws, there are no equivalent protections from psychosocial risks.

Work-related psychosocial risks are the only ones that do not have their own dedicated regulations in our country. As a consequence, UGT is calling on the Spanish “government to act with the aim of improving the protection of the safety and health of workers in our country and to regulate in a differentiated way, the management of psychosocial risks in companies, since they are occupational risks to which all workers may be exposed at some point in their working lives.”

The current general safety legislation in Spain, the Law on Prevention of Occupational Risks (Law 31/1995), requires employers “assess psychosocial risks and adopt measures within companies to reduce or eliminate them, with the participation of workers,” the union says: “But these assessments are not being carried out in a large majority of companies”, so more explicit requirements are necessary. The union is also seeking through social dialogue to update the law to recognise a wide range of psychosocial risks, including sexual violence, computer fatigue or additional risks facing LGBTI workers.

UGT adds there needs to be a “gender perspective” in the law and measures to protect the mental health of digital platform workers. “These workers are constantly evaluated by the client or users, which generates a situation of work stress, there are also situations in which they are exposed to situations of violence and digital harassment that must be prevented and avoided, or even the work itself can be viewing sensitive or violent content (content moderators and/or content creators),” UGT says.

These working practices can put a worker’s performance under scrutiny and affect income and job security, and increase the risk of facing “dangerous or mentally exhausting conditions” with long working hours and inadequate breaks.

UGT is also demanding that Spain’s list of occupational diseases is updated to include health conditions associated with psychosocial risks. In addition, it is seeking training for workers, a greater investment in prevention of psychosocial risks by companies and authorities and a move in-house of preventive occupational health and safety services.

The union stresses the need for effective enforcement, and wants to see the labour inspectorate “reinforced” to ensure psychosocial risks can be adequately inspected and acted on.

## OLD RISKS, NEW RISKS

**Jobs are not what they used to be, and the work, services and products required today may be obsolete tomorrow. The fast-changing nature of work – new technologies, the climate crisis, globalisation, outsourcing and informal work, platform work, artificial intelligence and other factors, including the pandemic – “have created new psychosocial risks or exacerbated existing ones. For many, these changes resulted in loss of earnings,” the ILO/WHO policy brief notes. “Likewise, crises such as conflict profoundly disrupt where, how and whether people are able to work.”**

**This disruption in work** has seen a shift away from ‘routine physical occupations’ toward ‘non-routine cognitive occupations’, coupled with a corresponding work intensification, which has resulted in alarming rates of exposure to psychosocial hazards along with increasing rates of work-related mental ill health, including suicide, a [2025 review of the role of unions in occupational health and safety](#) observed. “In many countries, this has now reached epidemic proportions with psychological injury and illness.”

None of the old risks have gone away. They are however now supplemented by thoroughly modern ones, with artificial intelligence and climate change prominent in the new generation of threats.

[Artificial intelligence and digitalisation: A matter of life and death for workers](#), a 2025 report from them ITUC, cites evidence of psychosocial harms related to the use of artificial intelligence (AI) and automated decision-making (ADM) in the workplace, including the technology facilitating the ‘micromanagement’ of work. ITUC warns new conditions including ‘technostress’ are now being recognised.

The report warns of “widespread physical and psychosocial harms at work associated with the use of these technologies, from cognitive overload as humans are required to work in tandem with robots — cobots — to strain injuries, stress and depression as a consequence of unachievable quotas determined and policed by algorithms. Excessive surveillance, through cameras or remote digital policing of work rates and performance, can lead to work intensification, strain injuries, stress and health risks associated with relentless, unbroken, high-paced work tasks.”

The ITUC report adds: “Biomonitoring and location monitoring using ‘wearables’ and GPS systems can make information about everything workers do and where they do it available to employers, 24/7, with the potential for negative impacts on health, job security and privacy.”

On climate threats to psychosocial health, a September 2023 International Labour Organisation (ILO) policy brief, [Occupational safety and health in a just transition](#), notes: “The various impacts of climate change may not only cause physical risks but may also impact mental health.

“Potential threats or preventive measures can lead to stress, depression, burnout, and climate anxiety (worries about the effects of climate change). Excessive heat can lead to sleeping disorders, behavioural changes and a lowered ability to concentrate. The consequences of climate change, as visible through heat or extreme weather events or job/livelihood loss, can trigger feelings of helplessness or worry, loss of appetite or panic attacks. Damaged infrastructure or buildings can put workers in new or unfamiliar situations which may lead to a traumatic injury or mental stress.”

## IT IS ALL ABOUT THE JOB

### What should unions do?

Whatever the cause of mental health problems, they impact on the ability for a worker to do their job and keep their job. This means the union response must be 'joined up', going way beyond just a good safety policy and guidelines.

This means negotiating:

1. Risk assessments that identify and eliminate and where this is not possible reduce as far as possible psychosocial risks, with early interventions at the first sign of problems.
2. Sickness absence policies that are supportive and not punitive, and separate from the disciplinary process.
3. Capability processes that accept workers must be supported and accommodated in the workplace – for example through alternative work or modifications to the job – rather than being judged 'incapable'.
4. A recognition that performance management systems, piecework and bonus systems can create a cycle exacerbating mental ill-health, with good basic wages and employment security the key to psychosocially healthy work.
5. Support systems, including reporting procedures that support and encourage workers to raise mental health concerns.
6. Access to occupational health, counselling and other support services.
7. Mental health at work made part of the union safety role.

### What should employers do?

The ILO notes the key to deal with psychosocial hazards in the workplace is prevention, advising employers to:

1. Conduct a comprehensive risk assessment, covering all aspects of work, including psychosocial hazards and risks, as with other workplace hazards;
2. Adopt collective and individual preventive and control measures;
3. Allow workers more control over their tasks;
4. Improve organisational communication;
5. Allow workers' participation in decision-making;
6. Build up social support systems for workers within the workplace;
7. Take into account the interaction between working and living conditions;
8. Enhance the value placed on safety and health within the organisation.

## UNION ALLIANCE DEMANDS TRAUMA PROTECTION FOR CONTENT MODERATORS

Content moderators, who shield billions of social media users from harmful and traumatic material, have formed the first-ever global trade union alliance to fight for living wages, safe working conditions and union representation in their industry. The [Global Trade Union Alliance of Content Moderators](#), was launched in Nairobi, Kenya, at an April 2025 inaugural meeting.

UNI Global Union says Alphabet, Meta, TikTok and others outsource content moderation on their platforms to companies such as Accenture and Telus. Every day, these contracted moderators flag a mix of violent videos, hate speech and child-abuse imagery – but the work exacts enormous personal costs. They face an acute threat to health in a job that didn't exist 20 years ago.

According to UNI, a 'staggering' number of moderators experience depression, post-traumatic stress disorder, suicidal ideation and severe mental health consequences because of this exposure to graphic content, often without adequate support or breaks. Unrealistic "seconds-per-video" performance targets and rolling short-term contracts pile extra stress on a workforce already facing trauma.

"Companies like Facebook and TikTok can't keep hiding behind outsourcing to duck responsibility for the harm they help create," said Christy Hoffman, general secretary of UNI Global Union. "This work can – and must – be safer and sustainable. That means living wages, long-term employment contracts, humane production standards and a real voice for workers. It's time for Big Tech and their contractors to sit down with unions and get serious about change."

Content moderators often view several screens simultaneously and at increased speed, and can be exposed all day long, every day to some of the most extreme content imaginable.

UNI warned that traditional mental health support alone is insufficient. It is calling for systemic changes in how work is structured, including rotating workers to limit exposure to harmful content, reducing the pace of work, and mandating mental health training and support. It has established a Digital Work and OHS programme with a Nairobi HQ. This is investigating models from 'blue light' emergency services used to protect the health of workers facing 'vicarious trauma'.

In 2020, Meta then known as Facebook, agreed to pay a settlement of US\$52m to moderators who had developed mental health issues because of their jobs.

## THERE SHOULD BE LAW AGAINST IT

**Occupational health and safety is now an International Labour Organisation (ILO) fundamental principle and right at work – and that includes protecting mental health. This means meeting requirements on worker participation, consultation and protection are not optional for ILO’s 187 member states – even those who have not ratified the core health and safety conventions, Convention 155 and Convention 187, have to ‘respect’ their requirements.**

Article 3 of [ILO Convention 155 \(C155\)](#) defines “health, in relation to work” as “not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work.”

At the national government level, unions should also be involved in the development and periodic review of national occupational health safety policy which takes account of the “physical and mental capacities of the workers,” according to Article 5(b) of the convention.

In practice, it is pretty lawless out there. Research published in 2019 in the [International Journal of Environmental Research and Public Health](#) concluded most countries around the world have not included mandatory psychosocial health risk assessment in their own national occupational health and safety legislation.

“The search included 132 countries, of which 23 were considered as developed and 109 as developing according to the United Nations. Our review showed that most countries (85, ie. 64 per cent) have not included mandatory psychosocial risk assessment and prevention in their national occupational safety and health

legislation,” it noted. “Moreover, we found differences between developed and developing countries, showing that developed countries more frequently have legislative measures.”

It is a standout area where international rules are also absent. An ILO review of its occupational health and safety instruments in 2017 and 2018 by an ILO tripartite group found the three ‘normative gaps’ – areas where there were no ILO binding rules at all – were biological hazards, ergonomics and psychosocial hazards at work.

An ILO biological hazards convention and recommendation was finalised in 2025. Action on ergonomics is being planned by ILO. But nothing, at least for now, is happening on psychosocial hazards.

While the [ILO list of occupational diseases, Recommendation 194 \(R194\)](#) lists 20 causes of occupational cancer and 13 occupational respiratory diseases, the entry on ‘Mental and behavioural disorders’ is pretty threadbare. The only condition mentioned explicitly is ‘Post-traumatic stress disorder’.

If there is no law and no risk assessments, it is far less likely there will be either recognition of or compensation for work-related psychosocial disorders – and it is equally unlikely there will be the necessary priority given to prevention at work.

Even genuine attempts by employers to address psychosocial risks at work can founder if other policies in the workplace run counter to the preventive message. This form of policy schizophrenia sees occupational health initiatives undermined entirely by punitive sickness absence and performance management policies. It is hard to be stress free if one’s pay is so low that it creates financial stress. Or if the employer sets unachievable targets, imposes oppressive monitoring and

surveillance, requires long hours and does not allow flexibility in work schedules.

‘Well-being’ initiatives at work like yoga classes and dietary advice can be entirely ineffective if one is exhausted and overworked, and don’t have the time to take a break. Other initiatives like ‘resilience’ training answer the wrong question. Unions report it is difficult to keep the attention of employers focused on prevention when they are being seduced by “experts” selling them resilience training packages so their workers can cope better with stress.

The answer to protecting workers is not to make them bullet proof, it is to stop shooting at them.

## UNIONS AIM TO ‘END STRESS’ IN EUROPE

In Europe, [EndStress.EU](#) - an initiative by Eurocadres (the European Council of Professionals and Managers), launched in cooperation with Europe-wide union federation ETUC and now involving over 50 civil society organisations – is a platform “that is working for a European directive to tackle the mounting stress epidemic. Within this directive, we would look to address psychosocial risks, violence and harassment and improve work organisation.”

Among its successes are two European Parliament reports calling for the European Commission to propose legislation against work-related psychosocial risks.

Eurocadres says that while the campaign is currently European focused, “the platform and our members are advocates for better workplace management and promotion of the prevention and detection of psychosocial risks globally. The platform will work with organisations outside of the European Union to improve the situation facing workers no matter where they are, and no matter what their sector.”

It notes “the need for legislative action is pressing. We are in a mental health epidemic, with one-quarter of European workers believing that their safety or health is at risk because

of their work, while 79 per cent of managers are concerned about work-related stress. In economic terms we cannot justify inaction, with the cost of work-related depression estimated at €620 billion a year.”

[Nayla Glaise, president of Eurocadres](#), commented: “These risks permeate every workplace, every sector and every country. We are standing on the precipice of another pandemic. While elected officials have begun to focus on the protection of mental health, leaflets, pizza parties and casual Fridays have failed to address the root cause of problems.”

She added: “Prevention and detection needs to be front and centre, with workers’ representatives involved in the conception and implementation of measures to eradicate workplace risks. If we can deliver a directive that truly addresses the causes of psychosocial risks, we can provide a template for other nations to follow.”

The campaign points to research that has demonstrated that an EU directive can alleviate the burden that European workers face “by ensuring an equal minimum level of protection across the Union. The platform calls on the Commission to provide workers this protection through a directive, providing legal certainty on their workplace health.

“Nobody should be placed at risk due to their work. Nobody should have their health deteriorate because of their work,” Eurocadres says. “Our mental health must be protected in the workplace, with measures for the prevention and detection of psychosocial risks available in all workplaces the world over.”

[EndStress platform outlines needs for PSR](#), Eurocadres, December 2024.

Endstress campaign: [www.endstress.eu](http://www.endstress.eu)

Eurocadres: [www.eurocadres.eu](http://www.eurocadres.eu)

ETUC: [www.etuc.org](http://www.etuc.org)

[www.endstress.eu](http://www.endstress.eu)

## UNIONS ARE CRITICAL

**Laws, properly enforced, are a necessity for both prevention and workplace justice. Without them more workers, particularly those in precarious employment, will inevitably be harmed and responsible employers will be undercut by the business rogues. But if one wants to protect psychosocial health at work, the best prescription is getting active in a trade union. This isn't union wishful thinking – it is a scientifically established fact.**

An international study published in 2024 found 'high union density' was the single biggest factor in securing a better psychosocial safety climate (PSC) and concluded that a union presence was 'vital'. A good national safety policy came second. And a strong union presence wasn't just associated with a healthy workforce, it was associated with a healthy economy.

The 45-country study, published in the journal [Safety Science](#), notes: "Over and above the main effects of national policy approaches, trade union density made a significant contribution of 29 per cent to Enterprise PSC" [psychosocial safety climate]. This was higher than the contribution from national policy approaches (27 per cent).

The paper adds "the study found that over and above national policy approaches trade union density was also important underscoring that [collective social action](#) that emphasises the protection and promotion of worker mental health is also effective in improving enterprise level PSC. This suggests that it is not enough to establish laws in isolation, but rather,

that having support via collective action (e.g. unionism) and the broader context is vital (as supported by [Dollard and Nesar \(2013\)](#)."

The research in 2013 across 31 European countries found those with higher union density have organisations reporting higher levels of protection from psychosocial risks, better worker health, and stronger GDP. The authors concluded: "Results suggest worker health is good for the economy, and should be considered in national health and productivity accounting. Eroding unionism may not be good for worker health or the economy either."

They reiterate: "A healthy workforce is good for the economy. The observation that worker self-reported health is related to GDP and life expectancy assessed at a national level underscores the importance of the work context for national health and productivity status. Two levels of labour protection, macro-level (union density), and organisational-level (PSC) were most important for worker health."

An [ILO/WHO policy brief](#) calls on employers to step up action to promote mental health at work – and to involve union representatives. "Activities to improve mental health at work should prioritise collective measures and should be based on a sound risk assessment and management process, done with the meaningful involvement of workers and their representatives," it notes.

"In particular, workers and their representatives should be involved in the identification of psychosocial hazards at work and should be informed and trained about the measures adopted to prevent the associated risks."

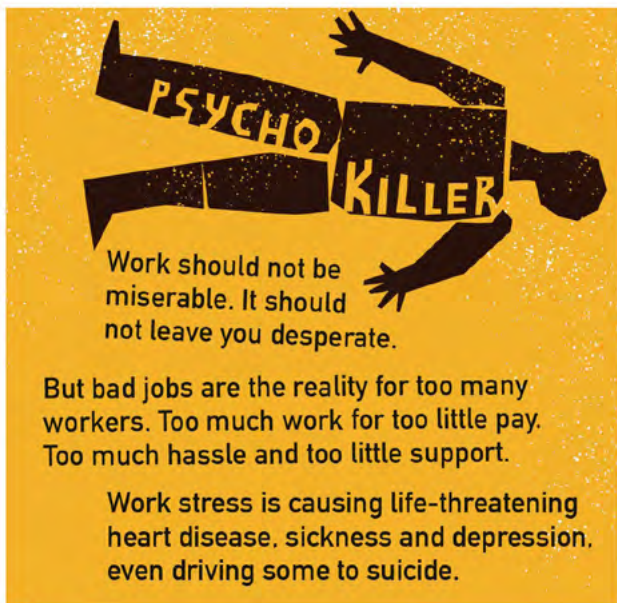
Laws work. Research published in 2024 by the [European Agency for Safety and Health at Work \(EU-OSHA\)](#), found that nine out of every 10 employers (89 per cent) said they tackle

health and safety problems to meet to their legal obligations.

But EU-OSHA also found “psychosocial risk measures often lack worker involvement”, and it is getting worse. “In general, the EU-27 has seen a slight but consistent decline since 63 per cent in 2014 to 55 per cent in 2024,” it noted.

It adds: “Circumstances which may elicit risks such as restructuring, or changes in staffing,

**HANGING AROUND – Too much work, too little work, too little control. Badly designed work can stress you out and make you sick. Unions can give back essential control over what you do at work and how you do it – and be a protective buffer between an affected worker and management.**



**This isn't working.**

Strong unions are the single most 'vital' factor in fighting off psychosocial hazards at work - fact.

**Get support. Get active. Get organised!**

processes, work methods or other substantive matters at work, should be managed in a way to prevent or minimise psychosocial risks... For employers, it is important to have a specific policy or plan for protecting and promoting mental health at work, which should be integrated into the OSH [occupational safety and health] management system.”

A 2025 paper in the journal [Occupational Health Science](#) emphasises how unions succeed by giving workers ‘agency’ and ‘collective strength’. It notes: “The right to a safe and healthy working environment will not be achieved by simply relying on employers becoming more benevolent or health and safety regulators more diligent. It is only through the respect and promotion of a rights-based approach that illness, injury, and death will ultimately be eliminated from the world of work.”

It adds: “Unions are critical in ensuring workers have agency at work and across society. Not only do they build collective strength in workplaces to combat employer power and control hazards, they foster solidarity across sectors, regions, and globally in mobilising industrial and political pressure to force social change... This is no more evident than in the current battle of our movement globally to advance and implement strengthened rights to mentally safe and healthy work.”

Without active and engaged unions, employers are much less likely to act, laws may not be enacted and if they are, be much less likely to deliver. And the health of both the workforce and the economy will be casualties.

**International Workers' Memorial Day**  
**28 April**

**#iwmd26** [www.28april.org](http://www.28april.org)

## UNION PEER SUPPORT AND ORGANISATIONAL ROLES

Whether a worker's struggles with mental health are caused by the job, other factors or a combination of the two, unions can help.

**Peer support** This might be through training of [Mental Health First Aiders, Mental Health Advisers](#) or peer-to-peer support systems as a first point of contact for workers, to advise workers on their employment rights and protections and to signpost workers to support services. Remember, the worker may seem ok, but their behaviour may indicate problems – poor timekeeping, issues with alcohol and drug misuse, mistakes or injuries. This can lead to a downward spiral, with the worker penalised for absenteeism or presenteeism – being at work but underperforming. Whereas engagement with management can lead a worker down the sickness and performance management route and sometimes to disciplinary action or dismissal, unions can provide trusted and confidential support. This can even save your life. Studies have shown workplace peer support systems involving unions [can reduce overdose and workplace suicide risks](#).

**Union support** Active unions and union density have been shown to be the two most effective protections from psychosocial hazards at work. It is because a collective voice is a protective voice. Unions can work with members to identify work-related psychosocial risks and healthier ways to work and to negotiate preventive measures to address these risks. It is not just stress at work – studies show the 'union safety effect' protects workers from injuries, infections and other hazards of work, with [anti-union laws correlating with increased risks of workplace fatalities](#).

## SITE UNIONS CUT CONSTRUCTION OVERDOSE AND SUICIDE RISKS

[Construction unions in the USA](#) believe they have contributed to sharp fall in worker overdoses and a drop in suicides in the industry. A February 2026 report from the union safety training organisation CPWR and North America Building Trade Unions (NABTU), which together have pioneered US union peer-support systems, notes deaths by suicide in the industry dropped by 1.7 per cent from 2023 to 2024, from 5,100 to 5,000. The suicide rate fell from 43.2 to 41.9 per 100,000 workers.

The decline in overdose deaths was more dramatic still. Among construction workers aged 16 to 64, drug-related overdoses deaths declined 28.8 per cent, from 15,900 in 2023 to 11,300 in 2024.

NABTU/CPWR said the overdose and suicide data by industry and occupation "is encouraging because it demonstrates that our prevention efforts are making a difference." They point to actions they believe have contributed to the decline, including 'decreased stigma around substance use and mental health disorders' and 'education on risks of prescribed opioids and opioids in general'.

The construction industry has one of the highest injury rates in the US, and workers are commonly prescribed opiates to cope with injury pain. In the absence of either free universal health care or a paid sick pay system in the US, many site workers need to continue working to survive, and insurance companies approve opiates as a cheap fix that will keep them working wounded, exacerbating the injury or at best slowing and jeopardising recovery.

In New York, a programme has been co-created by the [Worker Institute](#) at Cornell University and the [Building and Construction Trades Council of Greater New York](#) (BCTC), which represents all 41 local union affiliates of all 15 international construction unions and more than 100,000 union members in the New York City metropolitan region.

The programme, the Building Trades Peer Support Network, includes a two-hour training, “It’s Not Weak to Speak.” Another component trains union members to be on-site peer supporters who listen to troubled coworkers, assess the risk of their mental health and refer them to appropriate support.

The construction industry has [one of the highest suicide rates](#) of any industry in the country, second only to mining, according to the Centers for Disease Control and Prevention (CDC). And construction workers [die of drug overdoses at a greater rate](#) than workers in any other industry, according to the CDC.

Anyone who goes through that training can apply to become a peer supporter. Identifiable by a sticker on their hard hats, they offer confidential support on job sites, assess the level of crisis and refer medium- and high-risk cases to mentorship (MAP) directors or other support. The Worker Institute is now providing a four-month “train-the-trainer” pilot, where MAP directors learn to teach the curricula to union members.

Peer-support approaches in suicide prevention with the active participation of union representatives [were pioneered in Australia](#), with the creation in 2008 of the [Mates in Construction](#) project, subsequently expanded to cover other sectors. It became the inspiration for initiatives in the US, New Zealand and elsewhere.

## KEY AREAS FOR ACTION

**Psychosocial hazards at work are in most places now the principal cause of work-related sick leave and premature deaths. Yet in many instances they fall outside of the regulatory, compensation and justice system in place for other workplace hazards. There is an urgent case for change.**

### NATIONAL GOVERNMENTS

National governments should develop explicit national occupational psychosocial health strategies and psychosocial hazards laws, in consultation with employers' organisations and trade unions, and incorporate action on psychosocial hazards in broader occupational health and safety strategies.

Governments should ensure labour and safety inspectorates include psychosocial hazards at work in their inspection, investigation, enforcement and prevention activities, including acting to stop excessive hours, low control, high work pace and punitive sickness and disciplinary processes.

Governments should be take steps to identify and address emerging psychosocial hazard at work, including those presented by digitalisation and climate impacts.

Governments should review their national lists of recognised and compensated occupational injuries to include all harms associated with psychosocial hazards in the workplace, with a presumption of work-causation.

Work-related suicide and its prevention should be included explicitly in the remit of labour and safety inspectorates, with workplace suicide risks arising out of employer negligence subject to enforcement action like other workplace risk.

Strengthening mental health at work must also be seen hand-in-hand with broader strategies to support decent work.

Governments should adopt and pursue decent work strategies, prioritising living wages, job security, safe staffing, social protections including paid sick leave and access to occupational health services.

### EMPLOYERS

Employers should ensure they have a psychosocial hazards prevention process in place, developed and periodically reviewed in consultation with trade unions.

Employers should provide all necessary time and facilities for trade union representatives to undertake their functions, including training, consultation with union members, workplace inspections and investigations and participation in union and joint union-management health and safety committees.

Employers should ensure through negotiation with trade unions that sickness absence, working hours and patterns, work flexibility, pay and performance management processes support a health psychosocial working environment, and that there are safe staffing levels at all times.

Employers should ensure workers have the right to disconnect outside their normal working hours, unless it is critical to their job.

## UNIONS

Unions should consider developing new campaigns to increase awareness and capacity on psychosocial hazards at work and their prevention, and for protective legislation and comprehensive compensation.

Unions can develop training for union reps in recognition of psychosocial risk and their prevention, based around participatory approaches in the workplace.

Unions should seek collective agreements on the recognition and prevention of psychosocial hazards in the workplace, ensuring unions have full participation in all related workplace activities and with access to all relevant information.

Unions should work to ensure all work practices that impact on psychosocial hazards in the workplace are included in their preventive strategies, including ensuring sickness absence, performance management, pay and bonus systems, working hours and patterns, safe staffing, the right to disconnect and to flexible working and the employment protections necessary support a healthy psychosocial working environment are in place.

Unions should continue to work to enhance job security, support direct employment and address misclassification, as insecure work undermines psychosocial safety.

## INTERNATIONAL AGENCIES

The International Labour Organisation (ILO) is the main international body with a mandate on occupational safety and health, and it should provide urgently guidance for national governments, employers and trade unions on the prevention of work-related psychosocial risks, associated health problems and their prevention.

The ILO should assess its current standards in relation to psychosocial hazards at work and identify where gaps may exist, in order to also address emerging hazards including digitalisation and climate impacts.

The ILO should moreover ensure decent work is integrated into its occupational psychosocial hazards prevention strategy, as the issue cannot be addressed effectively where job quality is poor, there are not sufficient staff and there is a low pay, long hours, insecure, disposal worker culture.

The ILO should develop dedicated training materials and courses on psychosocial hazards and their prevention, ensuring these are available to unions at no charge.

The ILO should through its tripartite processes review the ILO List of Occupational Diseases (Recommendation 194), expand the list of named work-related psychosocial conditions to include explicitly anxiety, depression, suicide and other conditions with a clear association with work.

The World Health Organisation (WHO) should promote access to occupational health services for all workers, with specific protections from psychosocial hazard at work. This should include through universal health care provision.

Both the WHO and ILO should develop a prevention partnership to address the employment and health challenges posed by psychosocial hazards at work. This will require WHO to reinstate occupational health and safety in its mandate.

## UNIONS IN ARGENTINA FIGHT ‘COMPLEX’ STRESS PICTURE

An ‘increasingly complex’ situation regarding psychosocial risk at work in Argentina is being address by unions. Their long-running stress at work campaign is facing new challenges says [Magali Arocena](#), who heads the occupational health and safety institute for the union CTA Autónoma.

She says government policy is creating more insecure work, lower wages and a push for deregulation, which is a direct threat to occupational health and safety. A priority is defending collective agreements against an attack on working hours limits, the rise of platform work, changes in work organisation and other pressures. “We’ll be more and more slaves,” if the changes go ahead, she says. The committees that exist under collective agreements to discuss issue like psychosocial risk are under threat, she adds.

But despite the hostile political climate, the union has certain tools at its disposal. There is already national guidance and collective agreements in place on psychosocial hazards at work. And Argentina has ratified ILO Convention 190 on combatting violence and harassment at work, with the measures now enshrined since 2020 in law (Law 27580). [The union has developed its own campaign on the issue.](#)

Magali also points to [a recommendation from Mercosur](#), the South American trade bloc, on the ‘Prevention of psychosocial risks at work’ (Recommendation CMC 04/23).

Since 2021, unions have been building their capacity, including participating in courses on ‘Psychosocial risks and their consequences for the physical and mental well-being of workers’, organised by the ILO’s workers’ bureau ACTRAV. Unions in 2025 also participated in ‘Mind health day’.

In 2026, working with ILO ACTRAV, the union held virtual meetings on psychosocial hazards at work and their link to workplace violence.

## AWARENESS OF PSYCHOSOCIAL HAZARDS GROWING IN KAZAKHSTAN

Awareness of psychosocial hazards at work is gaining greater recognition in Kazakhstan, says [Marat Imash](#), head of the occupational safety and health department at the Federation of Trade Unions of the Republic of Kazakhstan (FPRK).

He notes that in Kazakhstan, a new Concept of Safe Labor for the period up to 2030 was put into effect on 1 January 2025, which includes ‘Stress in the emotional sphere’ as a distinct classification. Unions have already begun active work on the issue.

In order to familiarise workers with this topic, a lecture was organised in the city of Almaty in 2025, where FPRK presented a seminar with trade union representatives from the coal industry, the country’s most hazardous industry. Additionally, FPRK will also address KIOSH-2026, an annual health and safety conference held in Kazakhstan, on psychosocial risks at work, together with unions from a variety of industries including mining and metallurgy, mechanical engineering, and forestry, among others.

## SELECTED REFERENCES

[Mental health at work: Policy brief](#), ILO/WHO, 28 September 2022. [WHO guidelines on mental health at work](#), WHO, 2022. [WHO key facts on mental health at work](#), WHO, September 2024.

Frank Pega, Bálint Náfrádi, Natalie C. Momen and others. [Global, regional, and national burdens of ischemic heart disease and stroke attributable to exposure to long working hours for 194 countries, 2000–2016: A systematic analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury](#), Environment International, volume 154, 2021. doi: [10.1016/j.envint.2021.106595](https://doi.org/10.1016/j.envint.2021.106595)

Waters S, Gullestrup J, LaMontagne AD, King T, Thomas SS, Genest C, Castelli Dransart DA, Shan Lai CC. [Suicide and the Workplace - A Call for Action](#). Crisis. 2026 Jan;47(1):1-8. doi: [10.1027/0227-5910/a001040](https://doi.org/10.1027/0227-5910/a001040).

Rachael E. Potter, Maureen Dollard, Loic Lerouge, Aditya Jain, Stavroula Leka, Aude Cefaliello. [National Policy Index \(NPI\) for worker mental health and its relationship with enterprise psychosocial safety climate](#), Safety Science, Volume 172, 106428, April 2024. <https://doi.org/10.1016/j.ssci.2024.106428>

[Key Work Health and Safety Statistics Australia 2025](#), Work Safe Australia, October 2025.

[Workplace stress epidemic killing 10,000 people a year](#), ETUC, 2025.

Lipińska-Grobelny A. [The impact of workplace harassment on the level of mental disorders: the moderating role of gender](#). Current Issues in Personality Psychology, volume 12(3), pages 202-209, 2023. doi: [10.5114/cipp/170212](https://doi.org/10.5114/cipp/170212).

Countouris N., Piasna A. and Theodoropoulou S. (eds.). [Benchmarking Working Europe 2023](#), ETUI-ETUC, 2023.

Swenneke G van den Heuvel and others. [Management of psychosocial risks in European workplaces - evidence from the second European survey of enterprises on new and emerging risks \(ESENER-2\)](#), EU-OSHA, 2018.

[Record levels of work-related stress in Britain's workplaces](#), TUC, January 2026. [Full findings of the TUC survey of workplace safety reps](#).

[2025 'Work shouldn't hurt' survey](#), ACTU, November 2025.

Chirico F, Heponiemi T, Pavlova M, Zaffina S, Magnavita N. [Psychosocial Risk Prevention in a Global Occupational Health Perspective. A Descriptive Analysis](#). International Journal of Environmental Research and Public Health, volume 16, number 14, July 2019. doi: [10.3390/ijerph16142470](https://doi.org/10.3390/ijerph16142470).

[At the company's mercy: Protecting contingent workers from unsafe working conditions](#), Center for Progressive Reform (CPR), 2013.

[Economic activity and health: Initial findings from the Next Steps Age 25 Sweep](#), Institute of Education, UCL, July 2017.

Sarah A Burgard, Lucie Kalousova and Kristin S. Seefeldt. [Perceived Job Insecurity and Health: The Michigan Recession and Recovery Study](#), Journal of Occupational and Environmental Medicine, volume 54, issue 9, pages 1101–1106, September 2012.

Marianna Virtanen and others. [Perceived job insecurity as a risk factor for incident coronary heart disease: systematic review and meta-analysis](#), British Medical Journal, volume 347, f4746, 2013, published online 8 August 2013. [Response to the article from BMA OMC chair Paul Nicholson](#)

Irvine, A and Rose, N. [How Does Precarious Employment Affect Mental Health? A Scoping Review and Thematic Synthesis of Qualitative Evidence from Western Economies](#). Work, Employment and Society, 38(2), 418-441, 2024.

Andreacchi AT, Fuller AE, Smith PM, Blair A, Harris A, Carnide N, Pabayo R, Smith BT, Siddiqi A, Shahidi FV. [Employment quality and suicide, drug poisoning, and alcohol-attributable mortality](#). American Journal of Epidemiology, volume 194(8), pages 2164-2173. 2025. doi: 10.1093/aje/kwaf018.

Devan Hawkins, Laura Punnett, Letitia Davis, David Kriebel, [The Contribution of Occupation-Specific Factors to the Deaths of Despair, Massachusetts, 2005–2015](#), Annals of Work Exposures and Health, Volume 65, Issue 7, August 2021, Pages 819–832, <https://doi.org/10.1093/annweh/wxab017>

University of Massachusetts Lowell analysis of the occupational health and safety factors behind the 'diseases of distress', [The Pump Handle](#), 24 February 2017.

Waters S, Palmer H. [Ofsted suicides: who is responsible for suicide prevention?](#). Journal of Public Mental Health, volume 22, number 4 pages 194–201, 2023. doi: <https://doi.org/10.1108/JPMH-06-2023-0051>

LaMontagne AD, Aberg M, Blomqvist S, et al (2024): [Work & suicide: Evolving understandings of etiology & intervention](#). American J Industr Med 67(8):679-695.

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 403:1368-81.

[Surveillance des suicides en lien potentiel avec le travail](#), Santé publique France, August 2021.

Karen Messing. [Bent out of shape: Shame, solidarity and women's bodies at work](#), Between the Lines, 2021. ISBN13/Barcode: 9781771135412

Marmot MG, Smith GD, Stansfeld S, Patel C, North F, Head J, White I, Brunner E, Feeney A. [Health inequalities among British civil servants: the Whitehall II study](#). Lancet. 1991 Jun 8;337(8754):1387-93. doi: 10.1016/0140-6736(91)93068-k. PMID: 1674771.

Bosma H, Marmot M G, Hemingway H, Nicholson A C, Brunner E, Stansfeld S A et al. [Low job control and risk of coronary heart disease in Whitehall II \(prospective cohort\) study](#) BMJ 1997; 314 :558 doi:10.1136/bmj.314.7080.55

[Dying for a Paycheck: How modern management harms employee health and company performance—and What We Can Do About It](#), HarperBusiness, March 2018.

Joel Goh, Jeffrey Pfeffer, Stefanos Zenios. [The relationship between workplace stressors and mortality and health costs in the United States](#), Management Science, volume 62, issue 2, pages 608-628, 13 March 2016.

Anne Case and Angus Deaton. [Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century](#), Proceedings of the National Academy of Science (PNAS), volume 112, number 49, December 2015.

Anne Case and Angus Deaton. [Mortality and morbidity in the 21st century](#), Brookings Papers on Economic Activities, 17 March 2017.

Hings RF, Furmaniak K, Dunford C, Wagstaff CR. [The problems and potential for emotional labour in occupational therapy](#). British Journal of Occupational Therapy, volume 87(9) pages 527-529, 2024. doi:[10.1177/03080226241233185](https://doi.org/10.1177/03080226241233185)

Grandey, A. A., Frone, M. R., Melloy, R. C., & Sayre, G. M. [When are fakers also drinkers? A self-control view of emotional labor and alcohol consumption among U.S. service workers](#). Journal of Occupational Health Psychology, volume 24(4), page 482–497, 2019. <https://doi.org/10.1037/ocp0000147>

Thern E, Elling DL, Badarin K and others. [Precarious employment in young adulthood and later alcohol-related morbidity: a register-based cohort study](#), Occupational and Environmental Medicine volume 81, issue 4, pages 201-208, 2024.

Denise Vesper, Michael J. Zickar, Liam O'Brien, Rory O'Neill, Maureen F. Dollard, Kevin Flynn, Keaton A. Fletcher, Kendall Stephenson, Timo Ahr, Alexander Jost, Kaylee Somerville & Julian Barling. [Occupational Health and Labor Unions](#), Occupational Health Science, volume 9, pages 835–864, 2025.

[Artificial intelligence and digitalisation: A matter of life and death for workers](#), ITUC, April 2025.

[Occupational safety and health in a just transition](#), ILO policy brief, 2023.

Dollard, MF., & Nesar, DY. [Worker health is good for the economy: Union density and psychosocial safety climate as determinants of country differences in worker health and productivity in 31 European countries](#). *Social Science & Medicine*, volume 92, pages 114–123, 2013. <https://www.sciencedirect.com/science/article/abs/pii/S0277953613002621>

[Fourth European Survey of Enterprises on New and Emerging Risks \(ESENER\)](#), EU-OSHA, 2024.

[Construction Worker Deaths from Opioids Plummet, Suicides Decline](#), Reason newsletter, NABTU/CPWR, February 2026.

Jorgen Gullestrup, Tania King, Samantha L Thomas, Anthony D LaMontagne, [Effectiveness of the Australian MATES in Construction Suicide Prevention Program: a systematic review](#), *Health Promotion International*, volume 38, issue 4, August 2023, daad082, <https://doi.org/10.1093/heapro/daad082>

LaMontagne AD, Lockwood C, Mackinnon A, and others. [MATES in Manufacturing: A cluster RCT evaluation of a workplace suicide prevention program](#), *American Journal of Industrial Medicine*, volume 68(4), pages 331-343, 2025.

**ITUC**  
**International Trade Union Confederation**

[info@ituc-csi.org](mailto:info@ituc-csi.org)

[www.ituc-csi.org](http://www.ituc-csi.org)

Phone: +32 (0)2 224 0211

Boulevard du Jardin Botanique, 20  
1000 Brussels, Belgium

**Publisher responsible in law:**  
Luc Triangle, General Secretary

