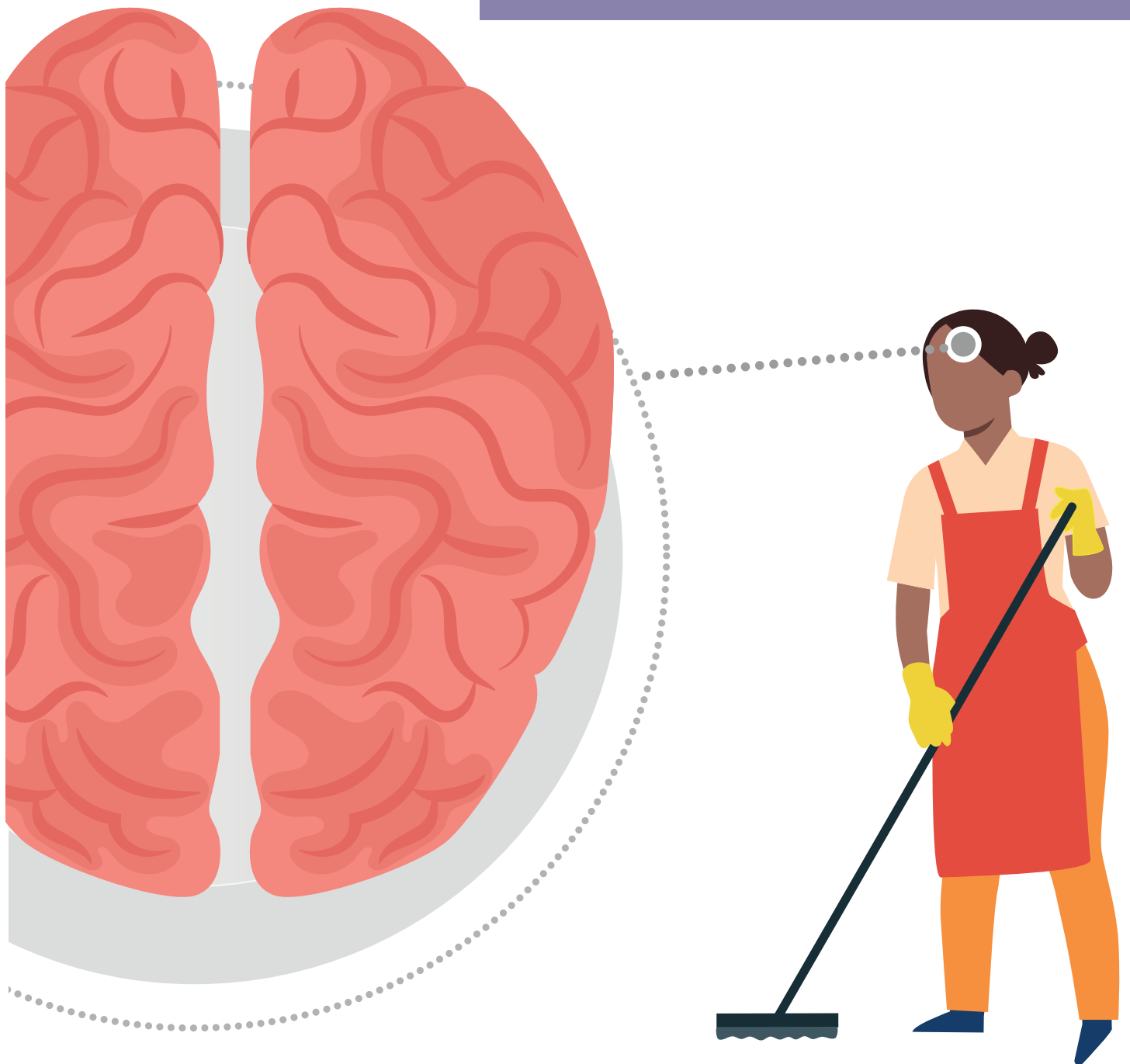


MENTAL HEALTH AT WORK: A FUNDAMENTAL RIGHT

A PRACTICAL GUIDE FOR TRADE UNIONS



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INTRODUCTION

Employment provides workers with an income and brings social status, contributes to self-esteem, and enables them to make meaningful contributions to their environment, develop their potential, and maintain valuable social networks. For people facing mental health problems, having a job can be essential in establishing links with the community and playing a significant role in their recovery process or overall well-being.

However, even before the COVID-19 pandemic, work-related stress, anxiety, and depression were already the leading causes of work-related sick leave in many economies. The pandemic did not create these issues but intensified them, and the problem has persisted. The crisis profoundly changed the world of work—teleworking, the rapid adoption of new technologies, and the expansion of the service sector, among other shifts, have been accompanied by a growing fear of job loss.

At the same time, the pandemic triggered a global mental health crisis, exacerbating workplace factors (psychosocial risks) that negatively affect workers' mental health. In just the first year of the health crisis, anxiety disorders and depression increased by more than 25%, further highlighting the urgent need to address mental health in the workplace.

MENTAL HEALTH DISORDERS ARE THE LEADING CAUSE OF DISABILITY WORLDWIDE.

Despite the scale of the problem, the policies and investments needed to address it are still insufficient. **In 2022, the International Labour Organization (ILO) recognized occupational health and safety as one of the Fundamental Principles and Rights¹ at work**, and psychosocial hazards and related mental health problems as priority areas for the ILO Global Strategy for Occupational Safety and Health 2024-2030². All member countries must promote safe and healthy working environments, including mental health, even if they have not ratified the relevant conventions.

¹ <https://www.ilo.org/topics-and-sectors/safety-and-health-work/safe-and-healthy-working-environment-fundamental-principle-and-right-work>

² <https://www.ilo.org/resource/policy/global-strategy-occupational-safety-and-health>

For years, UNI Global Union's Equal Opportunities Department has been working on awareness raising and training on health and safety in the workplace, providing information, communication, and training tools for delegates and affiliates. We are proud of this effort, but we are aware the challenges that remain.

This guide **is dedicated exclusively to the topic of mental health**, and aims to provide tools and knowledge on mental health; to analyze how the work environment can influence the well-being of workers; and to offer strategies to prevent and manage psychosocial risks, as well as to support those facing mental health problems.

There can be no health without mental health, and mental health can only happen in workplaces free from inequality, discrimination, violence and harassment, so Trade unions have a key role to play in protecting the mental health and general well-being of workers.

Trade unions can incorporate clauses in collective agreements to ensure that mental health and wellbeing concerns are effectively addressed. This includes implementing organizational measures to mitigate psychosocial risk factors, providing training for supervisors and employees to enhance their understanding, attitudes, and behaviors regarding mental health while reducing stigma, and establishing reasonable accommodations to support individuals with mental health conditions. Additionally, agreements should advocate for supportive sick pay and sickness absence procedures that are not tied to disciplinary or incapability processes, as well as access to occupational health services that encompass psychosocial health.

In short, **protecting the health and safety of workers as a whole is essential to creating diverse, inclusive and egalitarian work environments where everybody can thrive and reach their true potential. This holistic approach is crucial to meet the challenges of an increasingly changing world of work, which affects the way we live, work and relate to each other.**

Mental health is a right that must be protected. Together, we can build a fairer and healthier working future for all.

1. WHAT WE TALK ABOUT WHEN WE TALK ABOUT MENTAL HEALTH

Health is a multidimensional concept that encompasses physical, mental and social well-being, and is one of the fundamental rights of every human being regardless of gender, race, creed, or economic status.

Working people have the right to the highest attainable standards of mental health at work, regardless of the type of work they do. And people living with mental health problems have the right to access, participate and thrive in the world of work.

In recent years we have seen the world of work undergo profound transformations. Globally, factors such as technology, globalization, demographic shifts, emergencies and climate change are redefining how and where we work.

The COVID-19 pandemic had a profound impact on labour markets, accelerating the adoption of remote working, e-commerce, and automation. It also exacerbated an already growing global mental health crisis, with stress, anxiety disorders, and depression increasing by more than 25% in its first year alone³. However, it did not trigger this crisis—work-related stress, anxiety, and depression were already leading causes of work-related absence in many economies and continue to be. It is crucial to recognise that, regardless of whether a mental health issue originates from work or other factors, it affects a person's ability to work. This makes it a workplace issue and, therefore, a critical concern for trade unions.

Consequently, while some jobs are being lost and others are being created, almost all are undergoing change. These changes create new pressures or intensify pre-existing stresses related to work environments and have the potential to deteriorate workers' mental health. Furthermore, they can be affected by a variety of risks, called **psychosocial risks**, such as abusive working hours, inadequate working conditions, lack of development opportunities or toxic work environments.

The reality **is that more than half of the world's workforce works in the informal economy⁴, where labour rights, including health and safety protections, are virtually non-existent**. This contributes to a dangerous working environment, with long working hours, no access to social security and, in many cases, no support in the face of discrimination.

³ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

⁴ <https://www.weforum.org/stories/2024/06/what-is-the-informal-economy/>

GLOBAL DATA

ACCORDING TO THE WHO⁵

15% OF WORKING-AGE ADULTS HAD A MENTAL DISORDER IN 2019.

In 2019, mental health at work looked like this:

301
MILLION

PEOPLE WERE LIVING
WITH ANXIETY.

280
MILLION

PEOPLE WERE LIVING
WITH DEPRESSION.

703,000

PEOPLE DIED BY
SUICIDE EACH YEAR.

Globally, an estimated 12 billion working days are lost each year due to depression and anxiety at a cost of \$1 trillion per year in lost productivity.

Mental health disorders are the leading cause of years lived with disability (YLD), accounting for one in six YLDs worldwide¹.

Occupational safety and health, including mental health, is a fundamental right of working people. Governments and employers have duties to protect workers from psychosocial hazards at work -and can do this by cooperating with unions by taking measures including:

- Preventing workers from experiencing excessive stress and other mental health risks
- Protecting and promoting mental health and wellbeing in workplaces and being mindful of the diversity of working people.

⁵ <https://www.who.int/publications/i/item/9789240057944>

⁶ Pan American Health Organization, (2023). World mental health report: Transforming mental health for all. <https://doi.org/10.37774/9789275327715>

- Adopting holistic health policies that include mental health and wellbeing.
- Conducting training and awareness-raising programmes on mental health and the most common mental health issues.
- Ensuring that national authorities and employers fulfill their duties to protect workers by addressing obstacles faced by those with mental health issues.
- Recognizing the rights of union representatives and trade unions to represent and support members with mental health concerns, including their role in providing guidance and advocacy.
- Addressing obstacles faced by members with mental health issues, as well as the role of union representatives and supervisors in providing support;
- Encouraging people to participate fully and effectively in the workforce, free from stigma, discrimination or harassment.

We must understand that mental health is a priority: in all countries and in all sectors the prosperity of organizations and societies depends on the mental health of working people.

1.2. Definition of mental health

Like physical health, **mental health is much more than simply the absence of disease or illness.** According to the World Health Organization (WHO), *"mental health is a state of well-being in which a person is able to cope with life's stresses, develop his or her abilities, learn and work effectively, and contribute to his or her community"*.⁷

Conversely, when mental health is harmed, there may be dysregulation in a person's cognitive functioning, behavior, emotional, social and relational state. This state has an impact not only on a person's psychological well-being, but also on their physical health, their sense of identity and their relationship with their work and social environment.

KEY PRINCIPLES AND ELEMENTS OF MENTAL HEALTH⁸.

► CONNECT

- Have positive relationships
- Contribute to the community
- Sense of belonging
- Empathizing

► COPE

- Cope with stress
- Adapt to change
- Adopt new ideas
- Make complex decisions
- Understand and manage emotions



► FUNCTION

- Apply cognitive skills
- Get an education
- Earn a living
- Make healthy choices
- Learn new skills

► THRIVE

- Knowing one's own skills
- Feeling good
- Finding purpose in life
- Thinking of one's own and others' wellbeing

⁷ WHO (2022) *Guidelines on mental health at work*. Geneva.

⁸ OPS; 2023, p. 11

It is important to understand that **mental health is not a fixed or binary state (health/illness)**. Just as we can suffer from a physical ailment and recover, **our mental health also changes, influenced by our personal, social and work circumstances**.

Everyone can go through periods of stress, sadness or anxiety. In many cases these episodes are temporary, and people manage to recover. For example, depression and anxiety can manifest as brief or moderate episodes, lasting from a few hours to several weeks, or as severe disorders that persist for months or even years.

This does not mean that a diagnosis of a mental health issue means living permanently in a negative state. Many people with mental health conditions, like those with chronic physical illnesses, can lead fulfilling lives if they receive appropriate treatment and support, including an inclusive, supportive and accessible working environment.⁹

1.3 The mental health continuum

Mental health is conceived as a continuous and complex process that encompasses various states.

During this process, mental health-related problems and challenges present themselves in different ways and are experienced uniquely by each person, with varying degrees of difficulty and discomfort.



In the workplace, people may sometimes struggle with concentration, feel stressed, irritable, or lack energy and motivation. However, if these feelings persist daily, they may be a warning sign of a deeper issue.



Since such symptoms can impact work performance, it is crucial to identify their root causes to protect workers from adverse consequences such as sickness absence procedures, disability, or incapability action.

The concept of the "mental health continuum" helps us to recognize emotions, attitudes and behaviors that may indicate that people are having difficulties and could benefit from additional support and/or should seek professional treatment.

Below we will describe some of the elements that are present in each state and what actions are appropriate to take in each case. We will look at specific changes in six different areas: mood, attitude and performance, sleep, physical health, social well-being, and problems related to substance use, video games and gambling.

The arrows indicate that movements are possible in both directions of the continuum, which means that there is always the possibility of regaining health and well-being.

⁹ We will describe some of the most common mental health disorders, as well as severe mental health disorders, below. In any case, decent and meaningful work protects mental health, contributes to a sense of achievement and confidence, secures a person's income, and assists in the recovery and inclusion of people living with psychosocial disabilities.

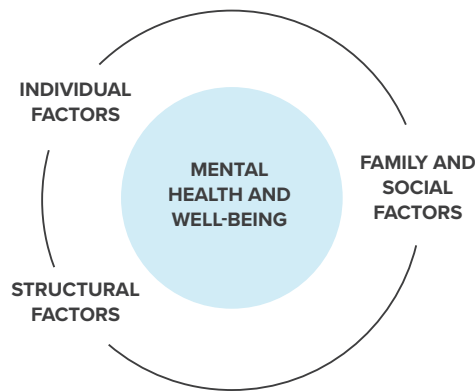


| | WELFARE | INQUIRY | EFFORT | CRISIS-PROBLEM |
|--------------------------|--|---|---|--|
| State of mind | Normal mood fluctuations. The person feels calm and takes things in their stride. They can manage their feelings | Increased mood fluctuations. Irritability. Frustration. Restlessness or worry. Sadness. | Constant changes in mood Anger Anxiety Generalized sadness/hopelessness. Anguish. | Inability to control negative thoughts Outbursts of anger/aggression Excessive anxiety/panic Depression/suicidal thoughts |
| Attitude and performance | Can participate in daily activities Makes positive contributions | Difficulty in carrying out daily activities or tasks. Lack of concentration / forgetfulness. Procrastination Demotivation | Difficulty in completing daily tasks/low performance. Loss of enjoyment of activities. Negative attitude. Workaholism Lack of concentration. Poor decision making. | Cannot perform tasks, cannot control their behavior or concentration. |
| Dream | Normal sleep patterns Few sleeping difficulties | Difficulty sleeping Intrusive thoughts Nightmares | Restlessness and disturbed sleep Recurrent thoughts Recurring nightmares | Cannot fall asleep or stay asleep Sleeping too much or too little |
| Physical health | Physical well-being Good energy level | Muscle tension Headaches Lack of energy | Increased pain and discomfort Increased fatigue | Physical illnesses Constant fatigue |
| Social relations | Socially and physically active Has positive relations with their environment | Difficulty in connecting and/or relating to others Decrease in social activity | Avoid or break off social activities. | Isolation The person does not want to go out and/or answer the phone. |
| Substance use/addiction | No or low risk of use of alcohol/cannabis/gambling/video games | Alcohol, cannabis, gambling and/or video games are increasingly used to relieve tension and cope with stress. | Difficulties in limiting alcohol/ cannabis/ gambling/video games. | Cannot control or limit the use of alcohol/cannabis/ gambling/video games. |
| What to do | Stay connected with others. Continue healthy routines. Be active and aware. | Talk to friends, family, or your family doctor. If your work environment allows it, talk to your manager or supervisor. Practice self-care. | Talk to friends, family, or your GP for support. If your work environment allows, consider speaking with your manager or supervisor. Practice self-care and explore low-intensity or online therapies. Good workplaces should also provide access to occupational health services, which may include counselling or employee assistance programs, either within or outside the workplace. These services should be independent, supportive, and designed to protect workers' privacy. | Seek professional help immediately. |

1.4 Factors affecting mental health

People's mental health is influenced by a complex interaction of individual, family, social, workplace and structural factors that vary according to their circumstances¹⁰. These factors are dynamically interrelated, which means that life experiences, genetics, the social and economic environment, and existing policies can contribute to or worsen our mental health.

All these factors are present in the world of work and need to be taken into account in the development of mental health policies.



INDIVIDUAL FACTORS

These are psychological (cognitive and interpersonal), biological (genetic aspects) and individual behavioral factors.

| ADVERSE | PROTECTORS |
|--------------------------------|---|
| Low self-esteem | Self-esteem, confidence |
| Cognitive/emotional immaturity | Problem-solving and problem-solving skills dealing with stress or adversity |
| Medical illness | Physical health, physical fitness |
| Substance use | Healthy behaviors ¹¹ |

¹⁰ https://cdn.who.int/media/docs/default-source/mental-health/risks_to_mental_health_en_27_08_12.pdf?sfvrsn=44f5907d_10&download=true

¹¹ As we saw in the previous section, substance use or other behaviors that can lead to addiction and are both a consequence and a cause of poor mental health. This reinforces the general concept that mental health is dynamic and involves many different factors.

FAMILY AND SOCIAL FACTORS

These factors include opportunities to interact with their environment and participate in meaningful activities, access to education and decent work, and social and economic circumstances.

| ADVERSE | PROTECTORS |
|--|---|
| Loneliness, mourning | Social support from family and friends |
| Abandonment, family conflicts | Good parenting / family interaction |
| Exposure to violence/abuse Low income and poverty | Security and physical protection Economic security |
| School difficulties, drop-out | Access to good education |
| Job stress, unemployment | Decent work Job satisfaction and success |

WORKPLACE FACTORS

The workplace plays a central role in a person's life as it is the place where many spend most of their working hours. Factors such as job security, pay, and working conditions can shape both immediate well-being and overall life stability.

| ADVERSE | PROTECTORS |
|---|--|
| Job insecurity, low pay and poor working conditions | Secure employment and decent work |
| Lack of worker agency and rights at work | Stronger worker representation and collective bargaining |
| Lack of workplace accommodations for mental health concerns | Fair workloads and emotional support at work |
| Unstable working hours and shift patterns | Predictable schedules and shift flexibility |
| Unemployment and underemployment | Employment security and opportunities for career growth |

STRUCTURAL FACTORS

These are factors related to the socio-cultural, geopolitical and environmental setting, infrastructure, and the prevailing beliefs, norms and values of society.

| ADVERSE | PROTECTORS |
|--|--|
| Poor access to basic services | Equal access to basic services |
| Environmental injustice and discrimination | Social justice, tolerance, integration |
| Social and gender inequalities | Social and gender equality |
| Exposure to war or disasters | Physical security |

1.4.1 Diversity and inclusion as part of overall well-being

Any human group has an enormous diversity of people, and this diversity must be addressed and understood in its complexity. Factors related to our socio-cultural environment such as prejudices about mental health problems, discrimination based on gender, sexual orientation, disability, neurodiversity, and other forms of exclusion converge and reinforce inequalities in our societies¹² and in the world of work.

People who are more exposed to these unfavorable circumstances are at greater risk of mental health problems.¹³

According to three studies conducted in the United States from 2019 to 2023¹⁴, **people from marginalized identity groups faced disproportionate challenges around mental health and work. Women, youth, people of color, Latinos and LGBTQI people+** had worse mental health outcomes, including being less likely to receive support when discussing their mental health at work; lower job satisfaction, confidence, pride; and lower intention to stay in their jobs.

¹² This is the analytical approach of intersectionality, which understands inequalities as a result of the combination of social factors such as gender, ethnicity and class and proposes that a person's disadvantages and privileges should not be studied in isolation, but by considering the different power relations that influence their lives. https://parlAmericas.org/uploads/documents/Intersectionality_en.pdf

¹³ Op.cit WHO (2012)

¹⁴ Mind Share Partners' 2023 Mental Health at Work Report. <https://www.mindsharepartners.org/mentalhealthatworkreport-2023>

Research from 2022¹⁵ in the UK on the well-being of **neurodivergent**¹⁶ workers found that only a quarter (25%) felt financially secure and emotionally balanced and only 36% felt physically healthy. In addition, half of the neurodivergent workers felt burned out at work. As a result, they were more likely to suffer from stress, anxiety or depression.

These findings represent the persistence of cultures and systems that drive not only direct acts of discrimination, but also entrenched biases in the processes of recruitment, growth and support of workers within work environments.

1.4.2 How gender has an impact on psychosocial risk factors

Although men and women experience similar rates of mental health problems in general, **women face specific challenges in our society and in the workplace.**

Some are related to gender roles and stereotypes, while others are intersectional in nature, as identity markers such as race, sexual orientation and social status shape each person's experience.

Women are twice as likely as men to suffer from depression¹⁷, generalized anxiety disorder and post-traumatic stress disorder, as well as being more likely to suffer from eating disorders.

Factors such as **wage inequality, domestic responsibilities** - including the burden of the double shift - and **gender-based violence** contribute to the most common mental health problems. The demands of work and home life can lead to exhaustion, leaving little room for recovery or self-care.

Also, hormonal changes (menstrual and menopausal), infertility and postpartum depression affect the mental health of many women and pregnant and breastfeeding women.¹⁸

The **caring roles assigned to women**, whether they are family members, domestic employees, or care workers, place additional physical and emotional stress on them.

This is compounded by other factors such as **lack of representation in leadership positions, discrimination** and difficulties in balancing work and personal life.

¹⁵ <https://www.bbk.ac.uk/news/neurodivergent-employees-fear-discrimination-despite-uk-businesses-promoting-neurodiverse-workplaces/>

¹⁶ Neurodiversity describes the idea that people experience and interact with the world around them in many different ways. There is no single 'right' way of thinking, learning and behaving, and differences are not considered deficits.

There are "neurotypical" individuals, whose functioning is within social norms and standards, and neurodivergent individuals (15-20 per cent of the population), whose functioning is outside these norms, including conditions such as ADHD, dyslexia, dyspraxia and autistic spectrum conditions. Any form of inclusion must take neurodiversity into account as one of its components. (What is neurodiversity? Nicole Baumer, MD et.al, Harvard Medical School, 2021.)

¹⁷ <https://www.mentalhealth.org.uk/explore-mental-health/statistics/men-women-statistics>

¹⁸ For more information, UNI Global Union's Equal Opportunities Department has produced a special series of occupational health and safety guides focusing on menstruation, maternity and menopause, and how these biological stages affect women and pregnant women in their professional development. <https://es.uni-womens-health.org/salud-laboral/campaing/>

Worldwide, finding work is much more difficult for women than for men¹⁹ and women are less likely to have decent, secure work. The ILO estimates that **out of every five jobs created for women, four are in the informal economy** and they tend to be **over-represented in occupations perceived as unskilled and "low value"**. Health and care services (64.7 per cent) remain a female-dominated field. Women also outnumber men in education and consumer services (51.8 per cent).²⁰

In addition, women **are more likely to experience violence and harassment in the workplace**, including sexual harassment, domestic violence, stalking and discrimination. Violence and harassment against women can be further exacerbated by unsafe working conditions, such as working in isolation, with poor lighting and night shifts.²¹

In short, women's mental health is strongly influenced by gender inequalities, social expectations and responsibilities, making them more vulnerable to disorders such as depression and anxiety.²²



ACTIVITIES

ACTIVITY 1 : MEETING POINTS

Objectives: to break the ice, to explore interests and expectations, to set in motion the group work, generating a relaxed and trusting atmosphere.

The activity consists of going to a meeting point where the participants will approach those people who feel represented by the slogan presented by the facilitator.

Duration: 20 minutes

Materials: Ample space. List of slogans.

Dynamics: The whole group is asked to stand up and form a circle around a cardboard circle in the centre. As the facilitator reads the slogans, participants will step backwards from the meeting point if they feel represented by the slogans.

Variation: If there is not enough space for people to move around, circular cards of the same colour can be handed out and held up as the slogans are said.



¹⁹ In many advanced economies, people with basic education face a higher risk of unemployment, and this pattern is particularly pronounced for women. In contrast, in low- and middle-income countries, people with advanced education are more susceptible to unemployment, and women are also disproportionately affected.

²⁰ World Economic Forum (2023). Global Gender Gap Report 2023. <https://www.weforum.org/publications/global-gender-gap-report-2023/>

²¹ Equal Opportunities Department, UNI global union (2022). The need for a gender perspective on occupational health and safety. Practical guide for delegates.

²² WHO (2022). Gender and Mental Health. <https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1>

List of slogans:

- Please come to the meeting point for those who
- Have a pet
- Play a sport
- Are engaged in an artistic activity
- Like to be alone
- Like to dance
- Call a friend when they are sad
- Missed going to their workplaces during the pandemic
- Laughed a lot lately
- Felt very stressed lately
- Feel good about their...
- Felt alone during the pandemic
- Often meet up with friends on days off
- Like to be at home
- Like making others laugh
- In the last week they were very angry
- Find it easy to talk about their feelings

ACTIVITY 2 : BRAINSTORMING

Objective: To collect the group's ideas associated with mental health and to make a first conceptual approach.

Materials: Blackboard, poster or wall, Post-its, markers.

Duration: 40 minutes

Exercise: On a blackboard, poster or wall, write or stick a piece of paper with the title **MENTAL HEALTH**. Participants are asked to write a word and place it on the poster (with a Post-it or written on the board).

As people approach, the facilitator asks them questions about the relationship between the words, whether they have a negative or positive effect on mental health, etc. The aim is to build a first conceptual network on what has been learned.

At the end of the workshop, a photo is taken to compare this first approach with the ideas at the end of the workshop, what has been learnt, how the group work has affected it, etc.



ACTIVITY 3 : THE MENTAL HEALTH HEADBANGER

Objective: To reinforce the concepts that were addressed on mental health.

Materials: 2-piece jigsaw puzzle cards.

Duration: 30 minutes

Dynamics:

The group is divided into four subgroups.

They are each given eight puzzle pieces.

Each group has to put together the four sentences with the cards.

Once assembled, the sentences are read aloud, and a reflection is made, or the information is expanded upon. The facilitator can ask questions to help participants develop the information.

Once all the puzzles have been assembled, they are either added to the conceptual web that was assembled earlier, or they are asked under or within which concept they would put each phrase. Or if they would add any new words to the web.

Index cards

- Everyone has the right / to mental health.
- Many situations at work / can affect our mental health. (Give examples)
- Mental health is a responsibility / of the whole community (what can employers, trade unions, governments and individuals do).
- Excessive stress / can affect our mental health (What situations generate stress)
- Having a decent job / is beneficial to health.
- All people / we can all have a mental health problem.
- Women / are more vulnerable to mental health problems. (Why?)
- Individual factors / are not the only ones that affect our mental health (what other factors exist).
- No person is completely healthy / not completely sick (Why?)
- If stress hinders our daily activities / we may be suffering from a mental health problem.
- Prejudices make it difficult / difficult for us to take care of our mental health (Why, do you know of any mental health prejudices?).
- To give it importance and to be able to express what we feel/does us good
- It is OK / not to be OK.
- Trouble sleeping / may be a sign that something is wrong.
- Taking care of our physical health / is good for our mental health.
- Labour rights, including the right to mental health, are better protected if workers belong to a trade union.



2. ENDING THE STIGMA: TALKING ABOUT MENTAL HEALTH ²³

Millions of workers experience mental health challenges, yet many go undiagnosed or struggle to access support due to stigma and discrimination. Despite being common, mental health issues are often misunderstood, leading to workplace discrimination, limited employment opportunities and barriers to essential services.

Globally, one in eight people live with a mental disorder²⁴, a figure that surged by over 25 per cent for anxiety and depression following the COVID-19 pandemic. **Many workers face inadequate access to care, while workplace factors such as job insecurity, low pay, excessive workloads and poor management further contribute to mental ill-health.**

Rather than viewing mental health solely as a medical issue, it must be recognized as a workplace issue that requires collective action.

WHAT IS STIGMA ?

Stigma refers to negative attitudes, beliefs or behaviours toward individuals or groups based on certain characteristics. It manifests in:

- Stereotypes – Misconceptions that all individuals with a mental health condition are the same.
- Prejudice – Negative emotions or biases based on these misconceptions.
- Discrimination – Unfair treatment resulting from stigma, including exclusion from employment, promotion or workplace benefits.

Workplace stigma can create biased employment policies, reduce the quality of support provided to workers and prevent access to proper diagnosis and treatment. It also has negative effects on productivity, leading to presenteeism (working while unwell), absenteeism and higher turnover.

²³ More information regarding common mental health disorders, please refer to Annex 1 at the end of this manual

²⁴ <https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=In%202019%2C%201%20in%20every%208%20people%2C%20or,disorders%20rose%20significantly%20because%20of%20the%20COVID-19%20pandemic.>

Workers with mental health conditions face disproportionately high rates of disability and mortality.

Those with major depression and schizophrenia, for example, are 40–60 per cent more likely to die prematurely²⁵ due to untreated physical health issues and suicide. Suicide remains the second leading cause of death among young people worldwide²⁶.

Stigmatization and discrimination in the workplace also result in violations of workers' rights, including restrictions on employment, education and healthcare access. Fear of stigma often discourages workers from seeking help, disclosing mental health concerns or requesting necessary workplace adjustments.

Addressing mental health in the workplace requires a distinction between **supporting workers with existing mental disabilities** - which involves job design, recruitment policies and workplace accommodations - and preventing mental health problems by identifying and mitigating risks.

UNIONS PLAY A CRITICAL ROLE IN BOTH AREAS BY

- **Challenging discrimination** by advocating for inclusive workplace policies and securing necessary accommodations such as flexible work arrangements, shift adjustments and reduced workloads.
- **Identifying and addressing workplace factors** that contribute to mental ill-health, including excessive workloads, lack of training, poor management and unrealistic deadlines or targets.
- **Conducting risk assessments** to recognize and mitigate psychosocial hazards in the workplace.
- **Raising mental health awareness** through education, training initiatives and peer support programmes.
- **Providing representation and advocacy** for workers facing discrimination due to mental health conditions.
- **Ensuring access to independent occupational health services**, employee assistance programmes and confidential counselling.
- **Promoting early intervention** by advocating for mental health first aid and other workplace support measures.

By taking an active role in these areas, unions can help create workplaces that protect mental healthwell-being, prevent harm and provide meaningful support to those who need it.

²⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC5605248/>

²⁴ <https://platform.who.int/docs/librariesprovider20/default-document-library/resources/who-msd-mer-19-3-eng.pdf>

3. ANXIETY AND DEPRESSION, THE MOST PREVALENT DISORDERS GLOBALLY AND THE MOST COMMON CAUSES OF WORK-RELATED SICKNESS ABSENCE.

3.1 Anxiety

WHAT IS IT ?

We all feel stressed and anxious from time to time. But **when anxious feelings don't go away, occur for no particular reason, or make it difficult to manage everyday life, they may be signs of an anxiety disorder.**

Anxiety disorder is a condition that makes it difficult for a person to cope with everyday life and affects approximately one in five people each year and almost one in three in their lifetime²⁷.

A general practitioner, psychologist or psychiatrist can assess whether you have an anxiety disorder.

SYMPTOMS

Symptoms of anxiety disorders can appear suddenly or develop slowly over time, sometimes making them difficult to notice.

CONDUCT

- Avoiding situations that trigger feelings of anxiety or fear.
- Difficulty in concentrating or making decisions.

FEELINGS

- Excessive fear
- Irritability, tension or restlessness

THOUGHTS

- Concern
- Obsessive thinking
- Feeling of imminent danger, panic or doom



PHYSICAL SYMPTOMS

- Panic attacks
- Hot flushes
- Palpitations
- Chest tightness
- Rapid breathing or shortness of breath
- Difficulty sleeping

TYPES OF ANXIETY DISORDERS

- Generalized anxiety disorder: persistent and excessive worry about everyday activities or events.
- Anxiety disorder: anxiety attacks and panic attacks, and fear of further attacks.
- Social anxiety disorder: high levels of fear and worry about social situations in which the person may feel humiliated, embarrassed or rejected.
- Agoraphobia: excessive fear, worry and avoidance of situations that may make someone panic or feel trapped, helpless or embarrassed (i.e. in crowded or unfamiliar places).
- Separation anxiety disorder: excessive fear or worry about being separated from people with whom you have a close emotional bond.
- Phobias: intense and irrational fears of specific objects or situations that lead to avoidance behaviour and considerable distress.

People can experience several anxiety disorders at the same time. Girls and women are more likely to suffer from anxiety disorders than boys and men.²⁸

CAUSES

As we have already seen in the section "Factors affecting mental health", anxiety disorders are caused by a combination of social, workplace, psychological and biological factors. Although anyone can have an anxiety disorder, those who are more exposed to psychosocial factors are more vulnerable than others.

Anxiety affects not only mental health but also physical health, due to physical stress, hyperactivity of the nervous system or harmful consumption of alcoholic beverages, which can worsen existing conditions such as cardiovascular diseases.

DIAGNOSIS AND TREATMENT

There are effective treatments for anxiety disorders. **People with anxiety symptoms should seek medical attention.**

Psychological treatment is essential and usually includes talking therapies with professionals who help people to understand and manage anxiety, as well as to cope with situations, people or places that provoke anxiety.

²⁸ Ibid. WHO, *Anxiety disorders* (2023)

These therapies can be individual or group, face-to-face or online, and even through apps and self-help manuals. Cognitive behavioural therapy (CBT) is one of the most recommended.

In addition, relaxation and mindfulness techniques can be helpful in reducing anxiety and stress. In some cases, professionals will recommend the use of medication.

PERSONAL CARE

Self-care is key to supporting the treatment of anxiety. Some useful tips include:

- Avoid or reduce the use of alcohol and drugs, as they can make anxiety worse.
- Exercise regularly, including walking a little every day.
- Maintain regular and healthy eating and sleeping habits.
- Learn relaxation techniques, such as deep breathing and muscle relaxation.
- Practice meditation or mindfulness, even if it is just a few minutes a day.

3.2 Depression

Depression affects different people in many different ways.

Depression can cause severe symptoms that affect how a person feels, thinks and coordinates daily activities such as sleeping, eating or working.

WHAT IS IT ?

We all feel sad, moody or down at times - it's a normal part of life. But if these feelings appear and last for more than two weeks, it may be a sign of a depressive disorder.

It is important to know that depressive disorders are treatable and that you need to talk to someone about it.

Depression involves a low mood or loss of pleasure or interest in activities for long periods of time. It can affect all aspects of life, including relationships with family, friends and community.

Although women are more often diagnosed with depression, due to gender stereotypes and roles, men are less likely to recognize, talk about and seek help to cope with their negative feelings, and are therefore at greater risk of having their depressive symptoms undiagnosed and undertreated²⁹. Studies also show that there are higher rates of depression and a higher risk of depression among members of the LGBTQI+ community.

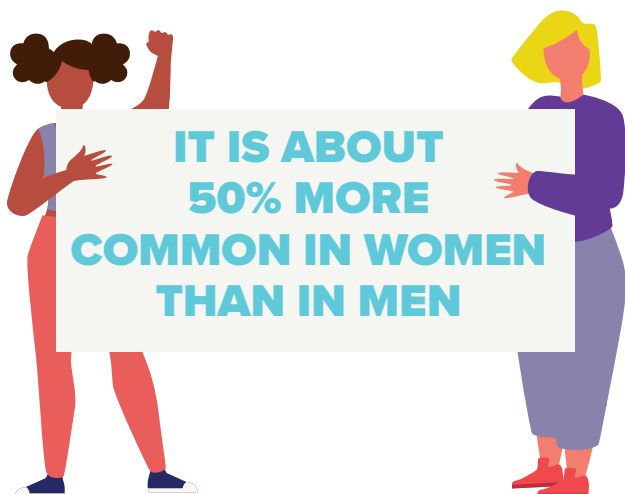
SOME FACTS ABOUT DEPRESSION³⁰

Globally, depression alone affects one in six people in their lifetime. It is estimated that

3.8 OF THE POPULATION SUFFERS FROM DEPRESSION

INCLUDING 5% OF ADULTS AND 5.7% OF ADULTS OVER 60

APPROXIMATELY 280 MILLION PEOPLE WORLDWIDE SUFFER FROM DEPRESSION



MORE THAN 10% OF PREGNANT WOMEN AND WOMEN WHO HAVE JUST GIVEN BIRTH SUFFER FROM DEPRESSION



²⁹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC4478054/>

³⁰ <https://www.who.int/news-room/fact-sheets/detail/depression>

**WORKPLACE FACTORS CAN BE THE CAUSE OF DEPRESSION,
AND OVER 10% OF SUICIDES COULD BE RELATED TO THESE
FACTORS.**³¹

People who have experienced abuse, violence, severe loss or other stressful events are more likely to develop depression.

Working people suffering from untreated depression may experience poor work-related outcomes, such as disengagement at work, impaired concentration and attention, interpersonal problems and general decline in performance.

MORE THAN 700,000 PEOPLE DIE BY SUICIDE EVERY YEAR.

**SUICIDE IS THE FOURTH LEADING CAUSE OF DEATH IN YOUNG
PEOPLE AGED 15-29.**

SYMPTOMS

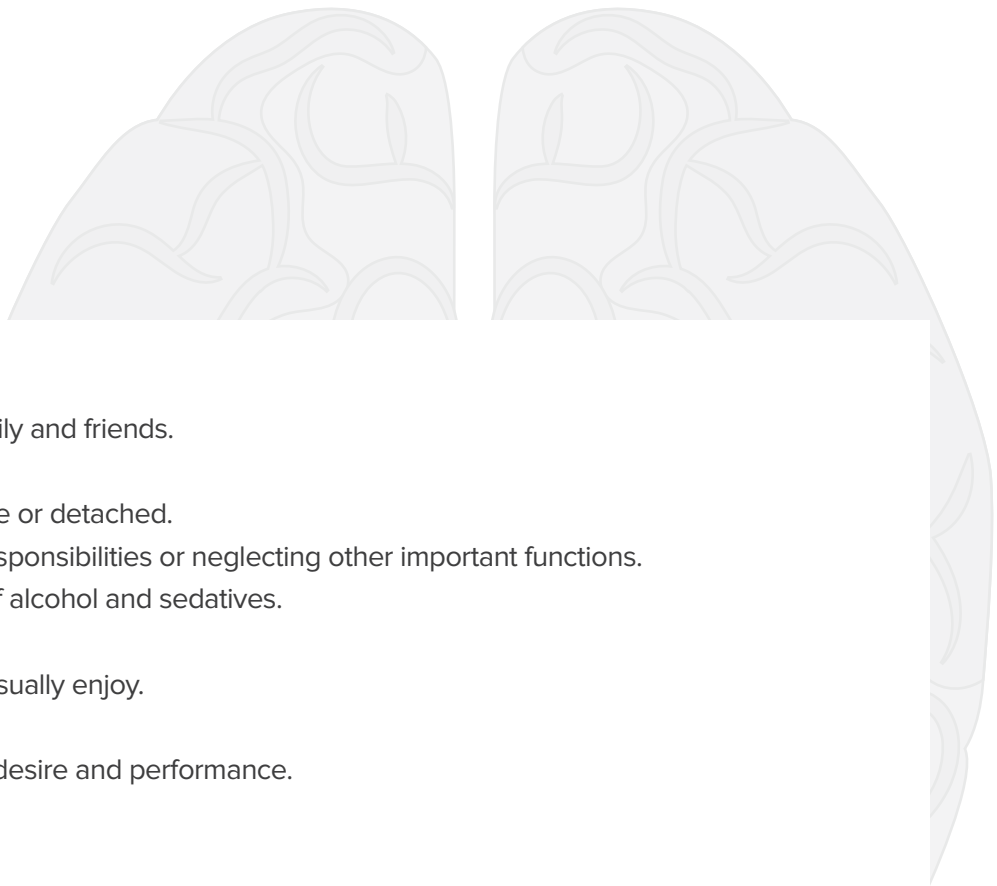
To talk about a depressive episode, we must keep in mind that the symptoms are not like everyday mood swings. During a **depressive episode, symptoms appear most of the day, almost every day, for at least two weeks.**

A depressive episode **can be classified as mild, moderate or severe** depending on the number and severity of symptoms and the impact on the person's functioning.

The following is a list of symptoms, although it should be noted that **some people will have only a few symptoms, while others will have many.**

What is important is the duration and that these symptoms cause constant difficulties in the person's daily functioning, as well as a considerable degree of distress.

³¹ www.hazards.org/stress and www.hazards.org/suicide



BEHAVIOUR

- Isolating themselves from family and friends.
- Not leaving the house.
- Becoming withdrawn, negative or detached.
- Not being able to fulfil their responsibilities or neglecting other important functions.
- Increasing the consumption of alcohol and sedatives.
- Self-medicating.
- Not doing the activities they usually enjoy.
- Inability to concentrate.
- Having problems with sexual desire and performance.

FEELINGS

- Sadness, anxiety or "emptiness".
- Hopelessness or pessimism.
- Irritability, frustration or restlessness.
- Guilt, worthlessness or helplessness.
- Restlessness or nervousness.

THOUGHTS

- "I am a failure."
- "It's my fault."
- "Nothing good ever happens to me."
- "I am worthless."
- "It's not worth living."
- "People would be better off without me."

PHYSICAL SYMPTOMS

- Permanent fatigue.
- Feeling sick and lacking energy.
- Headaches and muscle aches.
- Stomach pain, butterflies in the stomach or cramps.
- Sleeping problems.
- Loss or change of appetite.
- Significant weight loss or gain.

TYPES OF DEPRESSIVE DISORDERS

MAJOR OR CLINICAL DEPRESSION

Also known as: clinical depression, depression, unipolar depression.

Types of major depression include melancholia, psychotic depression, and perinatal and perimenopausal depression. It can be mild, moderate or severe.

Mental health professionals can diagnose depression if these symptoms are present: appear on most days, last at least two weeks and affect many areas of life, including work and social relationships.

Melancholia

Melancholia is a severe depression that often has physical symptoms. The person may move more slowly, feel sad, depressed or miserable, be completely unable to enjoy anything.

Psychotic depression

In some cases, depression can lead to a loss of contact with reality or the onset of psychosis. Symptoms of psychotic depression may include hallucinations (perceiving things that are not there), delusions (false beliefs that are not shared by others, such as seeing oneself as evil or thinking that one is being watched) and paranoia (feeling that everyone is against you, believing that other people have caused illness or negative events).

Perinatal depression

Perinatal depression includes both depression that occurs during pregnancy (prenatal depression) and in the weeks after the baby is born (postpartum depression).

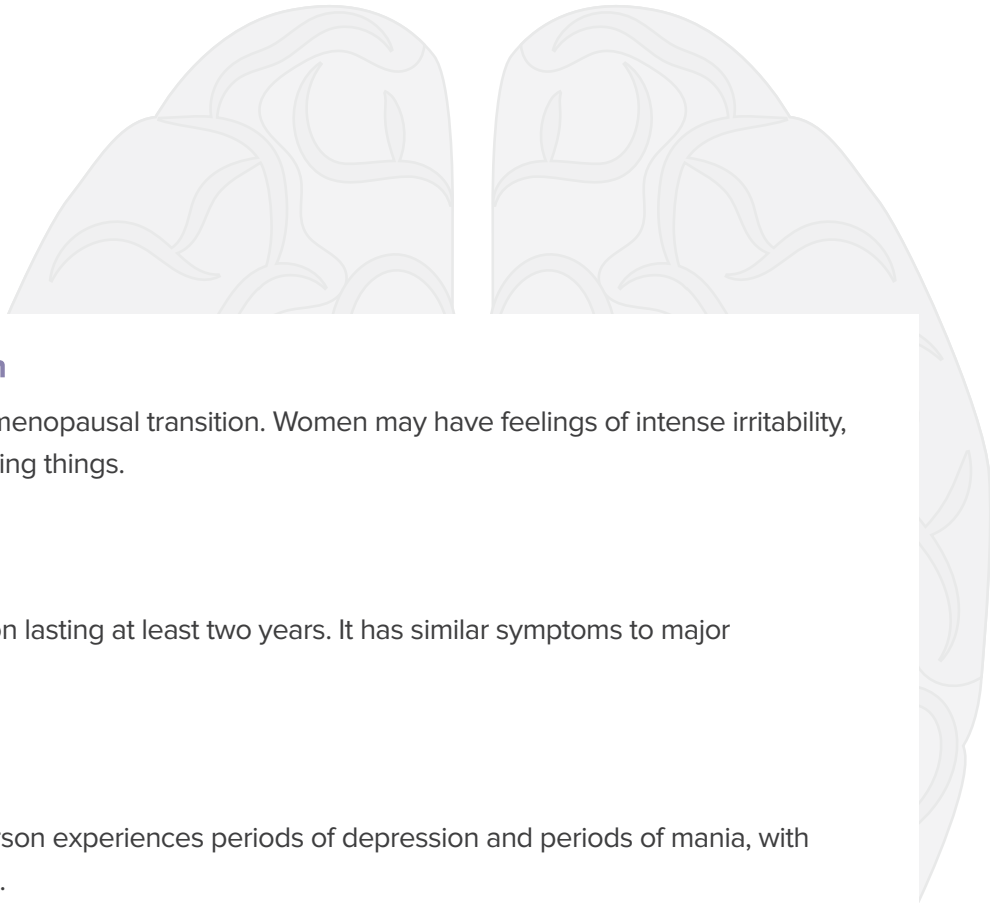
In women with perinatal mental health problems, 20 per cent may experience suicidal thoughts or engage in acts of self-harm³². Ignoring mental health can put women's overall health and well-being at risk and affect the physical and emotional development of babies.

Most episodes of perinatal depression begin four to eight weeks after the birth of the baby. Pregnant or postpartum people with perinatal depression may experience extreme sadness, anxiety and fatigue that make it difficult to carry out daily tasks, including caring for themselves and others.

The term "baby blues" describes mild, short-lived mood swings, as well as feelings of worry, unhappiness and exhaustion that many women may experience during the first two weeks after giving birth. Newborns require continuous attention, so it is normal for mothers to feel tired and overwhelmed.

If mood swings and feelings of anxiety or unhappiness are very intense or last longer than two weeks, these may be signs of postpartum depression. Women with this type of depression usually will not get better until they receive treatment.

³² <https://www.who.int/news/item/19-09-2022-launch-of-the-who-guide-for-integration-of-perinatal-mental-health>



Perimenopausal depression

It affects some women during the menopausal transition. Women may have feelings of intense irritability, anxiety, sadness or may stop enjoying things.

DYSTHYMIC DISORDER

Dysthymia is a long-term depression lasting at least two years. It has similar symptoms to major depression but is less severe.

BIPOLAR DISORDER

Bipolar disorder occurs when a person experiences periods of depression and periods of mania, with periods of stable mood in between.

Diagnosis depends on whether you have had episodes of mania and depression.

Since people often only seek help when they have a depressive episode, bipolar disorder can be difficult to diagnose. Therefore, it is important to contact and describe all these conditions to a health professional.

CYCLOTHYMIC DISORDER

Cyclothymic disorder is similar to bipolar disorder, but less severe. It is a long-term condition lasting at least two years.

Periods of mania and depression are milder and shorter. Between these periods the person may feel stable for up to two months.

SEASONAL AFFECTIVE DISORDER (SAD)

It is a mood disorder that has a seasonal pattern, with the most common type occurring in winter and improving in the warmer, lighter months.

The person with seasonal affective disorder tends to:

- Feel a lack of energy.
- Oversleep.
- Overeat and gain weight.
- Crave carbohydrates.

Seasonal affective disorder is thought to be related to variation in exposure to light in different seasons. It is usually diagnosed after having had the same symptoms during winter for a couple of years.

CAUSES

Depression is the result of a complex interaction of social, psychological and biological factors. People who have experienced adverse life events (unemployment, bereavement, violence) are more likely to develop depression. Depression, in turn, can lead to further stress and dysfunction and worsen the life situation of the affected person and the depression itself.

Depression is closely related to and affected by physical health. Many of the factors that influence depression (such as physical inactivity or harmful alcohol consumption) are also known risk factors for diseases such as cardiovascular disease, cancer, diabetes and respiratory disease. In turn, people with these diseases may also suffer from depression due to the difficulties associated with managing their illness.

Prevention programmes have been shown to reduce depression. Exercise programmes for older people can also be effective in preventing depression.

DIAGNOSIS AND TREATMENT

There are effective treatments for depression, including psychological treatment and medication. But **as a first step, it is essential to talk about the problem and seek professional care**

Psychological treatments are often the main methods of dealing with depression. These can help a person learn new ways of thinking, coping or relating to others, and include talk therapy with professionals, both face-to-face and online.

Effective psychological treatments for depression include:

- Behavioural activation.
- Cognitive behavioural therapy.
- Interpersonal psychotherapy.
- Problem-solving therapy.

If necessary and under professional guidance, they can be combined with antidepressant medication.

PERSONAL CARE

Self-care is key to managing depression and improving well-being.

What to do:

- Continue with activities you used to enjoy.
- Keep in touch with friends and family.
- Exercise regularly, even if it's just a short walk.
- Maintain your eating and sleeping habits.
- Avoid or reduce the use of alcohol and illegal drugs.
- Talk to someone you trust about your feelings.
- Seek help from a health professional.

IF YOU HAVE THOUGHTS OF SUICIDE

- REMEMBER THAT YOU ARE NOT ALONE AND THAT MANY PEOPLE HAVE GONE THROUGH WHAT YOU ARE EXPERIENCING AND HAVE FOUND HELP.
- TALK TO SOMEONE YOU TRUST ABOUT HOW YOU FEEL.
- TALK TO A HEALTH WORKER, SUCH AS A DOCTOR OR COUNSELLOR.
- JOIN A SUPPORT GROUP.
- IF IT IS WORK-RELATED, REMEMBER THAT SOME WORKPLACES MAY HAVE PROCEDURES IN PLACE TO REPORT AND INVESTIGATE.





ACTIVITIES

ACTIVITY 4: MYTHS AND TRUTHS ABOUT MENTAL HEALTH

Objectives: to look at one's own attitudes and ideas about mental health problems and to demystify prejudiced and stigmatizing concepts about people with mental health issues.

Duration: 30 minutes

Materials: phrase sheets, flipchart or poster, masking tape.

Dynamics: A poster with the words MYTH and TRUTH is placed in front of participants.

They are divided into two groups and each group is given ten sentences.

As a group decide which statements are myths and which are truths about mental health and mental health problems.

Each group chooses a representative who will come to the front, read the sentences aloud and paste them under the words on the board, explaining why they think they should go in that column.

Finally, participants will be asked what measures they think could reduce stigma in the workplace and community.

Sample Phrases

1. Mental health problems can be cured with self-discipline and willpower.
2. Drinking alcohol helps to manage stress.
3. Depression is an incurable health problem.
4. People should leave their mental health problems outside of work.
5. Women have more mental health problems because they are weaker.
6. Workers are responsible for the state of their own mental health.
7. Women have no real problem. Mood swings are due to hormonal changes and due to a desire for attention.
8. People who have jobs, friends and family cannot be depressed because they lack nothing.

9. To think that there are people with mental problems in the workplace is scary.
10. It is easy to find help for people suffering from mental health problems.
11. If you go to therapy, it is because you are mad.
12. People with autism or ADHD cannot work or lead an autonomous life.
13. Having anxiety at times is normal.
14. We all have different levels of tolerance to stress.
15. Sadness and depression are not the same thing.
16. Gender inequality is a factor that aggravates the risk of suffering from a mental health problem.
17. People with mental health problems can work and contribute to society just like anyone else.
18. Psychotherapy can be an effective treatment for people with mental health problems.
19. Hormonal changes in menopause and perimenopause can cause anxiety and depression.
20. Symptoms of mental disorders are sometimes invisible to others. This does not mean that they are not real.
21. Mental health care is as important as physical health care.
22. People with mental disorders are much more likely to be victims of violence, discrimination and prejudice than to be violent themselves.
23. Mental disorders have multiple causes.
24. If a person thinks they may be suffering from a mental health disorder, they should seek help.

ACTIVITY 5: ANXIETY AND DEPRESSION: RECOGNIZING THE SYMPTOMS

Objective: To increase recognition about the symptoms of anxiety and depression to enable a worker to ask for help, or assist a worker who is suffering from either of these problems.

Duration: 40 minutes

Materials: Videos. Sheets of paper and pens



<https://www.youtube.com/watch?v=9WVOrJJkJTY>



<https://www.youtube.com/watch?v=rr2MO1xGKWs>

Exercise: After watching the videos, participants are encouraged to write down some of the symptoms/signs that might indicate that a worker is having difficulties.

Participants will share their notes and a list of symptoms will be made in front of the whole group.

The facilitator can add any missing symptoms so that the list is complete in the participants' record.

4. THE IMPACT OF THE WORK ENVIRONMENT ON MENTAL HEALTH

The mental health problems described above can negatively affect work performance and be caused or aggravated by conditions in work environments. Work itself can promote mental health because it is a source of structure, social benefits, purpose, identity and, obviously, livelihood and security in the form of income.



Certain characteristics of work environments can make them unsafe spaces that present risk factors for mental health, known as "psychosocial risks"³³.



Some risk factors for workers' mental health are structural and include unemployment; job and economic insecurity; inequality in income, opportunity or respect at work; discrimination (due to race, sex, gender identity or expression, disability, sexual orientation, social origin, migrant status, religion or age); and violence and harassment. In addition, the right to work is one of the most frequently violated rights of people with severe mental health conditions, who are also more likely to receive low wages compared to the general population.³⁴

Other psychosocial risk factors are related to job content or working hours, specific workplace characteristics, or career development opportunities. For example, job design, including high work demands, low control over work (i.e. little authority to make work decisions), and unclear roles, can exacerbate work-related stress and increase the risk of burnout, anxiety and depression. Key factors influencing workplace stress³⁵ include **demands**, such as workload, work patterns, and the work environment; **control**, referring to how much say an individual has in the way they perform their work; **support**, which encompasses the encouragement, sponsorship and resources provided by the organization, line management, and colleagues; **relationships**, which involve fostering positive interactions, preventing conflict and addressing unacceptable behaviour; **role clarity**, ensuring employees understand their roles within the organization and do not face conflicting responsibilities; and **change management**, which relates to how organizational changes, whether large or small, are communicated and implemented (Health, Safety Environment). Addressing these factors can help mitigate stress, improve employee well-being, and create a healthier work environment.

³³ Psychosocial risks arise from poor work design, organization and management, as well as from poor social context of work, and they may result in negative psychological, physical and social outcomes. (<https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health>). More information can also be found at the Worksafe Australia Code of Practice on psychosocial hazards at work <https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-psychosocial-hazards-work> or the ACTU "Mind your head campaign" (<https://www.mindyourhead.org.au/psychosocial-hazards-workplace-mental-health-hazards/>) which lists psychosocial risks.

³⁴ <https://www.weforum.org/stories/2024/06/what-is-the-informal-economy/>

³⁵ <https://www.hse.gov.uk/stress/standards/index.htm>

EFFECTS OF POOR MENTAL HEALTH OF WORKERS ON

| REDUCTION | INCREASE |
|---|---|
| <ul style="list-style-type: none"> • Productivity • Security • Job performance • Job satisfaction • Commitment to work • Reputation | <ul style="list-style-type: none"> • Absenteeism • Presenteeism / presenteeism • (working while sick) • Staff turnover • Long-term disabilities • Interpersonal conflicts • Physical illnesses |

4.1 Psychosocial risks at work

OCCUPATIONAL STRESS

Stress is defined as a state of worry or mental tension generated by a difficult situation. **Stressors** are the external conditions that potentially give rise to stress and can manifest as mental health problems, including anxiety, depression or post-traumatic stress disorder.

Working people experience stress when high levels of work demands are sustained over time and are greater than their ability to cope with them. Whereas if certain resources are provided within working conditions to enable people to cope with these demands, it is likely that working people will be better able to manage stress.

We must remember that all people have some degree of stress, as it is **a natural response to threats and other stimuli.** But the length of exposure to stressors and the way people react to them define how it affects their well-being.

When workers undergo **prolonged periods of stress, the body's systems (neurological, metabolic, cardiovascular, immune) are constantly dysregulated, and a series of reactions occur that increase the risk of long-term health effects.** In addition to mental health problems, workers **can develop serious physical health problems, such as cardiovascular diseases or musculoskeletal problems.**³⁶

³⁶ *Mental Health in the Workplace, Annual Review of Organizational Psychology and Organizational Behavior, Volume 10, 2023.*

People who are suffering from high levels of stress show certain symptoms such as: difficulty relaxing and concentrating, anxiety or irritability, headaches or pain in other parts of the body, gastric discomfort, sleeping difficulties or appetite disturbances (eating more or less than usual). When stress becomes chronic, it can aggravate health problems and lead to increased use of tobacco, alcohol and other substances.

Stressful situations can cause or exacerbate mental health problems, often anxiety or depression, which require medical attention. Mental health problems may be due to the persistence of stress if it has begun to influence the lives and performance of working people.

For companies, the effects of stress amongst their employees range from poor overall company performance to longer sick leave and even increased rates of early retirement.

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SOURCES OF STRESS IN THE WORKPLACE

| CONTENT OF THE WORK | <p>WORKLOAD/WORK RHYTHM. OVERLOAD OR LACK OF WORK. LACK OF CONTROL OVER RHYTHM. HIGH LEVELS OF TIME PRESSURE TO ACCOMPLISH TASKS.</p> |
|--------------------------------------|--|
| Task design. | <p>Lack of variety or short work cycles. Fragmented or meaningless work. Under-utilization of skills. High uncertainty.</p> |
| Working hours. | <p>Shifts. Inflexible working hours. Unpredictable hours. Long or unsocial hours.</p> |
| Working environment and teamwork. | <p>Problems related to reliability, availability, suitability and maintenance or repair of equipment and installations.</p> |
| Organizational culture and function. | <p>Poor communication. low levels of support for problem solving and personal development. Lack of clear organizational objectives, along with the use of poor management techniques - such as performance management, capability assessments and disciplinary or sickness absence procedures to enforce production levels, targets and attendance - and contribute to workplace stress and negatively impact employee well-being.</p> |
| Role in the organization. | <p>Ambiguity and role conflict. Responsibility for people.</p> |
| Professional development. | <p>Professional stagnation and uncertainty. Insufficient or excessive promotion. Low salaries. Job insecurity. Low social value of the job.</p> |

| | |
|------------------------------|--|
| Decision margin/ Control. | Low participation in decision making. Lack of control over work (control, particularly in the form of participation, is also a contextual factor and a broader organizational problem). |
| Interpersonal relations. | Social or physical isolation. Poor relations with superiors. Interpersonal conflict. Lack of social support. |
| Work-life balance. | Home-work interface. Conflicting demands from work and home. little support at home. Paid and unpaid work in the home. The need to work multiple jobs to make ends meet. |

INDICATORS THAT A PERSON IS SUFFERING FROM HIGH LEVELS OF WORK-RELATED

- Changes in habitual behaviour: a previously committed and cooperative employee may become distant, irritable or unmotivated.
- Communication problems: employees may avoid giving feedback or expressing concerns.
- Increased grievances: workers may express dissatisfaction with their tasks, conditions or relationships in the workplace.
- Resistance to change: difficulty in adapting to new policies, tools or dynamics in the workplace.
- Sickness absence

4.2 Violence and harassment in the workplace

An ILO survey in 2022³⁷ revealed that **almost 23 per cent of employed people have experienced violence and harassment at work**, whether physical, psychological or sexual.

Some 17.9 per cent of female and male wage earners have been victims of psychological violence and harassment, and 8.5 per cent of physical violence and harassment, with a higher proportion of men affected³⁸ being affected from physical violence. In addition, 6.3 per cent have faced sexual violence and harassment, with women being the most vulnerable.

Young people, migrant workers and salaried employees are more likely to experience violence. Young women are twice as likely to face sexual harassment as young men, and migrant women almost twice as likely as non-migrant women.

More than 60 per cent of victims have experienced violence and harassment at work several times, mainly in the last five years³⁹.

Violence and harassment have serious mental health consequences for workers such as anger, anxiety, shock, fear and stress; post-traumatic stress disorder and depression and anxiety disorders; loss of motivation, morale and desire to be productive, loss of confidence and self-esteem; difficulty returning to work, lost work days, decreased work performance, isolation from co-workers, friends and family; fear of customers or members of the public. All of these can further lead to disciplinary processes including demotion, loss of income, pay penalties or even dismissal.

Women victims of domestic or sexual violence are more vulnerable to mental health problems such as depression, anxiety, post-traumatic stress disorder and suicidal ideation. Women with severe mental disorders are more likely to have experienced domestic and sexual violence.⁴⁰

The ILO Violence and Harassment Convention, 2019 (No. 190) and the Violence and Harassment Recommendation, 2019 (No. 206) are the first international standards to prevent and eliminate violence and harassment at work, including gender-based violence and domestic violence.

³⁷ ILO; (2022), *Experiences of violence and harassment at work: First global survey*. https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/documents/publication/wcms_863167.pdf

³⁸ *Violence and harassment at work has affected more than one in five people* | International Labour Organization

³⁹ *Ibid*

⁴⁰ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

This convention recognizes the right to a violence-free working environment and establishes the obligation to respect and ensure this right.

UNI's Equal Opportunities Department has worked intensively not only on the drafting and adoption of the convention but also campaigns annually for its ratification by member countries.⁴¹

FORMS OF VIOLENCE AND HARASSMENT IN THE WORKPLACE⁴²

- Physical violence, including assault, physical abuse and murder.
- Psychological violence (verbal and emotional abuse), including stalking, intimidation, threats, verbal abuse, exposure to violence as part of the job and hostile behaviour.
- Online violence, through technology and the Internet, including threats.
- Insults, abusive comments, cyber bullying, cyber harassment, trolling, hate speech, abusive comments and sending obscene images.
- Sexual harassment, including unwanted sexual advances, touching.
- Rape
- Bullying and psychological harassment.
- Economic violence, which includes the denial or misuse of resources or services, the non-fulfilment of financial responsibilities and actions resulting in negative economic consequences.
- Abusive working practices, conditions and arrangements, which lead to physical, psychological, sexual or economic harm.
- Domestic violence.

⁴¹ Since 2009, the UNI Equal Opportunities department has been running a global campaign against violence called "Break the Circle", in which materials have been developed in multiple formats, providing information, training and resources. www.breakingthecircle.org

⁴² Global Labour Institute Train the trainer's toolkit: Violence and harassment in the world of work. ILO Violence and Harassment Convention (No. 190) and Recommendation (No. 206), 2021.

5. MENTAL HEALTH: A TRADE UNION ISSUE

5.1 The services sector - one of the most dangerous.

The Covid-19 pandemic has placed occupational safety at the centre of the global discussion on workers' rights, underlining the critical importance of trade unions in protecting workers from traditional and emerging risks.

The pandemic revealed the remarkable vulnerability of services sector workers. Traditionally, jobs in mining, fishing, agriculture and manufacturing were considered the most dangerous. Today, however, the services sector is among the riskiest in the world due to the high exposure to public-facing interactions, increased lone working, demanding 24/7 operations and growing frustration from the public driven by austerity, the cost-of-living crisis and rising service costs, all of which heighten the risk of stress, abuse and violence for workers.⁴³

The **health** and **care** sectors were the first to show the vulnerable working conditions and health risks workers' face. Similarly, food retail and supermarket workers, along with **cleaning service workers**, were identified as essential, even as they continued to fight for living wages and better working conditions.

Violence and harassment at work is a constant in all sectors and countries, particularly affecting women, and especially women on low incomes.

In addition, **the working environment has become** considerably **digitalized** in almost all sectors, including commerce, finance, entertainment, etc. Algorithmic management and stress induced by constant surveillance and machine-driven targets and performance monitoring; and the receipt of emails and messages outside working hours are creating new occupational risks.

Teleworking, which is becoming increasingly common, presents significant psychosocial risks which, if not properly managed, can be detrimental to workers' health, causing work-related stress, technological addictions and work-life balance problems.

The **ICTS** (information, communications, technology and related services) **sector** faces specific challenges. For example, people working in the data supply chain, content moderators, data taggers and fact checkers are particularly affected by the intense nature of the work. With quotas that can reach 120 pieces of content per hour, these workers are often exposed to the most extreme and disturbing content, which can lead to serious psychological consequences, including post-traumatic stress disorder.

Each sector within the service industry faces specific psychosocial risks, so it is crucial to identify and prevent them.



⁴³ UNI Global Union (2022) *Safer Jobs, Stronger Unions: Strengthening workers' power through safety and health*

EACH SECTOR WITHIN THE SERVICE INDUSTRY FACES SPECIFIC PSYCHOSOCIAL RISKS, SO IT IS CRUCIAL TO IDENTIFY AND PREVENT THEM.

Organizing around workers' health and safety has been essential in addressing the challenges of the pandemic and the evolving post-pandemic workplace. Globally, workers have come together to safeguard their workplaces, families and communities. Trade unions play a crucial role in ensuring that health - particularly mental health - is recognized as a fundamental right. They are also more effective in getting workplace issues reported and addressed, as well as in protecting workers' health and safety, reinforcing their vital role in advocating for safer working conditions⁴⁴.

POSSIBLE PSYCHOSOCIAL RISKS OF THE DIGITALIZATION OF THE WORKPLACE⁴⁵

- ICT-enabled technologies can promote changes in the types of jobs available; the pace of work, how, where and when it is done; and how it is managed and monitored.
- Elevated work stress, especially due to the impact of increased worker tracking facilitated by advances in and ubiquity of portable ICT-enabled technologies, 24/7 availability, blurring of boundaries between work and personal life, and the economics of internet platforms.
- Risks related to emerging human-machine interfaces, which enable interaction between people and technology, particularly in terms of user comfort (ergonomics) and mental effort required to operate them (cognitive load).
- Growing number of workers who are treated (properly or improperly) as self-employed, and who may fall outside the scope of existing occupational safety and health regulations.
- Changes in business models and work hierarchies due to the rise of remote and flexible working, and the introduction of algorithmic management and AI, which may disrupt current occupational health and safety management mechanisms.
- Increased pressure on workers' performance.
- Increased pressure from performance management systems driving AI-derived work pace and targets.
- Lack of the necessary skills to use ICT-enabled technologies, nor the support to adapt to change and manage work-life balance.
- More frequent job changes and longer working lives.

⁴⁴ Nursing homes that unionize are more likely to report workplace injury and illness data to the Occupational Safety and Health Administration (OSHA). "Unionization led to a 78 per cent increase in employer compliance with OSHA's requirement to report workplace injury and illness data," said the lead author of the study, Adam Dean, professor of political science at the George Washington University, adding: "Reporting such information helps make nursing homes safer." Adam Dean, Jamie McCallum, Atheendar S Venkataramani, and David Michaels. *The Effect Of Labor Unions On Nursing Home Compliance With OSHA's Workplace Injury And Illness Reporting Requirement*, Health Affairs, volume 42, number 9, September 2023. www.healthaffairs.org

⁴⁵ Prospective study on new and emerging occupational safety and health risks associated with digitalisation by 2025. European Agency for Safety and Health at Work. (https://osha.europa.eu/sites/default/files/Foresight_new_OSH_risks_2025_report.pdf)



5.2 Strategies for preventing, protecting, promoting and supporting mental health in the workplace

As discussed in previous sections, workers frequently face significant mental health challenges due to physical and emotional stress, demanding work schedules and mistreatment from clients, customers and colleagues.

Trade unions must prioritize mental health by recognizing it as equally important as physical health and advocating for policies that place workers - especially those with mental health conditions and neurodivergent traits - at the centre of discussions and decision-making. Unions have a crucial dual role in this effort:

- ▶ 1. Supporting members with mental health problems (the pastoral union role), which includes negotiating workplace accommodations, ensuring employment protection, guiding workers through sickness absence procedures and securing access to counselling and other necessary support services.
- ▶ 2. Organizing around occupational health and safety issues to identify, address and eliminate psychosocial risks that contribute to or worsen work-related mental health conditions. This involves advocating for safer working environments, implementing preventative measures and ensuring that workplace policies support mental well-being.
- ▶ 3. Expanding worker representation, providing training, raising awareness to combat stigma, supporting and enabling individuals with mental health conditions and diverse ways of thinking (neurodivergence).
- ▶ 4. Integrating diversity as a core principle and strengthening collective bargaining agreements will not only enhance workers' well-being but also reinforce trade unions and the labour movement as a whole.

The following section outlines key actions that trade unions can take, drawing from the ILO/WHO joint report, *Mental Health at Work: Policy Brief* (ILO, 2022), which offers a practical framework for implementing WHO guidelines on workplace mental health.

However, we encourage trade unions to go beyond these guidelines by developing strategies and initiatives tailored to their specific contexts, as they are best positioned to understand the unique challenges faced by their members and workplaces.

5.2.1 Prevention: reducing psychosocial risk factors

Mitigation of psychosocial risks can be achieved **by incorporating mental health into health⁴⁶ and safety management policies and collective bargaining agreements, not as an optional extra but as an essential element.**

Activities to improve mental health at work should prioritize collective action and should be based on a sound process of dialogue, risk assessment and risk management, carried out with the meaningful participation of workers (including people in vulnerable situations and people with mental health problems) and their representatives.

Workers and their representatives should be involved in the generation of policies, plans and/or clauses on mental health, as well as in the identification of psychosocial hazards at work and should be informed and trained on the measures taken to prevent the associated risks.

In addition, adequate enforcement mechanisms must be in place, including advice, investigation and enforcement action by labour inspectors.



⁴⁶ Article 3 of Convention 155 of the ILO states: "the term health, in relation to work, indicates 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." https://normlex.ilo.org/dyn/normlex_en/f?p=NORMLEXPUB:12100:0:-NO:P12100_ILO_CODE:C155

INTERVENTIONS IN ORGANIZATIONAL CONTENT AND CULTURE

As we have seen in the section on psychosocial risks, work content and organizational culture can be a source of stress. Trade union representatives should therefore analyse these factors and propose measures to change them.

| ASPECTS OF THE WORK | INTERVENTIONS TO REDUCE STRESS |
|--|---|
| <p>Content of the work Task design</p> | <p>Participatory approaches to work design such as:</p> <ul style="list-style-type: none"> • Task rotation & work redesign – Adjusting job roles and responsibilities can help improve worker well-being and reduce stress. • Early union involvement – Unions must be engaged before new work processes or systems are introduced, not after decisions are made. • Proactive planning – Worker input at the planning stage ensures that changes are beneficial and prevent negative impacts. • Avoiding reactive fixes – The goal is to create better work environments from the start, not just manage the consequences of flawed ideas. |
| <p>Working hours and workload</p> | <p>Limits on working hours or design of shift patterns, breaks and number of shifts. Participatory approaches to shift scheduling. Flexible working arrangements.</p> <p>Achievable deadlines and targets. Adequate work demands (neither too high nor too low). Secure safe staffing levels. Planned breaks. Welfare and support facilities available during atypical hours.</p> |
| <p>Working environment and teamwork</p> | <p>Investment in improved environments and equipment that comply with legal health and safety requirements, in consultation with workers and/or their representatives.</p> |

| | |
|---|--|
| <p>Organizational culture and function.</p> | <p>Opportunities for meaningful consultation and cooperation with workers and/or their representatives. Organizational arrangements for dealing with unfair treatment, offensive behaviour and abuse.</p> <p>Support for affected workers, including access to workers' representatives and union expert advice⁴⁷. Performance and sickness absence processes to be separate from disciplinary processes.</p> |
| <p>Role in the organization.</p> | <p>Clearly defined and safe and sustainable job roles, reporting lines and performance requirements.</p> |
| <p>Professional development.</p> | <p>Fair and adequate training and reintegration prospects. Formal and secure work including paid sick leave, rehabilitation and negotiated return to work procedures. Equal opportunities and transparency in all processes.</p> |
| <p>Decision margin/ Control.</p> | <p>Participatory approaches to job design, work organization and decision making. Frequent and open communication.</p> |
| <p>Interpersonal relations.</p> | <p>Provisions to prevent violence, harassment and discrimination, and to investigate and address in a timely mannereffective incidents. Opportunities for improving knowledge, attitudes and skills. Skills of supervisors and managers. Opportunities for peer support.</p> |
| <p>Work-life balance.</p> | <p>Flexible working arrangements. Support for carers. Health support Access to occupational health services, including counselling where necessary (independent and private – see ILO Convention 161 and Recommendation 171) Support for rehabilitation and return to work.</p> |

⁴⁷ ILO Convention 155 Article 19 gives this wider right to representation:

(e) workers or their representatives and, as the case may be, their representative organizations in an undertaking, in accordance with national law and practice, are enabled to enquire into, and are consulted by the employer on, all aspects of occupational safety and health associated with their work; for this purpose technical advisers may, by mutual agreement, be brought in from outside the undertaking;

5.2.2 Protecting and promoting mental health at work

Through **mental health training policies** that are included in the regulatory frameworks of companies and **awareness-raising campaigns** by trade unions.

TRAINING ON MENTAL HEALTH FOR MANAGERS AND SUPERVISORS TO:

- Understand how psychosocial risks can affect the mental health of workers and how to prevent, control or minimize them.
- Encourage open communication and active listening so that people feel confident to ask for help.
- Promote an inclusive and supportive work culture.
- Advocate action on mental health at work from the top down.
- Ensure that workers have access to the support of their trade union representatives, as well as representation in discussions with managers/supervisors on their health or performance.

It is important to note that the intention is not to turn managers into mental health care providers - they cannot and should not diagnose or "treat" mental disorders. The goal is to enable them to know when and how to direct their supervisees to appropriate resources and sources of support.

MENTAL HEALTH LITERACY AND AWARENESS TRAINING FOR WORKERS

These strategies, which can be carried out through workshops or communication campaigns, aim to improve workers' understanding of mental health and well-being at work; change attitudes and prejudices around mental health conditions to reduce stigma; and encourage help-seeking behaviour.

INDIVIDUAL INTERVENTIONS

They are designed to provide working people with the skills and capacities to manage stress or promote their own well-being. They may involve techniques such as relaxation training, mindfulness, as well as programmes designed to enhance individual resilience.

But as mentioned above, **these interventions must take place within the framework of collective and organizational processes**. We cannot expect a worker to manage their mental health effectively if they are exposed to unhealthy working conditions.

5.2.3 Supporting, retaining and employing people with mental health issues

People living with mental health issues and neurodivergent people⁴⁸ have the right to work. Trade unions must uphold this right through people-centred and recovery-oriented strategies, helping those facing mental health problems to get, keep and thrive in their jobs.

In some places, it is illegal to discriminate against job applicants based on their mental health conditions, whether past or present. However, laws vary by country and region. As mentioned above, the employment of individuals with mental health issues can be beneficial to both the individual and the company.

Consequently, companies should specify in their job advertisements that they are willing to accept applicants with these characteristics. Due to the associated stigma, many people are afraid to disclose their status. It is therefore essential to ensure confidentiality and support during the application process and at interviews.

The WHO guidelines⁴⁹ recommend **three** evidence-based **interventions** to support people with mental health problems at work:

- **Reasonable accommodation at work.**
- **Return-to-work programmes.**
- **Supported employment initiatives.**

All three can increase inclusion at work and help people with mental health problems to fulfil their potential.

Reasonable accommodations and return-to-work programmes may be needed for workers with a mental health condition or for those caring for someone with a mental health condition.

Reasonable accommodation in the workplace adjusts work environments to match the worker's abilities, needs and preferences. In practice, they are a specific form of organizational intervention, implemented to address barriers faced by individual workers, rather than organizations as a whole.

These accommodations may include flexible working hours, additional time for task completion and leave for mental health care; access to private spaces, quiet places or rest areas when needed.

Regular support meetings can also be arranged with supervisors and/or job functions can be redesigned to reduce excessive stressors for the worker.

⁴⁸ For the sake of readability, we will only name people with mental health issues, although we are also including neurodivergent people.

⁴⁹ https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work?utm_source=chatgpt.com

Overall, the data suggest that mental health symptoms, morale, retention and job performance are positively enhanced by workplace accommodations, at relatively low cost to the employer. For example, offering flexibility and job support has been associated with reduced anxiety symptoms, superior job performance, better interpersonal relationships and higher job satisfaction.⁵⁰

Return-to-work programmes are designed to enable workers to return to and remain in employment after an absence related to mental health issues. These programmes combine work-focused care (including reasonable accommodation or gradual return to work) with evidence-based ongoing clinical care to help workers return to work effectively and reduce symptoms of mental health problems.

Supported employment initiatives are designed to **enhance the vocational and economic inclusion** of individuals with **severe mental health conditions** by helping them secure and maintain meaningful employment. These programmes emphasize **rapid job placement**, ensuring individuals enter paid work as quickly as possible while receiving **ongoing vocational and mental health support**. This support typically comes from a combination of **health, social, and employment services**, as well as psychosocial rehabilitation programmes, enabling individuals to **learn on the job** and build long-term career stability.



IN SOME CASES, ADDITIONAL INTERVENTIONS, SUCH AS SOCIAL SKILLS TRAINING OR COGNITIVE BEHAVIOURAL THERAPY (CBT), ARE INCORPORATED TO FURTHER STRENGTHEN JOB READINESS AND WORKPLACE SUCCESS.



Crucially, **access to occupational health services and other support services should be provided free of charge and during normal working hours**, in line with **ILO Convention C161 and Recommendation R171**. This ensures that workers receive the necessary health and employment support **without financial burden or disruption to their job**, reinforcing a truly inclusive and sustainable approach to mental health and work.



⁵⁰ *Mental Health in the Workplace, Annual Review of Organizational Psychology and Organizational Behavior, Volume 10, 2023.*

5.3 Organizing and awareness-raising strategies on mental health carried out by trade unions

TRADE UNIONS CAN CARRY OUT ACTIVITIES AND CAMPAIGNS OF VARIOUS KINDS TO:

- Work with members to identify work-related psychosocial problems (this can include body mapping and risk mapping to understand the issues)
- Raise awareness of work-related stress and other risk factors in employment by organizing workers to ensure that employers take action.
- Raise awareness of mental health problems in general and their causes.
- Provide information on good practices and measures to improve working environments.
- Improve understanding of mental health at work and in the community.
- Dispel myths and fears about mental health problems.
- Encourage those with mental health problems and neurodivergent disorders to share their experiences.
- Encourage people with mental health problems to actively participate in the workplace and the union by being leaders in the shift to work environments that ensure the well-being of all workers.
- Trade unions must actively work to organize more women, particularly those from groups made vulnerable by structural inequalities in society. This includes women in precarious employment, migrant workers, those in low-wage sectors and workers facing discrimination based on race, disability or other intersecting factors.

To ensure truly inclusive organizing efforts, all workers must be involved, regardless of their work arrangements. This means reaching out to:

- Workers on different shifts, including night and part-time workers.
- Offsite workers, such as those in remote or mobile roles.
- Apprentices and trainees, who may not always be physically present in the workplace.
- Collaborate with non-governmental organizations and local groups to build relationships and access support and services.
- Lobby local and national governments to promote legislative reforms, ratify and implement international standards.
- Training of trainers.

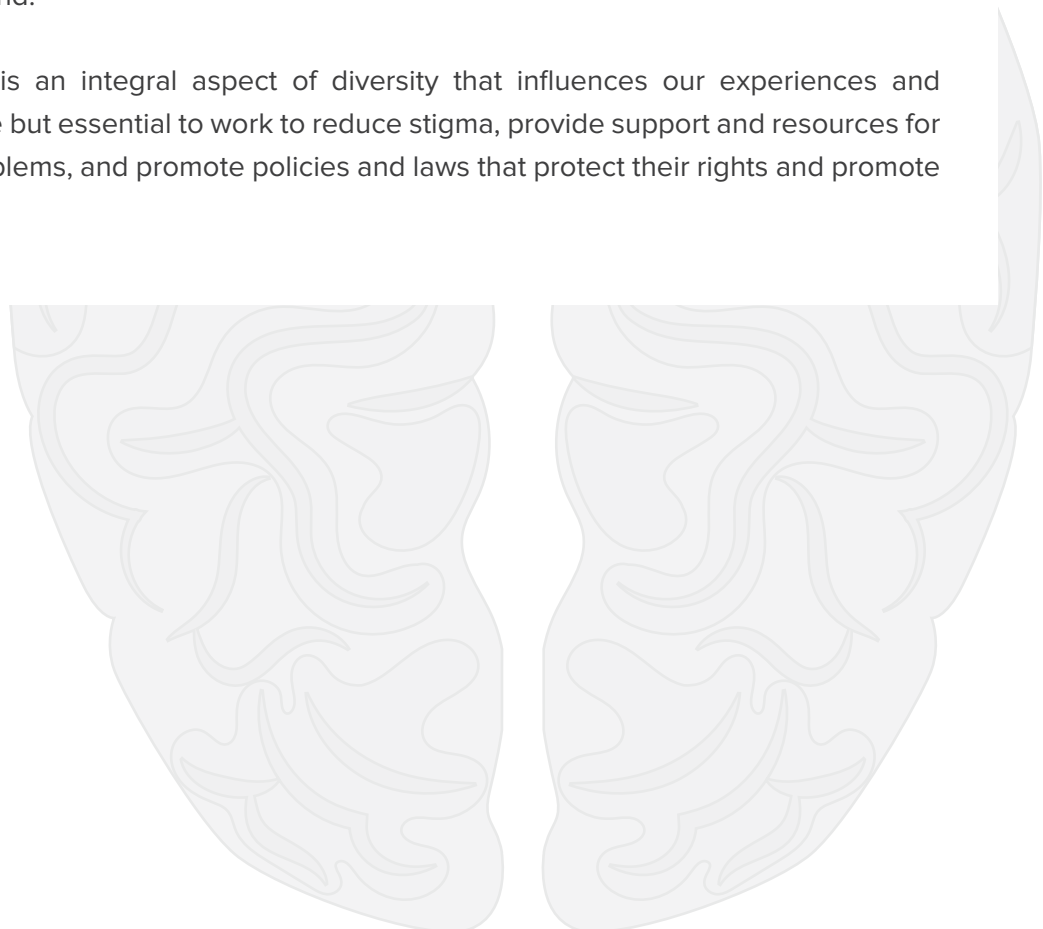
5.3.1 Diversity, an issue

Central to all of the above strategies is a **holistic and intersectional approach to mental health** as part of diversity, working to create inclusive and egalitarian environments that consider diverse experiences and perspectives.

People from marginalized groups may experience multiple, overlapping forms of discrimination, increasing their risk of psychosocial stress and mental health challenges. For example, LGBTQ+ people of color may face both racism and homophobia, while young women, particularly those from marginalized backgrounds, are at higher risk of sexual abuse due to the combined effects of gender, age, and other systemic inequalities. These intersecting forms of discrimination can compound disadvantages and create additional barriers to well-being.

This involves recognizing the unique challenges and stressors faced by working people and addressing the structural and systemic factors that contribute to inequalities in access to, and management of, mental health. This should include promoting equal access to employment and mental health resources without discrimination or bias of any kind.

In conclusion, mental health is an integral aspect of diversity that influences our experiences and identities. It is not only possible but essential to work to reduce stigma, provide support and resources for people with mental health problems, and promote policies and laws that protect their rights and promote their well-being.





ACTIVITIES

ACTIVITY 6: REVIEWING PSYCHOSOCIAL RISKS AND STRATEGIES TO COMBAT THEM

Objectives: to review and reflect on the psychosocial risks present in the companies/sectors where the delegates work.

Duration: depends on the group and the way in which the facilitator presents the dynamic.

Materials: Photocopies and pens.

Dynamics: A photocopy is handed out to each participant. If they all belong to the same sector, they can be divided into groups to make the work more dynamic, if they are from different sectors they can be separated by sector, or as the facilitator sees fit.

The idea is for each participant to take away a list of stress factors and possible strategies they can use for their respective constituencies.

| ASPECT OF WORK | STRESS FACTORS | INTERVENTIONS TO REDUCE STRESS |
|--------------------------------|--------------------------|----------------------------------|
| Job demands | i.e. excessive workloads | i.e. ensure reasonable workloads |
| Job control | | |
| Organizational change | | |
| management | | |
| Role Clarity and Role Conflict | | |
| Recognition and Reward | | |
| Organizational justice | | |
| Workplace relationships | | |
| Environmental conditions | | |
| Remote and isolated work | | |
| Violence and wggression | | |
| Traumatic events | | |
| Fatigue | | |
| Alcohol and drug use | | |
| Work-life balance | | |

ACTIVITY 7: SUPPORTING WORKERS WITH SYMPTOMS OF DEPRESSION OR ANXIETY

Objective: to show an example of how you can approach a worker if you see signs of anxiety or stress. To be confident to initiate and maintain a conversation, understand how to support and help a worker access appropriate support. Reflect on existing resources for psychosocial risk prevention and care in delegates' workplaces.

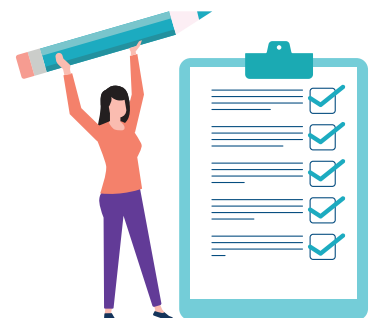
Materials: Video https://www.youtube.com/watch?v=Vn9_gDGNnRE
Sheets of paper and pens. Photocopy with the following questions.

Duration: 30 minutes

Dynamics: After watching the video, participants will be asked to answer a series of questions. At the end there will be a joint reflection on the role of trade union delegates in risk prevention and support for people with mental health problems, what strategies exist in the trade unions and in the companies of their members, and which ones should be included.

QUESTIONS:

- Why does Sarah's supervisor ask her to have a conversation alone?
- What signs or attitudes stand out to you?
- What is Sarah's possible problem?
- How would you approach an affiliate in a similar situation? What might be the words to start a conversation?
- Where do you think it is best to take this conversation forward?
- How would you help your affiliate?
- Does your union, or the company where your constituents work, have any materials on mental health problems that you can hand out?
- Do you know of helplines or websites to refer him/her to for advice?
- Is there a company policy on mental health?
- Are there any outreach campaigns or training workshops on these issues, and who conducts them?
- What strategies do you think need to be included to improve employment conditions in relation to the mental health of your constituents?



ACTIVITY 8: WE ARE FLYING AWAY

Objectives: To share reflections on the workshop among the participants.

Duration: depends on the group and the way in which the facilitator presents the dynamic.

Materials: Photocopies and pens.

Dynamics: A sheet of paper and a pen is given to each participant, and they are asked to write a reflection related to the workshop.

Then, we ask them to make a paper airplane out of the sheet of paper.

The facilitator should have a model plane with its assembly sequences to propose for those who do not know how to do it.

Once the planes are ready, the participants stand in a circle and throw them upwards on the count of three. The intention is for them to catch another plane in mid-air or fall to the ground.

They are then invited read some of the reflections.

The facilitator can ask some questions to trigger reflection:

- What did we learn in the workshop?
- What reflections did we take away?
- How can we communicate this to others?
- What do we think is important to disseminate and share?

Closing

Finally, the conceptual map that was created at the beginning of the workshop is shown again and the words or concepts that the participants think are necessary are added. Then a photo is taken so that everyone can take it with them in their notes.



ANNEX 1: A GUIDE TO COMMON MENTAL HEALTH DISORDERS

A **mental disorder** is defined by a **significant disturbance in a person's cognition, emotion regulation or behaviour. It is usually associated with distress or functional impairment in important areas.** There are several types of mental disorders, which are **also referred to as mental health problems, a broader term that includes mental disorders, psychosocial disabilities and other mental states** associated with significant distress, functional impairment or risk of self-harming behaviour.

► POST-TRAUMATIC STRESS DISORDER

PTSD can develop after experiencing or witnessing an extremely traumatic event or series of events. While anyone can be affected, certain groups are at higher risk, such as women who experience violence or sexual harassment. PTSD is also linked to specific occupations, including emergency services, content moderation and various care work roles that involve high levels of emotional labour.

IT IS CHARACTERIZED BY THREE MAIN SYMPTOMS:

- Reliving the trauma through intrusive memories, flashbacks or nightmares.
- Avoiding related thoughts and memories, as well as activities, places or people that remind them of the trauma.
- Feeling a constant sense of imminent threat.

These symptoms can last for several weeks and severely affect daily functioning. Fortunately, there are effective psychological treatments to manage the disorder.

► EATING BEHAVIOUR DISORDERS

Eating disorders, more common in women, especially young women, include conditions such as anorexia nervosa and bulimia nervosa. They are characterized by altered eating habits, excessive preoccupation with food and significant problems with body weight and shape. The associated symptoms and behaviours can put health at risk, cause substantial distress and lead to significant functional disability.

Anorexia nervosa typically develops during adolescence or early adulthood and can lead to premature death due to medical complications or suicide. People with bulimia nervosa are at high risk of substance abuse, suicide, and other serious health complications. However, effective treatments are available, including **cognitive therapy** and the **family-based approach (FBT)**. The family-based approach actively involves family members, particularly parents, in the recovery process by helping them take responsibility for meal supervision, restoring healthy eating habits, and providing structured support. This method empowers families to play a key role in treatment, ensuring a supportive environment that promotes long-term recovery.

► BIPOLAR DISORDER

People with bipolar disorder experience alternating episodes of depression and mania⁵¹. During depressive episodes they feel a low mood, which may include sadness, irritability or a feeling of emptiness, as well as a loss of interest in activities they once enjoyed. These symptoms are usually present most of the day, almost every day.

In manic episodes, people may feel extremely euphoric or irritable, with a significant increase in energy or activity. They may also talk faster than usual, have racing thoughts, experience elevated self-esteem, need less sleep, be distracted, or show impulsive and reckless behaviour.

People with bipolar disorder are at increased risk of suicide, but effective treatments are available, including psychoeducation, stress reduction techniques, improving social skills and the use of medication

► SCHIZOPHRENIA

Worldwide, schizophrenia affects about 24 million people, or one in 300 people⁵², and sufferers have a life expectancy 10 to 20 years below that of the general population.

Symptoms may include persistent delusions, hallucinations, disorganized thinking, highly disorganized behaviour or extreme agitation. People with schizophrenia may find their cognitive abilities persistently impaired. However, there are a number of effective treatment options, including medication, psychoeducation, family interventions and psychosocial rehabilitation.

► NEURODEVELOPMENTAL DISORDERS

These are conditions that alter behaviour and cognitive abilities from an early age, causing difficulties in the development of specific intellectual, motor or social skills of varying severity.

These disorders include intellectual development disorder, autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), amongst others.

ADHD is characterized by persistent inattention and/or high impulsivity and hyperactivity.

ASD includes a group of conditions that hinder social communication and reciprocal interaction, together with repetitive and restricted patterns of behaviour, interests and activities.

Treatments may include psychosocial and behavioural interventions, occupational therapy and speech therapy. In some cases, and for certain age groups, medication may also be considered.

⁵¹ Mania is a condition in which you display an over-the-top level of activity or energy, mood or behaviour. This elevation must be a change from your usual self and be noticeable by others. (<https://my.clevelandclinic.org/health/diseases/21603-mania>)

⁵² <https://www.who.int/news-room/fact-sheets/detail/schizophrenia>

FOCUSING ON THE POTENTIAL

While it is important to underline that people with mental and neurological disorders undergo great suffering and must be diagnosed and treated appropriately; it is also crucial to highlight the strengths of these people who for centuries have been stigmatized as inferior.

It is a positive approach, which focuses on health and well-being rather than illness. And as with health, it conceptualizes these disorders within "continuums of competence", in which "normal" behaviour is but one state within many.

Business organizations are realizing that in a world of constant change, given the right opportunity and support, these individuals can apply fundamental skills such as attention to detail, hyper-focus and out-of-the-box thinking to help solve tomorrow's work challenges.

For example, people diagnosed with autism spectrum disorder (ASD) often have strengths related to working with systems (computer languages, mathematical systems, machines) and are able to identify small details in complex patterns. One practical result of this new recognition is that technology companies have been recruiting people with ASD for occupations that involve systemizing tasks, such as writing computer manuals, managing databases and searching for errors in computer code.

Traits valued in people with other disorders have also been identified: people with dyslexia have global visuospatial abilities, including the ability to identify "impossible objects", process blurred or low-definition visual scenes, and perceive peripheral or diffuse visual information more quickly and efficiently. Finally, researchers have observed that subjects with attention deficit hyperactivity disorder (ADHD) and bipolar disorder show higher levels of novelty seeking and creativity than neurotypical individuals.⁵³

⁵³ Armstrong, Thomas, PhD (2015). *The Myth of the Normal Brain: Embracing Neurodiversity*. American Medical Association Journal of Ethics

USEFUL RESOURCES

BEYOND BLUE

www.beyondblue.org.au

Beyondblue is an initiative of Australia's state and territory governments with the main objective of raising awareness of depression and reducing the number of people with depression and the stigma associated with the disease. It offers a wide range of information and resources.

CANADIAN CENTRE FOR OCCUPATIONAL HEALTH AND SAFETY (CCOHS) CHECKLIST OF MENTAL HEALTH RISKS AT THE WORKPLACE

Checklist to understand what your organization is currently implementing to promote a psychologically safe and healthy workplace and to identify possible gaps and actions needed to make improvements. The checklist helps to support a healthy and safe workplace, but it may not address all of the issues that need to be addressed.

https://www.ccohs.ca/pdfs/portals/healthy_minds_work/MentalHealthRisk_Checklist.pdf

EQUAL OPPORTUNITIES DEPARTMENT, UNI GLOBAL UNION. GUIDES AND MATERIALS ON OCCUPATIONAL HEALTH AND SAFETY:

<https://es.uni-womens-health.org/salud-laboral/campaing/>

GUIDES AND MATERIALS ON GENDER-BASED VIOLENCE AND VIOLENCE AND HARASSMENT IN THE WORKPLACE

<https://www.breakingthecircle.org/>

KESSLER PSYCHOLOGICAL DISTRESS SCALE (K10)

The Kessler Psychological Distress Scale (K10) includes 10 questions on emotional states, each with a five-level response scale. The measure can be used as a brief assessment to identify levels of stress and anxiety in an individual.

https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0010/22240/kessler-psychological-distress-scale-k101.pdf

MIND YOUR HEAD

Campaign by the Australian Council of trade unions to bring employers, workers, unions, insurers and academics together to improve workplace mental health to prevent injury before it occurs.

<https://www.mindyourhead.org.au/>

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NIOSH WELLBQ

National Institute for Occupational Safety and Health Worker Well-being Questionnaire
The National Institute for Occupational Safety and Health's Worker Well-being Questionnaire (NIOSH WellBQ) provides an integrated assessment of worker well-being in multiple domains, including people's quality of work life, off-the-job circumstances, and physical and mental health status. The questionnaire measures "worker" well-being as a holistic concept rather than simply "workplace" or "work-related" well-being. The NIOSH WellBQ is intended to help researchers, employers, workers, practitioners and policy makers understand worker well-being and guide interventions to improve worker well-being, among other applications.

https://www.cdc.gov/niosh/docs/2021-110/pdf/2021-110_revised052024.pdf?id=10.26616/NIOSH PUB2021110revised032024

WHO

In times of stress, do what matters. Illustrated guide.

A stress management guide for coping with adversity. The guide aims to equip people with practical skills to help them cope with stress.

It is intended for anyone experiencing stress, wherever they live and whatever their circumstances.

<https://www.who.int/publications/i/item/9789240003927>

SELF-HELP PLUS (AAYUDA+). GROUP STRESS MANAGEMENT COURSE FOR ADULTS. WHO.

It is a tool for reducing psychological distress in adults and preventing the onset of mental disorders. It is suitable for all settings where population groups are affected by adversity. Using pre-recorded audios and the illustrated guide "In times of stress do what matters", AAYuda+ teaches stress management skills over five sessions to groups of up to 30 people.

<https://www.who.int/publications/i/item/9789240035119>

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