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REPORT

on mental health in the digital world of work
(2021/2098(INI))

Committee on Employment and Social Affairs

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on mental health in the digital world of work (2021/2098(INI))

The European Parliament,

- having regard to Article 3 of the Treaty on European Union,
- having regard to Articles 4, 6, 9, 114, 153, 169 and 191 and, in particular, to Article 168 of the Treaty on the Functioning of the European Union,
- having regard to Articles 2, 3, 14, 15, 21, 31, 32 and 35 of the Charter of Fundamental Rights of the European Union,
- having regard to the European Pillar of Social Rights, in particular principle 10 thereof,
- having regard to the UN Convention on the Rights of Persons with Disabilities,
- having regard to the UN mental health and well-being strategy of 2018,
- having regard to the World Health Organization (WHO) manifesto for a healthy recovery from COVID-19 of 18 May 2020,
- having regard to WHO World Mental Health Day 2021 – ‘Mental healthcare for all: let’s make it a reality’,
- having regard to the WHO European framework for action on mental health for 2021-2025,
- having regard to the Organisation for Economic Co-operation and Development (OECD) health policy study of 8 June 2021 entitled ‘A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Ill Health’ and mental health and work review of 4 November 2021 entitled ‘Fitter Minds, Fitter Jobs: from Awareness to Change in Integrated Mental Health, Skills and Work Policies’,
- having regard to Regulation (EU) 2021/241 of the European Parliament and of the Council of 12 February 2021 establishing the Recovery and Resilience Facility¹,
- having regard to Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on work-life balance for parents and carers²,
- having regard to Directive (EU) 2019/882 of the European Parliament and of the Council of 17 April 2019 on the accessibility requirements for products and services³,
- having regard to Council Directive 2000/78/EC of 27 November 2000 establishing a

¹ OJ L 57, 18.2.2021, p. 17.

² OJ L 188, 12.7.2019, p. 79.

³ OJ L 151, 7.6.2019, p. 70.

- general framework for equal treatment in employment and occupation⁴,
- having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time⁵,
 - having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work⁶,
 - having regard to Council Directive 89/654/EEC of 30 November 1989 concerning the minimum safety and health requirements for the workplace⁷,
 - having regard to Council Directive 90/270/EEC of 29 May 1990 on the minimum safety and health requirements for work with display screen equipment⁸,
 - having regard to its resolution of 17 April 2020 on EU coordinated action to combat the COVID-19 pandemic and its consequences⁹,
 - having regard to its resolution of 10 July 2020 on the EU’s public health strategy post-COVID-19¹⁰,
 - having regard to its resolution on 21 January 2021 with recommendations to the Commission on the right to disconnect¹¹,
 - having regard to its resolution of 17 February 2022 on empowering European youth: post-pandemic employment and social recovery¹²,
 - having regard to its resolution of 16 September 2021 on fair working conditions, rights and social protection for platform workers – new forms of employment linked to digital development¹³,
 - having regard to the Council conclusions of 24 October 2019 on the economy of well-being¹⁴, which call for a comprehensive EU mental health strategy,
 - having regard to the Council conclusions of 8 June 2020 on enhancing well-being at work,
 - having regard to the Commission communication of 28 June 2021 entitled ‘EU strategic framework on health and safety at work 2021-2027 – Occupational safety and health in a changing world of work’ (COM(2021)0323),

⁴ OJ L 303, 2.12.2000, p. 16.

⁵ OJ L 299, 18.11.2003, p. 9.

⁶ OJ L 183, 29.6.1989, p. 1.

⁷ OJ L 393, 30.12.1989, p. 1.

⁸ OJ L 156, 21.6.1990, p. 14.

⁹ OJ C 316, 6.8.2021, p. 2.

¹⁰ OJ C 371, 15.9.2021, p. 102.

¹¹ OJ C 456, 10.11.2021, p. 161.

¹² Texts adopted, P9_TA(2022)0045.

¹³ OJ C 117, 11.3.2022, p. 53.

¹⁴ OJ C 400, 26.11.2019, p. 9.

- having regard to the Commission Green Paper of 14 October 2005 entitled ‘Improving the mental health of the population – Towards a strategy on mental health for the European Union’ (COM(2005)0484),
- having regard to the Commission report of 14 July 2021 entitled ‘Employment and Social Developments in Europe – towards a strong social Europe in the aftermath of the COVID-19 crisis: reducing disparities and addressing distributional impacts’,
- having regard to the 2008 European Pact for Mental Health and Well-Being,
- having regard to the report from the European Youth Forum of 17 June 2021 entitled ‘Beyond Lockdown: the “pandemic scar” on young people’,
- having regard to the Eurofound reports of 9 November 2021 entitled ‘Impact of COVID-19 on young people in the EU’ and 10 May 2021 entitled ‘Living, working and COVID-19: Mental health and trust decline across EU as pandemic enters another year’,
- having regard to the report of the European Agency for Safety and Health at Work (EU-OSHA) of 7 December 2020 entitled ‘Preventing musculoskeletal disorders in a diverse workforce: risk factors for women, migrants and LGBTI workers’,
- having regard to the EU-OSHA report of 7 October 2011 entitled ‘Mental health promotion in the workplace – a good practice report’,
- having regard to the EU-OSHA report of 22 October 2021 entitled ‘Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications’,
- having regard to the opinion of the European Economic and Social Committee of 12 December 2012 entitled ‘The European Year of Mental Health – Better work, better quality of life’¹⁵,
- having regard to the opinion of the Commission Expert Panel on Effective Ways of Investing in Health of 23 June 2021 on supporting the mental health of the health workforce and other essential workers’,
- having regard to the joint EU-OSHA and Eurofound report of 13 October 2014 entitled ‘Psychosocial risks in Europe: prevalence and strategies for prevention’,
- having regard to the Willis Towers Watson 2021 Employee Experience Survey,
- having regard to the petitions submitted to the Committee on Petitions, for instance Nos 0956/2018 and 1186/2018,
- having regard to Rule 54 of its Rules of Procedure,
- having regard to the report of the Committee on Employment and Social Affairs (A9-0184/2022),

¹⁵ OJ C 44, 15.2.2013, p. 36.

- A. whereas the right to physical and mental health is a fundamental human right and whereas every human being is entitled to the highest attainable standard of health; whereas the WHO defines mental health as ‘a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community’¹⁶; whereas mental health is also linked to other fundamental rights such as the right to human dignity, as enshrined in Article 1 of the Charter of Fundamental Rights of the EU, and the right to the integrity of the person, including mental integrity, as enshrined in Article 3 of the Charter;
- B. whereas research shows that the COVID-19 pandemic has shaped organisational and managerial practices and changed working conditions for many workers in Europe, with consequences for working time, well-being and the physical environment of the workplace; whereas extraordinary demands have been placed on healthcare and essential workers; whereas these workers have had to cope with a demanding work environment, a lack of protection and fears for their safety, which has had a negative psychological impact; whereas understanding mental health issues in the workplace not only means being cognisant of mental disorders in line with the diagnostic criteria of the International Classification of Diseases for Mortality and Morbidity Statistics (e.g. depression)¹⁷, but also seeking to promote well-being, avoiding misunderstanding and stigmatisation and devising and implementing the right measures and treatment to manage those disorders¹⁸;
- C. whereas the pandemic unleashed a sharp increase in care responsibilities in combination with work, which disproportionately affected women and widened the gender disparity in unpaid care; whereas this had a negative impact on the mental health of people with care responsibilities, as many workers had to cope with much more stress by taking on the increased care responsibilities of home-schooling and childcare during lockdown or by providing informal care or performing any other kind of work for dependent relatives;
- D. whereas research shows that the pandemic gave rise to teleworking on a large scale, which has had positive consequences such as more flexibility and autonomy and, in some cases, a better work-life balance; whereas, however, these gains do not always outweigh the negative consequences such as being overly connected, a blurring of the lines between one’s work and private life, a greater intensity of work and technology-related stress; whereas according to Eurofound’s COVID-19 surveys, the pandemic posed many challenges for workers working remotely; whereas while the considerable increase in teleworking may benefit workers and businesses, the right to physical and mental health must also be safeguarded and promoted in this context;
- E. whereas psychosocial risks are the most prevalent health risks associated with teleworking; whereas a higher prevalence of teleworking is linked to long working hours and work-related stress; whereas according to the EU-OSHA, psychosocial risks may result in negative psychological, physical and social outcomes such as work-related anxiety, burnout or depression; whereas the working conditions that lead to

¹⁶ WHO fact sheet, *Mental Health: strengthening our response*, 17 June 2022.

¹⁷ International Classification of Diseases for Mortality and Morbidity Statistics, ‘Problems associated with employment or unemployment’.

¹⁸ List of mental disorders as per WHO fact sheet on mental disorders, 8 June 2022.

psychosocial risks may include an excessive workload, conflicting demands, a lack of clarity about one's role, a lack of involvement in decisions affecting workers themselves, a lack of influence over the way one's job is done, poorly managed organisational change, a lack of job security, ineffective communication, a lack of support from management or one's colleagues, psychological and sexual harassment, and third-party violence; whereas Member States do not have the same legally binding common standards and principles for psychosocial risks, which leads to de facto unequal legal protections for workers;

- F. whereas an increasing number of employers are using digital tools such as apps, software and artificial intelligence (AI) to manage their workers; whereas as such, algorithmic management presents new challenges for the future of work such as technology-enabled control and surveillance through prediction and flagging tools, remote real-time monitoring of progress and performance and time-tracking, and entail significant risks for workers' health and safety, notably their mental health and right to privacy and human dignity; whereas digitalisation and advanced new technologies such as AI and AI-based machinery are transforming the nature of work; whereas about 40 % of human resources departments in international companies now use AI applications and 70 % consider this a high priority for their organisation; whereas the new digital economy must be regulated to foster shared prosperity and ensure the well-being of society at large;
- G. whereas this new situation requires us to adopt a fresh and broader definition of health and safety at the workplace, which can no longer be separated from mental health;
- H. whereas the COVID-19 pandemic has disproportionately affected the mental well-being of healthcare and long-term care workers – the majority of whom are women – as well as vulnerable populations including ethnic minorities, the LGBTIQ+ community, older people, single parents, persons with disabilities and pre-existing mental health issues, people of a lower socio-economic status, the unemployed, and people living in the outermost regions and remote, poorly connected areas; whereas the mental health of young people has worsened significantly during the pandemic, with problems related to mental health having doubled in several Member States and a severe impact on the employment of young people and reduction in their incomes, including job losses; whereas 9 million adolescents in Europe (persons aged 10 to 19) are living with mental health disorders, with anxiety and depression accounting for more than half of those cases;
- I. whereas too many people in the EU do not have access to public mental and occupational health services; whereas mental well-being has reached its lowest level across all age groups since the onset of the pandemic, with the deterioration in mental health being attributed to disruptions in access to mental health services, an increased workload and a labour market crisis that disproportionately affected young people; whereas public mental and occupational health services are notoriously underfunded; whereas work-related stress can be a consequence of several factors such as time-constraint pressures, long or irregular working hours and poor communication and cooperation within the organisation; whereas there is a strong correlation between migraines or severe headaches and depression and anxiety, among other comorbid psychiatric disorders, which has a knock-on effect on working performance and

employee absences; whereas clinical and applied research into the prevention, diagnosis and treatment of mental health conditions is also considerably underfunded; whereas mental health issues are currently the leading cause of global morbidity, with suicide the second-largest cause of death of young people in Europe; whereas prevention, awareness-raising, well-being activities and the promotion of mental health and a healthy culture at work can provide positive outcomes to improve the health of employees¹⁹;

- J. whereas workplace issues that affect mental health include job burnout, bore-out syndrome, stress, harassment, violence, stigma, discrimination and limited possibilities for growth or promotion, aspects which may be further exacerbated online; whereas last year the WHO revealed that more than 300 million people worldwide were suffering from work-related mental disorders such as burnout, anxiety, depression or post-traumatic stress, which correlates to the fact that one in four European workers feel that work has a negative impact on their health²⁰; whereas a negative working environment may lead to physical and mental health problems, the harmful use of substances or alcohol, absenteeism and lost productivity;
- K. whereas the costs of mental ill health were estimated at more than 4 % of GDP across all EU Member States in 2015; whereas the cost of work-related depression is one of the leading causes of disability and depression and has been estimated at EUR 620 billion a year, resulting in EUR 240 billion in lost economic output²¹; whereas the estimated cost of all headaches in the EU is over EUR 110 billion every year, around EUR 50 billion of which is attributed to migraines; whereas the prevention-related budgets across all EU Member States remain low at 3 % of total health expenditure;
- L. whereas under EU occupational health and safety regulations²², employers have a duty to protect workers' health and safety in all aspects of their work; whereas employers continue to have a responsibility for occupational health and safety in the context of teleworking; whereas trade unions and occupational health and safety bodies in the workplace play a critical role in defending workers' fundamental human right to a safe and secure workplace, including when teleworking;
- M. whereas stable employment, health (including mental health), conditions for full development, and a sense of influence and involvement for young people are the basic preconditions for exiting the crisis, strengthening societies and rebuilding economies;

Mental health and digital work: lessons learned from the COVID-19 pandemic

- 1. Regrets the fact that during the COVID-19 pandemic, the mental health of employees and the self-employed was affected by disruptions to many services such as education, health, social support and increased stress factors such as financial insecurity, a fear of being unemployed, limited access to healthcare, isolation, technology-related stress,

¹⁹ Before the pandemic it was estimated that 25 % of EU citizens would experience a mental health problem in their lifetime. Source: European Network for Workplace Health Promotion, *A guide for employers to promote mental health in the workplace*, March 2011.

²⁰ Eurofound, Sixth European Working Conditions Survey, 2017.

²¹ Opinion of the Commission Expert Panel on Effective Ways of Investing in Health, *Supporting the mental health of the health workforce and other essential workers*, 23 June 2021.

²² EU-OSHA summary on Council Directive 89/391/EEC, last updated on 3 May 2021.

changes to working hours, the inadequate organisation of work and teleworking; calls for mental health to urgently be tackled by cross-sectional and integrated policies as part of a comprehensive EU mental health strategy and European care strategy supplemented by national action plans; reminds the Commission, in particular, that the protection of workers' health should be an integral part of the EU-OSHA's preparedness plans to prevent future health crises;

2. Stresses that the COVID-19 pandemic and subsequent economic crisis have placed a huge strain on the mental health and well-being of all citizens, but above all employees, the self-employed, young people, students transitioning to the workforce and older people, with an increasing prevalence of work-related psychosocial risks and higher rates of stress, anxiety and depression;
3. Stresses that the COVID-19 pandemic has had a negative impact on the transition from education to work and can therefore cause high levels of stress, anxiety and uncertainty for young people at the beginning of their careers, which is also likely to exacerbate their employment prospects and feed into a vicious cycle of issues with their mental health and well-being; calls for greater support for mental health, including for public employment services, in order to address the well-being of unemployed people;
4. Regrets the fact that mental health has not been treated as a priority in the same way as physical health, has been deprived of funding and has been short of qualified staff across the Member States, despite the intrinsic benefits associated with improved health and well-being and the substantial economic productivity gains and higher levels of participation in work deriving from public investment in mental health; believes that swift action is needed to improve the current situation;
5. Calls on the EU institutions and the Member States to recognise the high levels of work-related mental health problems across the EU and to strongly commit to actions regulating and implementing a world of digital work which helps to prevent mental health problems, protect mental health and a healthy work-life balance, and reinforce social protection rights in the workplace; calls for dialogue to be undertaken and efforts to be made to that end in concert with employers and workers' representatives, including trade unions; stresses, in this regard, the essential need to adopt prevention plans for mental health risks in all workplaces; calls for a follow-up on the implementation of the WHO European framework for action on mental health for 2021-2025;
6. Regrets the disparity between the amount of EU action actually taken on health and the scope afforded by the Treaty on European Union and calls for more EU action to be taken within the scope of those competences; considers mental health to be the next health crisis and that the Commission should take action and tackle all potential risks through binding and non-binding measures, where relevant, and create a comprehensive EU mental health strategy in line with the Council conclusions of 24 October 2019 on the economy of well-being;
7. Notes that an EU mental health strategy should aim to require Member States to integrate mental healthcare with physical care in view of the close correlation between the two, to deliver effective care on the basis of evidence and human rights, to expand

the number of services on offer to enable more people to access treatment and to support people to help them find or stay in work, among other endeavours; insists that poor mental health affects workers' well-being and entails costs for welfare systems, with added expenditure for healthcare and social security; highlights the responsibility of the employer and the essential role of both the employer and social partners in devising and implementing such initiatives;

8. Recalls that the pandemic has shed light on the widespread mental health crisis across Europe and the various responses to it by the Member States and has demonstrated the importance of sharing best practices to respond to health emergencies, revealing gaps in foresight, including preparedness, response tools and adequate funding; calls on the Commission and the Member States to include mental health impacts in their health crisis and pandemic emergency response and preparedness plans; believes that the current mental health crisis should be considered a health emergency;
9. Welcomes the ongoing negotiations for a regulation repealing Decision No 1082/2013/EU of the European Parliament and of the Council of 22 October 2013 on serious cross-border threats to health²³ and the ongoing negotiations on reforming the European Centre for Disease Prevention and Control and strengthening the mandate of the European Medicines Agency;
10. Applauds the essential and frontline workers who sacrificed their own well-being to perform life-saving work during the pandemic; is concerned about the greater work-related mental health risks for health and long-term care workers; calls on the Commission to devote particular attention to essential and frontline workers in upcoming proposals on mental health at work; calls for Member States to improve their working conditions, address staff shortages and commit the necessary resources in order to ensure that such sacrifices are not required again, ensuring that workers have immediate access to adequate mental health resources and protection and psychosocial interventions, which should be extended beyond the acute crisis period; stresses that the vast majority of essential and frontline workers are women and are often on lower incomes, bearing greater work-related mental health risks;

The digital transition and mental health

11. Recognises that quality employment can help provide individuals with a purpose as well as financial security and independence; emphasises the positive relationship between good mental health, good working conditions, adequate salaries, work productivity, well-being and quality of life; notes that a sense of purpose and identity for workers can be challenged in a context of increasing digitalisation, which can lead to physical and mental health problems; affirms that prevention is therefore key; believes that adequate working conditions and active labour market programmes could help to combat psychosocial risks by providing opportunities for quality jobs and social protection; notes that depression and mental health disorders can be a barrier to staying in and obtaining employment and that additional support is necessary for jobseekers;
12. Recognises the opportunities that the digital transformation can create for the employment of persons with disabilities on the open labour market; stresses, in this

²³ OJ L 293, 5.11.2013, p. 1.

context, that the digital transformation should not lead to isolation and social exclusion; highlights, moreover, the difficulties faced by older people, who are at particular risk of digital exclusion due to changing working conditions and new digital tools; stresses the importance for all workers, and above all older people, to be able to access lifelong learning and professional development adapted to their individual needs; calls on the Member States to expand the provision of digital education aimed at older people; stresses the importance of intergenerational exchanges in the working environment;

13. Recalls that proactive approaches to digitalisation, such as improving digital skills in the workplace or allowing for flexible working hours, can help to mitigate work-related stress; points out that AI has the potential to improve working conditions and quality of life, including a better work-life balance and better accessibility for persons with disabilities, to predict labour market development and to support human resources management in preventing human bias; cautions, however, that AI also gives rise to concerns over privacy and occupational health and safety such as the right to disconnect, and can lead to the disproportionate and illegal surveillance and monitoring of workers, infringing on their dignity and privacy, as well as discriminatory treatment in recruitment processes and other areas due to biased algorithms, including on the grounds of gender, race and ethnicity; is concerned, furthermore, that AI can undermine the freedom and autonomy of people, such as through prediction and flagging tools, real-time monitoring and tracking and automated behavioural nudges, and contribute to workers' mental health problems such as burnout, technology-related stress, psychological overload and fatigue; stresses that AI solutions in the workplace must be transparent, fair and avoid any negative implications for workers and must be negotiated between employers and workers' representatives including trade unions; calls on the Commission and the Member States, in this regard, to devise a legislative proposal on AI in the workplace to ensure appropriate protection for workers' rights and well-being, including their mental health and fundamental rights such as non-discrimination, privacy and human dignity in an increasingly digitalised workplace; notes that online harassment tends to have a disproportionate impact on the most vulnerable groups including younger, female and LGBTQI+ workers; stresses that only 60 % of Member States have specific legislation in place to address bullying and violence at work, and calls on the Commission and the Member States, therefore, to propose targeted mandatory measures to reverse and tackle this increasing problem at work and protect the victims with all the necessary resources;
14. Calls on the Commission and the Member States to ensure that the preventive and protective measures aimed at eradicating violence, discrimination and harassment in the world of work, including third-party violence and harassment (i.e. by customers, clients, visitors or patients), where applicable, apply regardless of the reason or cause of harassment and are not limited to cases based on discriminatory grounds; calls on the Member States to ratify the International Labour Organization Convention (No 190) on Eliminating Violence and Harassment in the World of Work and Recommendation (No 206) on Violence and Harassment and to put in place the necessary laws and policy measures to prohibit, prevent and address violence and harassment in the world of work; calls on the Commission to ensure that the scope of the proposed directive on combating violence against women and domestic violence²⁴ fully covers violence and

²⁴ Proposal for a directive of the European Parliament and of the Council of 8 March 2022 on combating

harassment at work as a criminal offence and that workers receive appropriate protection with the involvement of trade unions;

15. Stresses the need to protect workers from exploitation by their employers in the use of AI and algorithmic management, including prediction and flagging tools to predict employee behaviour and identify or deter rule-breaking or fraud by workers, real-time monitoring of progress and performance, time-tracking software and automated behavioural nudges; calls for a ban on the surveillance of workers;
16. Considers it necessary to develop a new paradigm to factor in the complexity of the modern workplace in relation to mental health, as the regulatory instruments currently in force are not sufficient to guarantee the health and safety of workers and need to be updated and improved;
17. Emphasises that the use of technology and AI in the workplace should never be used to the detriment of workers' mental health and well-being; notes that the deployment of AI at work must not lead to excessive monitoring in the name of productivity or the surveillance of workers;
18. Notes that there is a wide digital gender gap in specialist skills and employment in the ICT sector, where only 18 % of workers are women and 82 % are men²⁵; considers it vital that technological systems be designed in an inclusive manner in order to prevent discrimination, mental health issues or other harmful effects of non-inclusive design; urges the Commission and the Member States to work together to close the digital gender gap for women in science, technology, engineering and mathematics (STEM) and to look into providing incentives for ICT organisations to hire a diverse workforce;
19. Welcomes Directive (EU) 2019/1158 on work-life balance for parents and carers, as it provides flexibility and serves to alleviate work-related issues; stresses, however, that women continue to be disproportionately affected, as the pandemic has shown; believes that while teleworking offers many opportunities, it also presents challenges in terms of the social, professional and digital divide; stresses that women continue to take on the bulk of family-related leave, which continues to have a negative impact on their career progression, personal development, pay and pension entitlements; invites the Member States to go beyond the requirements of the directive and to increase the number of days granted for carers' leave and provide remuneration for informal carers when taking leave; calls on the Member States to strongly commit to protecting workers' family time and work-life balance; calls on the Member States to encourage an equal share of caring responsibilities between women and men through non-transferable paid leave periods between parents, which would allow women to engage in full-time employment to a greater extent; highlights that women are at greater risk of stress, exhaustion, burnout and psychological violence due to new teleworking arrangements and the lack of regulation to control abusive labour practices;
20. Notes the shift to teleworking during the pandemic and the flexibility it provided for many employees and the self-employed; recognises, however, that teleworking has also proved especially challenging for the most disadvantaged individuals and single-parent

violence against women and domestic violence (COM(2022)0105).

²⁵ European Commission, Women in Digital Scoreboard 2020.

households; acknowledges that the combination of teleworking and childcare, especially for children with special needs, could pose a threat to family life and the well-being of both parents and children; encourages employers to provide clear and transparent rules on teleworking arrangements to ensure that working hours are respected and prevent social and professional isolation and the blurring of working time with other time spent at home; notes that teleworking has been proven to have a major impact on the organisation of working time by increasing flexibility and making workers constantly available, which has frequently resulted in work-life conflict; recalls, nevertheless, that if it is properly regulated and implemented, teleworking could provide workers with the flexibility to adapt their working hours and schedules to meet their own personal and family needs; emphasises, in this connection, that a full or partial shift to teleworking should be the result of an agreement between the employer and employee representatives;

21. Notes with concern that teleworking is not yet available to all workers; stresses the impact of the shift to teleworking on the mental health of those in danger of digital exclusion; stresses the importance of fighting the digital divide in Europe and the necessity of retraining younger and older people in order to ensure a sufficient level of digital skills for all workers; calls for more targeted investments in the provision of digital skills, especially groups that are more digitally excluded such as people of a low socio-economic status and a limited educational background, older people and people in rural and remote areas; calls on the Commission to propose a legislative framework to establish minimum requirements for teleworking across the EU, without undermining the working conditions of teleworkers; stresses that such a legislative framework should clarify working conditions, ensure that such work is carried out on a voluntary basis and that the rights, work-life balance, workload and performance standards of teleworkers are equivalent to those of comparable on-site workers; calls on the Commission and the Member States to provide measures on accessibility and inclusive technology for persons with disabilities; notes that this framework should be developed in consultation with the Member States and European social partners, should fully respect national labour market models and should take into consideration the European Social Partners Framework Agreements on Telework and on Digitalisation; calls on the Commission and the Member States to pay particular attention to persons with mental or physical disabilities; stresses that the working conditions of teleworkers are equivalent to those working on-site and that specific measures need to be taken to follow up and support the well-being of remote workers;
22. Considers that the right to disconnect is essential to ensuring the mental well-being of employees and the self-employed, not least for female workers and workers in non-standard forms of work, and should be complemented by a preventive and collective approach to work-related psychosocial risks; calls on the Commission to propose, in consultation with the social partners, a directive on minimum standards and conditions to ensure that all workers are able to effectively exercise their right to disconnect, and to regulate the use of existing and new digital tools for work purposes in line with Parliament's resolution of 21 January 2021 with recommendations to the Commission on the right to disconnect, while taking into consideration the European Social Partners Framework Agreement on Digitalisation; calls on the Member States, furthermore, to better coordinate the exchange of best practices, as some of them are putting in place some very innovative policies and projects;

23. Notes that if they are revised and updated, Council Directives 89/654/EEC and 90/270/EEC laying down minimum safety and health requirements for the workplace and for work with display screen equipment can contribute to the protection of all workers, including platform workers and the self-employed, alongside the different projects developed by EU agencies and Member States;
24. Stresses that the provision of accessibility and reasonable accommodation is applicable to work-related digital environments and that, as such, employers should put in place measures to adapt and ensure fair and equal working conditions for persons with disabilities, including those with mental health issues, including compliance with relevant digital accessibility standards deriving from Directive (EU) 2019/882;
25. Welcomes the Commission's commitment to modernising the legislative framework for occupational health and safety by reviewing Council Directives 89/654/EEC and 90/270/EEC laying down minimum safety and health requirements for the workplace and for work with display screen equipment;

Workplace health and safety

26. Is concerned about the disconnect between current policy on mental health and attitudes in the workplace, which do not properly reflect the fact that protecting the employee is a key asset for EU leaders for the remainder of the decade; emphasises that due to stigma and discrimination, employees often feel unable to discuss issues; calls on the Member States to ensure that employers fulfil their obligations to provide support and clear information to all workers, and to ensure that the workers affected are reintegrated fairly into the workplace; calls for workplaces to facilitate access to services for mental health support and external services and to prevention, early recognition and treatment for employees who may have mental health disorders and to support their reintegration and help to prevent relapses, as well as putting in place company mental health prevention plans, including on the prevention of suicide; calls, in addition, for the adoption of clear and effective prevention strategies as well as support strategies for workers returning to work after a long absence;
27. Recalls that harassment and discrimination on multiple grounds exist in and are a frequent source of stress and disconnection from the workplace; recalls, in particular, that discrimination on the grounds of age, disability, sex, gender, sexual orientation, race, educational or socio-economic status and belonging to vulnerable groups is widespread and should be addressed by employers; stresses the importance of including an anti-harassment policy in health and safety measures in the digital world of work and of providing support for businesses, especially small and medium-sized enterprises (SMEs), to help them put in place policies to combat harassment and bullying; calls for an EU-wide information campaign on mental health awareness in order to address the stigma, misperceptions and social exclusion that are often associated with poor mental health;
28. Believes that the current measures to encourage improvements in the health and safety of workers are insufficient, especially as far as the assessment and management of psychosocial risks is concerned; calls on the Commission to establish mechanisms for the prevention of anxiety, depression and burnout and the reintegration into the

workplace of those affected by psychosocial problems; recalls that an individual and organisational approach to work²⁶ is crucial to this end; notes, however, that these health conditions may depend on a number of factors; calls on the Commission, in consultation with the social partners, to revise its recommendation of 19 September 2003 concerning the European schedule of occupational diseases²⁷ with additions such as work-related musculoskeletal disorders, work-related mental health disorders, in particular depression, burnout, anxiety and stress, all asbestos-related diseases and skin cancers and rheumatic and chronic inflammation; calls on the Commission, once it has consulted the social partners, to transform this recommendation into a directive establishing a minimum list of occupational diseases and setting out the minimum requirements for their recognition and adequate compensation for the individuals concerned;

29. Acknowledges that as part of efforts to tackle psychosocial risks, national labour inspectorates can have an important role to play by enforcing preventive and/or corrective interventions in the context of work; calls on the European Labour Authority to work on a common strategy for national labour inspectorates to tackle psychosocial risks, including devising a common framework covering the evaluation and management of psychosocial risks and catering for the different training needs of labour inspectors;
30. Points out that while the new EU strategic framework on health and safety at work for 2021-2027 rightly notes the need for changes to the working environment in order to tackle hazards to psychosocial well-being, it only focuses on individual interventions, which are a limited part of psychosocial risk mitigation; stresses the urgent need for a common basis to safeguard the mental health of all workers across the EU, as they are not uniformly protected across all Member States – not even under current EU legislation; calls on the Commission, in this regard, to propose a legislative initiative, in consultation with social partners, on the management of psychosocial risks and well-being at work in order to effectively prevent psychosocial risks in the workplace, including online, provide training for management and workers, periodically assess progress and improve the working environment; considers that preventive occupational health and safety policies should also involve social partners in the identification and prevention of psychosocial risks; notes that anonymous employee surveys such as questionnaires and other data collection exercises can provide useful information on the extent to which and reasons why employees are stressed, making it easier for management to identify issues and make adjustments where needed;
31. Calls on the Commission and the Member States to take into account the latest scientific evidence and research in mental health, especially regarding the potential of innovative approaches in mental health treatment; encourages the Commission to closely follow and monitor best practices that have been already successfully implemented in this area and to facilitate the exchange of those best practices among the Member States; calls on the Member States, in particular, to ensure that they have effective committees in place on health and safety at work in order to provide more frequent and accurate risk assessments and to strengthen the prerogatives of existing health and safety committees

²⁶ EU-OSHA, *Telework and health risks in the context of the COVID-19 pandemic: evidence from the field and policy implications*, 22 October 2021.

²⁷ OJ L 238, 25.9.2003, p. 28.

by giving them the right to avail themselves of external expertise, including independent, third-party evaluations of exposure to work-related psychosocial risks;

32. Considers it essential that managers be given the psychosocial training required to adapt to work organisation practices and to foster a deep understanding of poor mental health in the workplace; deems it equally essential that workers also be provided with the relevant training on the prevention of work-related psychosocial risks; encourages employers to foster positive approaches, policies and practices to good occupational mental health and well-being; highlights, to this end, that companies could consider designating and training a reference employee for mental health or putting a dedicated section on the internal communication platform for their workplace with information to point employees in the direction of mental health services; believes that social partners could play a central role in devising and implementing such training and highlights the particular need to provide labour inspectorates with training to ensure they can adequately protect workers;
33. Calls on the Commission and the Member States to acknowledge and raise awareness of the impact on the mental health of workers of highly prevalent and debilitating neurological disorders such as migraines; notes the importance of raising awareness in the workplace on the importance of identifying and preventing migraines by avoiding their triggers;
34. Calls on labour inspectorates in the EU to target the psychosocial working environment in their inspections; invites the Commission's Senior Labour Inspectors' Committee to put forward a new campaign on psychosocial risks, building on the findings of the 2012 campaign and more recent developments;

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35. Underlines that given the lack of sufficient mental health support and preventive policies in the workplace, employees often have to rely on private services that are difficult to afford and the services of non-governmental organisations (NGOs) and national hospital facilities, which may have long waiting lists and lack support and resources themselves; calls for workplaces to ensure that employees have accessible, professional and impartial mental health support and remedies, with due respect for workers' privacy and confidentiality, and calls on the Member States to ensure that public healthcare includes easy access to remote counselling;
36. Encourages the Commission to launch education and awareness initiatives on mental health in the workplace and in educational curricula and calls on the Commission and the Member States to leverage EU funds to establish digital platforms and applications for mental health; calls on the Commission to examine the feasibility of establishing a common EU helpline for mental health support; calls on the Commission, in this connection, to provide an adequate budget for the relevant EU programmes; urges the Commission to designate 2023 as the EU Year of Good Mental Health in order to realise the aforementioned mental health education and awareness initiatives;
37. Calls on the Member States to ensure that local and other relevant public authorities have sufficient staff and public resources to provide mental health support and services to everyone who needs them;

38. Recognises that the lack of statistics on the prevalence of mental health issues in the workplace, especially for SMEs and their owners and for the self-employed, undermines the need for urgent intervention; calls on the Member States, Eurostat, public institutions, experts, social partners and the research community to collaborate and gather up-to-date data on work-related risks for mental ill health and the negative impacts thereof, disaggregated by gender and other relevant aspects, as well as data on the effectiveness of the different types of interventions in order to promote better mental health in the workplace in a harmonised manner;
39. Calls on the Member States to assess the possibility of creating local or regional mediation services for psychosocial risks, which should provide advice and technical support for the self-employed and employers, managers and workers in micro-enterprises and SMEs on psychosocial risk prevention and psychosocial conflicts in the workplace, as well as disseminate information on psychosocial risks and their prevention; is concerned that entrepreneurs and SMEs require particular support to manage the impact of everyday pressure and stress factors and promote mental health awareness in the workplace, and calls for EU initiatives to assist them with risk assessment, prevention and awareness-raising campaigns and putting good practices in place; highlights the role of the EU-OSHA in providing micro-enterprises and SMEs with the tools and standards they need to assess the risks to their workforce and implement adequate prevention measures; considers that the EU-OSHA should be strengthened in this regard in order to better promote healthy and safe workplaces across the EU and further develop initiatives to improve workplace prevention in all sectors of activity;
40. Points out that the mental health of young people has got considerably worse during the pandemic, with young women and young people in marginalised situations more severely affected; regrets the fact that young people are not the target of investment in mental health research despite the manifest long-term benefits of early intervention; points out that 64 % of young people between 18 and 34 were at risk of depression in 2021 due to a lack of employment and financial and educational prospects as well as loneliness and social isolation; stresses that one of the best tools to tackle mental health issues²⁸ among young people is to provide them with meaningful prospects for good-quality education and employment; calls on the Commission to address the disruption in access to the labour market, which has put young people at greater risk of mental health disorders, and to take action to support young people in accessing and retaining adequate employment;
41. Calls on the Commission and the Member States, in collaboration with Parliament and respecting the principle of subsidiarity, to propose a common legal framework to ensure fair remuneration for traineeships and apprenticeships in order to avoid exploitative practices; calls on the Commission to develop a recommendation to ensure that traineeships, apprenticeships and job placements count as work experience and consequently grant access to social benefits;

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²⁸ OECD, *Supporting young people's mental health through the COVID-19 crisis*, 12 May 2021, and European Youth Forum, *Beyond Lockdown: the 'pandemic scar' on young people*, 17 June 2021.

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42. Instructs its President to forward this resolution to the Council and the Commission.

EXPLANATORY STATEMENT

This report addresses the long-overdue political recognition of the crisis we face with citizens' mental health in the EU. Lack of efficient mental health services, supports and investments across Member States has resulted in pervasive mental health issues and alarming suicide rates over decades. Even before COVID-19 pandemic, the multitude of citizens affected by mental health were disturbing, due in large part to the disconnect between education, health, economics, employment, social inclusion and poverty. Therefore, there is a strong need for a comprehensive EU Mental Health Strategy, which takes a cross-sectional approach to mental health issues.

The pandemic had an incredibly dramatic impact on the lives of millions of Europeans, compounding the effects of mental health, resulting in higher rates of stress, anxiety and depression. With suicide being the second-highest cause of death of citizens under the age of nineteen, mental health is our current European health crisis. It is time to take these issues seriously and examine what EU action can be taken. Ignoring this call of action will jeopardize our younger generations, in particular, who are our future leaders and workforce.

The current EU-level legislation and policies in this area do not address the growing crisis of mental health amongst our workforce. With many citizens now spending an excessive portion of their lives due to the pandemic 'connected' to work - remotely, this has and will continue to contribute to negative mental health, through job burnout, harassment, violence, stigma and discrimination. It is of utmost importance that workers can expect a proper level of protection for both their physical and mental wellbeing.

What seemed impossible previously has resulted in different models of work, for employer and employee. Advantages of increased flexibility of teleworking and the Work-Life Balance Directive favour some, but there is a need to update the current legislation on occupational safety and health legislation to respond to the new realities of the digital age. It should not be left to 'some' companies and countries facilitating good mental health practices, we need to ensure collective mental health work practices are put in place to signpost our workforce.

The economic costs for Member States of mental ill health cannot be ignored, not only financing reactive care but also the lost economic output when workers are unable to participate in driving an ambitious labour force. The principle of prevention at the workplace must be formally integrated in policies at EU, national and company level.

Ultimately, there is an increased momentum for strong actions to be taken to ensure better mental health at work. This requires appropriate education and awareness initiatives on mental health, training for employers and better research and data collection at the European level. To achieve these aims, an EU Year of Good Mental Health in 2023, would ensure that the EU focuses on the prevalent mental health issues our citizens face.

Finally, ensuring that all mental health supports and services available within the workplace are clearly signposted, will alleviate issues of stigma and discrimination. Fostering workplace environments that are supportive both before and after mental health issues are crucial to successfully preventing mental ill health. There is still far more we can do at both Member State and EU-level to protect our workers and promote the importance of positive mental health.

INFORMATION ON ADOPTION IN COMMITTEE RESPONSIBLE

Date adopted	14.6.2022
Result of final vote	+: 38 -: 2 0: 1
Members present for the final vote	Atidzhe Alieva-Veli, Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Jordi Cañas, David Casa, Leila Chaibi, Ilan De Basso, Margarita de la Pisa Carrión, Estrella Durá Ferrandis, Rosa Estaràs Ferragut, Loucas Furlas, Cindy Franssen, Alicia Homs Ginell, Miriam Lexmann, Elena Lizzi, Sara Matthieu, Max Orville, Sandra Pereira, Kira Marie Peter-Hansen, Dennis Radtke, Elżbieta Rafalska, Guido Reil, Daniela Rondinelli, Mounir Satouri, Monica Semedo, Romana Tomc, Maria Walsh, Stefania Zambelli
Substitutes present for the final vote	Konstantinos Arvanitis, Simona Baldassarre, Ilana Cicurel, Rosa D'Amato, Gheorghe Falcă, Krzysztof Hetman, Pierfrancesco Majorino, Antonius Manders
Substitutes under Rule 209(7) present for the final vote	Mohammed Chahim, Carlo Fidanza, Martin Hojsik, Domènec Ruiz Devesa

FINAL VOTE BY ROLL CALL IN COMMITTEE RESPONSIBLE

38	+
ECR	Carlo Fidanza, Elżbieta Rafalska
ID	Simona Baldassarre, Elena Lizzi, Stefania Zambelli
NI	Daniela Rondinelli
PPE	David Casa, Rosa Estaràs Ferragut, Gheorghe Falcă, Loucas Fourlas, Cindy Franssen, Krzysztof Hetman, Miriam Lexmann, Antonius Manders, Dennis Radtke, Romana Tomc, Maria Walsh
RENEW	Atidzhe Alieva-Veli, Jordi Cañas, Ilana Cicurel, Martin Hojsík, Max Orville, Monica Semedo
S&D	Gabriele Bischoff, Vilija Blinkevičiūtė, Milan Brglez, Mohammed Chahim, Ilan De Basso, Estrella Durá Ferrandis, Alicia Homs Ginel, Pierfrancesco Majorino, Domènec Ruiz Devesa
THE LEFT	Konstantinos Arvanitis, Leila Chaibi
VERTS/ALE	Rosa D'Amato, Sara Matthieu, Kira Marie Peter-Hansen, Mounir Satouri

2	-
ECR	Margarita de la Pisa Carrión
ID	Guido Reil

1	0
THE LEFT	Sandra Pereira

Key to symbols:

+ : in favour

- : against

0 : abstention