



Mental health

REPORT
Laura Mesa Lopez

in the construction
industry

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European Association of Paritarian Institutions

Mental health in the construction industry

REPORT

THIS REPORT is the result of a joint project between the EFBWW and FIEC, the EU sectoral social partners for the construction industry.

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FOREWORD BY COMMISSIONER THYSSEN

OVER THE LAST 25 YEARS, the European Union has been a front-runner in setting high standards of worker protection against health and safety risks at work. In the construction industry, this has led to a drop in workplace deaths and injuries of more than 30% compared to 10 years ago. EU legislation has played a pivotal role in this. And with the European Pillar of Social Rights we have reaffirmed the right of workers to a safe and healthy workplace.

Nonetheless, the challenges remain large. Too often, health and safety in the workplace is seen only as a matter of appropriate training and correct gear. But our workplaces have to be both physically safe and mentally healthy. At the beginning of the EU's legislative work on health and safety 30 years ago, the main focus was on reducing risks related to accidents at work. Activities to fight occupational illness came to the fore only later. However, from the beginning action has also been undertaken in this area. EU legislation, for example, obliges employers to protect workers not only from physical risks, but from all health and safety risks – including psychosocial risks – and to duly assess and manage these risks.

The European Commission's 2017 Communication on Safer and Healthier Work for All identified psychosocial risks and work-related stress as some of the most challenging – and growing – occupational safety and health concerns. Over half of European workers report that stress is common in their workplace and 4 out of 10 consider that the issue is not handled well. To turn policy into reality, the European Agency for Safety and Health at Work in Bilbao develops practical tools to help companies assess and manage psychosocial risks. Similarly, our Communication focuses on how we can better raise awareness and carry out prevention measures.

Even though many initiatives and tools exist at national level, a lot still needs to be done, particularly at sectoral level. The social partners play an important role in this process. The European social partners for the construction industry, EFBWW (European Federation of Building and Wood Workers) and FIEC (European Construction Industry Federation) traditionally pay strong attention to occupational safety and health. I am very pleased to support this social dialogue project, which will

help us gain a better understanding of psychosocial risks in the construction industry and in turn enable us to better address the issue. Investing in healthy and safe workers is our moral duty, but it is also key to businesses' success. In a sector that represents nearly 9% of the European gross domestic product (GDP), almost 15 million workers and 3 million companies, it is also key to European competitiveness and innovation.

By facilitating the exchange of best practices and experiences between European Member States, this project will help to identify measures that truly help. Moreover, this project aims to provide practitioners at company level with a sector-specific guide. Such a focus on the practical needs in the workplace is very welcome in a sector where the vast majority of companies have less than 20 workers. By supporting projects like this one, the European Commission confirms its consistent commitment to encourage and promote pragmatic initiatives that can bring real benefit to European citizens, workers and companies.



MARIANNE THYSSEN

European Commissioner for Employment, Social Affairs,
Skills and Labour Mobility

INTRODUCTION

Policy framework

Mental health has been an issue of growing importance in the past decades, considering its wide socio-economic impacts. Being aware of the importance of psychosocial well-being at the workplace, the European Commission published in 2005 a Green Paper on the topic of “Improving the mental health of the population – Towards a strategy on mental health for the European Union” (COM [2005]0848). The issue was also highlighted in both Community strategies for occupational safety and health (OSH) at the workplace, one published in 2007 (COM [2007]62 final) and the “Strategic Framework” (COM [2014]332 final) published in 2014. In addition, a Resolution on Mental Health was adopted on 19 February 2009 by the European Parliament, which highlighted the topic further in its Resolutions on the last two Community OSH Strategies.

An additional sign for the increasing significance of the topic for the European decision-makers was the 2014-2015 campaign of the European Agency for Safety and Health at Work – EU-OSHA on the topic of “Healthy Workplaces Manage Stress”¹. With this campaign the agency attempted to define principal tools for increasing awareness of OSH-related workplace issues linked to mental health and stress at work.

A second campaign was carried out by EU-OSHA in 2016 – 2017 with relevance to occupational mental health on the topic of “Healthy Workplaces for All Ages”² with the general objective of promoting efforts towards safe and healthy conditions throughout working life.

¹ For further information, please see: <https://osha.europa.eu/en/tools-and-publications/publications/reports/healthy-workplaces-good-practice-awards-2014-2015/view>

² For further information, please see: <https://healthy-workplaces.eu/previous/all-ages-2016/en/news/year-in-review-campaign-highlights-from-2014>

The European social partners of the Construction industry – the European Federation of Building and Woodworkers (EFBWW) and the European Construction Industry Federation (FIEC) – were official campaign partners³ in both EU-OSHA campaigns.

The role of the social dialogue

A sound policy and legal framework become especially important considering that workers and employers are equally concerned and possible solutions for the promotion of occupational mental health can be identified only on the basis of collaboration and exchange with all stakeholders. The complexity of the issue and its implications for both workers and employers has ensured its place on the agenda of the European Social Partner organisations and other relevant institutions. In 2006 the cross-sectoral social dialogue (ETUC, Business Europe [UNICE], UEAPME and CEEP) had already agreed on an autonomous framework agreement on work-related stress.⁴

In January 2006, EFBWW and FIEC also agreed on a joint declaration on this topic. In order to define further action on the basis of a clear understanding of the specifics of mental health in the construction industry, EFBWW and FIEC completed a research report on “Stress in the European construction industry: up-to-the-minute?” published in 2004⁵. This study engaged the European social partners and their national affiliates, providing for a clear overview of the various ongoing processes at national level with relevance to psychosocial risks and mental health in the industry. The results were used to provide policy recommendations for national and European action.

Project “Mental health in the construction industry” – scope and relevance

The present report is a result of the research project carried out jointly by the European social partners of the construction industry, EFBWW and FIEC, and aiming to address the topic of occupational mental health from the sector-specific perspective of the construction industry, to improve the stakeholders’ understanding of the subject and to provide good examples. These examples should enable social partners to deal practically with the issue by focussing on aspects of work that are directly susceptible at company level i.e. work organisation. The research follows and builds upon ongoing

³ For further information, please see: <https://osha.europa.eu/en/tools-and-publications/publications/reports/healthy-workplaces-good-practice-awards-2014-2015>

⁴ For further information, please see: <https://www.buinessurope.eu/sites/buseur/files/media/imported/2007-00988-EN.pdf>

⁵ For further information, please see: J. Cremers, CLR Studies 3 (2004) Stress in the European construction industry: up-to-the-minute?

policy processes at European and national level and the previous work of the European social partners of the construction industry on the topic. In addition, the project incorporates guidelines for the evaluation and prevention of psychosocial risks in small enterprises in construction. The guidelines present existing concepts and best practices as well as a concept for an evaluation tool for companies' self-assessment of psychosocial risk factors.

The research focuses on the quality of work and especially on health conditions associated with different work processes. The underlying assumption is that, by allowing for a better understanding of the complex relations between work organisation and the driving factors behind increasing psychosocial risks at the workplace, it will be possible *to improve the quality of work* and to reduce such negative trends as *absenteeism and presenteeism*.

The research project aims to deepen understanding of mental health in the specific context of the construction industry and eventually formulate pathways for solutions that take into account the concrete reality of construction work *and trends within the various work processes and occupations*. Particular importance is given to the particularities of the construction industry that were taken into account, for example the high number of small enterprises, specific conditions with subcontracting, trends, working conditions, etc.

National reports from the *7 EU Member States of focus i.e. Denmark, Spain, Finland, Belgium, France, Poland and Austria*, served as the basis for the elaboration of this report and as a reference point in drawing up the conclusions, recommendations and evaluation guidelines for the sector.

In addition, this final report builds upon the results of the inquiry "Stress in the European construction industry", jointly carried out by EFBWW and FIEC in 2004 in collaboration with the European Institute of Construction Labour Research.

The research action is part of the social partners' work programme of the construction industry for 2016 – 2019 focussing, among other goals, on getting information about the expected changes in the future and ongoing activities in the construction industry with a view to stimulate other sectors.

Methodology and research objectives

The main objective of the research is to identify the implications of progressive changes in the construction industry and its framework conditions and their impact on the evolution of psychosocial risks in the industry, based on research at national level that takes into account general changes and national traditions or cultures. The main purpose is to ascertain how people involved deal with psychosocial issues in their practical activities.

National reports containing detailed information on national-level trends and practices from the 7 *EU Member States*⁶ in focus serve as the basis for the elaboration of the present report. Within the first phase of project implementation, national reports were developed by appointed national experts between November 2017 – April 2018, who carried out both desktop research and interviews with companies in the construction industry and relevant organisations and stakeholders operating in the respective country of interest.

The focus of each national report was on identifying anticipated future changes and developments in the construction industry and its framework conditions and their impact on the evolution of psychosocial risks in the construction industry at national level. To ensure comparability and the possibility to draw conclusions for the final report, each national report included the following research components:

1. An overview of labour market trends and developments with a potential positive or negative impact on occupational mental health in the construction industry e.g. digitalisation, new forms of employment, etc.
2. Existing legislation, social partner agreements, standards relevant to psychosocial risks in construction in the specific country, and, in addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.
3. Existing national concepts and definitions of relevance to occupational mental health in the construction industry and an assessment of the state of the art of occupational mental health in the sector.
4. Good practice examples and existing methodologies for risk assessment and prevention of psychosocial risks in construction, possibly including information on actual results – if measured and available.

In this respect, the national reports provide information on what concepts related to mental health are already present in legislation, regulation, collective agreements as well as existing alternative provisions for the introduction of measures addressing occupational mental health at company and site levels. They also aimed to describe the main mental health concepts used nationally and the extent to which these concepts are used (and used with success) in practice in the construction industry, as well as how companies (and clients) tend to organize work in order to improve the well-being of managers and workers.

Each national expert provided an overview of the nationally-specific situation within the four key research components outlined above, mapping factors of relevance to mental health at workplace level in the industry for the respective country.

In addition, it was also important to highlight the practical tools and measures construction companies have put in place in order to prevent and address mental health risks and how existing tools have been adapted and tailored to take into account the specificities of the industry.

⁶ Demark, Spain, Finland, Belgium, France, Poland and Austria

Definitions

Considering the large number of terms and definitions available currently with respect to mental health in a workplace context, the following key definitions were taken as a reference for this report:

OCCUPATIONAL MENTAL HEALTH: Work can affect well-being and may contribute to pressure and to the development of mental ill health through poor working conditions and work organisation issues. However conversely, employment can provide individuals with purpose, financial resources and a source of identity, which have been shown to promote increased positive mental well-being⁷.

WORK-RELATED STRESS: Pressure due to work demands, and other so-called 'stressors', becomes excessive and prolonged in relation to the perceived ability to cope⁸.

PSYCHOSOCIAL HAZARDS AND RISKS: Aspects of work design and the organisation and management of work, and their social and environmental context, which may have the potential to cause psychological or physical harm⁹.

PSYCHOSOCIAL RISK FACTORS: EU-OSHA considers the following factors to be of major importance in predetermining psychosocial risks at the workplace at individual level¹⁰:

Cooperation – between occupations and companies on construction sites.

Job content – lack of variety or short work cycles, fragmented or meaningless work, underuse of skills, high uncertainty;

Work overload & Workplace – work overload or underload, machine pacing, high levels of time pressure, continually subject to deadlines;

Control – low participation in decision making, lack of control over workload, pacing, etc.;

Work Schedule – shift working, night shifts, inflexible working schedules, and unpredictable, long or unsociable hours;

Environment & Equipment – Inadequate equipment availability, suitability or maintenance. Poor environmental conditions such as lack of space, poor lighting, excessive noise, etc.;

Role in the organisation – Role ambiguity, role conflict, and responsibility for people.

⁷ For further information, please see: https://oshwiki.eu/wiki/Mental_health_at_work

⁸ For further information, please see: https://oshwiki.eu/wiki/Work-related_stress:_Nature_and_management

⁹ For further information, please see: https://oshwiki.eu/wiki/psychosocial_risks_and_workers_health

¹⁰ Ibid.

Organisational culture & function – poor communication, low levels of support for problem solving and personal development, lack of definition or agreement on organisational objectives.

Qualification – underqualified or overqualified for the job.

Interpersonal relationships – Social or physical isolation, poor relationships with superiors, interpersonal conflicts, lack of social support.

Career development – career stagnation and uncertainty, under promotion or over promotion, poor pay, job insecurity, low social value at work.

Design of the workplace – constantly changing due to external and internal factors.

WELL-BEING AT THE WORKPLACE: A summative concept that characterizes the quality of working lives, including occupational safety and health (OSH) aspects. It may be a major determinant of productivity at the individual, enterprise and societal levels¹¹.

¹¹ For further information, please see: P. Schulte, H. Vainio (2010) Well-being at work – overview and perspective. *Scandinavian Journal of Work, Environment & Health* p.422.

OCCUPATIONAL MENTAL HEALTH

1. Legal and policy framework at European level

This section outlines the evolution of the policy framework with regard to occupational mental health and psychosocial risks and gives a brief overview of the main legislative and non-legislative instruments at European level.

OSH Framework Directive

In order to improve health and safety at the workplace, the European Commission adopted the *OSH Framework Directive on the introduction of measures to encourage improvements in the safety and health of workers at work – Directive 89/391 EEC*¹² in 1989, which establishes responsibilities, structures, and principles and methods for action. The Directive is currently accompanied by 23 additional, individual thematic Directives, which set up minimum health and safety standards for specific occupational risks.

The aim of the Directive is defined as to guarantee minimum standards of health and safety throughout Europe, while MSs are allowed to establish or maintain additional national measures. The OSH Framework Directive introduced changes in the term 'working environment' and took into account general prevention of ill-health and technical safety. It also obliges the employer to carry out a risk assessment that has to be comprehensive i.e. including also psychosocial risks. Following the provisions of the Directive, employers should enforce preventive measure for ensuring safer and healthier working environments for all workers. This Directive did not include any

¹² Directive 89/391 EEC is available here: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31989L0391&from=EN>

explicit provisions with reference to increased awareness of psychosocial risks or employees' mental health at workplace level.

On 10 January 2017, the European Commission presented a follow-up evaluation of the 24 EU OSH Directives, the REFIT Evaluation¹³ covering: the *Framework Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the occupational safety and health of workers* and the 23 specific Directives. The evaluation process was aimed at a wide evaluation in terms of the Directives' relevance, efficiency, effectiveness, coherence and EU added value¹⁴.

The conclusion of this evaluation was that the goal of the Framework Directive was achieved and it was generally fit for purpose. As part of this process, the European Commission launched a practical guidance document¹⁵ at the beginning of 2017 in order to comply with the training, preventative measures and obligatory risk assessment.

The revision of the Directive established quantitative targets and set priorities for action. By 2018 with the technical and financial support of the EU, national and sectoral partners should have reached the target of 150 published online interactive Risk Assessment (OiRA) tools, and have carried out 100,000 risk assessments with the tools.

The revision has also included provisions on action at national level that can be taken to increase occupational safety and health, also in the context of occupational mental health. These changes reflect and can be seen as the result of the overall increasing focus of the European Commission on the topic since the 1990s. In the context of the revision of the OSH Framework Directive, the EC foresees a publication on best practices in managing psychosocial and ergonomic risks and a publication on the further development of relevant principles for labour inspectors with regard to age-sensitive risk assessment.

EU Guidelines on risk assessment at work

Regarding the implementation of EU OSH Directives, DG Employment, Industrial Relations and Social Affairs (current DG Employment, Social Affairs and Inclusion) drafted *Guidelines on risk assessment at work*¹⁶ in 1996, intended as a tool to help and advise employers, workers, worker representatives, safety experts and other stakeholders

¹³ For further information, please see: 'The Regulatory Fitness and Performance Programme': https://ec.europa.eu/info/sites/info/files/regulatory-fitness-and-performance-programme-refit-scoreboard-summary_en_3.pdf

¹⁴ For further information, please see: Work Programme of the Commission, REFIT Scoreboard 2016, Chapter: Initiatives in the area of Employment, Social Affairs and Inclusion, p. 349. The complete working document and the accompanying Communication can be found here: https://eur-lex.europa.eu/resource.html?uri=cellar:d2b78384-9b80-11e6-868c-01aa75ed71a1.0001.02/DOC_2&format=PDF

¹⁵ For further information, please see: SWD (2017)9 – Health and Safety at Work is Everybody's Business – A practical guidance for employers: <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX:52017SC0009>

¹⁶ The guidelines are available here: <https://osha.europa.eu/en/legislation/guidelines/guidance-on-risk-assessment-at-work>

who deal with the preparation of risk assessments at workplace level. This is addressed to Member States in order to support them in advising employers, workers and other stakeholders in the practical aspects of implementing the EU OSH Framework Directive 89/391/EEC. The guidelines describe the strategies for identification of hazards and control of the risks, based on the participation and consultation of all stakeholders, including, especially, workers and their representatives.

At this relatively early stage of policy development, the Guidelines include only general provisions on risk management and are focused primarily on approaches to risk assessment. One of the good aspects of the Guidelines is the fact that they do take into account concrete challenges for smaller and micro companies to implement adequate risk assessment practices due to lack of available resources. The document provides broad definitions of the concepts of hazard, risks and the purpose of risk assessment and risk reduction measures. It already includes a reference to stress at work in the risk assessment process, taking into consideration the different psychological, social or physical factors that could have negative implications and how they interact with each other and with other organisational factors (Guidelines, page 16). According to EU – OSHA, even though the guidelines were published in 1996, their general provisions are still up-to-date and in line with current good practice. However, they do not take into account the transposition acts of the Framework Directive made by the Member States.



“The European Union, alongside national authorities, is responsible for matters related to occupational health and safety. The EU should enhance its efforts to efficiently protect workers with a view to fully harmonising national laws while specifically drawing attention to psychosocial risks.”



CLAUDE ROLIN

Member of the European Parliament,
Vice-President of the *EMPL Committee*, *EPP*,
Belgium

A concrete *Interpretative Document on the Implementation of OSH Framework Directive 89/391/EEC on Safety and Health at Work*¹⁷ in relation to Mental Health in the Workplace was published later on in 2014, reflecting debate at European level and the increasing importance of the topic of occupational mental health. The elaboration of documents is based on the findings of the preliminary report «*Evaluation of policy and practice to promote mental health in the workplace in Europe*»¹⁸, which analysed the situation in the EU MSs on existing practice for addressing mental health in the workplace. The general purpose of the Interpretative Document is to reaffirm the fact that the OSH Framework Directive could be also applied in the context of occupational mental health. It aims to serve as a guide in the implementation and promotion of mental health for both employers and workers. The Interpretative Document defines key terms and definitions in the context of mental health and management to explain the legal context as well as risk management practices, employers' obligations and good practices.

Framework Agreement on work-related stress

In 2002, the European Commission launched a Public Consultation, addressed to social partners on its initiative to ensure a minimum level of protection against work-related stress. The purpose of this initiative was harmonization of the different pieces of legislation and guidelines among Member States.

The outcome of the Consultation was the *Framework Agreement on Work-related Stress*¹⁹ signed by the European cross-industry social partners and concluded as an autonomous agreement in October 2004 under Art. 154-155 of the TFEU²⁰. The Agreement aimed to increase awareness and understanding at European and national level and to provide employers and workers with the tools to identify, manage and prevent work-related stress through an action-oriented framework.

The agreement does not constitute a legal instrument but an autonomous agreement, which has to be implemented by the signatory states according to their procedures and practices. The agreement has been implemented through national collective agreements, recommendations, guidance and complementary activities taken by the national social partners.

¹⁷ The document is available here: <https://osha.europa.eu/en/legislation/guidelines/interpretative-document-implementation-council-directive-89391eec-relation>

¹⁸ The final report is available here: <https://osha.europa.eu/en/legislation/guidelines/interpretative-document-implementation-council-directive-89391eec-relation>

¹⁹ The Agreement is available here: [http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC\(2011\)0241_EN.pdf](http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC(2011)0241_EN.pdf)

²⁰ UNICE, European Center of employers and Enterprises providing public Services (CEEP), the European Association of Craft, Small and Medium-sized Enterprises (UEAPME) on the employers' side and the European Trade Union Confederation (ETUC) and the Liaison Committee Eurocadres on the employees' side.

The implementation of the framework was carried out within three years of its signing and the signatory parties reported on the implementation of the agreement to the Social Dialogue Committee.

At the beginning of 2011, the European Commission published the *Report on the implementation of the European social partners' Framework Agreement on Work-related Stress*²¹. This report provides an overview of how the Agreement was implemented by the social partners at national level and its added value as a policy instrument, and reviews to what extent it has a positive effect on workers' protection from occupational psychosocial risks. In addition, it outlines gaps in the current policy framework at national level and persisting limitations in employees' protection.

According to the report the Agreement has fostered the common understanding that work-related stress is a structural problem, closely linked to organisational aspects,

TABLE 1
RESULTS OF THE IMPLEMENTATION
OF THE FRAMEWORK AGREEMENT
ON WORK-RELATED STRESS ²²

SOCIAL PARTNERS' INVOLVEMENT INSTRUMENT	Substantial joint efforts of social partners	Moderate or unilateral efforts of social partners	Limited initiatives of social partners	No initiatives of social partners so far
National collective agreement or social partner action based on explicit legal framework	NL, FI, SE, BE, DK, UK ³ , FR ⁴ , ICE, NO	IT	EL, RO	
Non-binding instrument based on general legal provisions	ES (agreement) LU, AT (recommendations)	IE (recommendations) CZ, DE ²		
Mainly legislation	LV	HU ¹ , SK ¹ (SP initiated) PT ¹		LT ¹ , BG, EE
No action reported or declaration with limited follow-up			CY ⁵ , PL SI	MT

Notes: Situation in early 2010. This overview necessarily simplifies differences within categories.

¹ Regulation following European Framework Agreement

² Joint action indirectly through statutory self-governed accident insurance bodies that have a preventive mission

³ Recognised as occupational health risk in common law

⁴ National agreement, persistent problems at company level led to government intervention

⁵ Formal, joint recognition of pertinence of the general legal framework

²¹ Available here: [http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC\(2011\)0241_EN.pdf](http://www.europarl.europa.eu/registre/docs_autres_institutions/commission_europeenne/sec/2011/0241/COM_SEC(2011)0241_EN.pdf)

²² Source: European Commission (2014) Final Report on Evaluation of policy and practice to promote mental health in the workplace in Europe, page 106.

and has substantially improved the level of awareness for both employers and employees.

In 7 Member States – Belgium, Latvia, Lithuania, Hungary, Portugal, Slovakia, Italy the Agreement was followed by direct amendments to the regulatory framework. In that context, in 2010 the total number of countries that had developed a legal framework addressing psychosocial risks or stress at work reached 14 (Framework Agreement, page 2). The Agreement was also followed by binding national collective agreements in 5 Member States, namely Denmark, Greece, France, Italy and Romania. Table 1 summarizes the state of play at national level after the implementation of the Framework Agreement.

In order to further support the work at national level, the European Commission published a *Green Paper on Improving the Mental Health of the Population – Towards A Strategy on Mental Health for the European Union*²³, which was launched on 14th October 2005. Its priorities are defined as the promotion of mental health, outlining major mental health diseases and improving the quality of life of people with mental health disorders or any other disability. The Green Paper seeks to promote a debate at European level, engaging European decision-makers, national Governments, public health professionals and all relevant stakeholders, on establishing a strategy concerning mental health and priority actions for its effective consideration at a policy level.

Further to this, recognizing the increasing importance of the topic, the European Parliament adopted a *Resolution on Mental Health*²⁴ at the beginning of 2009, establishing mental health and occupational well-being for priority action. The necessary steps for addressing the problem were defined through the cooperation between MSs, EU and national/ local institutions as well as the social partners. The Resolution outlines action in five priority areas, namely:

- Prevention of depression and suicide
- Youth and education
- Workplace
- Old people
- Combating stigma and social exclusion

The Resolution considers mental health in general terms, without focusing on the workplace aspect. However, it highlights the significant disparities between the EU MSs in the context of mental health, especially considering treatment and social integration aspects (Resolution, page 3), for further policy action. The Resolution of the Commission stresses the importance of keeping the proposal and initiative for a multidimensional European Strategy on Mental Health and Well-being as a long-term objective, as stated in the Green Paper of the European Commission from 2005 referred to above.

²³ The document is available here: https://ec.europa.eu/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

²⁴ EP Resolution of 19 February 2009 on Mental Health (2008/2209(INI)), available here: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//NONSGML+TA+P6-TA-2009-0063+0+DOC+PDF+Vo//EN>

Community action programmes and strategies on health and safety at work

Mental health in a workplace context has been addressed at European level within the general policy framework of OSH. In order to ensure a consistent and structured approach, the European Commission has been developing long-term strategies since 2000. The European Strategy on Health and Safety at Work for 2007-2012 included concrete provisions on mental health at the workplace as well as provisions on monitoring tools. In 2014, the European Commission adopted the following 7-year EU Strategic Framework on Health and Safety at Work 2014-2020²⁵. The Framework defines the current approach of the European Commission towards occupational health and safety, including provisions for mental health at the workplace that are consequently translated into national level action to be implemented with the active collaboration of national authorities and social partners. Mental health is outlined as a specific challenge, resulting as part of the impact of changes in work organisation (EU Strategic Framework, page 6). Regarding the implementation of the Strategic Framework, EU-OSHA is tasked to identify and disseminate good practice examples on protecting mental health at work throughout 2014 – 2020 (page 10), including in the context of active and healthy ageing.

2. Main concepts and context

In order to be able to analyse the state of play in terms of sectoral developments related to occupational mental health in the construction industry, the section below provides for an overview of the main terms and definitions that will be referred to in the following chapters. It aims to provide for a clear understanding on the context of mental health and mental health promotion from a general perspective.

According to the World Health Organisation (WHO) and the Ottawa Charter for Health promotion (1986) *health* is defined as: "...a state of complete physical and *mental* well-being and not merely the absence of disease or infirmity"²⁶. The general definition of *mental health* most commonly used is defined by the WHO as "a state of well-being in which every individual realizes his or her own potential, can cope with

²⁵ European Commission (2014) Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on an EU Strategic Framework on Health and Safety at Work 2014-2020 available here: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52014DC0332>

²⁶ WHO (2001) Strengthening mental health promotion, (Fact sheet no. 220) here: <https://mindyourmindproject.org/wp-content/uploads/2014/11/WHO-Statement-on-Mental-Health-Promotion.pdf> and also here: <http://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”²⁷.

As shown by the definitions, three areas are interconnected within the concept of health: physical, mental and social health. The relationship between *psychosocial risks and health* can be considered as obvious in general terms. According to EU-OSHA’s 2018 Report on the *Management of psychosocial risks in European workplaces*²⁸, unaddressed psychosocial risks and stress lead at an individual level to a deterioration in mental health and depression and can have physical implications, such as cardiovascular diseases, etc., with implications at company level, including a decrease in productivity and an increase in costs.

The definition given by EU-OSHA on *occupational psychosocial risks* is that “they are linked to the way work is designed, organized and managed, as well as to the economic and social context of work”. Unaddressed occupational psychosocial risks can potentially result in an “increased level of stress and can lead to a serious deterioration in mental and physical health”²⁹. A similar definition is given by the International Labour Organisation (ILO), which defines PSYCHOSOCIAL HAZARDS as “an integral element in the stress process in terms of the interaction between job content, work organisation, work management and environmental conditions, on the one hand, and employees’ competencies and needs on the other”³⁰. In turn, *psychosocial risk management* will be considered as in the EU-OSHA definition as “the number of procedures and measures in place to deal with psychosocial risks”³¹.

Working conditions can be a major factor influencing individual mental health. In the context of the present research, WORKING CONDITIONS are considered as defined by the interaction between *workplace, the job specifics, the company and the individual (EU-OSHA)*. Measuring and addressing unhealthy working conditions and unsafe practices at workplace level is a challenge because of the complexity and diversity of the drivers of occupational ill-health and its risk factors. As in the definition of EU-OSHA (*see section on Definitions*), risk factors can be individual, social or related to the work environment.

²⁷ Ibid.

²⁸ For further information, please see: EU-OSHA (2018), Management of psychosocial risks in European workplaces – evidence from the second European survey of enterprises on new emerging risks, p.4 here: <https://osha.europa.eu/en/tools-and-publications/publications/management-psychosocial-risks-european-workplaces-evidence/view>

²⁹ For further information, please see: EU-OSHA, Psychosocial risks in Europe Prevalence and strategies for prevention (2014), p.14, <https://osha.europa.eu/en/tools-and-publications/publications/reports/psychosocial-risks-eu-prevalence-strategies-prevention>

³⁰ For further information, please see: ILO, 1986 here: https://www.ilo.org/safework/areasofwork/workplace-health-promotion-and-well-being/WCMS_108557/lang--en/index.htm

³¹ EU-OSHA (2018), Management of psychosocial risks in European workplaces – evidence from the second European survey of enterprises on new emerging risks, p.5 here: <https://osha.europa.eu/en/tools-and-publications/publications/management-psychosocial-risks-european-workplaces-evidence/view>

The direct result of unaddressed psychosocial risks at the workplace is increased stress or other negative effects of mental strain (ISO EN 10075-1:2018). Following the definition of EU-OSHA (*see section on Definitions*) stress occurs when there is an imbalance between demands placed and the responses by workers according to their capabilities. This could lead respectively to ABSENTEEISM, *defined as temporary, extended or permanent incapacity for work as a result of sickness or infirmity*³² and PRESENTEEISM, which occurs when workers go to work when ill and are unable to perform effectively due to their ill health³³.

Regarding these concepts, EN ISO 10075-1 should be considered in order to standardize terms dealing with mental health at the workplace. According to the concept laid down in the standards, “mental stress must be assessed and influenced by work design measures, in such a way that it does not cause any effects which impair safety and/or health”³⁴. Thus, specific working conditions should be examined to identify factors influencing mental stress.

In the past decade mental ill-health has become one of the leading causes of work-related disabilities and early retirement in Europe. There is a clear economic dimension to these numbers; mental health disorders cost the European Union approximately 240 billion euros per year³⁵, of which €136 billion/per year is the cost of reduced productivity, including absenteeism, and €104 billion/per year direct costs such as medical treatment³⁶. A study by Matrix (2013) estimated the cost of work-related depression for the EU MSs as €620 billion per year³⁷.

According to recent estimates of EU-OSHA (2017), 25% of European citizens will experience a mental health problem in their lifetime and for approximately 10% long-term health problems and disabilities can be linked to mental and psychiatric disorders³⁸.

In some high-income countries, up to 40% of disabilities can be attributed to mental disorders, which makes them the main cause of disability at a global level. In the WHO European area, depression alone accounts for 13.7% of the disabilities diagnosed in workers, alcohol disorders are ranked second at 6.2%, and schizophrenia and bipolar disorders, less common but often lasting many years, rank numbers 11 and

³² European Foundation for the Improvement of Living and Working Conditions (1997), Preventing Absenteeism at the Workplace, p.11

³³ EU-OSHA (OSHWIKI) here: https://oshwiki.eu/wiki/Presenteeism:_An_overview

³⁴ F. Nachreiner, W. Schultetus: Standardization in the field of mental stress – the DIN EN ISO series Standard. 2002

³⁵ EU-OSHA – European Agency for Safety and Health at Work (2014). Calculating the costs of work-related stress and psychosocial risks – A literature review.

³⁶ For further information, see: S. Leka, A. Jain (2017) EU Compass for Action on Mental Health and Well-being – Mental health in the Workplace in Europe. p.14 here: https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplace_en.pdf

³⁷ European Commission, Economic analysis of workplace mental health promotion and mental disorder prevention programmes and of their potential contribution to EU health, social and economic policy objectives (2013) p-60 available here: https://ec.europa.eu/health/sites/health/files/mental_health/docs/matrix_economic_analysis_mh_promotion_en.pdf

³⁸ For further information please see: EU-OSHA (2017) World Mental Health Day turns spotlight on the workplace.

12 respectively at just over 2% each³⁹. These figures explain why mental health is a matter of rising concern for policy-makers.

The prevalence of work-related stress indicated in previous reports differs depending on the social context, even when working conditions are defined as *similar*. It has been proven in practice that the social and cultural context of each country should be also taken into consideration when well-being at the workplace is being analysed, adding another level of complexity in comparing and addressing the situation at European level. In addition, the importance given by employers to effectively addressing psychosocial risk at the workplace also differs to a great extent between countries. Commitment to OSH in general has been considered as the strongest factor and the main driver of adequate psychosocial risk management⁴⁰.

Challenges in addressing mental health and psychosocial risks in a workplace context

As already established in the previous section, psychosocial risks and work-related stress are growing rapidly. Such individual perceptions as lack of recognition, reward, influence and sense of control over working time and tasks, together with an over burdensome work-load and inefficient work organisation and/or culture, lead to this accelerating increase in psychosocial health problems. The fact that mental health is defined by a multitude of factors linked to the personal, professional and societal environment makes the challenge of addressing its risk factors at workplace level especially difficult. Several factors that serve as drivers and barriers towards the effective management of psychosocial risks are defined in the following sections.

The *stigmatization*, present to a different extent at national level, attached to mental health disorder impedes effective responses and is the main reason why people are not willing to talk about it and seek solutions; the so-called *treatment gap* results in only one quarter of those affected in Europe getting any treatment at all, and just 10% receive care that could be described as adequate⁴¹. This in turn impedes the actual perception of the magnitude of the issue and the process of defining effective measures for tackling it. Due to the persistent lack of information and the diversity of approaches at national level, it remains difficult to gather comparable data, to take account of available measures and to estimate and compare their effectiveness.

³⁹ For further information, please see: A. Baumann, M. Muijen, W. Gaebel (2010) Mental health and well-being at the workplace – protection and inclusion in challenging times, p.2 here: http://www.euro.who.int/__data/assets/pdf_file/0018/124047/e94345.pdf?ua=1

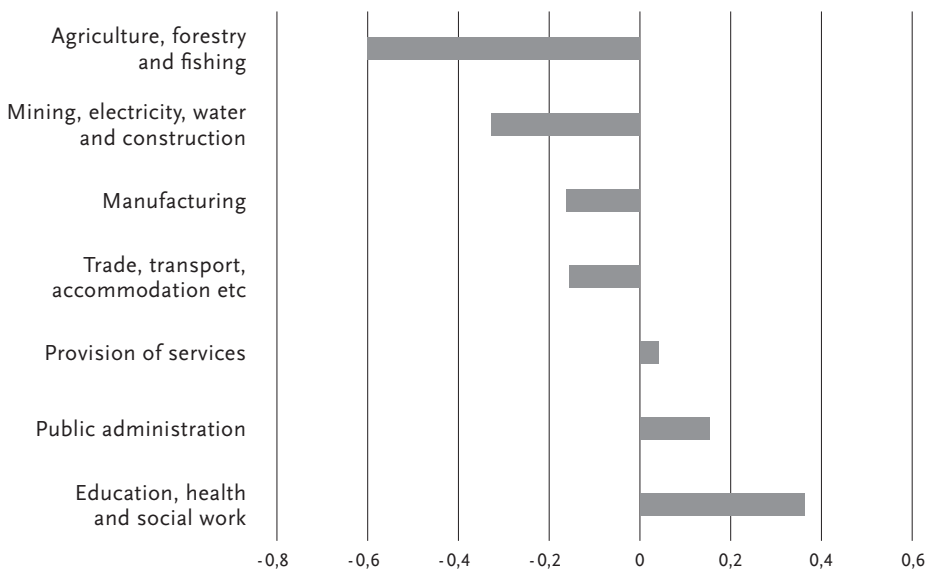
⁴⁰ EU-OSHA (2018), Management of psychosocial risks in European workplaces – evidence from the second European survey of enterprises on new emerging risks, p.5 here: <https://osha.europa.eu/en/tools-and-publications/publications/management-psychosocial-risks-european-workplaces-evidence/view>

⁴¹ The Economist Intelligent Unit (2014) Mental Health and integration provision for supporting people with mental illness: A comparison of 30 European countries p.4 here: https://eiuperspectives.economist.com/sites/default/files/Mental_health_and_integration.pdf

It has to be taken into account that a general approach to occupational mental health could also be difficult to operationalise due to different factors, drivers, tools and measures available for each occupational area. There is a strong correlation between certain sector-specific activities and the prevalence of psychosocial risks reported⁴², meaning that psychosocial risks have in general a *strong sectoral dimension*. Based on data collected in the ESENER-2 survey (Figure 1 below), the sectors with the highest prevalence of psychosocial risk factors are education and healthcare. According to the same data of EU-OSHA, companies in the construction industry, together with mining, manufacturing and agriculture, have less established practices for managing psychosocial risk⁴³. At the same time, the survey results indicate that the sectors in which psychosocial risks are taken into account to a larger extent are again the healthcare, education and financial sectors.

An important factor that could be a driver or a barrier to effective psychosocial risk managements at the workplace is the level of *awareness at management level and/or among staff*⁴⁴. According to the latest European survey of enterprises on new and

FIGURE 1:
PREVALENCE OF PSYCHOSOCIAL RISK MANAGEMENT
FOR DIFFERENT TYPES OF INDUSTRY



⁴² EU-OSHA (2018), Management of psychosocial risks in European workplaces – evidence from the second European survey of enterprises on new emerging risks, p.4 here: <https://osha.europa.eu/en/tools-and-publications/publications/management-psychosocial-risks-european-workplaces-evidence/view>

⁴³ Ibid., p.40 and Figure 1

⁴⁴ Ibid., p.6

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“In order to tackle poor mental health in the workplace, Mental Health Europe (MHE) recommends involving workers in the development and implementation of practices as a key success factor. Worker participation allows for their empowerment, while also fostering a culture of openness where mental health is a topic of conversation. It will also result in suitable practices that address workers’ needs, as they have been developed with workers’ cooperation and input.”



CLAUDIA MARINETTI
Director of *Mental Health Europe*, Belgium

emerging risks (ESENER-2) conducted by EU-OSHA in 2018, commitment at managerial level to OSH in general can be identified as the strongest driver of psychosocial risk management⁴⁵. In a workplace context, addressing psychosocial risks and implementing the available tools and strategies requires *substantial resources*, which are not always at the disposal of smaller organisations. Large organisations (more than 250 employees) are better able to allocate resources towards prevention and awareness of occupational safety and health at work (of which occupational mental health is an integral part) and are also more aware of the positive effects of carrying out risk assessments in terms of higher job satisfaction, productivity and quality of work, than are SMEs⁴⁶. An additional relevant factor here is the overall economic situation in which the company operates; lower GDP per capita indicates a poor economic situation in the country as a whole and could be linked to less resources and less initiative available for OSH practices in general⁴⁷.

In terms of concrete barriers to psychosocial risk management at organisational level, EU-OSHA identifies four specific factors, based on the ESENER-2 Survey from 2018, supplemented with data on the national context (i.e. cultural dimensions, gross domestic product (GDP) per capita, and national initiatives with regard to safety and

⁴⁵ Ibid., p.5

⁴⁶ Ibid., p.43

⁴⁷ Ibid., p.6

health), in particular with regard to psychosocial risks⁴⁸. Following the survey results, the four factors are defined as:

- 1) Lack of expertise or specialist support
- 2) Lack of awareness among staff
- 3) Lack of money
- 4) Lack of time or staff

Current global trends have major implications for the European labour market and there are a number that affect labour relationships in all their aspects. Such demographic trends as increasing average age of the population are introducing new challenges to adapt working places to the changing workforce. Another relevant factor is the progressively increasing mobility of workers in certain industries, notably the construction industry, which is as well part of the broader globalization trend of new business models and forms of employment. These trends are the focus of the following chapter and are reviewed in the specific context of the construction industry.

⁴⁸ Ibid., p.6

OCCUPATIONAL MENTAL HEALTH IN THE CONSTRUCTION INDUSTRY

The evolving current trends and recent changes that affect the European labour market relate also to many aspects of the psychosocial work environment at company level. This chapter aims to introduce the main trends of relevance in the context of the construction industry and the specifics of the psychosocial risks that characterise its working environment.

1. Overview

According to the European Construction Industry Federation (FIEC)⁴⁹, the construction industry is one of the *largest industrial sectors* in Europe. It provides around 14.5 million direct jobs and accounted for 8.9% of the EU's total GDP in 2017. It is mainly composed of small and medium-sized enterprises (SMEs), with 95% of companies employing less than 20 workers⁵⁰.

The sector has been affected to a great extent by the last *economic crisis*. Structural changes still remain across Member States following the economic slowdown, but overall the construction industry has experienced a gradual recovery since 2008. In the context of the construction industry, the post-crisis labour market is defined by a major *decrease in overall activity in various MSs and skills mismatches*, indicating a gap between job requirements and the level of qualification of workers, especially young workers, and also the erosion of primary vocational education. According to a

⁴⁹ FIEC, "Key figures – Activity 2017 – Construction in Europe"

⁵⁰ For further information, please see: *Non-binding guide to good practice for understanding and implementing Directive 92/57/EEC* available here: <http://www.mrms.hr/wp-content/uploads/2013/03/non-binding-guide-for-construction-sites.pdf>

report of the European Construction Sector Observatory⁵¹ from 2017, the construction industry in Europe is defined by one of the highest levels of over-qualification of workers, with “about one third of workers being overqualified for the job they do”⁵².

Higher rates of *labour mobility* imply major changes in the construction industry and its working environment. According to a report on the posting of workers from the European Commission⁵³, the construction industry is the most important target sector for the posting of workers. This trend towards greater mobility of workers implies “specialisation of lower wage countries in the provision of labour-intensive services to higher wage countries”⁵⁴ resulting in the construction industry increasing concerns about unfair competition, fraudulent behaviour, undeclared work, etc.

The *ageing of the workforce in the construction industry* has been a progressively developing issue over the past decade as the average age of construction workers has been steadily increasing, impeding in some cases the integration of new skills⁵⁵.

In the same context, the *trend towards digitalisation* (common for all sectors) has been especially noticeable with new emerging tools based on information and communication technology⁵⁶ and the construction and retrofitting of energy efficient buildings. The large scale application of Building Information Modelling (BIM), automation, etc. has the potential to increase the efficiency and cost-effectiveness of the construction process in a major way and also implies the development of new competences and skills that will have an impact on the construction industry and its workforce. These developments imply a specific environmental context for occupational mental health in the construction industry, defined below by a number of characteristics.

According to EU-OSHA, the construction industry has relatively *few procedures and measures to deal with psychosocial risks*⁵⁷ because, amongst other reasons, attention has focused elsewhere on important factors of risk, such as, for example, falling from heights, construction machines, etc. One explanation for this neglect could be that, since there are many small companies in the sector, few resources are available to implement psychosocial risk management practices locally, independent of the national context. The report concludes that although progress has been made over the years in relation to achieve more healthy and safe working conditions, much still remains to be done, including in terms of raising awareness.

⁵¹ European Construction Sector Observatory (April 2017) *Improving the human capital basis*, available here: <https://ec.europa.eu/docsroom/documents/24261>

⁵² *Ibid.*, p.4

⁵³ European Commission 2016, Impact Assessment, p. 34, here: [http://www.europarl.europa.eu/RegData/etudes/STUD/2016/579001/IPO_STU\(2016\)579001_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2016/579001/IPO_STU(2016)579001_EN.pdf)

⁵⁴ *Ibid.*, p.17

⁵⁵ European Construction Sector Observatory (April 2017) *Improving the human capital basis*, p.4 here: <https://ec.europa.eu/docsroom/documents/24261>

⁵⁶ For further information, please see: R. Berger (2016) *Digitalisation in the Construction Industry – Building Europe’s road to Construction 4.0*. p.3

⁵⁷ For further information, please see: EU-OSHA, (2010) A healthy workforce is key to a sustainable economic recovery, EU-OSHA (2016) Annual Report here: <https://osha.europa.eu/en/tools-and-publications/publications/annual-report-2016/view>

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Employee participation in assessments of psychosocial stress is vital because it encourages trust and acceptance of any action taken and, above all, familiarises workers with work processes and the situation at work. They are consequently experts in their own field and know things that outsiders may not even notice. Moreover, they do not automatically think of the economic cost and so can think outside the box, moving beyond the usual (preventive) framework.”



REINER HAUPTVOGEL,

Chair of the Works Council and Safety Expert at *Ed. Züblin AG*, Germany

Construction companies tend to outsource the supply of goods and services required for construction projects⁵⁸. The *complex organisation of work* with the engagement of multiple stakeholders is therefore a key aspect of the industry. As a result, all countries have developed specific employment regulations, applied at national and regional level, many of which have, in practice, been further developed at site level⁵⁹. Another characteristic feature of the industry is the tight deadlines imposed by the client, which do not always allow for an adequate level of coordination on site, as required by European legislation (Directive 92/57/EC). As a consequence, subcontracting is necessary in most cases, which might mean that coordination challenges arise.

The *nature of employment* in the construction industry is also a major factor in the context of psychosocial risks. During the period 2008-2015, there was a substantial drop in full time employment contracts, which decreased by 21 % on average in the EU⁶⁰ together with an even stronger decrease, by 34 %, in temporary employment. During the same period, a marginal increase in part time employment occurred – by around 6 % on average or from 1.14 to 1.21 million workers for EU 28 (European Construction Sector Observatory, 2017, page 16). These trends have substantial implications for the job satisfaction and income security of workers.

⁵⁸ International Labour Organisation (ILO) (n.d). Construction industry here: <https://www.ilo.org/global/industries-and-sectors/construction/lang-en/index.htm>

⁵⁹ For further information please see: J. Cremers (2004) CLR Studies 3, Stress in the European construction industry: up-to-the-minute? p.94

⁶⁰ European Construction Sector Observatory (April 2017) *Improving the human capital basis*, p.16 here: <https://ec.europa.eu/docsroom/documents/24261>

Occupational health and safety is of major importance in construction due to its risky working conditions. According to Eurostat data, despite the significant decreasing trend over the last 15 years, in 2015 more than one fifth of all fatal accidents at work in the EU-28 took place within the construction industry⁶¹. In 2015 within the EU-28, the construction, transportation and storage, manufacturing, and agriculture, forestry and fishing sectors together accounted for two thirds (67.2%) of all fatal accidents at work and almost half (44.9%) of all non-fatal accidents at work.

Long working hours is another common factor in the construction industry in some countries, amongst others when workers are far from home. Allocating a sufficient number of workers and resources for each project is key to enabling an efficient work process and decreasing pressure on workers. Long working hours are also linked to the need for workers to travel to site; in many cases, this can add between 2 and 4 hours a day to their official working time.

Initiatives of the social partners

The European social partners of the Construction industry have worked extensively on occupational health and safety at the workplace. *EFBWW and FIEC issued a joint statement on the prevention of occupational stress in the construction industry in 2004*⁶², demanding that a positive policy should be developed to prevent, reduce and combat stress-related problems if and when they occur, once the reasons of work-related stress and its effects have been determined and analysed .

In addition, *EFBWW and FIEC signed a joint recommendation on the prevention of work-related Stress in 2006*⁶³, which focused on the particularities of the construction industry and underlined the point that tackling stress at work can lead to greater work efficiency and improved occupational health and safety. It also recommended to EFBWW and FIEC member federations at national level to jointly formulate a positive policy to prevent, reduce and combat work-related stress, in line with the Framework Agreement on work-related stress signed by the European cross-sectoral Social Partners UNICE/UAPME, ETUC and CEEP in October 2004 (see section on *Legal and Policy Framework at European level*).

⁶¹ For further information, please see Eurostat Statistics (2015) here: http://ec.europa.eu/eurostat/statistics-explained/index.php/Accidents_at_work_statistics

⁶² For further information, please see the preview document here: <http://www.fiec.eu/en/cust/documentview.aspx?UID=503e1bc6-c5c5-4d33-9014-156b8f36917e>

⁶³ For further information, please see the preview document here: <http://www.fiec.eu/en/cust/documentview.aspx?UID=b9c5b7ac-7008-4c70-bdcb-9046551c31d3>

CHAPTER 3

NATIONAL REPORTS – STATE OF PLAY

The section below provides summaries of seven national reports (Finland, Spain, Belgium, Poland, France, Denmark and Austria) developed by appointed national experts, who carried out both desk-research and interviews with companies in the construction industry and with relevant organisations and stakeholders from each respective country.

The focus of each report is on identifying changes in the construction industry and its framework conditions and their impact on the evolution of psychosocial risks in construction at national level.

In this respect, the national reports provide valuable information on what concepts are already present in legislation, regulation, collective agreements and existing alternative provisions for the introduction of measures addressing occupational mental health at company and site levels. They also aim to explain what main mental health concepts are used nationally and to what extent these are applied (and with success) in practice in the construction industry.

AUSTRIA

1. **Changing conditions – labour market trends and developments with potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

- 1.1 **What has changed in the sector in recent years?**

Austrian experts see the main changes in the past years in terms of the labour market, the economy and digitalisation.

The labour market

After a decrease (2014-2015), employment in construction began to rise again by September 2017. From 2008 to 2016, the number of foreign employees in Austria's construction industry increased by nearly one third to represent 25% of the workforce. Since 2011, the number of new companies formed decreased to below 1,500 per year.

Digitalisation and technological changes

In recent years, Building Information Modelling (BIM) has been implemented in several companies, whilst in industrial production, the digital transformation is slowly progressing. There have also been various changes on construction sites with the introduction of new technologies. Most of the new working methods have had a positive impact on the physical working conditions.

- 1.2 **What future changes do you expect in the coming years regarding construction work itself and its external parameters that might possibly impact on occupational mental health?**

Most people expect no change or just very slow change in Austria's construction industry, whilst half of the interview partners talked about digitalisation in various ways:

- Digital documentation with tablet computers or laptops on the construction site
- Digitalisation in the office
- BIM and crowd-working
- Changes in tasks due to digitalisation and 3D-printing
- Robots on construction site
- GPS-solutions in roadworks

- E-Learning-solutions for occupational safety and health (OSH) instructions
- “Addiction” of younger workers to mobile phones

The possible impacts on occupational mental health are an increase in psychological diseases because of blurred boundaries between work and free time, the concentration of work, flexibility of work and mobile working.

With the trend towards the use of BIM, more and more crowd-workers could enter the Austrian construction industry. There is also the fear that with the sharing of information the number of false self-employed people might also rise. In addition, experts expect more prefabrication, ongoing internationalisation, 3D-concrete-printing to be a reality nationwide in Austria in 5 to 10 years, and changing work content and generational priorities. These changes could impact on work organisation, mobility, work distribution, price competition, the labour market, time pressure and responsibilities.

1.3 What new forms of employment are present and to what extent (flexible working conditions, on-call work and zero-hour contracts, etc.)? What are existing trends? What is the impact of new forms of employment?

Subcontracts, false self-employment and working internationally are the three main topics brought up by the Austrian experts. With many subcontractors, tax fraud is hard to prevent and correct payment to workers difficult to sue for. Some experts warn against false self-employment. Workers who work officially independent often come from low-wage countries.

Because of Austria’s geographical position, the large number of neighbouring states and EU labour market regulations, some experts report increased immigration of construction workers. Moreover, there are thousands of employees working part-time or even marginally employed in construction work today.

- 2. Existing national concepts and definitions of relevance to occupational mental health in the construction industry.**
- 2.1 What is the message of national-level studies, guides and tools already existing on mental health and prevention in the construction industry?**

There are two main guides for mental health in the construction industry, published by the Austrian Economic Chambers. They explain the legal framework, definitions and process to assess psychosocial risks at work. They also contain examples of stress factors and measures.

National-level studies on mental health

The results of the ‘Work climate index’, a large survey published four times per year since 1997, show that construction workers feel more stressed than in other jobs with regard to factors such as the risk of accident and injury, constant pressure of work without time to breathe, and time pressure.

The study ‘Mental stress at work and its consequences’, published in 2012, stated that one third of all employed men and one quarter of all employed women are experiencing mental stress.

2.2 What elements and aspects of the working conditions can be defined as negative or positive factors for mental health and well-being?

The interview partners named the following psychosocial risks that they see as specific for the construction industry:

- Work environment (equipment, weather, mobile work, acoustic, visual and space)
- Task requirements and activities (work load, interactions, monotony, early retirement, increased qualification, paper work and documentation)
- Work processes and organisation (working hours, new forms of employment, work organisation and work preparation, changing working conditions, interruptions)
- Social and occupational climate (within the team on the construction site, within the company, interaction with customers, often small company sizes, discrimination, lack of feedback, support and information)

2.3 How do you experience the mental health situation in construction in your country?

Assessment of psychosocial risks

The number of companies having completed the psychosocial risk assessment might be higher than Austrian experts estimate and be increasing.

Most experts see more malpractice in small and medium-sized enterprises than in large companies.

Austrian experts

Today 247 psychologists are specialized in the legal evaluation of psychosocial risks at work. Around 1,500 psychologists hold a work psychologist certificate. Work psychologists state that the Austrian Health and Safety at Work Act is very helpful in their daily work life, but they also criticise the little time given to prevention and that work psychologist are not explicitly mentioned in the Austrian Health and Safety at Work Act as a third prevention force.

Training on the topic of psychosocial risks

There are a lot of specific education and training opportunities as well as events and information days for workers, worker representatives, labour inspectors and employers.

Mental illnesses and the usage of psychotropic drugs

In terms of sick days due to mental illness, the construction industry has the fourth lowest number of all 20 industries (32,249 days, it has tripled since the mid-1990s). In 2008 men in the construction industry and mining were the least likely to consume psychotropic drugs (less than 4%, while the average for blue-collar workers is 6.6%).

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“The construction sector is constantly changing. Every project takes place in a new environment, with different project team members who have to interact with each other under a specific schedule, with different products, etc. The flexibility that is required in this context explains why companies need to use subcontractors, temporary workers and the self-employed. Our companies also have to take into account a significant number of additional external factors (clients, neighbours, new technologies and products, etc.). This is why our industry needs a specific sectoral approach to psychosocial risks.”



MARTIN SONNBERGER
Safety Engineer *PORR*, Austria

3. **Existing legislation, social partner agreements, standards of relevance to psychosocial risks in construction in the specific country of research focus, as well as information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.**

- 3.1 **How has the European Social Partner Agreement on psychosocial risks at work been implemented at national level and what effect does it have on the construction industry?**

Implementation

In 2013 Austria changed its Health and Safety at Work Act so that psychological health is also explicitly mentioned. Employers need to systematically identify and document psychosocial risks at the workplace, implement measures and evaluate their effectiveness. Nowadays the social partners in Austria have good practical judgement and use the standard ISO EN 10075-1 definition of stress.

Effect

There is an increased sensitivity to work-related psychosocial risks within the construction industry based on implementation of the 2013 agreement. One effect of implementation of the Austrian Health and Safety Act was the multitude of newly developed tools that sprung up. The proportion of labour inspections in Austria focused on psychosocial risks in the overall number of inspections rose from 5% in 2012 to a high of 11% in 2015.

- 3.2 **Good practice examples and existing methodologies for risk assessment and prevention of psychosocial risks in construction, possibly including information on actual results – if measured and available (see 4.1)**
- 3.3 **Existing legislation, social partner agreements, standards of relevance to psychosocial risks in the specific country focussed on. In addition, information on the role and activities of the social partners with relevance to occupational mental health in the construction industry.**

Health and Safety at Work Act

The Austrian Health and Safety at Work Act has existed since 1994 and stipulates that: «Employers are required to identify and assess the risks to the safety and health of workers.» Austrian law focuses on working conditions and not on the emotions or the strain placed on employees.

Austrian regulations regarding risk assessment tools

The Austrian Labour Inspectorate only accepts tools that meet the international standard ISO 10075. The clear distinction between stress and strain and the focus on working conditions is of great assistance in consulting practice.

Austrian regulations regarding measures

When preparing and implementing measures for the improvement of psychosocial working conditions, Austrian companies have to focus on working conditions and not on the behaviour of employees. The legislation requires the same principles for psychosocial risks as for physical risks e.g. combatting danger at its source and giving priority to general protection from hazards.

Gender and diversity

One working group on Austrian occupational safety and health strategy provides a folder on aspects and examples on the topic gender and diversity in OSH that recommends the discontinuation of unconscious gender-specific role stereotypes because this can lead to a lack of improvement in working conditions. The folder explicitly mentions the assessment of psychosocial risks in all workplaces in a company as representing an important step.

Workplace health promotion and the assessment of psychosocial risks

The Mental Health Guide is a brochure edited by the Organisation of Austrian Social Security in cooperation with all kind of social partners (AUAVA, WKO, AK, IV), with the proclaimed aim to achieve synergies between workplace health promotion and the assessment of psychosocial risks. SMEs in particular can profit from this concept, which combines circumstance-oriented and behaviour-oriented measures.

Platform www.eval.at

The Austrian social partners have developed and support a website (www.eval.at) where employers and other interested people find much information regarding occupational safety and health. It includes a section about the assessment of work-related stress and provides videos and texts on legislation, responsibilities and possible tools.

National programmes

The institution that offers the most national programmes in all questions related to occupational safety and health is the Austrian Workers' Compensation Board (*AUVA*):

- *baufit*. Special interdisciplinary programme for construction companies.
- *AUVAsicher*. The AUVA offers the mandatory safety and occupational medical support free, mainly for workplaces with up to 50 employees.

- *fit2work*. This programme is a free service by the Ministry of Social Affairs for all companies to enhance workability and organise work processes and equipment so that health is preserved and improved. People can also get the support of case managers if their job is endangered because of health problems or if they have difficulties finding a job because of their condition. *Fit2work* explicitly mentions mental illnesses such as burnout and also provides psychological support.

Further education for psychologists, physicians and safety officers

In Austria there is standardized further education for psychologists in the field of work and organisational psychology and occupational physicians and safety officers in their education also receive lectures about psychosocial risks at work. Work and organisational psychology and specifically psychosocial risk assessment is part of the educational programme.

Other Standards

The Austrian professional associations for psychologists developed a specialist performance record, containing all the quality standards the associations regard as important, with which psychologists can confirm their services. The Austrian Trade Union Federation also wrote a summary of quality criteria regarding the structure, the concept, the process and the result.

4. Good practice examples and existing methodologies for risk assessment and prevention of psychosocial risks in construction, possibly including information on actual results – if measured and available.

Assessing psychosocial risks can be through a questionnaire, an interview, a group discussion or an observational interview, though a combination of different tools is often useful to obtain meaningful results.

4.1 Which practical means/tools have been put in place within construction companies and in particular for SMEs?

- *SGA*: observational interview
- *ABS-Gruppe*: standardised group discussion (example of good practice: *Dachdeckerei Linhart*)
- *BASA II*: multi-usable tool
- *KFZA*: questionnaire (provided by *AUVA*, which plans to publish a new interview version usable for all industries by the end of 2018)

No matter what kind of risk assessment tool a company uses, it has to meet the quality standard 10075-3:2004. Observational interviews or group discussions are often used in small and medium sized enterprises. A combination of different risk assessment tools within one enterprise is also possible (for this, the company PORR provides an example of good practice).

4.2 **What are the limitations and/or added value in the concepts/tool used in the construction industry?**

Limitations of risks assessments in construction work

There are frequently requests for sector-specific tools. Many experts underlined the need for raising awareness of the topic first, especially in SMEs. In micro and small-sized enterprises, the selection of possible assessment tools is often limited but these are also transferable to large companies in construction work due to the fragmentation into small teams on construction sites. A safety expert and occupational physician may visit SMEs just once every year or even every two years. Within this time it is hard to cover all OSH-topics and nearly impossible to assess psychosocial risks with high quality standards. Hardly any of the common risk assessment tools cater for the stress factor associated with mobile workplaces. When teams change constantly it is also hard to assess the social climate. Construction workers are extremely diverted through the multitude of third parties influencing the process and this psychosocial risk is not included in any detail in the common risk assessment tools.

Research project

From 2014 to 2016 a project group tried out several tools to assess psychosocial risks in construction. The unpublished project paper discussed the pros and cons of the tools and their practical implementation and compared the results of different tools. All three tools (*ABS-Gruppe*, *SGA*; *BASA II*) assume that there is just one “workplace” for the employee, which is clearly not correct for construction. The tools do not cover different sources of information (stakeholders, such as customers, authorities, etc), high cost pressures, or the temporal distribution of work and different weather conditions through the year. Construction workers also complain that the tools neglect the steep hierarchical structure of the work.

BELGIUM

1. **Changing conditions – labour market trends and developments with potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

- 1.1 **What has changed in the sector over the last years?**

Changes and progress on worksites: sites are evolving day by day, and continual adjustments are made to the working environment accordingly.

FOREM (the Walloon public service for employment and training) notes that consideration of the energy performance of buildings (EPB) when building or renovating is one of the factors leading to the greatest changes in the evolution of jobs and skills in the construction industry. The requirements in terms of insulation, sealing and ventilation in buildings have led to the appearance of new products which require adaptation of the skills expected from workers.

- 1.2 **What future changes do you expect in the coming years regarding construction work itself and external parameters with a possible impact on occupational mental health?**

The new jobs and the new technologies are going to expand in the industry. Some jobs are going to evolve. The economic and demographic situation of the country may play a role in the evolution of the industry. Businesses must adapt quickly to an increasing, fluctuating and differentiated demand in order to remain competitive.

2. **Existing national concepts and definitions of relevance to occupational mental health in the construction industry.**

- 2.1 **What is the message of national-level studies, guides and tools already existing on mental health and prevention in the construction industry?**

A report, carried out by The Social and Economic Council of Flanders (SERV) noted that 33% of workers face work-related stress complaints and 17.8% of workers report work-life balance problems, which represent an increase compared

with the period 2004-2010 caused by heavy workload, a demanding physical burden and emotionally demanding work.

The findings on workers' autonomy and routine work have remained stable.

The report also noted that the lack of support from management is a lower risk for workers in the construction industry than for other industries.

2.2 **What elements and aspects of the working conditions can be defined as negative or positive factors for mental health and well-being?**

- the highly variable scale and length of projects;
 - the wide variety of types of work and the wide range of tasks;
 - changes and progress on worksites;
 - the fact that the vast majority of companies in the sector are small businesses;
 - several companies working on the same site/coactivity;
 - the presence of foreign companies/social dumping;
 - the predominantly male workforce (99%);
 - the considerable distances that may separate the workers' homes and the sites, and the heavy traffic around major cities, uncomfortable vehicles, too many people in each vehicle;
 - stress linked to geolocation;
 - short deadlines;
 - overtime work, demanding high flexibility, affecting work-life balance;
 - the risky nature of the work (high accident frequency and severity rates);
 - work causing occupational diseases;
 - productivity takes precedence over safety;
 - the new jobs and the new technologies are going to expand in the industry;
 - workstations are not always suitable;
 - legislation is not always adhered to, and there is a lack of labour inspections;
 - working conditions (arduous work and weather);
 - communication issues;
 - competition between young and older workers;
 - lack of consideration for the work done;
 - lack of training potentially causing safety problems
3. **Existing legislation, social partner agreements, standards of relevance to psychosocial risks in construction in the specific country of research focus, as well as information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.**

3.1 How has the European Social partner Agreement on psychosocial risks at work been implemented at national level and which effect does it have on the construction industry?

The Act on well-being of workers and the Code on Well-being at Work are the transposition into Belgian law of the European directives. The application of the legislation is controlled by the Federal Public Service for Employment, Labour and Social Consultation, and in particular by the General Directorate for the Monitoring of Well-being at Work. Its mission is to ensure compliance with the implementation of the well-being at work policies by playing an advisory, prevention and suppression role. There are no recent statistics on the findings of the DG Monitoring of Well-being at Work on compliance with the legislation by businesses. It is therefore difficult to see the impact of the well-being at work legislation on the evolution of mental health at work in the construction industry.

3.2 Good practice examples and existing methodologies for risk assessment and prevention of psychosocial risks in construction, possibly including information on actual results – if measured and available

The trade unions organise training courses for their members for information and prevention purposes.

The ABVV-FGTB regularly organises training courses but mostly on an interprofessional level. The objective is to familiarise members with the legislation on psychosocial risks and how they can incorporate this aspect into their union work.

Constructiv advises employers and workers in construction companies on well-being at work, usually doing this after visiting worksites.

Some construction companies provided the following information regarding their analysis of psychosocial risks:

- One company used an external service for risk prevention and protection at work and, in the first instance, the company and its delegates drew up an annex to the 'Psychosocial Risk Agreement' employment regulations which included the general well-being at work requirements. Subsequently, the company appointed a psychosocial risk support person (internal) and organised training for that individual. An annual refresher course is planned. In the meantime, the External service for risk prevention and protection at work (SEPP) assessed, using a tool, the effect of the sources of work-related stress and energy on employees and workers and highlighted the strengths and opportunities. The tool is a survey on the experience at work. This survey is carried out using a questionnaire which meets the requirements of a psychosocial risk analysis and looks for psychosocial

risks within the company. The objective is to formulate an action plan aimed at encouraging worker commitment:

- firstly, when faced with the sources of stress and the resulting stress reactions,
 - secondly, by promoting the sources of motivation within the organisation.
- One company carried out a psychosocial risk analysis focusing on employees and site managers. In the first instance, a digital survey was carried out. The company then used their external service. Following the analysis, some measures were taken regarding the employees: creation of two working groups to examine the points that required action. These working groups were assisted by the internal prevention adviser and a prevention adviser specialising in psychosocial aspects from the SEPP. The management reviewed the reports produced by these working groups and drew up an action plan and implemented solutions.

Another action is the creation of a working group on the specific psychosocial aspects of the post of site manager. This working group was assisted solely by a SEPP prevention adviser specialising in psychosocial aspects. The management reviewed the reports produced by this working group and drew up an action plan and implemented solutions.

- One company carried out a psychosocial risk analysis in conjunction with their SEPP on the initiative of the Prevention and Protection Committee. A number of workers' meetings were organised to address the subject. A report was prepared with a summary of the positive and negative points mentioned by the workers and the measures they proposed. This report was analysed by the employer and the

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Our approach to corporate social responsibility must entrench the prevention of psychosocial risks in the very foundations of our corporate culture. Our behaviour and mentality must evolve with that goal in mind.”



PAUL DEPRETER

FIEC Vice-President and President of the Belgian
Confédération Construction

prevention adviser in order to implement the appropriate measures. Some recommendations on measures to be taken were put forward by the SEPP.

Co-Prev is the federal umbrella-association for External Services for Prevention and Protection at Work (ESPPWs) in Belgium. ESPPWs active in the construction industry are regularly contacted about psychosocial risks and preparing psychosocial risk analyses at the request of employers. On a practical level, the ESPPWs have produced a leaflet and developed a procedure as part of a trauma policy for fatal occupational accidents. They also develop workshops to help to tackle burnout and provide training for managers.

PRODUCTS DEVELOPED FOR THE CONSTRUCTION INDUSTRY (CONSTRUCTIV)

Constructiv has published a number of documents on mental health in the construction industry:

- Constructiv dossier 147 '*Psychosocial risks*' (<https://www.buildingyourlearning.be/learningobject/4427>): This dossier aims to help mainly small construction companies to detect and deal with psychosocial risks inside their organisation. The dossier is a simple, practical and non-prescriptive tool for finding quick answers to specific questions. The objective of this dossier is essentially to help the readers meet the legislation in force in Belgium.
- Constructiv dossier 108a '*Preventing stress in the construction industry – A brochure for employers*' (<https://www.buildingyourlearning.be/learningobject/4251>): Aimed at employers, this dossier starts off by defining workload and stress. It then explains the reasons for developing a prevention policy, what the stress factors are and how to recognise signs of overwork. In addition, a step-by-step plan shows how to address the issue of stress systematically in the company. It ends by listing a series of problems commonly encountered in the construction industry and possible solutions.
- Constructiv dossier 108b '*Preventing stress in the construction industry – A brochure for workers*' (<https://www.buildingyourlearning.be/learningobject/4253>): Aimed at workers, this dossier starts off by defining workload and stress. It then discusses risk factors for work-related stress and how to recognise the symptoms of stress yourself. It ends by setting out what employers are required to do and also what action workers can take themselves.
- Constructiv dossier 124 '*Prevention in relation to alcohol and drugs in the construction industry*' (<https://www.buildingyourlearning.be/learningobject/4186>): This dossier is a user-friendly tool to help with the implementation of a preventive policy. It sets out the issue of alcohol and drugs and features two templates for policy statements and declarations of intent.
- Constructiv dossier 114 '*Roadworks – Psychosocial stress at work and the health factor*' (<https://www.buildingyourlearning.be/learningobject/4239>): After a section focusing on the legislation, this dossier addresses health risks and

psychosocial stress. It then features profession-specific prevention cards (road worker, sewer installer, paver, etc.) and thematic prevention cards (signage, trench shielding, pneumatic drill, etc.).

- ‘*Prevention in relation to alcohol and drugs in the construction industry*’ ([http://constructiv.be/fr-BE/Werkgevers/Welzijn/Regelgeving/Collectieve-arbeidsovereenkomsten-\(CAO-s\)-\(1\)/Alcohol-en-drugspreventie-in-de-bouw.aspx](http://constructiv.be/fr-BE/Werkgevers/Welzijn/Regelgeving/Collectieve-arbeidsovereenkomsten-(CAO-s)-(1)/Alcohol-en-drugspreventie-in-de-bouw.aspx)).

Constructiv was also involved in developing the OiRA interactive online risk assessment tool for the construction industry. OiRA Construction consists of 10 modules dealing with the risks in construction companies. Module 8 deals with psychosocial risks: <https://oiraproject.eu/en/>

The OiRA Construction tool has been online since November 2015 and the statistics available on its use indicate that there were around 1,100 users in November 2017. The users do not always complete the entire tool and the statistics highlight the points that are addressed least often by the users. The points in module 8 concerning psychosocial risks are not in the list of points addressed least often. We do not have any more specific information on this subject.

OTHER PRODUCTS (ALL SECTORS)

1. *Federal Public Service Employment, Labour and Social Dialogue.*

They organised an awareness campaign on psychosocial risks in 2013 entitled ‘The signs are never really obvious’.

Many tools and publications are available for workers, employers, prevention advisers and confidential counsellors: website, publications, posters, DVDs, tools and best practices.

2. *Trade unions*

Different brochures on ‘Psychosocial risks at work and trade union action’ (a brochure for delegates of the Confederation of Christian Trade Unions (ACV/ CSC) and of the Federation of Socialist Trade Unions (ABVV/FGTB) <http://www.fgtb.be/-/nouvelle-reglementation-sur-les-risques-psychosociaux-au-travail>

The issue of psychosocial risks at work is rarely addressed in practice by construction companies, probably because the prevention of safety risks takes priority in this sector.

3.3 **Existing legislation, social partner agreements, standards with relevance on psychosocial risks in the specific country of research focus. In addition, information on the role and activities of the social partners with relevance to occupational mental health in the construction industry.**

The issue of psychosocial risks at work is addressed in detail in Belgian legislation. Various types of legislative texts tackle psychosocial risks: the Act on well-being of

workers in the performance of their work, providing the general framework for the legislation on well-being at work and worker health and safety; the Code on Well-being at Work, including all the implementing decrees of the Act on well-being of workers in the performance of their work; and collective labour agreements – Collective Agreement no. 100 on the implementation of a preventive alcohol and drugs policy in companies, Collective Agreement no. 104 on the implementation of a plan for the employment of older workers in companies, Collective Agreement no. 72 on managing work-related stress, JC 124 collective agreement on ‘Accidents liable to give rise to post-traumatic counselling’

DENMARK

1. **Changing conditions – labour market trends and developments with potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

It is estimated that some developments in the construction industry are particularly affecting occupational mental health. This applies to:

- Management, collaboration and planning systems. There is growing interest within the Danish construction industry in using Lean Construction and the Last Planner System® to improve the planning of work processes.
- The technological development, including digitalisation and industrialisation. Digitisation is playing an increasing role in design, and today the use of digital systems is mandatory in major publicly funded construction projects in Denmark. A survey among members of The Danish Construction Association shows that the use of information and communication technology in construction companies is at a significantly lower level than in other Danish industries.
- Types of employment.
- The proportion of foreign companies and migrant workers

1.1 **What has changed in the sector over the last years?**

An increase in the number of employees is expected of about 3 % per year in the period 2014 – 2019.

The number of employees in the construction industry amounts to about 6 % (about 170,000) of the total workforce in Denmark.

There has been an increasing supply of foreign labour over the past 10 years. The share amounts to about 8 % (both residents and commuters) of the total number of employees in the industry.

The proportion of Danish manual workers in construction companies drops sharply from the age of over 50 years until retirement age (65-70 years).

1.2 **What future changes do you expect in the coming years regarding construction work itself and external parameters with a possible impact on occupational mental health?**

1.3 **What new forms of employment are present and to what extent (flexible working conditions, on-call work and zero-hour contracts, etc.)? What are the existing trends? What is the impact of new forms of employment?**

Most Danish workers in the construction industry have a full-time employment contract. The proportion of employees atypically employed without full-time employment contracts is estimated to be rising in construction projects. Skilled workers, hired in temporary agencies and one-off workers (dogsbody), are today very common on construction sites.

2. Existing national concepts and definitions with relevance to occupational mental health in the construction industry.

The definition of occupational mental health rests on the five dimensions mentioned in the Copenhagen Psychosocial Questionnaire (COPSOQ II):

1. Work content and organisation
2. Demands at work
3. Interpersonal relationships at work
4. Conflicts at the workplace.
5. Reactions to the work situation

2.1 What is the message of national-level studies, guides and tools already existing on mental health and prevention in the construction industry?

The number of reported and recognised occupational mental health illnesses in the construction industry is at the lowest level of all industries in Denmark.

The occupational mental health in the construction industry in 2016 was estimated to a level corresponding to the average level in all Danish industries.

The general picture of the construction industry is that occupational mental health is predominantly positive. However, there are differences between the job groups and between the occupational mental health risk factors:

- Among all job groups in the construction industry, the negative experience of management, conflicts and job satisfaction, etc. is more prevalent than for the average of all persons employed in Denmark.
- Among all job groups in the construction industry, the positive experience of occupational mental health, influence, colleague recognition and job security is more prevalent than for the average of all persons employed in Denmark.

2.2 What elements and aspects of the working conditions can be defined as negative or positive factors for mental health and well-being?

The most widely used model in Denmark for assessing occupational mental health/stress is based on the Job-strain model. The model shows the connection

between occupational mental health factors and health/illnesses.

Viewed in the light of the Job Strain model and the previous 5 dimensions of occupational mental health, the trends can have both positive and negative effects on occupational mental health of employees and managers.

We have assessed the mental health significance for employees and companies within four development trends:

- Management, collaboration and planning systems
- The technological development, including digitalisation and industrialisation
- Types of employment
- The proportion of foreign companies and migrant workers

2.3 **How do you experience the state of the art of mental health in construction in your country?**

3. **Existing legislation, social partner agreements, standards with relevance on psychosocial risks in construction in the specific country of research focus. In addition, information on the role and activities of the social partners with relevance to occupational mental health in the construction industry.**

Occupational mental health and the physical working environment are in line within the Danish Working Environment Act, and the Danish Working Environment Authority⁶⁴ assesses occupational mental health on equal terms as the physical working environment in the companies.

The Labour Inspectorate responds to occupational health problems in the companies. The response from the Labour Inspectorate depends on the nature and the causes of mental health problems.

The Labour Inspectorate may intervene and decide towards mental health problems which are directly or indirectly related to the work situation of the individual worker.

Over 50 years ago, the social partners at intersectoral level reached an agreement – still valid – for cooperation within the companies. The social partners agree that continuous improvement of business competitiveness as well as employee job satisfaction is a precondition for the continued development of companies and for greater well-being (occupational mental health) and job security of their employees. It is emphasised in the agreement that the development of day-to-day cooperation must be based on interaction between management and employees.

⁶⁴ The Danish Working Environment Authority is the same as The Labour Inspectorate

- 3.1 **How has the European Social partner Agreement on psychosocial risks at work been implemented at national level and which effect does it have on the construction industry?**
4. **Good practice examples and existing methodologies for risk assessment and prevention of psychosocial risks in construction, possibly including information on actual results – if measured and available.**

COMPANY 1:

Methods:

- Performs a well-being survey each year, which is used to identify specific focus areas to be strengthened. Employees are involved in evaluating the results of the study and in deciding upon the follow-up actions.
- The company has trained all white collar workers in «appreciative communication» with the purpose of improving their communication skills.
- All new employees participate in an introductory course with top management.
- A 2-day introductory course on working environment is conducted each year, in which all new employees participate.
- A smartphone app has been developed with newsletters and other information about the company.

Results:

- The well-being survey helps to break the taboo about occupational mental health.
- The training about «Appreciative communication» has created better mutual understanding of the working conditions for managers and workers.
- The company has had increasing sales and earnings for the past 5 years.

COMPANY 2:

Methods:

- OSH training is held for all new employees, tailored to the needs and skills of the individual.
- After the introduction, the employee is assigned to an «Uncle» (mentor)
- The safety manager performs frequent OSH-rounds on the company's construction sites.
- The safety manager actively participates in the client's on-site safety meetings and she will take action when other companies do not show sufficient interest in solving common health and safety problems.
- Extensive training is provided for most of the managers in the company (2-4 days each month for 1½ years)
- The risk assessment questionnaire is sent to all employees, and the assessment also focuses on occupational mental health.

- The improvement of occupational mental health is addressed in OSH committee as part of an annual discussion on the general development of OSH.
- All migrant workers are assisted by an interpreter during the introductory training course and meetings.

Results:

- Management training and the day-to-day form of communication have made it possible to be more proactive in terms of preventing occupational mental health problems.
- Sick leave is minimal.
- The company has had stable sales and positive earnings over the last 5 years.

FINLAND

1. **Changing conditions – labour market trends and developments with potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

- 1.1 **What has changed in the sector in recent years?**

The construction industry is typically cyclical and is currently suffering from a dearth of management and manual workers. Many workers are also self-employed and they are not covered by an occupational health care system. There is a strong trend of subcontracting being used for a large share of construction work. Construction has far-reaching consequences for environmental and regional policy, which poses challenges when it comes to coordinating and developing construction planning.

Psychosocial hazards are on the rise in virtually every sector in Finland. Musculoskeletal disorders had previously accounted for the majority of disability pensions, though mental health issues and behavioural disorders are now very common among workers under 45. This trend is also emerging in the construction industry.

Stricter legislation and supervision introduced in the construction industry as a result of the grey economy, for instance, have imposed greater requirements when it comes to reporting to site master builders and the corresponding superiors.

2. **Existing national concepts and definitions with relevance to occupational mental health in the construction industry.**

- 2.1 **What can we learn from existing studies, guides and tools at national level regarding mental health and prevention in the construction industry?**

The study of workplace atmosphere and worker well-being in the construction industry showed that worker well-being was dependent on professional skills, values, attitudes to work itself and to management, and worksite organisation.

Work itself is clearly crucial to a worker's capacity to work well. On a scale of 0 to 10, capacity to work among construction workers remained at around 8 throughout the 2000s.

Around 22% of workers experienced harmful symptoms triggered by stress, workload and psychosocial factors.

There is a clear link between how a worker experiences working conditions and their capacity to work. The weaker a worker's capacity to work, the more they experienced strain on their musculoskeletal organs or stress caused by the harmful effects of the working environment.

When it comes to capacity to work and ensuring that workers continue to be able to perform their tasks, it is vital to measure how workers recover from their workload on a daily basis. A study on this subject found that 47% of those working in the construction industry felt that they recovered well from stress caused by work and only 6% felt that they recovered poorly.

The 3T Occupational Health Survey stated that working conditions were becoming increasingly challenging. Exposure to physical load, strain on the musculoskeletal system and other obstacles posed by working conditions had increased, at least to some extent. Despite growing work challenges, levels of job satisfaction were higher than before. The study showed that workplace conditions and management were considered relatively effective. The general perception was that the risk of occupational injury had risen between 1998 and 2008. There were both positive and negative developments regarding health levels and general well-being – over the decade under review, the study showed that workers felt that their health had generally deteriorated, predominantly as a result of stress and musculoskeletal disorders.

Etera's Good Work Mood study found that 50.5% of construction workers participating in the study had not recently felt stressed or under considerable pressure at work.

The second question examined how much people think about work outside working hours. 81.2% of workers only thought about work a little bit, if at all. 32.0% of them experienced only low amounts of stress, while 12.4% experienced stress to some extent. Only 5.2% (see the results on page 13) experienced quite a lot or a great deal of stress.

According to the study, 41% of construction workers felt that their capacity to work, depending on the physical demands involved, was very good and 45.4% felt that it was quite good. When it came to mental demands, 45.8% thought that their capacity to work was very good and 44.8% thought it was quite good.

2.2 What elements and aspects of working conditions can be defined as negative or positive factors for mental health and well-being?

Work on construction sites is performed by a lot of different companies. It is difficult to develop a sense of a shared workplace or support individual workers. In addition to the risk of occupational accidents, workers are exposed to noise, dust, temperature and weather fluctuations, and, in certain jobs, harmful chemical

compounds. Problems associated with poor ergonomics cause a large number of occupational illnesses and weaken a person's capacity to work.

Mental factors also have a significant influence on capacity to work in the construction industry, most commonly exhibited as a lack of vigour and tiredness. Irritability and insomnia have also become more common.

Job uncertainty is an influencing social factor here, as it reduces worker motivation. Ever-changing workplaces and tasks can also be a source of mental stress for workers, in which case the threshold for sick leave may be lowered.

According to the Good Working Life surveys for the construction industry conducted by the Etera pension insurance company in 2017, occupational stress is mainly experienced through a hasty or frenetic pace of work and through unplanned changes, interruptions and the fragmentation of work.

Studies and discussions with people working on sites highlight particular challenges and stress factors, including tight planning and construction schedules, too many new tasks, management's shortage of time, the challenge of coordinating jobs properly, occupational safety issues, the large number of subcontractors and subsidiary contractors, a lack of common language on multicultural sites, and problems with the flow of information.

3. Existing legislation, social partner agreements, standards with relevance on psychosocial risks in construction in the specific country of research focus. In addition, information on the role and activities of the social partners with relevance to occupational mental health in the construction industry.

3.1 Examples of good practices and existing methodologies for assessing risks and preventing psychosocial risks in construction, possibly including information on actual results (if measured and available).

In principle, the workplace offers good opportunities to clarify the reasons for stress and look for solutions. The best results are often achieved by means of corrective measures implemented at an early stage and cooperation between managers and subordinates. Anyone can take the initiative to clarify mental stress, whether workers, subcontractors, labour protection personnel, or occupational health care staff. Occupational health care is intended to monitor sick leave and workers' capacity to work. If necessary, occupational health care assesses capacity to work and the need for rehabilitation, and issues opinions on these topics.

Labour protection personnel are involved in conducting risk assessments, drafting workplace reports, performing worker surveys, and monitoring sick leave. Personnel are also tasked with planning, developing and assessing occupational health care and devising joint working models and procedures. 'Early support'

refers to those measures introduced to improve someone's capacity to work and well-being at work. Stakeholders, namely workers, employers and occupational health care staff, must agree on working models and cooperate effectively if early support is to be successful.

GOOD EXAMPLES OF TOOLS:

- *Healthy Construction 2017*

A joint project between the Finnish Construction Trade Union, Trade Union Pro and the Confederation of Finnish Construction Industries.

The project is intended to develop shared working models on sites and work methods in construction so that activities become more effective, quality improves, staff expertise is directed towards correct and meaningful tasks, work becomes more meaningful, mental strain declines and professional pride rises. The project aims to get those working in the construction industry and construction companies to consider their own work: whether their work could be made smoother, whether better results could ultimately be achieved by reassessing construction schedules, whether repairs under guarantee could be reduced with more rational timetables, whether the flow of information could be improved throughout the process, how shop stewards could be employed on construction sites (e.g. in familiarisation initiatives).

The achievement of goals is tracked by assessing public debate on the subject, increasing levels of awareness among members of the unions in question, and developing work on the subject in construction businesses. The aim is to get company management, different groups of workers, and clients discussing how construction activities can be carried out more sensibly with a view to reducing stress. The project is ongoing.

- *Turvapuisto Safety Park helps builders to maintain their capacity to work*

Turvapuisto Safety Park is located in Espoo in the south of Finland and trains business groups in occupational safety in the construction industry. Real-life situations that have resulted in injury or death are presented at training checkpoints, and discussions are held within groups learning how similar situations could be prevented.

Everyday solutions that affect well-being at work

Turvapuisto's new Well-Being at Work container illustrates the various components of capacity to work and challenges visitors to think about their own everyday choices when it comes to coping, well-being and the efficacy of the work community. It familiarises visitors with the significance of physical health and exercise, nutrition, the work community and the role of colleagues.

Cooperation in the construction industry

Turvapuisto has been up and running since 2009. The training track was built by Rudus and is the first of its kind in Europe. Turvapuisto pools the resources of many actors and businesses from the sector. All the biggest companies present their own solutions for avoiding dust or lifting hazards, for example, and share good examples.

Experimental training

Thousands of construction industry experts, workers and students visit Turvapuisto every year to familiarise themselves with dangerous situations in the construction industry and practices that promote safety and well-being. Turvapuisto also plays an important role in the familiarisation of summer workers and other new workers.

Turvapuisto organises training and familiarisation in the form of guided tours for small groups, free of charge. Training is designed to provide guidance on working safely and outline the role of well-being at work with regard to both good capacity to work and occupational safety.

- *The European Agency for Safety and Health at Work's Good Practices Competition 2017: Lujatalo*

Open interaction and genuine cooperation offer a solid basis for well-being at work. Cooperation between workers and management is truly transparent at Lujatalo. Anyone, whether manager or worker, can report a problem. This model serves as one of Lujatalo's basic principles. Lujatalo has incorporated well-being at work measures into normal working life, so it is entrenched in the company's policy and culture. Management and workers are committed to mutual development. Good practices will be passed on more tangibly to, among others, canteens and sites, i.e. wherever advice is really needed and can be harnessed immediately. The projects have resulted in over 130 work methods and aids making construction work simpler and smoother. The Lujavire project has been given solutions for common problems on construction sites. The methods have been tried and tested by workers and management.

The Turva [Safety] app allows Lujatalo workers to report safety observations, defects and also positive experiences in the workplace. Cooperation between different working groups and the use of different measurements to boost safety and good practices has been key here.

The increased significance of work and the retirement of baby boomers is also affecting Lujatalo's activity on a larger scale. Work culture will change considerably when people over the age of 55 retire and are replaced by personnel who already have a home of their own and are not so short of money. These people no longer prioritise pay at the expense of meaningful work. They do not want to be part of a company where it is unpleasant to work.

3.2 Existing legislation, social partner agreements, standards of relevance to psychosocial risks in the specific country in question. In addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.

Finland's Occupational Safety and Health Act covers mental stress factors and early support. The following laws are important:

- 30 March 2007: the Law of cooperation
- 23 August 2002/738: the Law on safety at work
- 21 December 2001/1383: the Law of occupational health
- Health and safety acts in the workplace mean that:
 - o The employer is required to develop and implement any and all corrective action needed to guarantee workers' health and safety at work.
 - o The employer shall, taking into account the nature of the work and activity in question, sufficiently systematically analyse and identify the hazard and risk factors arising from the work, working hours, premises, other aspects of the working environment and working conditions and, if these cannot be eliminated, evaluate their significance to workers' health and safety.
 - o The employer is required to take action if a worker is found to be exposed to workloads in a way that seriously endangers their health.

FRANCE

1. **Changing conditions – labour market trends and developments with a potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

1.1 **What has changed in the sector in recent years?**

In 2016, there were 628,436 companies in the construction and public works sector (CPW), 93% of which were active in the construction industry and 7% in public works. 95% of these companies have fewer than 10 employees and 68% have no employees.

There were 1,129,000 CPW workers in 2016. The crisis that has affected CPW professions since 2008 continues to influence employment, given that this figure is still low compared to 2015 (1,159,000 workers). Despite this dip, CPW is still one of the main private sector employers in France. Worker numbers last peaked in 2008, with 1,343,000 workers. The proportion of women working in the sector has increased slightly in recent years, from 10% in 2008 to 12% in 2016.

With regard to accidents, CNAM⁶⁵ statistics show that the frequency of occupational accidents fell by 3.8% in the construction industry in 2016 (the frequency index was 60, falling 3.1% between 2015 and 2016⁶⁶).

Occupational illnesses also fell by 3% (6,547 incidents compared to 6,750 in 2015).

1.2 **What changes do you expect to see in the coming years regarding construction work itself and external parameters that may impact occupational mental health?**

Future changes in the French construction industry:

- Building Information Modelling (BIM)
- Robots (notably in highly specialised activities such as the removal of asbestos)
- Collaborative robots (or cobots)
- 3D printing

⁶⁵ For further information, please see: [http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/etudes_statistiques/livret_de_sinistralite/2016/Livret_Sinistralite_ATMP_CTN_B_2016_\(2017-133-B\).pdf](http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/etudes_statistiques/livret_de_sinistralite/2016/Livret_Sinistralite_ATMP_CTN_B_2016_(2017-133-B).pdf)

⁶⁶ The frequency rate is the number of accidents resulting in time off work lasting more than one day, within a period of 12 months per million hours worked. The frequency index represents the number of occupational accidents per 1,000 workers.

Use of these technologies may present the following difficulties:

- Lack of training in these new technologies for workers and supervisors
- Greater demand for responsiveness linked to digitalisation
- Overstandardisation of work processes, choice of design and components linked to digitisation and BIM

1.3 What new forms of employment are there (flexible working conditions, on-call work and zero-hour contracts, etc.)? How widespread are they? Are there any trends? What is the impact of new forms of employment?

The following trends are emerging in public sector construction:

- Shorter deadlines and a greater squeeze on rates
- Deteriorating social climate
- Increased accountability on worksites
- Reliance on posted workers
- Increased psychosocial risks
- A reduced workforce and an imbalance between training and profession
- The introduction of new management methods (e.g. lean management) and new ways of working, especially with the emergency of the digitalisation and mechanisation of tasks

New forms of employment: Several respondents noted a huge increase in the number of self-employed workers or freelancers.

Posted work remains a major concern for the construction industry. It is frequently abused: undeclared tax, remuneration much lower than the minimum interprofessional growth wage, working days longer than the maximum allowed, etc.

Another trend is the return to project-based or site-based contracts and the use of temporary workers for an entire site or even as top supervisors.

2. Existing national concepts and definitions of relevance to occupational mental health in the construction industry.

Psychosocial risks are defined as “risks to mental, physical and social health caused by work conditions, organisational factors and relations likely to affect mental functions”⁶⁷.

⁶⁷ For further information, please see: http://travail-emploi.gouv.fr/IMG/pdf/rapport_SRPST_definitif_rectifie_11_05_10.pdf

Factors taken into consideration when analysing psychosocial risks:

- 1) Work demands
- 2) Emotional demands
- 3) Independence and flexibility
- 4) Social relations
- 5) Conflicting values
- 6) Economic insecurity

2.1 What can we learn from existing studies, guides and tools at national level regarding mental health and prevention in the construction industry?

It appears that psychosocial risks are not identified as a major risk in the construction industry in France and consequently are not addressed in publications. In 2014, the National Federation of Public Works (FNTP) prepared a guide as part of a national partnership agreement to improve occupational health in public works, which was signed by the Minister of Labour, CNAM, INRS and OPPBTP. This booklet provides tips and advice on defining commitments and improving well-being. This tool is the result of work led by a specific working group of public works companies. It is based on four pillars, namely forging sound relationships, adapting to economic trends, helping those workers experiencing difficulties, and using resources to address serious situations.

There are guides on management and time management for supervisors (work leaders or operators).

2.2 What elements and aspects of working conditions can be defined as negative or positive factors for mental health and well-being?

Positive for mental health: teamwork, close relationships with supervisors, recognition and support, social progress allowed in CPW jobs, management and communication, fulfilment of expectations and coherence between company culture and personal values (ethical vision), meaningful work, independence and freedom to organise your work, well-defined organisation for specific jobs and the company in general, job content, and so on.

Negative for mental health: lack of time together to forge bonds, isolation, supervisors not on site and only contactable by telephone, lack of recognition, division of teams, meaningless work, shorter deadlines, stricter and denser work structure, the stigmatisation of certain workers, clients' demands, and so on.

2.3 How do you experience the mental health situation in construction in your country?

Some people believe that, in contrast to more immediate professional risks, psychosocial risks are not a major risk to the CPW sector and instead pose personal risks. The January 2018 report entitled *Work health: issues and actions*⁶⁸ compiled by Assurance Maladie – Risques Professionnels on the subject of mental issues linked to work is relevant here. It both covers the CPW sector and highlights mental issues recognised in occupational accidents and their frequency index.

Other respondents believe that psychosocial risks exist in the sector but are underassessed and seldom diagnosed because they are synonymous with ‘weakness’ in what remains a predominantly male environment.

Some studies do note that PSRs and stress are present in the construction industry. A interesting study was conducted by the ARTISANTE – BTP Barometer⁶⁹ in March 2017 and gave the following figures: out of the 2,336 CPW artisan company owners questioned, 60% said that they work more than 50 hours a week and 58% said that they experienced stress. In 2016, 36% believed they had experienced or had almost experienced burnout.

In addition, the DARES study, which covers both employers and workers, indicates that the proportion of workers reporting exposure to PSR factors in the CPW sector is below the average calculated for all professional sectors.

3. Existing legislation, social partner agreements, standards of relevance to psychosocial risks in construction in the specific country in question. In addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.

Employers must take the action needed to ensure workers’ safety and protect their physical and mental health: Articles L4121-1-5 of the Labour Code⁷⁰.

These provisions include:

- actions to prevent professional risks;
- information and training initiatives;
- organisational and targeted means.

Companies are subject to two national interprofessional agreements that, once in force, are mandatory for all employers and workers covered.

⁶⁸ [http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/brochures/Enjeux et actions 2018_affections psychiques travail.pdf](http://www.risquesprofessionnels.ameli.fr/fileadmin/user_upload/document_PDF_a_telecharger/brochures/Enjeux_et_actions_2018_affections_psychiques_travail.pdf)

⁶⁹ For further information, please see: <http://www.iris-st.org/upload/document/Etudes/Barometre-ARTISANTE-BTP-2017-3EME-EDITION.pdf>

⁷⁰ For further information, please see: <https://www.legifrance.gouv.fr/affichCode.do?idSectionTA=LEGISCTA000006178066&cidTexte=LEGITEX000006072050&dateTexte=20090528>

These agreements transpose the European framework agreement into French law:

- *The national interprofessional agreement on stress at work*⁷¹ was signed on 2 July 2008 and made mandatory through a ministerial decree on 23 April 2009. This agreement describes indicators used to track stress at work and sets out a framework to prevent it. It also defines several stress factors to be taken into consideration, such as organisation and work processes, working conditions and environment, and communication. It notes that once a stress problem has been identified, action must be taken to prevent, eliminate or at least reduce it.
- *The national interprofessional agreement on harassment and violence at work*⁷² was signed on 26 March 2010 and decreed on 23 July 2010. The national agreement transposes the European framework agreement signed in 2007. It complements the national interprofessional agreement on stress at work.

It encourages companies to:

- o clearly declare that harassment and violence in the workplace will not be tolerated;
- o establish appropriate management and preventive measures.

When it comes to preventing psychosocial risks, in addition to the two national interprofessional agreements cited above and signed unanimously by employer and union organisations, it is also necessary to mention the agreement on quality of working life and professional equality of 19 June 2013.

3.1 **How has the European Social Partner Agreement on psychosocial risks at work been implemented at national level and how does it affect the construction industry?**

The vast majority of respondents were unaware of the European framework agreement. Psychosocial risks in the construction industry are not a priority prevention matter for the social partners in French construction.

Although the subject is regularly brought up and reassessed in each of the joint institutions responsible for preventing professional risks, these risks are not considered a prevention priority within the National Technical Committee B of the construction industry⁷³ responsible for preparing national recommendations that are key benchmarks for risk prevention.

Although psychosocial risks are not subject to specific action plans tailored to this sector, they are covered by some standards.

⁷¹ For further information, please see: http://travail-emploi.gouv.fr/IMG/pdf/Accord_stress_travail_Fr.pdf

⁷² For further information, please see: http://travail-emploi.gouv.fr/IMG/pdf/Accord_national_violence_harcelement_mars_2010.pdf

⁷³ <http://www.risquesprofessionnels.ameli.fr/qui-sommes-nous/notre-organisation.html>

4. Examples of good practices and existing methodologies for assessing risks and preventing psychosocial risks in construction, possibly including information on actual results (if measured and available).

- *Actions of occupational health services specialising in CPW*

The CPW Occupational Health Services Association of Bouches-du-Rhône offered a two-hour workshop entitled Preventing psychosocial risks and actively improving quality of work life. This workshop strived to help companies and workers develop an approach to improving the quality of working life, in particular by detecting PSR factors and adopting an approach to prevent PSRs.

- *Quality of Work Life (QWL) Approach – Psychosocial risks in an SME*

This company asked ARACT Auvergne – Rhône-Alpes to help them prepare a Quality of Work Life approach encompassing prevention of psychosocial risks. ARACT offered to bring together all field workers and management to analyse work situations and prepare a joint status report. This also helped develop courses of action based on priorities validated by everyone.

The originality of the approach is based on two points:

- The joint status report is different to a diagnosis made by workers, given that it feeds into a steering committee. Firstly, management and worker representatives are stakeholders, together with field workers and middle management. Secondly, they agree on a summary together. This allows them to become aware of others' points of view and to conduct analyses together.
- This summary was disseminated by workers jointly appointed for the task. Workers were able to express themselves and were heard, consequently further enhancing the status report and setting priorities.

4.1 What practical means/tools have been put in place within construction companies and for SMEs in particular?

Companies have a range of interprofessional tools and guides at their disposal (INRS and ANACT guides and tools, KARASEC questionnaire)⁷⁴.

The Ministry of Labour⁷⁵ has also created a tool for small businesses. This tool provides assistance and answers questions posed by companies with fewer than 50 workers by suggesting methodological tools and references on PSRs with a view to

⁷⁴ For further information, please see: <http://www.inrs.fr/risques/psychosociaux/ce-qu-il-faut-retenir.html>
<https://www.anact.fr/guide-devaluation-des-interventions-de-prevention-des-rps-tms>
<https://www.preventionbtp.fr/Actualites/Toutes-les-actualites/Sante/Risques-psychosociaux-un-jeu-pour-mobiliser-les-equipes>
<http://travail-emploi.gouv.fr/IMG/pdf/dares-karasek.pdf>

⁷⁵ For further information, please see: <http://travail-emploi.gouv.fr/archives/archives-courantes/petites-entreprises>

integrating them into a single professional risk assessment file as required by regulations. With regard to more targeted actions in the CPW sector, the following actions should be considered:

- Aid for company directors and partners of artisan construction companies to better look after their health
- Creation of a stress observatory by the National Federation of Public Works (FNTP)
- OPPBTP guide to Quality of Work Life: Well-being at work – Quality of Work Life, leveraging business performance
- Casques Bleus in support of CPW employers in difficulty (FFB)
- Point de Rupture (FFB)

4.2 What are the limitations and/or added value in the concepts/tools used in the construction industry?

Despite the initiatives outlined above, respondents indicate that the main limitation is the shortage of specific tools available in the construction industry on the subject and the lack of knowledge of PSRs among companies and workers in this sector.

POLAND

1. **Changing conditions – labour market trends and developments with a potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

1.1 **What has changed in the sector in recent years?**

The initial increase in demand for services in this sector in 2011-2012 was the result of numerous public contracts, but there has since been a decline in this area.

We can also observe a number of adverse phenomena in Poland's construction industry related to demographic changes, namely:

- an ageing population and shrinking workforce;
- a negative migration balance;
- a limited supply of key personnel to execute orders and the associated pressure on wages and employment-related costs;
- the employment of low or semi-skilled staff from Eastern Europe, which translates into a higher risk of occupational accidents;
- multidisciplinary requirements for workers, which is expected in particular from management staff, at least at middle level.

Construction companies have long indicated that they face the following barriers in running their businesses: high costs of employment and the financing of the business, as well as high tax burdens along with payment delays and so-called reverse charge VAT.

1.2 **What changes do you expect to see in the coming years regarding construction work itself and external parameters that may impact occupational mental health?**

The labour market in Poland is becoming a worker's market. The demographic load indicator for the population over the working age, which shows figures regarding those aged over 65 compared to those of working age (15-64), will increase from around 20% in 2012 to most probably 30% by 2025, assuming that the labour market is not significantly reformed during that time.

This may, however, be beneficial for worker health because employers who do not want to lose workers start offering additional bonuses alongside an increase in wages, including those relating to health care (usually medical care benefits but also extended preventive care).

Employment contracts serve as the basic form of employment in Poland, though other forms are becoming more widespread, namely:

- part-time work;
- temporary employment (through temp agencies);
- contract of mandate;
- self-employment;
- contracts for specific work;
- other civil law agreements.

1.3 What new forms of employment are there (flexible working conditions, on-call work and zero-hour contracts, etc.)? How widespread are they? Are there any trends? What is the impact of new forms of employment?

The trend of imposing employment costs on the worker and doing away with employment contracts is growing. A real expansion of *civil-law employment* has recently been observed. In Poland, over 20% of people are employed under civil law contracts, the highest levels among the EU28.

Temporary employment is a form of worker employment, since an employment contract for a set period of time or for the duration of a specific job must be concluded between a worker and a temporary employment agency.

Self-employment is defined as the provision of services, mainly for one company, as part of the business activity conducted by the service provider.

Those fulfilling civil law contracts are deprived of the protection and worker rights granted to workers under the Labour Code. Those not working under an employment contract run the risk of lower standards of social security, limited opportunities for career advancement, poorer pay conditions, lower scope and level of social security, and so on.

2. Existing national concepts and definitions of relevance to occupational mental health in the construction industry.

2.1 What can we learn from existing studies, guides and tools at national level regarding mental health and prevention in the construction industry?

The largest available study was conducted by the Institute of Occupational Medicine among 495 construction workers aged between 21 and 71⁷⁶.

⁷⁶ Impact of improvements in psychosocial work conditions on reducing economic costs for companies undergoing modernisation and adaptation processes – the research project: construction industry, 2013

Respondents were asked to assess their health on a five-point scale. Over half of respondents (52.53 %) described their health as quite good, with 14.14 % describing it as very good. Every fourth respondent assessed their state of health as tolerable (25.25 %), and 8.08 % of respondents rated it as rather bad or very bad.

The most frequent threat indicated by construction industry workers was work requiring long-term concentration (89.29 %), with 85.97 % of those in the group that mentioned the threat considering this to be a stressful feature. “My ready availability is required” was a statement made at work by 87.47 % of respondents, and eight out of ten said that this was a source of stress (81.29 %). The respondents very often reported that they had to arrive and leave work at a specific time (86.67 %) and 71.33 % considered this to be stressful. Many respondents also declared that there was a risk of dismissals in their work (79.80 %) and as many as 95.70 % claimed that was stressful.

2.2 What elements and aspects of working conditions can be defined as negative or positive factors for mental health and well-being?

- Absenteeism at work in almost all groups (except for workers aged 45+ and city residents) is due to the stressfulness of threats related to the organisation of the workplace.
- Self-assessment of the state of one’s health in each group, regardless of the prevalence and stress level of psychosocial hazards, depends on the worker’s age.
- The older the construction worker, the lower their assessment of their ability to work.
- The greater the exposure to accountability risks, the greater the commitment to work.
- The less workers are exposed to threats relating to organisational culture, the more they are involved in their work.
- The better the workplace relationships (with colleagues and supervisors), the greater the levels of worker satisfaction.
- The higher the level of education, the greater the level of work satisfaction.
- The greater the challenges and responsibility, the greater the satisfaction among workers and the lower the willingness to change jobs.

2.3 How do you experience the mental health situation in construction in your country?

Construction companies, especially macro companies, are aware of the problem and try to take appropriate measures, but they lack substantial partners for proper implementation. Everyone emphasizes that their workers are under considerable stress, face time pressures and carry out dangerous work, and should therefore receive appropriate support as part of preventive care.

Unfortunately, the occupational health service is focused on carrying out preventive examinations as per the Labour Code (its only mandatory task) and is therefore completely unprepared to tackle psychosocial factors. This applies to all workers in Poland, not just the construction industry.

3. Existing legislation, social partner agreements, standards of relevance to psychosocial risks in construction in the specific country in question. In addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.

The most basic legal standards pertaining to preventive health care for workers have been included in three legal acts:

- Act of 26 June 1974: the Labour Code
- Act of 27 June 1997 on Occupational medicine services
- Ordinance of the Minister of Health and Social Welfare dated 30 May 1996 concerning the performance of medical examinations of workers, the scope of preventive health care for workers, and medical certificates issued for purposes provided for in the Labour Code

The obligation to provide preventive health care rests with:

- employers in respect of workers, those in a service relationship and persons performing work on the basis of an employment contract;
- schools or colleges in respect of school candidates, pupils of those schools and students;
- an entity authorised to conduct doctoral studies in respect of participants of such doctoral studies;
- an employing entity in respect of persons performing work while serving prison sentences.

3.1 How has the European Social Partner Agreement on psychosocial risks at work been implemented at national level and how does it affect the construction industry?

On 14 November 2008, the heads of the Polish social partner organisations (NSZZ Solidarność (Independent Self-Governing Trade Union Solidarity), OPZZ (All-Poland Alliance of Trade Unions), the Forum of Trade Unions, the Confederation of Polish Employers, the Lewiatan Polish Confederation of Private Employers and the Polish Crafts Association) signed a joint declaration on preventing and counteracting work-related stress.

It provided direction with regard to action and set out the principles for cooperation concerning the implementation of the European Autonomous Agreement on Work-Related Stress of 8 October 2004, signed by the European Trade Union Confederation and three European employer organisations (BusinessEurope, UEAPME, CEEP) (<http://czasopisma.beck.pl/monitor-prawa-pracy/aktualnosc/europejskie-porozumienie-autonomiczne-dotyczace-stresu-zwiazanego-z-praca/>). This declaration was intended to identify measures to improve awareness among employers, employer organisations, trade unions and workers of the issue of work-related stress and methods for combatting the same. According to the declaration, the social partners are to take all initiatives aimed at making employers and workers aware of the importance of measures to reduce stress in the workplace.

The Polish social partners presented different positions during the negotiation of the implementation of the European Autonomous Agreement on Work-Related Stress. The trade union side pointed to the necessity of 'hard' legislative changes. The employers did not see such a need. However, the above mentioned agreement failed to mention any specific actions to foster these conditions and thus counteract stress in the workplace.

The 2008 declaration was not recognised by the European Commission as an effective implementation tool and did not incorporate any coordinated joint actions. As a result, at the initiative of NSZZ Solidarność, negotiations were held in 2013 to strengthen the declaration. Negotiations ended on 7 February 2014 with the adoption of the joint recommendations of the team of negotiating social partners for improving the effectiveness of activities related to the phenomenon of work-related stress ensuing from the social partner declaration of 14 November 2008 on preventing and counteracting work-related stress.⁷⁷

4. Examples of good practices and existing methodologies for assessing risks and preventing psychosocial risks in construction, possibly including information on actual results (if measured and available).

It should be highlighted that Poland does not have any national guidelines on the mental health of construction workers. The mental health of workers in Poland is generally met with insufficient interest on the part of both employers and occupational health services. It turns out that in situations where an employer is aware of such threats and would like to take preventive measures, they struggle to find a medical partner for initiatives.

There are no nationwide recommendations on risk assessments or the prevention of psychosocial risks with regard to construction workers, although appropriate

⁷⁷ For further information, please see: <http://docplayer.pl/43703203-Jon-wspolne-rekomendacje-zespolu-negocjacyjnego-partnerow-spolecznych.html>

tools aimed at construction workers have been developed at the Nofer Institute of Occupational Medicine in Łódź.

Self-study questionnaires or observational methods are most commonly used to monitor psychosocial risks. The questionnaire tools available in Poland are standardised psychometric tests, meaning that users are provided with materials describing the scope of the tool, its validation data and (with few exceptions) standardisation data, as well as a precise description of the test procedures and organisation and the method for evaluating and interpreting results.

4.1 **What practical means/tools have been put in place within construction companies and for SMEs in particular?**

The largest study conducted in Poland used a psychosocial risk scale, a tool to assess psychosocial risks in companies undergoing adaptation and modernisation processes from 15 sectors of the economy, available in paper or online. The scale examines stress levels in three main areas, namely content (subject of work, workload and timeframe of the work), context (aspects of work related to control, interpersonal relationships, organisational culture, work-life relationships, career development and responsibility) and pathology (lobbying, exposure to psychological and physical aggression, sexual harassment and discrimination)⁷⁸.

- Training module for users concerning the use of the psychosocial risk scale – a psychosocial risk scale user course comprising an introduction to the subject of psychosocial risks, instructions for filling in the paper version of the psychosocial risk scale, procedures for completing the psychosocial risk scale online, and a detailed explanation of how to calculate the results, compare them with standards and interpret them.
- The Social Risk Scale – structure and principles of use manual – contains a description of the structure and the psychometric properties of the psychosocial risk scale, user instructions, and the method for calculating and interpreting the results.⁷⁹

4.2 **What are the limitations and/or added value in the concepts/tools used in the construction industry?**

One clear limitation is that none of the questionnaires intended to measure stress take into account an individual's ability to cope with stress, and only a few measure worker well-being (stress effects).

⁷⁸ For further information, please see: <http://www.diagnoza.psychostreswpracy.pl/>

⁷⁹ For further information, please see: http://www.kiw-pokl.org.pl/index.php?option=com_sobipro&pid=286&sid=503:Wplyw-poprawy-psychospolecznych-warunkow-pracy-na-ograniczenie-kosztow-ekonomicznych-w-firmach-przechodzacych-procesy-modernizacyjne-i-adaptacyjne-projekt-badawczy&Itemid=544&lang=pl

The quality of the data collected is extremely important when gauging the effectiveness of psychosocial risk management for preventive purposes. This is why it is worth entrusting, where possible, research work to competent professionals, typically psychologists working in occupational health.

4.3 How is occupational mental health taken into consideration when organising work – tasks, workplace, introduction of new technologies, communication, etc.

The organisational culture within some companies, especially large international organisations, recognises psychosocial factors and the need to minimise their impact on workers. This is mainly the remit of the employer, and very rarely involves cooperation with occupational health services. Guidelines on how to organise a workplace to minimise the adverse impact of psychosocial factors have been included in, among others, the guides issued by the Nofer Institute of Occupational Medicine in Łódź.

It should be emphasised, however, that there are no nationwide standards of procedure in Poland requiring mental health to be taken into account when introducing new technologies or organising workplaces.

SPAIN

1. **Changing conditions – labour market trends and developments with a potential positive or negative impact on occupational mental health in the construction industry – e.g. digitalisation, new forms of employment, etc.**

- 1.1 **What has changed in the sector in recent years?**

The sector has started growing again following an *acute crisis* in previous years. The decline in activity that accompanied the crisis has stiffened competition and may have led to changes in the management of human resources.

Qualified construction workers have sought other forms of employment, and specialised companies have evolved into companies performing all types of construction work. Spain's large and medium-sized construction companies have *internationalised*.

This change in construction work has led to an increase in the average age of the pools of workers that construction companies can draw on (worker ageing)

All this and other factors may affect workers' psychological or mental health.

- 1.2 **What changes do you expect to see in the coming years regarding construction work itself and external parameters that may impact occupational mental health?**

The industrialisation and the new materials that have emerged may lead to a reduction in accident rates on construction sites in the medium term.

Thanks to the widespread adoption of *IT systems in general*, and the use of *BIM* in particular, project planning and coordination will improve in the medium term, as will actual construction work and subsequent maintenance, all of which should help to reduce the accident rate.

Thanks to the mass use of ICT and tools such as tablets and smartphones, availability and flexibility will improve, as will the ability to change scheduled tasks or jobs. However, excessive use of new technologies may cause accidents due to distraction or inattention. Moreover, these technologies will be used by management for the purpose of supervision, which may increase and/or alter control over workers.

New training and qualification requirements will force construction workers to adapt to technological innovation, new construction technologies and ICT, which may cause further difficulties for them, especially older workers. Appropriate planning and allocation of tools and resources for training will play a key role in

the issue of qualification. In the absence of proper development and planning, this need for updated expertise, training and qualifications cannot be satisfied, which will lead to increased workloads, stress and a loss of self-esteem.

1.3 What new forms of employment are there (flexible working conditions, on-call work and zero-hour contracts, etc.)? How widespread are they? Are there any trends? What is the impact of new forms of employment?

Presence will remain of paramount importance in this sector. The introduction of flexible working hours or teleworking is not expected to lead to any significant change. Technical development and globalisation (lean BIM systems) are beginning to drastically affect working methods worldwide.

So far, three of these new working methods have been adopted in Spain: crowd employment, ICT-based mobile work and collaborative employment.

Obviously, these new working methods will only be used by a small number of workers in the construction industry.

2. Existing national concepts and definitions of relevance to occupational mental health in the construction industry.

2.1 What can we learn from existing studies, guides and tools at national level regarding mental health and prevention in the construction industry?

There are various reference documents and studies. The conclusions drawn by the studies conducted by the trade union CCOO construction and services are: low participation and workload appear as high-risk factors; prevention activities in Spain are mainly externalised and contracting rarely includes an assessment of mental health risks; there is a lack of training and information on mental health risks among workers; specialist institutions should pay more attention to and invest more resources in this subject; stress is the psychosocial effect most clearly linked to musculoskeletal disorders; and to guarantee health and safety in the construction industry we need to tackle psychosocial risk factors at the source.

2.2 What elements and aspects of working conditions can be defined as negative or positive factors for mental health and well-being?

The factors that can negatively affect mental health and well-being are as follows:

- Environmental conditions
- Workstation design
- Workplace
- Monotony
- Control/autonomy
- Workload
- Performance of role
- Management style
- Participation/supervision
- Workplace communication
- Social support
- Working conditions
- Personality
- Experience/skills
- Family and social responsibilities

The factors that can positively affect mental health and well-being are as follows:

- Work planning
- Appropriate allocation of time
- Good working conditions

2.3 How do you experience the mental health situation in construction in your country?

Though Spanish construction companies currently tend to pay scant attention to psychosocial risks, this is changing. They generally do not conduct psychosocial risk assessments.

In Spain, a number of large and medium-sized construction companies have conducted studies on psychosocial risks and have taken prevention measures, but smaller organisations have not followed suit.

In terms of the status of psychosocial risks in the construction industry, according to the conclusions of a study on psychosocial risks conducted by the Labour Foundation for Construction (*Fundación Laboral de la Construcción*) low participation/supervision is the factor with the highest exposure rate, and therefore the one that is most important. The factors with elevated or moderate exposure risk are workload, performance of role, variety and content of work, interest in the worker and compensation, psychological strain, and social relations and support. The factors with satisfactory exposure levels are working hours and autonomy.

3. **Existing legislation, social partner agreements, standards of relevance to psychosocial risks in construction in the specific country in question. In addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.**

Although Spanish legislation does not specifically regulate psychosocial risks, it is understood that the obligation to assess and monitor psychosocial risks is reflected in Law 31/1995 on the prevention of work-related risks (LPRL), which transposes Directive 89/391/EEC into Spanish law.

- 3.1 **How has the European Social Partner Agreement on psychosocial risks at work been implemented at national level and how does it affect the construction industry?**

European Framework Agreements have been developed on work-related stress (2005), and harassment and violence at work (2007).

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“The most important development is the new concept of occupational health, which has become a social and business issue rather than just an individual problem. This type of approach has opened up dialogue on healthy organisations, socially responsible companies, the incorporation of policies promoting the work-life balance, equality policies, and the training of managers and workers to adapt to the evolution of and changes in their company.”



CRISTINA GARCÍA HERGUEDAS

Occupational Health and Safety Director,
FCC Construcción, Spain

In Spain, the 2005 European Framework Agreement on Work-Related Stress was implemented that same year, being incorporated into the Interconfederal Agreement on Collective Bargaining (AINC) of 2005, which was itself extended to 2006.

The 2007 European Framework Agreement on Harassment and Violence at Work was included in the form of an annex to the 2008 AINC.

- 3.2 **Examples of good practices and existing methodologies for assessing risks and preventing psychosocial risks in construction, possibly including information on actual results (if measured and available).**
- 3.3 **Existing legislation, social partner agreements, standards of relevance to psychosocial risks in the specific country in question. In addition, information on the role and activities of the social partners of relevance to occupational mental health in the construction industry.**

The 6th General Agreement for the Construction industry (CGSC) sets out the legal framework for work relationships in the sector and regulates their general conditions.

Although it contains a large number of provisions relating to working conditions, this agreement includes no specific provisions on psychosocial risks.

- 4. **Examples of good practices and existing methodologies for assessing risks and preventing psychosocial risks in construction, possibly including information on actual results (if measured and available).**

The Labour Foundation for Construction is working with other partners from different countries to build on the framework of the European project ConstructyVET, a transnational action plan to develop soft skills (communication, leadership, organisation, etc.) among middle managers in the construction industry. The Foundation is also offering an open online course (MOOC) on leadership and communication as part of a programme intended to prevent psychosocial risks. Intersectoral studies also provide best practices relating to psychosocial risks, including proposals for improvements developed by construction companies.

- 4.1 **What practical means/tools have been put in place within construction companies and for SMEs in particular?**

There are no specific tools for assessing psychosocial risks in the construction industry or implementing prevention measures, especially within small companies.

Universitat Jaume I has been developing the RED-CONS Questionnaire, a specific questionnaire for the construction industry.

A number of companies are setting up programmes to improve psychosocial well-being by enhancing psychosocial and organisational conditions.

4.2 What are the limitations and/or added value in the concepts/tools used in the construction industry?

In addition to the lack of risk assessment systems that can be more easily tailored to psychosocial risks in the construction industry, the main problem is the implementation of preventive measures, especially within SMEs.

Within small companies, the emphasis should not be on assessment but on the implementation of preventive measures, using a measurement system that enables comparisons to be made between the situation before and after the implementation of the measures.

4.3 How is occupational mental health taken into consideration when organising work – tasks, workplace, introduction of new technologies, communication, etc.

Due attention may not be being paid to psychosocial conditions in the construction industry as a source of potential accidents and damage to mental health.

The impact on workers' psychosocial health of changes to working conditions, tasks, technologies, the organisation of work, the characteristics of the workforce and so on in the construction industry must be assessed. There are also not enough prevention specialists with adequate technical qualifications to assess these types of risks.

RESULTS AND ANALYSIS

This section analyses and compares the national reports under the main points of consideration (labour market trends and conditions; studies, guidelines and definitions, legislation and collective agreements; assessment of psychosocial risks from a country-specific perspective; specific psychosocial risks) and the main conclusions that could be drawn from these assessments.

The analysis is intended to map and provide an overview of the real situation in each country. It will highlight the similarities and differences in the specific context of the construction industry related to psychosocial risks and the measures in place.

1. Changing conditions and labour market trends. Positive and negative impact on occupational mental health in the construction industry

The 2008 economic crisis had a major impact on the construction industry in all European countries. Longer life expectancy means that the average age of construction workers has risen. European policies facilitating labour mobility across Europe open up opportunities and may encourage the exchange of knowledge and technologies, but they are also the main cause of a negative migration balance in some countries (such as Poland). Migration supposes that other countries such as France or Denmark are receiving a considerable number of workers from other countries, which might also pose some problems in the workplace. For instance, foreign workers need to adapt and be able to understand the work methodology in their new country. Bogus self-employment is another issue experienced in some host countries (e.g. Austria). Workers who are officially self-employed often come from low-wage countries, which leads to unfair competition. In some cases, worker mobility and difficulties in implementing

controls at national level facilitates fraudulent practices (e.g. undeclared work, poor working conditions, remuneration below the minimum interprofessional growth wage).

Another consequence is the emergence of other forms of employment and management of human resources in the construction industry, which might lead to fraud due to control issues and the lack of effective regulation. The number of temporary contracts has risen in the European countries analysed, as has the number of self-employed workers, freelancers and subcontractors. One of the reasons behind this might be that construction activities have declined in recent years and employers are hiring workers under project-based contracts. However, this situation is about to change. Overall, the construction industry has been recovering and growing in all countries analysed, possibly due to the recent need for new housing, roadworks, and retrofitting (energy efficiency in buildings), for instance, as a consequence of the recovery of the economy. Digitalisation and technological changes are widespread in

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“I have been active in the construction sector for decades and have witnessed how our work is becoming increasingly stressful as a result of, for example, the growing importance of the digitalisation of work. We used to talk to real people, real colleagues in our company’s planning department. Computer programmes have now taken over planning. This causes a lot of uncertainty due to the simple fact that a computer cannot take into account these personal relationships.

We also have to deal with workers from other countries who are willing to work extremely long days and be paid the minimum wage. This puts a lot of pressure on our working conditions. I am also faced with more conflict on construction sites; sometimes conflict even turns violent. If we want to improve, long working days and never-ending time pressures should come to an end.”



ALI TERROUCHE

Concrete mixer driver at company *INTERBETON*
and shop steward (*ABVV/FGTB*), Belgium

the construction industry. Construction companies have to introduce these major changes and adapt quickly to them in order to remain competitive on the market. The introduction of such new tools also means that training and instruction in their correct usage is needed. The absence of training and preparation means that workers may suffer major workloads and stress. Building Information Modelling (BIM), automation and other new technologies have been introduced in almost all industrial organisations and have had a potentially positive impact on physical conditions, as they boost efficiency and construction workers' physical condition. Improved physical conditions among workers have a direct impact on their mental health. If workers have better and more comfortable working conditions they will be able to perform their tasks properly and easily.

Despite the fact that digitalisation and technological solutions are being widely introduced within the construction industry, the use of information and communication technologies (ICT) remains at a significantly lower level in construction than in other industries.

The specific nature of the construction industry needs to be taken into account when analysing psychosocial risks. Construction projects are characterised by their length, which can result in monotony and repetitive work, different kinds of work, ever-changing workplaces, short deadlines and the still risky nature of the work. The boom experienced in the sector in recent years may have some negative repercussions for workers, who may encounter work-related stress triggered by tight deadlines and work-life balance issues as a result of increased workload.

Not all the countries under consideration pay the same attention to psychosocial risks. There are some countries, like Poland, where these risks have not been dealt with at national level. Other countries, like Spain, prefer to pay more attention to preventing accidents, so Spanish companies are more aware of the need to take measures to avoid or reduce psychosocial risks. However, this is a source of conflict between Spanish employers and workers. Employers think that they are already addressing psychosocial risks, whereas workers claim that their efforts are still not enough.

In France, psychosocial risks are not yet identified as a major risk within the construction industry, even though social partners and stakeholders have different views on this. The country only has a few guidelines and tools for tackling the issue. From a French perspective, the organisation of work is the main cause of psychosocial risks, so action plans that improve organisational elements in the workplace are encouraged. The Danish construction industry is seeing growing interest in using the Lean Construction and Last Planner System to improve the planning of work processes.

In contrast, other countries (like Finland) are having extensive discussions about mental health problems and incapacity to work, predominantly because so many young workers are retiring from the labour market due to mental health issues. Tiredness and listlessness are common mental health issues in the Finnish construction industry, being reported by one out of three people working in this industry. Another construction industry factor, namely job uncertainty, has a negative impact on mental health. Ever-changing workplaces and tasks may be stressful for workers. Furthermore,

in Austria there is an increased drive for awareness of work-related psychosocial risks within the construction industry in the wake of the implementation of the European Social Partner Agreement in 2013. The figures from Austria are interesting: mental or behavioural disorders are the cause of 2.3 % of all cases of sick leave and 9.2 % of all sick days. The average duration of absence is 38.9 days, the second longest duration for all sickness groups. Construction workers took 32,249 days' sick leave in total due to mental illness (0.7 days per worker, the fourth lowest of all industries).

The internationalisation of the sector might lead to more mobility across Europe, which may cause increasing competition. As mentioned before, this is a relevant concern for those countries receiving workers from other countries (e.g. Austria, Denmark or Belgium).

In order to predict future psychosocial risks, other factors need to be taken into account, such as the fact that workers often have more difficulty disconnecting from work even during their free time as a result of new technologies that allow us to be available and reachable at all times, whether for social or work purposes. In addition, the sector is not attractive for young people and it is becoming increasingly difficult to find young workers.

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”Digitalisation will continue to change work in construction companies, and increasingly so in small and medium enterprises, either through Building Information Modelling, accountancy or work in home offices. This will result in a greater amount of work being performed in the same amount of time, if not quicker. Some will not realise this immediately, because IT support will sometimes make work easier and, according to some, even more fun. Workload, burden and stress will ultimately continue to grow and new working time arrangements are needed.”



PROF. DR. GERHARD SYBEN

Forschungsinstitut *Beschäftigung, Arbeit, Qualifikation*,
Germany

2. Existing legislation, social partner agreements, studies, guides, tools on psychosocial risks at national level

The factors under consideration for assessing psychosocial risks in the construction industry are mainly the same in all the countries concerned:

- Working environment (high risk of accidents, weather conditions, qualification for work, coordination of companies and trades, communication (and then interpersonal relationships), unfair competition, relationship between company and client, etc.)
- Organisation of work (working hours, workplace communication, participation/supervision, new forms of employment, changing contract conditions etc.)
- Work demands (workload, interaction with customers, monotony, control/autonomy, etc.)
- Interpersonal relationships at work (communication and cooperation between colleagues, language barriers, economic insecurities, etc.)
- Individual characteristics (experience, skills, family and social responsibilities, etc.)

Some national reports provide a definition of psychosocial risks. In France they are defined as “risks to mental, physical and social health caused by work conditions, organisational factors and relations likely to affect mental functions.” However, rather than providing a definition most reports analyse the factors mentioned in order to assess psychosocial risks.

Following the entry into force of the European Directive on Safety and Health at Work (*Directive 89/391/EEC*), every European country had to transpose it into their national law. As a result, there are several rules at national level that target psychosocial risks. The 2004 social partner framework agreement has also influenced national regulations.

This section reviews national legislation, definitions and concepts.

AUSTRIA

Legislation

In 2013, Austria changed its *Health and Safety at Work Act* to explicitly mention psychological health as well as physical health. As a result, employers have the same obligations as regards psychological health as they do for physical health and safety. Every employer is legally obliged to check if there is a potential stress factor regarding working environment, tasks, organisation of work, time management and social climate. Details can be found in the office guidance for labour inspectorates regarding the assessment of mental job strain.

In recent years the social partners have extensively discussed the definition of stress and employer responsibility. The Austrian social partners have adopted a good common-sense approach and use the standard definition of ISO EN 10075-1: “Mental stress is the totality of all assessable influences coming from the outside to the people and affect them mentally”.

The number of inspections has risen in the wake of the implementation of the social partner agreement. Austrian labour inspectors regularly receive special training in psychosocial risks. 35% of all labour inspectors were trained in psychosocial risks by 2012.

Studies and publications

The two main guides for mental health in the construction industry are published by the Austrian Economic Chambers.

One guide, the *Brochure for psychosocial risk assessment in main construction trade and subcontractor work* (WKO, 2014a), is published by the branch office for construction and Federal Guilds of subcontractor work together with the Central Labour Inspectorate, which is part of the Federal Ministry of Labour, Social Affairs and Consumer Protection. This guide outlines the legal framework, provides definitions and describes the process for assessing psychosocial risks at work. It contains some examples of stress factors and one measure especially for the construction industry.

The other guide, the *Brochure for psychosocial risk assessment in construction support services* (WKO, 2014b), is published by the Federal Guilds of construction support services together with the Central Labour Inspectorate, which is part of the Federal Ministry of Labour, Social Affairs and Consumer Protection. This guide also contains some examples of stress factors and measures especially for the construction industry. However, it specifies three different measuring tools: the observational interview *SGA*, the group discussion *ABS-Gruppe*, and the questionnaire *KFZA*.

In Austria, there are also several guides, books and articles that cover other industries or the assessment of work-related psychosocial risks in general without addressing a specific industry.

The Upper Austria Chamber of Labour has worked with the social research institutes IFES and SORA to publish a wide-ranging survey, the Work Climate Index, four times a year since 1997. It is based on a quarterly, representative survey of 900 to 1,000 Austrian workers using a standardised questionnaire.

BELGIUM

Legislation

The Act on the Well-Being of Workers of 4 August 1996 and the Code on Well-being at Work are the transposition into Belgian law of European directives. The implementation of legislation is controlled by the *Service Public Fédéral Emploi, Travail et Concertation sociale* [Federal Public Service for Employment, Labour and Social Consultation], and in particular by the *Direction Générale du Contrôle du bien-être au travail* [General Directorate for the Monitoring of Well-Being at Work].

Its mission is to guarantee compliance with the well-being at work policies by playing an advisory, preventive and suppressive role.

The Code on Well-Being at Work includes all the implementing decrees of the Act of 4 August 1996 on the well-being of workers in the performance of their work.

Collective labour agreements

Collective Agreement no. 72 of 30 March 1999 on managing *work-related stress*⁸⁰. This CLA is largely included in Title 3 (Prevention of psychological risks at work) of Book I of the Code on Well-Being at Work

Publications and other tools

- Constructiv dossier 147 Psychosocial risks⁸¹. This dossier mainly aims to help small construction companies detect and deal with psychosocial risks within their organisation. The dossier is a simple, practical and non-prescriptive tool for finding quick answers to specific questions. The reader chooses the issues that concern them from the table of contents based on their situation within the construction firm or working environment.
- Constructiv dossier 108a Preventing stress in the construction industry – A brochure for employers⁸². Geared towards employers, this dossier opens with a definition of workload and stress. It then explains the reasons for devising a prevention policy, what stress factors are and how to recognise signs of overwork.
- The Federal Public Service (FPS) Employment, Labour and Social Dialogue organised an awareness campaign regarding psychosocial risks in 2013 entitled *Les signaux ne sont jamais aussi clairs*⁸³.

⁸⁰ For further information, please see: <http://www.cnt.be/CCT-COORD/cct-072.pdf>

⁸¹ For further information, please see: <https://www.buildingyourlearning.be/learningobject/4427>

⁸² For further information, please see: <https://www.buildingyourlearning.be/learningobject/4251>

⁸³ For further information, please see: <http://www.emploi.belgique.be/defaultNews.aspx?id=39963> and <http://www.sesentirbienautravail.be/>

- *Risques psychosociaux au travail et action syndicale* (Psychosocial risks at work and trade union action), a brochure for delegates of the Confederation of Christian Trade Unions (ACV/CSC)⁸⁴
- New regulation on psychosocial risks, a brochure for delegates of the Federation of Socialist Trade Unions (ABVV/FGTB).⁸⁵

DENMARK

Legislation

Occupational mental health and physical working environments are governed by the *Danish Working Environment Act*, and the Danish Working Environment Authority assesses occupational mental health on equal terms with the physical working environment within companies.

Agreements between social partners

Over 50 years ago, the social partners at intersectoral level entered into an agreement on cooperation within companies; this agreement is still valid. The social partners agree that the continuous improvement of business competitiveness as well as workers' job satisfaction is a prerequisite for the continued development of companies and for greater worker well-being (occupational mental health) and job security.

The agreement stresses that the development of day-to-day cooperation must be based on interaction between management and workers.

FINLAND

Legislation

The Occupational Safety and Health Act 23.8.2002/738 deals with mental stress factors and early support, and comments on health and safety in the workplace as follows: "Under the Occupational Safety and Health Act, the employer is under an obligation to see to employees' safety and health at work. To this end, the employer shall consider the circumstances relating to the work, working conditions and other

⁸⁴ For further information, please see: <https://www.csc-en-ligne.be/csc-en-ligne/brochures/sante-et-securite/sante-et-securite-au-travail.html>

⁸⁵ For further information, please see: www.fgtb.be/-/nouvelle-reglementation-sur-les-risques-psychosociaux-au-travail

aspects of the working environment as well as the employee's personal attributes" (Occupational Safety and Health Act, Section 8). Under the same Act, employers shall, taking into account the nature of the work and activity at hand, sufficiently systematically analyse and identify the hazard and risk factors arising from the work, working hours, premises, other aspects of the working environment and working conditions and, if these cannot be eliminated, evaluate their significance to workers' safety and health.

Publications and studies

- In a publication on the *management of mental workload* (TTK, 2016), the Centre for Occupational Safety has compiled guidelines that also apply to the construction industry.
- In a study ordered by the Ministry of Social Affairs and Health (*Lehto et al. 2015*), the mental strenuousness of work was predominantly associated with factors relating to the work pace.
The study shows that the increase work pace in the private sector relates to loss of jobs and to loss of work itself, to tighter competition and globalisation, something which increased productivity requirements and work pressure.
- *The study of workplace atmosphere and well-being of personnel in the construction industry (RILMA)*, which the Finnish Institute of Occupational Health conducted on a commission from the Finnish Construction Trade Union and the Confederation of Finnish Construction Industries RT in 2011. The study sought to clarify factors and procedures relating to workplace atmosphere and worker well-being in the construction industry.
- *The 3T Occupational Health Survey* was undertaken to study developments regarding the health, working conditions and working capacity of workers in the fields of construction and woodworking. A questionnaire was sent to 5,000 workers in total over the course of 1998-2008. According to the study, working conditions were becoming increasingly challenging. The study showed that workplace conditions and management was seen as being relatively effective.

Etera's *Hyvä työväire* (Good Work Mood) study focused on construction workers and management, master builders, supervisors and clerical employees in the construction sector. The study (Rytkönen H., Etera, sample 2017) charted workers' mental resources, tiredness and stress, among other aspects. It involved a total of 2,546 people from the construction industry, 1,052 of whom were construction workers and 902 were management/supervisors/clerical employees.

50.5% of construction workers in the study had not recently felt themselves either stressed or under great pressure at all due to work. 32.0% of them experienced only a little stress and 12.4% only experienced stress to some extent. Only 5.2% felt quite a lot or a great deal of stress.

FRANCE

Legislation

Employers must take the action needed to ensure workers' safety and protect their physical and mental health: Articles L4121-1-5 of the Labour Code⁸⁶.

These provisions include:

- actions to prevent professional risks;
- information and training initiatives;
- organisational and targeted means.

Employers are also obliged to prevent moral and sexual harassment, as such conduct is considered a form of violence for workers and is a psychosocial risk.

*The national interprofessional agreement on stress at work*⁸⁷ was signed on 2 July 2008 and made mandatory through a ministerial decree on 23 April 2009. This agreement describes indicators used to track stress at work and sets out a framework to prevent it. It also defines several stress factors to be taken into consideration, such as organisation and work processes, working conditions and environment, and communication. This national agreement is a transposition of the European framework agreement signed in 2004.

Studies, tools and guidelines

- *IPSOS/DENIKER report from 2018* on the barometer and work on mental health focused on the construction industry.
- *Stress observatory by the National Federation of Public Works (FNTP)*. FNTP worked with CNAMTS, INRS and OPPBTP to create a distress observatory on working conditions and safety.

Its mission is to:

- provide companies with information;
 - gather and disseminate practices to detect stress and, if possible, assess well-being at work;
 - ensure that the communication of psychosocial risks is coordinated;
 - monitor the two positions that could be exposed to chronic stress at work.
- *OPPBTP Guide to Quality of Work Life*⁸⁸: Well-being at work – Quality of Work Life, leveraging business performance. This guide is part of the national partnership

⁸⁶ For further information, please see: <https://www.legifrance.gouv.fr/affichCode.do?idSectionTA=LEGISCTA000006178066&cidTexte=LEGITEXT000006072050&dateTexte=20090528>

⁸⁷ For further information, please see: http://travail-emploi.gouv.fr/IMG/pdf/Accord_stress_travail_Fr.pdf

⁸⁸ For further information, please see: <https://www.preventionbtp.fr/Documentation/Explorer-par-produit/Information/Ouvrages/Bien-etre-au-travail-La-qualite-de-vie-au-travail-un-levier-de-performance-de-l-entreprise>

agreement to improve health at work in public works signed on 29 March 2012 between FNTP, the Ministry of Labour, Employment and Health, CNAM-TS, INRS and OPPBTP. It offers initiatives and development tools to foster a stimulating working environment.

POLAND

Legislation

On 14 November 2008, the heads of the Polish social partner organisations (NSZZ Solidarność (Independent Self-Governing Trade Union Solidarity), OPZZ (All-Poland Alliance of Trade Unions), the Forum of Trade Unions, the Confederation of Polish Employers, the Lewiatan Polish Confederation of Private Employers and the Polish Crafts Association) signed a joint declaration on preventing and counteracting work-related stress. It provided direction with regard to action and set out the principles for cooperation concerning the implementation of the European Autonomous Agreement on Work-Related Stress of 8 October 2004, signed by the European Trade Union Confederation and three European employer organisations⁸⁹.

The 2008 declaration was not recognised by the European Commission as an effective implementation tool and did not incorporate any coordinated joint actions. As a result, at the initiative of NSZZ Solidarność, negotiations were held in 2013 to strengthen the declaration. Negotiations ended on 7 February 2014 with the adoption of the joint recommendations of the team of negotiating social partners for improving the effectiveness of activities related to the phenomenon of work-related stress ensuing from the social partner declaration of 14 November 2008 on preventing and counteracting work-related stress.⁹⁰

This document suggested amendments to two regulations issued by the Minister of Labour and Social Policy. Firstly, for the Ordinance dated 26 September 1997 on general occupational health and safety regulations (i.e. Journal of Laws for 2003 No. 169, item 1650, as amended) to include psychosocial factors in the definition of the working environment. Trade union organisations and employers demanded that issues concerning the prevention and limitation of work-related stress should consequently be taken into account when devising occupational health and safety strategies to be implemented in the workplace, and in particular when assessing occupational risk. The second change concerns the framework programmes of health and safety training, which are regulated by the Ordinance dated 27 July 2004 on training in the field of

⁸⁹ For further information, please see: <http://czasopisma.beck.pl/monitor-prawa-pracy/aktualnosc/europejskie-porozumienie-autonomiczne-dotyczace-stresu-zwiazanego-z-praca/>

⁹⁰ For further information, please see: <http://docplayer.pl/43703203-Jon-wspolne-rekomendacje-zespolu-negocjacyjnego-partnerow-spolecznych.html>

occupational safety and health (Journal of Laws for 2004 No. 180, item 1860, as amended). Workers and employers suggested that instruction programmes be expanded to include work-related stress issues. Joint recommendations, including arguments calling for changes in the law, have already been forwarded to the Ministry of Labour and Social Policy.

SPAIN

Although Spanish legislation does not specifically regulate psychosocial risks, it is understood that the obligation to assess and monitor psychosocial risks is reflected in *Law 31/1995* on the prevention of work-related risks (LPRL), which transposes Directive 89/391/EEC into Spanish law.

European Framework Agreements have been developed on *work-related stress* (2005), and *harassment and violence at work* (2007).

In Spain, the 2005 European Framework Agreement on Work-Related Stress was implemented that same year, being incorporated into the Interconfederal Agreement on Collective Bargaining (AINC) of 2005 (Spanish Official State Gazette (BOE) of 16 March 2005), which was itself extended to 2006.

The 2007 European Framework Agreement on Harassment and Violence at Work was included in the form of an annex to the 2008 AINC (BOE of 14 January 2008).

As far as studies on this subject are concerned, the only study of the inclusion of psychosocial aspects in collective bargaining was published by the trade union Unión General de Trabajadores (UGT) – (Collective Bargaining for the Prevention of Psychosocial Risks at Work) in 2016⁹¹.

Agreements between social partners

The *6th General Agreement for the Construction industry (CGSC)* sets out the legal framework for work relationships in the sector and regulates their general conditions, with the dual purpose of homogenising them and ensuring their permanence and stability.

Studies and other tools

Guide to the Actions of the Labour Inspection Department and Social Security in the Area of Psychosocial Risks published in 2012 to explain how companies can implement measures relating to such risks⁹².

⁹¹ For further information, please see: <http://www.ugt.es/Publicaciones/guianegociacion.pdf>

⁹² For further information, please see: http://www.laboral-social.com/files-laboral/Guia_psicosociales.pdf

PSYCHOSOCIAL RISK ASSESSMENT – DIFFERENT APPROACHES

In some countries, such as DENMARK, there is a general awareness that occupational mental health plays an important role in companies' growth and productivity. Construction projects also require good planning, coordination and cooperation between many of the people involved. Occupational health in the Danish construction industry is predominantly good.

It is not possible to draw clear conclusions from the Danish report about the correlation between mental risk factors and occupational mental health. The number of self-assessments of occupational mental health in construction companies is more or less the same as the average of other Danish industries.

The interviews conducted showed that paying attention to the balance between demand and control actually makes it possible to handle changing demands at work. This is especially true when workers are given insight into planning and have good opportunities for dialogue with management.

Controversially, the interviews showed that the Danish members of the Occupational Health and Safety Committee in some companies do not take into account psychosocial risks in their companies' risk assessments. In some Danish companies, occupational mental health is being replaced by well-being, cooperation and communication as a concept and field of action.

Occupational mental health in Danish construction companies may be improved through efforts focusing on increased awareness in companies of the issue of occupational mental health and by increased competence in OSH committees with regard to mapping, assessing and developing action plans to improve occupational mental health.

In POLAND, companies use self-study questionnaires and observational methods to monitor psychosocial risks. These questionnaires are standardised and their scope of application is very detailed. Some of these questionnaires are also used to monitor workers' involvement in improving working conditions. These tools are based on the *requirements-control-support stress model*.

The Polish chief labour inspectorate also runs a preventive programme entitled Preventing stress in the workplace, which aims to broaden knowledge about stress, sources of psychosocial threats and methods for dealing with these threats in the workplace. It also aims to include workers in the Health and Safety Executive Management system and facilitate social dialogue. According to the test, there are three possible ways to participate, including training, analysis of the situation and reassessment after training.

There is also a programme funded by the European Social Fund (ESF) describing the assessment of psychosocial risks and providing guidelines for psychologists. However, despite of all these tools, employers claim that in the future they will implement more measures addressing workers' mental health.

The largest study conducted in Poland was the *Psychosocial Risk Scale*, which enables employers and workers to test the occurrence of psychosocial risks in the working environment. The scale examines stress levels in three main areas: content, context and pathology. Employers can use the tool to investigate psychosocial risks in a given company, monitor them and estimate their costs. The tool provides tips on how to reduce and eliminate psychosocial risks in the workplace.

Nevertheless, it should be stressed that in large companies the Scale is better developed and goes beyond the compulsory scope, whereas in SMEs it is just limited to mandatory preventive legal examinations.

In FRANCE, the Ministry of Labour has also created a tool for small companies with a view to integrating psychosocial risks into a single professional risk assessment file as required by regulations. This questionnaire outlines the points that need to be understood and actionable points for prevention.

Regarding the construction industry, the cooperative GARANCE, the Confederation of Artisans and Small Enterprises (CAPEB), the Institute of Research and Innovation on Occupational Health and Safety and the AMAROK Observatory have put together an innovative information and advice package with a view to raising awareness among construction company directors and allowing them to identify and better support their struggling workers. Despite all these initiatives, respondents indicate that the main limitation is the shortage of specific tools available in the construction industry on the subject and the lack of knowledge of psychosocial risks among companies and workers in this sector.

In FINLAND, a joint project of the Finnish Construction Trade Union and the Confederation of Finnish Construction Industries was devised in 2017 to develop common working models on sites and working methods in construction to make activities more effective and improve quality. The project strives to get those working in the construction industry and construction companies to consider their own activities. The achievement of goals is tracked by assessing public debate on the subject, increasing levels of awareness among members of both unions and developing work on the subject in this sector.

There is also the Turvapuisto Safety Park, which trains business groups in occupational safety in the construction industry. Real-life situations that have resulted in injury or death are presented at training checkpoints, and discussions are held within groups learning how similar situations could be prevented.

Training also includes experimental training where experts in the sector, workers, employers and students familiarise themselves with dangerous situations in the construction industry and practices promoting safety and well-being.

In addition, Lujatalo is an agency for safety and health at work where workers can report their own problems, as they see how the company supports its workers and deals with psychosocial risks.

There is a dearth of risk assessment systems in the SPANISH construction industry. However, with regard to the implementation of preventive measures there is a measurement system allowing comparison between the situation before and after the measures were taken.

It may generally be said that in Spain psychosocial risks are a pending issue in the construction industry. However, awareness of the need to deal with such risks is growing in large companies, although this is not the case in all companies, especially small ones, due to the complexity of the issue. There is still a belief that construction workers should only take safety risks into consideration. However, trade unions oppose this, believing that the proper organisation of work creates feelings of order and certainty in workers, reducing stress and anxiety. Jobs and tasks must be planned and more account must be taken of the fact that many different subcontractors are required to work on a single construction site.

In BELGIUM, the *OIRA interactive service* is an online risk assessment tool for the construction industry. It consists of 10 modules dealing with risks in the construction industry. The user must indicate whether the situation within their organisation is compliant, which they can determine by reading the explanatory text and consulting links to the legislation in force. If the user concludes that the situation is not compliant, the system suggests preventive measures that the user may select and will be included in a summary document generated by the system.

There are also campaigns encouraging social dialogue as a tool to provide information on and raise awareness of psychosocial risks. Despite these campaigns, employer organisations possess little information on the mental health and well-being of construction workers. In contrast, in 2016 trade union organisations identified a number of issues that workers experience daily on construction sites that might have an impact on their mental health (such as the organisation of work, physical strain or mobility). The trade unions organise training courses for their members with a view to providing information on psychosocial risks, outlining regulations on psychosocial risks, improving the quality of work within a company, and giving an overview of psychosocial risks in a company. The objective is to familiarise members with legislation on psychosocial risks and how they can incorporate these aspects into their work.

The Belgian paritarian organisation *Constructiv* advises employers and workers in construction companies on well-being at work, usually after visiting worksites. Following worksite visits, *Constructiv's* findings are entered into an IT application (Prevention Atlas) and employers receive a visit report in which the detected shortcomings are set out in the form of an advisory notice.

Belgium is also home to a federal umbrella association for External Services for Prevention and Protection at Work. The ESPPWs are regularly contacted about psychosocial risks and prepare psychosocial risk analyses at employers' request.

Most of the experts in AUSTRIA see more malpractice as regards the assessment of psychosocial risks in SMEs than in large companies. However, this is subject to change as the trade unions and the Chamber of Labour are demanding longer mandatory times for OSH experts, more labour inspectors, and psychologists as mandatory experts in all companies. They are also demanding a special regulation on the performance of psychosocial risk assessments to provide companies with instructions alongside legislation.

“Though various aspects of physical health and well-being are gradually being addressed in EU regulations and directives, measures tackling poor mental health in the workplace in general, and in the construction industry in particular, still lack ambition, adequacy and urgency. Successful and cost-effective (sub-) national approaches to mental health will be those incorporated into a wider structural and systemic shift towards a joined-up approach to health and well-being, where the promotion of mental health and preventive measures are considered key. As such, EU-funded projects like this contribute to the added value of EU and national cooperation on health from a multisectoral perspective.”



DOROTA SIENKIEWICZ

Policy Coordinator of *Eurohealthnet*, Belgium

The professional Association of Austrian Psychologists and the Austrian Workers' Compensation Board as well as the Labour Inspectorate cooperate well. They have worked on a number of guidelines on managing psychosocial risk assessments.

Different training courses are available for workers, worker representatives, labour inspectors and employers with a view to providing information about psychosocial risks and how to deal with them.

The tools and methodologies used by Austrian companies in the assessment of psychosocial risks range from questionnaires, interviews and discussion groups to observational interviews. Combining these tools is useful for obtaining meaningful results. No matter what tool a company uses, it has to comply with the quality standards established by legislation. However, in order to choose the right tool it is important to make a decision based on factors such as the size of the company and group, type of organisation, language barriers or resources within the company.

Only those with the relevant training (e.g. psychologists, OSH professionals) can use such tools. SMEs often use observational interviews or discussion groups due to the lack of large groups of people and the resulting impossibility of conducting surveys.

The following methodology is adopted: before starting a risk assessment within a company, divide all workers into groups according to their tasks, working environment, work organisation and social climate.

When assessing psychosocial risks, one of the first issues that should be addressed is the need to raise awareness, especially within SMEs where they need to inform workers about these risks in a very low-threshold way. SMEs are often visited by a safety expert and occupational physician just once every year or every two years. It is difficult to cover all OSH topics during these visits, and it is nearly impossible to properly assess psychosocial risks.

GENERAL FINDINGS AND REFLECTIONS

Psychosocial hazards at work are just one aspect of a broader societal topic, which transforms psychology from a special section of science (once recognized as such) into a field of knowledge each citizen can contribute to. Health, social relations and interaction, mental health, the atmosphere in groups of any kind as well as the techniques that can influence these aspects are today in the toolbox of individuals, organisations and companies. It is part of the spirit of our times. There are many specific reasons for this development. However, in consequence, psychosocial risk at work has become recognized as a topic of relevance too and is today considered an important factor not only for individual well-being but also for the good functioning of companies and the quality of work processes. Our joint European Social Partner project aimed at better understanding the specifics of psychosocial risks in construction activities.

Traditionally, construction work is hard physical work and, compared with many other sectors it remains relatively dangerous, although statistics show a significant improvement over the last 15 years. Nevertheless, research confirms that construction workers like their job because of many aspects, amongst other, their independence at work, the diversity of the work and the fact that they realize concrete, tangible and visible outputs of which they are proud⁹³. Consequently, just these named aspects of construction work also influence what an individual worker considers or does not consider a psychosocial hazard.

In this respect, we consider our point of departure as most appropriate: to focus on those aspects of working conditions that can be directly controlled by employers, health and safety officers and social partners. Individual preferences and views or the individual capacity to cope with so-called stressful situations are of course of relevance, but were not our focus. We strictly concentrated on work-related aspects that one can objectify and that can be dealt with at company level.

⁹³ European Foundation for the Improvement of Living and Working Conditions. Working conditions surveys

In addition to the fact that construction work differs from other work processes and industries, and therefore needs a tailored approach, our study also clearly shows that the topic of psychosocial risks at work, and how stakeholders deal with the topic, varies widely from one country to another. This can be explained amongst others by the culture of prevention, the awareness and the state of play in this 'field' of science, knowledge and experience, whether a more technical or a more social view on the topic is prevalent, what concepts for the operationalisation have been chosen, and many other more factors. In consequence, we find a differing 'joint basis' or what might be called 'common ground' of the stakeholders in the various countries but also within single countries covered by our research.

It is not therefore our intention to promote one specific concept or model, but rather to ensure that the results of our project can above all support learning from each other and that they can contribute to a general discussion for a better common understanding of a topic of growing relevance, not only for workers and companies but also for the society as a whole.

General findings

Due to the specificities of the construction industry and the lack of specific research in this field, an in-depth analysis of the current situation from a European perspective was needed to identify possible weaknesses in current approaches aimed at improving the mental health of construction workers as part of an overall functional health and safety at work policy.

The well-being of construction workers and their mental health are on the agenda in the construction industry, although there are no specific data available on the impact of unaddressed mental health on the performance of the construction industry and on worker's lives. A definition of what work-life balance is has emerged only recently as one of the issues to be tackled by European institutions in order to achieve healthy working conditions.

After examination of the country reports, it could be concluded that physical safety in the construction industry is still the major concern when analyzing whether working conditions comply with legal requirements. Although the well-being of workers is also taken into consideration, there is in most countries no established relation between psychosocial risks and occupational mental health.

The fact that the outcomes of relevant surveys and studies carried out on the topic of mental health in recent years do not show that special regard should be given to construction in comparison with other sectors, complicates the development and improvement of measures and tools to tackle mental health issues in the construction industry. Even though the reported numbers and figures are relatively low compared with some other economic sectors, it has to be still considered that the mental health of construction workers must be taken into account and new tools and prevention programmes developed fitting the specificities of the construction industry.

As a general overview, the following main conclusions can be drawn based on the analyses of the country reports and serving as recommendations for consideration in further policy actions at national and European level:

As a general assumption, special attention should be given throughout the planning and design stage of any construction, in order to ensure clarity and certainty, clear lines of responsibility and communication channels between employers and their workers. Strong social dialogue and good representation can be identified as the basis for ensuring that these preliminary factors are in place. As identified previously in the reports, there is an obvious need to establish a balance between the demands of and control over work to ensure workers' occupational mental health.

The European Construction industry is composed mainly of SMEs, which has an impact on the prevalence of assessments and the prevention of psychosocial risks. These activities are more consistently applied and carried out in an effective and detailed manner within large companies, where more resources are available. The current experience shows that, due to limitations in the resources of SMEs, prevention measures are often restricted to obligatory preventive legal investigations (where these exist at national level).

As a general trend, in reported cases where construction companies are focused on the prevention of psychosocial risks and have worked towards their identification at the workplace, it is often not specified what measures and solutions have to be taken once these risks are spotted, e.g. monitoring and reporting mechanisms, specific treatments etc. Proactive approaches towards identifying the issues at workplace level, often remain without sufficient follow-up due to resource constraints, even when they result in the identification of risk factors.

Findings from the country reports

The country reports deliver a colorful picture of different approaches to dealing with the topic in the construction industry, resulting in diverging practices when it comes to tackling the subject at company level, especially carrying out risk evaluations and strategies regarding practical measures to reduce related risk factors.

The reason for these differences is multifaceted. A first aspect of relevance in this respect is reference to different (theoretical) concepts of psychosocial risks at workplaces. One concept chosen may focus on aspects like working conditions (the one we have chosen for our research, as well as for the guide); another might focus on social relations and the culture in a company, or another focuses strongly on the person and individual habits and capacities. However, practices at country level refer to other and more fundamental aspects. One of these is the traditional culture of OSH practices, another is prevention practices or a third the culture of participation.

Major differences among countries in terms of legislation, dedicated resources and existing practices at national level are apparent, as described in the country reports. In

general terms, based on the country reports, several countries indicate multiple tools and training programmes as prevention measures, risk assessments and campaigns to raise awareness of the issue in companies, engaging both workers and employers.

With reference to cultural differences and emerging practices, we conclude that there is no one best way to deal with the topic, even though we can also identify differences in the practical effects and quality of various approaches. Additionally, we consider the richness of approaches and practices as a treasure trove for learning, even though it is probably not possible to introduce a given concept one to one in another culture and environment.

As a separate point, the national reports indicate that the main reason for lack of knowledge of psychosocial risks by companies and employees in this sector remains the limited availability of specific tools and programmes developed for the construction context. There is a need for further knowledge on how to deal with or prevent mental health issues. Although information is the crucial element for raising awareness, this has to be accompanied by effective mechanisms providing solutions.

Existing training programmes in the context of occupational health and safety followed in different countries pursue the prevention and promotion of safety and well-being at the workplace in the construction industry, disregarding psychosocial risks to the extent that they are either overlooked or not considered at all. It is important that such programmes instruct employers on workers' mental health hazards, particularly their prevention and assessment.

What does the future bring?

The project also aimed to provide a forecast of the foreseeable or expected changes in construction work, work processes and working conditions and their effects on psychosocial risks. It is clear and confirmed by those who contributed to this aspect that technological change and digitalisation (BIM, robots, drones...) will impact not only the skills needed and the structure of work processes and communication processes but also aspects falling under the category of psychosocial risk and working conditions.

However, in order to put forward robust statements about the impact of such developments on psychosocial risks, interdisciplinary research is required, drawing on knowledge from various types of scientists and practitioners. At this moment and reflecting on our current state of knowledge, we steer away from predicting anything in this connection.

A major factor of importance and a possible basis for concrete action at European level will be to identify best practices in countries (or companies) with well-developed practices in the application of strategies to improve mental health at the workplace. Exchange of experience and best practices among Member States and relevant stakeholders would facilitate the replication of practices that have been carried out with proven outcomes, developed in the specific context of the construction industry.

POLICY RECOMMENDATIONS

With this project the European Social Partners of the construction industry, EFBWW and FIEC, aim to contribute to the overall discussion on improving working conditions, and particularly to a sector-specific approach to psychosocial risks in work processes. The actual outputs from this project, namely this research report and a handbook/guide for construction companies, are intended to give more specific and focused information tailored to the needs of our industry and to helping smaller companies especially, which often do not have the internal expertise or resources to deal with the topic in a proper and feasible way.

This project was developed against the background that today we find a lot of material on the overall topic of psychosocial risk at workplaces but only very little on concepts that can be operationalised and material for specific sectors or occupations. We hope the results of our project will contribute to closing this gap for the construction industry.

However, we consider this project only as a first step. In order to have lasting results, it needs to be disseminated widely amongst companies and to be incorporated into their practices. Furthermore, it should contribute to ongoing discussions for better understanding and more effective handling of the issue. In this respect, we have listed below some proposals for our self-commitment as well as demands directed towards other relevant stakeholders in the field.

Conclusions and action

SELF-COMMITMENT

When referring to social partners, we consider all levels of social partner activities, i.e. the European, national, sectoral and company levels.

- The European social partners of the construction industry will continue to cooperate in order to improve working conditions by informing their national affiliated members and by developing specific actions at European level, such as, for example, this project and its outcomes.
- We will continue to inform our members and other stakeholders concerned of ongoing debates, scientific developments and possible legal provisions in all their aspects, coming from both the European and the national levels.
- We will strive to ensure that the evaluation and reduction of psychosocial risks at the workplace become an integral part of the overall risk assessment in companies.
- We intend to broadly disseminate our guide, available in various EU languages, to the assessment of and reduction in relevant hazards connected to psychosocial risks in construction, thereby providing support to companies as well as to those bodies interested in using this guide and implementing practical measures.
- We will further contribute to a joint understanding of the topic and its specificities in the construction industry by contributing to general discussions and ongoing cooperation at European level.
- The European Social Fund (ESF) has been mentioned in the national reports as a possible source of funding at national level for activities directed towards the application of prevention measures, risk assessments and the elaboration of guidelines for companies, though its use appears to remain limited. Wider application of and improved accessibility to the ESF-fund and/or alternative sources of public funding at national level can provide the necessary resources for companies, given that lack of funding remains a crucial factor. We will inform our national affiliated federations, enabling them to better use this resource.

Recommendations towards stakeholders

In general, but especially for micro and small enterprises, support from prevention institutions can be extremely helpful for the establishment of a sound OSH organisation and in particular for the handling of complex issues like psychosocial risks. This support needs to focus as much as possible on sectoral specificities.

- Prevention institutions from the various EU Member States should cooperate in this field and provide guidance that is specific to the various types of construction work and their respective work processes. In the light of the point of departure varying from one country to the next, platforms could be set up for prevention institutions to meet and exchange experiences and work on improved practical concepts for the construction industry.
- Stakeholders involved in work on this topic need to take into consideration and also try to anticipate the overall conditions framing construction work i.e. the development of the market and the labour market, changes in business models, and

changes in the forms of employment. Better collaboration between the various stakeholders involved in the process should therefore be fostered at European and national levels.

- Labour inspectors have a vital role to play in supporting micro and small enterprises especially in adequate implementation of existing rules and obligations. There is a need first to properly qualify labour inspectorate staff. Furthermore, we propose that the European Senior Labour Inspectorates Committee launches a coordinated campaign on this issue, as well as provide guidance and advice on appropriate training measures at company level and sector specific guidance on evaluating and reducing psychosocial risks.

Recommendations towards European policy makers

The expectations of the European Social Partners with regard to the European legislator partly differ when it comes to the question of whether or not further legislative initiatives in the field are necessary.

Nonetheless, EFBWW and FIEC have a broad consensus about their expectation towards other stakeholders, the European legislator, and their own activities in this area. There is already at the EU level a wide-ranging legislative framework for occupational safety and health with at its core the European “Framework” Directive, which sets down, amongst other requirements, the obligation for employers to carry out a comprehensive risk assessment. According to the main findings of our project, we therefore consider that further initiatives by the European policy makers should focus amongst other aspects on :

- Further clarification on the scope and definition of the issue of psychosocial risks at the workplace.
- With the participation of the social partners, setting up sectoral groups of experts from different knowledge fields.
- The European Commission should enable the European sectoral Social Partners to actively participate in the ongoing revision of the ISO 10 075 series of standards, defining guidance for companies to operationalise their activities in relation to the evaluation and minimisation of psychosocial risks at work.
- A specific section of the new R+D Programme of the European Union should be dedicated to in-depth research on changes in technology, work processes, business models and other related aspects, and their impact on future changes in the scope of psychosocial risks at work.

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Mental health in the construction industry

The aim of this research report is to examine and map the existing mental health risks in the construction sector with the objective to provide an in-depth analysis and an evaluation tool at European level addressing the topic of mental health from a sector-specific perspective.