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DRAFT REPORT

with recommendations to the Commission on psychosocial risk, stress and
mental health at work
(2026/2023(INL))

Committee on Employment and Social Affairs

Rapporteur: Estelle Ceulemans

(Initiative – Rule 47 of the Rules of Procedure)

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

**with recommendations to the Commission on psychosocial risk, stress and mental health at work
(2026/2023(INL))**

The European Parliament,

- having regard to Article 225 of the Treaty on the Functioning of the European Union (TFEU),
- having regard to the Charter of Fundamental Rights of the European Union, and in particular Articles 1, 3, 21, 27, 31 and 35 thereof,
- having regard to the European Pillar of Social Rights, in particular Principle 10 on healthy, safe and well-adapted work environments,
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work¹,
- having regard to Directive (EU) 2019/1937 of the European Parliament and of the Council of 23 October 2019 on the protection of persons who report breaches of Union law²,
- having regard to the Directive (EU) 2024/2831 of the European Parliament and of the Council of 23 October 2024 on improving working conditions in platform work³, and in particular its Article 12;
- having regard to Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time⁴, Directive (EU) 2019/1152 of the European Parliament and of the Council of 20 June 2019 on transparent and predictable working conditions in the European Union⁵, and Directive 2002/14/EC of the European Parliament and of the Council of 11 March 2002 establishing a general framework for informing and consulting employees in the European Community⁶,
- having regard to the European social partners' framework agreement on work-related stress (2004),
- having regard to the European social partners' framework agreement on harassment and violence at work (2007),
- having regard to the EU Strategic Framework on Health and Safety at Work 2021–

¹ OJ L 183, 29.6.1989, p. 1, ELI: <http://data.europa.eu/eli/dir/1989/391/oj>.

² OJ L 305, 26.11.2019, p. 17, ELI: <http://data.europa.eu/eli/dir/2019/1937/oj>.

³ OJ L, 2024/2831, 11.11.2024, ELI: <http://data.europa.eu/eli/dir/2024/2831/oj>.

⁴ OJ L 299, 18.11.2003, p. 9, ELI: <http://data.europa.eu/eli/dir/2003/88/oj>.

⁵ OJ L 186, 11.7.2019, p. 105, ELI: <http://data.europa.eu/eli/dir/2019/1152/oj>.

⁶ OJ L 80, 23.3.2002, p. 29, ELI: <http://data.europa.eu/eli/dir/2002/14/oj>.

2027, which sets out key priorities for anticipating and managing change in the new world of work, improving prevention of workplace accidents and diseases, and increasing preparedness for future health crises,

- having regard to its resolution of 10 March 2022 on a new EU Strategic Framework on Health and Safety at Work,
 - having regard to its resolution of 5 July 2022 on mental health in the digital world of work (2021/2098(INI)),
 - having regard to its resolution of 21 January 2021 on the right to disconnect (2019/2181(INL))
 - having regard to European Economic and Social Committee’s opinion on Precarious work and Mental Health (SOC/745-EESC-2023),
 - having regard to the European Council conclusions on mental health (5053/23),
 - having regard to the Commission communication of 4 December 2025 on the Quality Jobs Roadmap,
 - having regard to the Commission communication of the 7 June 2023 on a comprehensive approach to mental health,
 - having regard to the European Parliament’s Policy Department study published in May 2023 on Minimum health and safety requirements for the protection of mental health in the workplace,
 - having regard to Eurofound’s European Working Conditions Survey 2024: First findings. Luxembourg: Publications Office of the European Union,
 - health in the EU health and social care sector” published on 13 November 2025,
 - having regard to the opinion of the Committee on Legal Affairs on the proposed legal basis,
 - having regard to Rules 47 and 55 of its Rules of Procedure,
 - having regard to the opinion of the Committee on Public Health,
 - having regard to the report of the Committee on Employment and Social Affairs (A10 0000/2026),
- A. whereas work-related psychosocial risks arise primarily from exposure to risk factors related to the organisation, design and management of work, as well as from the social and relational context of work, and working conditions;
- B. whereas exposure to psychosocial risk factors such as excessive workload, unreasonable work pace, workforce shortages, lack of autonomy, job insecurity, poor management practices, dysfunctional performance and merit-based evaluation systems significantly increase work-related psychosocial risks;

- C. whereas exposure to psychosocial risk factors has serious negative effects on workers' mental and physical health, including work-related stress, burnout, anxiety disorders, depression, cardiovascular diseases, musculoskeletal disorders and long-term work incapacity;
- D. whereas Eurofound's European Working Conditions Survey shows that exposure to high work intensity rose from 27 % in 2015 to 40 % in 2021 with one in three employees working at high work intensity, to tight deadlines or during their free time;
- E. whereas work-related psychosocial risks generate substantial social and economic costs, including absenteeism, labour market exit and reduced productivity across the Union, accounting for approximately 60% of lost working days in the EU, thereby contributing to labour shortages and increased work intensity for workers in organisations impacted by such shortages; whereas addressing work-related psychosocial risks, stress and mental health at work is beneficial for both workers and employers;
- F. whereas adverse social behaviour, including verbal abuse, threats, unwanted sexual attention, bullying, violence and harassment, has a particularly severe and long-lasting impact on workers' physical and mental health, while disproportionately affecting workers in health, public administration and client-facing occupations; whereas violence, including third-party violence from clients, patients, care recipients or service users, should be explicitly recognised and addressed;
- G. whereas the current EU occupational safety and health (OSH) framework, in particular Directive 89/391/EEC, does not provide sufficiently specific binding rules stating the responsibility of the employer to address all risks;
- H. whereas there is considerable variation in the prevalence of work-related psychosocial risks and in how they have been addressed in national legislation and wider policies, including those implementing the European social partners' agreements on work-related stress and on harassment and violence; whereas such variation reflects differences in labour market structures, regulatory frameworks and implementation practices, thereby leading to unequal levels of protection across the Union;
- I. whereas climate-related psychosocial risks, including exposure to extreme weather events and conditions and their outcomes, such as heat stress, eco-anxiety, and work-related stress linked to environmental transitions, are significant determinants of workers' health and safety; whereas the integration of these risks in EU law would modernise it and ensure its continued relevance to the evolving world of work;
- J. whereas EU-OSHA highlights the importance of participatory risk assessment processes and the effective involvement of workers and their representatives in preventing work-related psychosocial risks;
- K. whereas 29 % of workers report being not very well informed or not at all informed about the prevention of work-related stress at their workplace indicating a significant knowledge and communication gap on psychosocial risk prevention;
- L. whereas the increasing use of digital technologies, algorithmic management and artificial intelligence contributes to technostress, cognitive overload, work

intensification, social isolation and loss of autonomy, and often results in workers being required to adapt to machines rather than technology being adapted to workers;

- M. whereas telework and flexible working arrangements, while providing autonomy and flexibility, have also been associated with increased work intensity, work–life interference, extended availability and the emergence of an “always-on” work culture, which can negatively affect mental health if not properly regulated;
 - N. whereas women, young and older workers, workers in precarious or non-standard forms of employment, managerial staff, migrant workers and ethnic minorities, workers living with a chronic condition, and workers subject to intense performance monitoring and merit-based reward systems are disproportionately exposed to work-related psychosocial risks; whereas this is not due to individual vulnerability but a result of structural inequalities, power imbalances and discriminatory practices in the organisation of work, including sexism, ageism, racism, ableism, class-based discrimination and discrimination based on sexual orientation, gender identity or expression; whereas these intersecting forms of discrimination constitute psychosocial risk factors in themselves;
 - O. whereas migrant workers are disproportionately exposed to psychosocial risks at work due to various factors such as precarious employment, unsafe working conditions, unequal treatment and barriers to accessing rights and reporting abuse; whereas workers in an irregular situation are particularly vulnerable to labour exploitation, abusive practices and fear of retaliation or deportation when seeking to assert their rights; whereas these risks are especially acute in sectors such as domestic work, where migrant women are overrepresented;
 - P. whereas difficulties in the legal recognition of work-related psychosocial diseases resulting from exposure to work-related psychosocial risks and the burden of proof placed on workers constitute major obstacles to effective prevention, enforcement and access to justice;
 - Q. whereas workers who report wrongdoing, occupational safety and health violations or work-related psychosocial risks, as well as direct and indirect witnesses, are particularly exposed to retaliation, isolation, intimidation and career penalties;
 - R. whereas secondary prevention plays a key role in protecting workers’ health by enabling the early detection of work-related health impairments, in particular those linked to psychosocial risks, and by ensuring timely intervention to prevent their aggravation; whereas it includes, inter alia, appropriate monitoring, alert and support mechanisms, including access to occupational health services and relevant support measures; whereas a structured approach to secondary prevention contributes to reducing the duration of absences, facilitating a sustainable return to work and preventing recurrence, thus complementing primary prevention measures;
 - S. whereas work-related psychosocial risks are the responsibility of the employer and must be addressed primarily through collective and organisational prevention measures rather than through individualised coping strategies;
1. Stresses the urgent need to strengthen the EU legislative framework on the prevention,

identification and management of work-related psychosocial risks and to ensure a high level of protection of workers' health and safety;

2. Calls on the Commission and the Member States to explicitly recognise that work-related psychosocial risks give rise to occupational diseases, including mental health disorders, as well as to work-related accidents, and to adapt national systems for the recognition, prevention and compensation of occupational diseases and accidents at work accordingly; calls on the Commission to review and, where necessary, amend Commission Recommendation (EU) 2022/2337 of 28 November 2022 concerning the European schedule of occupational diseases accordingly;
3. Calls for the introduction of mechanisms for the reversal or alleviation of the burden of proof where a worker is affected by an adverse health impairment due to exposure to work-related psychosocial risks;
4. Calls on the Member States to ensure that psychosocial risk assessments are mandatory, systematic, participatory and properly documented in all workplaces, and undertaken with the effective involvement of workers and their representatives; calls for the systematic integration of a gender-sensitive and intersectional perspective in such assessments, taking into account discrimination and structural inequalities;
5. Recalls the obligation to inform and consult workers and their representatives at all stages of psychosocial risk assessment, prevention and elimination, in accordance with EU labour law and social dialogue principles, ensuring the participation of workers and their representatives in the conception and implementation of measures and continuous monitoring of risks, through establishing dedicated bodies in workplaces where they do not exist and strengthening the prerogatives of existing health and safety committees by granting them rights to expertise;
6. Underlines the important role of social partners and collective bargaining in preventing and addressing work-related psychosocial risks, by ensuring structured social dialogue, strengthening workers' protection, and promoting healthier, safer and more resilient workplaces;
7. Calls on the Member States to ensure mandatory and continuous training for employers, managers, workers and workers' representatives on work-related psychosocial risks and psychosocial risk factors, including harassment and violence, and prevention measures;
8. Underlines the importance of clear, confidential, independent and accessible procedures to address cases of harassment, violence and discrimination at work, ensuring protection against retaliation and respect for victims' rights;
9. Calls on the Commission and Member States to strengthen labour inspectorates through the establishment of minimum EU-wide standards for labour inspections in the field of work-related psychosocial risks, including specialised training, harmonised assessment and monitoring tools, and adequate resources to support effective prevention and enforcement;
10. Urges Member States to incorporate primary and secondary prevention measures into their national occupational health and safety strategies, ensuring effective coordination

between healthcare systems, labour inspectorates, and social partners; emphasizes the importance of improving the collection, monitoring, and reporting of data on work-related psychosocial risks and associated absences, occupational diseases and injuries to enable a more accurate evaluation of the effectiveness of prevention and intervention measures;

11. Stresses the need for comprehensive return-to-work policies that support employees following illness or psychosocial difficulties; encourages Member States to develop tailored reintegration programs, including workplace adjustments, flexible schedules, and continuous occupational health support; highlights the importance of collaboration between employers, healthcare providers, and social partners to facilitate a smooth, sustainable, and inclusive return to work, while preventing relapses and promoting long-term well-being;
12. Stresses the need for minimum standards in the recognition, prevention and compensation of work-related psychosocial risks, in order to avoid legal fragmentation and unequal protection of workers; calls on the Commission to propose a clear and legally binding definition of work-related psychosocial risks and psychosocial risk factors, covering risks arising from work organisation, design and management practices, the social and relational context at work and working conditions, and including issues such as work-related stress, burnout, harassment, violence and discrimination;
13. Requests that the Commission submit, by the end of 2026, on the basis of Article 153(2), point (b), and Article 153(1), point (a), of the Treaty on the Functioning of the European Union, a proposal for a directive on work-related psychosocial risks, stress and mental health at work, including minimum requirements with view to an equivalent, high level of protection for all workers in the Union following the recommendations set out in the Annex hereto;
14. Considers that the financial implications of the requested proposal should be covered by existing budgetary allocations;
15. Instructs its President to forward this resolution and the accompanying recommendations to the Commission and the Council, and to the parliaments and governments of the Member States.

**ANNEX TO THE MOTION FOR A RESOLUTION:
RECOMMENDATIONS AS TO THE CONTENT OF THE PROPOSAL REQUESTED**

TEXT OF THE LEGISLATIVE PROPOSAL REQUESTED

Proposal for a

DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

on the prevention of work-related psychosocial risks, stress and mental health at work

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Article 153(2), point (b), in conjunction with Article 153 (1), point (a), thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

Having regard to the opinion of the European Economic and Social Committee ¹,

Having regard to the opinion of the Committee of the Regions ²,

Acting in accordance with the ordinary legislative procedure ³,

Whereas:

- (1) The European Parliament has repeatedly called for the adoption of a specific EU directive to ensure a high and equivalent level of protection against work-related psychosocial risks for all workers in the Union.
- (2) A definition of work-related psychosocial risks and risk factors related to work organisation, design and management, the social and relational context at work and working conditions should be adopted at a European level to provide certainty to employers and workers.
- (3) Work-related psychosocial risks should be recognised as occupational risks within the meaning of Union occupational safety and health law.
- (4) The prevention of work-related psychosocial risks should be based primarily on collective and organisational measures, in accordance with the hierarchy of prevention, including the adjustment of workload, working time, job control, staffing levels, management practices and performance evaluation systems. Stresses that individual resilience training, counselling or wellbeing/wellness programmes cannot replace employers' legal obligations to prevent work-related psychosocial risks by adapting

¹ OJ ...

² OJ ...

³ Position of the European Parliament ...

work organisation, design and management.

- (5) Member States should provide for effective, proportionate and dissuasive sanctions for infringements of the rights and obligations as set out in this Directive.
- (6) Employers should ensure that work organisation, management practices and performance evaluation systems respect workers' health, dignity and fundamental rights,

HAVE ADOPTED THIS DIRECTIVE:

CHAPTER I

GENERAL PROVISIONS

Article 1

Subject matter and purpose

This Directive lays down minimum requirements to prevent, eliminate or, where this is not possible, reduce work-related psychosocial risks.

It establishes binding organisational, structural and participatory obligations for employers in order to protect workers' mental and physical health and to ensure safe and dignified working conditions.

This Directive shall be without prejudice to existing or future national and Community provisions which are more favourable to protection of the safety and health of workers at work.

Article 2

Scope

This Directive applies to workers in all sectors of economic activity, both public and private.

Article 3

Definitions

For the purposes of this Directive, the following definitions shall apply:

- (1) "Work-related psychosocial risks" means work-related risks arising from exposure to psychosocial risk factors related to the organisation, design and management of work, the social and relational context at work and working conditions, which may affect workers' mental and physical health, safety and dignity; such risks may lead, inter alia, to work-related stress, burnout, harassment, violence, mental disorders, addiction or suicidal behaviour, cardiovascular diseases and musculo-skeletal disorders;

- (2) “Work-related stress” means a state of physical, emotional, and psychological strain resulting from prolonged exposure to work demands that exceed a worker’s capacity or resources; it is characterized not only by feelings of exhaustion, but also by heightened levels of tension, anxiety, or being persistently “on edge,” reflecting both overactivation (stress/anxiety) and depletion (fatigue);
- (3) “Psychosocial risk factors” means work-related risk factors related to the organisation, design and management of work, its social and relational context and working conditions, including high workload, high work intensity, long working hours, lack of autonomy, lack of support from supervisors, harassment, violence and discrimination behaviour, high emotional demands, high digital intensity, being subject to automated decision-making or monitoring systems, unrealistic targets;
- (4) “Primary prevention” means measures aimed at eliminating and preventing work-related psychosocial risks at source through adaptations to work organisation, design and management, and working conditions;
- (5) “Secondary prevention” means measures aimed at the early identification and timely management of emerging adverse outcomes from exposure to work-related psychosocial risks in order to prevent their progression, reduce their impact, and avoid the development of more serious outcomes, including through screening, monitoring and targeted interventions for workers showing initial signs of exposure or harm.

CHAPTER II

OBLIGATIONS OF EMPLOYERS

Article 4

General prevention obligation

1. Employers shall ensure the prevention of work-related psychosocial risks by:
 - (a) avoiding risks;
 - (b) evaluating the risks which cannot be avoided;
 - (c) combating the risks at source;
 - (d) adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health;
 - (e) adapting to technical progress;
 - (f) replacing the dangerous by the non-dangerous or the less dangerous;

- (g) developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment;
 - (h) giving collective protective measures priority over individual protective measures;
 - (i) giving appropriate instructions to the workers.
2. Employers shall ensure that organisational resources that support primary prevention, including managerial support, worker participation and access to training, are made effectively available to all workers.

They shall also provide regular and adequate training to workers, managers and supervisors on work-related psychosocial risks and risk factors related to work organisation, design and management, the social and relational context at work, and working conditions, and prevention measures.

3. Employers shall adopt and implement a code of conduct defining and prohibiting violence, harassment and discrimination behaviour that undermines workers' dignity, health or well-being.
4. Employers shall also implement appropriate secondary prevention measures, including early detection mechanisms, access to occupational health services, and timely support for workers exposed to psychosocial risks.

Article 5

Mandatory psychosocial risk assessment

1. Employers shall carry out a psychosocial risk assessment at least once per year and whenever significant changes to the organisation of work and organisational restructuring occur.
2. The psychosocial risk assessment shall evaluate psychosocial risk factors including workload, work intensity, lack of autonomy, long working hours, lack of appropriate rewards and recognition resulting from poor performance and evaluation systems, emotional demands, exposure to adverse social behaviour, job insecurity, work–life interference, digital connectivity outside working time, or being subject to automated decision-making or monitoring systems;

Such assessment shall be based on scientifically validated methods.

3. When carrying out the psychosocial risk assessment, employers shall ensure the effective participation of workers' representatives and trade unions and that the protective and preventive services for psychosocial risks designated pursuant Article 15 take part throughout the entire process.
4. The results of the assessment shall be documented and communicated to all workers in the workplace in an accessible manner.

Article 6

Annual action plan

1. On the basis of the psychosocial risk assessment, employers shall adopt an annual action plan setting out concrete measures to prevent, eliminate or reduce work-related psychosocial risks. Employers shall implement, monitor and evaluate the application of the annual action plan.
2. The action plan shall include, where relevant:
 - (a) measures to reduce excessive workload, workforce shortages, work intensity and reduce monotonous work;
 - (b) limitations on overtime and unpredictable working hours;
 - (c) effective implementation of the right to disconnect;
 - (d) measures to prevent abusive social behaviour such as harassment, bullying and violence;
 - (e) rules governing digital monitoring, surveillance and the use of artificial intelligence to prevent worker exposure to work-related psychosocial risks;
 - (f) measures aimed at preventing extended availability and “always-on” work cultures, including technical and organisational safeguards;
 - (g) targeted measures for sectors, occupations and groups of workers identified as being at higher risk, including health, public administration and client-facing services;
 - (h) measures for early intervention and support, including access to counselling, occupational health follow-up and mechanisms facilitating sustainable return to work.
3. The action plan shall be subject to approval by the relevant protective and preventive services for psychosocial risks designated pursuant to Article 15. Workers representatives and trade unions shall be duly and systematically involved in the design, implementation and evaluation of this plan.
4. Employers shall take all necessary measures to prevent, eliminate or reduce work-related psychosocial risks identified through the risk assessment.

Article 7

Work reorganisation and technological change

Any restructuring, reorganisation of work or introduction of surveillance or digital management technologies shall be subject to a prior psychosocial risk assessment.

CHAPTER III

RIGHTS OF WORKERS

Article 8

Right to a psychologically safe working environment and to relevant support services

Workers shall have the right to a psychologically safe working environment that does not expose them to continuous work-related psychosocial risks and degrading or humiliating practices that can result in significant negative impact on their physical and mental health.

Article 9

Right to a supported return to work following harm from exposure to work-related psychosocial risks

Workers who have been absent from work due to health impairments linked to work-related psychosocial risks, including work-related stress, burnout, harassment or violence, shall have the right to a supported and sustainable return to work.

Employers shall ensure that the return to work is organised in a manner that protects the worker's health and prevents recurrence of the risks that contributed to the absence.

This right shall form part of the employer's obligations in the framework of secondary and tertiary prevention of work-related psychosocial risks.

Article 10

Individual return-to-work plan

1. Before a worker resumes their duties after a period of absence linked to work-related psychosocial risks, the employer shall establish an individual return-to-work plan.
2. The plan shall be developed in cooperation with the worker concerned, occupational health services and workers' representatives, where appropriate.

It shall specify, where relevant:

- a) the gradual resumption of work;

- b) the temporary or permanent adaptations of tasks or workload;
- c) the adjustments to working time or work organisation;
- d) the measures addressing the work-related psychosocial risks that had a negative impact on their health.

Article 11

Follow-up and prevention of recurrence

Employers shall ensure regular follow-up during the return-to-work period, including the possibility to review and adapt the return-to-work plan.

Where necessary, employers shall take organisational measures to address the psychosocial risk factors that contributed to the worker's absence.

Workers returning after an absence linked to work-related risks shall not suffer discrimination or adverse treatment as a result of their absence.

The findings from return-to-work processes shall be taken into account in the employer's psychosocial risk assessment and prevention measures, with a view to preventing recurrence and improving working conditions.

Article 12

Right to report and protection against retaliation

Workers shall have the right to report work-related psychosocial risks, including anonymously.

No worker shall suffer retaliation, discrimination or disadvantage as a result of such reporting.

This Article shall apply without prejudice to Directive (EU) 2019/1937.

Article 13

Right to disconnect

Workers shall not be required to engage in work-related communications or tasks outside their working time.

Employers shall ensure that digital tools and work organisation support the effective exercise of this right.

Article 14

Right to information, consultation and participation

Workers and their representatives shall be informed, consulted and involved at all stages of the assessment, prevention, monitoring and elimination of work-related psychosocial risks.

Employers shall ensure that workers are clearly and regularly informed about work-related psychosocial risks and the measures in place to prevent them and mitigate their negative impact.

Particular attention shall be paid to ensuring that all workers understand that work-related psychosocial risks arise from exposure to psychosocial risk factors, and the nature of those factors.

CHAPTER IV

WORKERS' REPRESENTATION AND PARTICIPATION

Article 15

Protective and preventive services for psychosocial risks

1. Employers shall designate one or more workers to carry out activities related to the prevention and management of psychosocial risks within the undertaking and/or establishment.
2. The designated workers shall not be placed at any disadvantage because of their activities related to the prevention of psychosocial risks. They shall be allowed adequate time and provided with appropriate resources to fulfil their duties.
3. Where the competencies to carry out the activities referred to in paragraph 1 are not available within the undertaking and/or establishment, the employer shall enlist competent external services or persons with expertise in psychosocial risks.
4. In such cases, the employer shall inform those services or persons of all relevant factors known to affect, or suspected of affecting, the mental health and well-being of workers, including work organisation, working conditions, and interpersonal relations at work.
5. In all cases:
 - the designated workers must have the necessary capabilities, training and means in the field of psychosocial risk prevention;
 - the external services or persons consulted must have the necessary aptitudes and professional resources; and
 - the number of designated workers and external services or persons consulted shall be sufficient, taking into account the size of the undertaking and/or establishment, the nature of the activities, and the level and distribution of exposure to

psychosocial risks.

6. The prevention of psychosocial risks may be carried out by one or more workers, by an internal service, or by external services. These actors shall cooperate where necessary to ensure a coherent and effective approach.
7. Member States may define, in light of the nature of the activities and the size of the undertakings, the categories of undertakings in which the employer, provided that he or she is competent, may assume responsibility for the measures referred to in paragraph 1.
8. Member States shall determine:
 - the necessary capabilities and qualifications in the field of psychosocial risk prevention;
 - the sufficient number of persons or services required to carry out these tasks.

Article 16

Consultation and participation of workers

1. The employer shall ensure that workers and/or their representatives are consulted and are allowed to take part in discussions in all stages of the prevention and management of psychosocial risks.
2. Such consultation and participation shall concern, in particular:
 - the identification and assessment of psychosocial risks;
 - the design, planning and implementation of preventive measures and action plans;
 - the monitoring and evaluation of the effectiveness of those measures;
 - the continuous improvement of policies and practices relating to psychosocial risks.
3. Workers and/or their representatives shall be provided with the necessary information, training and means to participate effectively in the processes referred to in paragraph 2.
4. Participation shall take place in good time and in a meaningful manner, allowing workers and/or their representatives to contribute to decision-making and the development of appropriate measures.
5. The provisions of this Article shall apply without prejudice to national laws and practices concerning information, consultation and participation of workers.

CHAPTER V

ENFORCEMENT, INSPECTIONS AND SANCTIONS

Article 17

Labour inspections

Member States shall ensure that labour inspection authorities are provided with adequate powers, training, expertise, tools and resources in the field of work-related psychosocial risks, including with view to identifying, assessing and investigating these risks effectively.

Article 18

Legal presumption and Burden of proof

1. Member States shall ensure that, where a worker establishes facts from which it may be presumed that they have been exposed to work-related psychosocial risk factors and have suffered a health impairment compatible with such exposure, it shall be presumed that the impairment is work-related.
2. In such cases, the burden of proof shall shift to the employer, who shall demonstrate that:
 - (a) appropriate preventive measures were taken in accordance with this Directive; and
 - (b) the health impairment is not linked to working conditions.
3. Member States may provide for more favourable provisions, including mechanisms for the alleviation of the burden of proof.

Article 19

Monitoring and data collection

The European Commission, in cooperation with the European Foundation for the Improvement of Living and Working Conditions (Eurofound) and the European Agency for Safety and Health at Work (EU-OSHA), shall monitor trends in work-related psychosocial risks across Member States, in order to assess the effectiveness of this Directive.

Article 20

Sanctions

Member States shall lay down the rules on sanctions applicable to infringements of national provisions adopted pursuant to this Directive and shall take all measures necessary to ensure that they are implemented. The sanctions provided for shall be effective, proportionate and dissuasive. Member States shall, without delay, notify the Commission of those rules and of

those measures and shall notify it, without delay, of any subsequent amendment affecting them.

CHAPTER VI

FINAL PROVISIONS

Article 21

Non-regression

Implementation of this Directive shall not constitute grounds for reducing the level of protection already afforded to workers.

This Directive shall not affect Member States' prerogative to apply or to introduce laws, regulations or administrative provisions which are more favourable to workers or to encourage or permit the application of collective agreements which are more favourable to workers.

Article 22

Implementation

1. Member States shall, in accordance with their national law and practice, take adequate measures to ensure the effective involvement of the social partners and to promote and enhance social dialogue with a view to implementing this Directive.
2. Member States may entrust the social partners with the implementation of this Directive where the social partners jointly request to do so and provided that Member States take all steps necessary to ensure that they can at all times guarantee the results sought under this Directive.
3. The autonomy of the social partners is to be respected. Member States should be able to allow the social partners, under specific conditions, to maintain, negotiate, conclude and enforce collective agreements which differ from certain provisions of this Directive, while respecting the overall protection of workers.

Article 23

Transposition

Member States shall bring into force the laws, regulations and administrative provisions necessary to comply with this Directive within two years of its entry into force. They shall communicate to the Commission the text of the main measures of national law which they

adopt in the field covered by this Directive.

EXPLANATORY STATEMENT

Work-related psychosocial risks represent a growing challenge for occupational safety and health in the European Union. Profound changes in work organisation, management practices and employment conditions have significantly increased exposure to work-related psychosocial risks across sectors and occupations. These risks arise primarily from the organisation, design and management of work, as well as from the social and relational context in which work is performed and working conditions.

Excessive workloads and work intensity, lack of autonomy, long working hours, job insecurity, adverse social behaviours, and lack of appropriate rewards and recognition resulting from poor performance and evaluation systems are recognised psychosocial risk factors from which psychosocial risks emanate. These factors contribute to work-related stress, burnout, harassment, violence and discrimination, which have serious and long-term consequences for workers' mental and physical health, including anxiety disorders, depression, cardiovascular diseases and long-term work incapacity. In addition to their human impact, work-related psychosocial risks generate substantial social and economic costs, including absenteeism, labour market exit and reduced productivity.

The current EU occupational safety and health framework, notably Directive 89/391/EEC, establishes general principles for prevention but does not provide sufficiently specific, binding or harmonised provisions addressing work-related psychosocial risks. Furthermore, the implementation of the European social partners' agreements on work-related stress and on harassment and violence at work remains uneven across Member States and sectors, resulting in divergent levels of protection for workers.

Recent developments linked to digitalisation have further intensified work-related psychosocial risks. The increasing use of digital technologies, algorithmic management, artificial intelligence and automated performance monitoring systems has contributed to technostress, work intensification, social isolation and reduced autonomy. These developments raise concerns regarding the need to ensure that work organisation remains adapted to workers, in line with the fundamental principles of occupational safety and health.

Evidence shows that exposure to work-related psychosocial risks is unevenly distributed. Certain groups of workers, including women, young and older workers, workers in precarious employment, managerial staff and workers subject to intense performance monitoring, are disproportionately affected. This disproportionate exposure reflects structural inequalities, power imbalances and discriminatory practices within work organisation. Addressing work-related psychosocial risks therefore requires the integration of a gender-sensitive and intersectional perspective in prevention policies.

The report also underlines the challenges related to the legal recognition of work-related diseases resulting from exposure to work-related psychosocial risks and the burden of proof placed on workers. These difficulties hinder effective prevention, enforcement and access to justice. Work-related psychosocial risks may give rise to occupational diseases, including mental health disorders, as well as to work-related accidents, yet recognition and compensation systems remain fragmented across Member States.

Effective prevention of work-related psychosocial risks must be based primarily on collective and organisational measures, in accordance with the hierarchy of prevention. Research and

guidance from EU agencies emphasise the importance of participatory risk assessment processes and the effective involvement of workers and their representatives. Individualised coping strategies or wellbeing/wellness initiatives cannot replace employers' obligations to adapt work organisation and working conditions.

Finally, this report stresses the need for a more coherent and harmonised EU approach to work-related psychosocial risks. It calls on the Commission to present a proposal for a specific EU directive establishing binding minimum requirements for the prevention, recognition and management of work-related psychosocial risks. Such an initiative is necessary to ensure a high and equivalent level of protection for all workers in the Union, the principles of subsidiarity and proportionality.

ANNEX: DECLARATION OF INPUT

Pursuant to Article 8 of Annex I to the Rules of Procedure, the rapporteur declares that she included in her report input on matters pertaining to the subject of the file that she received, in the preparation of the draft report, from the following interest representatives falling within the scope of the Interinstitutional Agreement on a mandatory transparency register¹, or from the following representatives of public authorities of third countries, including their diplomatic missions and embassies:

1. Interest representatives falling within the scope of the Interinstitutional Agreement on a mandatory transparency register
European Trade Union Confederation (ETUC)
European Trade Union Institute (ETUI)
Industriall
Eurocadres
Eurofound
European Agency for Safety and Health at Work (EU-OSHA)
European Public Service Union (EPSU)
Mental Health Europe
UNESSA
IDF Europe
ESMO
SGI
2. Representatives of public authorities of third countries, including their diplomatic missions and embassies
None

The list above is drawn up under the exclusive responsibility of the rapporteur.

Where natural persons are identified in the list by their name, by their function or by both, the rapporteur declares that she has submitted to the natural persons concerned the European Parliament's Data Protection Notice No 484 (<https://www.europarl.europa.eu/data-protect/index.do>), which sets out the conditions applicable to the processing of their personal data and the rights linked to that processing.

¹ Interinstitutional Agreement of 20 May 2021 between the European Parliament, the Council of the European Union and the European Commission on a mandatory transparency register (OJ L 207, 11.6.2021, p. 1, ELI: http://data.europa.eu/eli/agree_interinstit/2021/611/oj).