



GOOD PRACTICE NOTE ON THE MANAGEMENT OF WORKPLACE MENTAL HEALTH AND WELL-BEING

PREVENTING PSYCHOSOCIAL RISKS AND PROMOTING
POSITIVE MENTAL HEALTH IN THE WORKPLACE

FEBRUARY 2025



European Bank
for Reconstruction and Development

ADB

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Notes:

This good practice note is intended to be used as a reference for ADB's borrowers, clients, and project teams in managing mental health and well-being in the workplace. It is not intended to be a compliance guide to satisfying the requirements under ADB's Safeguard Policy Statement (2009) and new [Environmental and Social Framework](#) approved in November 2024, and does not modify such requirements.

In this publication, “€” refers to the euro, “£” refers to United Kingdom pounds, and “\$” refers to United States dollars.

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FOREWORD



We are delighted to introduce this *Good Practice Note on the Management of Workplace Mental Health and Well-Being* for projects funded and administered by the Asian Development Bank (ADB) and the European Bank for Reconstruction and Development (EBRD). ADB and the EBRD believe that fostering a culture of care and resilience is essential to creating sustainable, high-performing organizations where individuals can thrive. Mental health is a universal concern, and workplaces play a critical role in ensuring the general well-being of employees.

This guide, developed by ADB in partnership with the EBRD, highlights the role of leadership in fostering workplaces where mental health is openly discussed, and free from stigma. It offers a practical framework for occupational health and safety managers, human resources professionals, and mental health specialists to address psychosocial risks and promote inclusion. Interventions such as psychological first aid, mental health training, and structured return-to-work programs are among the actionable recommendations provided.

Workplace mental health is not just about managing challenges such as heavy workloads or isolation; it is about embedding mental well-being at the heart of policies and practices. This includes addressing the root causes of mental ill health, such as discrimination, burnout, and gender-based violence and harassment. Without tackling these systemic barriers, true progress cannot be achieved.

ADB and the EBRD believe that adopting a holistic approach ensures that mental health becomes a shared responsibility, benefiting both individuals and organizations alike. By integrating mental health strategies into environmental, social, and governance (ESG) frameworks, organizations can strengthen resilience, reduce risks such as absenteeism and high turnover, and build supportive workplaces.

We encourage leaders, managers, and professionals to use this guidance note as a tool for meaningful change, creating workplaces where mental health is considered integral to success. Together, we can foster healthy workplace cultures that genuinely value people's well-being.



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ABBREVIATIONS



ADB	Asian Development Bank
EBRD	European Bank for Reconstruction and Development
EU-OSHA	European Occupational Safety and Health Agency
GBVH	gender-based violence and harassment
IFC	International Finance Corporation
ILO	International Labour Organization
IOSH	Institution of Occupational Safety and Health
ISO	International Organization for Standardization
OHS	occupational health and safety
PFA	psychological first aid
UK	United Kingdom
WHO	World Health Organization



1. INTRODUCTION



In 2022, the World Health Organization (WHO) set out its vision of a world “where mental health is valued, promoted, and protected; where mental health conditions are prevented; where anyone and everyone can exercise their human rights and access affordable, high-quality mental health care; and where everyone can participate fully in society free from stigma and discrimination. Ultimately, there is no health without mental health.”¹

To achieve this ambitious transformation, a concerted and renewed effort is needed in all countries; right now, millions of people around the world are suffering in silence and experiencing human rights violations, discrimination, and exclusion in the workplace, which poses risks to mental health. According to WHO,² an estimated 15% of working-age adults have a mental disorder at any point in time. The most prevalent mental health conditions, such as depression and anxiety, are estimated to cost the global economy \$ 1 trillion each year, with the cost driven predominantly by lost productivity, harmful or poor working conditions, hazardous work environments and work organization, poor working relationships, and unemployment.

The far-reaching effects of the coronavirus disease (COVID-19) pandemic also impacted mental health. Rates of depression and anxiety went up by more than 25% in the first year of the pandemic, adding to the nearly 1 billion people who were already living with a mental disorder.

This guidance note provides good practice examples and recommendations for project managers, investors, and stakeholders on systematic organizational approaches to psychosocial hazards within work.



It includes good practices on the promotion of positive mental health, the prevention and mitigation of mental health conditions in the workplace, training options, first psychological aid, and returning to work following absence associated with mental health conditions.

HOW TO USE THIS GUIDE

This guidance note is designed to provide information on good practice in relation to the prevention, management and mitigation of psychosocial risks. It also supports the ADB/EBRD Mental Health and Well-being course.

This does not replace or revoke the need to follow and comply with any specific legal requirements.

This guidance note provides statistics and data, good practice examples, and suggested reading that will support the recommendations, provide additional context, and enhance understanding.

Look out for the following:



Statistics



Good practice examples and case studies



Definitions and bullet points



You can use this good practice note with complementary knowledge from e-learning material on the subject matter developed jointly by ADB and the EBRD.

ADB:

- [Mental Health and Wellbeing in the Workplace \(for Workers\)](#)
- [Mental Health and Wellbeing in the Workplace \(for Managers\)](#)

EBRD:

- [Mental Health and Wellbeing in the Workplace \(for Workers\)](#)
- [Managing Workplace Mental Health and Wellbeing \(for supervisors and managers\)](#)

¹ World Health Organization. 2022. *World Mental Health Report: Transforming Mental Health for All*.

² World Health Organization. 2022. *WHO Guidelines on Mental Health at Work*.

2. OVERARCHING PRINCIPLES



Before we discuss the overarching principles, it is important to provide definitions of a number of key terms that will be used throughout this guidance note. This section introduces the various terms, and details specific to mental health risk factors and consequences.

Mental health

We each have our own distinct perceptions and experiences of life, with different thoughts, emotions, physical processes, and interactions. When we think about our health, it will include our mental health as well as our physical health, and one can influence the other. These states can shift across a spectrum, and a mental state can change at any time, sometimes in response to recognizable factors and sometimes as a result of factors that are harder to identify. These changes can lead to mental ill health (footnote 2).

Mental ill health at work

Mental ill health can be described as a situation where someone cannot cope with stress, thoughts, emotions, or previously diagnosed mental health disorders, and where symptoms cannot be managed without the need for some sort of intervention.³ (Please note that other related terms, such as “mental health conditions,” are defined on the next page.)

Mental ill health can have a stigma in the workplace and in the wider society. People who suffer from mental ill health can experience discrimination and exclusion. It is important that workers are self-aware, have insight into their mental health, and are encouraged to seek help for mental ill health, both in and out of the workplace—and that organizations support this.

However, workers may be embarrassed, afraid, or confused about what they are experiencing or feeling. This can make it difficult for them to approach their organization regarding their mental health and seek support.

In certain regions and cultures, significant stigma around mental health issues can make employees particularly reluctant to seek support. Culturally sensitive approaches that acknowledge these stigmas and promote open dialogue must be emphasized. Awareness campaigns and training programs focused on breaking mental health taboos in workplaces are crucial.



To help eradicate or alleviate concerns, managers and workers should be educated about mental health (and well-being), and the approach adopted should be holistic—with both “top-down” and “bottom-up” elements—to encourage and demonstrate changes in workplace culture. This approach will help cascade appropriate values, attitudes, and behaviors regarding well-being in the workplace.

Removing stigma and embedded perceptions about mental health through cultural change takes time and patience. It involves commitment, good leadership, effective communication (including training), the development of suitable preventive methods, and supportive intervention when required.

³ Institution of Occupational Safety and Health (IOSH). 2022. *IOSH Mental Health Guidance*.



When considering definitions in the context of the workplace, it is important to think about people with different employment status, such as “workers,” “employees,” and “self-employed persons.” The definitions for each employment status can vary from country to country and reflect differences in employment conditions and rights. This document, which adopts an international perspective, defines a **worker** as “a person performing work or work-related activities that are under the control of the organization” in accordance with International Organization for Standardization (ISO) 45001:2018. A **workplace** is defined as “a place under the control of the organization where a person needs to be or to go for work purposes.”

WHO defines **good mental health** as “a state of wellbeing in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” The term “mental health” can describe both positive and negative mental states.⁴

The term **mental health conditions** covers mental disorders and psychosocial disabilities. It also covers other mental states associated with significant distress, impaired functioning, or risk of self-harm. WHO defines a **mental disorder** as a clinically significant disturbance to an individual’s cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning.⁵

Psychosocial risks⁶ are defined within ISO 45003:2021 as “a combination of the likelihood of occurrence of exposure to work-related hazard(s) of a psychosocial nature and the severity of injury and ill-health that can be caused by these hazards,” whereby **psychosocial hazards** include aspects of work organization, social factors at work, work environment, equipment, and hazardous tasks.

WHO defines social **stigma**, in the context of health, as “the negative association between a person or group of people who share certain characteristics and a specific disease.”⁷

What factors can cause mental ill health?

Many factors in the workplace can cause or exacerbate mental ill health. Work-related stress is a factor that can both lead to mental ill health and be exacerbated by it.

Work-related stress can be caused by a single event, a combination of events, or a combination of other factors, such as:

- undue pressure (demands of job);
- poorly defined roles at work;
- lack of control over work;
- unhealthy work–life balance;
- poor working relationships;
- organizational change;
- lack of variety in work;
- limited career development; and
- workplace discrimination such as bullying, harassment, exclusion, or discrimination.

The International Labour Organization’s Convention No. 190 (ILO C190), also known as the Violence and Harassment Convention, 2019, addresses violence and harassment in the world of work, including its impact on mental health. It also comprises a recommendation on domestic violence in the world of work.

⁴ World Health Organization. 2022 [Mental Health](#).

⁵ World Health Organization. 2022. [Mental Disorders](#).

⁶ ISO. 2021. [ISO 45003:2021, Occupational Health and Safety Management – Psychological Health and Safety at Work – Guidelines for Managing Psychosocial Risks](#).

⁷ World Health Organization. 2020. [A Guide to Preventing and Addressing Social Stigma Associated with COVID-19](#).

Mental health can also be affected by personal factors—either a single factor (originating from one source) or a combination of different factors (stemming from one or more sources). Even if the source is personal, symptoms may still be present while working or may be aggravated by working.

Examples of factors in a worker’s personal life that can affect their work environment:

- financial hardship, debt-poverty, or housing or transport issues;
- relationship issues (including caring responsibilities);
- medical complications or illnesses;
- traumatic events (loss, grief, accidents, illnesses, and so on);
- cultural, religious, or spiritual beliefs;
- addictive behavior (substance abuse, gambling, or an extensive social life);
- life fulfillment issues;
- age-related issues;
- menopause;
- sexual orientation or gender identity;
- disasters or armed conflict;
- climate change impacts; and
- gender-based violence and harassment (GBVH).

Line managers, given their position within an organization, are often best placed to spot the signs of poor mental health in the workplace and—if equipped with the right skill set—can manage issues effectively before they reach crisis point. Their actions and behavior also have a direct impact on employees’ well-being: a good line manager will foster the kind of working environment that makes employees feel valued, respected, and supported, and will act as a “gatekeeper,” protecting them from working conditions that pose risks to their mental well-being. Conversely, a poor line manager can aggravate—and, in some cases, even be the cause of—stress, anxiety, and depression.⁸

Organizations should try to help workers strike a balance between their personal lives and work responsibilities. Offering support and directing workers to appropriate supportive mechanisms can help prevent the development of mental ill health.

There should also be special provisions for vulnerable groups such as women, people with disabilities, or those from marginalized groups. Access to mental health professionals, regular health checkups, or fitness programs should be mandatory. Offering support and directing workers to appropriate supportive mechanisms can help prevent the development of mental ill health.

What consequences of mental ill health may be visible within the workplace?

Ways in which mental ill health⁹ can manifest itself in the workplace include:

- Poor work performance
 - » reduction in productivity and output
 - » increased number of human errors
 - » increased numbers of incidents and injuries
 - » poor decisions
 - » deterioration in planning and control of work.
- Changes to workers’ values, attitudes, and behaviors
 - » lack of motivation
 - » fatigue or mental burnout
 - » poor timekeeping
 - » changes to working relationships
 - » hostility and conflicts between workers
 - » poor relationships with clients
 - » increased numbers of disciplinary issues
 - » alcohol or substance abuse.
- Absenteeism
 - » increase in sick leave
 - » general poor health and hygiene
 - » increase in physiological conditions (sleep-related issues, high blood pressure, aches and pains, heart disease, and so on)
 - » psychological urge to attend work when not in a fit state to do so
 - » financial and resource cost implications
 - » reduction in productivity
 - » decline in morale.

⁸ IOSH and Management Today. 2019. *Workplace Wellbeing: The Role of Line Managers in Promoting Positive Mental Health*.

⁹ IOSH. n.d. *Mental Health: How to Control Work-Related Factors and Best Support Workers*.

Data on sick leave, performance, and worker retention rates can help indicate possible causes, as can speaking to workers face to face, one to one, or in a group, or via surveys.

Psychosocial risks need to be prevented and managed in order to prevent occupational mental health conditions. This must be addressed at the organizational level.

To protect and promote mental health at work, organizations need the capacity to identify hazards and risks, and recognize and act on mental health conditions at work.



“Presenteeism” can be defined as a situation where employees come to work despite having an illness that would justify an absence, with the result that they perform their work in sub optimal conditions.¹⁰

“Leaveism” can be defined as a situation where employees use allocated time off, such as annual leave, to catch up on work or systematically work outside of contracted hours. The term is also used to describe a situation where employees use leave entitlement schemes—rather than sick leave—to take time off when they are ill.¹¹

What is a psychologically safe and healthy workplace?

A psychologically safe and healthy workplace is one that promotes the mental well-being of workers and does not harm their mental health through negligent, reckless, or intentional action.

A psychologically safe workplace will be “free of any form of fear and chronic anxiety.”¹²

However, “good mental health” is more than just the absence of a mental health condition; it is a state of mental well-being that enables people to cope with the stresses of life and work, realize their potential, learn and work well, and contribute to their communities.¹³

The terms “psychologically healthy workplace” and “mentally healthy workplace” both describe the same high-functioning, respectful, and productive workplace.¹⁴ (Table 1).

Table 1. Differences Between Definitions of Psychologically and Mentally Healthy Workplaces¹⁴

Psychologically Healthy Workplace	Mentally Healthy Workplace
This term is used when talking about preventing psychological injuries (such as stress-related emotional conditions resulting from real or imagined threats or injuries).	This term is used within the context of mental health promotion and viewed as a strategy for reducing risk factors associated with the development of mental illness.

Source: Canadian Centre for Occupational Health and Safety. *Mental Health – Introduction*.

¹⁰ E. Widera, A. Chang, and H.L. Chen. 2010. *Presenteeism: a public health hazard*. *Journal of general internal medicine*, 25(11), 1244–1247.

¹¹ J. Richards et. al. 2023. *Developing the Concept of Leaveism: From presenteeism/absence to an emergent and expanding domain of employment?* *Human Resource Management Journal*. 33(2), 384–405.

¹² Canadian Centre for Occupational Health and Safety. CCHOS *Mental Health – How to Address and Support*.

¹³ World Health Organization. 2022. *Mental Health*.

¹⁴ CCOHS. *Mental Health – Introduction*.

Traditionally, workplace health and safety focused on identifying and addressing hazards that could cause physical harm, such as injuries to the body, as well as occupational health hazards such as heat, radiation, hazardous chemicals, asbestos, and other carcinogens that could result in occupational diseases and illnesses. To have a holistic approach, workplaces should identify psychosocial hazards and include those risks in the risk assessment process. As the Canadian Centre for Occupational Health and Safety indicates, there is “strong evidence that workplace management practices, communication systems, and participation systems can

influence [an] employee’s mental health, in both positive and negative ways.”Meanwhile, WHO argues that decent work is good for mental health; supporting mental health by providing a livelihood; a sense of confidence, purpose, and achievement; an opportunity for positive relationships and inclusion in a community; and a platform for structured routines, among many other benefits.¹⁵

The term “psychosocial factors” (Table 2) is often used to describe these practices and systems, and it will be the term we use to categorize this group of hazards and risks.

Table 2. Positive and Negative Influences of Psychosocial Factors

Positive Influences	Negative Influences
Can make you feel energized, positively challenged, motivated, and engaged	Can make you feel frustrated, burned-out, unmotivated, and disengaged

Source: Canadian Centre for Occupational Health and Safety. [Mental Health – Introduction](#).

LEADERSHIP

There must be visible leadership and a commitment to the management of mental health, the management of psychosocial risks, and the promotion of mental health at work. The International Labour Organization (ILO) and WHO *Mental Health at Work Policy Brief* outlines the inextricable links between mental health and work, setting out the duties of employers, the rights and responsibilities of workers, and the strategies stakeholders can use to achieve the following:

- **prevent** exposure to psychosocial risks;
- **protect and promote** mental health and well-being at work;
- **support** people with mental health conditions, helping them to participate and thrive at work; and
- **create enabling environments** using cross-cutting actions to improve mental health at work through leadership, investment, rights, integration, participation, evidence, and compliance.¹⁶

Thus, leadership is critical to improving mental health at work, and specific tasks are assigned to leaders in order to strengthen their commitment.

These include developing a specific policy and plan for mental health at work, assigning roles and responsibilities, establishing a mandate for mental health, and communicating on such issues on a regular basis. Leaders also play a critical role in securing investment and ensuring people’s rights are respected by putting in place sufficient resourcing, processes, and competencies.

Mental health management is not a stand-alone activity. Leaders must ensure that worker mental health is always considered in business operations, and integrated into the following:

- strategic plans and policies;
- effective environmental, social, and governance activities and strategies (which should include mental health metrics and programs);
- occupational health and safety (OHS) management (and risk assessment and risk management processes);
- human resource management; and
- resourcing and employee representation.

¹⁵ World Health Organization. 2024. [Mental Health at Work](#).

¹⁶ World Health Organization and International Labour Organization. 2022. [Mental Health at Work: Policy Brief](#).

Put simply, it is integral to the entire system and an essential element of the organization's core business processes. Mental health management requires participation at all levels of the organization, and leadership, commitment, and action on those commitments from leaders and senior management.

With a management system approach (including OHS management and risk management approach), a preventive approach should first be adopted to control and mitigate risks—including risks that could impact mental health. However, with occupational health this approach includes “promotion.” Occupational health is an area of public health that seeks to keep workers' physical, mental, and social well-being at the highest possible level across all occupations.¹⁷ At the workplace level, therefore, it is about the management and promotion of the physical and mental health and well-being of staff. When coupled with health and safety management systems, it also incorporates prevention.

Employers can improve mental health at work by

- preventing risks to mental health at work,
- protecting and promoting mental health at work,
- helping workers with mental health conditions to participate and thrive in work, and
- creating an environment that enables change.

Integration options

To aid implementation, embedding, and delivery, mental health management should be integrated into OHS management systems. One example is ISO 45001:2018, the international standard for OHS management systems, developed by national and international standards committees independent of government. A separate standard that sits within the “ISO 45000 family”¹⁸—ISO 45003:2021—provides practical guidance on managing psychosocial health and safety risks within an OHS safety management system. This standard addresses the many areas that can impact a worker's

psychological health and, as such, can be addressed as part of the OHS management system. In addition, when thinking about workers' health and well-being in the wider sense (e.g., individual factors), a holistic approach to mental health and mental health management should also be incorporated into labor and human resource management procedures. Arrangements identified as part of the management system should be implemented, monitored, and reviewed (following the plan–do–check–act approach, for instance). These arrangements can incorporate psychosocial risk management within project plans, policies, and processes.

Organizations may wish to integrate mental health management into labor management procedures.

ORGANIZATIONAL RISK ASSESSMENT, RISK MANAGEMENT, AND PROMOTION

Risk assessment is important to ensure that we consider and take preventive and mitigating action on potential causes of mental ill health among workers. As with other workplace risks, the standard risk assessment process—identify the hazard, assess the risks, control the risks, record the findings, and review the controls—should be followed for psychosocial hazards at work. The risk assessment process should be undertaken with the involvement of workers and their representatives. Workers and their representatives should also be informed about the findings of the risk assessment and the additional controls that will be put in place.

Organizations are required to maintain processes for hazard identification which includes the following:

- aspects of how work is organized;
- social factors at work; and
- work environment, equipment, and hazardous tasks.

¹⁷ World Health Organization. n.d. *Occupational Health*.

¹⁸ ISO. n.d. *ISO 45001 and Related Standards: Occupational Health and Safety*.

Remember to look back at Section 2 for examples of risk factors for work-related stress. It is worth noting that psychosocial risk factors can occur in all workplaces and all sectors; however, as a result of the nature or location of their work, some workers such as health workers, humanitarian workers, or emergency workers are more likely to be exposed than others.

Section 2 also provides examples of how a worker's personal life can affect their work environment. Organizational arrangements should be worker-friendly and holistic in order to mitigate these factors. Likewise, it is important to remember that some workers do work with diagnosed medical conditions, which include mental health conditions. So, action should be taken to help workers with mental health conditions to participate and thrive at work.

We must identify and assess psychosocial hazards and risks, within the context of standard risk assessment processes. The more integrated psychosocial risk management is, starting with policy, the better the outcome will be. In fact, organizational approaches to risk assessment should be inclusive of all hazards, to ensure they are holistic.



Risk management in occupational health and safety (OHS) is a formal process used to identify hazards, evaluate, and analyze risks associated with those hazards, and take action to eliminate the hazards or control the risks that cannot be eliminated in order to minimize the potential for injury and illness. Risk management is a critical step in any organization's efforts to proactively mitigate risk.

Risk assessment is a function within OHS risk management that focuses on identifying potential hazards. The goal is to identify hazards, then analyze and evaluate the risks they create.¹⁹

Risk management: Positive psychological risk management

Positive risk management can, as part of a carefully constructed plan, make organizational risk management more effective. Overly defensive practice is bad practice; the approach taken should be about doing what is reasonable, sensible, and proportionate.

It is important to identify all possible risks, so that mitigating measures can be put in place and mentally healthy workplaces can be created.

Positive risk management means being aware that risk can never be eliminated. Consequently, risk management plans will inevitably have to include decisions that entail some risk (that is to say, there has to be some tolerance of and appetite for risk). This should be explicit in decision-making and should be discussed openly.

Risk management should be collaborative and based on trust between individuals and teams.

Project leaders establish the tone and create the environment for effective risk management by serving as role models, demonstrating expectations for the team through both their actions and words.

¹⁹ ISO 45003:2021. *Occupational health and safety management—Psychological health and safety at work—Guidelines for managing psychosocial risks.*

Table 3: Difference Between Positive (Collaborative) and Negative (Defensive) Risk Management

Negative Risk Management	Positive Risk Management
Overly defensive approach – results in disengagement	Open approach – involves employees and communities in the management of risks
Defensive approach to risk	Collaborative approach to risk (so risk management is conducted in a spirit of collaboration, including employees and others in the process)
Negative experience in managing risks	When assessing risks, opportunities are also considered, and risk appetites are defined
Punishment, repression, and stigmatization	Leadership is positive and open, supporting culture change, addressing stigmatization, and protecting privacy and confidentiality
No strategies in place to manage risk positively – escalates risk	Risk reduced at the earliest stage possible, with strategies developed and implemented A hierarchical approach to interventions: <ul style="list-style-type: none"> • organizational interventions (planned actions that directly target working conditions to prevent deterioration in mental or physical health and quality of life), and assessment and mitigation of psychosocial risks • interventions to protect and promote mental health (manager training, training and awareness for workers, and individual interventions) • provision of support (reasonable accommodation, return-to-work programs, and so on)
Concealment, silence, and absence of data	Trust, transparency, mutual support, and encouragement of reporting
Mental health issues are “negative events”	Mental health and well-being literacy and awareness – for learning and development and competency (including for leaders)

Source: Department of Health. 2009. *Best Practice in Managing Risk: Principles and Evidence for Best Practice in the Assessment and Management of Risk to Self and Others in Mental Health Service*.

Embedding psychosocial risk management in business operations

It is imperative that a holistic approach is adopted, with both top-down and bottom-up elements.

An OHS management system is one way to embed mental health management in core business practices. This also fosters a holistic management approach that can be embedded in business practices using both policy and strategy.

Policy. Organizations usually have a general OHS policy that covers OHS risks and may also include mental health. If it does not specifically include mental health, consider incorporating it. Whether mental health is covered by your OHS policy or is a stand-alone policy, it may be supplemented with a proactive mental health-based strategy to aid implementation.

Strategy. A strategy is required to help plan and implement mental health objectives. Specific objectives will translate policy into actions, in terms of the outcomes to be achieved and how these are measured.

For example, an organization’s strategy could be as follows:

- Promote mental health literacy and awareness throughout the organization.
- Provide support and treatment methods (including signposting) for those at risk.
- Make organizational changes when and where required.
- Re-integrate workers with mental health conditions into the workplace.

Once a strategy is created, a mental health action plan can be produced. This will detail short-term objectives, initiatives, and/or required actions in line with policies and the strategy.²⁰

²⁰ American Society of Safety Professionals. n.d. *Risk Assessment and Management for Safety Professionals*.



HERproject surveyed 800 female garment workers in Bangladesh in 2016, finding **high levels of intimate partner violence (with 69% reporting violence in the previous year) and workplace violence (with 74% reporting incidents in the previous month)**. Furthermore, 40% of those female garment workers showed signs of depression, compared with an estimated 4% of adults in Bangladesh. Signs of depression include feeling sad and lonely, having difficulty sleeping, loss of appetite, and lack of motivation.²¹



Business Against Domestic Violence Policy Development and Implementation Guide. More than 17 large companies came together under the umbrella of the Turkish Industry and Business Association to draw up this guide with advice on effective corporate policy that supports employees experiencing domestic violence, as well as sample best practice policies from Turkish companies.²²

Control strategies

As part of control strategies, it is important to think about embedding psychosocial risk management into routine practices. This may include the following:

- Providing supervision and support as appropriate. Consideration should be given to the competencies of supervisors and line managers because of the important role they play in promoting positive mental health in the workplace). In the United Kingdom (UK), competency indicator tools allow managers to assess whether they demonstrate specific behaviors that are effective in preventing and reducing stress at work.²³
- Measures to increase the confidence of practitioners when making decisions.

- Action to tackle stigmatization and discrimination.
- Communication and engagement strategies to learn from adverse incidents and “near misses.”
- Efforts to learn from good practice, acknowledging that dealing with risk and decision-making are part of everyday life.

Psychological first aid

Psychological first aid (PFA)²⁴ provides a framework within which people who have suffered trauma can be supported in ways that respect their dignity, culture, and abilities. PFA covers both social and psychological support.

The model, developed by WHO²⁵ with low- and middle-income countries in mind, is a series of practical, humane, and culturally adaptable measures to support people who are distressed or vulnerable after a crisis. It is specifically applicable to workers or volunteers helping with major disasters, or people, such as health workers who find themselves at scenes of accidents, or tragic events. PFA provides those workers and volunteers with phrases and actions to take when people are very distressed. This support does not depend on the arrival of mental health professionals or emergency services.

Distressing events happen all around the world, spanning accidents, war, fires, disasters, and violence. PFA involves the following themes:

- providing practical care and support;
- assessing needs and concerns;
- helping people address basic needs, e.g., food and water, information;
- listening to people, but not pressuring them to talk;
- comforting people and helping them feel calm;
- helping people connect to information, services, and social support systems; and
- protecting people from further harm.

PFA aims to do no harm and provide practical and emotional support that is aligned with the needs and preferences of the individual, and their cultural and spiritual backgrounds.

²¹ HERproject. n.d. *HERrespect: Promoting Gender Equality and Tackling Violence Against Women*.

²² Business Against Domestic Violence (BADV), Sabancı University, *A Guidebook to the Development and Implementation of Company Policies Regarding Domestic Violence Against Women*.

²³ Health and Safety Executive (HSE). n.d. *Line Manager Competency Tools these have been designed by the HSE in cooperation with the CIPD and Investors in People*.

²⁴ World Health Organization, War Trauma Foundation, and World Vision International. 2013. *Psychological First Aid: Facilitator's Manual for Orienting Field Workers*.

²⁵ World Health Organization. 2011. *Psychological First Aid: Guide for Field Workers*.

PFA sits within a stepped care approach as a low-level intervention. Stepped care is a widely used evidence-based public health approach that recognizes that the level of mental health support should match the individual's needs. Therefore, when organizations provide PFA to their workers or volunteers, the individual may need a higher level of mental support, and connected with a specialist mental health service.

Providing access to PFA as well as (physical) first aid at work is not just good practice; it is a necessity considering the global scope of the topic.

- improve managers' knowledge and skills in guiding workers with common mental disorders;
- support workers in gaining self-awareness and regaining control;
- personalize workers' return-to-work support by focusing on their values, views, and needs; and
- establish collaboration between professionals.

There are also recommendations for people living with mental health conditions on (i) returning to work following absences associated with such conditions and (ii) gaining employment.



There are five key principles of **psychological first aid (PFA)**,²⁶ which are to provide

- a sense of safety,
- a sense of calm,
- a sense of self and community efficacy,
- connectedness,
- hope



WHO guidelines on mental health at work²⁸ make five recommendations on interventions for the promotion of mental health and prevention of mental health conditions:

- organizational interventions;
- training for managers and workers;
- individual interventions;
- return-to-work programs; and
- employment programs.

Return-to-work programs

The Institution of Occupational Safety and Health (IOSH) (footnote 27) states that “more than 20 percent of the working-age population suffers from mental health problems such as depression, anxiety, adjustment disorders, and stress-related complaints.” Mental ill health is not only distressing or problematic for individuals; it is associated with major societal costs. Most of these costs (60% to 80%) are not due to health-care expenses, but due to “increased absenteeism, presenteeism and unemployment.” IOSH recommends the following actions when putting return-to-work programs in place for those with common mental health disorders:

Promoting mental health

Traditionally, the focus on mental health issues in the workplace was almost exclusively on the prevention of mental illness or disorders, rather than promoting and enhancing positive mental health and well-being. Current frameworks follow a more holistic approach, encompassing the promotion of well-being and enhancing functioning. Preventive and promotional activities are both required to effectively address mental health issues and promote employee health in the workplace (Table 4).

Table 4: Promotion Versus Prevention

Mental Health Promotion	Prevention of Mental Illness/Disorders
<p>This is the process of enhancing protective factors that contribute to good mental health. Mental health promotion (MHP) involves the establishment of individual, social, and environmental conditions which enable optimal health and promote personal empowerment and development. MHP initiatives actively involve people in the process of achieving positive mental health and well-being and enhancing the quality of life; they are an enabling process that is carried out by, with, and for the individuals in question.</p>	<p>This aims to limit the occurrence, frequency, and re-occurrence of mental disorders or the risk of mental illness, preventing, or delaying their occurrence, and also reducing their impact on the individual, their family, and wider society.</p>

Source: Canadian Centre for Addiction and Mental Health. <https://en.healthnexus.ca/sites/en.healthnexus.ca/files/u4/definitionsfmhpsvmip.pdf>.

²⁶ Phoenix Australia. n.d. *Understand More About the Principles that Underpin the Use of Psychological First Aid – Transcript*.

²⁷ IOSH. 2018. *Mental Health First Aiders: Workplace considerations*.

²⁸ World Health Organization. 2022. *WHO Guidelines on Mental Health at Work*.



WHO has highlighted evidence of psychosocial risk management in everyday practice,

extracting that information from systematic reviews comparing standard practices with the following risk management practices:

- flexitime arrangements,
- measures targeting the physical work environment,
- teleworking arrangements,
- participatory organizational interventions targeting job design,
- changes to workloads or breaks,
- provision of performance-related feedback/rewards, and
- nudge strategies.

The aim of preventing mental illness/disorders and promoting mental health is to move the distribution of workers' psychological states towards the positive end of the mental health spectrum.

Key characteristics and guiding principles of mental health promotion programs

Mental health programs aim to create a workplace that provides workers with a mentally healthy and supportive environment. A wide range of actions and strategies can promote mental health, prevent work-related risk factors, and mitigate risk factors that cannot be eliminated. Such programs have several common characteristics:

- identification of workplace risk factors and measures to reduce identified risks;
- development of a workplace culture and environment that is conducive to worker health and well-being;
- flexible working hours and support for the challenges of daily life (e.g., access to childcare);
- job modification and career development;
- use of multi-component well-being programs, including physical well-being;

- training and awareness-raising measures on mental health issues for managers and employees. An IOSH survey²⁹ found that only 31% of respondents feel sufficiently trained to recognize the signs of poor mental health in their direct reports, while 57% of respondents say their organization offers no mental health and well-being training or support for managers, which demonstrates the need for action in this area;
- access to free psychological counselling; and
- early identification of stress and mental ill health and enhanced care management.



Implementing a mental health program can enhance an organization's public reputation.

National and international bodies present workplaces with best practice awards for investing in mentally healthy workplaces and working environments. The European Network for Workplace Health Promotion,³⁰ accredits companies and institution for demonstrating commitment to and good practice in workplace health promotion.



ENWHP

IMPLEMENTATION

Inclusive practices

Social inclusion should be integrated into policies, strategies, and leadership to ensure that approaches and cultures are people centric. Strategies to support employees in achieving inclusion should be identified in any risk management plan. Individuals may want help but find it difficult to approach their employer or manager owing to a fear of stigmatization or discrimination.

Inclusion can be promoted by carefully linking risk assessment to risk management, with initiatives such as:

- action to address stigmatization, e.g., countering misconceptions about mental health conditions;
- education and training on mental health conditions;
- anti-bullying campaigns;

²⁹ IOSH and Management Today. 2019. *Workplace Wellbeing: The Role of Line Managers in Promoting Positive Mental Health*.

³⁰ European Network for Workplace Health Promotion at: www.enwhp.org.

- social/community projects;
- mentoring and sponsorship programs;
- special-interest groups and clubs;
- policies and wider people management practices;
- employer–worker mechanisms to involve employees and address issues;
- holiday celebrations;
- benefits and wellness programs (treatment and recovery);
- health and safety measures (safety orientations, project meetings, and risk assessment); and
- efforts to integrate mental health into human resources functions and practices, that is, recruitment, hiring, onboarding, training, and coaching.



In the field of psychology, **tokenism** is defined as a situation in which a member of a distinctive category is treated differently from other people.

Tokenism can negatively impact people’s mental health. It can cause minority employees to doubt their talents and believe they are not actually good at their job. As a result, they can feel unmotivated to perform at the best of their capacity and feel a sense of isolation.³⁴

Maintaining confidentiality

It is crucial to maintain confidentiality in relation to mental health issues. However, should there be a risk to the person themselves or other people, responding effectively may require the issues in question to be shared with others. Companies should limit the number of people with whom information is shared. Paper and electronic information should be stored securely and disciplinary procedures should apply if and when confidentiality is breached.

Development of competencies

All staff with line management responsibilities should receive training, which should be regularly updated and refreshed. WHO says that mental health training for managers helps them recognize and respond to staff experiencing emotional distress, builds interpersonal skills such as open communication and active listening, and fosters a better understanding of how work-related stressors affect mental health and can be managed.

This training should focus on:

- psychosocial risk factors;
- indicators of risk (signs and symptoms);
- the importance of identifying hazards and risks, and considering routine, non-routine, and high-risk periods and how to make these inclusive risk assessments with physical OHS risks;
- options for flexible and robust risk management and support options (for example, adjustments, return to work, rehabilitation, and so on);
- ways of maximizing involvement and collaboration;
- communication and relationships;
- knowledge and understanding of their roles and responsibilities and how they can promote a positive and preventive culture in the workplace; and
- how to look after themselves—their own health, safety, and well-being.

Training and awareness-raising initiatives

Training also provides an organization the opportunity to send a clear message to workers and external stakeholders of its commitment to promoting good mental health and supporting employees’ mental health. WHO recommends mental health literacy and awareness training for workers to reduce the stigmatization of mental health conditions at work. Such training teaches workers and stakeholders what mental health is, how to report issues, processes to follow, and what support services are available and how to access them. These sessions can also prompt discussions, leading to a better workplace culture. Training can be stand-alone or incorporated into OHS training modules.

Building capacity

Capacity building is a crucial component in establishing and sustaining a mentally healthy workplace. However, it is essential to recognize that a supportive and enabling environment is the foundational prerequisite for such initiatives. To ensure long-term success, a time-bound capacity-building plan should be developed and regularly reviewed. This plan can focus on either managers or workers, or both, depending on specific needs and priorities. By investing in the development of individuals within the organization, we can foster a culture of mental well-being that benefits everyone involved.

³¹ CPD Online College. 2022. [What Is Tokenism?](#)

Table 5: Suggestions for Mental Health Training

Format	Interactive, participatory training techniques with opportunities to work in small groups, encouraging discussion and individual reflection.
Content	<ul style="list-style-type: none"> • What is mental health? What are the various psychological risks and types of disorder? • Which organizational policies and codes seek to address mental health issues? • What reporting mechanisms are in place? • Advantages of managing mental health
Practical case studies	<ul style="list-style-type: none"> • Identification of hazards • Examples of risk mitigation measures • Emergency situations • Basic training on psychological first aid • Tips for avoiding stigmatization
Additional content	<ul style="list-style-type: none"> • Positive experience of managing risks • Mental health and well-being tips for individuals and teams
Final notes	<ul style="list-style-type: none"> • Feedback forms • Share training materials • Useful links

Source: The European Agency for Safety and Health at Work.

Figure: Actions in Dealing with Mental Ill Health: What to Do



Source: The European Agency for Safety and Health at Work.

MONITORING, MEASURING, AND REVIEWING

At the organizational level, it is important to monitor and measure mental health policy objectives and strategies to ensure actions are implemented and identify any necessary adjustments. This requires collecting relevant data, such as worker surveys, ill-health data (e.g., occupational health referrals or absences), and workforce focus groups.

At the local level, as part of risk assessment, controls must be monitored and reviewed to ensure they are effective, valid, and up to date. If further action is needed, the risk assessment should be updated, and control measures adjusted. Formal reviews should be conducted when workplace changes occur, such as new processes, practices, or employees, or after consulting worker representatives. Monitoring keeps risk assessments active and relevant.

Dealing with causes of mental ill health

Mental ill health can be caused by risk factors at work, factors outside of work, or a combination of the two. The European Agency for Safety and Health at Work (EU-OSHA) believes that action in this area should encompass the following:³²

- raising awareness,
- managing risks—assessment,
- managing risks—action,
- preventive action,
- corrective action, and
- promotion of health and building of resilience.

Once information on hazards and risks has been collected and collated, stakeholders should be told about findings that are relevant to their role and the associated risks and controls. After this process, records of risk assessments and areas can inform the development of an action plan and the prioritization of actions. The action plan should then be monitored to ensure progress is being made. Tailored indicators for monitoring action from different aspects, from preventing, minimizing, mitigating to correcting and/or offsetting should be defined, and audit with post-evaluation indicators also considered.

Although causes of mental disorders are difficult to eliminate entirely, some causal factors can be identified and eliminated. For example, there are links between depression and gender-based violence and harassment (GBVH).³³ Women who experience intimate partner violence or workplace violence are far more likely to suffer work-related stress and depression than women who do not. All forms of GBVH, regardless of whether they are one-off or repeated incidents, can have a detrimental impact on people's mental health. The distress, vulnerability, fear, and shame that people feel as a result of GBVH can lead to depression, anxiety, and/or stress. The violence can also affect employees' ability to get to work, stay safe at work, and be productive at work. The effects can be particularly damaging when someone has experienced sexual forms of GBVH. What may seem like less severe forms of GBVH can also have negative consequences for people's physical and emotional well-being. It is therefore important that companies and investors consider not only the violent or harassing behavior that has been perpetrated, but also the range of impacts that such behavior can have. The prevention of GBVH will reliably result in improvements in the management of mental health in general.



The Gender Smart Safety Program

in Papua New Guinea helps companies identify risks and improve safety for female workers. The program was developed by the Business Coalition for Women, with support from the International Finance Corporation (IFC). Three companies, Oil Search, St. Barbara, and New Britain Palm Oil, provided financial support and took part in the program, adopting strategies to mitigate and monitor risks women face in the workplace. A new audit system that investigates women's physical, emotional, and occupational safety at work was developed and the data collected used to create safer working environments for women. One company's response to its gender-smart safety audit showed that the percentage of women who felt happy about their safety at work rose by 18%.

³² EU-OSHA, n.d. *Managing Stress and Psychosocial Risks E-Guide*.

³³ EBRD, CDC Group, and IFC. 2020. *Addressing Gender-Based Violence and Harassment: Emerging Good Practice for the Private Sector*.

Auditing

This guide recommends integrating mental health into the OHS management system. This ensures mental health intent is embedded across all elements of the management system, including policies, objectives, roles and responsibilities, competencies, and incident reporting and investigation.

Periodic testing through audit should be conducted to ensure the management system and all its organizational arrangements are functioning effectively and meeting the organization's needs.



The Primary Trauma Care Foundation³⁷ of the UK works to save lives and prevent disabilities in

low- and middle-income countries. It provides trauma training, from which more than 80 countries have benefited. It teaches frontline health workers how to deliver emergency medical care with only basic equipment. This life-saving training is completely free, funded entirely by donations. During a 2-day course, students are given the Primary Trauma Care manual and trained through lectures, workshops, clinical skill stations, and moulage scenarios, including psychological aspects.



The London School of Hygiene and Tropical Medicine offers a 3-week course on global health and disability to raise awareness of the importance of health and well-being of people with disabilities.

This course is designed for anyone with a professional or personal interest in disability as it relates to health, rehabilitation, international development, and humanitarian assistance. There is a focus on low- and middle-income countries—both in the content of the course and the target learners.



Better Work Jordan and IFC are helping set up an external independent grievance mechanism and a referral pathway for migrant workers employed in Jordan's Al-Hassan Industrial Zone.

An estimated 80% of the 28,000 or more workers in the zone are migrants from India, Sri Lanka, and Bangladesh.

A multipurpose center was established to provide workers training, health care, and a safe space to seek legal advice and counselling should incidents of sexual harassment occur.

There will be dedicated training for personnel responsible for managing possible incidents, and factories will be encouraged to provide workers with access to the grievance mechanism.

³⁴ [The Primary Trauma Care Foundation.](#)

3. SECTOR-SPECIFIC GUIDANCE



Almost 60% of the world's population is in work. Employment supports good mental health because it provides:

- a livelihood;
- a sense of confidence, purpose, and achievement;
- an opportunity for positive relationships and inclusion in a community; and
- a platform for structured routines.

A safe and healthy working environment is a fundamental principle and right at work³⁵ within the ILO Declaration on Fundamental Principles and Rights at Work as amended in 2022. This is a commitment by government, employer, and worker organizations to uphold basic human values—values that are vital to our social and economic lives.

The United Nations Guiding Principles on Business and Human Rights³⁶ states: “The responsibility of business enterprises to respect human rights refers to internationally recognized human rights – understood, at a minimum, as those expressed in the International Bill of Human Rights and the principles concerning fundamental rights set out in the International Labor Organization’s Declaration on Fundamental Principles and Rights at Work.” The recognition of a safe and healthy working environment as a fundamental principle and right at work therefore brings cohesion to OHS and human rights.

By ensuring a safe and healthy working environment, organizations are not only respecting the values that have been laid down but, as an outcome of that action, the organization is more likely to minimize tension and conflicts at work and improve staff retention, work performance, engagement, and productivity.

This section offers guidance on applying good mental health management practices in sectors that are at significant risk of bringing about or exacerbating mental health issues to those that work in them.

Note that the suggested good practice in this section covers sector-specific practices as well as generic practices that can be, or have been, applied to these sectors.

CONSTRUCTION AND INFRASTRUCTURE



According to the ILO, **at least 108,000 workers are killed on construction sites globally every year**,³⁷ a figure which represents about 30% of all occupational fatal injuries.

Common occupational hazards include

- dusts and vapors;
- asbestos;
- awkward working positions;
- heavy loads;
- adverse weather conditions;
- working at height;
- noise;
- slips, trips, and falls;
- vibration from tools; and
- working in extreme temperature environments (heat stress³⁸ and cold stress³⁹)

³⁵ International Labour Organization. 2022. *A Safe and Healthy Working Environment is a Fundamental Principle and Right at Work*.

³⁶ United Nations. 2011. *Guiding Principles on Business and Human Rights*.

³⁷ International Labour Organization. 2015. *Construction: A Hazardous Work*.

³⁸ Health and Safety Executive (HSE). n.d. *Temperature in the Workplace – Heat Stress*.

³⁹ Occupational Safety and Health Administration. n.d. *Winter Weather – Cold Stress*.

Construction workers, as with those working in other dangerous industries, need to be constantly aware of the hazards, risks, and the rules they should follow. They have difficult physical tasks, and there is a high possibility of industry-related injuries.

Construction has some of the highest suicide rates within the major industries, with figures from the UK charity Mates in Mind highlighting that male suicide within the construction industry is three times higher than the national average for males.

Several factors can contribute to these levels:

- construction is often a male-dominated industry;
- toughness and strength are valued, and mental health problems or seeking help may be seen as a weakness, therefore creating a stigma around it and a fear of consequences;
- chronic pain;
- seasonal and cyclical work contributing to family and financial strain;
- high stress and deadline-driven work;
- long working hours leading to fatigue; and
- separation from family and support network when working away can lead to feelings of isolation; this can also occur when working from temporary accommodation.



In 2017, **nearly 38,000 people of working age (16–64 years) in the United States died by suicide**, which represents an increase of 40% (12.9 per 100,000 population in 2000 to 18.0 in 2017) in less than 2 decades.⁴⁰

Suicide rates were significantly higher in five major industry groups:

- Mining, quarrying, and oil and gas extraction (males).
- Construction (males).
- Other services (e.g., automotive repair) (males).
- Agriculture, forestry, fishing, and hunting (males).
- Transportation and warehousing (males and females).

Preventive and corrective measures

A mentally healthy safety culture

Build a caring culture that promotes psychological safety by showing concern and empathy for workers and their families. This culture should reinforce a respectful workplace free from harassment, discrimination, bullying, or inappropriate teasing, and harsh judgment by peers. Clearly convey that workers will not be subject to negative job consequences for seeking help when it's needed.

To foster a supportive and mentally healthy community, consider implementing practical measures such as, (i) Regular check-ins: Schedule time to connect with trusted friends, family, or neighbors to discuss challenges and find support; and (ii) Community gatherings: Participate in local events and activities to build relationships and strengthen social connections.

Consider creating a mentorship or peer support initiative and prioritize a safe emotional space for employees for conversation.

Create a safe working environment. Use a buddy system to help alleviate the strain of workers always having to look out for themselves. Having a co-worker to communicate with on job sites can also reduce stress brought on by isolation or uncertainty. Where possible, arrange for tasks to rotate and ensure workers take appropriate breaks. Provide regular and ongoing training on safety at work, risk assessment, and risk controls. Provide the most appropriate protective equipment and educate workers on how to use it. This provides a sense that the organization values safety and well-being.

Mental health awareness

Share information and resources on mental health and psychological risks in newsletters, posters, and toolbox talks.

Conduct regular risk assessments (inclusive of psychosocial hazards and risks) with the participation of all employees.

Integrate mental health into existing functions and practices in the areas of:

- human resources (recruitment, hiring, onboarding, training, and coaching);
- benefits and wellness programs (treatment and recovery); and
- safety and health (safety orientations, project meetings, and risk assessments).

⁴⁰ C. Peterson et. al. 2020. *Suicide Rates by Industry and Occupation - National Violent Death Reporting System*. 32 States. 2016. *MMWR Morbidity and Mortality Weekly Report*. 69 (3): 57-62.

Know the warning signs

- Decrease in productivity
- Tardiness
- Increase in conflict with other team members
- Isolation from co-workers

Should any of these signs present in workers, respond immediately to avoid a more serious consequence.

Counselling can be a part of every employee's benefits package, and companies should encourage access to mental health services. Offering mental health days or flexible hours can also make it easier for employees to attend therapy or medical appointments.

Offer mental health awareness training. Include a mental health component in safety certifications and training. Workers need to be aware of the symptoms associated with mental illness so they can recognize them in themselves or co-workers and seek help.



MENTUPP is a program funded by EU Horizon⁴¹ Mental Health Promotion and Intervention in Occupational Settings. The project aims to develop, implement, and test workplace-based interventions to improve mental health and reduce suicide rates among construction workers, as well as in the health care and information and communication technology sectors.



The cooperation of sectoral professional associations is crucial for the dissemination of knowledge and research. Mental health risks and the COVID-19 pandemic guides with industry-specific advice were prepared by the joint International Association of Oil & Gas Producers (IOGP)—Ipieca Health Committee, the oil and gas industry's health experts, in response to the challenges of the pandemic.



Construction Industry Solutions (Coins), a UK company, collaborated with the UK charity Lighthouse Club to launch a mental health app. The app provides information, advice, and guidance about how to relieve the long-term effects of stress, anxiety, or depression. It also offers information and support in areas such as debt management, legal advice, and emergency financial aid. The app offers complete confidentiality and does not require personal contact information.

MANUFACTURING

A report commissioned by the UK Engineering Employers Federation (EEF)⁴² and carried out by the Institute for Employment Studies states that “more than 70 million working days are lost each year to mental illness in the UK and the research shows that, in several manufacturing environments, improving mental health at work can boost worker productivity by up to 10% (and as much as 17% in one study)...the greatest area of opportunity lies in providing mental health and psychosocial support for employees.”

However, there are challenges to improving mental health in this sector. Below are some risk factors.

Less likely to speak up. Fear of being stigmatized or questioned can lead to workers feeling isolated and neglecting to take time for their own mental wellness when needed.

Low levels of support. Employees in the manufacturing industry report low levels of support from their co-workers and supervisors.

Hazardous environment. Noise from machinery, repetitive tasks, no or limited control over the pace of the work (e.g., working on production lines), long hours spent indoors, and the lack of social interaction can increase employee stress levels.

⁴¹ MENTUPP. n.d. *Improving Mental Health in the Construction, Health, and ICT Sectors*.

⁴² EEF The Manufacturers' Association. 2018. *Unlocking Employee Productivity*. London.

Goals pressure. Studies have shown that two of the most significant stressors in manufacturing relate to:

- meeting production goals and
- the variable shift in schedules.

Demanding quotas can lead to feelings of inadequacy or stress levels that negatively affect employee productivity. Variable shifts can affect the personal lives of workers, putting pressure on relationships and family responsibilities. Both factors, if not managed, can lead to absenteeism and increased workplace accidents.

Preventive and corrective measures

Manage high pressure/high stress periods

While production goals are a reality in manufacturing, advance planning and some acts of care can go a long way to reducing negativity. Regular check-ins with downstream suppliers can help your client assess readiness year-round for periods of increased demand, and thereby reduce conflict between business demands and employee wellness. Providing catered meals, music during breaks, even meals or treats workers can bring home can help manage stress during extra-demanding periods.

Work rotation. Consider a regular job rotation schedule so that employees have variety in their work. Switching employee roles within job duties can keep them more engaged and focused.

Additional or longer breaks. Provide additional or longer breaks throughout the workday. Permit employees to step away from their workstations more often. When possible, offer flexible schedules and special breaks for breastfeeding mothers and other workers who require special conditions.

Model healthy behavior. It's important that leaders set an example for employees to follow. This includes prioritizing mental health in the workplace, self-care, and setting healthy boundaries. Normalize discussing mental health, starting with little things. Talking about mental health in the workplace can still have a stigma surrounding it; remind employees of the mental health benefits available to them. Keeping lines of communication open will help your team feel they can discuss problems.

Awareness training for supervisors. Encourage managers to open up and be vulnerable with their team. Supervisors should engage human resources when employee mental health or disability issues arise.

Be aware of issues related to excessive time off.

Attendance management practice enables employers to see trends in absences over time. Using tools that provide a real-time view of employees with the most unplanned absences, and the causes, employers can take steps to address problems before they get worse.

Wellness initiatives. Manufacturers should strive to celebrate employee achievement and hard work. Wellness initiatives can include mindfulness practices during the workday, stretches employees can do during breaks, or a wellness reward programs. These could be apps that connect employees based on their interests: watching football matches, taking yoga classes, or art classes together.

Conducting surveys. Manufacturers can survey worker feedback on ways to improve workplace culture. Bear in mind that paying attention to survey results and taking action where and as appropriate will be expected.



The City Mental Health Alliance⁴³ has a vision to create mentally healthy workplaces and encourage businesses and cities around the world to focus on improving and protecting people's health.

Benefits of membership include

- tools and resources created by business for business;
- annual Thriving at Work Assessment and individual organization report;
- support and consultancy;
- program of events for senior leaders and operational leads;
- access to a network of business professionals; and
- sharing of best practice, collaborative projects, and sector-specific insights.

⁴³ MindForward Alliance. 2021. *Leading the Transformation of Workplaces*.



Better Work, a partnership between the UN’s ILO and IFC,⁴⁴ brings governments, global brands, factory owners, and unions and workers together to improve working conditions in the garment industry and make the sector more competitive.

Better Work operates in Bangladesh, Cambodia, Egypt, Indonesia, Pakistan, and Sri Lanka. The Better Work Academy enables social compliance and sourcing teams to learn about—and replicate—advisory approaches to improving working conditions, increasing productivity, and fostering better worker–management relations in factories. It focuses on encouraging effective communication in factories, allowing for creative, long-term solutions to root causes of noncompliance. Training is delivered through 4-day modules: e-learning, virtual coaching, and in-factory shadowing are delivered between the in-person sessions. Courses cover child labor, discrimination, industrial relations, and forced labor.



An independent impact assessment of 15,000 workers and 2,000 managers shows that the Better Work program has created a significant and positive impact on working conditions, such as abusive practices (forced labor, sexual harassment, and verbal abuse), weekly pay, contracts, and working hours. It narrowed the gender pay gap by up to 17%, reduced sexual harassment incidents by as much as 18%, and improved women’s access to prenatal care by up to 26%. Productivity in participating factories is up by 22%.

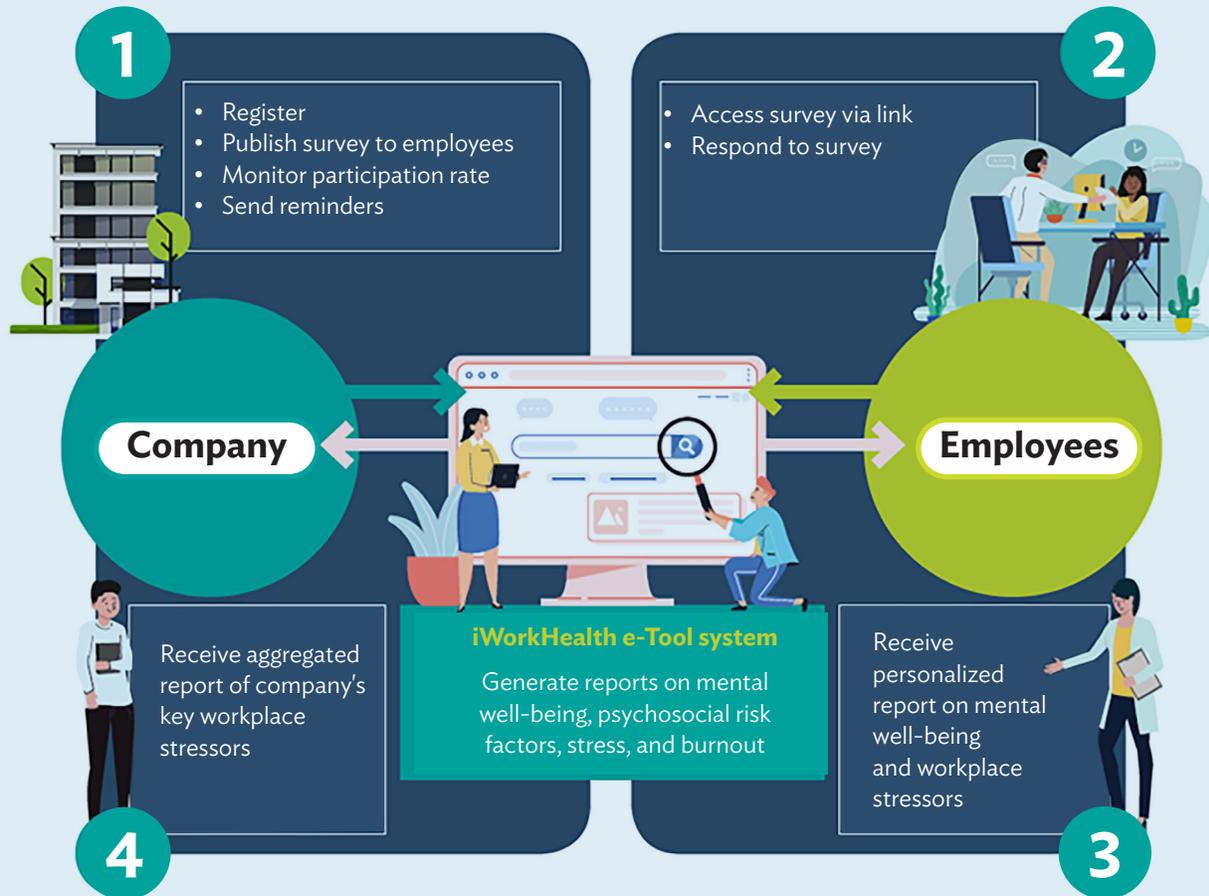
Source: IOH.

⁴⁴ Better Work. *Global Gender Strategy: 2018-2022*.



iWorkHealth was developed by Singapore’s Ministry of Manpower’s Workplace Safety and Health Institute. This online, self-administered psychosocial health assessment tool enables companies and their employees to identify common workplace stressors. It comprises questions covering stress-related factors in the workplace and relationships with supervisors and co-workers.

Once employees complete the iWorkHealth survey, the company receives an aggregated anonymized report identifying the key workplace stressors, extent of workplace stress, and overall state of mental well-being of their employees. Participating employees receive individual reports on their mental well-being scores and workplace stressors. Note however that it is not intended to be used for medical diagnostic or treatment purposes.



Source: WSH Council. iWorkHealth. 3. How to use iWorkHealth, Tripartite Alliance for Workplace Safety and Health.



Mothers@Work⁴⁵ is a national collaboration between the Bangladesh Garment Manufacturers and Exporters Association with UNICEF Bangladesh to strengthen maternity rights and breastfeeding support in the workplace. The program supports factories in removing common barriers faced by young working mothers and implementing national and international standards, including paid maternity leave, provision of breastfeeding and childcare facilities, flexible working arrangements, health protection, medical benefits, employment protection, and nondiscrimination. Mothers@Work runs in more than 103 factories, supporting more than 6,500 pregnant women and breastfeeding mothers and 12,000 children under 2 years old. These efforts have meant that these standards and practices have become the norm in several of the factories studied. Workers interviewed in six factories in mid-2022 discussed how pregnant and nursing mothers no longer needed to negotiate with their line managers for their legal entitlements. Attitudes have shifted and there is common understanding of the need for breaks and facilities. Participants noted that support from top management was key, and how continuous training and support groups help ensure that shifting norms remain in place at work. As a result, Better Work Bangladesh factories are performing better than their peers; workers are less likely to be victims of unfair dismissal due to pregnancy or childbirth.

AGRICULTURE AND AGRIBUSINESS

Work in the agriculture sector is known to be very physically and mentally demanding. Within the European agriculture sector, 42% of workers reported that work had a negative impact on their health. This is substantially higher than the EU-27 average of 25%. In Finland, a postal survey of 555 farms found that 55% of respondents experienced stress in farmwork.⁴⁶

According to the National Center for Farmworker Health: “There are several underlying factors that contribute to the poor mental health of agricultural workers, but numerous studies have found that economic hardship and poverty are driving factors...other contributing factors are associated with the nature of agricultural work, such as frequent mobility, long work hours and limited or nonexistent benefits.”⁴⁷

These factors include:

Climate change impacts. Climate change is exacerbating climate variability, evident in more frequent and severe weather-related disasters, such as droughts, fires, and floods. These effects of climate change can have a negative effect on the mental health of those living in rural areas.

Financial pressures, growing regulatory and administrative pressures. Seasonality, stock problems, and profit uncertainty. Farming is already considered one of the world’s most dangerous jobs, and the inability to turn a profit for many certainly isn’t helping. It has been reported that farmers are twice as likely to commit suicide than workers in most other careers.

Limited health-care access. Rates of mental health problems in rural areas are not so different from urban areas. Some stressors are different, but accessing help in rural areas is harder. For example, limited mobile phone reception and WiFi make it difficult to receive remote care.

⁴⁵ International Labour Organization. 2019. *Mothers@Work: supporting breastfeeding mothers in the workplace*.

⁴⁶ Ministry of Agriculture and Forestry of Finland. n.d. *Support for agriculture*.

⁴⁷ National Center for Farmworker Health, Inc. 2017. *Agricultural Workers and Mental Health*.

Isolation. Farmers are often more isolated, and this social isolation coupled with the potential for financial hardship, barriers to seeking mental health services, and access to lethal means can contribute to suicide. Isolation increases insecurity around the hiring of seasonal and migrant workers, physical attacks and threats, and rural crime.

Increasing consumer and societal demands on food production. Social media can create or exacerbate a lack of understanding between urban and rural communities, leading to misplaced criticisms of farming practices.

Preventive and corrective measures

Workplace policies and risk assessment

Employers, farmers, or farm managers should conduct a thorough risk assessment to identify psychosocial risks. Although assessments that specifically focus on physical risks of the agriculture sector exist, more work is needed to develop psychosocial risk assessments and create policies to mitigate these risks. For example:

- Lone working policies can specify what to do when equipment breaks down, how to use communication devices, and the frequency of communication with farm managers or other farmworkers.
- Policies on working hours may identify acceptable levels of working hours, beyond those contractually specified. These can include the length and frequency of breaks and available facilities, and other factors.
- Seasonal and migrant worker policies that specify what the employer can expect from workers, and what workers can expect in return (e.g., training, contract length, benefits).

Formal support

Formal support for farmers comes from government and nongovernment organizations. It may be proactive advisory services at agricultural shows, home visits, articles in the farming press), or reactive helplines, assistance with filling up forms, and similar activities. It is vital that support initiatives for agriculture workers acknowledge the realities of rural life and the nature of farming problems.



The Farmer's Occupational Health Service in Finland seeks to address a range of physical and psychosocial risks in the workplace. This is done through health assessments of farmers, health education, a survey of working conditions and farm visits. The Farmer's Social Insurance Institution in Finland not only provides insurance and pension benefits, but also sickness benefits and substitute farmworkers to allow full-time farmers up to 26 days of annual leave.

Social support

Agricultural networks and farmers' unions or societies can provide essential social support. They offer farmers the chance to get together, share and discuss common problems, and obtain useful information on various farming events, such as agricultural shows, markets and sporting or other activities and groups. The community allows for day-to-day emotional support and help during busy times, absences, or difficult situations. These relationships include spouses, family members, neighbors, and friends from the non-farming community.

Such communities can dispel myths about agriculture through the press or involving well-known people in the discussion of the issue, creating a respectful perception of rural work in society.

Counselling and psychological hotlines for farmers.

Many farmers or individuals in rural communities find it difficult to open up to someone who doesn't share a similar background or circumstances. It is therefore an advantage when counsellors have a background in agriculture and are aware of the realities of rural life.

Mobile apps and platforms

Mobile apps and platforms are widely used by farmers. Dialogue via apps that allow anonymity would be acceptable for those who are usually reluctant to speak out.



One-ASPIRE is one of the 11 Developing Excellence, Leadership and Training in Science in

Africa (DELTA Africa) programs. This \$100 million (€92.4 million) program supports African-led researchers and scientific leaders. DELTA Africa funds Africa-based scientists to amplify the development of world-class research and scientific leadership on the continent while strengthening African institutions. They promote an integrated health system to achieve good mental health.

Their findings illustrate a correlation between veterinary services and mental health. The poor health of livestock and subsequent losses of animals negatively affects the physical and mental health of livestock farmers. Thus, to manage the health of farmers, physicians and other health-care providers must consider the social and ecological environment of the patient to identify the root causes of psychological problems. This multifaceted approach will improve health for humans, animals, and the environment.⁵¹



Around 150,000 households and 500 schools and public institutions will gain access to fast broadband, thanks to a digitalization initiative supported by the EBRD, the European Union (EU), and donors under the umbrella of the Western Balkans Investment Framework.

The initiative, financed through a €118 million EBRD loan and a €33 million EU grant, aims to build economic opportunities in rural areas, bringing fast internet access to smaller communities around the country. The project is part of Serbia's initiative to promote digitalization as a driver of economic growth and to position the country as an information technology development hub. It addresses the existing rural-urban digital divide and will ensure equality of opportunity and long-term, sustainable growth in underserved rural regions.⁵²

PROFESSIONAL SERVICES AND REMOTE WORKING

Well-managed remote working can improve work-life balance, offering employees greater flexibility around working hours and childcare and caring responsibilities.

The ILO and WHO state that “when organized and carried out properly, telework can be beneficial for physical and mental health and social wellbeing. It can improve work/life balance, reduce traffic and time spent commuting, and decrease air pollution, all of which can, indirectly, improve physical and mental health. Telework can also have public health and social benefits.”⁵³

On the flipside, remote working can lead to people feeling isolated or disconnected, piling on pressure creating stress or aggravating preexisting mental health problems such as depression and anxiety.



Telework is the use of ICT—such as desktop computers, laptops, tablets, and smartphones—for work that is performed outside the employer's premises. This includes work performed from home, a satellite office, or another location.

⁴⁸ African Academy of Sciences. n.d. *Veterinary Services and the Mental Health of Livestock Farmers*.

⁴⁹ EBRD. 2022. *EBRD EU Finance Expansion of Broadband in Rural Serbia*.

⁵⁰ WHO and ILO. 2021. *Healthy and Safe Telework Technical Brief*.



The Royal Society for Public Health⁵¹ survey reveals the mental and physical health impacts of home working during

COVID-19. There were health and well-being disparities between groups of people who made the move to working from home.

Overall, more people (45%) felt working from home was better for their health and well-being, compared with around one-third (29%) who thought working from home was worse.

The most common complaint was feeling less connected to colleagues (67%), taking less exercise (46%), developing musculoskeletal problems (39%), and disturbed sleep (37%). Nearly half (48%) of people said they developed musculoskeletal problems and nearly two-thirds (59%) said they felt more isolated from colleagues.

Women were more likely than men to feel isolated (58% of women and 39% of men). However, only a third of respondents (34%) had been offered mental health support by their employer. People who live with multiple housemates were more likely to think that working from home was worse for their health and well-being (41%), compared to people who live on their own (29%) or with just their partner (24%).

Findings from the survey also showed that most people did not want to go back to working in an office full time, with nearly three-quarters of people (74%) wanting to divide their working time between home and an office.

Impacts may include:

Isolation and loneliness. Working remotely may help employees avoid the commuting time to office as well as distracting co-workers. . But social isolation and the inability to share troubles at work with colleagues have also led to individuals experiencing increased irritability and negative emotions.

Anxiety and stress. Many were worried about reduced productivity. What no one saw coming was that it would lead to an increased workload and the temptation to work longer hours due to poorly defined boundaries between a worker's personal and professional life. Another factor that can increase anxiety and stress are distractions that occur repeatedly during the day when working from home, as they reduce focus and waste time.

Demotivation. When working remotely, it is harder to communicate with co-workers and ask questions or clarify information. Lack of encouragement or appraisal can also lead to demotivation and perceived senselessness.

Feeling guilty and missing out. Remote workers report facing increasing feelings of guilt or anxiety about missing out on something important.

Physical health outcomes. There is extensive evidence on the impact of prolonged computer work on a number of physical ailments, e.g., musculoskeletal damage and eye strain in office settings, but few studies have assessed the impact of telework. The research undertaken on telework has shown both positive and negative impacts on physical health.⁵²

⁵¹ Royal Society for Public Health. 2021. *Survey Reveals the Mental and Physical Health Impacts of Home Working During COVID-19*.

⁵² WHO. 2022. *World Mental Health Report: Transforming Mental Health for All*. Geneva, Switzerland.

Preventive and corrective measures

Both the ILO and WHO state that “protecting and promoting health and wellbeing in teleworking requires a comprehensive set of measures to provide a healthy and safe work environment, including adequate organization of the work.”⁵³

For employers:

Establish a remote working policy.

This starts with clear guidance on the following:

- Working hours – to address the issue of overworking and to ensure employees have a good work-life balance.
- Means of communication – fixed channels and tools that facilitate information exchange.
- How to conduct productive meetings and joint working sessions.
- Communication – how to ensure mistakes and misunderstandings are communicated in a timely and correct manner; that issues and difficulties that employees experience are discussed, and the achievements and successes of the company shared.
- Celebrate wins – even the small ones. This can create a healthier company culture and increase the feeling of belonging, as well as giving home workers a sense of purpose by showing them the impact of their work.

Initiate risk assessment. This applies to all workers equally—those at home and elsewhere. But there are practical actions that can help manage the risks of stresses and mental health problems for home workers:

- Talk openly with employees about their health and safety, creating the right environment for the employee to raise concerns.
- Involve them in well-being and stress risk assessments so they can help identify potential problems and solutions.
- Keep them updated so they feel involved and reassured.
- Have regular supervision check-in meetings or calls—formally and informally—so they can share any concerns.

- Make home workers aware of any occupational support available to them.
- Take account of the needs of the individual—if someone is a home worker for medical reasons you may need to meet their needs differently.
- Talk to your home workers.

Prevent burnout. Companies and employees have begun to realize that coming to work sick, not taking holidays, and exhausting themselves at work is not conducive to longevity. Sometimes it doesn’t take much effort. It can be as simple as reassuring team members when they go home for the day, to ‘leave work at work’ and not check emails or prepare for their shift the day after work ends. While it may seem counterintuitive to slow down to speed up, taking breaks will significantly boost mental wellness, decrease the chance of burnout, and increase productivity. Mitigating these risk factors requires different controls to be in place, such as policies stipulating working time, use of IT to prevent email distribution out of hours, and so on. It will be a cultural shift in the way people work.

For employees:

Looking after mental health at home. WHO provides recommendations within its #HealthyAtHome campaign.⁵⁴

Have a routine. Keep up with daily routines as far as possible or make new ones: get up and go to bed at similar times each day, keep up with personal hygiene, eat healthy meals at regular times, exercise regularly.

Maintain a work-life balance. Set space boundaries, for example a home office or working space.

Set up your working space with a focus on good posture and optimal comfort. Minimize the risk of physical ailments such as eye strain or back pain.

Screen time. Be aware of how much time you spend in front of a screen each day. Make sure that you take regular breaks from on-screen activities.

Make connections. Working from home can make it hard to connect with co-workers on a personal level, which can lead to feelings of stress and isolation.⁵⁵

⁵³ WHO and ILO. 2021. *Healthy and Safe Telework Technical Brief*.

⁵⁴ World Health Organization. n.d. *#HealthyAtHome – Mental Health*.

⁵⁵ Medical News Today. 2021. *“Maintaining health while working from home: 8 tips.”*



Burnout is not a medical diagnosis. It is a syndrome that results from chronic or unrelenting workplace pressure that has not been successfully managed and occurs in about one-fifth of the population. It usually comes from experience in the workplace, indicating there are problems within the organizational culture. Individuals suffering burnout will experience all the following:

- physical and mental exhaustion,
- increased mental distancing from their work,
- negative feelings towards their job, and
- poor work performance or efficiency

In addition, they may have ideations of suicide, want to leave the job, experience self-doubt, and have physical symptoms such as headaches and/or musculoskeletal pain.

The psychosocial factors linked to burnout include:

- a lack of autonomy or role clarity,
- unclear or unrealistic job expectations (including both time pressures and workload),
- monotonous or chaotic work,
- a lack of managerial support, and
- a poor work-life balance.

The **consequences of burnout** can be devastating to a worker's long-term physical and mental health, for example, developing cardiovascular or respiratory problems,⁵⁶ and for the workplace it can lead to loss of productivity, high turnover of staff, higher absenteeism, and increased risk of errors. In 2016, the World Economic Forum estimated the global cost of burnout to be £255 billion (\$269 billion),⁵⁷ which is not sustainable.

How to recover if you have burnout

There is no value in addressing the physical and mental health issues experienced by workers without addressing the workplace issues that have caused burnout. The physical and mental health issues are a consequence of the worker's interaction with the organizational culture, so effective treatment depends on getting to the root cause.

The correct approach would be to manage the worker's well-being while simultaneously addressing the workplace concerns.

Recognize the problem. Acknowledge that burnout has become a problem for the individual. Then conduct a workplace assessment to establish the root cause/s.

Determine severity. An objective assessment by an external professional should be used to determine how severely the burnout is affecting the individual's physical and mental health. There are various tools that can be used to quantify the severity, such as the Maslach Burnout Inventory.⁵⁸ The results will determine the interventions.

Plan and initiate an intervention. The interventions will entail *organizational changes* to remove or mitigate the psychosocial risks. Interventions aimed to help *individual recovery* are diverse and depend on the severity of the condition and the symptoms experienced. The care plan should be tailored to the needs of the individual and could include a period of absence and rest, as well as individual interventions to manage workers resilience and physical and mental health.

continued on next page

⁵⁶ J. Moss. 2019. [Employee Retention: Burnout is about your workplace, not your people](#). *Harvard Business Review*.

⁵⁷ S. Tottle. 2016. [It's costing the global economy £255 billion, so what can we do to stop workplace burnout?](#) World Economic Forum and The Conversation.

⁵⁸ C. Maslach and M.P. Leiter. 2021. [How to measure burnout accurately and ethically](#). *Harvard Business Review*, 8.

Box continued

How to prevent burnout

Prevention of burnout begins with a good organizational culture.

The following are tips for managers and supervisors:

- Create open channels of communication and ask workers what they need.
- Be aware of workloads and time pressures placed on workers and ensure they are realistic and achievable.
- Provide workers with support where it is needed (emotional or resources as appropriate) and give workers deserved recognition for their outputs.
- Ensure workers understand what is expected of them and what level of authority and responsibility they have when completing tasks. Ensure all tasks are clear and confirm that both parties' expectations are the same/aligned.
- Avoid repetitive and monotonous work where possible and ensure workers are stimulated.
- Allow workers to participate in decision-making so they feel a sense of value and loyalty to the organization.

At an individual level, encouraging workers to maintain a good state of physical and mental health through a healthy lifestyle can also be helpful. This can include:

- a regular exercise regime,
- a balanced diet,
- limiting alcohol consumption, and
- the use of meditation apps.

It is important to remember that you are not trying to fix the worker but rather the working situation and how the worker reacts to it. .

How to overcome burnout for employees

For workers there are habits and routines that can be established to protect them from developing burnout.

Some suggestions include:

- Know your limits – be realistic about what you can achieve in a day.
- Manage workload – if your workload becomes excessive, have a conversation with your supervisor to shift deadlines or to share out some of the work.
- Time management – plan your activities to allow for sufficient time to complete the task.
- Regular breaks – take rest breaks away from your desk and do not slip into habits such as working through lunch and eating at your desk.
- Communication – have open and frank discussions with your supervisor when you are feeling pressured.
- Healthy lifestyle – good nutrition, regular exercise and sleep positively affect how you cope with pressure.



“Working time and teleworking” (WTA) – a free training course provided by the ILO.

Working-time challenges have shifted from focusing mainly on preserving jobs to job quality issues, many of which are closely linked to working time, such as an increase in jobs with short and often highly variable hours. The aims of the course are:

- familiarization with the concept of decent working time and the five guiding principles,
- getting to know the working time-related topics covered by the International Labour Standards,
- being able to design and implement WTA collaboratively, and
- understanding other forms of work arrangements and how to use them regularly or in a crisis response.



The Government of Canada's Northwest Territories has put together a remote working health and safety self-assessment checklist.

This is a set of guidelines intended to promote safe remote working. It consists of ergonomic considerations, fire protection, electrical safety, and emergency services.

FINANCIAL INTERMEDIARIES, PUBLIC SERVICES, HEALTH CARE, AND EDUCATION

There are a number of professions that stand out for their impact on mental health.

Nurses, doctors, and human services professionals are often at risk of significant stressors due to working with people in distress, which can lead to an increased risk to psychological health and safety. This could be due to:

- frustration at not seeing clients move past problems or issues,
- compassion fatigue and trauma from dealing with patient problems, and
- taking on more work without addressing the negative impact on their psychological health and safety.

Women account for approximately 70% of the global health workforce. Women health-care workers routinely experience abuse, sexual violence, and harassment from male colleagues, patients and community members.⁶² In view of this, female health-care workers exhibit higher rates of depression, anxiety, and stress than their male counterparts. Mental health programs and policies should also include the prevention and response to sexual harassment in the workplace within risk assessments and control strategies. A commitment to preventing this risk factor should also be a commitment of the organization.



The COVID-19 pandemic had a major impact on frontline health-care workers. Mental Health America⁶³ conducted a study of health-care—namely, nurses, community-based health-care workers, doctors, support staff, paramedics, physician assistants and nurse practitioners—from June to September 2020. The survey revealed that **93% of health-care workers were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed.**

The Tema Conter Memorial Trust (Canada) estimates that between 16% and 24% of emergency services personnel suffer from post-traumatic stress disorder.⁶⁴

Humanitarian and emergency workers bring aid to countries in crisis as a result of disasters, war, or other events that leave civilians without resources. These jobs can be taxing both physically and mentally. The recovery period between critical incidents can be very short and exposure to catastrophic injuries and loss of life is high.



WHO⁶⁵ states that “one in five (22%) of people who have experienced war or other conflict in the previous 10 years will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.”

WHO has endorsed inter-agency mental health and psychosocial support guidelines for an effective response to emergencies and recommends services at several levels from basic services to clinical care. Some of the support includes psychological first aid. Other forms of support and interventions are available. Risk assessments should consider the risk factors and mitigations available to those working in conflict areas.

⁶² M. Chatterjee and A. Keeling. Women in Global Health. 2022. *Her Stories: Ending Sexual Exploitation Abuse and Harassment of Women Health Workers*.

⁶³ Mental Health America. n.d. *The Mental Health of Healthcare Workers in COVID-19*.

⁶⁴ The Tema Conter Memorial Trust (Canada) <https://www.tema.foundation/>.

⁶⁵ WHO. 2022. *Mental health in emergencies*.



The Antares Foundation says symptoms of **post-traumatic stress disorder have been reported in 30% of aid workers following field assignments.**⁶⁶

Educators often report stress, depression, and anxiety. The main sources include:

- excessive workload and working hours;
- poor pupil behavior, often compounded by large class sizes;
- pressures of assessment targets and inspections;
- management bullying;
- stress of appraisals and performance-related job pay;
- the threat, or instigation, of capability proceedings; and
- lack of professional opportunities.



According to the UK-based Annual Teacher Wellbeing Survey 2022,⁶⁷ **59% of teaching staff considered leaving the profession in 2019–2020 due to pressures on their mental health and well-being, with 68% citing workload as the main reason.**

Call center workers often work in highly structured and monitored conditions, experiencing high levels of demand (for example, large numbers of calls) but low levels of control (for example, service levels to achieve or targets to hit). This imbalance may lead to an increased risk to psychological health and safety among workers⁶⁸ with issues reported such as

- difficulty providing quality service and handling an assigned number of calls in a specified period,
- conflict caused by the need for an employee to suppress feelings when responding to certain callers,
- physical workspace and equipment that is shared among different employees lacks comfort and person-specific ergonomics, and
- constant and intense surveillance and monitoring of workers.



Personnel Today reports that **eight in 10 call center employees feel their work has a negative impact on their mental health.** Approximately two-thirds experience high stress levels, while just under half report that their work makes them anxious.⁶⁹

Financial intermediaries. The risk of employee burnout from the pressure to perform and the pace of work is a reality with serious consequences for both individual well-being and organizational resilience. A culture of long working hours in a bustling office environment may have been tolerable, but transporting those conditions into an isolated home environment has taken its toll on employees within the sector.



Aon's Global Wellbeing Survey⁸, which identifies the **top well-being risks affecting company performance as: stress (67%), burnout (46%), and anxiety (37%).**⁷⁰

Preventive and corrective measures

Canada Life Assurance Company has identified some specific sector workplace strategies for mental health:

Health care

Hold regular group sessions, virtual or in-person, with colleagues to discuss situations and brainstorm solutions while protecting the privacy and confidentiality of patients and clients.

Ensure appropriate debriefing sessions and rest after traumatic events and vary intense work with less-challenging work. Offer management training programs that teach best practices for supervising human service workers.

⁶⁶ Antares Foundation. 2012. *Managing Stress in Humanitarian Workers: Guidelines for Good Practice*.

⁶⁷ Education Support. 2022. *Teacher Wellbeing Index 2022*.

⁶⁸ Canada Life. *Sector-Specific Strategies for Psychological Health and Safety*.

⁶⁹ N. Paton. 2022. *Eight in 10 Call Centre Workers Feeling Mental Strain*. Personnel Today.

⁷⁰ AON. 2021. *Long Hours and Burnout: Why Financial Institutions Must Address Mental Health to Manage Risk and Build Resilience*.

Emergency workers

Debrief personnel after handling a critical situation and determine an appropriate wait time before they can be sent out to handle the next incident.

Provide appropriate trauma counselling and allow personnel adequate time to recover. Speak openly about mental health and discuss how seeking support has the potential to reduce the risk of long-term effects.

Educators

Help teachers develop a culture of peer support to reduce the negative effects of school stressors. Establish the risk assessment processes at school and examine the possibilities for improvements that can be implemented.

Support teacher discussion groups to share challenges and solutions related to the job. Help provide an environment where participants can feel safe to share openly.

Have students, teachers, and principals collaborate to design and implement programs and events to raise school spirit.

Teachers should also feel supported when a threat or act of aggression has been made against them. Management should take immediate and supportive action and then follow up with the teacher after an incident to see how they are doing.

Call centers

Share successful strategies among call center workers: scripts they've used and adjusted for successful outcomes; and training to teach workers how to defuse situations where a caller is emotional or abusive.

Provide call center workers with a reasonable degree of flexibility in difficult situations.

Keep the workplace comfortable. Ensure workers have adequate breaks.

Financial intermediaries

Where promotions in the industry were once strongly linked to financial performance, there is now greater emphasis on getting the right people into management roles. People with leadership, collaboration, and communication skills can help create workforce resilience and address the fast-paced and complex environments that leaders have to operate in today.

Leaders with traits such as mental endurance, learnability, and empowerment increase job performance by 20%.



The Tema Foundation (Canada) is a nonprofit organization that focuses on mental health and wellness for frontline workers, first responders, healthcare professionals, public safety personnel, and the important people in their lives. There are video-based educational sessions entitled “PPE For Your Mind” designed to help public safety personnel relieve anxiety and stress during an emergency pandemic.⁷¹



Self Help Plus (SH+)⁷² is a group-based stress management course for adults (generic field-trial version 1.0, 2021). It was tested in 2022 following the Russian invasion of Ukraine. WHO conducted training-for-trainers sessions for 28 local participants: representatives of the health-care sector, social protection, education, veterans’ affairs, and nongovernment organizations. This course supports the National Program of Mental Health and Psychosocial Support and will work to strengthen capacity in Ukraine in the field of stress management.

⁷¹ Tema Foundation. n.d. *PPE for Your Mind*.

⁷² World Health Organization. 2021. *Self-Help Plus (SH+): A Group-Based Stress Management Course for Adults*.

4. CHALLENGES IN IMPLEMENTING GOOD PRACTICES



EU-OSHA gathered information on the most common failures and mis-expectations that occur when implementing good practices in mental health management systems:

Changing the mindset and behavior of management and employees

People often have a fixed mindset on specific topics, and it is not easy to change this. One of the biggest challenges for an organization wanting to develop and implement a mental health policy and program is changing the mindset and behavior of the management and employees.

It is essential that employees and managers at all levels clearly understand the objectives of the newly implemented policies and initiatives. Active communication may be important to address this challenge. Employers should also have processes in place to measure performance against the set objectives.

Budgeting and resource

Budget constraints are a key challenge and underestimating resources is a common mistake. This might be a particular problem for small and medium-sized enterprises. Many actions open up new risks that were originally hidden. Therefore, unforeseen expenditures occur more often than one would like. It is advisable to budget. In an article entitled “The Healthy Profit,”⁷³ the Institution of Occupational Safety and Health (IOSH) advocates for occupational health and safety to be recognized as an investment that brings many benefits, rather than a cost.

Time frames

Another major barrier to successfully implementing psychological management was the anticipated time frames involved. When new strategies are developed an organization needs to find time and resources to implement strategies and implementation often takes longer than planned. This is especially true when the psychological risk management system is undertaken by existing staff rather than additional external expertise.

Employee awareness

Employees need to be aware of not just the topic and its importance, but also how they can support themselves and others. Employees should also be aware of the activities that the organization provides and the effectiveness of these actions. Communication is essential when encouraging workers to take part in workplace health promotion initiatives. Employees should be aware that certain measures are in place, why actions are taken and the outcomes thereof, and thus to be motivated to take part in the whole program.

⁷³ IOSH. 2018. *The Healthy Profit: How Investments in Safety, Health and Wellbeing Are Giving Businesses the Edge*.

5. BENEFITS OF WORKPLACE MENTAL HEALTH AND WELL-BEING MANAGEMENT



Mental health problems are overtaking musculoskeletal problems as the leading cause of sickness absence in several European countries. In the near future, they may be the leading cause of occupational illness and absence. Poor mental health has been linked to numerous negative consequences for organizations, including diminished employee performance, increased absenteeism and accidents, and high staff turnover.

Promoting good mental health in the workplace supported by effective management processes brings a wide range of health, social, and economic benefits. The most significant individual and organizational advantages of managing mental health in the workplace are presented in Table 6.

Table 6: Individual and Organizational Benefits of Managing Mental Health in the Workplace

Personal	Organizational
<ul style="list-style-type: none">• Better physical health• Positive emotional state• Increased job satisfaction• Improved cognitive function• Better relationships with colleagues• Less medical treatment	<ul style="list-style-type: none">• Improved productivity• Lower absenteeism• Reduced workers' compensation and disability costs• Reduced healthcare costs• Better retention and recruitment

Source: IOSH.

6. SUMMARY



This good practice note, which accompanies the “Managing workplace mental health and wellbeing courses,” seeks to support better occupational health and safety management systems for mental health at work, and to incorporate the topic into environmental, social, and governance frameworks. It offers advice on how to prevent and manage mental health in the workplace, avoiding common mistakes, and offers guidance on reshaping environments that influence mental health.

The document provides an overview and insight into what global approaches are used to

- provide and demonstrate leadership on mental health and work-related psychosocial risk management commitments and active involvement;
- raise awareness and fight the stigma of mental health;
- improve access to prevention, management, care and return to work, leading by example;
- cultivate a culture of prevention and workplace mental health support;
- assess, manage, and mitigate psychosocial risks; and
- provide training and awareness to employees in the workplace.

When applying any of the practices, be aware that one size does not fit all, and that any change takes time. Improving well-being in your company will not happen overnight; it is a cultural shift that can take many years. At the same time, it is proven that companies that prioritize workplace culture and employee mental health experience twice as much growth over a 3-year period than those that do not.

Ultimately, employers who invest in their employees’ mental health benefit from more productive, satisfied workers, as well as reduced absenteeism and increased staff retention.

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Good Practice Note on the Management of Workplace Mental Health and Well-Being *Preventing Psychosocial Risks and Promoting Positive Mental Health in the Workplace*

This publication outlines systematic organizational approaches to psychosocial hazards within work. It covers promoting positive mental health, preventing and mitigating mental health conditions, offering training, supporting access to psychological first aid, and facilitating people's return to work after absence associated with mental health conditions. The good practice note was jointly produced by the Asian Development Bank and the European Bank for Reconstruction and Development.

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