Peer Review on "Legislation and practical management of psychosocial risks at work"

Peer Country Comments Paper - Germany

Prevention of psychosocial risks in Germany – story of a late bloomer?

Stockholm (Sweden), 3-4 October 2019

DG Employment, Social Affairs and Inclusion

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1 Introduction

This paper has been prepared for the Peer Review on "Legislation and practical management of psychosocial risks at work". It provides a comparative assessment of the policy example of the Host Country (Sweden) and the situation in Germany. For information on the host country policy example, please refer to the Host Country Discussion Paper[1].

2 Scale and nature of psychosocial risks at work

2.1 Sick leave and financial loss resulting from (work-related) mental health issues

Mental and behavioural disorders make up for the second biggest share of work absence in the German work force, just behind diseases of the musculoskeletal system and connective tissue. Estimations of the Federal Institute for Occupational Safety and Health in 2016 (see Table 1), showed that the mental and behavioural disorders made up for 16.2 % of the annual sick leave days. The estimations also showed, that mental and behavioural disorders caused in total EUR 12.2 billion production loss and EUR 21.5 billion loss in added value.

Table 1. Annual sick leave and financial loss in Germany (2016)

ICD 10 code	Diagnosis	No of sick leave days (million)	% of overall sick leave days	Production loss (EUR bn)	Added value loss (EUR bn)
M00-M99	Diseases of the musculoskeletal system and connective tissue	154.0	22.8	17.2	30.4
F00-F99	Mental and behavioural disorders	109.2	16.2	12.2	21.5
J00-J99	Diseases of the respiratory system	91.2	13.5	10.2	18.0
S00-T98 V01-X59	Injury, poisoning and certain other consequences of external causes; transport accidents and other external causes of accidental injury	69.8	10.3	7.8	13.8
Others	Others	250.3	37.5	27.8	49.9
All	All	674.5	100	75.2	133.1

Source: BAuA, 2016

[1] Nilsson, B. (2019) How new legislation can change the approach to psychosocial risks at work, Host Country Discussion Paper – Sweden. Peer Review on "Legislation and practical management of psychosocial risks at work". Stockholm, Sweden, 3-4 October 2019. European Commission, DG Employment, Social Affairs and Inclusion.

Estimations of the Federal Statistical Office showed that in 2015, direct costs caused by mental and behavioural disorders were EUR 44.4 billion. The direct costs of mental and behavioural disorders increased by 70 % between 2002 and 2015[2].

Despite the fact that mental and behavioural disorders are usually not reported as occupational diseases[3], many cases can still be classified as work-related in a broader sense.[4] In 2013, the Federal Statistical Office carried out a survey on the work relatedness of health problems[5]. A total of 3 400 persons aged 15+ years were asked if they suffered from work-related health issues. The survey showed that 8 % of all respondents had suffered from work-related ill-health (apart from accidents) in the 12 months before the survey. Specifically, 9.4 % of them suffered from work-related psychosocial issues. Psychosocial issues were above average in public administration and legal services (16.4 % of the workers) as well as in education, health and social services (11.0 %). There is evidence that older workers suffer more frequently from work-related mental and behavioural disorders than younger workers and women more frequently than men.

2.2 Psychosocial risks at work

According to the 2016 European Survey of Enterprises on New and Emerging Risks ESENER-2[6], threats/violence from difficult persons were the most common risk factor in companies in the EU-28. German companies reported above EU-28 average levels of the most common psychosocial risk factors at the workplace:

- 63 % said that their workers dealt with difficult persons (customers, patients, pupils etc.) at the workplace (EU-28 average 58 %);
- 56 % mentioned that their workers had time pressure (EU-28 average 43 %);
- 26 % reported irregular working hours (EU-28 average 23 %); and
- 16 % reported of the lack of influence of the workers on work processes (EU-28 average 13 %).

[2] Statistisches Bundesamt (DESTATIS, 2017a), Gesundheit, Krankheitskosten 2015 (report). Wiesbaden: Statistisches Bundesamt; and Statistisches Bundesamt (DESTATIS, 2017b), Gesundheit – Krankheitskosten 2002, 2004, 2006 und 2008. Wiesbaden: Statistisches Bundesamt.

[3] Occupational diseases require a formal recognition following defined legal and medical standards and procedures, also in order to be compensated as such. Often cases do not meet legal criteria (such as corresponding to an item of a list of recognisable diseases) or medical diagnostic criteria (the latter including clinical and exposure criteria).

[4] While a recognised 'occupational disease is any disease contracted primarily as a result of an exposure to risk factors arising from work activity, work-related diseases may have multiple causes, where factors in the work environment may play a role, together with other risk factors, in the development of such diseases' (WHO, undated).

[5] Liersch A. (2014), Arbeitsunfälle und arbeitsbedingte Gesundheitsprobleme. Ergebnisse einer Zusatzerhebung im Rahmen des Mikrozensus 2013. Wiesbaden: Statistisches Bundesamt.

[6] European Agency for Safety and Health at Work (EU-OSHA, 2016), Second European Survey of Enterprises on New and Emerging Risks (ESENER-2). Overview Report: Managing Safety and Health at Work. Bilbao, Luxemburg: Publications Office of the European Union.

Only the numbers on poor communication or cooperation at the workplace met the EU-28 average (17 %) and the cases of discrimination were below the EU-28 average (1 % compared to 2 %) as well as the perception of job insecurity (9 % compared to 15 %).

In 2012, 20 000 employees in Germany were asked about their working conditions and the presence of psychosocial strain at work[7]. The most common stress factors reported by the employees were multi-tasking (58 %), (time) pressure (52 %), repetitive work (50 %) and frequent interruptions (44 %). The stress factors which were most frequently perceived as strenuous were (time) pressure (34 %), followed by interruptions (26 %) and multi-tasking (17 %). Only 9 % perceived their work as monotonous. Restructuring was one crucial factor which led to an increase of stress factors and psychosocial strains. Workers in restructured companies or establishments experienced stress significantly more often and complained more frequently about fatigue (53 % compared to 41 %), headache (39 % compared to 30 %), feeling of tension (35 % compared to 23 %), sleeplessness (32 % compared to 23 %) or feelings of depression (27 % compared to 18 %). The report also shows differences by sectors, occupations, sex, age, working time and other factors. The authors recommend the development of group specific tools for better prevention of psychosocial risks and mental ill-health. In 2017, BAuA published results of one of the major research projects on work-related psychosocial risks and mental health[8]. The report closed gaps in knowledge and represents the recent state of the art on work-related psychosocial risks and cause-effect mechanisms between risk factors and work-related mental ill-health. The report gives a number of recommendations which were meant to serve as a blueprint of upcoming governmental action. Recommendations include the promotion of competences of OSH services, making a better connection between individual and organisational prevention measures and better including workers and management in OSH management and prevention of psychosocial risks as well as recommendations on the management of certain risk factors. Gender aspects and effects of psychosocial risks in men and women were not discussed in the report.

3 Legislation and practical management of psychosocial risks at work

3.1 Legislation

Today's national Occupational Health and Safety (OSH) legislation has its foundations in the EU Directives on occupational safety and health. The European Framework Directive 1989/391[9] on the introduction of measures to encourage improvements in the safety and health of workers at work requires employers to ensure the safety and health of workers in every work-related aspect and to continuously improve working conditions[10]. From the very beginning, the European Commission pointed out that the

[7] Lohmann-Haislah A., Stressreport Deutschland 2012. Psychische Anforderungen, Ressourcen und Befinden. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.

[8] Rothe I. et.al (2017), Psychische Gesundheit in der Arbeitswelt. Wissenschaftliche Standortbetsimmung. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.

[9] Council of the European Union (1989), Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work, available at: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31989L0391&from=EN

[10] Brück C. (2011), OSH management: legal duties and compliance. The role of legislation in OSH management. Bilbao: European Agency of Safety and Health at Work (OSH Wikipedia). Available at: https://oshwiki.eu/wiki/The_role_of_legislation_in_occupational_safety_and_health_management

employer obligations included the assessment of psychosocial risk factors and hazards that contributed to stress at work[11].

In Germany, there were ongoing discussions between employers, OSH stakeholders and legal experts if (and in how far) the obligation to include psychosocial risks in the risk assessment was binding for all employers and workplaces. The reason was that the main law which transposed the European Framework Directive on the introduction of measures to encourage improvements in the safety and health of workers at work (Directive 89/391 EEC), the Law on Occupational Safety and Health (Arbeitsschutzgesetz, abbr. AbSchG)[12], did not foresee a general provision on the management of psychosocial risks. Only the ordinance on visual display units (Bildschirmarbeitsplatzverordnung) did include an explicit obligation. Finally, in 2013, a clarification was introduced in the existing national Law on Occupational Safety and Health[13]. Psychosocial strain is now mentioned in the law as one possible source of workplace risk which must be included in the risk assessment in every establishment. In existing ordinances on technical and physical risks, references to the prevention of psychosocial risks were made.

The discussion and the uncertain legal situation negatively affected the effort of employers to manage psychosocial risks for the benefit of the workers. Recent figures show that the share of employers that include the prevention of psychosocial risks in their OSH management is still low in German enterprises (see 3.2). The unclear legal situation also led to uncertainty in the labour inspectorates whether and how the lack of psychosocial risk management had to be sanctioned.

As a consequence, especially trade union IG Metall, the German Trade Union Federation (DGB) and government representatives of the German Länder in the Chamber of the Federal States (Bundesrat) advocated for a binding anti-stress ordinance. The Länder renewed their request to the Federal Government to take further action in 2018[14].

The main argument in favour of binding anti-stress regulation is that ordinances and so-called technical rules exist for all risks and hazards with the exemption for psychosocial risks at work. For the labour inspectorates, ordinances are usually the legal basis for actions and sanctions. Representatives of the labour inspectorates argue that the Law on Occupational Safety and Health is too general to effectively sanction shortcomings in the management of psychosocial risks in the companies and that they miss legal definitions. In addition, an ordinance on psychosocial risks would be a paradigm shift and demonstrate that mental health and well-being are of equal importance to the physical integrity of the workers.

The second main argument is that the technical rules on prevention help employers to manage OSH risks effectively and are widely accepted in the companies. Technical rules are elaborated in collaboration with scientific experts and OSH practitioners and represent the state of the art of prevention. Employers who follow the technical rules of prevention profit from a prima-facie evidence in cases of accident investigations. The

[11] European Commission (1996), Guidance on risk assessment at work. Luxemburg: Office for Official Publications of the European Communities.
[12] https://www.gesetze-im-internet.de/englisch_arbschg/englisch_arbschg.pdf
[13] Bundesministerium für Arbeit und Soziales / Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BMAS/BAuA, SUGA 2017), Sicherheit und Gesundheit bei der Arbeit 2017. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.
[14] Arbeits- und Sozialministerkonferenz (ASMK, 2018), Psychische Belastungen in der Arbeitswelt (TOP 6.26). 6. Dezember 2018. Münster: Arbeits- und Sozialministerkonferenz. 14 of 16 Länder agreed with this paper (2 abstained). To better understand the discussion here it is important to acknowledge that the legislative power in the field of OSH is attributed to the Federal Government / Parliament while the authorities of the Länder enforce it.

representatives of the Länder conclude that the introduction of technical rules of preventing psychosocial risks at work could stimulate management action.

At Federal Government level there are no actions on the field at the moment. In 2017, the German Ministry for Labour and Social Affairs invited the social partners to a round table on the management of psychosocial risks[15]. The round table did not come to a conclusion on further action on the legislation of psychosocial risks and was discontinued. In 2018, the Ministry declared in an official statement on request of the parliamentary group of the party Die Linke that there were no plans for issuing a new ordinance and that the short-term focus will be on the better implementation of existing measures and instruments (e.g. advice, management tools etc.) with the help of the partners of the Joint German OSH Strategy[16].

German OSH laws oblige employers to manage and improve safety and health of workers (*Beschäftigte*); the term 'workers' includes interns, apprentices, student and family helpers. Working conditions of self-employed or freelancers are not regulated and as a consequence not necessarily part of the OSH risk management. Special laws and provisions cover specific vulnerable groups such as young workers or pregnant and breastfeeding women. However, there is no regulation on how other groups or gender aspects must be taken into account. It is part of the OSH risk management in the companies to take a decision on how far, for example, gender aspects should be included in OSH risk management.

3.2 Management of psychosocial risks at company level

The national OSH monitoring which is part of the Joint German OSH Strategy shows that the level of compliance with OSH provisions in German companies is medium-low[17]. In particular micro (1-9 employees) and small enterprises (10-49 employees) have lower levels of compliance in comparison to medium (50-249) and large companies (250+). This includes the obligation of carrying out a risk assessment as well as the obligation of having preventive services in the company.[18] In particular, the assessment of

[15] Rövenkamp M. (2017), Eine Lösung für den hohen Stresspegel finden. Tagesspiegel online, 05.05.2017. Berlin. Available at: https://www.tagesspiegel.de/wirtschaft/arbeitswelt-eine-loesung-fuer-den-hohen-stresspegel-finden/19763422.html

[16] Bundesministerium für Arbeit und Soziales (BMAS, 2018), Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Jutta Krellmann, Susanne Ferschl, Matthias W. Birkwald, weiterer Abgeordneter und der Fraktion DIE LINKE. – Drucksache 19/3667 – Psychische Belastungen in der Arbeitswelt. Berlin: Deutscher Bundestag, Drucksache 19/3895. Available at: https://kleineanfragen.de/bundestag/19/3895-psychische-belastungen-in-der-arbeitswelt

[17] Hägele H. and Fertig M. (2018), GDA-Dachevaluation 1. Zwischenbericht - Auswertung der Betriebs- und Beschäftigtenbefragungen. Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/1-Zwischenbericht-Evaluation.pdf?__blob=publicationFile&v=2; and Lissner, L., Brück, C., Stautz, A., Riedmann, A. and Strauß, A. (2014), Abschlussbericht zur Dachevaluation der Gemeinsamen Deutschen Arbeitsschutzstrategie. Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/GDA-Dachevaluation_Abschlussbericht.pdf?__blob=publicationFile&v=2

[18] In Germany, it is obligatory for employers to have an internal or external safety expert (Sicherheitsfachkraft) and an occupational physician who help with the management of work-related risks. For small companies, accident insurance bodies offer support with preventive services or qualification for employers in risk prevention (e.g. Unternehmermodell).

psychosocial and organisational risks at the workplace is not included in the risk assessment.

According to the 2011 Joint German OSH Strategy survey, only 51 % of the German companies carried out a risk assessment. Still, many of those who carried out a risk assessment did not include the main factors of psychosocial risks at work: only 55 % of companies included aspects of the work organisation, only 48 % working time arrangements and only 46 % social relations. Risk assessment was carried out more often in the manufacturing sector than in the service sector and psychosocial- or organisational factors were less likely included than other risk factors[19]. In the 2015 survey, the number of companies who had a risk assessment was 52.5 %. And while it seemed that the work organisation (in 2015: work flow and work methods) was included more frequently in the risk assessment (75 % of companies included it in the risk assessment), the inclusion of working time arrangements and social relations was reported less often than in 2011 (Hägele and Fertig, 2018).

Calculations of the Federal Institute for Occupational Safety and Health[20] show that only 22 % of the companies had a complete risk assessment which included the assessment of psychosocial risks. Even in companies with 250+ employees which usually meet professional management standards, 30 % did not include psychosocial risks in their risk assessment.

Also, in the European picture German companies rank below average in the management of psychosocial risks at work. According to ESENER-2 survey data, Germany ranks below EU-28 average in risk assessments and in risk assessment of organisational aspects "such as work schedules, breaks or work shifts" and "supervisor–employee relationships". Only 11 % of the German establishments made use of a psychologist (16 % EU-28 average, Finland 60 %, Sweden 59 %). The lack of management and of specialised services for the management of psychosocial risks in the companies is contrasted by the fact that German companies reported above EU average numbers of the most common psychosocial risk factors at work in the same survey (see above 2.2).

Based on the ESENER-2 survey results, van den Heuvel et.al (2018) proposed a standardised qualitative score on psychosocial risk management efforts in companies in the EU and EFTA countries[21]. The standardised score has a minimum value of 0 (no efforts) and a maximum value of 9 (very high efforts). With a score of 3.7, German companies ranked next to the European (EU and EFTA countries) mean value of 3.8. The research team identified a number of drivers and barriers which positively or negatively influenced the psychosocial risks management performance in companies. In general, the most effective driver was the management's involvement in OSH risk management. In the case of German companies, the three strongest drivers were increasing productivity, worker representation in the company and workers participation in the risk assessment process. The three strongest barriers in German companies were

[19] Lissner, L., Brück, C., Stautz, A., Riedmann, A. and Strauß, A. (2014), Abschlussbericht zur Dachevaluation der Gemeinsamen Deutschen Arbeitsschutzstrategie. Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/GDA-Dachevaluation_Abschlussbericht.pdf?__blob=publicationFile&v=2

[20] Rothe I. et.al (2017), Psychische Gesundheit in der Arbeitswelt. Wissenschaftliche Standortbetsimmung. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.

[21] Van den Heuvel S., Bakhuys Roozebom M., Eekhout I. and Venema A. (Van den Heuvel et.al, 2018), Management of psychosocial risks in European workplaces - evidence from the second European survey of enterprises on new and emerging risks (ESENER-2). EU-OSHA (Ed.). Bilbao, Luxemburg: Publications Office of the European Union, 2018.

lack of management awareness, lack of expertise and lack of financial resources for psychosocial risk management.

3.3 Campaigns and guidance for companies

In 2013, the Federal Ministry for Labour and Social Affairs, the Statutory Accident Insurances and the Labour Inspection Authorities of the Länder started the work programme PSYCHE as part of the Joint German OSH Strategy. Health insurances and social partners participated as advisory partners.

The work programme focused on interventions against psychosocial risks at the workplace. The core process consisted of 11 167 inspections in companies (size 20-250 employees). In 10.6 % of the most critical cases (1 184), a second revision was carried out. The interventions took place between April 2015 and February 2018.[22] The partners also disseminated instruments on working time design, information on how to deal with traumatic situations and how to take care of difficult persons. Additional actions included the distribution of information for employer associations, trade unions management representatives, OSH experts, workers and work councils (85,000 measures in total). The information campaign also included the launch of a website for company stakeholders (e.g. OSH managers, safety experts and worker representatives), prevention services and labour inspectorates. As a part of the work programme, a guidance for the management of psychosocial risks at work was developed and distributed[23]. Until today, the guidance was ordered 133 000 times by companies and OSH stakeholders[24]. The programme will be continued in 2019.

In the programme evaluation, the steering group stated that the measures were effective. The evaluation showed that through the programme, the share of companies with none or no systematic risk management, could be significantly reduced. Here the work programme showed the biggest effect.

The results of the evaluation of the work programme also show low levels of prevention in the companies: only 33.6 % of the inspected companies had an excellent or very good risk assessment in place which also included the assessment of psychosocial risks. In these companies, the OSH management showed none or only minor flaws and the companies had none or only little need for improvements. In 17.4 % of the companies, the risk assessment showed obvious flaws and improvements were required. In 47.4 % of the companies, there was practically no risk assessment of psychosocial risks at all and no or only non-systematic measures for general risk prevention. In the companies which had a risk assessment one of the most common flaws was that management workplaces were not taken into account (only in 28 % of the companies). Working time and work organisation were assessed in 63 %, work content / tasks in 62 %, working environment in 54 % and social relations in 50 % of the companies who had a risk assessment. The evaluation criticizes the lack of evidence based and independent information on the prevention of psychosocial risks at work, in particular at the start of the programme. The steering group concluded that the lack of available high-quality information was one of the most common obstacles for companies which prevented them from taking action.

[22] Lauenstein O. (2018), Abschlussbericht zum GDA-Arbeitsprogramm Schutz und Stärkung der Gesundheit bei arbeitsbedingter psychischer Belastung (Psyche). Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/Abschlussbericht-AP-Psyche.pdf?__blob=publicationFile&v=2. The company sample was not representative. Companies were selected on basis of the inspection routines of the labour inspectorates and the prevention services of the statutory accident insurances.

[23] Ibid.

[24] August 2019, acc. to the Federal Ministry for Labour and Social Affairs (BMAS).

Several recent activities of the OSH partners from public authorities and statutory accident insurances focused on improving inspections and advice of the labour inspectorates and of the prevention services of the statutory accident insurance on the field of management of psychosocial risks at work. This included the elaboration of a common inspection guideline for all inspections and prevention services.[25] The statutory accident insurances provide instruments and sector specific information for their member companies and for workers.[26] Also, labour inspectorates ran pilot projects to improve inspection practices. In the City of Hamburg, the pilot project included a cooperation with the trade chamber and 19 selected companies of different sectors who had the opportunity to improve their risk assessment and risk management through mutual learning activities. The project evaluation showed that companies were not able to identify instruments which fit their needs without advice from specialists. Companies complained about the abundance of instruments for psychosocial risk management on the market. This made it impossible for them to identify the most adequate and almost all said that they required external advice[27].

According to our interview partners from the labour inspectorate, labour inspections today routinely include the control of OSH management and the management of psychosocial risks. It is difficult to get an overall picture as the labour inspections are planned and carried out at regional and local level by the authorities of the 16 Federal States (Länder). In general, micro- and small companies are less likely to be selected. The rationale behind this selection is to maximize the number of workers who can be reached by labour inspections. There is also a tendency that establishments with high physical risks are prioritized over establishments with high organisational or psychosocial risks. Labour inspectors admit that accidents dominate the non-routine inspections which make up for about 50 % of the overall inspections, even though research on psychosocial risks as possible accident causes are part of these inspections too[28].

One of the main concerns is the reduction of resources in prevention and labour inspection services. While the German workforce keeps growing, the human resources of the labour inspectorates and of the prevention services of the statutory accident insurance bodies have decreased. This led, between 2010 and 2016, to a decrease of annual inspections by 33 % and visited establishments by 27 %. This is critical, especially as OSH experts perceive labour inspections as crucial for ensuring the implementation of OSH prevention measures in companies. The decrease in labour inspections cannot fully be compensated for by other activities such as awareness raising and information activities[29].

There are further initiatives and projects which aim at mainstreaming the prevention of psychosocial risks in workplaces. Since 2016, the City of Hamburg funds the office of

[25] Nationale Arbeitsschutz Konferenz (2018), Leitlinie "Beratung und Überwachung bei psychischer Belastung am Arbeitsplatz. Berlin: NAK.
[26] Overview at https://www.dguv.de/de/praevention/themen-a-z/psychisch/index.jsp
[27] Oldenburg, C. and Dobernowsky, M. (2018), Evaluation des Modellprojekts „Psychische Gesundheit am Arbeitsplatz" 2015-2017. Hamburg: Amt für Arbeitsschutz (unpublished).
[28] Brück C., Schmitz-Felten E. und Zayzon R. (2019), Labour Market Policy Thematic Review 2018: Health and safety at work and labour inspectorate (Germany). European Centre of Expertise (ECE) in the field of labour law, employment and labour market policy. Luxemburg: The European Commission.
[29] Brück C., Schmitz-Felten E. und Zayzon R. (2019), Labour Market Policy Thematic Review 2018: Health and safety at work and labour inspectorate (Germany). European Centre of Expertise (ECE) in the field of labour law, employment and labour market policy. Luxemburg: The European Commission.

"Perspective work & health" (Perspektive Arbeit & Gesundheit, PAG).[30] PAG provides consultancy and personal advice on health and well-being at work with a focus on the prevention of psychosocial risks. PAG experts serve also as a guide and make contacts for further cooperation. This is one of the few initiatives which provides personal advice for both, employers and workers. Since 2016, more than 500 workers and more than 170 companies made use of the consultancy services of the expert team. The evaluation shows that PAG serves as a good low-threshold service which helps workers and employers to better identify risks and strain and to identify measures of control[31].

PSYGA is an online platform[32] which addresses the issue via workplace health promotion (WHP). The platform is promoted by the network "Initiative New Quality of Work" (Initiative Neue Qualität der Arbeit, INQA[33]) and supported by its network partners, the Federal Ministry for Labour and Social Affairs (BMAS), the Federal Institute for Occupational Safety and Health (BAuA) and the Health Insurance Federation of the Company Health Insurances (BKK Dachverband). PSYGA develops and provides instruments for employers, health managers and workers. In addition, PSYGA brings together companies and services as network partners. The website generates 16,000 clicks per month and the management estimates that 700,000 instruments have been used in companies.[34] Unfortunately, it is not clear how many companies could be reached and how effective the measures are. In addition, it should be mentioned that WHP is not binding and usually focuses on individual prevention measures. WHP can complement OSH management but it cannot replace the risk assessment of psychosocial risks and organisational prevention measures of the employer. PSYGA is however a good example for additional actions at company level and is one of the most prominent actions on the field of the prevention of psychosocial risks.

There are also initiatives that address the gender issue in the prevention of psychosocial risks at the workplace. One prominent example is the report of the Ministries for Labour of the Länder on gender perspectives in OSH and health promotion[35]. The report is a recommendation for labour inspections and shows in how far gender aspects play a role in risks and strain at work and how they can be addressed in OSH risk management.

German trade union Verdi published a guideline on how to include gender aspects in workplace risk assessment and in how far psychosocial risks are gender sensitive. A focus is set on gender stereotypes.[36] The guideline was already reissued twice (2013, 2017). This is one of the few instruments that explicitly addresses the gender issue on company level and has practical relevance not only in female dominated sectors. Unfortunately, there are no numbers of its use in practice.

[30] http://perspektive.arbeitundgesundheit.de, https://www.hamburg.de/arbeitsschutz/4664724/beratungsstelle-pag/

[31] Kordsmeyer A., Robelksy S., Mache S. and Harth V., (2019) Evaluation des Modellversuchs: Anlaufstelle „Perspektive Arbeit & Gesundheit" (PAG). Hamburg: Zentralinstitut für Arbeitsmedizin und Maritime Medizin.

[32] www.psyga.info

[33] INQA is a network, coordinated by the federal ministry BMAS. BAuA provides scientific advice.

[34] Numbers provided from the PSYGA office on request.

[35] Länderausschuss für Arbeitsschutz und Sicherheitstechnik (LASI), Geschlechter-perspektive im Arbeits- und Gesundheitsschutz, 12./13. September 2012.

[36] Verdi 2010, Arbeitsbedingungen beurteilen – Geschlechtergerecht. Berlin: Verdi.

4 Assessment of success factors and transferability of the host country example

In recent years an increasing number of activities have been carried out to target the prevention of psychosocial risks at work. This includes actions on various fields, such as legislation, prevention and research on psychosocial risks at work. A breakthrough year was 2013 when a bundle of measures which can lead to a late catching-up process were realized or initiated. The starting level was relatively low and institutional OSH players had already lost time before starting to prioritise the prevention of psychosocial risks at work. It is a good message that prominent action like the Joint German OSH Strategy work programme on psychosocial risks will be continued. However, there is still room for improvement which the authors of this paper see in the following fields:

- In legislation, there has been the required clarification in order to better address the prevention of psychosocial risks at work. However, regulation on the prevention of psychosocial risks is still less detailed than in other fields which mainly address technical or physical risks. Labour inspections report existing uncertainties which hinder effective control and companies' management efforts. At the same time, many companies feel that there is a lack of information on management of psychosocial risks in practice. A more detailed ordinance and rules for prevention for companies could help to promote the management of psychosocial risks in practice.
- Micro- and small companies are underrepresented in labour inspections and prevention campaigns. This is a problem in so far that it is a well-known fact that there is a correlation between size class and quality of OSH management. 97 % of the companies in Germany are micro or small companies (0-49 employees) and employ 33 % of the workforce[37]. Especially the constant reduction of inspection personnel and the shrinking number of inspections is highly critical. A better staffing of inspection and prevention services is required and more micro or small companies need to be addressed.
- In contrast to Sweden, information on psychosocial risks at work in mainly disseminated among OSH stakeholders and OSH professionals and not targeted to the public. The outreach of information measures is relatively limited: Even in the most prominent actions such as the work programme PSYCHE of the Joint German OSH Strategy, only 130,000 instruments on the management of psychosocial risks were distributed and 85,000 employers, (OSH) managers and workers were informed. In Germany, there are 3,5 million companies and self-employed[38] and 2.2 million establishments with 1 or more workers[39]. So, existing information action is only a drop in the bucket. A broad information campaign like in Sweden could be useful in order to address more companies and to sensitize the public.

[37] Statistisches Bundesamt (DESTATIS 2017c), Unternehmen und sozialversicherungs¬pflichtig Beschäftigte nach Beschäftigtengrößenklassen 2017. Wiesbaden: Statistisches Bundesamt. Available at: https://www.destatis.de/DE/Themen/Branchen-Unternehmen/Unternehmen/Unternehmensregister/Tabellen/unternehmen-beschaeftigtengroessenklassen-wz08.html

[38] Ibid.

[39] Bundesministerium für Arbeit und Soziales / Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BMAS/BAuA, SUGA 2017), Sicherheit und Gesundheit bei der Arbeit 2017. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.

- In Germany, gender aspects do not play a (major) role on the level of (political) steering of action. The example of Sweden demonstrates that the worlds of work of men and women are different. Also work-life balance of women is often worse as they tend to carry the main load of family work and household. Also, gender stereotypes and gender specific health awareness play a role which needs to be addressed in prevention. A better inclusion of gender and group (e.g. younger and older workers) specific aspects in research and action planning may help to better attribute resources and to better address shortcomings.

5 Questions

- It seems that Swedish legislation provides a number of legal definitions and detailed terminology. We would like to know more on in how far OSH legislation in SWE is binding and in how far does it operate with recommendations for OSH management (e.g. "The employer shall see to it that the work tasks and authority assigned to the employees do not give rise to unhealthy workloads. This means that the resources shall be adapted to the demands in the work").
- In how far do recommendations in legislation have impact on labour inspections? Can the LI still impose sanctions? What do you think about the effectiveness of sanctions in order to promote the management of psychosocial risks and prevent mental strain and ill-health?
- It seems that Swedish authorities can rely on good data sources on the occurrence of psychosocial risks at work and on cause-effect relations of psychosocial risks and mental strain and mental ill-health. What is the nature of these data sources (surveys, LI inspection data, hospital / medical data etc.)? This could be an interesting point for discussion in Stockholm as reliable data is a prerequisite for pinpoint measures.
- Can you estimate the costs of the media campaign, production and dissemination of the film "The Challenge" and further measures (Youtube, Facebook etc.)? How would you estimate the (cost-) effectiveness of the measure?

6 List of references

- Arbeits- und Sozialministerkonferenz (ASMK, 2018), Psychische Belastungen in der Arbeitswelt (TOP 6.26). 6. Dezember 2018. Münster: Arbeits- und Sozialministerkonferenz.
- Brück C. (2011), OSH management: legal duties and compliance. The role of legislation in OSH management. Bilbao: European Agency of Safety and Health at Work (OSH Wikipedia). Available at: https://oshwiki.eu/wiki/The_role_of_legislation_in_occupational_safety_and_health_management
- Brück C., Schmitz-Felten E. und Zayzon R. (2019), Labour Market Policy Thematic Review 2018: Health and safety at work and labour inspectorate (Germany). European Centre of Expertise (ECE) in the field of labour law, employment and labour market policy. Luxemburg: The European Commission.
- Bundesministerium für Arbeit und Soziales (BMAS, 2018), Antwort der Bundesregierung auf die Kleine Anfrage der Abgeordneten Jutta Krellmann, Susanne Ferschl, Matthias W. Birkwald, weiterer Abgeordneter und der Fraktion DIE LINKE. – Drucksache 19/3667 – Psychische Belastungen in der Arbeitswelt. Berlin: Deutscher Bundestag, Drucksache 19/3895. Available at: https://kleineanfragen.de/bundestag/19/3895-psychische-belastungen-in-der-arbeitswelt
- Bundesministerium für Arbeit und Soziales / Bundesanstalt für Arbeitsschutz und Arbeitsmedizin (BMAS/BAuA, SUGA 2017), Sicherheit und Gesundheit bei der Arbeit 2017. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.
- European Agency for Safety and Health at Work (EU-OSHA, 2016), Second European Survey of Enterprises on New and Emerging Risks (ESENER-2). Overview Report: Managing Safety and Health at Work. Bilbao, Luxemburg: Publications Office of the European Union.
- European Commission (1996), Guidance on risk assessment at work. Luxemburg: Office for Official Publications of the European Communities.
- Hägele H. and Fertig M. (2018), GDA-Dachevaluation 1. Zwischenbericht - Auswertung der Betriebs- und Beschäftigtenbefragungen. Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/1-Zwischenbericht-Evaluation.pdf?__blob=publicationFile&v=2
- Kordsmeyer A., Robelksy S., Mache S. and Harth V., (2019) Evaluation des Modellversuchs: Anlaufstelle „Perspektive Arbeit & Gesundheit" (PAG). Hamburg: Zentralinstitut für Arbeitsmedizin und Maritime Medizin.
- Lauenstein O. (2018), Abschlussbericht zum GDA-Arbeitsprogramm Schutz und Stärkung der Gesundheit bei arbeitsbedingter psychischer Belastung (Psyche). Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/Abschlussbericht-AP-Psyche.pdf?__blob=publicationFile&v=2
- Liersch A. (2014), Arbeitsunfälle und arbeitsbedingte Gesundheitsprobleme. Ergebnisse einer Zusatzerhebung im Rahmen des Mikrozensus 2013. Wiesbaden: Statistisches Bundesamt.
- Lissner, L., Brück, C., Stautz, A., Riedmann, A. and Strauß, A. (2014), Abschlussbericht zur Dachevaluation der Gemeinsamen Deutschen

Arbeitsschutzstrategie. Berlin: Geschäftsstelle der Nationalen Arbeitsschutzkonferenz (NAKGS). Available at: http://www.gda-portal.de/DE/Downloads/pdf/GDA-Dachevaluation_Abschlussbericht.pdf?__blob=publicationFile&v=2

- Lohmann-Haislah A., Stressreport Deutschland 2012. Psychische Anforderungen, Ressourcen und Befinden. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.
- Oldenburg, C. and Dobernowsky, M. (2018), Evaluation des Modellprojekts „Psychische Gesundheit am Arbeitsplatz" 2015-2017. Hamburg: Amt für Arbeitsschutz (unpublished).
- Rothe I. et.al (2017), Psychische Gesundheit in der Arbeitswelt. Wissenschaftliche Standortbetsimmung. Dortmund: Bundesanstalt für Arbeitsschutz und Arbeitsmedizin.
- Rövenkamp M. (2017), Eine Lösung für den hohen Stresspegel finden. Tagesspiegel online, 05.05.2017. Berlin. Available at: https://www.tagesspiegel.de/wirtschaft/arbeitswelt-eine-loesung-fuer-den-hohen-stresspegel-finden/19763422.html
- Statistisches Bundesamt (DESTATIS, 2017a), Gesundheit, Krankheitskosten 2015 (report). Wiesbaden: Statistisches Bundesamt.
- Statistisches Bundesamt (DESTATIS, 2017b), Gesundheit – Krankheitskosten 2002, 2004, 2006 und 2008. Wiesbaden: Statistisches Bundesamt.
- Statistisches Bundesamt (DESTATIS 2017c), Unternehmen und sozialversicherungspflichtig Beschäftigte nach Beschäftigtengrößenklassen 2017. Wiesbaden: Statistisches Bundesamt. Available at: https://www.destatis.de/DE/Themen/Branchen-Unternehmen/Unternehmen/Unternehmensregister/Tabellen/unternehmen-beschaeftigtengroessenklassen-wz08.html
- Van den Heuvel S., Bakhuys Roozebom M., Eekhout I. and Venema A. (Van den Heuvel et.al, 2018), Management of psychosocial risks in European workplaces - evidence from the second European survey of enterprises on new and emerging risks (ESENER-2). EU-OSHA (Ed.). Bilbao, Luxemburg: Publications Office of the European Union, 2018.
- World Health Organisation (WHO, undated), Occupational Health - Occupational and work-related diseases. Geneva: World Health Organisation. Available at: https://www.who.int/occupational_health/activities/occupational_work_diseases/en/

Annex 1 Summary table

The main points covered by the paper are summarised below.

Scale and nature of psychosocial risks at work

- Psychological and mental ill-health are a major burden for workers, social insurance and the companies.
- Work-related ill-health is above average in public administration and legal services as well as in education, health and social services.
- The most common stress factors reported by the employees are multi-tasking (58 %), (time) pressure (52 %), repetitive work (50 %) and frequent interruptions (44 %). The most strenuous factors are (time) pressure (34 %), followed by interruptions (26 %) and multi-tasking (17 %).
- Recent research studies allow targeted policy and legislation measures as well as knowledge-based development of instruments.
- There are research gaps on gender issues and their relation to psychosocial risks at work.

Legislation and practical management of psychosocial risks at work

- Germany needed until 2013 to make a clarification that the management of psychosocial risks at work in obligatory for all establishments and workplaces.
- In contrast to other workplace risks, a detailed regulation and technical rules on psychosocial risks are missing.
- More detailed regulation and rules for prevention could probably contribute to a better management and prevention of psychosocial risks.

Assessment of success factors and transferability of the host country example

- The Swedish legislation seems to be more detailed when it comes to psychosocial risks and their management. It was also largely promoted to sensitise companies.
- A broad information campaign like in Sweden could be useful in order to address more companies and to sensitise the public.
- Inspections and campaigns should more focus on micro or small companies.
- A better inclusion of gender and group (e.g. younger and older workers) specific aspects in research and action planning may help to better attribute resources and to better address shortcomings.

Questions

- In how far is OSH legislation in SWE binding and in how far does it operate with recommendations for OSH management?
- Effectiveness of sanctions in order to promote the management of psychosocial risks and prevent mental strain and ill-health?
- What is the nature of data sources on psychosocial risks?
- Can you estimate the costs and the cost-efficiency of the media campaign (film "The challenge" etc.)?

Annex 2 Examples of relevant practice

Name of the practice:	Joint German OSH Strategy Work Programme PSYCHE
Year of implementation:	2015 – 2018
Coordinating authority:	NAK (cooperation of BMAS, Labour inspectorates and Statutory accident insurance bodies)
Objectives:	Improving the level of prevention of psychosocial risks in companies
Main activities:	Inspections, advice and promotion of instruments for risk assessment of psychosocial risks at the workplace.
Results so far:	12,000 inspections were carried out, 85,000 employers, OSH stakeholders and workers were addressed. 130,000 instruments were distributed. The programme was evaluated and showed positive results, especially in improving risk management of psychosocial risks in those companies which completely lacked preventive actions. The programme also showed that there is still room for improvements and that only about one third did fully comply with legal requirements

Name of the practice:	Perspektive Arbeit & Gesundheit (PAG)
Year of implementation:	2016
Coordinating authority:	Behörde für Gesundheit und Verbraucherschutz Behörde für Arbeit, Soziales, Familie und Integration Hamburg
Objectives:	Promotion of health and workability of employees with the focus on the prevention of mental strain and ill-health; Promotion of working conditions in companies and job retention in workers in order to address the demographic change; Advice on the implementation of risk assessment, incl. risk assessment of psychosocial risks.
Main activities:	Personal advice and consultancy of workers, worker representatives and employers; Advice on the implementation of adequate measures, incl. risk assessment of psychosocial risks; Identification of futher support when needed.
Results so far:	Consultancy and advice of more than 500 workers and 150 companies since the start of the project. Project has been evaluated and shows effects in the participating workers and employers:

	• Workers better understand the connection between mental strain and ill-health; • Workers find ways to improve their individual situation or address management representatives and they develop measures for prevention together; and • Employers understand the connection between working conditions and mental strain and better manage psychosocial risks at work.

Name of the practice:	PSYGA
Year of implementation:	2011
Coordinating authority:	Initiative Neue Qualität für Arbeit (INQA) BKK Dachverband
Objectives:	Workplace health promotion instruments, network
Main activities:	PSYGA develops and provides WHP instruments for employers, health managers and workers. In addition, PSYGA brings together companies and services as network partners. The website generates.
Results so far:	16,000 clicks per month and the management estimates that 700,000 instruments have been used in companies.

Name of the practice:	Arbeitsbedingungen beurteilen – Geschlechtergerecht Handlungshilfe zu Gender Mainstreaming in der Gefährdungsbeurteilung psychischer Belastungen
Year of implementation:	2010 (2013, 2017)
Coordinating authority:	Vereinte Dienstleistungsgewerkschaft – ver.di
Objectives:	Risk assessment instrument
Main activities:	The instrument shows step by step how gender aspects can be addressed and integrated in risk assessment of psychosocial risks. It also gives an overview on typical gender issues such as health awareness and gender stereotypes.
Results so far:	The instrument has already been re-edited twice. The third edition was published in 2017. It is highly relevant, especially in the service sectors, but there are no numbers on its use in practice.

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