

► Executive Summary

28 April 2026 – World Day for Safety and Health at Work

The psychosocial working environment

Global developments and pathways for action

Work-related psychosocial risks - a major and growing threat to workers' safety and health, organizational productivity and broader economic performance

- ▶ According to the latest estimates released by the ILO for the first time in the global report *The psychosocial working environment: Global developments and pathways for action* psychosocial risk factors are responsible for more than **840,000 deaths** annually due to associated cardiovascular diseases and mental disorders.
- ▶ These risks also lead to nearly **45 million disability-adjusted life years (DALYs) lost** each year. The combined impact of cardiovascular disease and mental disorders associated with psychosocial risk factors is estimated to result in **1.37 per cent of global GDP lost annually**.
- ▶ In relation to this, it is important to recall that, **long working hours**, a critical psychosocial risk factor associated with increased risk of cardiovascular disease and stroke, remain widespread. The ILO estimates that globally, **35 per cent of workers work more than 48 hours per week**.
- ▶ Exposure to bullying and other forms of violence and harassment is another major concern. The ILO estimates that **23 per cent of workers globally** have experienced at least one form of violence or harassment in their working life, with psychological violence being the most prevalent at **18 per cent**.
- ▶ In response to persistent gaps in global data availability and concerns regarding the quality and comparability of occupational safety and health (OSH) statistics, the ILO launched a targeted questionnaire to national OSH statistics focal points in 2025. Results indicate that **37 per cent of responding institutions** (41 of 111) have concrete plans to **strengthen statistics** on psychosocial risks and mental health at work within the **next five years**.
- ▶ Integration into transnational social dialogue frameworks remains modest. Only **18 per cent** of the 338 **cross-border agreements** recorded between 2000 and 2025 in the ILO Cross-Border Social Dialogue (CBSD) Repository explicitly address **mental health or psychosocial factors within OSH-related provisions**.

What is the psychosocial working environment?

The psychosocial working environment encompasses the elements of work and interactions at work related to how jobs are designed, how work is organized and managed, and the broader policies, practices and procedures that govern work, as well as the ways in which these elements interrelate, all of which can influence workers' health and well-being as well as organizational performance.

The report takes note of the changing world of work and its implications for the psychosocial work environment. Digitalization and the use of artificial intelligence (AI) are transforming how tasks are coordinated, monitored and assessed. New forms of employment, including platform work, varied contractual arrangements and the expansion of remote and hybrid work, are redefining supervision, expectations and working time. Meanwhile, broader external factors, including geopolitical uncertainty, are also reshaping work organization. While these developments may create opportunities to strengthen the psychosocial working environment, they may also exacerbate psychosocial risks, underscoring the need for proactive management.

To support preventive action, the report proposes a multi-level perspective focused on identifiable and modifiable features of the working environment. It emphasizes aspects that, so far as is reasonably practicable, can be managed to minimize risks and foster healthy and productive work. In doing so, three interrelated levels of the psychosocial working environment are identified:

- **The job** – the inherent characteristics of tasks and responsibilities, including job demands, alignment with workers' skills, access to resources, and task design features such as meaning, variety and skill use.
- **How work is managed and organized** – how work is structured and experienced in practice, including role clarity, autonomy, workload and pace, supervision, social support and the quality of workplace interactions.
- **Broader policies, practices and procedures that govern work** – the wider organizational and institutional systems that shape employment conditions, working time arrangements, organizational change, digital monitoring, performance and reward processes, OSH policy and management systems, procedures to prevent violence and harassment, and mechanisms for worker consultation and participation.

These levels encompass a range of psychosocial factors that reflect core features of the working environment across all forms of work and settings. How they operate and interact in specific contexts determines whether they promote health and effective performance or give rise to psychosocial hazards and adverse outcomes.

This understanding is supported by evidence spanning epidemiology, organizational psychology, labour economics and occupational health research. Although available data are subject to methodological limitations and uneven geographical coverage, they indicate that psychosocial risks are widespread. Certain work settings and diverse forms of employment, including the informal economy and self-employment, as well as specific sectoral characteristics, may increase exposure. Despite these limitations, research consistently shows that unfavourable psychosocial working environments are associated with adverse health outcomes and negative organizational impacts.

A compilation of regulatory frameworks and policies to address psychosocial risks

ILO OSH standards provide a strong normative foundation for addressing psychosocial risks and protecting workers' physical and mental health. While the fundamental OSH instruments do not explicitly refer to psychosocial risks, they provide the essential basis for comprehensive and preventive OSH policies and systems at national and enterprise levels. The Violence and Harassment Convention, 2019 (No. 190) is the first ILO instrument to explicitly refer to psychosocial risks through comprehensive framework of preventive and protective obligations. Other standards further reinforce the framework for psychosocial risk prevention and management.

The review undertaken in this report shows that **regional frameworks** increasingly incorporate psychosocial risks within broader OSH systems, although the extent and level of regulatory detail vary across regions. Some instruments explicitly identify risk factors such as violence and harassment, while others address psychosocial risks through broader references to mental health, work organization and working conditions. Across regions, these frameworks emphasize prevention and highlight organizational aspects of work as key determinants of psychosocial risk. Recent initiatives also reflect growing attention to emerging contexts, including artificial intelligence and the platform economy, alongside the development of guidance and practical tools.

The review of **national OSH policies and programmes** shows growing recognition of the prevention of psychosocial hazards as a national priority across regions. These policies promote measures to prevent and mitigate psychosocial risks, including through monitoring, training, and the use of validated tools for assessment and interventions. In many cases, they are aligned with broader national strategies promoting health and well-being, particularly those emphasizing mental health. In some countries, prevention efforts are strengthened through coordination between health and labour authorities, cross-sectoral approaches and social partners engagement.

National legislation suggests a gradual shift from framing employer duties primarily in terms of protecting “mental health”, which may encourage individualized responses, towards preventive frameworks that explicitly recognize psychosocial risks. Many countries now define these risks and regulate them through provisions on work organization, risk assessment and evaluation of preventive measures, although the scope and specificity vary considerably. Monitoring of psychosocial risks is typically integrated into general OSH risk-assessment and prevention requirements and supported by grievance and enforcement mechanisms that enable preventive action. However, evidentiary requirements — particularly in establishing work-related causality — continue to influence how complaints are handled and how legislative duties are applied in practice. Where legislative frameworks are more developed, risk assessment is more clearly linked to intervention and corrective measures, although implementation remains uneven. Similar variation is observed in the recognition of work-related disorders, with post-traumatic stress disorder (PTSD) more widely recognized than other stress-related and mental health outcomes, which are often addressed through case-by-case procedures.

Collective bargaining and social dialogue play an important role in translating legal provisions into sector- and workplace-level measures. Analysis of cross-border agreements indicates that explicit attention to mental health and psychosocial factors within OSH provisions remains modest: only 18 per cent of the 338 agreements recorded between 2000 and 2025 in the ILO Cross-Border Social Dialogue (CBSD) Repository include such references. Engagement has nevertheless increased since the mid-2010s, with recent agreements more frequently addressing stress, mental health and well-being, harassment, work-life balance, digitalization and telework, while social partner engagement has supported the development of sectoral guidance tools and informed subsequent policy and regulatory developments.

Voluntary standards, guidance tools and awareness-raising campaigns are helping translate prevention frameworks into practical, action-oriented approaches. Across regions, labour inspectorates are adapting traditional inspection models to address psychosocial hazards by integrating compliance checks with preventive guidance, developing specialized tools, and adopting risk-based or sector-focused strategies. Awareness-raising campaigns have also become an important complementary instrument for strengthening psychosocial risk prevention by improving understanding of risks and encouraging preventive action at the workplace level.

Workplace level responses

The report draws on the *ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001)* as a flexible framework for managing psychosocial risks. Although not specific to these risks, the Guidelines provide a structured approach — covering policy, organization, planning and implementation, and evaluation — ensuring that the psychosocial working environment is treated as an integral component of effective OSH management rather than as a separate or parallel process.

The OSH policy sets out the organization’s commitment to protecting workers’ safety and health and should recognize that psychosocial risks arise from job design, work organization and broader organizational processes, aligning with relevant functions such as human resources and performance management. Effective organization requires clear responsibilities, competent leadership, cross-functional coordination and meaningful worker participation to ensure risks are identified, assessed and controlled at all levels. Planning and implementation translate this commitment into action through clear objectives, defined responsibilities and resource allocation based on a review of existing conditions.

Risk assessment is a core element of prevention within an OSH management system. It involves **identifying hazards, assessing associated risks, and implementing preventive or protective measures to eliminate or control them**. Identifying psychosocial hazards requires examining job design, work organization and management, and broader organizational processes shaping daily work. Consideration of interactions across these levels, together with power relations and discriminatory practices that may create or intensify psychosocial risks, is also required.

As psychosocial hazards are not always directly observable, assessment should draw on multiple sources of evidence, such as organizational data, human resources

records and worker surveys. While surveys may contain subjective elements, the use of validated tools and safeguards for anonymity can improve reliability. Risk evaluation should consider the duration, frequency and cumulative nature of exposure, as many psychosocial risks develop gradually.

Prevention is the central objective. In line with the hierarchy of control, priority should be given to organizational and collective measures that address root causes, including workload management, role clarity, communication, participation and leadership practices. Immediate intervention may be required for acute hazards such as violence and harassment, while longer-term strategies may involve redesigning roles or revising systems. Individual measures that protect and promote health can support workers in coping with demands and accessing assistance but should complement, not replace, action on organizational conditions.

The report presents **examples of preventive measures** across the three interrelated levels of the psychosocial working environment, helping stakeholders identify priority areas for action and address hazards at their source. In practice, these measures should be considered collectively, as they often address multiple interacting psychosocial hazards simultaneously, reinforcing the need for a comprehensive approach.

Organizations should periodically review the implementation and effectiveness of psychosocial risk management using indicators and participatory feedback. This helps identify unintended consequences or emerging or persistent problems and ensures continued relevance as work evolves.

The way forward

To sustain progress in psychosocial risk prevention and promote psychosocial working environments that support workers' safety and health and organizational performance, the report identifies three interrelated areas for further action.

► **Research** – More consistent data based on harmonized measurement tools and wider geographical coverage are needed to address gaps and strengthen understanding of prevalence and trends. Integrating psychosocial indicators into OSH monitoring systems and national statistics would improve tracking of exposures and outcomes. While several countries indicate plans to strengthen statistics on psychosocial risks and work-related mental health, further efforts are required to ensure routine, harmonized and internationally comparable

data. Disaggregated data by worker characteristics and diverse forms of work, together with stronger evaluation of policies and workplace initiatives, would support the identification and wider adoption of effective approaches.

► **Policy and regulatory frameworks** – Greater coherence, clarity and consistency across policy and regulatory approaches are needed, as practices vary in scope, terminology and level of protection. To strengthen prevention, OSH policies and laws should explicitly address psychosocial risks, avoiding a primary focus on outcomes such as mental health at work. Alongside continued attention to acute and visible issues, including violence and harassment, greater emphasis is needed on structural and organizational aspects of work. Effective implementation requires a combination of enforcement, practical guidance, tools and capacity building, particularly for small and medium-sized enterprises, as well as clearer communication and stronger institutional coordination. Enhanced cooperation among OSH authorities, public health institutions and social partners can further support prevention and knowledge-sharing.

► **Workplace level** – Although not all psychosocial hazards can be fully eliminated, the associated risks can often be reduced by improving work design, organization and management. This includes reviewing workload, task allocation, supervision and other elements of the working environment, while strengthening workers' capacity to recognize and respond to risks. Leadership responsibility is central to embedding prevention in everyday management decisions and across organizational functions. Participatory approaches involving workers and their representatives, together with cooperation between OSH professionals, human resources and management, help ensure that measures are practical, context-specific and sustainable.



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