

BEYOND THE BODY

The role of occupational/employee health professionals in creating and sustaining mentally healthy workplaces

An IOMSC working group report →

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THE QUICK READ

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The 2025 **IOMSC Thought Leaders Summit** in Geneva brought together more than 50 Chief Medical Officers (CMOs) and other occupational health leaders to discuss the priorities and opportunities for occupational health, both today and into the future.

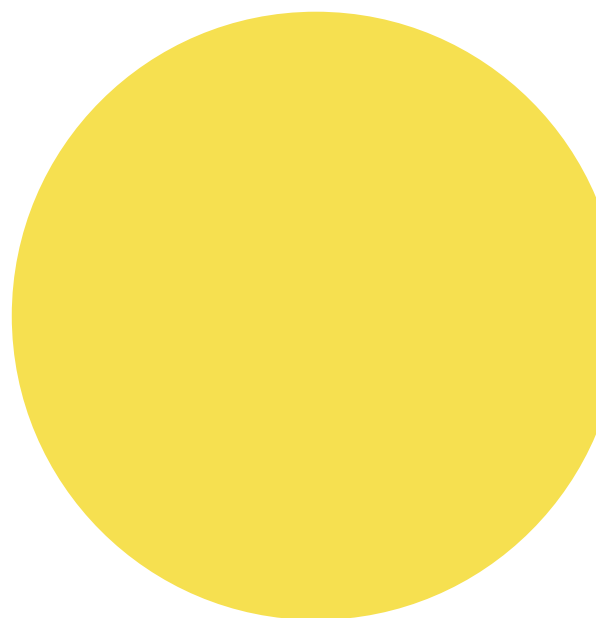
The Mental Health Work Group identified concerns for immediate focus. This document reports progress and outlines next steps.

BACKGROUND

Workers and workplaces are operating in a context of heightened uncertainty, including geopolitical instability, economic volatility and rapid technological change. These pressures increase anxiety, insecurity and psychological strain for many workers. Evidence consistently shows that addressing mental health effectively is not only a moral imperative but also essential for organisational performance, retention and safety.

This document provides brief, prioritised and evidence-based guidance for employers to integrate thinking on mental health within their operational plans for individual and business benefit. It is based on a framework prioritising primary, secondary and tertiary interventions, with an emphasis on prevention, good work design and leadership behaviours (see figure 2).

It concludes with a description of the three essential strategic shifts needed when implementing a sustainable mental health strategy (see figure 3).



Our guidance focuses on mental health in workplace settings and creating a culture for mental health at work in organisations of any size. It does not replace clinical care, nor personal accountabilities but outlines how organisations can reduce harm, support early intervention, and enable recovery through system-wide approaches integrated into occupational safety and health (OSH) management systems.

Authentic and consistently role-modeled executive commitment is essential. Leadership 'literacy' on mental health and their efforts in driving a culture of psychological safety are amongst the most important determinants of success in addressing mental health at an organisational level. This creates the conditions where employees can perform at their best without avoidable psychological harm. It creates cultural expectations for all leaders and frontline supervisors to recognise, consider and control psychosocial risk factors, just as they would physical safety risks.

Importantly, a positive mental health culture is not created by standalone wellbeing initiatives. It emerges from how work is designed, managed and experienced every day. Organisations should prioritise prevention by improving the working environment and management practices, rather than addressing issues after they appear.

This aligns with Maslow's hierarchy of human needs: people cannot thrive or self-actualise at work unless their basic physiological, safety, belonging and self-esteem needs are met (see figure 1).

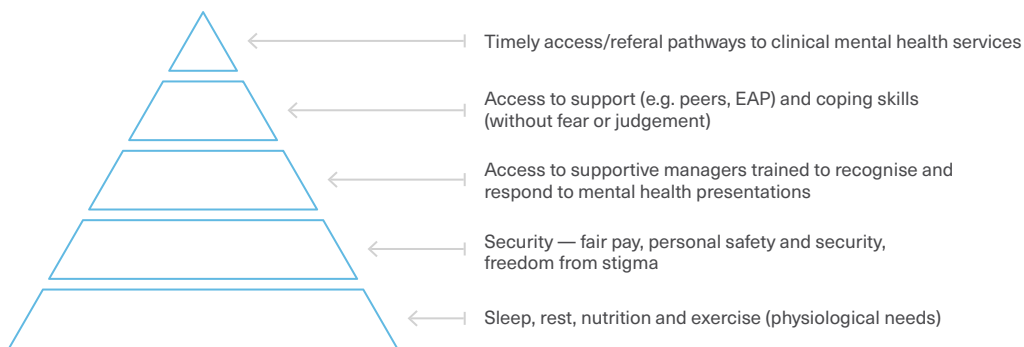


Figure 1: Maslow's hierarchy of human needs applied to mental health at work

Workplace mental health is best addressed using a public health prevention model, with prioritised actions described below (see figure 2):

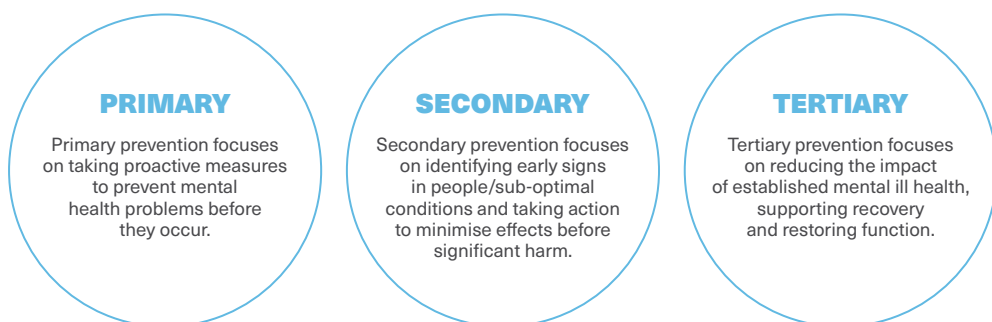


Figure 2: Primary, secondary and tertiary intervention descriptors

PRIORITY 1: PRIMARY INTERVENTIONS — PREVENTING HARM (MOST EFFECTIVE)

Primary interventions aim to prevent mental ill health before it occurs. Evidence indicates these are the most effective and sustainable ways to reduce harm.

In practice, primary prevention means a system-wide (company/organisation) approach to:

- Identify and manage work-related psychosocial risks
- Ensure basic needs are met (fair pay, safe work, reasonable workload, rest)
- Create inclusive, respectful and supportive working environments (psychological safety)
- Ensure role clarity, fairness and recognition
- Develop psychologically-capable leaders and supervisors

All supervisors should be competent to:

- Notice early signs of distress
- Hold supportive, psychologically informed conversations
- Jointly formulate an action plan to improve a worker's mental health
- Signpost and support workers to access appropriate support

Building these capabilities among line managers is **one of the single most impactful interventions** for workforce mental health. Critical behaviours that are demonstrated in managers with these capabilities include active listening, empathy, genuinely asking team members about their mental health, and working with them to jointly solve their problems.

Primary mental health interventions should be treated with the **same rigour as interventions to protect physical health and safety**, embedded within the organisation's Occupational Health and Safety management system, and aligned with ISO 45001 and ISO 45003.

PRIORITY 2: SECONDARY INTERVENTIONS — EARLY SUPPORT

Secondary interventions support workers whose mental health is beginning to deteriorate, with the aim of preventing progression to more serious illness.

In practice, secondary prevention means a system-wide (company/organisation) approach to ensure:

- **Access to resources:** e.g. trained and supervised peer support networks, EAP, coaches
- **Governance:** Robust selection, training and escalation processes for peer support staff
- **Training:** to recognise when self/others are struggling and to respond with effective coping skills
- **Communication:** clear, trusted pathways for raising concerns without stigma; wellbeing conversations between managers and staff, especially at times of higher pressure

The psychologically safe culture described above is essential if workers are to feel confident seeking help early without fear of punishment, humiliation or career harm. Evidence suggests such environments also enhance **creativity, engagement and problem-solving**, benefiting organisational performance.

Peer support networks should complement, not replace, professional services and organisational risk control measures (World Health Organization (WHO); UK Health and Safety Executive (HSE); Wellcome Trust). They can contribute to:

- Increased knowledge and confidence in peer support network
- Stigma reduction and improved organisational culture
- More effective joint problem solving to reduce stressors; and
- Facilitate a timely journey from need to early access for professional help

Peer support is **most effective when integrated into a broader organisational strategy** and supported by leadership, supervision and evaluation. Many people with emerging or existing mental health difficulties can and do continue to work productively, particularly when **reasonable adjustments** are available (e.g. temporary workload or hours changes).



PRIORITY 3: TERTIARY INTERVENTIONS — TREATMENT AND RECOVERY

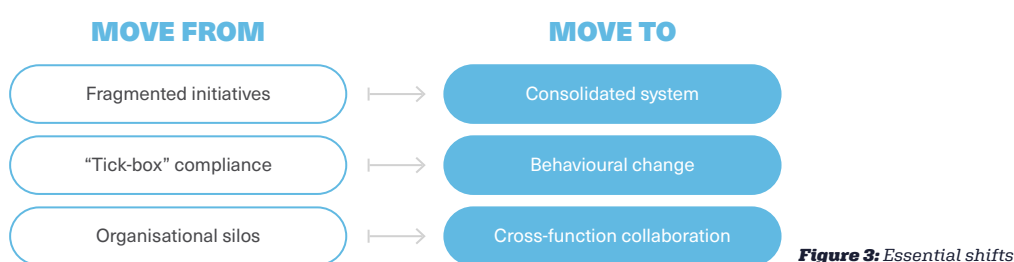
Tertiary interventions aim to reduce the impact of established mental ill health and support recovery.

In practice, tertiary prevention means a system-wide [company/organisation] approach to ensure:

- Confidential access to professional mental health assessment when needed
- Access to evidence-based treatments (e.g. Cognitive Behaviour Therapy)
- Occupational health input for evaluation, adjustment advice and referral for specialist interventions
- Structured, supportive return-to-work plans following sickness absence

These timely interventions reduce long-term absence, support sustained recovery and help retain experienced staff.

THREE STRATEGIC SHIFTS FOR A SUCCESSFUL PREVENTION:



Shift 1: From fragmented initiatives to a consolidated system

Many organisations rely on isolated interventions (e.g. Employee Assistance Programmes [EAPs], resilience workshops) to address mental health risks in the workplace. While helpful, these fail to deliver sustained improvement without prevention; they often address symptoms rather than root causes, lack governance and accountability.

Organisations should:

- Systematically address root causes alongside individual support
- Use leading indicators (e.g. psychological safety, engagement) for early warning (individual and organisational) and continuous monitoring (see figure below)
- Recognise links between mental health, physical safety and performance outcomes, e.g. productivity, attraction, retention
- Benchmark internally and externally, and set measurable targets



Mental health should be managed like any other occupational hazard, not as a standalone wellbeing programme.

Shift 2: From “tick-box compliance” to behavioural change

Mental health should be embedded into the organisation’s **OHS management system**, using a structured, auditable approach:

- Policy and governance aligned with ISO 45001/45003
- Hazard identification routines (surveys, consultation, workload analysis)
- Integrated risk assessments and controls (job design, staffing, shift patterns)
- Competence building for leaders and managers (aligned with reward and recognition)
- Continuous improvement through review and audit

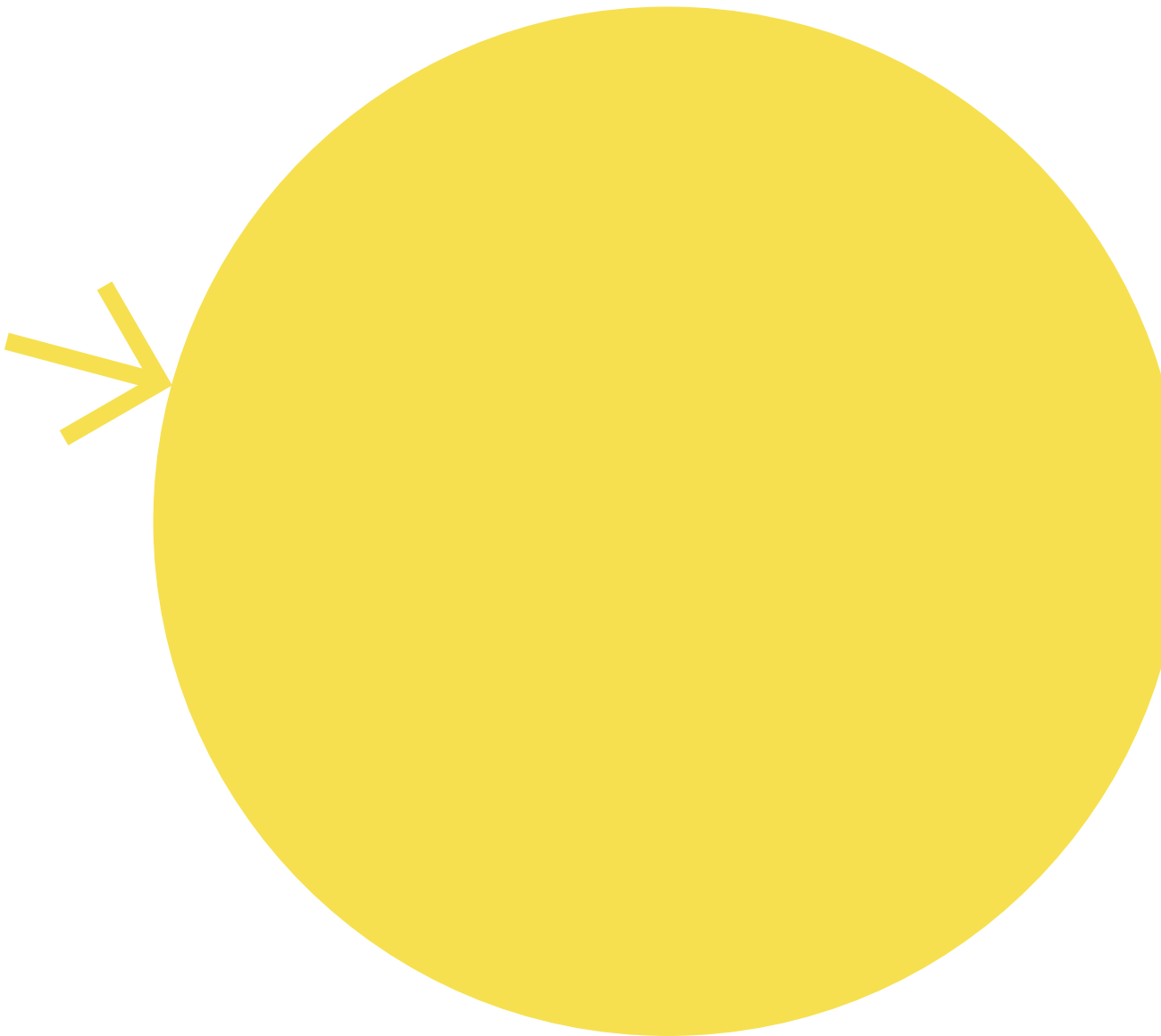
Shift 3: From organisational silos to cross-functional collaboration

Effective prevention requires alignment of support and operational roles and shared outcomes:

- **HSE/Occupational Health:** psychosocial risk assessment and controls processes
- **HR:** policies (e.g. job design, performance management, training)
- **Risk & Compliance:** governance, reporting, legal alignment
- **Operations/Line Management:** day-to-day hazard identification and risk control (e.g. workload control, team climate)
- **Executive Leadership:** mandate, resources, strategic priority

CASE STUDIES

Further case studies can be found from the **Oxford University Wellbeing Research Centre study.**



PARTNERS

The **International Occupational Medicine Society Collaborative** (IOMSC) seeks to improve worker health and workplace safety on a global scale. The organisation's assembly brings together occupational medicine leaders from 52 member societies in 46 countries to collaborate on key issues and best practises, impacting more than 1 billion workers worldwide.



The **International Labour Organization** (ILO) plays a crucial role in supporting member states by providing knowledge and practical solutions to address various challenges related to workplace safety. Through its resources, research and guidance, the ILO helps governments, employers and workers stay informed about best practises, emerging risks and effective policies. This collaborative approach not only enhances safety standards but also ensures that all stakeholders are equipped to create safer and healthier work environments.



The **World Health Organization** leverages 8000+ of the world's leading public health experts to coordinate response to health emergencies, promote well being, prevent disease and expand access to health care. Its doctors, epidemiologists, scientists and managers worldwide represent 194 member states. The World Health Assembly is WHO's highest level decision-making forum. Every year, delegates from all Member States convene at the World Health Assembly to set priorities and chart a course for global health progress.



Enterprise Health is one of the largest providers of occupational health software in the world, with clients in over 50 countries, nearly a dozen languages and serving several million employees globally. It is the only comprehensive employee health record that combines occupational health and compliance, clinical care and employee engagement and is built on a certified EHR platform – delivering a complete occupational health IT experience on a single, highly-interoperable, cloud-based solution.



Benchmark Gensuite® delivers AI-forward, best-in-class digital EHS, Sustainability, Quality, and Risk solutions for global enterprises. More than 3 million users across a wide range of industries proactively manage risk, ensure compliance, and accelerate performance using its cloud-based technologies. With over two decades of domain expertise, award-winning customer service, and a commitment to continuous innovation, Benchmark Gensuite is the trusted partner of choice for organisations looking to achieve both operational excellence and strategic impact.



KEY REFERENCES AND TOOLS

- The Psychosocial Working Environment: A Global Report
- World Health Organization (2022) – WHO Guidelines on Mental Health at Work
- Mental Health at Work: Policy Brief – Geneva: World Health Organization and International Labour Organization
- ISO 45001:2018: Occupational Health and Safety Management Systems – Requirements with Guidance for Use
- ISO 45003:2021: Occupational Health and Safety Management – Psychological Health and Safety at Work – Guidelines for Managing Psychosocial Risks
- UK HSE Management Standards
- National Institute for Occupational Safety and Health (n.d.) – Total Worker Health®
- International SOS (Guibert et al.)
- Opus Centre for Psychosocial Risk (2025)
- Wellcome Trust (2021)
- Workplace Wellbeing and Firm Performance (De Neve, 2023)

