

OPEN ACCESS

ISSN 2280-4056

*E-Journal of  
International and Comparative*

# LABOUR STUDIES

Volume 15 No. 01/2026



**ADAPT**  
www.adapt.it  
**UNIVERSITY PRESS**

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**@ 2026 ADAPT University Press**

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Online Publication of the ADAPT Series  
Registration No. 1609, 11 November 2001, Court of Modena  
*www.adaptbulletin.eu*

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# The Particular Vulnerability of Workers in Relation to Mental Health Problems

Inmaculada Sandra Fumero Dios\*

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**Abstract.** Globally, more than twelve million working days are lost each year due to mental health problems, primarily arising from conditions related to depression and anxiety. In the aftermath of the COVID-19 health crisis, mental health has deteriorated, and the prevalence of mental disorders has increased among certain population groups. Furthermore, over 45 per cent of workers report being exposed to psychosocial risk factors that adversely affect their mental well-being.

**Keywords:** *Mental health; Vulnerable groups; Occupational safety and health; Psychosocial risks.*

## 1. Introduction

In 2023, the Pan-European Mental Health Coalition reported that more than 125 million people are affected by conditions associated with the deterioration of mental health<sup>1</sup>. Furthermore, the European Union has indicated that mental disorders account for the highest proportion of certified disabilities in developed countries<sup>2</sup>. It is therefore unsurprising that the protection of mental health has become a primary objective of the World Health Organization (WHO), which has directed its efforts

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\* Associate Professor (Accredited Senior Lecturer) in Labour Law and Social Security Law, University of La Laguna (Spain). Email address: [isfumero@ull.edu.es](mailto:isfumero@ull.edu.es). This contribution also constitutes a revised version of the paper presented at the International Conference “Work and Non-Work, Today: Reframing the Issue through an Interdisciplinary Perspective”, organised by ADAPT and held in Bergamo (Italy) on 26–28 November 2025, and benefited from the debate that took place on that occasion.

<sup>1</sup> WHO, *The Pan-European Mental Health Coalition*, 2023.

<sup>2</sup> COM (2023) 298.

towards establishing measures aimed at ensuring that no one is left behind.

In this context, the *condicio sine qua non* underpinning inter-institutional action is based on several key priorities: the achievement of universal health coverage through improved access to comprehensive, high-quality healthcare services for the entire population<sup>3</sup>; the promotion of well-being through public mental health policies; the development of mental health databases to generate more robust evidence on these conditions and their relationship with work; and, consequently, the implementation of measures aimed at fostering psychosocial resilience in the workplace. To this end, it follows that, within their respective spheres of competence, the relevant stakeholders must provide and ensure enhanced protection for individuals experiencing psychosocial, intellectual, or cognitive disabilities, as well as mental illnesses, in order to prevent the risk of social exclusion. In this regard, the WHO adopted the *Comprehensive Mental Health Action Plan (2013–2030)*, whose strategic lines of action for the 2013–2020 period focus on improving the quality of health services, promoting mental health and its prevention, and systematising information<sup>4</sup>, on the premise that “there is no health without mental health”.

For these purposes, it is important to recall that, according to the *International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11)*<sup>5</sup>, mental disorders encompass depression, bipolar affective disorder, schizophrenia and other primary psychotic disorders, anxiety- and fear-related disorders, dementia, disorders due to substance use, intellectual disabilities, and behavioural disorders typically arising in childhood and adolescence, including autism, as well as suicidal behaviour associated with depression, anxiety, or psychological trauma.

As the WHO has stated, health “is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

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<sup>3</sup> United Nations objective aimed at achieving Target 3.4 of the SDGs, defined as follows: «By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment, and promote mental health and well-being».

<sup>4</sup> WHO, *Mental Health Action Plan 2013–2020*.

<sup>5</sup> WHO. *International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11)*. Reference Guide, 11th Revision (February 2025). This classification provides a basic diagnostic framework for general epidemiological purposes and for health management. Its use is relevant for the analysis of financial aspects of a healthcare system, such as resource allocation. In addition, it is suitable for analysing the health status of population groups and for monitoring incidence and prevalence, which may be linked to the characteristics and circumstances of affected individuals. This latest revision has enabled the unification of terminology and classification criteria within a common platform.

This broad definition introduces a holistic dimension to health and well-being. Nevertheless, exposure to social, occupational, economic, political, cultural, and environmental factors significantly affects certain groups, placing them at a higher risk of developing mental disorders. This issue, along with its various dimensions, will be examined throughout this paper.

## 2. Scope and Conceptual Delimitation of the Term Mental Health and Occupational Well-being

In earlier periods, and because of prevailing social attitudes, mental health problems were commonly associated with states of madness<sup>6</sup>. Accordingly, “psychological disorders were regarded as a form of condemnation, and those affected were perceived as dangerous or culpable”<sup>7</sup>. This historical perspective is particularly relevant in illustrating how cultural and social patterns have contributed to the persistence of inequalities linked to mental health over time. From an epidemiological standpoint, mental health disorders give rise to a wide range of health problems, including subclinical conditions that frequently go unnoticed and are now considered one of the major epidemics of the twenty-first century. Indeed, the deterioration of this dimension of health affects approximately one in six individuals in the European Union, representing a cost of more than six hundred billion euros<sup>8</sup>.

This constitutes a global challenge. From the standpoint of universality, every individual has the right to mental health, particularly given that the right to both physical and mental health is recognised as a fundamental human right, without discrimination<sup>9</sup>. In response, the European Commission has assumed an active role in addressing this issue, encouraging Member States to examine the relationship between biomedical variables and the risk factors associated with poor mental health. The Commission advocates a priority-based strategic approach centred on the adoption of public policies encompassing all necessary

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<sup>6</sup> A. BADALLO, A. CARBAJOSA, *Estigma y Salud Mental*, in *Grupo 5*, 2012, 29.

<sup>7</sup> M. I. MARQUEZ-ROMERO, *De las narrativas de la locura: ¡Yo no estoy loco! ¿Por qué estoy aquí? Aproximación a las narrativas de enfermedad en una unidad de salud mental*, in *Revista de recerca i formació en antropologia*, 2010, no. 12, 2.

<sup>8</sup> EUROPEAN COMMISSION. The data can be consulted on the following website: [https://health.ec.europa.eu/state-health-eu/health-glance-europe/health-glance-europe-2018\\_en?preflang=es](https://health.ec.europa.eu/state-health-eu/health-glance-europe/health-glance-europe-2018_en?preflang=es)

<sup>9</sup> United Nations General Assembly, WHO Human Rights Council, Resolution of 26 September 2017.

measures to counteract the deterioration of mental health, with particular relevance for the protection of vulnerable groups.

In this context, and taking into account the empirical reality, it is appropriate to outline, albeit briefly, the conceptual framework of the term “mental health”. In its broadest sense, the World Health Organization defines mental health as a state of well-being in which individuals recognise their own abilities, are able to cope with the normal stresses of life and can contribute to their community. From an analytical perspective, mental health may be understood as a social value that fosters interpersonal relationships and enables individuals to confront present and future challenges, thereby facilitating positive development and personal growth<sup>10</sup>. This conception aligns with economic theories and public policy approaches, given the significant financial burden that mental health conditions impose on public services and households alike.

This, in turn, raises the issue of promoting occupational well-being. Although closely interrelated, mental health and occupational well-being may be distinguished in conceptual terms. The latter can be situated within the domain of individual psychology and encompasses elements such as job satisfaction, engagement, organisational commitment, retention, and contribution to both professional and personal development. These principles reflect a progression from the structural or systemic level to the individual level, as a productive economy ultimately depends upon the construction of an inclusive society in which mental health and well-being are integral components of the quality of working life.

Against this background, the notion of self-perceived health assumes renewed importance. According to European Union data (2021), 87.2 per cent of women aged 16 to 44 report being in good or very good health, compared with 88.7 per cent of men. Within the 25 to 64 age group, the corresponding figures are 65.9 per cent for women and 68.9 per cent for men<sup>11</sup>. In both cohorts, women report lower levels of perceived health.

It is also important to note that the health crisis caused by COVID-19 significantly exacerbated mental health problems across the population. Before the pandemic, more than nine hundred million people worldwide

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<sup>10</sup> WHO, *World Mental Health Report: Transforming Mental Health for All*, 2022, 11.

<sup>11</sup> Eurostat (2021). Access to the dataset is available through the following link: [https://ec.europa.eu/eurostat/databrowser/view/HLTH\\_SILC\\_01\\_custom\\_3560082/bookmark/table?lang=en&bookmarkId=b3a88ffa-33a9-469b-b4a0-e87548e6653e&c=1665500816000](https://ec.europa.eu/eurostat/databrowser/view/HLTH_SILC_01_custom_3560082/bookmark/table?lang=en&bookmarkId=b3a88ffa-33a9-469b-b4a0-e87548e6653e&c=1665500816000)

were affected by some form of mental disorder<sup>12</sup>. In addition, nearly 50 per cent of individuals in the European Union report having experienced a mental health problem within the past year<sup>13</sup>. In response, the World Health Organization, the International Labour Organization, and the European Commission have intensified and refined their efforts, developing policy proposals and targeted action programmes to address emerging challenges in mental health and occupational well-being.

At the level of primary European Union law, Article 3 of the Treaty on European Union establishes the promotion of the well-being of peoples and the fight against discrimination on grounds of disability as fundamental objectives of the Union. These objectives are further elaborated in Article 168 of the Treaty on the Functioning of the European Union<sup>14</sup>, as well as in Articles 31 and 35 of the Charter of Fundamental Rights of the European Union<sup>15</sup>, which collectively require Member States to ensure a high level of human health protection. Failure to do so would not only constitute a breach of a fundamental right but would also undermine the objectives of inclusive and sustainable growth, particularly in relation to the interpretation of decent work and economic development within the framework of the Sustainable Development Goals (SDGs) of the 2030 Agenda<sup>16</sup>.

In order to give effect to these mandates, policy initiatives have emerged across a range of sectors, areas, and population groups. Initially programmatic in nature, these initiatives acquired greater urgency following the outbreak of the COVID-19 pandemic, given its profound impact on mental health, particularly among women, owing to factors such as lower income levels, precarious employment, and the unequal distribution of care responsibilities. The crisis marked the beginning of a

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<sup>12</sup> This estimate includes individuals with schizophrenia, anxiety, depressive disorders, autism spectrum disorders, attention deficit hyperactivity disorder, eating disorders, bipolar disorder, and idiopathic and developmental intellectual disability, among others. Institute for Health Metrics and Evaluation. Available at: Global Health Data Exchange (2019): <https://ghdx.healthdata.org/>

<sup>13</sup> Council of the EU, *Mental health: Member States will adopt measures at different levels, across various sectors and for different age groups*, 2023

<sup>14</sup> The same purpose is reflected in arts. 4, 6, 9, 114, 169, and 191 TFEU.

<sup>15</sup> Official Journal of the European Union of 7 June 2016. The literal wording of art. 31 states: «1. Every worker has the right to working conditions which respect his or her health, safety and dignity. 2. Every worker has the right to limitation of maximum working hours, to daily and weekly rest periods, and to an annual period of paid leave».

<sup>16</sup> In this regard, decent work implicitly includes respect for social protection, labour rights, and social dialogue. J.L. GIL Y GIL, *El trabajo decente como objetivo de desarrollo sostenible*, in *Lex Social*, 2020, no. 1, 147-148.

new phase characterised by enhanced preparedness and resilience in the face of future threats, with the overarching objective of promoting mental health and well-being for all while ensuring universal access to high-quality healthcare. Nevertheless, despite these efforts, progress remains insufficient, and mental health problems continue to rise at an alarming rate, particularly among vulnerable groups.

At this juncture, it is pertinent to emphasise that approximately one in six individuals in the European Union reports having experienced a mental disorder, including anxiety, depression, or chronic stress<sup>17</sup>. Despite increased societal awareness of the importance of protecting and promoting mental health, factors such as economic instability, social inequality, climate change, and humanitarian crises continue to exert a detrimental impact on the mental well-being of the global population. These dynamics are closely linked to short-term economic imperatives, profit maximisation, and the commodification of productivity, often at the expense of the rights of individuals experiencing mental health problems or disabilities arising from such conditions.

From an operational perspective, there is reason for cautious optimism, grounded in the potential for institutional coordination and the implementation of multilevel public policies aligned with principles of social inclusion. In accordance with Article 4 of the Convention on the Rights of Persons with Disabilities, States Parties are required to ensure and promote the full realisation of all human rights and fundamental freedoms for persons with disabilities, without discrimination of any kind<sup>18</sup>.

In this context, and paraphrasing Byung-Chul Han, “the violence of positivity is not prohibitive, but saturating; it is not exclusive, but exhaustive. For this reason, it is inaccessible and not immediately perceptible”<sup>19</sup>. By way of illustration, a parallel may be drawn between the global health crisis caused by a virus and the contemporary crisis stemming from psychological strain associated with work overload. The metaphor suggests that such forms of violence may spread in a manner analogous to a contagion, producing detrimental effects on health. In this sense, work intensification—manifested in excessive workloads or self-

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<sup>17</sup> OCDE (2024): *Health at a Glance: Europe 2024: state of Health in the UE Cycle*. J. SANCHEZ PÉREZ, *El controvertido encaje como accidente de trabajo del estrés laboral y la depresión. Comentario a la Sentencia del Tribunal Superior de Justicia de Castilla y León/Burgos 235/2021, de 26 de mayo*, in *Revista de Trabajo y Seguridad Social*, 2021, no. 465, 132-140.

<sup>18</sup> See <https://www.un.org/esa/socdev/enable/documents/tccoms.pdf>

<sup>19</sup> H. BYUNG-CHUL, *La Sociedad del Cansancio*, Herder, 2024, 23.

imposed demands exceeding an individual's capacity—may arise from the pursuit of recognition, the pressures of competitive environments, identity-related factors, limited bargaining power, job insecurity, or the normalisation of excessive effort.

### 3. Psychosocial Risks and their Impact on Workers' Mental Health

Globally, approximately twelve billion working days are lost each year as a result of mental health problems, primarily due to conditions related to depression and anxiety<sup>20</sup>. When psychosocial risks are considered in general terms, they refer to deficiencies in job design, work organisation, and management practices—factors that contribute to the emergence of toxic social and working environments. In this regard, it is noteworthy that around 45 per cent of workers report being exposed to psychosocial risk factors that adversely affect their mental health.

It should also be emphasised that the concurrence of multiple causes serves to intensify their impact on workers' health. Such factors include conflicting demands that employees are required to manage, incompatible requirements stemming from a lack of clarity in role allocation, job insecurity, insufficient support from management or colleagues, psychological and sexual harassment, excessive workloads, and the need to respond simultaneously to divergent functional demands involving clients, patients, or students.

Within the applicable legal framework, employers are required to adapt work to the individual, particularly in relation to job design. This obligation entails taking into account workers' professional capacities when assigning tasks, as established in Article 15.1(d) of Law 31/1995 of 8 November on the Prevention of Occupational Risks (LPRL)<sup>21</sup> and Article 36.5 of the Workers' Statute (LET)<sup>22</sup>. Ultimately, this reflects the binding nature of a rule aimed at preventing physical and/or psychological overload. This principle of adaptation is also enshrined in Article 13 of Directive 2003/88/EC of 4 November concerning certain aspects of the organisation of working time. Its effectiveness is typically assessed through task analysis and job evaluation. In cases of non-compliance, the

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<sup>20</sup> ILO, *Mental health at work*, 2022.

<sup>21</sup> BOE no. 269, 10 November 1995.

<sup>22</sup> *Real Decreto Legislativo 2/2015, de 23 de octubre, por el que se aprueba el texto refundido de la Ley del Estatuto de los Trabajadores*. BOE no. 255, 24 October 2015.

employer may incur a surcharge on economic benefits in accordance with Article 164.1 of the General Social Security Act<sup>23</sup>.

As noted in the introduction, workplace environmental factors can exacerbate the deterioration of mental health. Before examining workers' vulnerability in greater detail, it is appropriate to outline the underlying causes and nature of psychosocial risk. In this respect, reference should be made to data from the OSH Pulse Survey (2025)<sup>24</sup>, based on a representative sample of more than 28,000 workers across the European Union. The findings indicate that 44 per cent of respondents report excessive workloads, while 34 per cent identify a lack of professional recognition or reward for their work. To a lesser extent, 29 per cent report limited participation in decision-making processes, and 17 per cent indicate low levels of autonomy in their work. Furthermore, 16 per cent report experiencing violence or verbal abuse from clients, patients, or students, compared with 8 per cent who report bullying or intimidation at, or related to, work.

Notably, 48 per cent of respondents consider that disclosing a mental health problem in the workplace could have negative consequences for their professional career. At the same time, 58 per cent express a desire for communication channels that would enable such issues to be addressed while safeguarding privacy and confidentiality. As a result, mental health problems are increasingly rendered invisible in both social and occupational contexts. This helps to explain why, over the preceding twelve months, many respondents report having experienced conditions such as stress or depression without disclosing them to their employer.

It should also be noted that, in many cases, the causal link between deteriorating mental health and exposure to psychosocial risks does not clearly reveal a structural organisational problem. Consequently, a direct relationship is not always established, except in cases where such a correlation has been explicitly identified. This creates persistent difficulties in assessing and identifying psychosocial risk factors and their effects, often resulting in periods of sick leave being classified as common illness without recognition of a work-related cause.

In this context, the European Union has called upon Member States to promote quality employment and to foster inclusive and resilient labour

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<sup>23</sup> *Real Decreto Legislativo 8/2015, de 30 de octubre, por el que se aprueba el texto refundido de la Ley General de la Seguridad Social*. BOE no. 261, 31 October 2015.

<sup>24</sup> OSH Pulse Survey (2025). Available at: <https://osha.europa.eu/es/facts-and-figures/osh-pulse>

markets. This position<sup>25</sup> aligns with and reinforces the principles of the European Pillar of Social Rights, with a view to improving employment opportunities and working conditions across Europe<sup>26</sup>.

### 3.1. Work-related Mental Disorders

Among the mental health conditions most frequently diagnosed in clinical practice, the following categories may be distinguished: (a) psychotic disorders; (b) neurotic disorders; (c) cognitive disorders; (d) disorders associated with work-related stress; (e) disorders arising from the abuse of psychoactive substances<sup>27</sup>; and, finally, (f) self-harming (autolytic) disorders<sup>28</sup>.

Psychotic disorders are generally understood as those that may arise from exposure to chemical agents, psychoactive substances, medications, or narcotic drugs, as well as from adverse working conditions. Neurotic disorders, for their part, are commonly associated with prolonged exposure to toxic or highly stressful workplace environments. Similarly, cognitive disorders may result from exposure to substances or compounds used, for example, in pest control affecting crops or livestock, insofar as such exposure can impair the nervous system, potentially leading to memory loss or long-term dementia when sustained over time. In addition, there are mental disorders that are either caused by or closely linked to work-related stress. As regards autolytic disorders, these encompass behaviours such as suicide and self-harm. Various studies suggest that the consumption of psychoactive substances may be associated with inadequate and stressful working environments, often characterised by poor working conditions<sup>29</sup>. It should be emphasised that psychosocial occupational risk factors were, for a considerable period, relegated to a secondary position—an approach that proved both unfavourable and counterproductive for workers' health. A similar

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<sup>25</sup> Council Decision (EU) 2025/2254 of 27 October 2025 on guidelines for the employment policies of the Member States. In this regard, Member States must ensure adequate working conditions, as well as occupational health and safety, which includes both the physical and mental health of workers. *Recital (14)*.

<sup>26</sup> M.I. RAMOS QUINTANA, *El Pilar Europeo de Derechos Sociales ¿nos ponemos serios?*, in *Trabajo y derecho: nueva revista de actualidad y relaciones laborales*, 2016, no. 24.

<sup>27</sup> From a conceptual standpoint, drug abuse may cause physical or psychological harm and may even damage individuals' social relationships.

<sup>28</sup> VV. AA. *Salud mental y trastornos mentales en los lugares de trabajo*, in *Revista española de salud pública*, 2022, no. 96, 5.

<sup>29</sup> ILO, *Management of alcohol- and drug-related issues in the workplace. Code of practice*, 1999.

observation applies to the relationship between mental disorders and the use of psychoactive substances: at the global level, approximately one third of individuals who consume such substances also experience mental health disorders. The identification and mitigation of risk factors already constitute a form of preventive action. In this regard, the obligation to assess psychosocial risks in the workplace, as established in Article 16 of Law 31/1995 on the Prevention of Occupational Risks (LPRL), is of particular importance. Such assessment facilitates and supports intervention strategies that prioritise job retention through the implementation of preventive measures and appropriate health surveillance mechanisms.

In Spain, data concerning individuals admitted to treatment for the abuse of or dependence on illegal psychoactive substances reveal the following distribution according to employment status in 2023:

Table 1 – Employment status (2023) in relation to the total number of individuals admitted to treatment for abuse of or dependence on illegal psychoactive substances, by previous treatment and sex.

Employment status	Total	Previous treatment		Sexo	
		Yes	No	Men	Women
Working	41,4	37,7	44,1	43,5	31,9
Unemployed, never worked	6,3	6,3	6,1	6,0	7,3
Unemployed, previously worked	36,2	40,5	33,5	35,5	39,6
Other	16,1	15,5	16,3	15,0	21,2
Spanish nationality	85,9	88,2	84,4	85,6	87,0
Foreign nationality	14,1	11,8	15,6	14,4	13,0

Source: Author's own elaboration based on data from the Spanish Observatory on Drugs and Addictions<sup>30</sup>.

### 3.2. The Indelible Footprint of Work-related Stress

To further clarify the conceptual aspects addressed in this study, it should be recalled that stress constitutes a physical and emotional response that may damage an individual's health as a result of an imbalance between external demands and the resources and capacities perceived to meet

<sup>30</sup> See Informe 2025. *Alcohol, tabaco y drogas ilegales en España*. Observatorio Español de las Drogas y las Adicciones. Ministerio de Sanidad, 85.

them<sup>31</sup>. According to data from the European Trade Union Confederation, work-related stress is responsible for more than 10,000 deaths annually in Europe and entails an economic and productivity cost equivalent to approximately 12 million working days lost each year. Accordingly, physiological, psychological, and emotional disturbances arising from stress or from other working conditions with a significant impact on mental health may be attributed to psychosocial risk factors<sup>32</sup>.

This assessment is reinforced where work demands exceed the individual's capacities, generating adverse effects not only on personal health but also on organisational functioning. In such circumstances, phenomena such as absenteeism, workplace conflict, deterioration in labour relations, and reduced productivity are to be expected.

In line with the foregoing, work-related mental health disorders are not easily diagnosed in preventive practice, particularly in relation to the identification and assessment of less severe conditions. It should also be noted that mental disorders frequently emerge at early stages of life and may develop progressively, depending on individual vulnerabilities and the surrounding socio-occupational environment. Thus, where work-related stress undermines occupational well-being, it is essential to avoid reaching a point of no return. Risks must therefore be addressed at their source through preventive control measures designed to reduce their incidence, severity, and likelihood, in accordance with Article 15.1(c) of Law 31/1995 on the Prevention of Occupational Risks (LPRL). In this respect, deterioration in health "encompasses not only physical harm but also trauma that leaves lasting impressions on the psyche"<sup>33</sup>.

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<sup>31</sup> OIT (2016), *Estrés en el Trabajo. Un reto colectivo*, 2.

<sup>32</sup> Without aiming to be exhaustive, the following psychosocial factors are identified: a) those related to working time (shift work, night work, work-life balance); b) those related to autonomy (determination of work pace, distribution of breaks or tasks, resolution of incidents); c) those related to workload (time allocated to the task or to service provision, predictability of tasks, amount of work, difficulty, work outside normal working hours); d) those related to psychological demands (cognitive demands, concealment of emotions, requirement to work with third parties, demands for emotional responses); e) variety and content (routine work, recognition of work, meaningfulness of work); f) participation/supervision (degree of participation and supervisory control); g) interest in the worker/compensation (facilities for professional development, balance between effort and rewards, satisfaction with pay); h) role performance (ambiguity, conflict, and overload); i) relationships and social support (exposure to situations of violence, interpersonal conflicts, discrimination). See INSST. NTP 926, *Factores psicosociales: metodología de evaluación*.

<sup>33</sup> STS, 22 March (5.194/97).

With regard to the gender dimension, men have traditionally been more reluctant to acknowledge or disclose experiences of work-related stress, often avoiding recourse to treatment. At the same time, they appear more inclined to report diagnoses of chronic physical illness. Returning to the findings of the OSH Pulse EU Survey (2025), 53 per cent of respondents across the European Union indicate that they receive awareness-raising activities or programmes on stress and well-being from their employer; in Spain, this figure is approximately 49 per cent. Furthermore, 45 per cent of respondents in the EU report being consulted about workplace stress risk factors, compared with 34 per cent in Spain. Finally, 40 per cent of respondents across the EU state that they have been offered psychological counselling by their employer, whereas in Spain the corresponding figure is 28 per cent. Taken together, this downward asymmetry is particularly noteworthy at the national level.

### **3.3. Suicidal Ideation: Not a Desire to Stop Living, but to Stop Suffering**

The World Health Organization (WHO) identifies suicide as a major public health concern that must be addressed as a global priority through the implementation of comprehensive strategies encompassing promotion, prevention, and rehabilitation, with the direct involvement of governments<sup>34</sup>. This approach underscores that preventive intervention cannot rely exclusively on therapeutic responses within healthcare systems; rather, the early management of suicide requires coordinated health, social, and occupational policies, preventive strategies, and multidimensional intervention protocols.

At the conceptual level, the WHO (2006) defines suicide as the deliberate act by which an individual takes their own life, thereby encompassing both ideation and behaviours—whether conscious or unconscious—directed towards self-inflicted death. Particular attention must be paid to the interplay between personal and social determinants of suicidal behaviour, including chronic health conditions, substance abuse, exposure to discrimination, unemployment, and social marginalisation. In all cases, the association between mental disorders and suicide is well established. In Spain (2024), suicide cases account for approximately 2.2 per cent, compared with 0.5 per cent of individuals who report having

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<sup>34</sup> WHO, 66th Assembly, 28 May 2013, *Resolution WHA66.8. Comprehensive Mental Health Action Plan 2013–2020*.

contemplated suicide without acting upon it. A gender-based analysis suggests that women exhibit a higher propensity towards suicidal ideation, particularly within the 15 to 34 age group, indicating an increased level of vulnerability among young women. In other age groups, however, no significant differences are observed between men and women.

At the European level, suicide prevention has been prioritised within the framework of the 2030 Agenda, specifically under Sustainable Development Goal 3 and indicator 3.4.2, which aim to ensure universal health coverage and reduce mortality rates associated with suicide. In Spain, the suicide mortality rate in 2023 stood at 8.512 per 100,000 inhabitants, reflecting a slight decrease from the previous year, which recorded the highest figure (8.846) for the period 2011–2023, according to data from the National Statistics Institute.

Within this context, the European mental health agenda has emphasised the need to strengthen suicide prevention efforts in the workplace<sup>35</sup>. Although global suicide rates have declined by approximately 10 per cent, significant progress is still required to meet the target of a 33 per cent reduction by 2030<sup>36</sup>. As previously noted, work-related stress—particularly that arising from excessive workloads—constitutes a key triggering factor for suicidal ideation<sup>37</sup>. The case of the 19 workers at France Télécom, whose deaths were associated with extreme work pressure (often linked to the concept of *karoshi*), illustrates the profound social impact of psychosocially hazardous working environments, which continue to pose serious challenges in the field of occupational safety and health. With regard to autolytic disorders, various pathologies have been identified as potential risk factors for suicidal ideation<sup>38</sup>.

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<sup>35</sup> For consultation: [https://health.ec.europa.eu/publications/comprehensive-approach-mental-health\\_en?prefLang=es](https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en?prefLang=es). S. OLARTE ENCABO, *Trabajo, salud mental y suicidio criterios técnicos para su consideración laboral*, in *Revista Internacional y Comparada de Relaciones laborales y Derecho del Empleo*, 2023, 11, no. 3, 43-63. J. SÁNCHEZ PÉREZ, *Una relación fatal: el estrés laboral lleva al suicidio*, in *Revista derecho del trabajo*, 2018, no. 19, 251-260.

<sup>36</sup> The Comprehensive Mental Health Action Plan 2013–2030 itself promotes the development of multisectoral national prevention programmes with the aim of providing health coverage through primary care. Its content can be consulted at: <https://iris.who.int/server/api/core/bitstreams/8899edda-64fb-4c2d-b857-f81c7104374c/content>

<sup>37</sup> J. SÁNCHEZ PÉREZ, *El suicidio como riesgo laboral: claves para la prevención*, in *Observatorio de Riesgos Psicosociales de Andalucía. científico-técnica de prevención*, 2022, no. 5.

<sup>38</sup> Spanish Observatory on Drugs and Addictions. Ministry of Health, *2025 Report. Alcohol, tobacco and illegal drugs in Spain*, 157.

Table 2 – Self-reporting (2024): Pathologies by age group and their relationship with suicide risk (percentages)

Pathology	Total population (15–64)	Suicidal ideation (%)
Gambling disorder	0.4	2.0
Anxiety	16.0	46.7
Depression	9.9	41.6
Insomnia	8.2	27.2
ADHD	1.0	7.1

Source: Author's own elaboration based on data from the Survey on Alcohol and Drugs in Spain (Ministry of Health).

Even a cursory analysis of these data highlights the need for a more nuanced and systematic approach to workplace mental health, given its multifactorial and multidisciplinary nature. As noted, contributory factors include economic hardship, chronic illness or pain, exposure to violence or abuse, work-related stress, social isolation, depression, emotional exhaustion, and loss of self-esteem<sup>39</sup>. Suicide rates are often higher among particularly vulnerable groups, including migrants, single mothers, older persons, individuals experiencing homelessness, young people, members of the LGBTI community, and prisoners<sup>40</sup>. Structural indicators such as poverty, instability, indebtedness, precarious employment, and long-term unemployment also play a decisive role in the emergence of self-harming behaviours.

From a legal perspective, establishing a causal link between working conditions—within the meaning of Article 4.7 of Law 31/1995 on the Prevention of Occupational Risks (LPRL)—and suicide, traditionally regarded as a voluntary act, remains a complex and evolving issue. This question must be analysed in light of the interpretation of Article 156 of the General Social Security Act (LGSS), including: (i) the general criterion of “arising out of or in connection with work” (Article 156.1); (ii) the requirement that occupational diseases must be exclusively caused by work (Article 156.2); and (iii) the exclusion of events resulting from wilful misconduct or gross negligence on the part of the worker (Article 156.4(b)). These provisions must also be reconciled with the evidentiary recognition of implicit factors in suicidal acts.

<sup>39</sup> J.M. PEIRÓ, *Desencadenantes del estrés laboral*, in *Eudema*, 1992, 53.

<sup>40</sup> WHO (2025), Press release. *Suicide*. Available at <https://www.who.int/es/news-room/fact-sheets/detail/suicide>

In response to this legal controversy, three principal approaches have emerged: first, the determination of evidentiary standards; second, the consideration of reports issued by the Labour and Social Security Inspectorate supporting the existence of a causal link; and third, the use of the psychological autopsy<sup>41</sup> as a forensic tool. Case law has increasingly recognised employer liability where there has been a failure to conduct adequate psychosocial risk assessments or to implement appropriate preventive measures.

In this regard, judicial decisions have confirmed that suicide may, under certain conditions, be classified as an occupational contingency, specifically as a work-related accident. Courts have held that the decisive factor is not the location or timing of the act, but rather the existence of a sufficient causal nexus—often described as “relevant occasionality”—between the working conditions and the suicidal behaviour. Thus, even where the act occurs outside working hours, it may still be considered work-related if it can be demonstrated that harmful working conditions were a determining factor.

In several cases, courts have emphasised the absence of prior psychiatric history as reinforcing the causal link, particularly where the suicidal act is directly associated with workplace harassment or sustained occupational stress. Reports issued by the Labour Inspectorate and findings derived from psychological autopsies have played a crucial role in establishing this connection, confirming that the suicide would not have occurred in the absence of adverse workplace circumstances<sup>42</sup>.

Similarly, a judgment of 19 December 2024 classified suicide as an occupational contingency in a case involving workplace harassment and prolonged stress<sup>43</sup>. The ruling established joint and several liability among

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<sup>41</sup> CENDOJ. Tribunal Superior de Justicia de Cantabria, judicial decision number and date: Judgment no. 118 of 27 February 2023. Appeal for review no. 798/2022. Following J.F. LOUSADA AROCHENA, *El suicidio como accidente de trabajo: ¿qué hay que probar y cómo probarlo?*, in *Revista de Jurisprudencia Laboral*, 2023, no. 4. See also J.L. MONEREO PÉREZ, B. LÓPEZ UNSUA, *El suicidio del trabajador en las fronteras de la presunción legal del accidente de trabajo: análisis técnico jurídico enmarcado en un debate doctrinal y jurisprudencial*, in *Lex Social: revista de los derechos sociales*, 2025, vol. 15, no. 1. 1-35. In the same vein, C. CHACARTEGUI JÁVEGA, *La calificación del suicidio como accidente de trabajo*, in *Aranzadi Social: Revista Doctrinal*, 2009, vol. 2, no. 5, 29-37.

<sup>42</sup> In the same vein, see the Tribunal Superior de Justicia de Madrid, 30 October 2023, no. 619.

<sup>43</sup> See Juzgado de lo Social no. 2 de Tarragona, 19 December 2024, n. 537, in which suicide is considered an occupational accident. The company was found liable for failing to comply with its duty to assess the psychosocial risks to which the worker was exposed. The Court emphasises the importance of integrating the protection of mental health into

the employer entities and the insurer due to their failure to implement adequate psychosocial preventive measures. The Court identified a clear causal link between the working conditions and the worker's state of anxiety and distress, emphasising that the absence of employer support constituted a decisive factor in the outcome. The expert evidence further indicated that the worker had assumed responsibilities far exceeding his capacity, thereby exacerbating the psychological burden and contributing to the fatal outcome.

### **3.4. Depression and Anxiety: Their Correlation with Exposure to Psychosocial Risk Factors such as Stress**

According to Eurostat data, 7.2% of the EU population report suffering from chronic depression, while 13% state that they feel vulnerable due to loneliness; however, only 2.7% have formally reported this situation<sup>44</sup>. At present, approximately 30% of workers in the EU experience depression or anxiety<sup>45</sup>. It is self-evident that not every disorder associated with depression or anxiety is work-related. Mental health conditions of this kind may originate outside the workplace; however, this does not preclude their exacerbation by occupational factors. By way of illustration, an individual diagnosed with epilepsy is more likely to experience depressive episodes and anxiety, a circumstance that must be assessed in the context of effective preventive management of mental health conditions<sup>46</sup>.

Moreover, emotional strain and dysfunctions associated with symptoms of distress and depression have been linked to the use of digital technologies<sup>47</sup>. From a complementary perspective, risks associated with climate change, such as extreme weather events or excessive heat, give rise to situations of eco-anxiety among workers, particularly in sectors

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the company's management system. See B. AGRA VIFORCOS, R. FERNÁNDEZ FERNÁNDEZ, R. TASCÓN LÓPEZ, *La respuesta jurídico-laboral frente al acoso moral en el trabajo*, in *Laborum*, 2004, 83.

<sup>44</sup> Eurostat, <https://ec.europa.eu/eurostat/en/web/products-eurostat-news/-/edn-20210910-1>

<sup>45</sup> WHO, *Epilepsy: a public health imperative*. 2019. <https://iris.who.int/items/e74f31ae-9646-49ba-8b0b-50430f597609>

<sup>46</sup> WHO (2022), *The WHO and the ILO call for new measures to address mental health problems at work*. Available at <https://www.who.int/es/news/item/28-09-2022-who-and-ilo-call-for-new-measures-to-tackle-mental-health-issues-at-work>

<sup>47</sup> COM (2005) 484 final, *Green Paper. Improving the mental health of the population. Towards a European Union strategy on mental health*, 4. E. ONTIVEROS BAEZA, *Digitalización, mercado de trabajo y estado del bienestar*, in *Revista Encuentros Multidisciplinares*, 2020, vol. 22, no. 64, 1-8.

including construction, agriculture, horticulture, forestry, fishing, and energy. In this regard, empirical evidence from the OSH Pulse Survey (2025) indicates that 10% of respondents report experiencing distress or fear, acknowledging that exposure to the sun constitutes a risk factor associated with cancer<sup>48</sup>. Furthermore, data published by the World Health Organization (2021) indicate that 359 million people suffer from some form of anxiety-related mental disorder. In light of its significant morbidity burden, the Annual Report of the National Health System highlights a marked gender asymmetry: anxiety affects 10% of the population, predominantly women (14%), a proportion twice that observed among men<sup>49</sup>.

A recent judicial decision has consolidated an emerging line of case law by recognising temporary incapacity suffered by a content developer as a work-related accident. A causal link was established between working conditions and the detrimental impact on the employee's mental health<sup>50</sup>. The judgment clarified that there were no prior episodes of panic or severe anxiety that might have influenced the recognition of the occupational contingency<sup>51</sup>. The medical leave was deemed to be exclusively linked to the work performed and, therefore, lawful in accordance with the provisions of Article 156.2(e) LGSS. In this manner, the decision establishes a precedent that enhances legal certainty within the technology sector.

Another relevant vector is depression. In this respect, courts have recognised the existence of a causal link between the grounds for

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<sup>48</sup> I.S. FUMERO DIOS, *Mitigar el impacto el cambio climático en la salud de las personas trabajadoras: una prioridad apremiante en el seno de la OIT*, in *Trabajo y derecho: nueva revista de actualidad y relaciones laborales*, 2025, no. 124.

<sup>49</sup> Ministry of Health (Spain). Reports, studies and research. *Annual Report of the National Health System 2023*.

<sup>50</sup> A. TODOLÍ SIGNES, *Salud mental y la prevención de riesgos laborales. Los problemas de salud mental como accidentes de trabajo*, in *Institut Valencià de Seguretat i Salut en el Treball*, UGT, 2023.

<sup>51</sup> In this regard, attention should be drawn to the landmark judgment delivered by the Tribunal Superior de Justicia de Cataluña on 9 December 2024, which recognised post-traumatic stress and anxiety suffered by a worker (a content moderator) at Meta as an occupational accident, where the workload interfered with the employee's mental health. The court acknowledged that work-related stress caused extreme anxiety in the employee, "being the sole, exclusive and unequivocal triggering factor". The judgment reiterates that the work performed exposed the employee to an unevaluated psychosocial risk, as it involved exposure to content related to "violence, crime, abuse and illegal content", causing psychological harm and post-traumatic stress. Available at: <https://www.poderjudicial.es/search/openDocument/c3df22237aa5b933a0a8778d75e36f0d>

termination of the employment contract pursuant to Article 50.1(c) LET, due to serious failure to comply with preventive measures addressing psychosocial risk factors, and the onset of depressive disorder and chronic stress<sup>52</sup>.

#### 4. Guarantees of the Right to the Protection of Mental Health at Work

Affected by evolving patterns in working conditions, occupational health has been undermined by the obsolescence and inadequacy of the current regulatory framework. In this context, it is pertinent—albeit briefly—to revisit certain stages in the regulatory chronology that have consolidated the right to safety and health at work, without overlooking other significant instruments such as the Universal Declaration of Human Rights<sup>53</sup>, the International Convention on the Elimination of All Forms of Racial Discrimination<sup>54</sup>, the Convention on the Elimination of All Forms of Discrimination against Women<sup>55</sup>, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families<sup>56</sup>, and the Convention on the Rights of Persons with

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<sup>52</sup> Juzgado de lo Social, núm. 1 de Ourense, 15 July 2025, no. 384 (case no. 345/2025). Tribunal Superior de Justicia. Las Palmas de Gran Canarias, 26 May 2020, no. 485 (case no. 1300/2019). In this respect, it is appropriate to refer to the Technical Notes on Prevention (Notas Técnicas de Prevención, NTP) 1122: *Las tecnologías de la información y la comunicación 1: nuevas formas de organización de trabajo*, 2018; NTP 1123: *Las tecnologías de la información y la comunicación II: factores de riesgo psicosocial asociados a las nuevas formas de trabajo*, 2018; NTP 730: *Concepto, medida e intervención psicosocial*, 2007, in Instituto Nacional de Seguridad y Salud en el Trabajo. A. DESDENTADO BONETE, E. DESDENTADO DAROCA, *La segunda sentencia del TEDH en el caso Barbulescu y sus consecuencias sobre el control del uso laboral del ordenador*, in *Revista de información laboral*, 2028, no. 1, 19-39.

<sup>53</sup> United Nations, *Universal Declaration of Human Rights*. Available at: <https://www.un.org/es/about-us/universal-declaration-of-human-rights>.

<sup>54</sup> United Nations, *International Convention on the Elimination of All Forms of Racial Discrimination*. Available at: <https://www.ohchr.org/es/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial>

<sup>55</sup> United Nations, *Convention on the Elimination of All Forms of Discrimination against Women*. Available at: <https://www.ohchr.org/es/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

<sup>56</sup> United Nations, *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families*. Available at: <https://www.ohchr.org/es/instruments-mechanisms/instruments/international-convention-protection-rights-all-migrant-workers>

Disabilities<sup>57</sup>. The complementarity of these instruments has enabled workers to perform their professional activities under conditions of dignity, equality, and safety. Consequently, future regulatory developments should aim to articulate, integrate, and systematise a specific framework for protection against psychosocial risks.

Adopting an approach centred on hard law norms and focusing on those underpinning the protection of occupational health, it should be noted that, both at the international level and within the European Union, relevant provisions are embedded within legislative corpora, constituting the essential legal basis for recognising the right to well-being and occupational health. In line with the purpose of this study, reference may be made to some of the most significant instruments adopted by the International Labour Organization (ILO), particularly those with the greatest impact on health protection and promotion. Without claiming exhaustiveness, these include: Convention No. 111 on Discrimination (Employment and Occupation)<sup>58</sup>; Convention No. 155 on Occupational Safety and Health<sup>59</sup>; Convention No. 187 on the Promotional Framework for Occupational Safety and Health<sup>60</sup>; Convention No. 190 on Violence and Harassment<sup>61</sup> and Recommendation No. 206, which seeks to strengthen the protection of workers' mental health to foster a working environment free from hostility or psychosocial abuse. Notably, Articles 9(b) and (c) of Convention No. 190 and Article 8 of the Recommendation require the identification, assessment, and management of such risk factors through the participation of workers and their representatives. It is

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<sup>57</sup> United Nations, *Convention on the Rights of Persons with Disabilities*. Available at: <https://www.un.org/esa/socdev/enable/documents/tccconvs.pdf>

<sup>58</sup> ILO (1958), Discrimination (Employment and Occupation) Convention no. 111. The Convention may be denounced between 15 June 2030 and 15 June 2031.

<sup>59</sup> ILO (1981) Occupational Safety and Health Convention no. 155. Adoption: Geneva, 67th Session of the International Labour Conference (22 June 1981). This Convention is accompanied by the Occupational Safety and Health Recommendation, 1981 (no. 164).

<sup>60</sup> ILO (2006), Promotional Framework for Occupational Safety and Health Convention no. 187. Adoption: Geneva, 95th Session of the International Labour Conference (15 June 2006).

<sup>61</sup> ILO (2019), Violence and Harassment Convention no. 190. Ratified on 25 May 2022. This Convention is accompanied by the Violence and Harassment Recommendation, 2019 (no. 206). See, *inter alia*, W. SANGUINETI RAYMOND, *El convenio 190 de la OIT sobre la violencia y el acoso y los desafíos de su aplicación por los Estados*, in *Trabajo y Derecho: New Journal of Current Affairs and Labour Relations*, 2022, no. 95.

therefore unsurprising that the ILO included mental and behavioural disorders in its list of occupational diseases in 2010<sup>62</sup>.

Within the EU regulatory framework, the protection of mental health may be considered to fall within the scope of 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 (hereinafter, the Framework Directive)<sup>63</sup>. The effectiveness of the Framework Directive is complemented by other Directives establishing employer obligations in specific areas, without excluding—albeit not explicitly—the protection against psychosocial risks. Several legal instruments indirectly regulate aspects related to such risks. First, Directive 2003/88/EC of 18 November concerning certain aspects of the organisation of working time establishes minimum safety and health requirements in this domain<sup>64</sup>. Secondly, Directive 90/270/EEC of 29 May on the minimum safety and health requirements for work with display screen equipment<sup>65</sup> (the fifth individual Directive within the meaning of Article 16(1) of the Framework Directive) addresses issues such as ergonomics, lighting, and health surveillance. Finally, Directive 2006/54/EC of 26 July on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation addresses workplace harassment<sup>66</sup>.

Returning to the inclusion of mental disorders in the ILO list of occupational diseases, it should be observed that, at the national level, the incorporation of psychosocial-origin conditions into official lists of occupational diseases remains contingent upon legislative action. As a rule, such conditions are classified as common illnesses unless a causal link with work is established under a unified criterion, in which case they may be recognised as occupational accidents pursuant to Article 156.2(e) LGSS. Accordingly, this issue is not solely one of preventive technique aimed at minimising or mitigating risk factors leading to the deterioration

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<sup>62</sup> Revised list of 2010. The literal wording states: “2.4. Mental and behavioural disorders  
2.4.1. Post-traumatic stress disorder

2.4.2. Other mental or behavioural disorders not mentioned in the previous point, where a direct link has been established, scientifically or by methods appropriate to national conditions and practice, between exposure to risk factors arising from work activities and the mental or behavioural disorder(s) contracted by the worker”.

<sup>63</sup> OJEC no. 183 of 29 June 1989. Directive adopted pursuant to Article 118 A of the EEC Treaty.

<sup>64</sup> OJEU no. 199 of 18 November 2003.

<sup>65</sup> OJEC no. 156 of 29 June 1990.

<sup>66</sup> OJEU no. 204 of 26 July 2006.

of mental health, but also one of political will. As noted, the right to health is enshrined as a fundamental principle and right in Articles 15 and 40.2 of the Spanish Constitution, Article 4.2(d) of the Workers' Statute, ILO Convention No. 155<sup>67</sup>, and Article 14 of the Occupational Risk Prevention Act. This reflects the employer's duty of care with respect to psychosocial risks as an integral component of the employment relationship from its inception. The instrumental value of judicial decisions is particularly noteworthy, as they affirm that this duty of protection necessarily encompasses psychosocial risks<sup>68</sup>.

Having established these considerations, attention may be turned to soft law instruments. Such norms have addressed regulatory lacunae in this field, performing an anticipatory function pending the adoption of binding legal provisions. This has been especially evident in relation to preventive measures against psychosocial risks. Thus, the European Framework Agreement on Work-Related Stress of 8 October 2004 recognised the issue of work-related stress and the need to analyse risk factors associated with age, gender, occupation, and sector. Similarly, the European Framework Agreement on Harassment and Violence at Work of 8 November 2007 addresses related concerns. Particular emphasis should also be placed on the Mental Health Action Plan 2013–2030<sup>69</sup> and the WHO Guidelines on Mental Health at Work (2021)<sup>70</sup>. Of particular relevance in the latter are recommendations aimed at training managers in mental health, raising awareness among workers, and facilitating return to work following absences due to mental health conditions.

Reference should also be made to the European Commission's renewed approach to mental health, which promotes reintegration into, and retention in, employment irrespective of mental health status. It is both necessary and advisable for undertakings to implement support and healthcare assistance mechanisms for affected individuals within their management and planning systems. In this regard, the European Framework Agreement on Work-Related Stress of 8 October 2004 provides guidance for the prevention, mitigation, and control of such

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<sup>67</sup> I.S. FUMERO DIOS, *Un entorno de trabajo seguro y saludable: un principio y un derecho fundamental en el trabajo*, in *Trabajo y derecho: nueva revista de actualidad y relaciones laborales*, 2023, no. 102.

<sup>68</sup> STS of 17 May 2018.

<sup>69</sup> WHO (2022). *Comprehensive Mental Health Action Plan 2013–2030*, Geneva. Website: <https://www.who.int/publications/i/item/9789240031029>

<sup>70</sup> WHO. Executive summary available at: <https://iris.who.int/server/api/core/bitstreams/1eccc58b-5e82-4901-822a-8dca2f490015/content>

risks. Consideration should also be given to the Porto Social Commitment (7 May 2021), a tripartite agreement between EU institutions, social partners, and civil society, reaffirming their commitment to fair and sustainable competition in the internal market under the premise of ensuring safe and healthy working environments<sup>71</sup>. Consistent with this commitment, the European Commission adopted the Strategic Framework on Health and Safety at Work 2021–2027<sup>72</sup>.

More broadly, the European Parliament Resolution of 5 July 2022 on mental health in the digital world identifies mental health as one of the most pressing challenges facing Europe, highlighting the impact of digitalisation<sup>73</sup>. In this field, the European Parliament’s 2023 Report on Mental Health<sup>74</sup> calls upon Member States to integrate prevention, awareness-raising, intervention, and treatment into public policies, with particular emphasis on vulnerable groups. This approach was further reinforced by the Declaration of La Hulpe on the Future of the European Pillar of Social Rights (16 April 2024)<sup>75</sup>. In this context, the principles of the Pillar are reaffirmed under a “vision zero” approach aimed at preventing work-related fatalities, adapting standards and strategic frameworks to incorporate psychosocial risks effectively, and eliminating violence and harassment in the workplace. Given the continued absence of a specific Directive on the management and prevention of psychosocial risks at work, it remains incumbent upon the European Parliament and trade unions to maintain pressure on the Commission to adopt, without undue delay, a Directive on well-being and the protection of mental health at work. This initiative is aligned with the EU-OSHA “Healthy

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<sup>71</sup> Agreement available at: <https://www.consilium.europa.eu/es/meetings/european-council/2021/05/07/social-summit/>

<sup>72</sup> COM (2021) 323 final. Available at: [https://home-affairs.ec.europa.eu/policies/migration-and-asylum/migrant-integration/migrant-integration-hub/progress-tracker-action-plan-integration-and-inclusion-2021-2027\\_en](https://home-affairs.ec.europa.eu/policies/migration-and-asylum/migrant-integration/migrant-integration-hub/progress-tracker-action-plan-integration-and-inclusion-2021-2027_en)

<sup>73</sup> European Parliament (2022), Resolution (2021/2098 (INI)). Available at: [https://www.europarl.europa.eu/doceo/document/TA-9-2022-0279\\_ES.html](https://www.europarl.europa.eu/doceo/document/TA-9-2022-0279_ES.html). In this regard, see D. MEGINO FERNÁNDEZ, *La formación como principio y fin de la acción preventiva frente a los riesgos psicosociales derivados de la digitalización y la automatización*, in *Lan Harremanak*, 2023, no. 49, 115-120. In the same vein, R. TASCÓN PÉREZ, *Reflexiones a partir de la resolución del Parlamento europeo, de 5 de julio de 2022, sobre la salud mental en el mundo laboral digital*, in *Revista Crítica de Relaciones de Trabajo*, Laborum, 2022, no. 5, 39-42.

<sup>74</sup> European Parliament, *Report on mental health* (2023/2074 (INI)). See: [https://www.europarl.europa.eu/doceo/document/A-9-2023-0367\\_ES.html](https://www.europarl.europa.eu/doceo/document/A-9-2023-0367_ES.html)

<sup>75</sup> Its text is available at: <https://data.consilium.europa.eu/doc/document/ST-10676-2024-INIT/es/pdf>

Workplaces” Campaign 2026–2028 under the slogan “Together for mental health at work”.

At the national level, the significance of Technical Criterion No. 104/2021 of 13 April of the Labour Inspectorate on psychosocial risks<sup>76</sup> should not be underestimated, as it provides operational guidance for labour inspections in the field of occupational safety and health. This criterion reinforces the obligation to integrate preventive measures addressing psychosocial risks effectively into organisational management systems. In parallel, Article 96 of Law 36/2011 of 10 October regulating the social jurisdiction<sup>77</sup> places the burden of proof on the employer in cases involving breaches of occupational health and safety obligations. This approach is consistent with the Labour Inspectorate’s criterion, reinforcing the understanding that mental health forms an integral part of the fundamental right to the physical and moral integrity of workers. Similarly, the Mental Health Strategy of the National Health System 2022–2026<sup>78</sup> includes the prevention of suicidal behaviour as a key line of action.

In this vein, on 14 March 2023, the Council of Ministers approved, in conjunction with the Autonomous Communities and the social partners, the Spanish Strategy on Occupational Safety and Health at Work 2023–2027 (EESST)<sup>79</sup>. The purpose of the EESST is to establish a reference framework for preventive and protective action against work-related risks. The Strategy is structured around six priority axes aligned with emerging socio-economic trends and the integration of a gender perspective in occupational safety and health. It emphasises the need to improve the prevention of occupational accidents and diseases; to manage changes arising from new forms of work organisation, demographic developments,

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<sup>76</sup> For online consultation: [https://oeitss.gob.es/content/dam/oeitss/documentos/4-0-informaci%C3%B3n-y-normativa/4-1-a-criterios-t%C3%A9cnicos/CT\\_104\\_21.pdf](https://oeitss.gob.es/content/dam/oeitss/documentos/4-0-informaci%C3%B3n-y-normativa/4-1-a-criterios-t%C3%A9cnicos/CT_104_21.pdf). F. TRUJILLO PONS, *La imperiosa aplicación del Criterio Técnico nº 104/2021, de la Inspección de Trabajo y Seguridad Social, en Riesgos Psicosociales en el actual entrono laboral*, in *Revista de Derecho Laboral vLEX*, 2022, no. 6, 73-85.

<sup>77</sup> BOE no. 245 of 11 October.

<sup>78</sup> Online: [https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludMental/docs/Ministerio\\_Sanidad\\_Estrategia\\_Salud\\_Mental\\_SNS\\_2022\\_2026.pdf](https://www.sanidad.gob.es/areas/calidadAsistencial/estrategias/saludMental/docs/Ministerio_Sanidad_Estrategia_Salud_Mental_SNS_2022_2026.pdf)

<sup>79</sup> Resolution of 20 April 2023 of the Secretary of State for Employment and the Social Economy, publishing the Agreement of the Council of Ministers of 14 March 2023 approving the Spanish Strategy on Occupational Safety and Health at Work 2023–2027. BOE no. 101 of 28 April 2023. In this respect, J. ROMERAL HERNÁNDEZ, *Estrategia Española de Seguridad y Salud en el Trabajo 2023-2027 desde la perspectiva de género*, in *Revista de Trabajo y Seguridad Social*, 2024, no. 480, 61–83.

and climate change from a preventive standpoint; to enhance safety and health management in small and medium-sized enterprises; to strengthen the protection of workers in situations of heightened risk or vulnerability; to incorporate a gender perspective; and to reinforce the national occupational safety and health system in order to address future crises effectively. In practical application of these principles, the Government approved, on 11 November 2025, an institutional declaration designating 2026 as the “Year of Safety and Health at Work”. It is to be hoped that all relevant stakeholders will promote, and advance agreements, policies, and initiatives aimed at preventing what has aptly been described as a “silent pandemic”<sup>80</sup>.

### 5. Vulnerable/Sensitive Groups: Subjects of the Same Reality?

A key issue that must be addressed in relation to certain categories of workers concerns the precise determination of the nature of the duty of protection against psychosocial risk factors. The matter turns on the applicable regulatory framework governing this duty and the legal obligation from which the right to effective and efficient protection derives. As noted, the public-law duty of protection forms part of the guiding principles of social and economic policy, imposing on public authorities the obligation to safeguard occupational safety and health, as established in Article 43.2 of the Spanish Constitution. This entails a unified employer obligation of protection against psychosocial risks.

In this respect, two distinct dimensions must be distinguished. On the one hand, the identification of vulnerable subjects; on the other, the specific guarantee of protection for these groups against the risk of developing work-related mental disorders—both of which present a degree of conceptual and practical complexity. About the first dimension, occupational risk prevention legislation does not expressly define “vulnerable workers”; rather, the legal system employs the concept in a transversal manner across various regulatory domains. By way of illustration, reference may be made to provisions addressing vulnerability in different contexts, including Law 4/2022 of 25 February, which conceptualises vulnerability in relation to consumers<sup>81</sup>; Royal Decree-Law

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<sup>80</sup> S. RODRÍGUEZ ESCANCIANO, *Vigilancia y control de la salud mental de los trabajadores: aspectos preventivos y reparadores*, in *Revista de Estudios Jurídicos Laborales y de Seguridad Social*, 2021, no. 2, 19–55.

<sup>81</sup> Law 4/2022, of 25 February, on the protection of consumers and users in situations of social and economic vulnerability. BOE no. 51 of 1 March 2022.

2025 of 23 December, extending measures to address situations of social vulnerability and adopting urgent fiscal and social security measures<sup>82</sup>; and, within labour law, recurrent references to groups requiring priority attention, such as persons with disabilities, individuals at risk of social exclusion, victims of gender-based violence, older workers, or the long-term unemployed. In this latter regard, Law 3/2023 of 28 February on Employment replaced the notion of “vulnerable workers” with that of “groups of priority attention”. A further example is Royal Decree-Law 1/2025 of 28 January, adopting urgent measures in economic, transport, and social security matters, including responses to situations of vulnerability<sup>83</sup>.

However, where the objective is to ensure protection for specific categories of workers, it must be noted that the Law on the Prevention of Occupational Risks (LPRL) does not expressly define “vulnerable workers” but instead refers to workers who are particularly sensitive to certain occupational risks, pursuant to Article 25 LPRL. Such sensitivity derives from three factors: the personal characteristics of workers, their known biological condition, and any recognised disability. In any case, these are not entirely separate categories. In the first scenario, under Article 25 LPRL, enhanced protection is limited to specific occupational risks; in the second, protection extends to psychosocial risk factors arising from work.

It should be emphasised that vulnerability is often linked to structural features of work organisation and to the distribution of costs and risks among the State, employers, workers, and society. Accordingly, certain groups are not vulnerable due to inherent fragility or pre-existing health conditions, but rather because of structural determinants such as low income, educational disadvantage, precarious employment, limited access to channels for representation of rights and interests, or their position within the broader socio-economic hierarchy. It must also be recalled that it is the personal characteristics of the worker that determine the specificity and relevance of the job role, such that, under Article 25 LPRL, if the same task were performed by a worker who is not particularly sensitive, the enhanced protective regime would not apply.

In light of the foregoing, a brief analysis is undertaken below of the groups commonly characterised as vulnerable.

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<sup>82</sup> BOE no. 309 of 24 December 2025.

<sup>83</sup> BOE no. 25 of 29 January 2025.

### 5.1. The Particular Vulnerability of Workers

It is evident that workers are exposed to any characteristic of work that may significantly influence the emergence of risks to occupational safety and health. A clear connection, therefore, arises between subjective vulnerability and the effects that psychosocial risk factors may have on the mental health of those exposed to them. Engaging with this debate requires acknowledging that the greater the degree of vulnerability, the higher the risk of developing mental health problems. In this sense, and for purely illustrative purposes, the vulnerable groups addressed in this study include women, young people, older workers, migrants, and individuals living with chronic illnesses.

First, in order to examine the determining factors underlying workers' particular vulnerability to mental health problems, it is useful to adopt a critical perspective on inequality, discrimination, and stigmatisation. According to influential twentieth-century scholarship, stigma arises from the relationship between attribute and stereotype, and three forms may be distinguished: physical (or bodily impairments), psychological (such as mental disorders), and social (attributes associated with culture, poverty, or ethnicity)<sup>84</sup>. There is sufficient evidence to suggest that discrimination and stigmatisation related to mental health disorders disproportionately affect the most vulnerable groups. In this regard, stigmatising perceptions may lead individuals to feel excluded to the extent that they become convinced they will be discredited, rejected, or socially marginalised<sup>85</sup>. In other words, it may be argued that a common denominator exists: workers experiencing mental disorders often find themselves confined within situations of structural and, at times, institutional discrimination. Some authors have noted that stigmatisation operates as a defining characteristic of the individual, occasionally resulting in professional discredit<sup>86</sup>. Such an interpretation supports the view that employment opportunities may be adversely affected, leading, *inter alia*, to educational dropout or difficulties in accessing or maintaining employment. It should be emphasised that mental disorders are exacerbated among

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<sup>84</sup> E. GOFFMAN, *Estigma: La identidad deteriorada*, Amorrortu, Prentice-Hall, 2009, 14.

<sup>85</sup> WHO (2024), *Mosaic toolkit to end stigma and discrimination in mental health*, for an in-depth analysis, see J. BREA IGLESIAS, H. GIL RODRÍGUEZ, *Estigma y salud mental. Una reflexión desde el Trabajo Social*, in *Trabajo Social Hoy*, 2016, no. 78, 95-112.

<sup>86</sup> E. GOFFMAN, *STIGMA: Notes on the Management of Spoiled Identity*, Simon and Schuster, New York, 1963.

more vulnerable groups<sup>87</sup>, particularly among unemployed individuals, those with low levels of education or income, migrants, and persons with disabilities. Moreover, demographic factors such as population ageing also contribute to the neglect of mental health. For this reason, the legal system cannot remain indifferent to this reality, as mental illness intensifies inequality, discrimination, and occupational and social stigmatisation. By way of illustration, decent work can only be achieved where labour rights are protected, inequalities are addressed, and safe and healthy working environments are promoted, particularly for individuals with mental health problems, older workers<sup>88</sup>, migrants, and persons with disabilities<sup>89</sup>. The central issue lies in access to quality healthcare coverage, which remains a significant challenge, especially for the most vulnerable. Furthermore, addressing mental disorders requires a multidimensional understanding of their determining factors.

Unemployment, in turn, constitutes another stigmatising risk factor, as it is frequently associated with a loss of self-esteem and may lead to depressive states. Thus, although it cannot be unequivocally demonstrated, contrary to overly simplistic assertions, there is no objective evidence that women are more vulnerable due to biological or physiological characteristics. However, there is clear evidence that violence against women plays a significant role in mental health problems, placing them in a situation of heightened vulnerability and simultaneously contributing to underrepresentation in the labour market<sup>90</sup>. Consequently, it is essential to consider the gender dimension in relation to the social determinants of mental health inequality<sup>91</sup>. This unequal pattern has a marked impact on workers' mental health and well-being.

Finally, attention should be drawn to the private and intimate nature often attributed to mental health problems. On the one hand, this stems from

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<sup>87</sup> M. MARMOT, *The disease of poverty*, in *Scientific American*, 2016, vol. 314, no. 3, 23–24.

<sup>88</sup> On occupational risk factors associated with age, A. PASTOR MARTÍNEZ, *La protección de la seguridad y salud de los trabajadores de edad avanzada. El derecho a la adaptación de las condiciones de trabajo como límite al despido por ineptitud sobrevenida*, in *Documentación Laboral*, 2017, no. 12, 70-73. For a more in-depth study on decent work, C. MOLINA NAVARRETE, *La salud psicosocial, una condición de trabajo decente. El neo-taylorismo digital en clave (de pérdida de) bienestar*, in M. CORREA CARRASCO, M.G. QUINTERO LIMA, (eds), *Los nuevos retos del trabajo decente: la salud mental y los riesgos psicosociales (Objetivos de Desarrollo Sostenible 3,5,8,10)*, Universidad Carlos III, 2020, pp. 11 ff.

<sup>89</sup> In this regard, see the CCOO report, *Estudio para la detección de riesgos psicosociales en el Trabajo del Hogar*, in *Ministerio de Trabajo, Migraciones y Seguridad Social*, Madrid, 2019, 26-30.

<sup>90</sup> Mental Health Strategy of the National Health System 2022–2026, 58.

<sup>91</sup> *Ibid.*

persistent resistance to their acknowledgement; on the other, from a lack of employer awareness in certain sectors, where the issue remains a taboo subject. This raises concerns regarding the assurance of a safe and healthy working environment, which in turn affects periodic health surveillance linked to work-related risks under Article 22 LPRL. This is by no means a minor issue: the absence of recognition renders preventive action and effective treatment invisible, thereby increasing the risk of progression to more severe mental health conditions. The perception of the delayed or absent application of preventive measures may itself be a defining factor contributing to workers' sense of vulnerability. The limited regulatory framework and insufficient preventive resources further contribute to insecurity and occupational uncertainty.

## 5.2. Groups of Workers in Situations of Vulnerability Women

A further advancement from a gender perspective is reflected in the European Gender Equality Strategy 2020–2025<sup>92</sup>, which highlights women's vulnerability across multiple intersecting factors. Of relevance is Article 6 of the Convention on the Rights of Persons with Disabilities, which recognises that women with disabilities experience multiple and intersecting forms of discrimination. Recent studies on women in employment indicate increased levels of work-related stress due to the extension of working hours, alongside a disproportionate burden of domestic responsibilities, which affects career continuity and progression. Women frequently report underrepresentation, contributing to feelings of insecurity. It should be noted that higher levels of depression among women are often associated with sexual violence, or the gender pay gap. Within the workplace, they report exposure to non-inclusive practices and frequently continue working while in pain, generating stress linked, for example, to menstruation-related conditions or fluctuating emotional states associated with menopause or pregnancy<sup>93</sup>. In many cases, such conditions are not disclosed, as they are perceived not to affect performance. Although case law in this area remains limited, it is essential

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<sup>92</sup> COM (2020) 152 final.

<sup>93</sup> Deloitte Global (2024), *Women at Work 2024: A Global Outlook*. According to data from the report *Improving Perinatal Mental Health Care* (2023), 7% of women suffer from depression during pregnancy, and between 11% and 15% experience anxiety disorders. In the postpartum period, 14% of women experience depression and 8% anxiety. Available at: <https://www.consaludmental.org/publicaciones/Mejorar-cuidado-salud-mental-perinatal.pdf>

to underline that the effectiveness of preventive action depends on a balanced approach combining identification, assessment, and the implementation of appropriate measures. Prevention of mental illness, therefore, requires specific provisions grounded in a holistic and practical approach, both in primary healthcare and in corporate governance.

**Young people:** Among young people, suicide remains the leading cause of death among individuals aged between fifteen and nineteen<sup>94</sup>. This situation is exacerbated when additional triggering factors are present, such as early parenthood. Other relevant factors affecting mental health in this group include difficulties in accessing employment, unemployment<sup>95</sup>, and limited expectations of social mobility—the so-called “social elevator”<sup>96</sup>—which contribute to apathy and disengagement from public policy. Furthermore, the impact of the 2019 health crisis led to a deterioration in the mental health of adolescents and young adults, resulting in depressive and anxiety-related conditions, including eco-anxiety<sup>97</sup>. Mental health among young people<sup>98</sup> is increasingly fragile: access to the labour market is precarious and uncertain, self-esteem and autonomy are undermined, and these conditions create fertile ground for heightened vulnerability. Within organisations, particular attention should be given to psychosocial support and guidance, including occupational therapy where appropriate.

**Older workers:** Older workers are often exposed to a higher prevalence of disability and chronic health conditions. The extension of working lives contributes to fatigue, musculoskeletal disorders, and reduced functional

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<sup>94</sup> UNICEF (2021), *The State of the World's Children 2021: On My Mind – Promoting, Protecting and Caring for Children's Mental Health. Regional brief: Europe*.

<sup>95</sup> VV. AA., *Jóvenes y salud mental. La experiencia del proyecto “PasaXT Hacia el Empleo”*. Estudio de impacto, Federación Salud Mental Castilla y León, 2024. Available at <https://saludmentalcyt.org/wp-content/uploads/2024/06/Estudio-PasaXT-Hacia-El-Empleo.pdf>. Of interest, the following online article: *Plataforma para la Salud mental y la Empleabilidad juvenil: una experiencia de éxito de Fundación Sandra María la Real para la atención a jóvenes en desempleo o en precariedad laboral*. Available in <https://www.sepe.es/HomeSepe/es/que-es-observatorio/Hipatia/cuadernos-mercado-trabajo/revista-cuadernos-mercado-trabajo/detalle-articulo.html?detail=/revista/Brechas-del-Mercado-de-trabajo/plataformaparalasaludmentalylaempleabilidadjuvenilunaexperienciadeexitodefundacionsantamarialarealparalaatencionajovenesendesempleoopenrecariedadlaboral>

<sup>96</sup> T. PIKETTY, *Capital e ideología*, Deusto, 2019.

<sup>97</sup> VV. AA., *Global Climate Change and Trauma*, International Society for Traumatic Stress Studies, 2021, 5.

<sup>98</sup> ILO, *Mental Health and COVID-19: Initial Data on the Impacts of the Pandemic*, 2022. Available at: [WHO-2019-nCoV-Sci-Brief-Mental-health-2022.1-spa.pdf](https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci-Brief-Mental-health-2022.1-spa) (367.5 KB)

capacity, all of which may give rise to psychological distress. The longer the working life, the greater the likelihood of developing illness. An increasing trend in suicide rates within this group has been observed<sup>99</sup>. Consequently, longer periods of sickness absence are unsurprising, with implications for economic, professional, and functional capacity. During transition and reintegration into work, there is a heightened risk of stigmatisation, discrimination, and insufficient professional support. Evidence from EU-OSHA (2016) highlights that a significant proportion of individuals with mental health problems struggle to re-enter the labour market, and those who do often experience reduced wages, working hours, and responsibility<sup>100</sup>. Social isolation further increases the risk of mental disorders. In this context, simplistic approaches to job adaptation require greater nuance. On the one hand, insufficient intergenerational solidarity exacerbates occupational stigma; on the other, compliance with job adaptation obligations requires employers to provide training and develop adaptive skills. In this regard, the Spanish Ministry of Social Rights presented, on 4 November 2025, the National Strategy against Loneliness, aimed at addressing unwanted loneliness as a matter of social justice, promoting inclusion and combating discrimination through an approach grounded in age, gender, and disability.

Migrants, asylum seekers, and refugees: Migrants, asylum seekers, and refugees are frequently exposed to psychological trauma arising from limited protection and enforcement of labour rights. Increasing migration flows—driven by economic inequality or geopolitical instability—have a negative impact on mental health. Disorders such as anxiety, depression, psychosis, and post-traumatic stress disorder are more prevalent among migrant populations. These risks are exacerbated by instability, unemployment, and poverty, particularly among migrant women, who face increased exposure to violence and consequently higher risks of mental health deterioration. As a marginalised group, migrants are also more likely to experience segregation, discrimination, marginalisation, racism, and xenophobia<sup>101</sup>. According to ILO data (2024), approximately 123 million people have been forcibly displaced, making access to mental

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<sup>99</sup> OECD (2021). Available at: [https://www.oecd.org/en/publications/health-at-a-glance-2021\\_ae3016b9-en.html](https://www.oecd.org/en/publications/health-at-a-glance-2021_ae3016b9-en.html)

<sup>100</sup> S. FLEKA, A. JAIN, *Mental Health in the Workplace in Europe*, Available at: [https://health.ec.europa.eu/document/download/ca07dcc7-2ec3-4d1c-998d-abee657611e8\\_en](https://health.ec.europa.eu/document/download/ca07dcc7-2ec3-4d1c-998d-abee657611e8_en)

<sup>101</sup> ILO, *Mental Health of Refugees and Migrants*, 2025

health services a significant challenge and undermining the right to health<sup>102</sup>. Finally, psychosocial risks associated with poor working conditions are particularly prevalent in sectors such as education, healthcare, and care work. For this reason, the EU-OSHA Healthy Workplaces Campaign 2026–2028 focuses on mental health and psychosocial risks in “new and overlooked groups, sectors, and occupational areas”.

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<sup>102</sup> *Ibid.*



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