Managing work-related psychosocial risks during the COVID-19 pandemic

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Contents

▶ Introduction

The ILO Centenary Declaration for the Future of Work adopted in June 2019 declared that "safe and healthy working conditions are fundamental to decent work". This is particularly significant today, as ensuring safety and health at work is indispensable in the management of the COVID-19 pandemic and the ability to resume work. Work arrangements and conditions have changed considerably, bringing new psychosocial challenges for the health and well-being of workers – whether in the frontline, in essential services, working from home, or having lost their businesses and jobs. The risks associated with COVID-19 are also exacerbating the existing vulnerabilities of poor workers in the informal economy, including informal domestic workers.[1]

Frontline workers, such as health care and emergency workers,[2] but also those involved in the production of essential goods, in delivery and transportation, or in ensuring the security and safety of the population are facing many stressful situations at work as a result of the COVID-19 pandemic. Increased workloads, longer working hours, and reduced rest periods are a concern for most of them. In addition, they may be worried about getting infected at work and passing the virus to family, friends, and others at work, in particular if appropriate protective measures are not in place.

People working from home are exposed to specific psychosocial risks, such as isolation, blurred boundaries between work and family, increased risk of domestic violence, among others.

The fear of loosing the job, pay cuts, lay-offs and reduced benefits make many workers question their future. Job insecurity, economic loss and unemployment can have a severe impact on mental health.[3]

These and other psychosocial risks may arise or increase as a result of the COVID-19-crisis. Many of them may have emerged during the period of the rapid spread of the virus and strict isolation measures and still persist over time as businesses open their doors. Others may increase when workers return to their workplaces.

If not appropriately assessed and managed, psychosocial risks may increase stress levels and lead to physical and mental health problems. Psychological responses may include low mood, low motivation, exhaustion, anxiety, depression, burnout and suicidal thoughts.[4] A range of physical reactions can also occur, such as digestive problems, changes to appetite and weight, dermatological reactions, fatigue, cardio-vascular disease, musculoskeletal disorders, headaches or other unexplained aches and pains. There may be changes in behaviours, such as a change in activity level or increased use of tobacco, alcohol and drugs as a way of coping, in addition to changes in the person's ability to relax or level of irritability.

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1   For more information, see the ILO briefs "COVID-19 crisis and the informal economy. Immediate responses and policy challenges" (2020) and "Beyond contagion or starvation: giving domestic workers another way forward" (2020).

2   The impact of the COVID-19 crisis on the mental health of healthcare and emergency workers is the subject of several research papers. See for example: Jianbo Lai et al., "Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019", JAMA Network Open, 3(3): e203976 (2020); Felipe Ornell et al., "The impact of the COVID-19 pandemic on the mental health of healthcare professionals", Cadernos de Saúde Pública, 36(4): e00063520 (2020); Qiongni Chen et al., "Mental health care for medical staff in China during the COVID-19 outbreak", The Lancet Psychiatry, 7(4), E15–E16 (2020)..

3   See for example: Crick Lund et al., "Social determinants of mental disorders and the Sustainable Development Goals: A systematic review of reviews", The Lancet Psychiatry, 5(4) (2018), 357–369.

4   See: Stephen Stansfeld and Bridget Candy, "Psychosocial Work Environment and Mental Health — A Meta-Analytic Review", Scandinavian Journal of Work, Environment & Health, 32 (2006), 443–462.

In addition, a poor psychosocial working environment may have a considerable impact on workplace productivity, through increased absenteeism and presenteeism, lower job engagement and reduced job performance (with respect to both the quality and quantity of work). The accumulation of stress and fatigue may reduce the accuracy of work and increase the possibility of human error, heightening the risk of work injuries and accidents.[5]

> The purpose of this guide is to provide employers and managers with key elements to consider when assessing psychosocial risks[6] and implementing preventive measures to protect the health[7] and well-being of workers in the context of the COVID-19 pandemic.
>
> The guide considers ten areas for action at the workplace level relevant for the prevention of work-related stress[8] and the promotion of health and well-being, both in times of lockdown and in the following phases of return to work. For each of these areas, the guide proposes a number of measures to help address the risks and challenges, including those related to working from home.[9] Such actions need to be adapted to the specificities of the workplace, taking into account the different sectors and national contexts.
>
> To ensure an efficient management of psychosocial risks, workers and their representatives should be involved in the whole process: they should actively participate in the identification of hazards and collaborate in the development and implementation of preventive and control measures.

5   See: ILO, Workplace Stress: A Collective Challenge (2016); European Agency for Safety and Health at Work (EU-OSHA), Management of psychosocial risks at work: An analysis of the findings of the European Survey of Enterprises on New and Emerging Risks (ESENER) (2012).

6   Psychosocial hazards are those aspects of the design and management of work and its social and organizational contexts which have the potential for causing psychological or physical harm. While hazard refers to the intrinsic property or potential capacity of an agent, process or situation (including work organization and working practices) to cause harm or adverse health effects at work, the term risk describes the combination of the likelihood of a hazardous event and the severity of health damage to a worker caused by this event. Thus, psychosocial risk refers to the likelihood or probability that a person will be harmed or experience adverse health effects if exposed to a psychosocial hazard. For more information, see: ILO, Workplace Stress: A Collective Challenge (2016).

7   The term health, in relation to work, indicates "not merely the absence of disease or infirmity; it also includes the physical and mental elements affecting health which are directly related to safety and hygiene at work" – see: ILO Occupational Safety and Health Convention, No. 155). Mental health can be described as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" – see WHO, Mental health: Strengthening our response (2018).

8   Work-related stress occurs when the demands of the job do not match or exceed the capabilities, resources, or needs of the worker, or when the knowledge or abilities of an individual worker or group to cope are not matched with the expectations of the organizational culture of an enterprise. For more information, see ILO, Workplace Stress: A Collective Challenge (2016).

9   Please note that this is not an exhaustive list of all necessary measures to be adopted.

▶ Workplace action: managing psychosocial risks in the face of the COVID-19 crisis

The protection of the mental health of workers should be integrated into workplace occupational safety and health management systems (OSH-MS), emergency preparedness and response plans and return to work plans developed to respond to the COVID-19 crisis.[10]

According to the ILO Guidelines on Occupational Safety and Health Management Systems (ILO-OSH 2001), workplace hazard identification and risk assessment should be carried out before any modification or introduction of new work methods, materials, processes or machinery. The process should cover all the different hazards and risks arising from the work environment and organization, including psychosocial factors.[11]

According to these Guidelines, OSH prevention and control procedures should:

▶ be adapted to the hazards and risks encountered by the enterprise;

▶ be reviewed and modified if necessary on a regular basis;

▶ comply with national laws and regulations, and reflect good practice; and

▶ consider the current state of knowledge, including information or reports from organizations, such as OSH services, labour inspectorates, and other services as appropriate.

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10 For more information, see the following ILO publications: "A safe and healthy return to work during the COVID-19 pandemic: Policy Brief" (2020); "Practical Guidance: Safe Return to Work – Ten Action Points" (2020); "Prevention and Mitigation of COVID-19 at Work: Action Checklist" (2020) and "Safe return to work: Guide for employers on COVID-19 prevention" (2020).

11 Some specific guidance and standards have been developed to integrate psychosocial hazards and risks into OSH-MS and risk assessment processes. The WHO has developed the PRIMA-EF: Psychosocial Risk Management Excellence Framework. The National Standard of Canada "Psychological health and safety in the workplace" specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace. It covers various aspects of the work environment that may not yet be considered in a traditional OSH-MS, namely: psychological support, organizational culture, clear leadership and expectations, recognition and reward, workload management, work-life balance, and psychological protection from violence, bullying and harassment (CAN/CSA-Z1003-13/BNQ 9700-803/2013, BNQ-CSA Group, 2013). The British Standards Institution developed PAS 1010:2011 – "Guidance on the management of psychosocial risks in the workplace" (2011). This Publicly Available Specification provides guidance for organizations on how to manage the health of employees with respect to psychosocial risk.

What are
the hazards?

Who might be
harmed and how?

What are
the risk levels?

What has already been
done to address the risk?

What further actions
are needed?

The risk assessment process

Employers should map all existing hazards and assess the associated risks. It is very important to actively involve workers and their representatives, and safety and health committees, where appropriate, in this process.[12]

In the specific situation of the COVID-19 outbreak, the potential sources of exposure to the novel coronavirus should be identified, considering all work areas and tasks performed by workers. The process should also aim to identify any hazard that may arise due to the OSH measures and new work processes and arrangements adopted to prevent contagion. Psychosocial risk factors (for example, long working hours, reduced rest periods, increased workload and pressure, violence and harassment), ergonomics, chemical and other hazards should all be taken into account. In epidemic contexts such as the current one, external factors affecting mental health and well-being should also be considered, such as fear (of being infected, losing one's job, seeing revenues reduced and experiencing lower quality of life), social isolation and the weight of domestic responsibilities being increased in the absence of schools and services.

Considering the particular situation of the pandemic, with a large number of workers at home and the need to maintain physical distance, new ways to detect hazards may be needed, such as using questionnaires and online surveys.[13]

The individual characteristics of workers should be considered when assessing the risks associated with each hazard.[14] This is particularly true in the case of psychosocial factors, since each individual has a different response to stress. Particular groups of workers may face additional risks when working in certain environments or under specific conditions or arrangements.

To take an example, women tend to report higher levels of anxiety and depression in normal times and in emergencies. They are over-represented in more affected sectors (such as services) and in occupations that are at the front line of dealing with the pandemic (such as nurses). Women often bear the primary responsibilities for unpaid work in the household, including both the provision of care to family members and domestic tasks.[15] On the other side, men, especially if they are expected to provide the family's livelihood, also have vulnerabilities related to any loss of employment.

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12 See: ILO, "No one left behind, not now, not ever. Persons with disabilities in the COVID-19 response" (2020).

13 For example, the Copenhagen Psychosocial Questionnaire (COPSOQ II) is a survey that is designed to be used in different work settings and that includes questions on psychosocial working conditions.

14 The ILO has developed several practical tools on the risk assessment process. See for example: "A 5 step guide for employers, workers and their representatives on conducting workplace risk assessments" (2014), and the "Training package on workplace risk assessment and management for small and medium-sized enterprises" (2013).

15 For more information, see the ILO Policy brief "The COVID-19 response: Getting gender equality right for a better future for women at work" (2020).

People at a higher risk of developing severe COVID-19 infections, including older adults and people with pre-existing health conditions, are at higher risk of isolation. Social isolation and loneliness are strongly associated with anxiety, depression, self-harm and suicide attempts across the lifespan.[16]

In addition, the COVID-19 pandemic is likely to exacerbate existing symptoms or trigger relapse among people with pre-existing mental health conditions (especially if they are isolated, no longer have social support/in-home assistance, or have problems accessing their prescription medicines during a lockdown). People with pre-existing mental health problems are often less able to cope because of the multiple stressors generated by the pandemic. Those who had previously only experienced anxiety and distress on a few occasions, may see an increase in the number and intensity of such experiences, and some people have developed a mental health condition. Also, those who previously had a mental health condition may experience a worsening of their condition and reduced functioning.[17]

Hazard identification and risk assessment are essential steps to define appropriate control measures, adapted to the specificities of the workplace, the needs of workers and the particular context.

The following section includes a number of areas for workplace action[18] to prevent and mitigate psychosocial risks and mental health problems during the COVID-19 pandemic, namely:

1. Environment and equipment

2. Workload, work-pace and work-schedule

3. Violence and harassment

4. Work-life balance

5. Job security

6. Management leadership

7. Communication, information and training

8. Health promotion and prevention of negative coping behaviours

9. Social support

10. Psychological support

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16 See for example: Marko Elovainio et al., "Contribution of risk factors to excess mortality in isolated and lonely individuals: An analysis of data from the UK Biobank Cohort Study", The Lancet Public Health, 2(6), E260–66 (2017), and Laura Alejandra Rico-Uribe et al., "Association of loneliness with all-cause mortality: A meta-analysis", PLoS One, 13(1) (2018).

17 See for example: Hao Yao et al., "Patients with mental health disorders in the COVID-19 epidemic", The Lancet Psychiatry, 7(4), E21 (2020).

18 Please note that areas are not listed in any particular order of importance.

1. Environment and equipment

The physical working environment, including the workplace layout and points of exposure to hazardous agents, can affect both workers' experience of stress and their psychological and physical health.[19] In particular, poor air quality, noise and ergonomic conditions may have negative effects on workers' satisfaction and mental health.[20]

During the COVID-19 pandemic, many workers are worried about getting infected at work, in particular:

▶ healthcare and emergency workers (including laboratory personnel, healthcare delivery and support staff, medical transport workers and death-care workers);

▶ workers in jobs that require frequent and/or close contact with the general public (including workers in shops and supermarkets, banks, public services, schools, transportation, delivery services, restaurants and tourist facilities); and

▶ workers in high-density work environments (such as factories, call centres, open space offices, domestic work, among others) or working in close proximity as in the case of domestic work.

Lack of clarity about the best practices to limit the risk of exposure to the novel coronavirus, together with shortages of personal protective equipment (PPE), can increase anxiety among workers. Conversely, the fear of contagion can be reduced if appropriate measures are taken and workers are well informed and trained.

The prolonged use of heavy PPE can accelerate fatigue, exhaustion and dehydration through increased sweating, and cause claustrophobia. In addition, PPE can cause physical and psychological distance with co-workers and patients, creating feelings of isolation. All these factors can increase stress levels and lead to anxiety reactions.[21]

During the pandemic, people working from home may also face some risks related to the home setting, which often does not meet the same OSH standards as those available at official worksites. They may face ergonomic risks as the workstation, including the desk, chair and other accessories, may not be of an equal quality to that in the office. In addition, the physical environment (such as heat, cold, lighting, electrical safety and home hygiene) may not be adequate. The lack of appropriate equipment and inadequate physical environment can lead to increased anxiety and stress while delivering work. Related physical injuries such as musculoskeletal disorders due to the wrong ergonomic set up, can lead to anxiety and depression. Due account should be taken of the particular situation of persons with disabilities, whose homes should be adjusted as appropriate to reflect their regular workplace.

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19 See for example: Ari Väänänen et al., "Role clarity, fairness, and organizational climate as predictors of sickness absence. A prospective study in the private sector", Scandinavian Journal of Public Health, 32(6) (2004), 426-434.

20 See for example: Susan Klitzman and Jeanne Stellman, "The impact of the physical environment on the psychological well-being of office workers", Social Science & Medicine, 29(6) (1989), 733-742.

21 For more information, see: Center for the Study of Traumatic Stress (CSTS), "Prolonged Operations in Personal Protective Equipment During COVID-19: Recommendations for Workers and Managers" (2020).

Environment and equipment: Suggested actions

Based on the risk assessment and the specific situation of the workplace, and in consultation with workers and their representatives, the following actions can be considered:

- ☐ Implement both engineering controls and administrative measures to reduce the exposure to the novel coronavirus, such as measures to maintain physical distance, to promote good hygiene at work, cleaning and disinfecting and to improve ventilation. Such measures must be adapted to the specific workplace and based on sound risk assessment.[22]

- ☐ When needed, and at no cost to workers, provide them with suitable PPE and teach them how to use it correctly, including how it should be properly worn, removed, cleaned, and stored or disposed of to avoid contamination of self, others, or the environment.[23] An adequate stock of PPE should be ensured.

- ☐ When the use of heavy PPE is required, give clear information about signs of exhaustion and dehydration so that workers may act to protect their own safety and that of others, implement a timed schedule in which team members are reminded to properly hydrate and allow for breaks out of PPE if workers become distressed.

- ☐ Provide workers (including those working from home) with the support and equipment they need to safely perform their work. This includes any training and coaching they might need about OSH measures implemented at the workplace, as well as about how to use online systems or work remotely.

- ☐ Take into account the special needs that workers with disabilities may have in relation to the new measures and procedures adopted (including working from home arrangements),[24] as well as to the use of PPE.

- ☐ Provide practical guidance (including checklists) to people working from home on how to set up a safe home work environment, for example, where to position the screen to avoid glare, how to place equipment so as to minimize twisting or overreaching and how to organize the space for equipment and any other materials.[25]

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22 For more information, see the following ILO publications: "A safe and healthy return to work during the COVID-19 pandemic: Policy Brief" (2020); "Practical Guidance: Safe Return to Work – Ten Action Points" (2020); "Prevention and Mitigation of COVID-19 at Work: Action Checklist" (2020) and "Safe return to work: Guide for employers on COVID-19 prevention" (2020).

23 The use of PPE may be needed when engineering and administrative controls to prevent exposure to the novel coronavirus are not available or do not provide sufficient protection. PPE must be selected based on the specific risk to the worker and the updated recommendations from health authorities. Examples of PPE include gloves, goggles, face shields, face masks, gowns, aprons, coats, overalls, hair and shoe covers and respiratory protection.

24 Persons with disabilities should have appropriate adjustments at home, as they should have in their regular workplace.
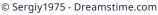
25 See for example: Japan Human Factors and Ergonomics Society, "Seven Practical Human Factors and Ergonomics (HF/E) Tips for Teleworking/Home-learning using Tablet/Smartphone Devices" (2020).

2. Workload, work-pace, work-schedule

Evidence shows that heavy workload is related to increased absenteeism, absence with a psychiatric diagnosis, self-reported ill health, mental disorders such as depression and anxiety, burnout, coronary heart disease and musculoskeletal complaints.[26] Conversely, work underload (including monotonous, under-stimulating and meaningless tasks) may also increase work-related stress and have negative effects on health and well-being and on job satisfaction.[27]

During the COVID-19 pandemic, emergency response workers are required to work under pressure, for longer hours and consecutive shifts, with increased workloads and reduced rest periods. Other workers, such as those involved in the production of essential goods, in delivery and transportation, security and safety of the population, face similar situations, including long overtime hours coupled with a heavy workload. In contrast, other groups of workers, including those working from home, may experience either work overload or underload.

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26 Arnold Bakker et al., "Job demands and job resources as predictors of absence duration and frequency", Journal of Vocational Behavior, 62(2) (2003), 341-356; Mika Kivimäki et al., "'Work stress in the etiology of coronary heart disease: A meta-analysis", Scandinavian Journal of Work and Environmental Health, 32(6) (2006), 431-442; Isabelle Niedhammer and Maline Chea, "Psychosocial factors at work and self reported health: Comparative results of cross sectional and prospective analyses of the French GAZEL cohort", Occupational and Environmental Medicine, 60(7) (2003), 509-515; Stansfeld and Candy; Raymond Lee and Blake Ashforth, "A meta-analytic examination of the correlates of the three dimensions of job burnout", Journal of Applied Psychology, 81(2) (1996), 123–133; H. Kuper and M. Marmot, "Job strain, job demands, decision latitude, and risk of coronary heart disease within the Whitehall II study", Journal Epidemiology and Community Health, 57 (2003), 147-153; T. Skov et al., "Psychosocial and physical risk factors for musculoskeletal disorders of the neck, shoulders, and lower back in salespeople", Occupational and Environmental Medicine, 53(5) (1996), 351-356.

27 See for example: Marianne Frankenhaeuser and Bertil Gardell, "Underload and Overload in Working Life: Outline of a Multidisciplinary Approach", Journal of Human Stress, 2(3) (1976), 35-46; Kenneth Shultz, Mo Wang and Deborah Olson, "Role overload and underload in relation to occupational stress and health", Stress and Health, 26 (2010), 99-111.

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Workload, work-pace, work-schedule: Suggested actions

In consultation with workers and their representatives, the following actions can be considered to reduce the physical and mental strain caused by workload, work-pace and work-schedule:

☐ Assess the workload and work assignments, identifying both the situations of work overload and underload in the specific context of COVID-19. Recognize that productivity levels may not be at normal levels as workers adjust to new arrangements and methods of work (such as working from home).

☐ Adjust and redistribute work assignments to ensure that workers receive an appropriate amount of work, taking into consideration their individual capacities[28] and their particular situation in the specific context of the COVID-19 crisis.

☐ Review and clearly define tasks, responsibilities and results to be achieved, paying attention to task conflicts (for example quality versus quantity) and with realistic expectations considering the restrictions and procedures imposed by the COVID-19 emergency.

☐ Design and implement timely strategies to deal with the specific situation imposed by the pandemic, which may require either reducing activities or, on the contrary, intensifying production and hiring temporary staff to cope with increased demand.

☐ Improve working methods and ensure that the necessary equipment and supports are available (for example tools, technology, support staff, protective equipment) to help workers complete their tasks safely and efficiently in this specific context. Do not forget workers with disabilities, who may need special equipment and tools.

☐ Acknowledge and appreciate workers' efforts in coping with the changes in work organization and modalities during the pandemic.

☐ Identify and discuss with workers possible changes and options concerning working-time, including in relation to starting/finishing times, over time, shifts, holidays and leave and part-time work, in order to avoid the gathering of workers and maintain physical distance.

☐ Arrange work schedules to avoid excessively long working hours (including limiting long shifts and overtime hours, which can affect worker health and well-being) and ensure adequate rest periods.[29]

☐ Include sufficient breaks (considering both length and frequency) according to workload and working time. Encourage employees working from home also to take regular breaks, allowing some discretion as to when short breaks are taken.[30]

☐ Check whether days off between prolonged shifts are sufficient and conducive to recovery from fatigue and provide time to recover from the high-pressure period experienced by frontline workers during the COVID-19 outbreak, as well as by those in essential services.

☐ Encourage people to do relaxation exercises, stretching or recreational activities during breaks, also those working from home.

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28 Workers are individuals with different capacities and health conditions, so in some situations it is appropriate for work to be fairly, rather than equally, distributed.

29 During a prolonged period of work longer than a normal shift, fatigue tends to accumulate and recovery is much delayed. This should be combined with setting a limit to overtime hours that might otherwise lead to excessive fatigue and hamper recovery during the intervals between shifts.

30 Taking a break prior to the onset of fatigue is much more effective than taking a longer break once fatigue has set in.

3. Violence and harassment

Violence and harassment may have consequences on both physical and mental well-being and may increase stress levels.[31] In turn, stress can lead to frustration and anger, and thus be itself an antecedent of violence and harassment at work.[32]

Violence and harassment (both physical and psychological) tend to rise during an infectious diseases outbreak, in addition to an increase in social stigma and discrimination.[33]

The increased mortality rate associated with epidemics, the distress coupled with uncertainty about symptoms, the unavailability of screening and tests and the absence of vaccines and treatments, can lead to acts of violence and harassment against healthcare professionals and others who directly care for patients and their families.

Restrictive measures against citizens' mobility, together with the shortage of necessary items, can increase violence against staff assigned to enforce the decided measures and OSH legislation (for example, police officers and labour inspectors) or staff involved in the sale and transport of essential goods.

With the large number of people working from home and using information and communication technologies (ICT), cyberbullying is likely to increase.

As distancing and confinement measures are put in place and people are encouraged to stay at home and, when possible, work from home, the risk of domestic violence, particularly against women and people with disabilities, but also against men, is likely to increase. As women in abusive relationships spend more time in close contact with violent family members and families cope with additional stress and potential economic or job losses, the likelihood of them being exposed to domestic violence increases.

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31 Responses to violence and harassment at work include a wide variety of conditions, including sadness, despair, anger, powerlessness, disbelief, anxiety, depression, sleep problems, chronic fatigue and increased suicide risk. Victims may also suffer post-traumatic stress disorder (PTSD) and various nervous symptoms.

32 For more information, see: ILO Safe and Healthy working environments free from violence and harassment (2020).

33 The level of stigma associated with COVID-19 is based on three main factors: (1) it is a new disease and for which there are still many unknowns; (2) we are often afraid of the unknown; and (3) it is easy to associate that fear with "others". Fear of stigma and discrimination can drive people away from getting screened, tested and quarantined and adopting healthy behaviours.

Violence and harassment: Suggested actions

In consultation with workers and their representatives, the following actions can be considered to prevent stigma and discrimination and to effectively address work-related violence and harassment:

☐ Develop a workplace policy on violence and harassment and ensure that all staff are aware of it and abide by it.

☐ Implement engineering and administrative measures to protect workers from third party violence and harassment that may increase during a pandemic.

☐ Regularly consult with workers and their representatives to find out if violence and harassment is occurring or if there are factors likely to increase the risk.

☐ Provide workers with clear instructions on how to effectively defuse hostile situations involving their clients, patients, customers, passengers and members of the general public to whom they provide a service.

☐ Establish procedures to prohibit discrimination and harassment and promote the fair treatment of workers in relation to task assignments, workload and working-time arrangements.

☐ Establish procedures to prohibit discrimination against people who have COVID-19.[34]

☐ Raise awareness about the effects of domestic violence and inform all staff about public mitigation measures,[35] where they exist, including specific initiatives that national and local authorities and organizations may have in place to deal with the increase in this phenomenon during the COVID-19 crisis.

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34 In order to avoid social stigma, use a "people-first" language that respects and empowers people. Do not refer to people as "COVID-19 cases", "COVID-19 victims", "COVID-19 suspects" or "suspected cases", but talk about "people who have COVID-19", "people who are being treated for COVID-19", "people who are recovering from COVID-19", "people who died after contracting COVID-19", "people who may have COVID-19" or "people who are presumptive for COVID-19". Talk about people "acquiring" or "contracting" COVID-19" instead of people "transmitting COVID-19", "infecting others" or "spreading the virus", as it implies intentional transmission and assigns blame. Also, avoid attaching locations or ethnicities to the virus and the disease (for example, "Wuhan Virus", "Chinese Virus" or "Asian Virus"). For more information about how to prevent stigma, see: WHO, UNICEF and IFRC, "Social stigma associated with COVID-19: A guide to preventing and addressing social stigma" (2020).

35 According to the ILO Violence and Harassment Recommendation, No. 206, appropriate measures to mitigate the impacts of domestic violence in the world of work could include: (a) leave for victims of domestic violence; (b) flexible work arrangements and protection for victims of domestic violence; (c) temporary protection against dismissal for victims of domestic violence, as appropriate, except on grounds unrelated to domestic violence and its consequences; (d) the inclusion of domestic violence in workplace risk assessments; (e) a referral system to public mitigation measures for domestic violence, where they exist; and (f) awareness-raising about the effects of domestic violence.

4. Work-life balance

During the COVID-19 pandemic, many workers are not only confronted with high work demands, but also have to organize their home life and look after their dependents, particularly if they have children, elderly, ill or family members with disabilities, or if they have disabilities themselves[36]. In addition, the restriction of public life aimed at limiting the contagion has a serious impact on people's social lives. All these elements contribute to the deterioration of one's work-life balance, with negative effects on the mental health of workers.

Many workers have been required to work from home, during the lockdown and even after the lockdown is lifted. They may have to share spaces with spouses, partners, children or roommates. Separating personal lives from work can become very difficult. In addition, when working from home it is easy for the boundaries between work and personal life to become blurred, with negative consequences for worker well-being.

Due to the closing of schools and child-care programmes and the discontinuation of home care and caregiver support services, many workers have to take on additional household chores and caregiving duties, such as childcare, home-schooling and taking care of older relatives and family members, creating extra stress and difficulties in conciliating work and family responsibilities. This could be even more difficult for those working in healthcare and emergency services or in essential services, who need to physically go to work, often for longer hours.

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36 The extra burden of caregiving on families caused by COVID-19 is likely to disproportionally affect women workers given the traditional gendered division of household labour.

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Work-life balance: Suggested actions

In consultation with workers and their representatives, the following actions can be considered to support workers to meet both their work and private duties during the COVID-19 crisis:

☐ Increase flexibility in working-time arrangements so that working hours and leave are organized in a way that allows workers to meet their increased personal duties and responsibilities.

☐ Inform workers about sick leave policies.

☐ Allow workers to use annual leave (where possible).

☐ Allow workers to use parental leave during school closure (if any).

☐ Consider providing financial support for baby-sitting services for working parents and/or inform them about measures that public authorities may have adopted to support them during the COVID-19 emergency.[37]

☐ Recognize that balancing work-life demands can impact on productivity and make adjustments to address these concerns, when needed.

In particular, when the practice of working from home is established:

☐ Combine flexibility with ground rules about when workers are or are not available for work, in order to allow them to disconnect from work at specified times reserved for rest and personal life.

☐ Promote a focus on the quality of work rather than the quantity of work, communicate clearly the expected outputs, avoiding rewarding faster responses over better responses, or longer workdays over a more productive workday.

☐ Advise workers about creating a dedicated workspace free from disruptions and about how to establish boundaries around their working hours with their partners, children and/or house mates.

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37 For example, some countries are making special bonuses available to pay for baby-sitting during school closure.

5. Job security

The uncertainty about the future and the lack of guaranteed employment are associated with increased stress, anxiety, depression and burnout.[38] High levels of job insecurity may also prompt low motivation and compliance with safety efforts, hence higher work-related injuries.[39]

The impact of the COVID-19 pandemic across the global economy has been profound. The resulting economic recession has dramatically increased the global rate of unemployment. Many businesses have closed as a result of lockdowns and there is the possibility that they may not reopen.[40] Others may need to downsize, restructure or merge to survive, with significant consequences for employment. Furthermore, many enterprises have to change work practices and procedures to adapt to the new requirements to protect workers, clients and customers from contagion.

Fear of job loss, pay cuts, layoffs and reduced benefits can make workers question the future of the company they work for and of their job. For others, job loss is already a reality. In addition, in times of economic crisis, job prospects with other companies and institutions are often difficult to find.

Many groups of workers are more at risk of suffering from economic vulnerabilities and increased job insecurity, with negative consequences on their mental health and well-being. These include persons with disabilities and young persons who are already facing higher rates of unemployment and underemployment. Uncertainty about the work situation and lack of income replacement in case of sickness or lockdown may increase stress, anxiety and the risk of mental health disorders for workers in the informal economy, casual workers and gig workers, who also tend to have poor access to healthcare services.

Due to the fear of losing their job and their income, workers may be reluctant to ask for support, raise OSH concerns, or may adopt unhealthy working practices with the aim of pleasing managers and supervisors (for example, long working hours, increased workload). They may also avoid taking leave if they are sick, with the risk of infecting co-workers. This problem is aggravated for those workers who are on short-term contracts or who are hired under freelancing arrangements.

Often, the insecurity associated with organizational change (for instance, restructuring, merging with another enterprise or downsizing) is not due to the change itself, but rather the rumours surrounding those changes, which can be worse than reality and can make workers more worried than they need to be. If major changes are implemented without informing workers, this will lead to a general feeling of powerlessness and frustration as well as to a lack of trust in management.

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38 See: Tae Jun Kim and Olaf von dem Knesebeck, "Is an insecure job better for health than having no job at all? A systematic review of studies investigating the health-related risks of both job insecurity and unemployment", BMC Public Health, 15 (2015), 985.

39 See for example: Francis Green, "Health effects of job insecurity", IZA World of Labor (2015), 212.

40 See: "ILO Monitor: COVID-19 and the world of work" 4th edition (2020).

Job security: Suggested actions

In order to reduce the feeling of job insecurity and help workers to improve their sense of control over the future, the following actions can be considered:

☐ Protect workers from unfair dismissal if they refuse to work in situations which they have a reasonable justification to believe present an imminent and serious danger to their life or health, in line with the ILO Occupational Safety and Health Convention, No. 155.

☐ Remind workers of their rights in terms of leave and reassure them that they will not risk losing their job if they take sick leave (including for quarantine), parental or other available leave to take care of dependents in needs or sick.

☐ In agreement with workers and their representatives and according to national law, introduce temporary measures in order to avoid redundancies, such as temporarily working on reduced hours (for example, working fewer hours per day or fewer days per week),[41] reducing or banning overtime, and reallocating workers to tasks which are less affected by the crisis.

☐ Explore the options governments are implementing to support businesses and the workforce to face the COVID-19 crisis (for example, cash grants, allowances, wage subsidies, temporary layoff schemes, and leave benefits) before proceeding to redundancies.

☐ Establish, in consultation with workers and their representatives, plans to recover from the COVID-19 crisis (including foreseen organizational changes) and inform workers about the current situation and plans, in order to limit rumours and improve workers' perceived predictability and controllability of future occurrences.

☐ Encourage workers, their representatives, supervisors and managers to communicate openly during times of workplace uncertainty by having regular meetings, corresponding by email and engaging in group projects.

☐ Encourage workers involved in lay-offs or returning to work with shorter hours to take advantage of the time available to improve their skills, including by offering training opportunities.

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41 If workers agree to reduce their working hours for a defined temporary period, an agreement should be made on the exact hours to be worked, the start and end dates of the varied arrangement and details of how pay will be affected.

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6. Management leadership

Evidence shows that strong and effective leadership has a positive impact on workers' mental health and well-being (for example, lower anxiety, depression and stress) and is associated with less sick leave and lower disability pensions.[42] Successful leadership should ensure that a good and functional management system is in place, which integrate the various OSH aspects, including psychosocial factors.

During the pandemic, employers are facing difficult challenges on multiple fronts at once: to self, family, workers, customers, suppliers and business partners, governmental and financial systems. In the emergency context, everything is in constant flux: the spread of the contagion, the rules and regulations, the market challenges, the temporary changes to labour law, and the various OSH prescriptions. Employers and managers find themselves under strong pressure, which generates stress. At the same time they have a critical role to play in protecting their workers from the stress and psychological pressure generated by the pandemic.

Management leadership: Suggested actions

In order to build a strong leadership and demonstrate commitment to protect workers' physical and mental health, the following actions can be considered:

☐ Be informed: look for reliable information from national and local authorities on the status of the pandemic, the measures adopted to limit the contagion and the OSH requirements in order to be prepared.

☐ Ensure that you have clear business plans and OSH protocols and fine-tune them as necessary.

☐ Give priority to what is most important: the safety of everyone you are responsible for. Consult with workers and their representatives to identify what actions and measures are needed for people to feel safe, informed, engaged and productive.

☐ Share purpose and values with your workers: this is what will give them the sense of belonging they need in this context.

☐ Make it clear to all workers that management is committed to actively help workers to promote and protect their physical and mental health.

☐ A crisis may not be the best time to set up new ways of operating, but the pandemic gives many companies no choice. Try to take advantage of the new experiences gained during the COVID-19 crisis (in terms of new working methods, communication and tools) to bring about change and innovation in consultation with workers and their representatives, that will last in the long-term.

☐ Try to reserve time every day to focus on moving your enterprise and your workforce beyond the emergency situation and preparing for the future.

☐ Be a role model for your staff: your behaviour at work sends a powerful message to your workers about how seriously they should take health and safety, including in relation to stress and mental health.
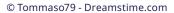
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42 See for example: Jane Mullen and Kevin Kelloway, "Occupational health and safety leadership", The Handbook of Occupational Health Psychology (2011) 357-372; Jaana Kuoppala et al., "Leadership, job well-being, and health effects – A systematic review and a meta-analysis", Journal of Occupational and Environmental Medicine, 50(8) (2008), 904-915.

7. Communication, information and training

Open communication facilitates collaboration and worker participation. Workers engaged in and informed about current situations and important decisions play an active role in detecting and effectively solving problems. They are often the first to identify problems and challenges related to newly implemented measures and practices. In addition, the general feeling of belonging and sharing the same goal contributes to preventing and reducing of work stress.

Experience shows that the extensive media coverage of the epidemic is essential to encourage precautionary and preventive measures, but it can also influence the psychological response to the infectious disease threat, amplifying apprehension, worries and anxiety.[43] The increasing amount of fake news and misinformation surrounding the COVID-19 crisis is detrimental to people's mental health and well-being. Fake news can increase stereotypes, prejudice and discrimination. It can also lead to confusion over what information is true or false, impairing the adoption of adequate preventive measures and exposing people to behaviours that may endanger their health.[44]

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43 See for example: Lu Tang et al., "Social media and outbreaks of emerging infectious diseases: A systematic review of literature", American Journal of Infection Control, 46(9) (2018), 962–972.

44 For example, if people believe that sipping water every 15 minutes can cure or prevent the virus, then people may stop taking measures recommended by public authorities that are aimed at reducing the spread of the virus. Additionally, believing that COVID-19 is a hoax can lead to people behaving as such, taking minimal to no measures to prevent the spread.

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Communication, information and training: Suggested actions

During the COVID-19 crisis, innovative ways to communicate need to be used, not only by people working from home, but by most workers, given the need to respect physical distancing measures to prevent the risk of contagion. A number of tools may be used to ensure communication, and the provision of information and training at this time, including email, newsletters, internal web pages, e-learning tools, video calls, virtual meetings and dedicated apps for remote employees.

In general, the following actions can be considered:

- ☐ Be clear and specific with your messaging, focus on what workers need to know and do not be afraid to repeat the key themes.
- ☐ Provide accurate, up-to-date information about the risks associated with COVID-19 and the measures to prevent contagion, based on scientific data and the latest official health advice, avoiding unconfirmed rumours and hyperbolic language designed to generate fear.[45]
- ☐ Create an environment in which the disease and its impact can be discussed and addressed openly, honestly and effectively.
- ☐ Inform workers about the results of risk assessments carried out to detect any potential work-related exposure to the novel coronavirus and train them in the OSH measures and procedures implemented to prevent it, including in the proper use of PPE.
- ☐ Inform workers about their responsibility to adhere to practical OSH recommendations and their rights (for example, the right to remove themselves from dangerous work situations).
- ☐ Inform workers about and train them in workplace procedures the event them having symptoms of and testing positive for COVID-19, including in relation to monitoring workers who may be exposed to the novel coronavirus in the workplace.
- ☐ Inform workers about leave, benefits, time-off policies or other assistance programs made available by the government to deal with COVID-19 (if any) and make sure they know who to contact if they have questions about these options.
- ☐ Ensure that all the relevant information is accessible to persons with disabilities and other workers who might not be fluent in the official language (such as migrant and indigenous workers).
- ☐ Train managers and supervisors to act as role models, promoting safety and healthy behaviours and a supportive environment.
- ☐ Train managers, supervisors and workers to recognize and monitor any sign of depression and stress disorder (such as dissatisfied behaviour, destructive behaviour, social withdrawal, performance degradation, absenteeism and presenteeism).
- ☐ Train managers and supervisors in how to detect violence and harassment at work and how, as far as possible, to identify signs that may suggest that a worker is a victim of domestic violence.
- ☐ Teach calming skills and maintenance of natural body rhythms (for example, nutrition, sleep, rest and exercise).
- ☐ Inform workers about any psychological support initiatives available at work, including access to external assistance services, if available.
- ☐ Train people working from home in how to work from home safely and effectively, taking into account ergonomic and other physical risks, as well as psychosocial risks.
- ☐ Educate managers about best practices for dealing with remote workers, so they are better able to mentor and support their teams.
- ☐ Respect workers' privacy: information concerning workers' health, personal problems or family matters should not be forwarded to others without the explicit consent of the worker.

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45 In some countries, listings are available of fake news sources and websites that could be shared with workers in order to prevent misinformation. In general, advise workers to look for reliable information on the web pages of public authorities.
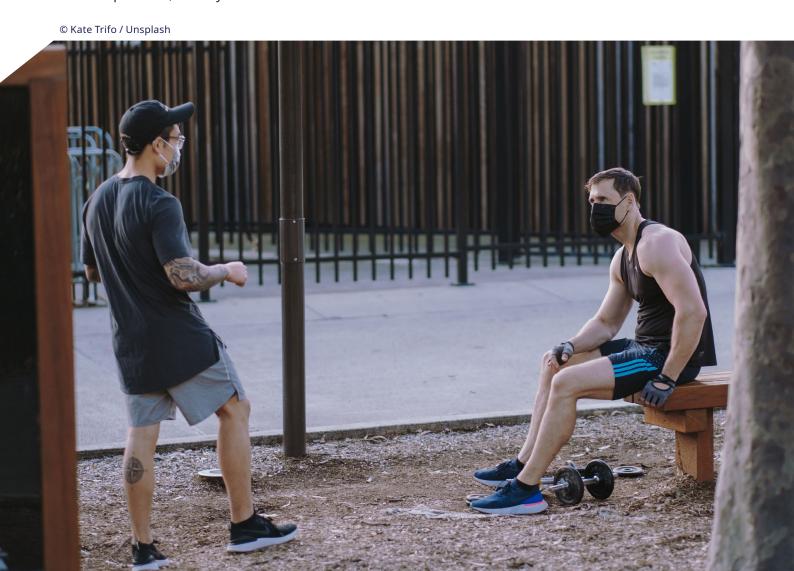
8. Health promotion and prevention of negative coping behaviours

Psychosocial risks and work-related stress are associated with unhealthy behaviours, including heavy alcohol consumption, increased cigarette smoking, poor eating habits, less frequent physical exercise and irregular sleep patterns. All these behaviours may affect both physical and mental health and have negative impact on job performance.

Lockdown and physical distancing, school closures, quarantines, working from home: all these bring profound changes to normal routines for people of all ages and from all walks of life, with negative effects on sleep and rest. For people working from home, excess screen time, especially later in the evening, can have a detrimental impact on sleep.

The cumulative effects of insufficient sleep may be a serious risk for workers who have to care for others, such as emergency and healthcare workers, as this can also compromise their ability to care for patients.

Workers under high pressure may not exercise as much as they normally would because they are too busy and do not have the time or energy. In addition, the physical distancing measures adopted in many countries during the COVID-19 pandemic often limit the possibility of doing physical exercise the way people were accustomed to prior to the crisis. However, it is in these situations that exercise is most needed in order to cope with pressure, anxiety and stress.

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Health promotion and prevention of negative coping behaviours: Suggested actions

In order to promote workers' health and well-being and to avoid the adoption of unhealthy behaviours to cope with the increased stress related to the COVID-19 crisis, the following actions can be considered:[46]

- ☐ Revise working-time arrangements (including shifts, overtime and working hours) in consultation with workers and their representatives to improve sleep and rest and to reduce fatigue.
- ☐ Inform and educate workers about adopting a routine for healthy sleeping, including by using dedicated apps.
- ☐ Encourage workers to exercise regularly and provide information on how to exercise at home, referring to the wealth of resources available online for all types and levels of exercise, including apps, videos and live-streamed classes from gyms and yoga and dance studios.
- ☐ Encourage workers to maintain healthy habits by taking regular breaks, not missing meals and making informed choices about what they eat.[47]
- ☐ Make sure workers are informed about the benefits of healthy lifestyles and give practical support on how to take action.
- ☐ Inform and educate workers about alcohol and drugs, including alcohol- and drug-related problems, measures to prevent such problems from occurring and services available to assist workers, both within and outside the enterprise (including information concerning referral services, counselling, treatment and rehabilitation programmes).
- ☐ Train supervisors and managers to enable them to identify changes in workers' job performance and other behaviour and signs that may indicate potential alcohol- or drug-related problems and to be able to refer them to support services and/or health professionals that can provide support.
- ☐ When food is provided/supplied at work, make healthy options available and accessible.

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46 The ILO SOLVE: Integrating health promotion into workplace OSH policies, Trainer's guide provides information on different areas of workplace health promotion, including on nutrition, physical activity and unhealthy coping behaviors, which may be used to inform workers.

47 For example, Marco Narici et al. suggest the following dietary practices during "stay at home" periods: consumption of fresh vegetables (if possible); good quality protein sources (fish, poultry, lean meat); at least 1.3 grams of good quality protein per kilogram of body weight (for an average subject of 70 kg this means 91 grams of protein, divided equally between meals); moderate consumption of seeds and nuts and monounsaturated fat, such as olive oil, due to the high energy content of fats; avoid refined foods; reduce the intake of high glycaemic index, glycaemic load and/or high insulinemic foods; consume more energy during breakfast (about 40 per cent), less during lunch (30 per cent) and dinner (30 per cent). See Marco Narici et al., "Impact of sedentarism due to the COVID-19 home confinement on neuromuscular, cardiovascular and metabolic health: Physiological and pathophysiological implications and recommendations for physical and nutritional countermeasures", European Journal of Sport Science (2020).

9. Social support

Many people spend more time at work with their co-workers than at home with their family. It is therefore not surprising that social support is an important factor affecting workers' health and well-being. In particular, social support is a very important resource in coping with stress, reducing the detrimental effects of stress on health outcomes.[48] It also has a positive effect on job satisfaction.[49] Social support includes a range of mechanisms, including practical help and assistance, encouragement, appreciation, comfort, emotional support, providing information to help in problem-solving, advice and so on. Sources of social support are co-workers, supervisors, managers, family members and friends.

Many measures adopted to fight the COVID-19 pandemic (such as lockdown, physical distancing and working from home) are making social interaction more difficult, both within and outside work.

Feeling isolated and lonely can be a risk for all workers, especially when it is for a prolonged period. Special consideration should be given to workers with disabilities, for whom the social dimension is a fundamental factor of inclusion.
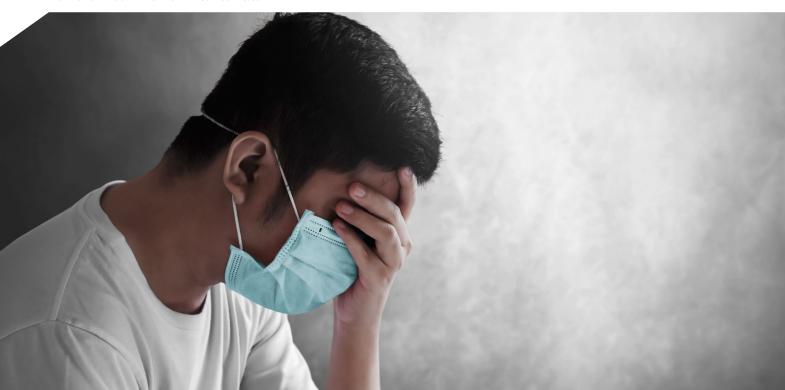
Healthcare and emergency workers may have to choose to isolate themselves from loved ones to protect them from the risk of contagion. For these workers, seeing patients who they have lovingly treated die in large numbers is an additional psychosocial risk factor that will need specific support.

Social interactions are also changing for workers returning to their workplaces, due to the measures adopted to prevent contagion (for instance, barriers, PPE, physical distancing and other measures to limit physical contact between co-workers).

People working from home who were accustomed to, and appreciative of, conventional "office life" and a steady rate of social interactions at work, may find this shift quite difficult, causing a deterioration in their mental health.

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48 Stansfeld, Stephen. 2005. "Social support and social cohesion", in Michael Marmot and Richard Wilkinson, Social Determinants of Health (2nd edition). Oxford University Press. 308–354.

49 See for example: Jeanette Irene Harris et al., "Types of workplace social support in the prediction of job satisfaction", The Career Development Quarterly, 56(2) (2007), 150-156.

Social support: Suggested actions

In order to improve social support and create a positive working environment, the following actions can be considered:

☐ Use supportive approaches for teams, for example by recognizing and normalizing emotions related to shared experiences.[50]

☐ Organize regular virtual huddles/meetings to enable workers to share their concerns and suggestions with managers/supervisors about the procedures and initiatives implemented to deal with the COVID-19 crisis and ensure that their opinions are duly considered.

☐ Make sure that workers can ask for support when in need of assistance.

☐ Establish channels for workers to express concerns and fears they are facing in this unprecedented situation and to ask questions about the risks to their health and well-being.

☐ Encourage workers to stay connected and maintain social networks via telephone, email, social media or video conference.[51]

☐ Promote social interaction among remote workers, by setting virtual coffee breaks during working hours and encouraging break-time chatter.

☐ Establish close management–worker relations so that workers and managers can support one another.[52]

☐ Value and recognize good work performance and the positive contribution of workers.

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50 This may be very helpful to healthcare and emergency workers confronting extreme stress.

51 In order to maintain face-to-face contact, video calls and video conferences should be promoted.

52 A supportive atmosphere between workers and managers can be encouraged with both formal and informal means. For example, implement procedures to actively involve workers in decision-making processes about workplace issues and organize virtual activities (voluntary nature).

10. Psychological support

In workplaces where adequate psychological support is provided, workers experiencing work-related stress and other mental health problems are more likely to seek, and receive, appropriate help. This will help them to have a quicker recovery and more sustainable return to work.

Psychological support: Suggested actions

In this context, the following actions can be considered:

- ☐ Integrate psychological support initiatives into the workplace COVID-19 response plan.
- ☐ Create a buddy system to monitor stress and burnout and to provide psychological support.
- ☐ Pay attention to workers with pre-existing mental health conditions and psychosocial disabilities who may be less able to cope during this period and may need further support.
- ☐ Make stress reduction and self-calming techniques available (such as, online relaxation and meditation classes, tutorials and apps).
- ☐ Inform both managers and workers about how they can access mental health and psychosocial support services and counselling programmes and facilitate access to such services, including employee assistance programmes (EAP).[53]
- ☐ Maintain confidentiality about the services provided to individual workers.

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53 Some enterprises may already use employment assistance programmes (EAP) to provide assessment and short-term counselling for workers experiencing different types of problems related to the worker's health, family, financial situation, as well as substance use. During the COVID-19 crisis, such programmes may help workers respond to cumulative or specific incidents of stress, including grief and loss. EAP can also support management, supervisors or OSH representatives, providing useful resources to manage stress at work and protect mental health and well-being.

Relevant resources for the management of work-related psychosocial risks in the context of COVID-19

Further to the 10 areas for action, below is a non-exhaustive list of additional resources, developed by international organizations and regional and national bodies.

▶ **Table 1 - Relevant resources for the management of work-related psychosocial risks in the context of COVID-19**

Resources developed by international organizations

International Labour Organization
Stress Prevention at Work Checkpoints. Practical improvements for stress prevention in the workplace
This report discusses checkpoints for identifying stressors in the workplace and how to mitigate them.

International Labour Organization
SOLVE: Integrating health promotion into workplace OSH policies
This training package focuses on the management of health promotion at the workplace in relation to nine topic areas: stress, economic stress, violence, tobacco and smoke-free workplaces, alcohol and drugs, nutrition, physical activity, healthy sleep and HIV/AIDS.

International Labour Organization
Keys for effective teleworking during the COVID-19 pandemic
This web page discusses six practical tips for teleworking during the COVID-19 pandemic.

International Labour Organization
ILO Sectoral Brief: COVID-19 and the health sector

PRIMA-EF (WHO)
Psychosocial Risk Management Excellence Framework
This project focuses on psychosocial risks in the workplace, indicators and recommendations.

United Nations
Policy Brief: COVID-19 and the Need for Action on Mental Health
This policy brief discusses the impact of COVID-19 on mental health and outlines strategies to minimize the consequences of the COVID-19 pandemic on mental health.

World Health Organization (WHO)
Mental health and psychosocial considerations during the COVID-19 outbreak
This report discusses mental health and psychosocial considerations during the COVID-19 outbreak, including special sections focused on healthcare workers, childcare professionals and other specific groups.

World Health Organization (WHO)
Coping with stress during the 2019-nCOV outbreak
This infographic lists several ways that people can cope with stress in healthy ways during the COVID-19 pandemic.

Resources developed by regional and national bodies

Africa

African Union and Africa Centres for Disease Control and Prevention (CDC)
Guidance for mental health and psychosocial support for COVID-19
This document provides guidance on COVID-19 and mental health/psychosocial support considerations, including for workers.
Available in English and Arabic

MHCare for Covid HCWorkers, South Africa
Resources
This web page includes links to resources focused on mental health of healthcare workers.

Americas

American Medical Association (AMA), United States
Managing mental health during COVID-19
This web page focuses on the mental health of physicians and other frontline healthcare professionals, providing a list of ways workers can monitor their own mental health as well as how supervisors and employers can support workers' mental health. It also includes an appendix of other related resources.

American Psychiatric Association (APA), United States
Working Remotely During COVID-19: Your Mental Health and Well-being
This web page provides a list of ways that people who are teleworking can manage their mental health as well as how managers and human resources professionals can support workers.

Canadian Centre for Occupational Health and Safety (CCOHS), Canada
Coronavirus (COVID-19) Tips: Preventing Stigma
This fact sheet discusses the prevention of stigma during COVID-19 including social stigma, microaggressions, violence and harassment policies, education, support and coping.

Canadian Mental Health Association, Manitoba and Winnipeg, Mental health for all
Tips for Working at Home
This document discusses tips for working at home, including routines, schedules, work areas, connecting with colleagues and work–life balance.

Center for the Study of Traumatic Stress (CSTS), United States
Mental Health and Behavioral Guidelines for Preparedness and Response to other Emerging Infectious Outbreaks
This document discusses guidelines for preparing and responding to outbreaks, taking mental health into account.

Centers for Disease Control and Prevention (CDC), United States of America
Coronavirus Disease 2019 (COVID-19): Coping with Stress for Workers
This web page provides tips for managing mental health and links to other resources.

Infrastructure Health and Safety Association (IHSA), Canada
Guidance on mental health awareness for transport drivers during COVID-19
This document provides information for workers and employers on how to recognize hazards, assess risks and mitigate impacts on mental health.

Institut national de psychiatrie légale, Canada
Gérer les impacts psychologiques de la COVID-19 en situation de travail
This website includes a fact sheet on managing the psychological impact of COVID-19 in the workplace.
Available in French and English.

Instituto de Seguridad del Trabajo, Chile

Cuidando la salud mental de funcionarias de la salud (Recommendations on mental health for health officials)
This document outlines recommendations on mental wellbeing aimed at health workers and officials.
Available only in Spanish

Ministerio de Salud, Argentina

Materiales para equipos de salud (Materials for healthcare teams)
This web page includes resources available for download on mental health and psychosocial support for workers and other groups of people during the COVID-19 pandemic.
Available only in Spanish

National Safety Council (NSC), United States

Resources for Employee Mental Health and Wellbeing
This web portal includes mental health checklists and other resources focused on the COVID-19 pandemic and the world of work.

Organizacion Panamericana de la Salud (PAHO)

Consideraciones psicosociales y de salud mental durante el brote de COVID-19 (Psychosocial and mental health considerations during the COVID-19 epidemic)
This document provides information on mental and psychosocial well-being during the COVID-19 outbreak.
Available in Spanish, English, French and Portuguese

Ottawa Public Health, Canada

Managing Through COVID-19: How to Support Your Employees' Mental Health, An Employer's Guide
This report has sections focused on protecting the mental health of essential workers, those working from home and those from workplaces that were required to close.

Provincia de Santa Fe, Ministerio de Salud, Argentina

Propuesta de abordaje y recomendaciones en salud mental durante la contingencia del coronavirus (Proposal and recommendations for mental health during the coronavirus crisis)
This document outlines recommendations on mental health during the COVID-19 pandemic.
Available only in Spanish

Provincial Health Services Authority, Canada

COVID-19 Wellness Resources: Returning to work after COVID-19 Isolation
This document outlines a safe return to work and includes a list of resources specifically aimed at psychological well-being, including mental health, grief and mindfulness.

Asia and the Pacific

Australian Government, Comcare

Working from Home Checklist during COVID-19
This checklist for working from home focuses on physical activity, the work environment, communication, work practices and mental health.

Centre for Corporate Health, Australia

COVID-19: Psychosocial risks your workplace should be addressing
This article discusses steps workplaces can take to mitigate psychosocial risks during and after the COVID-19 pandemic.

Employee Relations Strategies, Australia

Keeping isolated and remote workers safe during COVID-19
This web page discusses psychosocial hazards from COVID-19 and tips for managing stress while working from home.

Government of Singapore

Tips for Battling Stress and Anxiety during COVID-19
This web page discusses signs and effects of stress, ways to cope with stress and anxiety and provides links to resources on the topic.
Available only in Spanish

Government of Western Australia, Department of Mines, Industry Regulation and Safety, Australia

COVID-19 coronavirus guidance for employers: Looking after employee mental health
This web page talks about managing risk factors, leading in uncertain times and supportive management practices, and provides a list of further resources focused on mental health.

Ministry of Health and Family Welfare, India

Behavioural Health Resources
This web page includes a list of links to resources on managing stress, mental health, social stigma and wellbeing.

Safe Work Australia

Mental Health
This web page discusses psychosocial hazards, tips for managing stress, customer aggression, teleworking and other mental health issues during the COVID-19 pandemic.

SafeWork NSW, Australia

COVID-19 and mental health at work
This web page includes resources for employers and workers in a variety of sectors focused on mental health.

Europe

European Agency for Safety and Health at Work (EU-OSHA)

E-guide to managing stress and psychosocial risks
This e-guide discusses steps to respond to mental health and psychosocial risks in the workplace.

European Agency for Safety and Health at Work (EU-OSHA)

Check out our practical tips for home-based telework and protect your health
This database includes tools and guidance on teleworking, including those focused on mental health.

Instiut national de recherché et de sécurité (INRS), France

Organiser la reprise d'activité en prévenant les risques psychosociaux (COVID-19 and Prevention in Companies: Organize resumption of activity by preventing psychosocial risks)
This resource provides nine key points for action focusing on limiting psychosocial risks during the gradual release from confinement following the COVID-19 pandemic.
Available only in French.

Instituto Nacional de Seguridad y Salud en el Trabajo (INSST), Spain

Riesgos psicosociales y trabajo a distancia por Covid-19. Recomendaciones para el empleador (Psychosocial risks and remote work for COVID-19. Recommendations for employers)
This resource provide practical recommendations for the organization of remote work during the COVID-19 crisis.
Available only in Spanish.

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