



MENTAL HEALTH AT WORK

NEEDED IMPROVEMENTS IN POLAND



Table of Contents

<i>Preface</i>	3
<i>Thematic focus</i>	4
<i>National Community of Practice</i>	5
<i>Needs for improvement</i>	5
Data and knowledge	7
Policies, regulations and practices	8
Education and training	11
Safety and Hygiene Service Personnel	11
Occupational medicine doctors	11
Employers	12
<i>Fostering a culture of health in Polish workplaces</i>	12
<i>Further reading</i>	13

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Preface

Mental health of employees is an emerging concern for the public and private enterprises in the Baltic Sea Region. People's mental health and ability to take individual and collective action are imperative for enterprises and societies to function during challenging periods. In the face of hardship, enterprises need resilience and resilient workforce.

Even before the COVID-19 pandemic and the war in Europe, half of European workers considered stress to be common in their workplaces, and it contributed to around half of all lost working days¹. In addition, 1 in 6 workers experience mental health challenges in the European Union (EU)². Combined with an already prevailing lack of qualified workforce in some key fields, such as health and social care, this puts the ability of enterprises and workplaces to withstand existing and future crises in jeopardy.

Protecting workers and preserving their work ability is the objective of Occupational Safety and Health (OSH). In the past, OSH legislation, standards and education have mainly focused on physical hazards and accident prevention. The MentalHealthMatters project wants to increase the attention given to psychosocial risk identification, assessment and prevention measures, addressing them as equally important as other workplace factors.

A key requirement for improving policies and practices related to psychosocial work environment and thus mental health of the workforce is to work across sectors. Therefore, in the framework of the project, the project partners from Estonia, Finland, Latvia, Norway, and Poland have set up National Communities of Practice, consisting of key experts from the health, labour, safety and education sectors. The core aim of the Communities of Practice is to uncover the concrete areas in need of improvement and to propose actions to address them. Each National Community of Practice has chosen its focus theme that encapsulates a key challenge in their countries. These range, for example, from the mental health of migrant workers in Norway to education of OSH professionals in Finland.

In the *MentalHealthMatters* project, the Communities of Practice have identified key areas for improvement related to (1) policies, regulations, and practices within the broader OSH system to address psychosocial risks, (2) the availability of knowledge and data related to this topic, and (3) education and competencies of employers, workplace leaders and OSH professionals related to psychosocial factors at

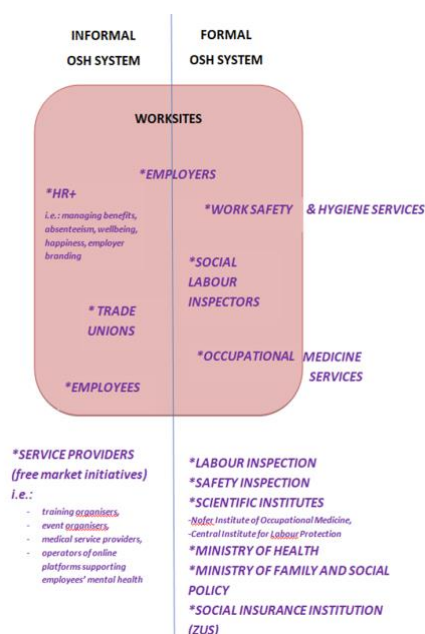
¹ European Agency for Safety and Health at Work (2024) *Mental Health at work after the COVID-19 pandemic – What European figures reveal*. Publications Office of the European Union. <https://osha.europa.eu/en/publications/mental-health-work-after-covid-pandemic>

² European Commission (2023). *Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health*. COM(2023). European Commission. <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX%3A52023DC0298>

work. This report presents the findings from Poland, where the focus has been on fostering a culture of health in workplaces, utilising the broadly understood OSH system.

Thematic focus

In Poland, the *MentalHealthMatters* project turns its attention to workplaces and their practices, emphasising health promotion and reflecting the growing trend of well-being. Increasingly, employers are prioritising the development of workplace resources for health. A culture of health encompasses all the elements of the occupational environment that enable and facilitate caring for employees' health, contributing to overall well-being. The Polish National Community of Practice seeks to drive this trend by helping employers address psychosocial risks through the creation of culture of health.



Managing psychosocial risks in workplaces extends beyond the traditional understanding of health and safety protection. It requires addressing organisational factors such as leadership, social environment and work organisation. However, the formal Occupational Safety and Health (OSH) system – represented by occupational medicine professionals, and safety and hygiene employees – traditionally focuses on identifying and mitigating only physical, chemical, and dangerous hazards as well as those stemming from the way the work is carried out. Currently, these professionals are not sufficiently motivated by the system and free-market mechanisms to go beyond this narrow, traditional scope of activities.

The Polish National Community of Practice explores the means to build the capacity of formal OSH actors as well as workplace stakeholders to foster a culture of health. It also seeks to facilitate fruitful and well-established collaboration between the formal OSH system and the labour sector. Achieving this requires a holistic understanding of the OSH system, which goes beyond the formal OSH system and includes stakeholders with legislative, market-driven, or organisational (on-site) potential to support enterprises in cultivating a culture of health.

National Community of Practice

The Polish National Community of Practice was established by the Nofer Institute of Occupational Medicine. As the thematic focus in Poland is oriented towards bridging the formal and informal OSH systems, the Community of Practice has been set up to represent the workplace, formal OSH actors and institutions, and commercial service providers namely:

- Employers, entrepreneurs and managers
- Safety and hygiene service employees
- Occupational medicine doctors
- Researchers focused on the OSH area
- Commercial service providers (free market initiatives)

The Polish Community of Practice has identified the current areas of progress and the key needs for improvements that could help foster a culture of health in workplaces. To do this, desk research was first conducted to analyse the existing policies, resources, education initiatives, and promising practices that guide employers and actors of the formal OSH system – mostly safety and hygiene service employees and occupational medicine doctors – to address psychosocial risks. The National Community of Practice has validated the research results and provided further insights on the existing practices. In addition, representatives of the Board of the Polish Association of Occupational Medicine and the main Directorate of Nofer Institute of Occupational Medicine were surveyed to collect information on their perceptions on the shortcomings of the current system.

Needs for improvement

Addressing and acknowledging psychosocial risks in the Polish workplaces is still relatively uncommon, and efforts to change this are in the early stages. The Polish National Community of Practice has concluded that, at this stage, planning of amendments in policies and regulations is neither needed nor advisable. Instead, the initial focus should be on fostering awareness and motivation among employers and OSH professionals to address psychosocial risks. This foundation is essential for future actions, including potential policy changes, which might otherwise face significant societal resistance.

The National Community of Practice has identified two main challenges to effectively addressing psychosocial risks in workplaces:

1. **Employer engagement:** Employers play a key role in building a culture of health, including managing psychosocial risks. The company engagement in this field depends on their willingness and openness to this process. Currently, most employers lack awareness of the need for action. Many are reluctant to address the root causes of stress and do not regard OSH professionals as partners in managing these risks.

2. **OSH Professionals' motivation and preparedness:** Professionals in the formal OSH system, such as occupational medicine professionals and the safety and hygiene service employees, lack the tools, experience and motivation to address and prevent psychosocial risks in workplaces. Currently, they are not sufficiently motivated by the OSH system or market dynamics to collaborate with employers on these issues.

Time frame	Needed improvements
Short-term	<ul style="list-style-type: none"> ● Organising representative nation-wide studies to get the picture of 1) employers' attitudes and needs in the process of creating the culture of health in the workplaces, 2) OSH professionals' attitudes on psychosocial risk management and prevention, 3) the market of commercial initiatives supporting employers in addressing psychosocial hazards in their workplaces, and 4) employees' perspective on psychosocial risks and mental health at work. ● Designing research-based campaigns targeted at employers with the aim of raising awareness on the whole array of occupational factors influencing employees' health, including psychosocial risks, as well as building the know-how of managers in health promotion. ● Promoting already existing external resources and support for employers to use in addressing psychosocial risks in their workplaces (i.e. popularisation of good quality commercial initiatives offered by the free-market service providers). ● Raising awareness among OSH professionals and managers about their important role and capacity for supporting employers in the management of psychosocial risks. ● Building a business case for training and education organisations to provide additional courses for OSH professionals and managers on mental health-related issues at work.
Medium-term	<ul style="list-style-type: none"> ● Conducting further research to monitor the dynamics of changes to observe the effectiveness of awareness raising campaigns and incorporate necessary improvements. ● The development and implementation of training courses and tools (e.g. questionnaires, manuals and checklists) addressed to OSH professionals and managers to boost their knowledge and know-how on managing psychosocial risks.

Table 1: The needed improvements as identified and agreed by the Polish National Community of Practice.

The Polish National Community of Practice has concluded that it is, at this stage, challenging to envision long-term needs for change. The trajectories for action are vulnerable for change, and human behaviours may respond to external stimuli in an unexpected way. Therefore, the Polish National Community of Practice has focused on envisioning the first steps towards change in the short- and medium-term, acknowledging four notable needs for action:

1. Raising awareness of employers on the whole array of conditions of health, including psychosocial ones, as well as building the know-how of managers in health promotion.
2. Encouraging closer cooperation between employers and formal OSH system actors in managing psychosocial risks.
3. Motivating OSH professionals to acquire know-how for identification and management of psychosocial risks.
4. Promoting and popularising high-quality free-market initiatives that support employers in addressing psychosocial risks.

By focusing on these initial steps, the groundwork can be laid for systematically managing psychosocial risks. Once these mechanisms are fully in place, workplaces can start effectively addressing these risks.

Data and knowledge

In Poland, there is limited data and knowledge on psychosocial risks in the occupational environment, except for some statistics on the frequency of specific mental health disorders or their symptoms among the working population. The three most notable gaps in knowledge include:

- A lack of comprehensive data on the frequency of the whole array of psychosocial risks in the Polish workplaces.
- Insufficient research on the current state and approaches for addressing psychosocial risks in workplaces, including employer-led initiatives, efforts by the OSH professionals, and paid programmes by external, market-based service providers.
- Limited knowledge on the needs and expectations of employees regarding the management of psychosocial risks in their workplaces.

The process of engaging workplaces and OSH professionals in tackling psychosocial risks in Poland is still in the early stages. Therefore, according to the Polish Community of Practice, the first step would be to collect representative data related to employers', OSH professionals', and employee's attitudes and needs towards psychosocial risk management and prevention. In addition, the research efforts should extend to analysing the state and quality of free-market initiatives that provide support for psychosocial risk management.

Further knowledge on the listed issues would be useful for designing targeted awareness raising initiatives and campaigns. It is essential to increase employers' awareness of the importance of addressing psychosocial issues, as well as of the internal and external resources and support mechanisms available for them in this. In addition, further knowledge on the status quo would be valuable for researchers and education centres for preparing training and tools (e.g. questionnaires, manuals and checklists) for OSH professionals to use in the identification and assessment of psychosocial risks in workplaces and for preparing appropriate preventive activities. These activities would enable OSH professionals to become more effective partners for employers in addressing and managing psychosocial risks.

Employers' attitudes and needs in the process of creating the culture of health in the workplaces
<ul style="list-style-type: none"> ● How do employers manage psychosocial risks in their workplaces? ● Why are psychosocial risks neglected in workplaces despite the growing numbers of mental health problems in the working population? ● What kind of internal and external support do employers need in this regard? ● Who do they perceive as key partners in this process? ● How do employers perceive the role of OSH professionals in the successful management of psychosocial risks? ● How do they perceive the cooperation in managing psychosocial risks between OSH professionals and other internal structures taking care of the personnel wellbeing (i.e. HR managers)? ● What conditions ought to be met to establish effective cooperation with OSH professionals? ● What would be effective incentives for the creation of the culture of health in their workplaces?
OSH professionals' attitudes toward psychosocial risk management and prevention
<ul style="list-style-type: none"> ● How do the OSH professionals perceive their role in tackling psychosocial risks in workplaces? ● What kind of support would they need to address psychosocial risks? What are the current obstacles for action? ● What do they need to better partner the employers in the management of psychosocial risks?
The state and conditions of the free-market initiatives supporting employers in addressing psychosocial risks
<ul style="list-style-type: none"> ● What kind of support/offers are available? ● What is the quality of such initiatives? ● To whom are they addressed? ● What kinds of employers/workplaces use them? ● What are the obstacles to and conducive factors of spreading good quality free-market initiatives?
Employees' perspective on psychosocial risks and mental health promotion at work
<ul style="list-style-type: none"> ● Do employees generally associate workplaces with stress? ● What do they perceive as occupational stressors? ● How do they perceive the diagnosis of work-related mental health disorders? ● How do they perceive management of stress in workplaces? ● What are their needs in terms of creating a culture of health in workplaces?

Table 2. The areas and questions that require further investigation and research

Policies, regulations and practices

The *Labour Code*, the *Act on Occupational Medicine Services* and their related regulations are the primary Polish legislative documents that stipulate the role of the employers and formal OSH system professionals in workplaces. These regulations indicate that both occupational medicine professionals, and health and hygiene service employees have an important role in supporting employers in assessing and minimising occupational risks. However, psychosocial factors are only minimally addressed by these professionals in practice.

The interviews conducted with the representatives of safety and hygiene service employees reveal that their efforts are largely focused on traditional occupational hazards (i.e. physical, chemical, biological). Psychosocial risks are often limited to the ones specifically mentioned in the Labour Code, neglecting a whole array of other psychosocial risk factors. Moreover, preventive activities in the area of psychosocial risks in workplaces are limited. They are mainly focused on informing employees about the presence of various occupational risks – which is employers’ obligation. Some larger and well-off companies supplement this with additional initiatives, such as training on coping with stress, and organising voluntary psychological counselling. However, few employers focus on identifying and addressing the root causes

Regulation	Summary
<i>Labour Code</i>	<p>The <i>Labour Code</i> obliges employers to tackle various workplace risks. While psychosocial risks are not addressed separately in the Code, some examples, such as mobbing and discrimination, are mentioned. However, these only represent a fraction of all the potential psychosocial risks.</p> <p>The <i>Labour Code</i> also mandates employers to create an onsite safety and hygiene service which serves as both a counselling and supervisory body for occupational safety and hygiene. This obligation is an absolute requirement for employers with more than 100 employees. The tasks of the occupational health and safety service in establishments with fewer employees may be entrusted to an employee engaged in other work. In some situations, these tasks may also be carried out by the employer himself/herself or by an external specialist.</p> <p>The <i>Regulation of the Council of Ministers on the occupational safety and hygiene service</i>, issued based on the <i>Labour Code</i>, stipulates this onsite service’s scope of action through a list of 22 activities. However, none of them specifically refer to psychosocial risks, as all occupational risks are grouped together as one.</p>
<i>Act on Occupational Medicine Services</i>	<p>The <i>Act on Occupational Medicine Services</i> outlines the role of the occupational medicine professionals, such as doctors, nurses and psychologists. While the Act assigns them a broad role in gathering information and reducing occupational risks, it does not specifically address psychosocial risks.</p> <p>A key responsibility of occupational medicine doctors is to conduct obligatory health assessments to determine whether an employee, based on his/her physical and psychological characteristics, is fit to perform his/her professional duties. These check-ups are conducted based on a referral from an employer.</p> <p>The supportive <i>Regulation of the Minister of Health and Social Welfare on conducting medical examinations of employees, the scope of preventive health care over employees and medical certificates issued for the purposes provided in the Labour Code</i> provides the scope and frequency of medical check-ups according to nearly 100 occupational risks. Unfortunately, only five of them relate to psychosocial factors³. Moreover, the guidelines for addressing these risks are very limited, focusing mainly on standard medical tests such as ECG and lipid profiles.</p>

Table 3: Summaries of the main pieces of Polish regulations

³ These are the risks stemming from (1) overload of information and necessity to react to it adequately, (2) decision making and job responsibility, (3) exposure to life hazards, (4) monotony, (5) work organisation such as time pressure, uneven workload, etc.

of stress in workplace, shifting the responsibility to manage stress from the employers to the individual employees.

The Act on Occupational Medicine Services assigns occupational medicine professionals a wide role in addressing occupational risks. Yet, their involvement is marginal and primarily limited to companies with over 250 employees, where they are invited to join workplace and hygiene committees. Overall, occupational medicine doctors lack effective tools within the OSH system to manage psychosocial risks. Their only option is to offer non-binding recommendations to employers, such as mental health support initiatives, which are not enforceable by law.

Occupational psychologists, though mentioned in the Act, are marginalised due to the limited scope of their activities, low headcounts, and the absence of specialised training in occupational psychology. As a result, employers interested in addressing the mental health of their employees often rely on external psychologists outside the occupational medicine system, which in practice mostly entails service providers functioning on the free market.

Due to these practical reasons, the formal Polish OSH system insufficiently applies existing legislation to address psychosocial risks. The National Community of Practice has therefore concluded that the main challenge is of practical kind: to broaden the OSH professionals' sense of responsibility to also encompass psychosocial issues. Therefore, at this stage, planning of amendments in regulations is neither necessary nor desirable. The focus should instead be on motivating employers and OSH professionals to address psychosocial risks proactively and cooperate in this matter.

The gap left by the formal OSH system is increasingly filled by the activities of the informal OSH system. These include market-driven initiatives aimed at supporting employers in addressing psychosocial risks and promoting mental health in their workplaces. Such initiatives include:

1. Therapeutic services, such as psychotherapy, which are often of high quality due to certification standards.
2. Training and consultancy services, primarily targeted at employees, focusing on coping with stress, burnout, and other mental health challenges. Services targeting employers, for example on improving work environments to reduce psychosocial risks, are less common. Since this part of the free market is vulnerable for control mechanisms, the quality of the services might be diverse.
3. Online platforms, which combine therapeutic and consultancy services.

Currently, a professionalisation trend is emerging in the market, with providers focusing on reputation and quality to attract clients. The Polish National Community of Practice recommends promoting high-quality initiatives to support employers in managing psychosocial risks effectively.

Education and training

Poland's official education system generally lacks comprehensive solutions to help employers and OSH professionals improve their knowledge and skills in managing psychosocial risks at work. As a result, these topics remain largely marginalised in professional qualification training programmes.

Safety and Hygiene Service Personnel

There is a lack of legislation regulating the content of training at all educational levels for safety and hygiene service professionals. The only exception is the education of occupational safety and health technicians, provided by technical secondary schools, for which the Ministry of National Education has issued a curriculum framework. However, an analysis of this curriculum reveals that the part dedicated to psychological and pedagogical topics – intended to cover 10% of the total training time – completely overlooks the identification and reduction of psychosocial risks in the workplace. Instead, it focuses on topics such as training other employees in health and safety, interpersonal communication with staff, and influencing others.

At the tertiary level, the situation is even more fragmented. The Polish legislation provides no standard curriculum framework for safety and hygiene service professionals, resulting in significant variability in the programmes offered by universities. In practice, the focus of these programmes depends on the profile of the university offering them. Since technical universities predominantly deliver these courses, they tend to emphasise technical aspects of the work, with limited attention given to psychology, organisational management, or the identification and mitigation of psychosocial risks.

Professionals working in safety and hygiene services are required by law to undergo lifelong learning. Periodic training must occur at least once every five years, either as a course, seminar, or self-directed learning. However, an analysis of the legal framework governing this training shows that it does not address the identification and reduction of psychosocial risks in the workplace.

The gap in this formal education has not readily been taken up by commercial or non-profit initiatives. Currently, there are only a few bottom-up initiatives aimed at equipping safety and hygiene professionals with the knowledge and skills needed to identify and mitigate psychosocial risks in their work.

The Polish Community of Practice has concluded that the training market for managing psychosocial risks in companies could grow if safety and hygiene service employees increasingly sought to acquire the necessary knowledge and skills. However, this development depends on employers recognising the importance of addressing psychosocial risks within their organisations and viewing OSH professionals as essential partners in this effort.

Occupational medicine doctors

Occupational medicine doctors in Poland receive basic education on psychosocial risks during their specialisation training, which alongside the state examination licenses physicians to work in occupational medicine. This training, regulated by the Programme of Specialisation in Occupational Medicine, is

designed to, among others, equip doctors with the skills to collaborate with employers in identifying and assessing exposures to chemical, physical, biological, and psychosocial hazards in the workplace.

In practice, however, psychosocial risks receive little attention compared to other occupational hazards. The specialisation training is divided into two parts: the internal medicine module and the occupational medicine module. An analysis of the course curricula in the specialisation module shows that, out of a dozen occupational medicine courses, only four touches on the psychosocial work environment. These topics include, for example, psychosocial factors affecting workers' health, prevention of psychosocial risks, protection of workers' mental health, and the basics of the psychology of health. However, these subjects account for less than 10% of total hours of the mentioned four courses.

Overall, the fragmented and limited coverage of psychosocial risks does not provide occupational medicine doctors with sufficient knowledge to enact real change in workplace environments. Compounding this issue is the limited influence these doctors have in identifying and mitigating occupational hazards, particularly psychosocial risks.

Employers

In Poland, there is no systemic, mandatory or formal training for employers on managing psychosocial risks in the working environment or enhancing employees' mental health. In practice, employers' knowledge in this area is developed informally and inconsistently, shaped primarily by free-market and non-commercial initiatives. One example of such commercial initiatives is education and marketing activities aimed at employers, designed to create demand for services and products that support employee's mental health, such as psychological counselling or workplace training programmes. While helpful in raising awareness, these initiatives are insufficient to bridge the existing knowledge gaps.

Fostering a culture of health in Polish workplaces

This paper has examined the current landscape of psychosocial risk management in Poland, highlighting both the progress made and the significant challenges that remain. While awareness of workplace well-being is growing, the Polish National Community of Practice recognises the urgent need for a collaborative effort to foster a culture of health in Polish workplaces.

Key challenges identified include limited employer awareness and engagement in addressing psychosocial risks and a lack of motivation and preparedness among OSH professionals to tackle these issues effectively. To address these challenges, the National Community of Practice proposes prioritising:

- **Raising employer awareness:** It is crucial to educate employers about the broad spectrum of factors influencing employee health, including psychosocial risks. This includes providing

managers with the knowledge and tools to prevent risks and promote well-being in their workplaces.

- **Encouraging collaboration:** Fostering closer cooperation between employers and OSH professionals is essential for effective psychosocial risk management. This requires empowering OSH professionals with the necessary knowledge and motivation to act as true partners for employers in this endeavour.
- **Promoting high-quality initiatives:** Identifying and promoting existing high-quality, market-driven initiatives that support employers in addressing psychosocial risks can help bridge the gap in services provided by the formal OSH system.

By focusing on these initial steps, Poland can lay the groundwork for a systematic approach to psychosocial risk management. As these mechanisms become firmly established, workplaces can be better equipped to address these risks proactively and create a healthier and more supportive environment for all employees.

Further reading

For further reading from Poland, we recommend consulting the following documents produced through the *MentalHealthMatters* project:

- **Mental health at work: Discussion document on policy options** – A roadmap document that explores country-specific policy options and recommendations for addressing psychosocial factors and promoting mental health in workplaces in Estonia, Finland, Latvia, Poland, and Norway. In addition, it highlights shared challenges in the Baltic Sea Region and proposes transnational collaborative solutions to create healthier and more resilient workplaces.
- **Mental health at work: Overview on definitions, regulations & further guidance** – A document compiling definitions, legislation, policies and guidance on psychosocial factors in the workplace in the Baltic Sea Region Countries.