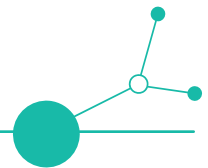# D.3.1.1 COMPARATIVE POLICY ANALYSIS ABOUT WORK-RELATED MENTAL HEALTH DISEASES

Final Version

06 2025

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1. INTRODUCTION

Mental health has become a cornerstone of public and workplace health discourse across Europe. Increasingly, it is recognised that mental well-being is not only a personal concern but a critical component of sustainable labour markets. Conditions such as anxiety, depression, and burnout are on the rise, often driven by chronic stress, job insecurity, poor work-life balance, and lack of psychosocial support. Burnout, in particular, has gained prominence as a distinct and pervasive work-related occupational phenomenon, reflecting the psychological toll of modern work environments.

Burnout is characterised by emotional and physical exhaustion, depersonalization, and a reduction in personal accomplishment. It not only affects individual health and performance but also has wider implications for organisations and society, including increased absenteeism, reduced productivity, and higher healthcare costs. In the context of Central Europe, burnout has emerged as a significant mental health concern; however, policy frameworks, organisational practices, and social dialogue are still evolving to keep pace with its complexity and scale.

Despite some progress in recognising mental health as a workplace issue, responses across Central Europe remain fragmented and inconsistent. There is a growing gap between awareness and implementation, as well as significant disparities in legal recognition, institutional coordination, and resource allocation for mental health interventions.

This document aims to provide a comprehensive analysis of the **current policy situation and emerging solutions** to burnout and mental health in Central Europe. It explores the issue from multiple perspectives, with particular focus on the following key areas:

- Legal frameworks governing the recognition, prevention, and treatment of work-related mental health disorders, including burnout;

- Current procedural solutions for the prevention, diagnosis, and treatment of burnout at both the institutional and workplace levels;

- Digital transformation, with emphasis on the growing risks of isolation, 'always-on' work culture, and social exclusion in the context of remote and hybrid work;

- The role of Corporate Social Responsibility (CSR) in addressing work-related stressors and promoting mental health as part of sustainable employment practices;

- The introduction or enhancement of standards to better address modern work hazards, particularly psychosocial risks;

- Strategic and legal approaches to emerging digital-age challenges such as digital addiction and problematic internet use, particularly as they relate to workplace environments;

- A legal, strategic, and practical analysis of worktime reduction as a tool to combat burnout and improve work-life balance;

- Identification of awareness and knowledge gaps among key stakeholders—governments, employers, unions, professionals, and employees—regarding work-related mental health and available interventions.

Through this multidimensional analysis, the document aims to provide practical insights. It serves as a tool for developing policy recommendations to support more cohesive, inclusive, and forward-looking approaches to managing burnout. Ultimately, it seeks to contribute to the development of healthier work environments that reflect both the realities of contemporary labour markets and the psychological needs of the workforce.

1.1. Methodology

A standardised data collection template was developed to ensure consistency and comparability across all participating countries. This framework guided the collection of qualitative and legal data, as well as desk research conducted by local experts. Data were gathered between December 2024 and mid-February 2025 from seven countries: Croatia, Hungary, Germany, Italy, Poland, Slovakia, and Slovenia. The sources included publicly available materials such as national legislation, policy documents, official reports, databases, academic literature, and websites of relevant institutions. Using a matrix-based comparative method, findings from each country were analysed and cross-referenced to identify common challenges, promising practices, and innovative policy responses. Emphasis was placed on detecting both shared structural barriers and country-specific policy innovations. A partner validation process was conducted to ensure accuracy, contextual sensitivity, and policy relevance. This process involved national experts and project partners reviewing the draft findings, providing feedback, and verifying the content before finalisation. Their contributions helped to enhance the credibility and applicability of the results across different national contexts.

1.2. Disclaimer

The information presented in this analysis was collected through nationally coordinated research efforts. Partners from the respective countries were responsible for data collection, verification, and accuracy. While every effort was made to ensure consistency and comparability, variations in national contexts and interpretations may affect the scope and depth of individual countries.

2. POLICY ANALYSIS

2.1. Legal framework of work-related mental disorders

At the EU (European Union) level, the main legislation protecting workers' health and safety (including mental health) is Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. It requires all member states to implement and enforce measures ensuring workplace safety. Additionally, EU social dialogue has produced key framework agreements on telework, work-related stress, harassment, and digitalisation. National legislation across member states varies in its comprehensiveness in addressing psychosocial risks, although many countries embed mental health protection in labour laws, occupational safety acts, and national health strategies. The following table presents an overview of national legal frameworks related to work-related mental health.

COUNTRY	SUMMARY OF FINDINGS	NATIONAL LEGISLATION
Croatia	Work-related stress is the only condition explicitly recognised by national legislation. Burnout, anxiety, depression, and other clinically acknowledged disorders lack specific legal recognition in occupational safety law. However, specifically acute stress reaction can be recognised as occupational injury and PTSD[1] and adjustment disorders because of occupational injury, in case the worker was exposed to a traumatic event in the workplace, which assumes compensation for workers. The employer is obligated to conduct psychosocial risk assessments and implement measures to prevent and manage workplace stress. Gaps in the legal framework are as follows: legal requirements are often not implemented in practice, particularly in smaller enterprises. The focus is primarily on stress, excluding broader mental health disorders common in workplace settings.	Occupational Health and Safety Act (Official Gazette: 59/96, 94/96, 114/03, 100/04). Framework law covering workplace health and safety obligations. Ordinance on Risk Assessment (Official Gazette: 48/97, 114/02, 126/03, 144/09). Requires employers to conduct risk assessments that include psychosocial factors. Ordinance on Protection from Statodynamic, Psychosocial, and

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[1] PTSD - Post-Traumatic Stress Disorder

		Other Strain (Official Gazette: 73/21) specifically addresses protection from psychosocial strain at work.
Germany	There is no uniform legal definition specifically for work-related mental disorders. Instead, they are described and addressed in the context of labour law, social law, and accident insurance law. From a legal perspective, mental disorders are considered health disorders if they impair the ability to work or participate in life. National laws recognise burnout, depression, anxiety disorders, PTSD, adjustment disorders, sleep disorders, psychosis, bipolar disorder, and personality disorders. However, not every mental illness is recognised as an occupational disease or work-related illness; there has to be a demonstrable work context related to it. Examples: burnout (not recognized as a disease in its own right, but as a factor influencing the state of health); depression (recognition as an occupational disease is difficult, unless there are specific working conditions, e.g. extreme stress in the emergency services); anxiety disorders (only recognized as a work-related illness in exceptional cases, e.g. after traumatic experiences at work); PTSD (most likely to be recognized as an occupational disease if it is caused by extreme occupational events (e.g. police, fire, emergency services); sleep disorders (recognition possible in the case of shift work or stressful working conditions, e.g. jet lag syndrome in frequent flyers). Employers in Germany are legally obliged to protect the mental health of their employees: psychological stress must be recognised and evaluated. Employers must implement measures to prevent stress (e.g., avoiding psychological stress through workplace design) and conduct periodic inspections. Employees must be regularly instructed on hazards (including psychological stress). Although Germany has a comprehensive legal framework to protect mental health in the workplace, there are gaps and challenges in its implementation and legal recognition: lack of specific mental health legislation, weak control and enforcement of the law, recognition as an occupational disease is very restrictive, unclear requirements for risk assessment, lack of regulations on mobile work and digitization, lack of anchoring in small and medium-sized enterprises (SMEs), inadequate regulations on bullying and psychological violence, lack of prevention obligations beyond working life.	Occupational Health and Safety Act of 7 August 1996 (Federal Law Gazette I p. 1246), as last amended by Article 32 of the Act of 15 July 2024 (Federal Law Gazette 2024 I No. 236). Social Security Code (SGB). Continued Payment of Remuneration Act (EFZG). Works Constitution Act (BetrVG). General Equal Treatment Act (AGG).

Hungary	Legislation recognizes psychosocial risks as the effects to which a worker can be exposed at work (conflicts, organization of work, work schedule, uncertainty of employment etc.), that have an influence in connection with his reactions to such effects, or in consequence of which stress, occupational accidents may occur, and psychosomatic symptoms (relating to or involving both the mind and body) may develop. Moreover, the legislation recognises diseases due to psychosocial hazards; however, it is not specified which mental disorders can be recognised as work-related. Any mental disorder can be accepted as work-related if expert investigation and a judging process confirm the causal relationship between the person's work exposures (e.g. traumatic experience) and mental disorder (e.g. PTSD). Occupational disease: acute or chronic health impairment that occurs during the performance of work, or chronic health impairment that appears or develops after the performance of work • which can be linked to work-related physical, chemical, biological, psychosocial and ergonomic factors, occurring during work • Or, which is the consequence of the employee's greater or lesser than optimal use. The employer is obligated to ensure working conditions that are safe and do not endanger health, and to carry out risk assessments, including psychosocial risk assessments. The identified gaps are as follows: a lack of a unified methodology for psychosocial risk assessment, a shortage of capacity and expertise among OSH inspectors, and a deficiency in guidelines for psychosocial risk management strategies.	Act XCIII of 1993 on Occupational Safety and Health, Consolidated with MüM Decree No. 5/1993 (XII. 26.) of the Ministry of Labour. 33/1988 (VI. 24) NM decree on the fitness-for-job and professional fitness medical examinations, and personal hygiene examination. 27/1996. (VIII. 28. Decree of the Ministry of Public Welfare on the notification and investigation of occupational diseases and cases of increased exposure). Act XLVII of 1997 on the handling and protection of health and health-related data.
Italy	Work-related mental disorders are primarily defined within the framework of occupational health and safety legislation. Specific work-related mental disorders recognised by law include: work-related stress (state, not disorder), followed by burnout, anxiety disorders, depressive disorder, PTSD, and adjustment disorders. Certain mental disorders can be recognised as occupational diseases if they can be directly linked to work conditions. The recognition of these disorders typically requires a thorough assessment linking the condition to specific workplace factors, and claims for compensation often involve documentation and medical evaluations.	DECRETO LEGISLATIVO 9 aprile 2008, n. 81. Attuazione dell'articolo 1 della legge 3 agosto 2007, n. 123, in materia di tutela della salute e della sicurezza nei luoghi di lavoro.

	Employers have several legal requirements regarding mental health in the workplace: psychosocial risk assessment, preventive measures implementation, training and information about mental health, support systems to help employees manage mental health issues, monitoring the effectiveness of the interventions, regular evaluation of the workplace environment to address emerging mental health issues and reporting incidents of mental health issues, as well as ensuring non-discrimination of workers with mental health problems. Italy's workplace mental health laws have several gaps: law enforcement is inconsistent, definitions of psychosocial risks and work-related mental disorders can be vague, and many workers do not know their rights. Mental health is often overlooked in favour of physical safety, and small businesses lack the resources to support it. There is also not enough data or coordination across policies, as well as comprehensive data on the prevalence of mental health problems.	
Poland	There is no information regarding work-related mental health in the Polish legislation. There are no recognised legal requirements for employers regarding mental health in the workplace, but there are requirements for general health.	Constitution of the Republic of Poland of 2 April 1997, Journal of Laws of 1997 No 78, item 483. Labour Code of 26 June 1974, Journal of Laws of 2018 item 108.
Slovakia	Slovak legislation does not provide explicit definitions for work-related mental disorders, and specific mental disorders like burnout, anxiety, or depression are not explicitly listed. Employers' legal obligations concerning mental health are indirect and focus on general occupational safety and health. Employers are required to identify and assess risks in the workplace, including psychosocial risks, as part of their general health and safety responsibilities. While this indirectly includes risks such as stress or burnout, there is no explicit requirement to measure employees' mental health or conduct psychological evaluations unless a risk assessment identifies this as necessary. The recognised gap in legislation is a lack of specific definitions regarding mental health problems, which can lead to challenges in recognition, reporting, and compensation for such conditions.	Labour Code (Act No. 311/2001 Coll.) Act No. 124/2006 Coll. on Occupational Safety and Health Protection. Act No. 355/2007 Coll. on Protection, Support, and Development of Public Health. Anti-Discrimination Act (Act No. 365/2004 Coll.).
Slovenia	According to law ZVZD-1, mental disorders are work-related diseases (work-related disease is a disease in which the work process or the work environment is a predisposing factor, not a causative factor of the disease). The work-related mental	Health and Safety at Work Act (ZVZD-1): This act outlines the rights and duties of employers and

	disorders are not identified by categories (burnout, anxiety, depression) in the Act or any other regulation. Employers are responsible for ensuring the health and well-being of their workers and must implement workplace health promotion initiatives to maintain and improve their physical and mental health. Employers must take measures to prevent, eliminate and control incidents of violence, ill-treatment, harassment and other forms of psychosocial risks in the workplace, which may endanger health workers. Furthermore, the employer is obligated to evaluate workplace risks, including psychosocial risks, and implement measures to mitigate them. In the legislation, the gap is that mental disorders are not identified and categorised.	employees concerning health and safety at work. It emphasises the prevention, elimination, and control of risks at work, including psychosocial risks.

The analysis suggests that within this group of countries, practices regarding psychosocial risks, workplace stress and mental health are not uniform, being often constrained by the regulatory framework of each country. The legal recognition and protection of mental health in the workplace vary significantly. Countries like Germany and Italy have more comprehensive frameworks that acknowledge multiple mental health problems, though recognition as occupational diseases that often require strict evidence of work-related causation. Croatia and Slovenia have more limited scopes, primarily addressing work-related stress, with broader mental health conditions either vaguely defined or uncategorized. In contrast, Poland and Slovakia have minimal or indirect legal provisions on workplace mental health, focusing instead on general occupational health and safety. Overall, European countries still lack a unified concept of mental health and psychosocial risks in the workplace, which highlights the need for stronger alignment and implementation of mental health protections across the EU.

2.2. Current procedural solutions for burnout prevention and treatment

Burnout, recognised as an occupational phenomenon by the World Health Organisation (WHO), has been increasingly drawing attention across the European Union (EU) due to its impact on worker well-being, productivity, and public health. However, national policy responses to burnout across EU member states vary significantly in scope, legal recognition, and implementation. The following table provides an overview of national legislation and practices regarding burnout.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	There is no systematic policy response nor specific procedural solutions for burnout prevention and treatment. Burnout is indirectly addressed through policies that focus on preventing psychosocial risks and managing workplace stress. Burnout is typically detected and addressed in the workplace through surveys among employees or within health checks and sick leaves (ICD-10 code: Z56, Problems related to employment and unemployment). The Strategic Framework for Mental Health for the Period 2022–2030 addresses the need for mental health promotion in the workplace, including the recognition and prevention of burnout, and serves as a starting point for developing workplace mental health programmes. At the individual level, companies have their mental health promotion programmes, mostly based on education and workshops of different levels within the organisation about various aspects of stress management.	https://zdravlje.gov.hr/UserDocsImages/2022%20Objave/STRATE%C5%A0KI%20OKVIR%20RAZVOJA%20MENTALNOG%20ZDRAVLJA%20DO%202030..pdf
Germany	Employers in Germany are required by law to implement measures to prevent burnout and protect mental health in the workplace. These obligations primarily arise from the Occupational Health and Safety Act (ArbSchG), the Social Security Code (SGB), and labour law regulations. Employers are legally obliged to support treatment and recovery through Company integration management (BEM), flexible working conditions and health promotion. Companies often supplement these duties with voluntary well-being programs.	Occupational Health and Safety Act (ArbSchG). Risk assessment of psychological stress (§ 5 ArbSchG). Workplace health promotion (BGF) (§ 20 SGB V. Company integration management (BEM) (§ 167 SGB IX).

	Burnout is detected and addressed in the workplace through employee surveys, interviews with employees, observation of processes and behaviours, as well as health checks and training aimed at recognising symptoms of burnout. A practical example of a burnout prevention programme includes: regular employee surveys and workshops for stress identification, health services such as stress management courses, online courses, 24/7 counselling hotline, individual reintegration plans, part-time options, flexible working models: home office, flexitime to relieve the workload and leadership training on recognising and dealing with burnout.	
Hungary	There is no specific legislation for burnout prevention beyond the occupational safety and health framework. There are some national initiatives (Family friendly workplace project and awards) and some examples of successful burnout prevention programmes at the company level (e.g. Employee counselling service, or Corporate Mental Health and Well-being Programs).	Semmelweis University - Family-friendly university program: employee's burnout prevention program - individual and group forms. National Family Friendly Workplace program. "Work: Tuned to the Soul" Campaign ("Munka: Lélekre Hangolva"). Workplace Health Promotion Programs (TÁMOP-6.1.1-12/1-2013-0001). Corporate Mental Health and Well-being Programs. National network of Family and Career Focal Points,EFOP-1.2.6-VEKOP-17-2017-000001 „Family Friendly Hungary". "Family-Friendly Place" (Családbarát Hely) certification and trademark, EFOP-1.2.6-VEKOP-17-2017-000001 „Family Friendly Hungary" project, and "Family-Friendly Workplace" (Családbarát Munkahely) award (Kopp Mária Institute). MENTUPP Program (piloting).

Italy	While there are no specific programs solely dedicated to burnout prevention mandated by law, employers are required to implement certain procedures and practices as part of their broader obligations related to occupational health and safety (psychosocial risk assessment, preventive measures, etc.). Similarly, while there are no specific legal mandates solely focused on supporting burnout treatment and recovery, several legal frameworks and corporate guidelines contribute to a supportive environment for mental health, including burnout. Burnout in the workplace can be detected and addressed through various methods, including: reviews and employee feedback mechanisms. Common burnout prevention initiatives include stress management workshops, flexible work arrangements, mental health awareness campaigns, access to counselling services, and initiatives promoting healthy work-life balance.	DECRETO LEGISLATIVO 9 aprile 2008, n. 81 Attuazione dell'articolo 1 della legge 3 agosto 2007, n. 123, in materia di tutela della salute e della sicurezza nei luoghi di lavoro.
Poland	There is no specific legislation addressing burnout prevention, nor are there legal mandates or corporate guidelines in place to support treatment and recovery. However, Polish companies are increasingly implementing wellbeing policies and programmes to support employees' mental health. Burnout is typically detected through various methods, including questionnaires and employee surveys. However, these tend to be indirect analyses that focus on mental health and feelings of stress. Good practice examples include: "Time2Grow project" (a project that identified best practices in preventing burnout and promoting wellbeing among care and education workers) or "StrongUJ project" (a comprehensive psychological support platform for professionally active people. Its main objective is to counteract professional burnout, as well as to support HR[2] departments and employers in human resources management).	https://ec.europa.eu/employment_social/empl_portal/pillar/20principles/storydetails/44.html https://www.sciencemarket.pl/wsparcie-psychologiczne-online-stronguj-platforma-wsparcia-i-rozwoju-dla-osob-aktywnych-zawodowo/rrx
Slovakia	There is no specific legislation addressing burnout prevention, nor are there legal mandates or corporate guidelines in place to support treatment and recovery.	

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[2] HR - Human Resources

	Burnout is usually detected through regular surveys on well-being, including burnout-related issues or manager feedback programs (feedback about managers, with a specific emphasis on their role in preventing burnout and supporting employee well-being). Examples of successful burnout prevention programs are mostly individual examples from international companies and include: well-designed mental health programs, workload management, quality leadership, preventive actions, such as: lectures and workshops, 1:1 sessions with psychologists, peer support programs, comprehensive well-being initiatives, right to disconnect policies that encourage workers to disconnect after working hours, extra paid free days, etc.	
Slovenia	There are no specific programs or procedures that employers are required to implement for burnout prevention, beyond those regarding occupational health and safety as outlined in ZVZD-1. According to the "Rules on preventive medical examinations of workers", employers must provide mandatory health checks for employees, within which burnout is usually detected. There are no legal guidelines or corporate guidelines for treatment and recovery. The worker is usually diagnosed by a family doctor or specialist (psychiatrist). Employees with the diagnosis can be included in a "Vocational Rehabilitation" programme. Furthermore, the national strategic goals for preventive programmes are stated in the Resolution on the National Occupational Safety and Health Programme 2018-2027 (ReNPVZD18-27). Prevention program measures are identified and implemented in line with the National Mental Health Programme - MIRA, priority area 2: Mental health promotion and the prevention and destigmatisation of mental illness.	Republika Slovenija. Ministry of Health, Ministry of Labour, Family and Social Affairs. Pravilnik o preventivnih zdravstvenih pregledih delavcev. https://www.zsss.si/poklicna-rehab-po-izgorelosti-253/ Republika Slovenija, Ministrstvo za zdravje. RESOLUCIJA O NACIONALNEM PROGRAMU VARNOSTI IN ZDRAVJA PRI DELU 2018–2027 (RENPVZD18–27).2018. Republika Slovenija, Ministrstvo za zdravje in Nacionalni inštitut za zdravje. Mental Health Programme - MIRA.2020.

While awareness of burnout and its impact on employee well-being is growing across European countries, significant differences persist in how it is addressed at both national and organisational levels. In most countries, burnout is part of broader psychosocial risk and workplace stress policies or individual company initiatives, with limited or no specific legislation targeting burnout. That indicates a need to establish clear obligations for employers to prevent and manage burnout, integrating mental health support into occupational safety frameworks. Burnout is typically detected through employee surveys or regular health checks. Company initiatives may include improving working conditions, educating staff on workplace stress management, or providing access to counselling services. Overall, the region is moving toward better recognition of mental health in the workplace; however, the development and enforcement of standardised policies and legal frameworks for burnout prevention and recovery remain uneven and in need of further advancement, particularly in the creation of standardised policies and legislation, as well as the implementation of scientifically based interventions.

2.3. Digital transformation & threat of isolation and social exclusion

Digital transformation is rapidly reshaping public administration, economic sectors, and work environments across Central Europe. While it offers significant opportunities for innovation and efficiency, it also introduces new social and psychological risks, especially for vulnerable groups such as older workers, low-skilled employees, migrants, people with disabilities, single parents, rural and low-income populations, and those with limited digital access or literacy.

However, alongside its benefits, digital transformation presents several challenges. Reduced communication quality and weakened team cohesion arise from the lack of non-verbal cues and diminished informal interaction, particularly in remote work settings. This contributes to employee isolation, increasing stress, burnout, and making mental health issues more difficult to detect. Technostress and 'always-on' work culture overload employees, blur work-life boundaries, and hinder recovery. A persistent digital skills gap threatens to exclude already disadvantaged groups from meaningful participation in the digital workplace. Sedentary work patterns associated with digital environments also pose serious physical health risks.

In addition, fear of job loss and a lack of adequate training can foster resistance to change, slowing down the learning process and the adoption of new tools and processes. Growing reliance on digital systems increases exposure to cybersecurity threats and data breaches. Virtual workspaces can weaken organisational culture and employee identification with institutional values. At the same time, labour regulations often lag behind these developments, with gaps in areas such as telework safety and the right to disconnect. Finally, financial and technical constraints, particularly among smaller organisations, may limit the scope and inclusivity of digital transformation efforts.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	Croatia has undertaken a range of initiatives aligned with EU strategies to ensure an inclusive digital transformation. The National Development Strategy 2030 and the Digital Croatia Strategy 2030 prioritise the development of digital skills and equitable access to technology. With support from the European Social Fund, targeted training programs are provided for vulnerable groups, including older workers and the unemployed. Amendments to the Labour Act regulate remote work, ensuring that employee rights and well-being are safeguarded. Education-based efforts, such as the e-Schools Program, foster digital competencies among youth, while initiatives for women in tech aim to increase female participation in STEM and digital fields. The Digital Croatia Strategy 2032 further reinforces these efforts by promoting programs for digital upskilling and lifelong	National Development Strategy 2030. Digital Croatia Strategy (Digitalna Hrvatska 2030). Digital Croatia Strategy until 2032 (Strategija digitalne Hrvatske za razdoblje do 2032. godine).

	learning, including the National Coalition for Digital Skills and Jobs and Regional Centres of Competence. It emphasises inclusive digital education, particularly for individuals outside the traditional ICT[3] sector, and encourages intersectoral cooperation and public-private partnerships. However, the strategy does not outline a dedicated policy package specifically addressing social exclusion in the workplace, such as isolation linked to remote work or the reintegration of digitally excluded employees.	Labour Act (No. 93/14, 127/17, 98/19, 151/22).
Germany	Germany has established a comprehensive framework to combat social exclusion in the workplace through a combination of legal protections, corporate practices, and social initiatives. The General Equal Treatment Act (AGG) prohibits discrimination based on race, gender, disability, age, religion, or sexual orientation. The Social Code Book IX (SGB IX) promotes the rights and integration of people with disabilities into the labour market. The Works Constitution Act empowers works councils to monitor and promote equal treatment within companies. Additionally, Maternity Protection and Parental Leave Laws protect individuals from discrimination based on family status and ensure job security. Beyond legal measures, many German employers implement voluntary strategies to foster inclusion. Diversity programs and the Diversity Charter encourage companies to build respectful and inclusive work cultures. Initiatives such as mentoring, coaching, and training support career development, while flexible work models, including part-time and home office options, help balance professional and caregiving responsibilities. At the societal level, Germany supports broader inclusion through various initiatives. Inclusive companies offer employment opportunities for individuals with disabilities in an inclusive and supportive environment. The Demography Network (ddn) focuses on promoting age diversity and long-term workforce sustainability. Fair Company initiatives advocate for fair treatment of interns, trainees, and young professionals entering the labour market.	AGG – Allgemeines Gleichbehandlungsgesetz. (General Equal Treatment Act). SGB IX – Sozialgesetzbuch Neuntes Buch – Rehabilitation und Teilhabe von Menschen mit Behinderungen. (Social Code Book IX – Rehabilitation and Participation of People with Disabilities). BetrVG – Betriebsverfassungsgesetz. (Act on the Constitution of Enterprises / Works Constitution Act). Mutterschutzgesetz (MuSchG) – (Maternity Protection Act). Bundeselterngeld- und Elternzeitgesetz (BEEG) – (Federal Parental Allowance and Parental Leave Act).
Hungary	The National Digitalisation Strategy 2022-2023 has four pillars, two of which are digital competence and digital economy. The main aims are:	https://kormany.hu/dokumentumtar/nemzeti-digitalizacios-strategia-2022-2030

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[3] ICT - Information and Communication Technology

	• Digital competence: developing digital competence and user awareness among the population, enhancing the digital skills of employees, increasing the number of IT professionals (especially women), and reducing digital exclusion. • Digital economy: increasing digital readiness of enterprises and integration of digital technology, encouraging development of innovative digital solutions in all sectors, and improving performance of SMEs, especially startups, working in the ICT sector. Before the National Digitalisation Strategy, a very fruitful program, the Digital Wellbeing Program (2015-2022), was implemented, which prepared 281 products (tenders, forums, workshops, conferences, research and development projects, and recommendations) and established professional communities. In Hungary, a workplace-oriented wellbeing application is currently under development by a doctoral researcher (Dpt. of Ergonomics and Psychology, Budapest University of Technology and Economics), in cooperation with academic mentors. Based on the PERMAH[4] model of positive psychology, the app supports onboarding processes and community-based self- and peer-reflection to improve mental awareness. Testing is underway with a sample of 400+ users, with corporate pilots planned for autumn 2025. In 2022, Act XCIII of 1993 on Occupational Safety and Health was amended to include occupational safety regulations for teleworking. The *National Occupational Safety and Health Policy 2024-2027* defines assessment and management of psychosocial risks arising from teleworking as a strategic goal.	https://digitalisjoletprogram.hu/
Italy	Italy has implemented a comprehensive approach to addressing social exclusion in the workplace through a combination of legislation, corporate policies, and social initiatives. Key laws such as Law No. 68/1999 and Law No. 162/1998 promote the employment and integration of people with disabilities. Diversity and inclusion strategies, flexible work arrangements, and training programs support vulnerable groups, including women, older workers, and low-skilled employees. The country's strong tradition of social cooperatives and active public employment services provides job opportunities and counselling to	Law No. 68 of March 12, 1999. Law No. 162 of June 21, 1998.

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[4] PERMAH - Positive emotions, Engagement, Relationships, Meaning and Accomplishment

	marginalised individuals. Additionally, financial incentives for inclusive hiring, awareness campaigns, employee assistance programs, and partnerships with NGOs[5] further advance workplace inclusivity and mental health support.	
Poland	Poland addresses social exclusion in the workplace through a mix of regulatory, educational, and technological initiatives. Adult training programmes and investments in technology education aim to improve digital skills, particularly among vulnerable groups. The regulation of the right to disconnect promotes work-life balance and mental well-being. To reduce regional disparities, Poland supports projects enhancing access to technology in rural areas. Additionally, targeted assistance for SMEs in their digital transformation helps ensure inclusive participation in the evolving digital economy.	Strategia Cyfryzacji Państwa. Projekt do konsultacji społecznych. October 2024. Ministry of digitization. Accessed 29.01.2025. https://www.gov.pl/web/cyfryzacja/strate giacyfryzacji-polski-do-2035-roku
Slovakia	Slovakia has adopted a comprehensive legal and strategic framework to combat social exclusion in the digital workplace. The Labour Code (Act No. 311/2001 Coll.) regulates remote work and mandates employers to prevent worker isolation. The Electronic Communications Act (Act No. 351/2011 Coll.) ensures equitable internet access, supporting digital inclusion in both urban and rural areas. The Employment Services Act (Act No. 5/2004 Coll.) facilitates retraining and the development of digital skills, while the Anti-Discrimination Act (Act No. 365/2004 Coll.) protects vulnerable employees from marginalisation. Key initiatives include the Digital Transformation Strategy 2030, which promotes inclusive access to digital technologies, and the Digital Coalition, a national partnership offering free digital training. These efforts are further supported by EU funding through the Digital Europe Programme.	Labour Code (Act No. 311/2001 Coll.). Electronic Communications Act (Act No. 351/2011 Coll.). Employment Services Act (Act No. 5/2004 Coll.). Anti-Discrimination Act (Act No. 365/2004 Coll.). Digital Transformation Strategy 2030.
Slovenia	Slovenia is addressing social exclusion in the workplace through the Digital Literacy Programme for Adults (DLPA). This national initiative aims to equip adults with essential digital skills, enabling them to navigate the digital world independently. The program focuses on empowering individuals, especially those at risk of exclusion, to actively participate in everyday life, work, and communication in a digital society. Implemented by designated institutions across the country, DLPA promotes not only digital consumption	

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[5] NGO - Non-Governmental Organization

	but also the meaningful and autonomous use of digital technologies to reduce inequality and enhance employability.	

Digital transformation is rapidly reshaping the work landscape across Central Europe, offering vast opportunities for innovation, productivity, and accessibility. However, it also brings significant social and psychological challenges, particularly for vulnerable groups such as older adults, low-skilled workers, people with disabilities, migrants, and rural populations. Across the region, common issues such as digital skills gaps, technostress, remote work isolation, and unequal access to digital infrastructure heighten the risk of social exclusion. While countries like Croatia, Germany, and Italy have implemented robust legislative and institutional frameworks to promote digital inclusion, others, such as Slovakia, Poland, and Slovenia, are focusing on developing digital skills and improving access to infrastructure. Hungary aims to develop digital competencies and user awareness among the population and increase the digital readiness of enterprises. Slovenia and Poland, on the other hand, prioritise adult digital education and work-life balance. Despite promising national initiatives and EU-backed programs, Central European countries must continue to adapt labour regulations, support inclusive digital upskilling, and address the mental and physical health impacts of the digital shift. Without coordinated efforts to ensure equitable access and safeguard well-being, the benefits of digital transformation risk reinforcing existing inequalities and deepening social exclusion in the workplace.

2.4. Corporate social responsibility (CSR) & work-related stress factors

Corporate Social Responsibility (CSR) refers to a company's commitment to operate in an economically, socially, and environmentally sustainable manner. Traditionally associated with environmental protection and community engagement, CSR has increasingly expanded to encompass internal responsibilities, particularly the well-being of employees. In this context, the management of work-related stress has emerged as a critical dimension of responsible corporate behaviour. Across Central Europe, there is growing recognition that addressing psychosocial risks and promoting mental health in the workplace is not only a regulatory requirement in many jurisdictions but also a strategic component of sustainable business practices. Countries such as Germany and Italy demonstrate mature approaches, where numerous companies actively incorporate work-related stress management into their CSR agendas through structured wellness programs and mental health strategies. In Hungary and Slovakia, there is also a notable shift. Larger companies and multinationals, in particular, are embracing stress reduction and well-being initiatives as part of their broader CSR commitments. However, small and medium-sized enterprises (SMEs) often lag in formalising such efforts. In Slovakia, the evolution of CSR is evident in the growing attention to employee mental health, although the scope and depth of implementation still vary significantly. Meanwhile, in Croatia and Slovenia, while legal frameworks mandate employer responsibility for worker health, including mental health, there is limited evidence on the extent to which this obligation translates into proactive CSR-led initiatives. In Slovenia, for instance, although employers are legally required to promote workplace health, there is a lack of up-to-date data on whether work-related stress is meaningfully addressed within CSR strategies.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	In Croatia, companies are increasingly adopting measures to mitigate work-related stress. Common initiatives include education and training programs, mental health workshops, and designated mental health days, particularly in the IT sector and multinational companies. Companies also implement various well-being initiatives to enhance physical and mental health. These include flexible work arrangements, team-building events, sports initiatives, employee assistance programs, healthy eating campaigns, and volunteer days. Additionally, some organisations, such as postal services, banks, and betting shops, offer on-site mental health support and crisis intervention services as needed.	
Germany	German companies have implemented a broad range of initiatives to address work-related stress as part of their Corporate Social Responsibility (CSR) strategies. Common measures include workplace health promotion programs such as stress management courses and sports activities, flexible working models (e.g., home office, flexitime),	

	psychological support through Employee Assistance Programs (EAPs), and leadership training focused on stress recognition and prevention. Leading companies like Deutsche Telekom, Lufthansa Group, Bosch, Otto Group, and BMW have integrated comprehensive mental health strategies into their CSR frameworks. These efforts have yielded tangible benefits, including reduced absenteeism, improved employee satisfaction, and enhanced employee retention. To monitor and evaluate these initiatives, companies regularly conduct employee surveys (e.g., COPSOQ, pulse surveys), analyse health-related metrics (e.g., sick leave, burnout rates), perform legal risk assessments of psychological stress (§5 ArbSchG), and track the usage of support services like EAPs. In terms of CSR reporting, German companies often include mental health measures in their sustainability reports, utilising frameworks such as the German Sustainability Code and the GRI Standards. Good practices also include transparent communication via company websites and intranets, as well as the publication of participation rates and outcomes of mental health programs, exemplified by BASF, Siemens, and Deutsche Bahn.	
Hungary	In Hungary, companies are increasingly implementing programs to reduce work-related stress as part of their CSR strategies. Notable initiatives include the Semmelweis University Family Friendly Program, AUDI Hungary's "Four Ring" mental health series, and MOL's Cohesio mental health prevention program. Common corporate measures involve flexible working hours, atypical employment models, access to in-company psychologists and coaching, and Employee Assistance Programs (EAPs). While employers cannot directly monitor individual employees' mental health due to privacy laws, companies integrate stress prevention and management programs into their CSR frameworks. Tracking is typically conducted through employee satisfaction surveys, absenteeism analysis, anonymous feedback platforms, and ESG reporting. These tools help organisations assess workplace well-being trends and report on mental health initiatives within their CSR and sustainability disclosures. Recent non-governmental initiatives are addressing the gap in mental health awareness and practice in Hungary. The national Wellbeing Alliance has conducted a survey among companies, which—though non-representative—revealed that physical health remains the primary focus in most workplaces. In contrast, mental health receives less attention, often due to a lack of practical 'how-to' solutions.	https://semmelweis.hu/egeszsegfejlesztes/en/ https://csalad.hu/vedjegy/dijazottak https://audi.hu/en/news/media-releases/audi-hungaria--the-four-ring-program-series-for-mental-health.html https://ojs.mtak.hu/index.php/egfejl/article/view/10378/8316

	To address this, the Alliance launched two development programs: the "Wellbeing Ambassador" and the "Wellbeing Mentor" trainings. These initiatives aim to build a wellbeing culture from the bottom up, enhancing awareness and providing mindset-shaping tools, methods, and frameworks for internal champions. Moreover, Audi Hungary—known for its strategic mental health efforts—developed, in collaboration with local professionals, a comprehensive burnout and psychosocial risk assessment questionnaire, which has been applied to thousands of employees over the past decade. This tool is currently under revision and being updated based on the large-scale data collected to date. Finally, a recent monograph, supported by the Visegrad Fund and entitled "Readiness of Small and Medium-Sized Enterprises in V4 for Stress Management Interventions" (Soukupová et al., 2024, Verlag Dashofer, ISBN 978-80-8178-229-9), also features findings specific to Hungary and was co-authored by Hungarian researchers.	
Italy	Italian companies are actively addressing work-related stress through wellness programs, mental health workshops, flexible work policies, EAPs, mindfulness training, and designated mental health days. Leading firms, such as Unicredit, FCA, Luxottica, and Enel, demonstrate a strong commitment through targeted initiatives that promote work-life balance and emotional well-being. To track and report on these efforts, companies use anonymous employee surveys, monitor participation in programs, analyse absenteeism and EAP usage, and incorporate outcomes into CSR and sustainability reports. Collaboration with mental health experts, manager training, and the integration of mental health into organisational culture further strengthen their CSR frameworks.	
Poland	Polish companies are gradually incorporating employee mental health and well-being into their CSR efforts, especially in response to growing awareness and the psychological impacts of the COVID-19 pandemic. Common actions include providing access to psychological consultations, offering stress management webinars, promoting work–life balance, and engaging in mental health education campaigns. In addition to internal programs, many organisations also collaborate with external experts and institutions specialising in occupational psychology. These partnerships often involve assessments of psychosocial working conditions, as well as the delivery of tailored training in stress reduction and mental health awareness.	https://pracanazdrowie.pl/konsultacje/

Slovakia	Slovak companies are increasingly integrating work-related stress management into their CSR strategies. Common efforts include wellness programs, mental health days, flexible working arrangements, EAPs, fitness classes, gym memberships, and relaxation rooms. Multinational firms like Accenture and IBM lead with initiatives such as regular health checks and ergonomic workplace improvements. To track and report progress, companies use employee surveys, participation data, absenteeism rates, EAP usage, and leadership feedback. These metrics are shared through CSR and sustainability reports, enabling organisations to evaluate and refine their mental health strategies while demonstrating a commitment to employee well-being.	
Slovenia	In Slovenia, some companies—especially those in the service sector—have implemented stress-reduction initiatives, such as flexible and hybrid work models, wellness services (e.g., office workouts, massages, and healthy food delivery), team-building events, and fitness fee subsidies. These efforts were promoted through the Chamber of Commerce's short-term project "Na mavrici zdravja." Reliable national data on tracking and reporting is limited. However, companies that hold the "Socially Responsible Employer" CSR certificate (over 200 as of January 2024) are required to track and report on employee well-being measures, including those related to mental health and stress.	"Na mavrici zdravja" examples: https://mavricazdravja.gzs.si/vsebina/Mavri%C4%8Dni-pokal-zdravja/Primeri-dobrih-praks-promocije-zdravja https://certifikatdod.si/wp-content/uploads/2022/11/Zakljucna-publikacija-Pristop.pdf

Across Central Europe, Corporate Social Responsibility (CSR) is evolving to include a growing emphasis on employee mental health and the management of work-related stress. While countries like Germany and Italy lead with well-structured programs, robust reporting mechanisms, and the strategic integration of mental health into corporate culture, others, such as Hungary and Slovakia, are showing promising progress, particularly among larger firms and multinational companies. In Croatia and Slovenia, although legal obligations exist to protect employee well-being, the translation of these mandates into consistent CSR-led initiatives remains uneven, and reporting practices are often limited or project-based. Nevertheless, examples from various sectors across the region illustrate that stress reduction measures such as wellness programs, flexible work arrangements, EAPs, and mental health days are increasingly being adopted. Tracking and reporting practices also vary, but generally include employee surveys, participation data, absenteeism rates, and integration into CSR and sustainability reports. Where implemented systematically, these approaches not only support regulatory compliance and employee health but also contribute to improved productivity, engagement, and corporate reputation. Overall, including mental health into CSR frameworks is becoming a defining feature of responsible and resilient workplaces in Central Europe.

However, to ensure the successful integration of mental health into CSR, it should be based on assessing needs, setting goals and objectives, selecting strategies, planning implementation, conducting the program, and evaluating its effectiveness. This structured approach ensures that these initiatives are well-planned, effectively implemented, and achieve the desired outcomes.

2.5. Introduction/upgrade of standards for modern work hazards

As the nature of work evolves, so too must the standards that govern occupational health and safety. Traditional approaches to workplace hazards have focused primarily on physical risks, yet modern work environments increasingly expose employees to psychosocial risks. To address these challenges, international standards provide structured frameworks that help organisations systematically identify, manage, and mitigate occupational hazards, including both physical and psychological risks. ISO 45001 is a globally recognised standard for occupational health and safety management systems. It provides requirements and guidance for enhancing employee safety, mitigating workplace risks, and promoting improved and safer working conditions. Building on this, ISO 45003 was introduced as the first global standard focused specifically on managing psychosocial risks within the ISO 45001 framework. It provides guidelines to help organisations identify and address factors that can negatively impact workers' mental well-being, including high job demands, poor organisational culture, and a lack of support. Together, these standards represent a shift toward a more holistic understanding of occupational health, recognising that psychological safety is just as critical as physical safety in the modern workplace.

COUNTRY	SUMMARY OF FINDINGS
Croatia	Organisations have begun introducing ISO 45003, which provides guidelines for managing psychosocial risks and supporting mental health in the workplace. However, there are no publicly available records of specific companies that have formally adopted this standard. On the other hand, ISO 45001 is widely implemented. It serves as the main occupational health and safety management system, enabling employers to set goals and programs in this area and to systematically manage risks that may harm workers' health and safety.
Germany	In Germany, mental health and occupational safety companies commonly adopt a set of international and national standards to manage workplace risks. ISO 45003 is often used in conjunction with ISO 45001, the broader standard for occupational health and safety management. The DIN EN ISO 10075 is a key German standard for assessing psychological stress at work. It supports legal compliance with risk assessment requirements under §5 of the Occupational Health and Safety Act. In the context of corporate social responsibility (CSR), companies also report on health and safety measures using the German Sustainability Code and the Global Reporting Initiative (GRI). Additional relevant frameworks include ISO 9001, which promotes quality management and employee satisfaction.
Hungary	The ISO 45003 standard is being adopted by an increasing number of Hungarian subsidiaries of large international companies to manage psychosocial risks; however, its implementation remains limited and voluntary. The lack of knowledge, expertise, capacity, and accepted methodologies in psychosocial risk assessment is widespread.

Italy	Companies adopt a range of standards to address mental health and safety in the workplace. ISO 45003 is increasingly implemented to manage psychosocial risks as part of broader occupational health and safety systems. Many organisations have also transitioned from OHSAS 18001 to ISO 45001, integrating mental health considerations into their safety protocols. ISO 9001, while primarily focused on quality management, also supports employee satisfaction and well-being, thereby indirectly contributing to mental health efforts. Compliance with Legislative Decree 81/2008 is mandatory and includes provisions for managing stress-related risks. Additionally, companies often align with the European Framework for Psychosocial Risks and utilise the national SGSL (Sistema di Gestione della Sicurezza sul Lavoro), which incorporates elements related to mental health. Together, these standards reflect Italy's proactive and multi-level approach to promoting psychological well-being and occupational safety.
Poland	Workplace mental health and safety are addressed through the PN-ISO 45001 standard. This international standard is available for voluntary adoption. While it includes provisions relevant to mental health, there is no specific mention of widespread use of ISO 45003.
Slovakia	Workplace mental health and safety are primarily addressed through broad frameworks and national strategies rather than through specific standards like ISO 45003, which has not been systematically adopted. While ISO 45001, focusing on general occupational health and safety, is more commonly implemented, psychological health is promoted through voluntary initiatives and alignment with European directives. The National Mental Health Program Action Plan (2024–2030) supports the creation of mentally healthy workplaces by promoting stigma reduction, increasing access to services, and fostering supportive environments, in line with the European Framework for Action on Mental Health and Well-being. Although not formal standards, initiatives such as the Safewards model and Wishing Trees project are examples of practical efforts to enhance mental well-being at work. Overall, Slovakia's approach emphasises national planning and voluntary practices rather than the standardisation frameworks like ISO 45003.
Slovenia	Workplace mental health and safety are primarily addressed through general occupational health and safety regulations aligned with EU directives. ISO 45001 is widely recognised and implemented, while the adoption of ISO 45003, which focuses on psychological health and safety, remains limited and voluntary. Some larger companies and multinational corporations have begun to incorporate ISO 45003 to manage mental health risks. In addition, Slovenian organisations often follow EU-OSHA guidelines on workplace stress and well-being, in conjunction with national legislation, such as the Occupational Safety and Health Act (ZVZD-1).

There is growing recognition of the need to update occupational health and safety standards to address modern work-related risks such as technostress, remote work challenges, and digital fatigue. Germany stands out with a comprehensive set of proposals, including guidelines for managing remote and hybrid work, digital stress, inclusive digital environments, psychosocial leadership, and the mental health impacts of AI and automation. Slovakia has made notable progress through legislative amendments that ensure safe remote work conditions and the adoption of a National Mental Health Program for 2024–2030, which prioritises workplace mental health. However, experts warn of vague implementation strategies and limited funding. Slovenia has initiated public and institutional discussions on updating regulations to address digital and psychosocial risks, but formal changes have not yet been adopted. Hungary has amended its occupational safety law to reflect the realities of remote work, but it does not require compliance with specific standards. Croatia has acknowledged psychosocial risks in the workplace, though without detailing specific measures targeting modern work hazards. Poland and Italy did not report any initiatives or suggestions in this area. Overall, while some countries have taken concrete steps, others remain in preliminary phases, highlighting the need for more consistent and actionable approaches across the region. Adopting new occupational health and mental well-being standards across Central Europe faces several interconnected challenges. A major barrier is the high cost of implementation and certification, which is particularly burdensome for small and medium-sized enterprises (SMEs). In addition to financial constraints, the successful integration of these standards requires significant time and resources for employee and managerial training, resources that are often limited. Many organisations also struggle with internal resistance to change, caused by a lack of awareness, cultural inertia, and limited understanding of psychosocial risks as legitimate occupational hazards. The complexity of integrating new standards into existing systems, along with unclear ownership across departments, further complicates implementation. Moreover, in the absence of strong legal mandates or external pressure, voluntary standards like ISO 45003 are often deprioritised, especially in environments focused on short-term financial performance. Overall, the adoption of modern mental health standards is hindered by structural, cultural, and economic factors that require coordinated policy support, leadership engagement, and awareness-raising to overcome.

2.6. Strategic orientation & legal aspects of digital addiction & problematic internet use

As digital technologies become increasingly embedded in the modern workplace, concerns about digital addiction and problematic internet use are gaining strategic importance. While offering flexibility and connectivity, excessive digital engagement poses significant risks for employers across Central Europe. Key challenges include reduced productivity due to distractions, decreased work performance, and a rise in errors and delays. Persistent digital overload can lead to mental and physical health issues—such as sleep disturbances, stress, anxiety, and burnout—which in turn contribute to increased absenteeism and employee disengagement. Social withdrawal and weakened team cohesion are also observed, particularly in remote or hybrid work settings. Additionally, careless digital behaviour heightens cybersecurity risks and data protection violations.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	Digital addiction is not legally defined, and there are currently no specific laws or policies that address problematic internet use in the workplace.	
Germany	Digital addiction is not legally defined as a separate condition but is recognised within broader categories of behavioural addictions and mental health disorders. While no specific legislation directly addresses digital addiction in the workplace, several legal frameworks are relevant. Labour law permits work agreements that regulate private internet use and allow for disciplinary measures, including warnings or termination, in cases of excessive non-work-related usage. Data protection laws, including the GDPR[6] and the Federal Data Protection Act (BDSG), restrict the monitoring of internet activity, requiring employee consent or a legitimate business interest. The Working Hours Act (ArbZG) prohibits internet use that infringes on mandated rest periods. At the same time, the Occupational Health and Safety Act (ArbSchG) obliges employers to monitor and mitigate psychological stress, which may include excessive digital engagement. Additionally, the Youth Employment Protection Act (JArbSchG) includes provisions to protect younger workers from problematic media use, reflecting a broader concern for digital well-being within existing legal structures.	

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[6] GDPR - General Data Protection Regulation

Hungary	Digital addiction is not legally defined, and there are no national laws or centralised regulations specifically addressing problematic internet use in the workplace. Instead, such issues may be managed at the organisational level through internal policies or workplace rules.	The non-governmental organisation (Kék Pont Alapítvány; Blue Point Foundation, see more: https://kekpont.hu/about-us/) is helping people with addictions and is organising a digital detox week (1-7 July, 2025), available to anyone willing to reduce their use of digital devices (https://www.kikapcsoltam.hu/).
Italy	Digital addiction is not legally defined, but several existing laws and guidelines indirectly address related workplace concerns. Key legislation includes the Statuto dei Lavoratori (Law 300/1970), which protects employee privacy and limits electronic monitoring, and the Testo Unico sulla Sicurezza sul Lavoro (Legislative Decree 81/2008), which promotes a safe work environment that may encompass digital well-being. Additionally, Law 104/1992 offers protections for employees with mental health conditions, potentially including those linked to excessive internet use. Data protection regulations under the GDPR also apply to the monitoring of digital behaviour. In response to the rise in remote work, companies are encouraged to implement clear internet use policies and promote a healthy work-life balance. Although not mandatory, many employers offer Employee Assistance Programs (EAPs) and training initiatives to raise awareness about the risks of digital overuse.	
Poland	Digital addiction is not legally defined, and there are no specific laws or policies in place that address problematic internet use in the workplace.	
Slovakia	Digital addiction is not legally defined, and there is no specific legal framework dedicated to this issue. However, relevant provisions exist within the Slovak Labour Code, which allow employers to establish internal rules regarding internet use and to monitor digital activity, provided that employee privacy rights are respected. Notably, recent amendments to the Labour Code have introduced the "right to disconnect," aiming to protect workers from the mental fatigue and potentially addictive behaviours associated with constant digital connectivity outside of regular working hours. While these measures do not directly define or regulate digital addiction, they reflect an emerging recognition of the need to address its workplace implications.	

Slovenia	Digital addiction is not legally defined, and there are no specific laws directly addressing problematic internet use in the workplace. However, several legal provisions and guidelines offer an indirect framework for managing digital overuse. The Occupational Safety and Health Act (ZVZD-1) obliges employers to ensure a safe and healthy work environment, which can encompass mental well-being and risks related to excessive screen time. The Employment Relationships Act (ZDR-1) regulates working hours and rest periods, helping to prevent digital overload, while the GDPR safeguards employee privacy concerning internet monitoring. Many companies rely on internal policies to define acceptable internet use during working hours, reflecting a decentralised approach to managing digital engagement in the workplace.	

Companies are increasingly recognising digital addiction as a workplace issue and are implementing a variety of interventions to mitigate its impact. Common strategies include preventive measures such as employee training on healthy digital habits, clear internet use policies, and technical tools like break reminders and screen-time monitors. Support services, including Employee Assistance Programs (EAPs), psychological counselling, and coaching for digital resilience, are also becoming more available, particularly in larger multinational firms. Some companies have introduced workplace design interventions, such as digital detox periods, flexible work models to reduce constant availability, and clear guidelines on communication boundaries. In Slovenia and Italy, initiatives also include awareness campaigns, workshops, and access to mental health resources, alongside leadership training to help managers identify and address problematic digital behaviour early. However, these practices are more commonly adopted by larger organisations with greater resources, while smaller companies often lag.

As digital tools become essential to modern work, the risk of digital addiction poses significant challenges to employee well-being and organisational performance. Although interventions are emerging, particularly in larger companies, there is a pressing need for broader strategic orientation, policy development, and legal recognition of digital addiction as a legitimate occupational health concern. Future efforts should aim to standardise preventive practices and ensure equitable access to support across companies of all sizes.

2.7. Legal, strategic, & practical analysis of worktime reduction

In recent years, the concept of reducing work time has gained increasing attention across Europe, driven by evolving social values, technological advancements, changing work environments, and workers' expectations. The traditional 40-hour workweek, long considered the standard, is being reevaluated in light of growing concerns about employee well-being, productivity, and work-life balance. Proposals for shorter workweeks, such as a 32-hour model, have emerged as a potential solution to address these concerns while also adapting to a rapidly changing labour market.

Several European countries have already begun experimenting with reduced working hours through pilot programs and policy reforms. These efforts aim not only to improve mental and physical health outcomes for workers but also to explore new ways of organising work that maintain or even increase productivity. While early results have shown promise, the transition is complex and involves legal, economic, and organisational challenges.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	Standard Workweek: 40 hours (typically 8 hours a day, 5 days a week). Maximum Hours (including overtime): Average of 48 hours per week over a reference period. Overtime limited to 10 hours a day / 50 hours a week / 180 hours a year (can be extended with employee consent in certain cases). There are initiatives for reducing work time, which are mostly tested in private companies where flexibility is easier to implement. Initial results suggest positive outcomes, including improved flexibility, a better work-life balance, and lower absenteeism. However, working time reduction in Croatia remains sporadic, and general conclusions cannot be drawn.	The Labour Act (Official Gazette: 93/14, 127/17, 98/19, 151/22).
Germany	Standard Workweek: 40 hours (typically 8 hours a day, 5 days a week). Maximum Hours (including overtime): 8 hours per day, extendable to 10 hours if the average over 6 months does not exceed 8 hours per day. The weekly maximum is 48 hours, but it can be temporarily increased to 60 hours if compensated with time off.	Working Hours Act (ArbZG).

	There are initiatives for reducing work time. Four-day workweek tests show higher productivity and a better work-life balance, as well as a positive impact on well-being, team dynamics, and motivation. Among stakeholders, there are different views. Trade unions are strong supporters, advocating for a 32-hour workweek with full wage compensation, particularly in the industry and services sectors. Government opinions are divided. Supporters emphasise the potential health benefits and the ability to attract skilled workers. Critics, however, are concerned about the financial burden this change might place on companies. Large companies are open to ideas, offering full wage compensation, as long as productivity remains stable. In contrast, SMEs are concerned about cost increases and staff shortages. The majority of employees support a 32-hour workweek for a better work-life balance, but are worried about salary compensation.	
Hungary	Standard Workweek: 40 hours (typically 8 hours a day, 5 days a week). Maximum Hours (including overtime): Average 48 hours per week over a reference period (can be up to 12 months). Daily working hours may be extended up to 12 hours. Overtime Limits: Generally 250 hours per year, extendable to 300 hours via CBA[7], and an additional 150 hours with individual employee agreement, for a total maximum of 400 hours per year. Currently, there are no ongoing debates or initiatives aimed at reducing worktime. However, companies are testing reduced work time, but the outcomes are controversial, as they show both positive and negative effects on work-life balance and employee satisfaction. The primary issue arises when the same workload is distributed over fewer workdays. Also worth noting that workforce labour shortage does not allow for a reduction in working hours (more workers are needed if one works 32 hours instead of 40 per week, but the amount of work, the opening hours or the continuity of the service remains the same.	Act XCIII of 1993 on Occupational Safety and Health, Consolidated with MüM Decree No. 5/1993 (XII. 26.) of the Ministry of Labour. Telecom Hungary (large enterprise) – 4-day work week pilot program. Libri Hungary (the largest book trader in Hungary) – 4-day work week pilot: "Free Fridays in July".

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[7] CBA - Collective Bargaining Agreement

Italy	Standard Workweek: 40 hours. Maximum Hours (including overtime): Not exceeding an average of 48 hours per week, averaged over 4 months (can be extended up to 6 or 12 months by CBA).Overtime Limits: Generally 250 hours per year. Several Italian companies have implemented pilot programs. Pilot programs reflect a growing trend among Italian companies to prioritise employee well-being and adapt to the evolving workplace environment, and generally show a positive impact on workers' productivity and well-being. Companies that prioritise the mental health and work-life balance of their employees are likely to see not only improved employee satisfaction but also enhanced organisational performance. Discussion among stakeholders about worktime reduction in Italy involves a complex interplay of interests. While there is general support for initiatives that enhance employee well-being, concerns about economic impact, productivity, and income stability remain significant. Dialogue among stakeholders continues to evolve as more companies experiment with flexible working arrangements.	Fiat Chrysler Automobiles, Barilla, L'Oréal Italia, Luxottica, Enel, Telecom Italia, and Gruppo Unipol are companies that have adopted flexible work schedules and arrangements to improve workers' well-being and mental health.
Poland	Standard Workweek: 8 hours per day, average of 40 hours per week, in an average 5-day working week. Maximum Hours (including overtime): Average of 48 hours per week within the applicable reference period. Daily working hours, including overtime, are capped at 13 hours per day. Overtime Limits: Typically 150 hours per calendar year, as determined by the employer's specific needs. There are initiatives to reduce weekly working time, which are still in the testing phase. No information is available about stakeholders' opinions.	Leszno City Hall and the Herbapol company test a 4-day work week.
Slovakia	Standard Workweek: Maximum 40 hours per week (single-shift operation). Reduced for multi-shift operations (e.g., 38.75 hours for two-shift, 37.5 hours for three-shift/continuous operation).	https://www.ip.gov.sk/normal-working-time/

	Maximum Hours (including overtime): The average weekly working time, including overtime, must not exceed 48 hours. Daily working hours cannot exceed 10 hours. Overtime Limits: Maximum 8 hours per week on average over 4 months. A total of 400 hours per calendar year, extendable to 500 hours with the employee's consent for urgent operational reasons. In Slovakia, a debate is ongoing regarding the reduction of working hours. The Confederation of Trade Unions (KOZ SR) advocates for a genuine reduction in total working hours per day, while maintaining salaries and benefits, to improve work-life balance. However, a separate legislative proposal for a four-day workweek, which merely compresses existing hours into fewer days, is not supported by KOZ SR, as they argue it does not offer more free time. KOZ SR suggests reducing work in non-standard conditions and increasing wage bonuses for such work. While some companies are voluntarily experimenting with reduced hours, business representatives express mixed opinions, with many concerned about increased costs, administrative challenges, and potential productivity impacts from a mandatory reduction, favouring flexibility over a fixed four-day model. Companies are testing a 4-day workweek. These results indicate that both flexibility and reduced workweeks can positively affect employee satisfaction and productivity while maintaining operational efficiency. Overall, the 4-day workweek is gaining attention, but opinions are divided. While the government and labour unions are open to discussions, businesses remain cautious about their economic and operational implications.	NN Poisťovňa and Slovenská sporiteľňa test 4-day workweek.
Slovenia	Standard Workweek: 40 hours (typically 8 hours a day, 5 days a week). Maximum Hours (including overtime): Average of 48 hours per week over a reference period. Overtime Limits: Maximum 8 hours per week, 20 hours per month, 170 hours per year. With the employee's written consent, the annual limit can be extended to 230 hours. Discussions about reducing work hours have gained attention in Slovenia, particularly in response to shifts in work dynamics, digitalisation, and growing concerns about mental	Employment Relationships Act (Zakon o delovnih razmerjih – ZDR-1).

	health. However, despite the absence of a national policy, certain companies and industries are experimenting with reduced workweeks. Initiative results suggest that work-time reduction can be beneficial in terms of improved employees' wellbeing, while maintaining productivity, but it requires careful planning and sector-specific adjustments. While some companies are testing 4-day workweeks or shorter daily hours, large-scale adoption faces economic, regulatory, and operational challenges. Businesses exhibit a split: large corporations are generally open to flexible models, but SMEs and manufacturing firms express concerns about costs and efficiency, preferring flexibility over mandated cost reductions. Employees and trade unions largely advocate for reduced working hours to achieve a better work-life balance and improved mental health. However, some workers are concerned about a potential increase in workload. Trade unions specifically push for sector-specific agreements rather than a national policy.	

Analysis suggests that worktime reduction in the EU is legally possible, strategically holds significant potential, but practically is complex. Overall, pilot testing in analysed countries is still sporadic rather than systematic, and although the results show a positive influence on workers' wellbeing and productivity, general conclusions about the benefits of the 4-day workweek model cannot be made. Furthermore, stakeholder opinions are divided, with some encouraging and being open to flexible work models, while others are concerned about the economic and operational implications. Practical implementation is complex and requires coordinated action between governments, employers, unions, and employees, with particular attention to sector-specific realities and fair implementation practices. The process of any large-scale worktime reduction depends on coordinated efforts among governments, who may need to offer incentives or legal clarity; employers, who must redesign workflows and manage potential productivity risks; unions, who play a crucial role in negotiating fair conditions; and employees, whose input is vital to ensuring the new arrangements meet actual needs. Moreover, sector-specific realities must be acknowledged. In labour-intensive sectors such as manufacturing, healthcare, and logistics, reducing working hours may not be feasible without significant structural adjustments, including hiring additional staff or investing in automation. In contrast, digital and service sectors may find it easier to adapt through flexible scheduling or remote work policies.

2.8. Awareness & knowledge gaps among stakeholders on work-related mental health

Within the European context, the increasing prevalence of work-related mental health problems, such as stress, burnout, anxiety, and depression, has raised serious concerns among public health experts, policymakers, and social partners. These conditions not only affect the quality of life of individual workers but also lead to broader economic consequences, including reduced productivity, increased absenteeism, and higher healthcare costs. Despite growing recognition of the importance of mental well-being in the workplace, significant awareness and knowledge gaps remain among key stakeholders. Employers, employees, government policymakers, trade unions, and occupational health professionals each play a critical role in promoting and protecting mental health at work. However, disparities in understanding, resources, and engagement continue to hinder effective action. This chapter examines the gaps in awareness, knowledge, and capacity among these stakeholders and how these contribute to inadequate prevention, delayed intervention, and limited support for affected workers. As Europe continues to navigate the challenges of digitalisation and evolving labour market demands, addressing work-related mental health is not only a matter of individual well-being but a key component of building resilient and equitable work environments.

COUNTRY	SUMMARY OF FINDINGS	DETAILS
Croatia	Identified stakeholders involved in work-related mental health are: policymakers, employers and employees, occupational medicine specialists, occupational health psychologists, safety engineers, HR professionals, and trade union representatives. The estimated level of awareness about mental health at the workplace is moderate, and there is a gap between information in theory and action in practice. While awareness is growing, the gap remains between understanding and effective action. Mental health campaigns, as well as education and training, are the most common initiatives for raising awareness among these groups of stakeholders. The main actor in raising awareness among stakeholders is the Croatian Institute of Public Health (HZJZ), which conducts campaigns, educational activities, and projects focusing on workplace stress and mental health.	
Germany	The main stakeholders are employees, employers, politicians, trade unions and healthcare professionals, who have different priorities. Trade unions and medical staff are the most sensitive to the issue, while employers and politicians still have a moderate understanding. Main initiatives include workplace health promotion,	

	employee assistance programs, destigmatization of mental health problems, campaigns, training programs, and public initiatives regarding mental health.	
Hungary	Identified stakeholders involved include HR professionals, patient rights representative groups, mental health advocacy groups, occupational health professionals (doctors and psychologists), OSH generalists, trade unions, and universities. The awareness about mental health issues is moderate among the majority of these groups, except mental health advocacy groups, occupational health professionals (e.g. psychologists) who are extremely sensitive to this topic. Different professionals view the issue from different perspectives: HR specialists focus on employee wellbeing, CSR, and ESG, while OSH experts concentrate on legal compliance and medical aspects. As the most valuable initiative for raising awareness, there are currently 106 Health Promotion Offices and Mental Health Centres operating across Hungary. One of their main aim is to raise awareness about mental health problems (including workplace mental health), and improve individuals' health through disease prevention. In addition to governmental programs, NGO and academic initiatives play a growing role in improving workplace mental health awareness. For example, the Hungarian Wellbeing Alliance conducted a national survey that confirmed that most corporate wellbeing efforts focus on physical health, while mental health is still often neglected due to a lack of actionable tools and methods. Their training programs—such as the "Wellbeing Ambassador" and "Wellbeing Mentor"—are designed to foster bottom-up awareness, equipping participants with mindset-shaping strategies and mental health tools.	https://pubmed.ncbi.nlm.nih.gov/37965520/ https://eurohealthnet-magazine.eu/health-promoting-offices/
Italy	Identified stakeholders involved in work-related mental health are: government entities/policymakers, employers and employees. The Italian government has recognised the importance of mental health, particularly in the workplace. Initiatives and policies aimed at promoting mental well-being have been introduced, including awareness campaigns and funding for mental health services. Awareness among businesses varies significantly. Larger companies, particularly those with HR departments and resources, tend to be more informed about mental health issues and	RinasciMENTE Program: internet-based self-help intervention. Online Psychological Interventions. University initiatives: mobile apps and digital platforms to promote mental well-being.

	may have implemented programs to support employee well-being. In contrast, smaller businesses often lack resources and may have limited awareness or understanding of mental health challenges. Employees generally have a growing awareness of mental health issues; however, many still lack comprehensive knowledge about recognising mental health problems and knowing where to seek help. Several existing and potential programs aim to increase awareness about digital mental health among key stakeholder groups. These initiatives aim to enhance access to mental health resources and encourage the use of digital tools for mental health support.	Government and NGO Collaborations: Develop programs that raise awareness about digital mental health resources and support. Digital Therapeutics Development: integrating digital therapeutics (DTXs) into mental health care.
Poland	In Poland, the main stakeholder groups involved in work-related mental health issues include employees, employers and employer organisations, trade unions, government and public institutions, medical and psychological professionals and academic institutions. Awareness and levels of engagement with mental health topics vary significantly across these groups. The highest awareness of mental health issues is demonstrated by medical and psychological professionals, as well as by academic communities that research occupational stress, burnout, and psychosocial risk factors in the workplace. Although their knowledge is extensive, a gap remains between theory and the practical implementation of solutions in workplace settings. At the same time, various educational campaigns and initiatives are being conducted in Poland by specialised institutions. The Nofer Institute of Occupational Medicine in Łódź, the Central Institute for Labour Protection – National Research Institute (CIOP-PIB), and the State Labour Inspection (PIP) organise nationwide conferences, awareness campaigns, and publish tools for assessing psychosocial risks and promoting good practices in stress management at work.	
Slovakia	The main stakeholder groups involved in work-related mental health issues include government bodies, healthcare providers, companies/employers, non-governmental organisations, educational institutions, employees, and the general public. Among governmental bodies, awareness about mental health is growing, but is often	

	overshadowed by a stronger emphasis on physical health risks. The awareness among stakeholders varies, and there are some limitations in the implementation of mental health services (e.g., the healthcare sector), limitations in resources (e.g. SME's, NGO's), as well as stigma and reluctance to discuss mental health, particularly in the workplace. Regarding initiatives, diverse programs and services demonstrate a growing commitment to improving mental health awareness and care, including events and conferences, NGO initiatives, webinars and seminars, as well as coaching and training.	
Slovenia	The main stakeholder groups involved in work-related mental health issues include: employees, employers and business associations, government and policymakers, trade unions and worker advocacy groups, medical and psychological professionals, academia and researchers. Work-related mental health awareness varies across stakeholder groups. Medical and psychological professionals, along with academics and researchers, demonstrate the highest awareness, although they often lack practical workplace interventions or policy impact. Employees and trade unions also demonstrate a relatively high level of awareness. While employees recognise stress and burnout, they often lack the necessary support, and unions face challenges in implementing mental health protections at the national level. In contrast, employers, business associations, policymakers, and government officials have only moderate awareness. Although both groups are becoming more conscious of mental health, employers frequently prioritise productivity over well-being, and governments still lack robust legal frameworks to address the issue. Several programs and initiatives currently address workplace mental health. E.g. national campaigns by the National Institute of Public Health (NIJZ) promote stress management and well-being. Trade unions contribute through workshops and Employee Assistance Programs (EAPs), offering training and counselling. Larger companies, particularly in IT and finance, often implement initiatives such as mental health days and mindfulness training. Looking ahead, proposed future programs include mandatory mental health training for managers, legal reforms to include mental health in workplace safety laws, and public-private partnerships to tailor strategies by sector.	

	Additionally, policies promoting digital well-being and the right to disconnect are being considered to help employees strike a balance between their work and personal lives.	

Many employers, particularly small and medium-sized enterprises (SMEs), lack the necessary information, tools, training, or organisational culture to address mental health proactively. Another problem is the lack of workplace mental health data and the focus on productivity over mental health. Employees themselves may not fully recognise the signs of mental health challenges, or may feel reluctant to seek help due to persistent stigma and fear of professional repercussions or may have limited access to mental health services. At the same time, national and EU-level policies addressing psychosocial risks in the workplace are often fragmented or poorly implemented, resulting in inconsistencies in protection and support across member states. Furthermore, healthcare providers and occupational health services frequently operate in isolation from the workplace context, limiting their ability to address work-related mental health in a comprehensive and timely manner.

Overall, the findings highlight common trends across countries: growing awareness is evident, but practical implementation is often lacking; stakeholders' engagement varies among groups, with some groups (e.g., unions, health professionals) more active and informed than others (e.g., SMEs, policymakers); resource disparities, especially between large and small organizations, are a recurring challenge; stigma continues to limit open dialogue and early intervention.

To bridge these gaps, there is a clear need for:
- Integrated strategies that involve all stakeholder groups, tailored to national and sectoral contexts.
- Policy reforms that elevate mental health to the same level of priority as physical health.
- Targeted support for employers, especially for SMEs, where resources and expertise are most limited.
- Sustained public education campaigns, supported by legislation, training, and digital innovation.

Advancing mental health awareness and action in the workplace requires coordinated, cross-sector collaboration and a shared commitment to transforming awareness into effective, inclusive practices across Europe.

3. CONCLUSION

This comparative policy analysis of burnout and work-related mental health in seven Central European countries—Croatia, Germany, Hungary, Italy, Poland, Slovakia, and Slovenia—sheds light on both the complexity of the issue and the fragmented nature of policy responses across the region. The findings confirm that while awareness of mental health risks at the workplace is growing, substantial differences remain in how countries conceptualise, regulate, and address burnout as a work-related phenomenon. In most countries, burnout is not formally recognised as an occupational disease, and where it is, implementation of protections and support measures varies significantly. This legal ambiguity limits access to formal support systems and compensation mechanisms for affected workers and constrains employers' obligations to implement preventive measures.

Despite these disparities, the analysis reveals several encouraging developments. Many countries have begun integrating psychosocial risks, stress, emotional exhaustion, and digital overload into occupational health and safety frameworks. There is a growing recognition of the need for preventive approaches, including awareness-raising, mental health promotion, and early intervention strategies in the workplace. Several states are advancing national strategies or sector-specific policies that explicitly prioritise mental health and well-being. However, few offer targeted frameworks specifically for burnout prevention and management.

Digital transformation emerged as both helpful and harmful throughout the analysis. On the one hand, it enables flexible work arrangements and increased autonomy, which can contribute to a more balanced work-life approach. On the other hand, it introduces new psychosocial risks, such as constant connectivity, digital fatigue, and social isolation, which are often overlooked in national legislation and strategic documents. While some countries have begun regulating remote work and implementing digital well-being initiatives, comprehensive approaches that address the social and emotional consequences of digital work environments remain underdeveloped.

Corporate Social Responsibility (CSR) was identified as a complementary mechanism for addressing workplace mental health. In countries with stronger CSR cultures, there is evidence of companies voluntarily implementing measures such as mental health days, resilience training, access to psychological support, and digital detox policies. However, these practices are unevenly distributed and often depend on company size, sector, and internal leadership, highlighting the need for stronger policy incentives and frameworks that can ensure more consistent uptake across industries.

The analysis also explored the potential of adopting international standards such as ISO 45003, which offers guidance on managing psychosocial risks within occupational health and safety management systems. While still in the early stages of adoption, these standards represent an opportunity for harmonisation and capacity-building across the region, especially when supported by public-private partnerships and integrated into national regulatory systems.

Importantly, the brief highlighted emerging discussions on work-time reduction as a potential strategy to mitigate burnout and enhance overall well-being. Although pilot projects and debates on a four-day or 32-hour work week exist in several countries, these initiatives remain without legal and political backing.

Nonetheless, they reflect a broader societal shift toward reevaluating traditional work models and prioritising quality of life alongside productivity.

Finally, the analysis revealed considerable knowledge and awareness gaps among key stakeholder groups, including employers, workers, policymakers, and occupational health professionals. These gaps hinder both the recognition of burnout and the implementation of effective interventions. Strengthening training, information campaigns, and cross-sectoral dialogue is therefore essential to foster a more coherent and evidence-based response.

In conclusion, while there is clear momentum across Central Europe to improve mental health at work, much remains to be done in aligning legal, strategic, and procedural approaches to burnout. The findings support the need for more integrated EU-level initiatives that promote the exchange of best practices, foster policy innovation, and guide the harmonisation of standards. Addressing burnout is not only a matter of individual well-being but also of sustainable workforce development, productivity, and social cohesion in an increasingly digital and fast-paced world.

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