



MENTAL HEALTH AT WORK

NEEDED IMPROVEMENTS IN ESTONIA



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Preface

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

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

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

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

In the *MentalHealthMatters* project, the Communities of Practice have identified key areas for improvement related to (1) policies and regulations on mental health and working life, (2) knowledge and data related to this topic, and (3) education and competencies of employers, workplace leaders and OSH professionals related to psychosocial factors at work. This report presents the findings from Estonia,

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

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

where the focus has been on psychosocial risks in small businesses and the future trends in the field of work.

Thematic focus

In Estonia, the *MentalHealthMatter* project focuses on the needs of the small businesses, particularly in light of the rapid changes in working life. In recent years, the world of work has been profoundly changing, driven by the COVID-19 pandemic, technology advancements, shifts in work culture, and emergence of new forms and means of working. These change processes have brought mental health at work to public attention like never before. While increased flexibility and focus on well-being have brought many positive outcomes, challenges like maintaining work-life balance, job insecurity, and adapting to new technologies continue to pose risks to mental health. In Estonia, since the pandemic, employees have started turning more to the Labour Inspectorate in cases of toxic work environments. OSH service providers also report more people reaching out to them with serious mental health related issues in recent years³.

The Estonian data from 2021⁴ demonstrates that 41% of women and 34% of men consider their work environments to be harmful for mental health, and 48% of employees believe that health problems arising from work affect their daily activities. Despite these concerns, proactive management of mental health in enterprises remains fairly weak, as revealed by the Estonian Human Development Report⁵. This issue is particularly acute in small businesses where only 57% of enterprises with fewer than 50 employees offer mental health-related training or services, compared to 88% in larger companies⁶. Additionally, many sectors continue to prioritise physical hazards, leaving employers with limited knowledge of how to address mental health related challenges effectively.

By focusing on the assessment of psychosocial risks in small businesses, the Estonian National Community of Practice acknowledges the specific needs of this target group and seeks to explore tailored solutions for them. With discussions on the future trends in the world of work, the purpose is to anticipate changes in the work environment, technology, demographics, and societal norms that may influence mental health and well-being, particularly in smaller businesses. This proactive approach enables policymakers and employers to develop strategies and interventions that mitigate negative effects and promote positive mental health overall.

³ In Estonian: Tööinspektsioon (2024) *Tööinspektsiooni aastaraamat*. Tallinn: Tööinspektsioon. <https://www.ti.ee/sites/default/files/documents/2024-04/TI%20aastaraamat%202024%20EST.pdf>

⁴ Eurostat (2021) *Self-reported work-related health problems and risk factors – key statistics*. https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Self-reported_work-related_health_problems_and_risk_factors_-_key_statistics#Exposure_to_mental_risk_factors_at_work

⁵ In Estonian: Sisask, M. (ed.) (2023) *Eesti inimarengu aruanne 2023. Vaimne tervis ja heaolu*. Tallinn: SA Eesti Koostöö Kogu. <https://inimareng.ee/wp-content/uploads/2023/07/EIA-2023-OK.pdf>

⁶ In Estonian: Trummal, L. (2019) *Töökoha tervisedenduse uuring*. Tallinn: Tervise Arengu Instituut. https://s3-web-1a.tehnik.ee/tooelu-live-web-prd/s3fs-public/2021-11/Tookoha_tervisedenduse_uuring_2019.pdf

National Community of Practice

The Estonian National Community of Practice was established by the Tallinn University of Technology, including a diverse set of representatives from all the major stakeholder groups:

- Small and medium-sized enterprises (SMEs)
- Government agencies, such as the Ministry of Economic Affairs and Communications and Labour Inspectorate
- Occupational safety and health service providers
- Non-governmental organisations working in the field of mental health
- Social partners, such as labour unions and an employers' confederation
- Research institutions

The National Community of Practice has identified the current areas of progress and the key gaps and needs for improvement related to psychosocial risks in small businesses and the mental health impacts of emerging workplace trends. To achieve this, the Community of Practice has convened in a series of workshops. Additionally, targeted insight sessions have been held with experts from government agencies, such as the Ministry of Economic Affairs and Communications, and Labour Inspectorate, as well as OSH service providers, SME trainers, researchers, and occupational psychologists, to gather various perspectives.

This diverse membership of the National Community of Practice has fostered collaboration and knowledge-sharing across sectors and societal levels. Addressing future trends in the world of work and their impacts on workforce mental health requires coordinated action and expertise from all levels to ensure comprehensive and effective solutions.

Needs for improvement

The Estonian National Community of Practice has identified a critical need to motivate employers to address and manage psychosocial factors in their workplaces. Despite the growing focus on mental health in the society, the awareness of psychosocial factors, especially among employers in smaller businesses, remains limited. Many still lack awareness of psychosocial risks and perpetuate stigma around mental health, often avoiding discussions around the topic for fear of opening a Pandora's box. Yet, simultaneously, an increasing number of employers are prioritising employee well-being and recognising mental health as a key issue. To drive meaningful change, it is essential to:

1. Raise awareness of employers and managers in small businesses on mental health-related factors at work, and.
2. Provide support for psychosocial risk assessment and management

Time frame	Needed improvements
Short-term	<ul style="list-style-type: none"> ● Increasing knowledge and awareness of SME employers and employees on psychosocial risks. ● Harmonising methods for psychosocial risk assessment. ● Investing in research and data collection to better understand the prevalence of mental health issues, risk factors and protective measures in workplaces, and to evaluate the effectiveness of promising interventions. ● Strengthening the integration of mental health into occupational health services. ● Expanding access to mental health services in occupational health settings. ● Promoting collaborative approaches between mental health professionals and occupational health practitioners.
Medium-term	<ul style="list-style-type: none"> ● Reducing stigma around mental health and increasing the prevalence of positive connotations of mental health, such as resilience, well-being and productivity, among employers and workplace leaders. ● Providing mandatory training for managers and other workplace leaders to help them understand the importance of mental health, and how to address psychosocial risks proactively and foster a positive workplace culture. ● Enhancing the role of trade unions and collective bargaining, including increased coverage of trade union membership among the working population. ● Investing in the development of university-level programmes that train additional occupational psychologists/counsellors to address the shortage of occupational psychologists.
Long-term	<ul style="list-style-type: none"> ● Addressing organisational psychosocial factors in workplaces and creating work environments where open communication on mental health is encouraged. ● Establishing flexibility as a norm for work organisation, enforced by legislation.

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

Policies and regulations

The current Estonian regulations on mental health and psychosocial risks in workplaces are fairly comprehensive and detailed. The Estonian National Community of Practice generally considers the existing legislation to be adequate, with no major changes or revisions anticipated in the short-term. However, there is room for improvement in the practical application of the legislation in workplaces and in labour inspections, demonstrating that further work is needed to build awareness, knowledge, and skills around work-related psychosocial factors in the society.

The main piece of legislation that governs health and well-being at work is the Estonian Occupational Safety and Health Act, which came into force in 1999 and has gone through multiple legislative revisions since then. Two recent revisions of the Act have touched upon mental health-related factors at work. The

first amendment from January 2019 defined psychosocial hazards and required employers to prevent health risks arising from them. The more recent revision from November 2022 added further regulations about remote work. This revision obliged employers to assess the risks associated with remote work and to provide employees with guidelines on how to work in a health-conscious manner from home. It also introduced the right for employees to receive necessary work equipment to ensure ergonomic and safe working conditions while working remotely, if no ordinary office space is provided by the employer. Furthermore, since January 2023, occupational diseases caused by psychosocial hazards in the working environment have been included in the list of occupational diseases, further confirming their risks to people's health and well-being.

There are also various policy documents that touch upon the topic of mental health and working life, as presented in Table 2. The documents highlight the importance of promoting people's mental well-being, many of them also emphasising the key role of employers and workplaces in maintaining and promoting mental health.

Existing policy document	Summary
Population Health Development Plan 2020-2030 ⁷	In the Strategy, several references are given to mental health at work, highlighting the importance to prioritise maintaining and promoting mental health at work. It is noted that <i>"healthcare management, working conditions, and psychosocial work environment must support the preservation of employees' health and workability"</i> (page 34).
Estonian Human Development Report 2023 by the Estonian Cooperation Assembly. ⁸	One of the main conclusions of the report is that <i>"promoting people's mental well-being and ability to take individual and collective action is increasingly important for society to function in crises"</i> . Moreover, the report acknowledges that many mental health determinants lie outside the field of healthcare.
Green Paper on Mental Health ⁹	The paper sets a short-term goal for the Ministry of Social Affairs to assist and support employers and occupational health service providers in identifying, assessing and implementing actions related to psychosocial risk factors.

Table 2: Summaries of the main policy documents in Estonia.

⁷ Sotsiaalministeerium. *Rahvastiku tervise arengukava 2020-2030*. <https://www.sm.ee/rahvastiku-tervise-arengukava-2020-2030>

⁸ Eesti Koostöö Kogu (2023) *The Estonian Human Development Report 2023*. <https://kogu.ee/en/estonian-human-development-report-eia-2023/>

⁹ Sotsiaalministeerium (2020) *Vaimse tervise roheline raamat*. https://www.sm.ee/sites/default/files/news-related-files/vaimse-tervise-roheline-raamat_0.pdf

While the regulations and policies related to mental health and working life are considered sufficient by the Estonian National Community of Practice, they acknowledge that there is a need to optimise practical application of the existing regulations. There is a shortage of labour inspectors, who ensure that labour law is sufficiently complied with in workplaces. Experts from the Labour Inspectorate admit that micro and small enterprises with less than ten employees are rarely inspected, despite being the largest employer group in Estonia. While labour inspections are a powerful tool for ensuring legislation is applied in workplaces, they are only a small part of the solution. Employers also need to find the motivation to deal with work-related issues beyond law enforcement.

Data and knowledge

While national research and data have repeatedly pointed that there is a need to address mental health in workplaces, action has not systematically followed, especially in smaller organisations and businesses. The Estonian National Community of Practice has concluded that further research and data are required to better understand the prevalence of workplace mental health issues, identify risk factors and protective measures across sectors, and evaluate the effectiveness of promising interventions. Such data is crucial for informing policy development, resource allocation, and targeted interventions in different sectors. Additionally, there is a need for wider application of evidence-based practices and for increasing the knowledge and skills of employers and managers on psychosocial risk management and assessment.

The Estonian occupational safety and health authorities have created various evidence-based guidelines to support employers with managing psychosocial risks in their workplaces, as presented in Table 3. However, the existing guidelines primarily provide theoretical frameworks and checklists, lacking in information, examples and tools for practical application for effective risk management and assessment. Hands-on training, case studies and interactive workshops are needed to enhance SMEs' ability to apply the existing guidelines effectively in practice – in short, employers need stronger external support and help in psychosocial risk management and assessment.

Education and training

Occupational health workforce

The National Community of Practice acknowledges that the Estonian occupational healthcare system faces notable challenges that hinder the integration of mental health considerations into its services. These challenges arise from shortcomings in specialist education, the limited consideration of mental health in occupational health assessments, and the limited availability of specialised professionals. While occupational health professionals possess formal qualifications, additional topic-specific specialisations – particularly concerning modern workplace risks like psychosocial hazards – remains limited.

Existing guideline	Summary
Mental Health in the Workplace: A Handbook for Employers and Employees. 2015. ¹⁰	The first two chapters of the handbook introduce the guidance material “ <i>Work. In tune with life</i> ”, issued by the Dutch Working Conditions Authority. The guidance material has been supplemented and consolidated by an occupational psychologist.
SLIC material for assessing psychosocial risk factors. 2012. ¹¹	A work tool and interview guide for assessing risk analyses from the perspective of psychological stress.
Labour Inspectorate’s checklist for psychosocial hazards. ¹²	A checklist with control questions for risk assessment, covering requirements for work organisation, task management, social climate, and management requirements. The questions can be answered with yes/no, and based on the responses, a risk assessment can be provided.
Workplace Mental Health Action Plan ¹³	An action plan, listing recommended minimum activities that organisations prioritising mental health should implement, for example, activities aimed at promoting the mental well-being of all employees, and activities that help identify and mitigate excessive workplace stress, etc.

Table 3: Overview of the existing guidelines for employers in Estonia.

The occupational health workforce in Estonia consists of physicians, nurses, psychologists, hygienists, ergonomists and physiotherapists, all of whom are required to hold formal qualifications in their respective fields. For those working in occupational health, specialisation is required, typically through further education in occupational medicine or health. These professionals, especially occupational health physicians, must possess a comprehensive understanding of both physical and psychosocial risks, such as stress, workplace harassment, and burnout. In 2022, Estonian Association of Occupational Health Physicians issued ‘*Guidelines for Occupational Health Physicians*’, which also thoroughly addresses psychosocial hazards.

¹⁰ Tervise Arengu Instituut (2016) *Vaimne tervis töökohal: Käsiraamat tööandjale ja töötajale*. Tallinn: Tervise Arengu Instituut. Available from: https://tai.ee/sites/default/files/2021-03/143817521369_vaimne_tervis_tookohal.pdf

¹¹ Kõrgemate tööinspektorite komitee. *Töövahend/intervjueerimisjuhend riskianalüüside hindamiseks psühholoogilise stressi seisukohalt*. Available from: <https://www.tooelu.ee/sites/default/files/2021-05/Toovahend-voi-intervjueerimisjuhend-riskianaluuside-hindamiseks.pdf>

¹² Tööinspeksioon. *Kontrollküsimused riskide hindamiseks*. Available from: <https://s3-web-1a.tehik.ee/tooelu-live-web-prd/s3fs-public/2021-05/Kontrollk%C3%BCsimused%20riskide%20hindamiseks.docx>

¹³ Peaasi. *Vaimse tervise tegevuskava töökohal*. Available from: <https://peaasi.ee/vaimse-tervise-tegevuskava-tookohal/>

However, Estonia is facing a shortage of staff in occupational healthcare due to various factors. A key issue is the lack of systematic post-graduate and continuing education. The Estonian Association of Occupational Health Physicians¹⁴ has highlighted the absence of structured professional development and advanced training opportunities for occupational health professionals. For example, no doctoral curriculum has been offered in occupational health since 1991, pushing occupational health physicians to obtain their doctoral degrees through unrelated programs, often leading them to leave the field.

The ageing workforce exacerbates the shortage of staff. As of 2022, the average age of occupational health physicians was 61.8 years¹⁵, underscoring a growing shortage in the coming years. In addition, many occupational health physicians, particularly those nearing their retirement age, were trained at a time when the primary focus in occupational health was on physical hazards, such as exposure to chemicals, noise, and ergonomic issues. As a result, the ageing doctors may find it difficult to keep up with modern workplace risks such as psychosocial hazards.

Employers have also criticised the limited attention to mental health and psychosocial risks during routine workplace health inspections, which prioritise physical health assessments. This has led to frustration, as employers increasingly recognise the importance of addressing these issues to ensure a healthy, productive workforce. The situation is compounded by Estonia's acute shortage of occupational psychologists – only around 20 trained professionals exist, compared to the estimated need for 400. The absence of a university-level programme in occupational psychology exacerbates this gap. This shortage means that many organisations may not have access to specialised mental health experts.

To improve occupational health services in Estonia, a key recommendation is to enhance the depth and scope of mental health assessments during routine workplace health inspections. While physical health evaluations such as hearing tests, lung function assessments, and physical fitness checks, are standard practice, mental health assessments often receive far less attention. This oversight can lead to undetected psychosocial risks like chronic stress, anxiety, depression, and burnout, all of which significantly affect employee well-being and productivity.

Involving occupational psychologists in workplace health inspections would be highly beneficial. However, addressing the shortage of these professionals requires investment in university-level programs to train new experts in the field. Establishing accredited occupational psychology programs within Estonian universities would not only help fill the gap but also raise awareness of the importance of mental health of workforce.

¹⁴Eesti Töötervishoiuarstide Selts (2012) *Töötervishoiu eriala arengukava aastani 2020*.

<https://www.sm.ee/sites/default/files/content->

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¹⁵ Tervisestatistika ja Terviseuuringute Andmebaas. *THT004: Tervishoiutöötajate keskmine vanus soo ja ameti järgi*.

https://statistika.tai.ee/pxweb/et/Andmebaas/Andmebaas_04THressursid_05Tootajad/THT004.px/table/tableViewLayout2/

Occupational safety workforce

Occupational safety professionals, such as labour inspectors and workplace safety specialists, are critical to evaluating and mitigating workplace hazards. However, addressing psychosocial risks requires specialised knowledge and a nuanced understanding of mental health, which is often lacking among these groups in Estonia. The Estonian National Community of Practice acknowledges that this presents a significant barrier to comprehensive and effective risk assessment and management.

Labour inspectors in Estonia are tasked with enforcing health and safety regulations in workplaces. They are required to have a relevant educational background, often in law, occupational health, or engineering, and to undergo continuous training to stay updated on the legislative changes and safety standards. Labour inspectors are responsible for assessing whether employers comply with safety regulations, including provisions for managing psychosocial risks, such as excessive workload, discrimination, and work-life balance. According to Labour Inspectorate data, inspectors receive additional training on psychosocial hazards annually. However, their inspections in workplaces are infrequent and typically rely on incomplete data provided by companies, leaving significant gaps in psychosocial risk management.

Non-medical service providers, who conduct workplace risk assessments, have stepped in to fill this gap by offering consultations to workplaces. Yet, they often lack the expertise needed to assess psychosocial risks comprehensively. These assessments are complex and require a deep understanding of mental health and workplace dynamics – skills many service providers do not possess. Without standardised training or regulations, the level of their knowledge varies greatly, resulting in inconsistent and incomplete evaluations. The absence of comprehensive data on the qualifications and practices of these providers further exacerbates the issue. As a result, companies relying on non-medical providers may not receive thorough evaluations, leaving psychosocial risks unaddressed and potentially harming employee well-being.

Workplaces are also required to have a designated occupational safety specialist, who typically undergoes specialised training through vocational programs or other accredited courses. This training qualifies them to assess and manage both physical and psychosocial risks. Their responsibilities include evaluating work environments, advising on safety measures, and developing strategies to minimise occupational hazards, including psychosocial ones. However, safety specialists in smaller companies—often the employers themselves—may lack sufficient knowledge about mental health issues. Addressing this gap by investing in comprehensive, state-funded training programs could better equip specialists to fulfil their responsibilities effectively.

Overall, Estonia's occupational safety and health system faces significant challenges, including an ageing workforce of occupational health physicians, insufficient emphasis on psychosocial risks during routine health inspections, a shortage of occupational psychologists, and limited awareness of mental health

issues among SME employers. By implementing targeted training programs and increasing the availability of specialized professionals, Estonia can enhance its capacity to address both physical and psychosocial risks, fostering healthier and more resilient workplaces.

Fostering a mentally healthy workforce in Estonia

Estonia has established a solid groundwork for maintaining the well-being of its workforce, evident in its legislative framework and growing recognition of mental health's significance. However, as this paper has illustrated, there are still areas where further improvements are necessary.

Firstly, despite regulatory nudges, further efforts are needed to incentivise employers, particularly in small businesses, to address mental health-related factors in their workplaces. Many small business owners lack the knowledge and resources to sufficiently address psychosocial risks. Targeted training, awareness raising, and evidence-based tools could empower them to identify psychosocial hazards, implement preventative measures, and foster a supportive work environment. Increased awareness would also encourage early interventions and help-seeking behaviours, contributing to a healthier and more resilient workforce.

Secondly, strengthening the external support system available to workplaces is essential. This includes clear national guidelines on psychosocial risks and management, readily accessible occupational safety and health professionals with expertise in mental health, and resources to facilitate effective implementation of preventative strategies. Improved external support would enable businesses to proactively address psychosocial risks, creating a work environment where employees feel supported and valued.

By prioritising these two areas, Estonia can make significant progress in fostering a culture of workplace well-being. This will not only benefit employees on an individual level but also contribute to a more productive and resilient workforce, ultimately benefiting the broader Estonian society as a whole.

Further reading

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

- **Mental health at work: Discussion document on policy options** – A document that explores country-specific policy options and recommendations for addressing psychosocial factors and promoting mental health in workplaces in Estonia, Finland, Latvia, Poland, and Norway. In

addition, it highlights shared challenges in the Baltic Sea Region and proposes transnational collaborative solutions to create healthier and more resilient workplaces.

- **Mental health at work: Overview on definitions, regulations & further guidance** – A document compiling definitions, legislation, policies and guidance on psychosocial factors in the workplace in the Baltic Sea Region Countries.