



Co-funded by the
European Union

Erasmus+ programme

*PARTNERSHIPS FOR INNOVATION/ALLIANCES FOR INNOVATION /
LOT 1: ALLIANCES FOR EDUCATION AND ENTERPRISES
ERASMUS-EDU-2024-PI-ALL-INNO*

**Project “Healthy and Resilient Mindset with Organized,
Nurturing Digital Tools for Your Mental Health”
(H.A.R.M.O.N.Y. - 101187046)**



**The SME employers’ training needs mapping
report
(Deliverable D2.2)**

2026

Project title:	Healthy and Resilient Mindset with Organized, Nurturing Digital Tools for Your Mental Health” (H.A.R.M.O.N.Y.)
Project number:	101187046
Work Package number:	2
Work Package title:	H.A.R.M.O.N.Y. Knowledge Structure
Task:	T2.2
Deliverable:	D2.2 The SME employers’ training needs mapping report
Responsible partner:	NIMH
Deliverable number:	D6
Deliverable type:	Report (R)
Dissemination level:	Public (PU)

HISTORY OF CHANGES

VERSION	PUBLICATION DATE	CHANGE
1	28.11.2025	
Final version in English	07.01.2026	Partner comments and recommendations implemented
Final version	15.01.2026	Translated in all partner languages



TABLE OF CONTENTS

Table of Contents.....	3
List of Abbreviations.....	5
Executive Summary	6
KEY FINDINGS.....	6
RECOMMENDATIONS	7
PROJECT OUTPUTS.....	7
CONCLUSION	7
1. Introduction	8
1.1 BACKGROUND AND PURPOSE.....	8
1.2 OBJECTIVES.....	9
1.3 SCOPE OF THE REPORT	10
2. Methodology	12
2.1 RESEARCH DESIGN	12
2.2 DATA COLLECTION AND SOURCES.....	12
2.3 PARTICIPANTS AND GEOGRAPHIC COVERAGE	14
2.4 DATA ANALYSIS.....	15
2.5 ETHICAL CONSIDERATIONS	15
2.6 LIMITATIONS.....	16
3. Mapping of Mental Health Education and Training Provision (VET & HEI)	17
3.1 OVERVIEW OF NATIONAL CONTEXTS	17
3.2 EXISTING AND EMERGING TRAINING OFFERS	17
3.2.1 HEI.....	18
3.2.2 VET.....	19
3.2.3 Summary of Training Offers	20
3.3 STRENGTHS AND GAPS IN CURRENT PROVISION.....	20
3.3.1 Strengths	20
3.3.2 Gaps	21
3.4 EDUCATOR CHALLENGES.....	22
3.5 EMERGING TRENDS.....	24
3.6 KEY OBSERVATIONS AND IMPLICATIONS	27
3.7 SUMMARY AND KEY TAKEAWAYS FROM INTERVIEWS	28
4. SME Survey Findings: Workplace Mental Health Competencies, Needs and Practices ..	29
4.1 INTRODUCTION.....	29
4.2 COMPANY PROFILE	29
4.3 MENTAL HEALTH POLICIES AND INITIATIVES	30
4.3.1 Company Policies and Initiatives.....	30
4.3.2 National Frameworks and Guidelines	31
Table 4.1.....	33
4.3.3 Summary of Policies and Initiatives	34
4.4 MAIN CHALLENGES.....	34
4.4.1 Mental Health Challenges in the Workplace	34
4.4.2 Implementation Challenges.....	34
4.4.3 Summary of Challenges	34
4.5 TRAINING AND LEARNING PREFERENCES	35
4.5.1 Priority Training Needs.....	35
4.5.2 Preferred Learning Formats	36

4.6	COMPETENCY AND SKILLS GAPS	36
4.7	BARRIERS TO OPENNESS AND HELP-SEEKING	37
4.8	TECHNOLOGY AND DIGITAL TOOLS	37
4.8.1	<i>Current Digital Practices</i>	37
4.8.2	<i>Attitudes Towards AI & Digital Mental Health Tools</i>	38
4.9	OVERVIEW OF SME POLICIES AND TOPICS	38
Table 4.2	40
4.10	SUMMARY AND KEY TAKEAWAYS FROM THE SURVEY	41
4.10.1	<i>Key Insights</i>	41
4.10.2	<i>Recommendations for Practice</i>	41
5.	Integrated Findings: Bridging Education and the Workplace	42
5.1	SHARED AND DIVERGING PERSPECTIVES.....	42
5.2	RECOMMENDATIONS FOR TRAINING AND ORGANISATIONAL PRACTICE IN EDUCATIONAL INSTITUTIONS AND SMES	43
6.	Impact of Digital and Green Transitions on Mental Health.....	44
6.1	OVERVIEW	44
6.2	DIGITAL TRANSITION EFFECTS	45
6.3	GREEN TRANSITION AND ECO-ANXIETY	46
6.4	IMPACT ON SME EMPLOYEES	48
6.5	CONCLUSION	48
7.	ESCO Alignment and Competency Framework Development.....	49
7.1	ESCO DOMAINS AND THEIR RELEVANCY FOR THE H.A.R.M.O.N.Y. PROJECT	49
7.2	RELEVANT ESCO OCCUPATIONAL DOMAINS	50
7.3	COMPARATIVE ANALYSIS: ESCO OCCUPATIONS VS. WP4 OUTCOMES	51
7.4	INTEGRATION WITH TRAINING MODULE DESIGN (WP4).....	51
7.5	SUMMARY	51
8.	Conclusion	52
	References	54
	List of Annexes	57
	ANNEX 1: MENTAL HEALTH PROGRAMMES AT VET AND HEI LEVELS	58
	ANNEX 2: INTERVIEW SCENARIO	77
	ANNEX 3: SME SURVEY QUESTIONS	79
	ANNEX 4: COMPARATIVE OVERVIEW OF MENTAL HEALTH EDUCATION AND TRAINING	88
	ANNEX 5: ESCO OCCUPATIONS AND WP4 OUTCOMES	91

LIST OF ABBREVIATIONS

AI	Artificial Intelligence
ESCO	European Skills, Competences, Qualifications and Occupations
GHRM	Green Human Resource Management
H.A.R.M.O.N.Y.	Healthy and Resilient Mindset with Organized, Nurturing Digital Tools for Your Mental Health
HEI	Higher Education Institution
HR	Human Resources
MH	Mental Health
OSH	Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
SME	Small and Medium Sized Enterprise
VET	Vocational Education and Training
WP	Work Package

EXECUTIVE SUMMARY

This report, produced under the H.A.R.M.O.N.Y. project, maps current education and training provision for mental health across Vocational Education and Training (VET) and Higher Education Institutions (HEI), and analyses Small and Medium Enterprise (SME) workplace needs in eight partner countries (Croatia, Czechia, Finland, Germany, Greece, Latvia, Norway and Spain). The mixed-methods study combined desk research, 80 semi-structured interviews with VET and HEI educators, and an online survey of 195 SME representatives, conducted between May and September 2025.

KEY FINDINGS

Widespread recognition, limited capacity: Mental health is widely acknowledged as a priority across education and business sectors. However, systematic capacity to respond remains uneven. While HEIs typically provide structured, evidence-based curricula and counselling services, VET provision is fragmented and often relies on individual teachers or local initiatives.

SMEs - awareness without structure: Among surveyed SMEs only a minority have formal mental health programmes. Most activities and initiatives are ad hoc, while ongoing, preventive strategies and manager training are scarce. Stress and burnout are the most frequently reported problems.

Training needs are practical and relational: SME respondents prioritise training in early recognition of distress, stress and burnout prevention, supportive leadership and communication. Preferred delivery formats are blended models combining in-person workshops with short digital modules.

Digital and green transitions intensify psychosocial risk: While digitalisation and the green transition create opportunities for greater flexibility and innovative services, they also introduce new pressures. Technostress, climate-related anxiety, job uncertainty and increased digital monitoring can heighten psychosocial risks, underscoring the need for leadership that recognises and actively addresses these challenges.

Digital tools - cautious openness: SMEs express interest in digital and AI-assisted supports but cite data privacy, cost and comparative effectiveness to in-person support as major concerns.

Policy visibility gap: National frameworks for psychosocial risk management exist, but many SMEs are unaware of them; dissemination and SME-tailored guidance are inconsistent.

RECOMMENDATIONS

Embed mental health literacy as a transversal skill across HEI and VET curricula and SMEs.

Strengthen leaders' ability to create psychological safety at work and lower the threshold for addressing difficult issues early and constructively.

Deliver modular, blended training for SME managers: short, practical units combining online and face-to-face learning.

Strengthen educator capacity through continuous professional development and centralised support systems.

Foster open communication cultures within SMEs, HEIs and VET schools to reduce stigma and encourage early help-seeking.

Share good practices and experience between VET schools, HEIs and SMEs and ensure the collaboration is mediated by relevant intermediaries.

Clearly differentiate between target groups in trainings, including leaders, employees, advisors and health professionals.

PROJECT OUTPUTS

The evidence directly informs Work Package 4 (WP4): eight training modules, an AI-based predictive support architecture for mental health, and an interactive learning platform aligned with European Skills, Competences, Qualifications and Occupations (ESCO) competence descriptors to ensure transferability and labour market relevance.

CONCLUSION

Meeting the mental health challenges of Europe's evolving workplaces requires bridging education and enterprise with practical, competence-based training, clear guidance for SMEs and cooperative policy action. By aligning educator capacity, SME practice and EU standards, H.A.R.M.O.N.Y. aims to advance a preventive, inclusive and resilient approach to workplace mental health that supports both people and sustainable economic transitions.

1. INTRODUCTION

1.1 BACKGROUND AND PURPOSE

Mental health in the workplace has become a critical priority for European employers and policymakers. According to the European Agency for Safety and Health at Work (EU-OSHA, 2025a), **29% workers** report experiencing stress, anxiety or depression “caused or made worse by work”. Stress, anxiety and depression is also identified as the **second most common type of work-related health issue** in the EU (Eurostat, 2021). The total cost of mental health problems across EU Member States and the UK exceeds **€600 billion annually**, equivalent to more than **4% of GDP**, largely due to absenteeism, reduced productivity, healthcare expenditure and social welfare outlays (OECD/EU, 2018; OECD, 2021).

Work-related stress, anxiety and depression are consistently identified as **the most significant psychosocial risks** affecting workers across Europe (EU-OSHA, 2022). These issues carry substantial personal and organisational consequences and are particularly acute for small and medium-sized enterprises (SMEs), which make up **over 99% of all EU businesses** (European Commission, nd). Micro and small enterprises generally operate with **a lower awareness and formal assessment of psychosocial risks**, a challenge repeatedly highlighted in EU-OSHA’s analyses of SME occupational safety and health (OSH) practices (EU-OSHA, 2018a).

At the same time, higher education institutions (HEIs) and vocational education and training (VET) providers play a **crucial role in preparing future workers** to identify, manage and prevent mental health challenges in organisational settings. However, findings from this project’s field research show that **training provision remains uneven and fragmented**, and educators are often unprepared to support students.

The European workforce is also undergoing rapid transformation driven by two interlinked forces: **digitalisation and the green transition**. These shifts are generating new psychosocial risks, including technostress, work intensification, increased surveillance, climate-related anxiety and job insecurity (EU-OSHA, 2025; Gonzalez-Vazquez, et al., 2025; Mental Health Europe, 2022). Such impacts are especially pronounced in vulnerable sectors and SMEs, where organisational capacity to support mental health is often limited. Consequently, integrating **psychosocial risk prevention and mental health support** into transition policies and workplace practices has become increasingly important.

The H.A.R.M.O.N.Y. project (<https://harmony-eu.net>) seeks to bridge the gap between education and employment by identifying the skills and competencies SME employers need

to **prevent and manage stress, anxiety and depression at work**, and by strengthening the capacity of educators and trainers to **integrate these topics into curricula and training programmes**, helping to prepare current as well as future players in the workforce, thus better **preparing them for challenges arising from the digital and green transitions**. Unlike existing programmes that focus mainly on awareness raising, H.A.R.M.O.N.Y. builds operational capacity through training and utilisation of digital tools (including a digital platform serving as an online knowledge hub), and artificial intelligence (AI) architecture development for future AI-enabled tools.

1.2 OBJECTIVES

The purpose of this report is to **identify and analyse the training needs of SMEs, HEIs and VETs** across eight European partner countries: **Croatia, Czechia, Finland, Germany, Greece, Latvia, Norway and Spain**, regarding mental health management in the workplace, with a specific focus on **stress (and burnout), anxiety and depression**.

The report aims to:

1. Map existing and emerging education and training provision in the mental health field at VET and HEI levels;
2. Identify gaps and challenges of mental health education at the VET and HEI level which have an impact on preparing current students and future employees for working in SMEs;
3. Identify the characteristics, learning preferences and support needs of SME employers;
4. Assess the impact of digital and green transitions on mental health;
5. Align the identified competencies with relevant ESCO (European Skills, Competences, Qualifications and Occupations) descriptors to inform curriculum design in subsequent project stages.

For the purpose of the H.A.R.M.O.N.Y. project, the findings will directly inform the development of:

1. **Eight training modules** addressing work-related stress, anxiety and depression for SME employers;

2. **An AI-based framework and architecture** designed to support and predict employee mental health challenges;
3. **An interactive digital learning platform** where all training materials and tools will be hosted and made accessible to end-users.

These outputs and their specifics will be developed in later stages of the project. Together, they will ensure that **H.A.R.M.O.N.Y. evolves from research into practical, transferable solutions**, bridging education and employment and fostering a culture of wellbeing across Europe's digital and green transitions. In total, they define a **learning pathway for wellbeing**, where awareness begins in education and continues into employment.

1.3 SCOPE OF THE REPORT

This report integrates evidence from both **desk research** and **primary data collection** to produce a cross-national mapping of mental health training provision and needs within SMEs and the VET and HEI ecosystems. It draws on the combined expertise of project partners and national experts across eight European countries and incorporates:

- A **review** of relevant EU and national policies, legislation and training programmes related to workplace mental health;
- **Data** collected through surveys and in-depth interviews with SME employers and educators;
- An **analysis** of how digitalisation and the green transition affect mental health in the workplace.

The report is structured as follows:

- **Section 2** outlines the methodology and data collection process;
- **Section 3** maps existing mental health education and training provision in VET and HEI and identifies the gaps and challenges that have an impact on preparing current students and future employees for working in SMEs;
- **Section 4** presents SME employers' training needs and learning preferences;
- **Section 5** integrates results from Section 3 and Section 4 and provides recommendations for policy and practice;

- **Section 6** explores the impacts of digitalisation and green transition on mental health at work;
- **Section 7** aligns findings with relevant ESCO competencies to support WP4 curriculum design;
- **Section 8** summarises and concludes the report.

2. METHODOLOGY

2.1 RESEARCH DESIGN

Based on the first three objectives mentioned in 1.2, a **mixed-methods research design** was adopted to capture both the quantitative scope and qualitative depth of SME training needs.

The approach combined:

- **Desk research**, mapping current training programmes, national frameworks and educational provision related to mental health (in the workplace);
- **Qualitative interviews** with educators and trainers in VET and HEI sectors;
- **Quantitative online surveys** distributed to SME employers and key employees across partner countries;
- An **expert panel** providing structured feedback to a draft of the report summarising findings from the desk research, interviews and surveys.

This design enabled comprehensive data triangulation and cross-country comparison, ensuring that results reflect both institutional practices and real-world SME experiences.

2.2 DATA COLLECTION AND SOURCES

The mapping process comprised four main components:

a) Desk research: Review of existing education and training provision

Data collection aiming to systematically map and analyse existing education and training programmes in the field of mental health at VET and HEI levels across partner countries was conducted collaboratively by all project partners using a **standardised data collection template** to ensure consistency and comparability across countries. Each partner reviewed existing mental health education and training programmes available at national level. For each identified programme, the following information was collected:

- Country where the programme is provided
- Programme name
- Key topics covered
- Name of the institution providing the programme
- Programme website (where available)

- Target group
- Education level (VET or HEI)

The identification of programmes was based on **multiple complementary sources**, including:

- Reviews of institutional websites of VET and HEI providers;
- Grey literature searches, including policy documents, project reports, curriculum descriptions and training catalogues;
- In-depth interviews with representatives of VET and HEI institutions to validate programme content and relevance, and to identify additional initiatives not easily accessible through desk-based sources.

Following the initial data collection, national programme lists were reviewed and refined with the support of **national knowledge committees**. The complete list of identified programmes is presented in **Annex 1**.

b) Qualitative in-depth interviews: Field research to identify how mental health is taught and supported across VET and HEI institutions was conducted in each partner country. **Five educators or trainers in VET schools and five in HEIs** *with experience in delivering mental health education* were consulted in each partner country via semi-structured interviews. The topics covered within the interview were the following:

1. Integration of mental health content into curricula;
2. Strengths of current mental health training;
3. Challenges faced by trainers;
4. Emerging trends;
5. Recommendations for improvement;
6. Utilisation of digital technologies.

The interviews ranged in length from 28 minutes to 157 minutes, with the majority lasting approximately 60 minutes. Interviewees were recruited primarily through purposive sampling, opportunity sampling and snowball sampling. All project partners contributed to and reviewed the interview questions throughout its development. Data was collected between May and October 2025. Interviews were conducted in each partner language either face-to-face or online, depending on respondent preferences. The interview data were summarised at the

country level, followed by the preparation of a comprehensive report synthesising findings from all countries. The interview scenario is attached (**see Annex 2**).

c) Quantitative online surveys: Identification of SME employers' training needs

An **online survey** was issued across the eight partner countries to key SME representatives, including business owners, CEOs, HR managers, OSH experts and line managers. The survey was developed based on information outlined in the project proposal. The survey questions were divided into five sections:

1. Company profile;
2. Workplace mental health policy & challenges;
3. Training & learning preferences;
4. Competency & skills gaps;
5. Technology & future mental health solutions.

Questions were predominantly multiple response questions, with a few open-ended, optional responses, taking approximately 15 minutes to complete. All project partners contributed to and reviewed the questionnaire throughout its development. The survey was translated into each partner language and created in Google Forms. Participants were recruited through purposive sampling and self-selection. The survey was advertised on partner and individual social media (incl. LinkedIn and Facebook), distributed to personal and partner networks and to local business associations and chambers of commerce. Data was collected between June and September 2025. The SME Survey questions are attached as **Annex 3**.

d) Expert panel

The groups of national experts consisted of members of the National Knowledge Committees, which were established specifically for the purposes of this project. These experts represent key professional groups relevant to the project's thematic areas within each partner country. Their feedback was collected through two channels: in-person consultations during meetings of the National Knowledge Committees and written comments provided by email in response to the draft version of the report.

2.3 PARTICIPANTS AND GEOGRAPHIC COVERAGE

Data were collected across **Croatia, Czechia, Finland, Germany, Greece, Latvia, Norway and Spain**. The research engaged:

- **80 educators/trainers** from VET and HEI sectors (40 HEI + 40 VET). Interviewees included, among others: student counsellors, career advisors, education advisors, prevention specialists, lecturers or professors of psychology, psychologists.
- **195 SME professionals** [Croatia (n=20), Czechia (n=24), Finland (n=20), Germany (n=13), Greece (n=34), Latvia (n=44), Norway (n=20), Spain (n=20)]. Participants skewed mostly towards micro- and small-sized enterprises, and were predominantly a mix of business owners, CEOs, HR managers, OSH experts and line managers. The distribution varied across countries. The sectors the participants represented were primarily manufacturing, IT, healthcare and education. Respondents who indicated a company size >250 employees, i.e. not meeting the criteria of an SME; were not a key employee; or whose responses were clearly invalid, were excluded from our data analysis.
- Additional **stakeholders and national experts** providing contextual validation.

This multi-country dataset offers a cross-section of European SMEs and educational contexts.

2.4 DATA ANALYSIS

- **Qualitative data** from interviews were analysed through thematic analysis, identifying recurring patterns such as training strengths and gaps, digital innovation and educator skills and challenges.
- **Quantitative** survey data were processed using descriptive statistics to compare national results and sectoral trends. Open-ended questions were translated and coded.
- The findings were **triangulated** with desk research insights and feedback from national experts to ensure internal consistency and validity.

2.5 ETHICAL CONSIDERATIONS

All research activities adhered to the **General Data Protection Regulation (GDPR 2016/679)** and national data protection laws. Latvia obtained approval from the Research Ethics Committee of Rīga Stradiņš University (21.05.2025., No. 2-PĒK-4/736/2025) too. Participants were informed about the purpose and scope of the research, and an **informed consent** was obtained prior to data collection. All data were **anonymised and stored securely** by the respective project partners and will be deleted after the project ends. AI-assisted tools were used in the preparation of this report. (Chat GPT) GPT-5 model was used for language translations, revision of text and language flow.

2.6 LIMITATIONS

Although data were collected consistently across partner countries, differences in sample size and relatively low total sample sizes across countries, as well as cultural and institutional contexts may influence direct comparability. In addition, the reliance on self-report data does not allow for direct causal inferences. Nevertheless, the combination of quantitative and qualitative evidence provides an overview of current tendencies in mental health training needs and competencies among SMEs in Europe.

3. MAPPING OF MENTAL HEALTH EDUCATION AND TRAINING PROVISION (VET & HEI)

This section presents a review of existing and emerging education and training provision in the field of mental health across partner countries. The analysis combines **desk research** (mapping of curricula, courses and institutional initiatives) with **field research** (interviews with educators in both HEI and VET schools). Findings are based on input from five educators from each category and country, in line with the project's methodological framework. Together, these insights capture how mental health education is currently delivered, perceived and evolving across different educational contexts.

3.1 OVERVIEW OF NATIONAL CONTEXTS

Across the partner countries, mental health education and training have gained increasing attention at both HEI and VET levels. However, **the scope, depth and structure of provision vary widely.**

- **HEIs** generally offer structured and evidence-based curricula, especially in psychology, business, nursing and education programmes. Many institutions connect theory with practical experience and counselling services, ensuring experiential learning and overall wellbeing support.
- **VET** institutions, in contrast, often address mental health topics indirectly within broader health or social science modules, and rarely as a core subject. The inclusion of mental health depends heavily on individual teachers' interest, available time and local resources.

In all countries, growing awareness of stress management, resilience and self-care reflects societal concern about mental wellbeing, digital overload and post-pandemic challenges. However, systematic, nationwide integration of mental health into all fields of study remains limited.

3.2 EXISTING AND EMERGING TRAINING OFFERS

The following provides a brief descriptive summary of various **initiatives, programmes, courses and subjects** offered within the institutions represented by the interviewees. It is neither an exhaustive nor a representative overview of national mental health provision.

3.2.1 HEI

HEIs in partner countries provide a wide variety of mental health-related study programmes, short courses and extracurricular activities:

- **Croatia:** Numerous workshops, activities and informal events addressing self-care, stress, sexual harassment and emotional regulation, among many others, are offered; counselling services available.
- **Czechia:** Mental health offered across a wider range of courses, such as business, management and pedagogy; integrated into counselling and career services, with growing institutional support through Mental Health Days and wellbeing workshops and initiatives.
- **Finland:** Structured, multi-level qualifications such as *Clinical Expert in Mental Health & Substance Abuse Work*, *Mental Health First Aid* and national digital therapy services (e.g. *MentalHub*).
- **Germany:** Mental health integrated into health sciences, psychology, teacher education and sustainability studies, often linked to mental health prevention and general health.
- **Greece:** Mental health-related curricula are well developed within psychology and mental health nursing programmes, combining theoretical instruction, clinical placements and anti-stigma components. Beyond these professional fields, mental health is not systematically integrated into broader curricula. Existing wellbeing workshops and counselling centre initiatives offer emerging opportunities but remain optional and unevenly implemented.
- **Latvia:** Mental health topics in psychology, nursing and teacher education; modules on emotional intelligence, communication and stress management; counselling offered to students.
- **Norway:** Mental health taught across health, pedagogy and social work programmes; use of reflection and support groups, peer counselling and learning and wellbeing projects.
- **Spain:** Prevention, support and early intervention initiatives such as *IMPROVA*, *¡Acompáñame!*; practical tools for stress solving and suicide prevention; university psychological care services widely available.

Emerging approaches include blended and online learning, AI-assisted simulations and coaching or resilience courses aimed at strengthening both student and staff wellbeing.

3.2.2 VET

VET institutions demonstrate growing interest in mental health, though integration remains partial and inconsistent. VET schools frequently face a lack of systemic support, leading to inadequate financial, temporal and material resources for delivering mental health training, and consequently positioning them at a disadvantage compared to HEIs.

- **Croatia** supplements curricula with NGO partnerships, awareness events, seminars, workshops on a wide range of topics, including self-care, bullying, communication; counselling available to students.
- **Czechia** offers psychology-related electives within health and social study/pedagogy fields, many focusing on self-care, general wellbeing and mental health related topics, mostly relying on individual initiatives; school prevention specialist or counselling is sometimes available, though very time limited.
- **Finland** offers dedicated vocational mental health qualifications and pathways into professional practice in mental health and substance abuse work; mental health related modules in social and health care.
- **German** organisations and institutions offer mental health-related training and education for healthcare, social care and workplace settings; topics include basic mental health skills, resilience, stress management, leadership. Some also provide organisational consulting, vocational and medical pedagogy training, and support for healthy digital working and workplace transformation.
- **Greece** offers mental health-related training mainly through short-term seminars, awareness events, NGO partnerships. Provision is not standardised, relies heavily on individual teacher initiative and varies significantly between institutions. No formal mental health curriculum for educators or learners.
- **Latvia** teaches mental health mainly within nationally approved training modules *Society and Human Safety* or *Health Education*, covering stress, addictions, burnout and emotional wellbeing, typically in just 2-4 academic hours per year.
- **Norway** integrates mental health through peer-support initiatives, suicide prevention programmes and reflection-based teaching; mental health related topics in health worker studies.

- **Spain** offers specific programmes (*KUKU* and *ONKI*) for both students and staff.

Interactive and experiential methods (e.g. role-play, peer learning, storytelling) are frequently used to make these limited sessions more engaging and practical.

3.2.3 SUMMARY OF TRAINING OFFERS

Across partner countries, mental health education in HEIs is relatively **structured, diverse and evidence-based**, often combining theoretical foundations with practical experience, counselling and wellbeing initiatives. In contrast, VET provision mainly remains **more fragmented and dependent on individual initiative or local partnerships**. While HEIs increasingly integrate wellbeing into curricula across health, education, business and social sciences, VET schools tend to address mental health indirectly, often through short workshops or awareness activities. Only a minority of VET institutions provide structured, evidence-based programmes dedicated to mental health prevention and promotion. Nevertheless, both sectors demonstrate **growing innovation** through experiential methods, peer learning and the adoption of digital and blended approaches. Emerging trends, such as AI-assisted simulations, resilience coaching and wellbeing programmes for staff as well as students, indicate a **positive shift toward more inclusive, practice-oriented mental health education**, though systematic implementation remains limited and uneven across contexts.

3.3 STRENGTHS AND GAPS IN CURRENT PROVISION

The following section outlines the most commonly identified strengths and gaps in the VET and HEI sectors regarding mental health education.

3.3.1 STRENGTHS

- **Structured, evidence-based curricula and pedagogical approaches**, particularly within HEIs, play a central role in mental health education. These include both formal components (mandatory courses and electives) and informal learning opportunities (workshops and events). The topics addressed are often aligned with current needs, and the information provided is kept up-to-date through access to both external and in-house mental health experts (mentioned in Croatia, Finland, Greece, Czechia, Latvia, Germany). Interviewees in Greece and Czechia emphasised the strength and commitment of staff and faculty, noting their crucial role in opening up the topic around mental health.
- **Adaptation to local context** - in Finland, for example, there is significant emphasis on substance abuse, reflecting its prevalence as a national concern. Norway highlighted its focus on communication skills and fostering a culture of empathetic listening, which aligns with broader societal values.

- **Access to in-house counselling services for HEI students, and sometimes staff**, was mentioned across a range of countries (Spain, Germany, Czechia, Finland, Croatia, Latvia), suggesting the provision of a more immediate and accessible support when needed.
- **Interactive and experiential learning** was often mentioned as a strong side of current education, especially in HEIs. Rather than relying solely on theoretical instruction, many programmes incorporate methods such as role-playing and simulations, making learning more practical, authentic and engaging for students (mentioned in Greece, Croatia, Latvia, Germany, Czechia).
- **Interdisciplinary teaching** - with mental health topics integrated into both elective and mandatory courses in a wide range of fields, for example, business programmes in Czechia, nursing in Greece and Latvia, and pedagogy in Germany, Latvia and Czechia.
- **Widespread digital adoption**, such as the use of Teams, Moodle, Mentimeter, and Kahoot, supports both accessibility and student engagement, as teaching methods continue to adapt to current trends and needs (mentioned in Czechia, Latvia, Greece, and German HEIs). Similarly, the use of e-health tools and online mental health resources was noted in Finland, Spain, Czechia, and Greece.

VET specific:

- **Teacher commitment and creativity in VET**, compensating for limited resources - most notable in Germany, Czechia and Latvia. Despite limited resources, educators often take individual initiative and show a strong desire to make mental health topics accessible to their students.

3.3.2 GAPS

- **A lack of systemic or institutional support** for mental health was frequently mentioned, reflected in insufficient materials, resources and funding in both VET and HEI schools (mentioned in Czechia, Croatia, Germany, Greece).
- **Limited time and overall high workload pressure** were reported by educators, constraining their ability to address mental health topics adequately (mentioned in Czechia, Germany, Latvia, Greece, Spain, Norway).
- **Limited professional development and networking opportunities** for training providers, along with a lack of updated and centralised teaching materials and resources, were noted across all partner countries. Educators in Norway, Finland, Spain, Greece,

Czechia, Croatia, Germany and Latvia consistently expressed a clear need and desire for greater support through adequate training and further education.

- **Regional disparities** were observed in several countries, where resources, counselling services and support are concentrated in larger cities or specific regions (Finland, Croatia, Germany). This uneven distribution further exacerbates existing gaps in mental health education provision.

VET specific:

- VET schools frequently face a **greater lack of systemic support**, leading to inadequate financial, temporal and material resources for delivering mental health training and counselling services, and consequently positioning them at a disadvantage compared to HEIs.
- **Persistent stigma**, particularly noted amongst VET students, and a general taboo surrounding mental health topics were reported in Norway, Greece, Czechia and Croatia.
- **Uneven coverage and underdeveloped provision in VET** were frequently noted. Mental health topics are often absent outside directly relevant fields (e.g. nursing, education, social sciences) and remain very limited within VET schools compared to HEIs. Educators across Finland, Norway, Czechia, Croatia and Germany emphasised the importance and necessity of integrating mental health content across all study areas and levels.

3.4 EDUCATOR CHALLENGES

This section outlines the key challenges educators face in delivering mental health education, highlighting gaps in training, resources and systemic support despite growing expectations placed on educators.

- **Educators as front-line responders:** Teachers often find themselves in situations in which they provide emotional support beyond their formal responsibilities, training and knowledge, as they face an overall rise in mental health-related issues in their students (mentioned in Croatia, Germany, Czechia, Spain, Finland).
 - *"Students come to me with their problems, but I can't provide the support they need. It's not part of my role or responsibility. There is an educational counselling service responsible for this, but for the students, it's just another hurdle." (VET educator, Germany)*
 - *"Students increasingly bring personal problems to their lecturers." (HEI educator, Germany)*

- **Lack of institutional training:** Educators across all countries expressed a desire and pressing need for further training and education on the topic of mental health. Most of their current competence is self-taught or acquired externally, rather than through structured professional development pathways (mentioned in Latvia, Germany, Croatia, Czechia, Greece, Norway, Finland, Spain).
 - *“Hmm... There’s a huge lack of some kind of additional training. I don’t mean just for me as a teacher of this subject, but for the entire teaching staff together, specifically in this [mental health] field, and not general training, but very, very specific, focused on individual issues.” (HEI educator, Latvia)*
- **Resource scarcity:** Educators frequently request clear mental health curriculum guidelines, resources and materials (mentioned in Finland, Germany, Czechia, Greece, Spain), as well as a desire for communities of practice and shared materials to build collective competence (mentioned in Latvia, Czechia; Norway reporting colleague support groups show positive outcomes). At the same time, educators highlighted persistent constraints in terms of time, financial resources and staffing, which limit their ability to address mental health adequately and effectively (mentioned in Czechia, Germany, Latvia, Croatia, Greece, Norway).
 - *“There is no guideline for educators to follow. Everyone pieces it together on their own and does what they think is best. (...)” (HEI, Germany)*
 - *“I am missing some kind of central hub where all the necessary information would be available...When I prepare materials on a topic, I go online and look for information there and evaluate what is relevant.” (VET educator, Czechia)*
 - *“A barrier is also the lack of funding. There is insufficient financial and institutional support (for including mental health topics, for conducting workshops, etc.).” (HEI educator, Czechia)*
- **Digital competencies:** Some educators make broad use of AI and online tools, while others remain more cautious. These differences often relate to age, confidence in using such tools, and levels of skills and knowledge in this area (mentioned in Czechia, Germany, Latvia, Spain). Educators across a number of countries also expressed concerns about various aspects of AI use, including ethical and moral implications, the potential loss of critical thinking, and the blurring of boundaries around the authenticity of students’ work (mentioned in Croatia, Latvia, Norway, Czechia, Germany). These concerns highlight the need for adequate digital literacy among both themselves and

students. In addition, digital fatigue and overload were particularly noted by interviewees in Latvia and Czechia.

- *“I am critical of the fact that independent thinking may get lost in the process.” (VET educator, Germany)*
- *“Students need digital literacy to use these tools effectively and with limits.” (Educator, Greece)*
- *“Some older colleagues have a slightly more cautious and conservative approach to it (the use of AI tools) and don’t use it as much.” (HEI educator, Czechia)*

Overall, the section highlights a clear **gap between educators’ growing responsibilities** in supporting student mental health and the **limited training, resources and systemic support** available to them. While educators are increasingly positioned as first points of contact for mental health concerns, they often lack formal preparation, institutional guidance and adequate time and capacity to respond effectively. These challenges are further intensified by **resource constraints and uneven digital competencies**, underscoring the need for more structured, sustained and system-level support for educators in delivering mental health education.

3.5 EMERGING TRENDS

This section explores emerging trends in mental health education, highlighted by the interviewees in both VET and HEI spheres.

Holistic focus

Educators across both VET and HEI sectors increasingly frame mental health within a broader wellbeing perspective, linking it to areas such as physical health, sustainable careers, interpersonal relationships and wider societal issues. There is also a growing trend to integrate mental health into teaching practices more holistically through methods such as storytelling, reflection, simulation and peer learning. These approaches help normalise conversations around mental health and encourage more experiential and authentic student understanding and engagement (mentioned in Spain, Norway, Greece, Czechia, Croatia, and German HEIs).

- *“Simulations and interactive exercises enrich clinical preparation.” (Educator, Greece)*
- *“Other relevant topics also have to be included, because nowadays addictions, nutrition, and physical activity are also important, as is a healthy lifestyle overall.” (VET educator, Latvia)*

Preventive focus

Mental health provision is moving from reactive to more preventive approaches in the education sphere, reflected by the numerous initiatives, courses and workshops available on a wide range of topics, including suicide prevention, crisis intervention, destigmatisation, communication, mindfulness, stress management, resilience and self-care. These efforts help create a deeper understanding of mental health issues, promote help-seeking behaviours and give students an opportunity to develop coping skills (mentioned in Greece, Spain, Czechia, Croatia, Germany).

- *"During Innovation Week, I will, for example, repeat the mindfulness course, because there is a lot of interest in that subject and not everyone is able to get in... and it is only an elective." (HEI educator, Czechia)*

Real-world relevance

Many educators emphasised the importance of linking theory and learning to real-life needs, situations and environments (such as the workplace) to enhance the practical relevance of education to prepare students for challenges beyond the classroom (mentioned in Latvia, Croatia, Czechia, Greece, Germany).

- *"Professional experience is important. What I find essential is making complex things simple and showing how they relate to one's own life. That was something I missed in my own studies." (VET educator, Germany)*

"There should be an awareness of the actual needs of the workplace." (HEI educator, Latvia)

Lifelong mental health education

Educators highlighted the need to treat mental health education as a lifelong priority. This includes starting earlier than secondary or tertiary education, embedding mental health across subjects and continuing support and education into the workplace (mentioned in Croatia, Latvia, Germany), to reflect that mental health is a continuous and integral aspect of personal and professional development.

- *"We need to create formats that introduce essential life skills at an early stage in kindergartens, schools, and other educational institutions. This definitely includes health literacy and sustainability literacy. Both are crucial. We need to build and transfer knowledge early on. The earlier we start, the better." (HEI educator, Germany)*

- *“Provide a foundation in mental health education already in schools.” (HEI educator, Latvia)*

Reduced stigma

Educators marked increasing openness among students in discussing mental health challenges and topics, reflecting a broader destigmatisation of the topic, particularly within HEIs. While this openness is largely positive, educators also reported more frequent personal disclosures, which heighten the need for clear boundaries, appropriate support structures and guidance (mentioned in Germany, Czechia, Latvia - where increased openness has also been noted among teachers, Norwegian HEIs, and a gradual rise in openness in Croatia). By contrast, as noted earlier, stigma and taboo continue to surround mental health topics among VET students.

- *“Depression is one of the issues I perceive most strongly. More and more people are affected, and at the same time there is a growing level of acceptance.” (VET educator, Germany)*
- *“Students are increasingly speaking more openly about sensitive topics (diagnoses, medication use, etc.). Often the lecturer has to know how to stop them so they don’t share sensitive information in the group.” (HEI educator, Latvia)*
- *“I sort of go through it everywhere [talk about mental health issues]... I already, well, with every topic I include it [mental health issues], so in a way it runs through everything.” (VET educator, Latvia)*

Digitalisation in teaching

Digital transformation has reshaped teaching and learning, creating both new opportunities and emerging challenges for mental health. Educators across several countries highlighted the growing role of digital technologies in student communication and support, noting their contribution to increased interaction, motivation and engagement with learning, as well as improved accessibility (mentioned in Latvia, Germany, Czechia, Greece, Finland, Croatia). At the same time, the expansion of technology has intensified the need to intentionally cultivate, and in some cases reintroduce, face-to-face interaction and communication skills. As some educators observed, students are increasingly reluctant to speak in person or are experiencing reduced attention spans, prompting calls to “go back to basics” (mentioned in Norway, Czechia, Germany, Finland).

- *“The problem is the absence of mutual communication and the use of phones instead of normal conversation.” (VET educator, Czechia)*

- *“They are so oversaturated with everything digital that they don’t want more podcasts, apps, or anything like that... What they want is not a large amount of digital material, but personal contact.” (HEI educator, Czechia)*
- *“Students say it feels easier to open up in chat than face-to-face.” (Educator, Finland).*

In summary, emerging trends in mental health education show a **shift toward holistic and preventive approaches, greater openness and destigmatisation** among students, and the **use of digital tools** to enhance learning and engagement. Together, these developments highlight a **growing integration of mental health into everyday teaching practices**, while underscoring the importance of balancing innovation with direct, personal interaction. A comparative overview table summarising how the five core themes in mental health education (curricular integration, strengths, challenges, emerging trends, recommendations and digital utilisation) compare across countries and education levels can be found in **Annex 4**.

3.6 KEY OBSERVATIONS AND IMPLICATIONS

Overall, mental health education at VET and HEI levels across Europe remains unevenly developed. HEIs generally lead in providing structured, evidence-based approaches, while VET systems mainly rely on the initiative of individual teachers or local programmes. Nevertheless, good practices exist in both sectors: peer-support networks in Norway, digital counselling in Finland, community partnerships in Spain and Croatia, and experiential workshops in Greece and Latvia all demonstrate promising approaches that could be scaled up.

To move toward consistency, several priorities emerge:

1. **Systematic integration needed**

Mental health literacy should be embedded as a transversal competence across all disciplines and qualification levels.

2. **Capacity building for educators**

Teachers and trainers require targeted mental health training, practical resources, networking opportunities and clear referral mechanisms.

3. **Balanced digitalisation**

Digital tools should complement, not replace, human interaction. Educators and students need training in digital wellbeing and AI literacy.

4. **Institutional support and funding**

Sustainable integration depends on policy frameworks, adequate staffing and cross-sector collaboration.

5. Equity across education levels

National frameworks should address disparities between VET and HEI, and between regions, ensuring consistent access to mental health education and support.

3.7 SUMMARY AND KEY TAKEAWAYS FROM INTERVIEWS

Across Europe, mental health education is expanding but remains **fragmented and unevenly implemented**. HEIs lead the way with more structured, evidence-based curricula, while VET systems mostly rely on individual initiatives. Digitalisation and AI present both opportunities and challenges: they expand access but risk reducing meaningful interaction.

To move from isolated initiatives of individual organisations to sustainable, comprehensive approaches, countries must embed mental health education as a **core element of learning**, supported by **resources, funding** and a **strong professional network of trained educators**. It is therefore essential to **integrate mental health education** into educator training and professional development frameworks; ensure **institutional policies** embed mental health education across learning stages; and **foster professional educator networks** with clear boundaries between educational and clinical roles.

4. SME SURVEY FINDINGS: WORKPLACE MENTAL HEALTH COMPETENCIES, NEEDS AND PRACTICES

4.1 INTRODUCTION

This section presents the results of the SME survey conducted across the eight partner countries: **Croatia, Czechia, Finland, Germany, Greece, Latvia, Norway and Spain**, within the H.A.R.M.O.N.Y. project framework. The survey gathered **195 valid responses** from SME representatives, including **business owners, CEOs, HR managers, OSH professionals and line managers**.

The survey was designed in alignment with the project proposal to explore the **characteristics, training needs, learning preferences and support requirements** of SME employers and managers. It also aimed to identify **existing policies, known skills deficits and competencies** needed to maintain employees' mental health.

The instrument was structured around five thematic areas:

1. Company profile;
2. Workplace mental health policies and challenges;
3. Training and learning preferences;
4. Competency and skills gaps;
5. Technology and future mental health solutions.

4.2 COMPANY PROFILE

The sample represented a diverse cross-section of European SMEs:

- Enterprise size:
 - 18% micro-enterprises (<10 employees);
 - 47% small enterprises (10–49 employees);
 - 35% medium-sized enterprises (50–249 employees).
- Main sectors:
 - Education (20.5%);
 - Manufacturing (18%);

- IT (11%);
 - Health care (8%);
 - Social care (7%);
 - Others (e.g. finance, retail...; 35,5%).
- Respondent roles:
 - 24% CEOs;
 - 24% line managers;
 - 23% business owners;
 - 15% HR professionals;
 - 11% OSH professionals;
 - 3% others (e.g. wellbeing manager).

This composition provides a balanced representation of both management and staff-level perspectives on mental health practices in SMEs. The sample represents a **mix of industries and organisational sizes**, offering a foundation for understanding how mental health is approached in diverse business environments. The following section explores how these companies translate awareness into formal or informal workplace policies and initiatives.

4.3 MENTAL HEALTH POLICIES AND INITIATIVES

4.3.1 COMPANY POLICIES AND INITIATIVES

The survey results show that workplace mental health policies and initiatives remain **significantly underdeveloped** across European SMEs. Only **15%** of respondents reported having a *formal, structured* mental health or wellbeing programme in place. A further **19%** rely on *informal or inconsistent* approaches, while **27%** acknowledge having *no policy but are considering developing one*. Notably, **39%** of SMEs are *not considering* a mental health policy at all - an issue particularly evident in **Czechia, Germany and Latvia**.

Among the SMEs that do take some form of action, support remains **fragmented** and often **lacks continuity**. The most common initiatives reported include:

- Employee wellbeing or satisfaction surveys (34%);
- External counselling or support options (32%);

- Employee training (31%);
- Manager training (21.5%);
- Awareness campaigns (18%).

At the same time, **a third (34%)** of respondents stated that they do not implement **any** mental health initiatives whatsoever.

When asked what is *currently missing* in their organisations to effectively support mental health, SMEs most frequently highlighted the need for **open conversations about mental health (47%)** and greater access to **education and training (42%)**.

Together, these findings paint a picture of a landscape where workplace mental health support is **largely ad hoc, unevenly implemented** and frequently **dependent on individual initiatives** rather than a systematic organisational commitment. The German Knowledge Committee also pointed out that limited time and responsibilities, insufficient internal expertise, challenges in translating legal requirements into practice, and the low prioritisation of mental health in the absence of acute problems, could also pose a challenge in SMEs. Overall, this gap underscores the need for **stronger policy frameworks, clearer guidance and accessible training pathways**.

4.3.2 NATIONAL FRAMEWORKS AND GUIDELINES

This section examines the **broader national policy and legislative contexts** that shape SME practices across partner countries, and the extent to which these environments support, or constrain the development of structured workplace mental health strategies.

Respondents were asked whether their companies are required or recommended to follow any **national** frameworks related to workplace mental health. The results show **substantial uncertainty and variability** across countries.

Overall, **25%** of SMEs reported that they *do follow or are advised to follow* national guidelines related to workplace mental health. This proportion was **highest in Finland**, where awareness of such frameworks appears more widespread. However, **31%** of all respondents stated that they *do not follow any guidelines*.

The most striking finding is that the **largest group of respondents (43.5%)** indicated that they **do not know** whether their country has any relevant national policy or guidance on workplace mental health at all. This uncertainty was common across almost all partner countries, with the exception of Finland, suggesting limited dissemination of national frameworks or low organisational awareness of existing occupational health obligations.

Open-ended responses in **Table 4.1** further revealed **substantial variation in the number and detail** of frameworks mentioned. This variation likely reflects differences in national legislative structures, awareness of occupational health obligations and the degree to which mental health has been integrated into workplace safety policy.

TABLE 4.1

Country	National Frameworks and Guidelines
Croatia	Occupational Health & Safety Act; Labour Act.
Czechia	Labour Code (includes general OHS rules); National Action Plan for Mental Health.
Finland	Occupational Safety Act (<i>Työturvallisuuslaki</i>); Occupational Health Care Act (<i>Työterveyshuoltolaki</i>); Constitutional rights; Construction Safety Guidelines; Labour Protection Authority's recommendations; Mental Health Act (<i>Mielenterveyslaki</i>); Equality & Non-Discrimination Acts; Safe Work Environment Law; Psychosocial risk assessment.
Germany	Occupational Safety & Health Administration; German Social Accident Insurance (DGUV); Occupational Safety & Health Act (ArbSchG). ¹
Greece	<i>No specific national legislation mentioned by respondents.</i> ²
Latvia	Labor Protection Law; Occupational Health & Safety Law; Cabinet Regulation No. 660 on Internal Surveillance of Work Environment; Code of Ethics; Law on Orphan's & Custody Courts; National Security Law; Seveso Directive.
Norway	Working Environment Act (<i>Arbeidsmiljøloven</i>); Child Welfare Act; Kindergarten Act.
Spain	Occupational Risk Prevention Law (<i>Law 31/1995</i>); General Law on the Rights of Persons with Disabilities; Sectoral collective agreement for social work requiring psychosocial risk assessments.

* Note: The frameworks listed reflect respondents' awareness and even wrong perceptions rather than a verified inventory of all national legislation.

Finland produced the highest number of references, showing both regulatory visibility and stronger awareness among employers. By contrast, Greece, Croatia and Czechia generated fewer references, suggesting more limited SME knowledge of existing provisions. These disparities underline the broader challenge of ensuring consistent communication and practical application of national regulations across Europe.

¹ The German Knowledge Committee listed additional relevant national regulatory frameworks which were not mentioned in the SME survey, such as: Occupational Safety and Health Act (*Arbeitssicherheitsgesetz, ASiG*); Workplace Ordinance (*Arbeitsstättenverordnung, ArbStättV*), particularly with regard to psychological stress caused by the work environment; Social Code Book VII (SGB VII), prevention mandate of the statutory accident insurance; Prevention Act (*Präventionsgesetz, PräVG*).

² The Greek Knowledge Committee pointed out that mental health support often depends on informal, family-based structures rather than formal organisational policies. They also mentioned that while the National Action Plan for Mental Health 2021–2030 briefly acknowledges the workplace as a relevant setting for mental health promotion, SMEs mainly access short seminars and awareness sessions delivered by ELINYAE, Chambers of Commerce, SEV, and occasionally NGOs, typically focusing on stress management, psychosocial risks and wellbeing. These initiatives are voluntary though, and not part of a coordinated national framework.

4.3.3 SUMMARY OF POLICIES AND INITIATIVES

While national legislation provides a formal foundation for mental health management, the knowledge and implementation of national frameworks **does not translate into a broad implementation of company-level policies and their related initiatives**. This misalignment between national frameworks and workplace practice contributes to a limited preventive action in the realm of mental health.

The following section examines how these policy and awareness gaps manifest in the concrete mental health challenges SMEs face in their daily operations.

4.4 MAIN CHALLENGES

4.4.1 MENTAL HEALTH CHALLENGES IN THE WORKPLACE

Across the sample, **stress and burnout** were identified as the most widespread mental health challenges, affecting **62%** of respondents overall. The highest prevalence was reported in Latvia (79.5%), Finland (75%), Czechia (75%), and Spain (70%), while Norway reported a notably lower rate (25%). Other reported challenges included: **poor work-life balance (43.5%)**, **workplace conflicts (30%)** and **psychosocial risks (22.5%)**.

4.4.2 IMPLEMENTATION CHALLENGES

In terms of implementation barriers, SMEs primarily struggle with **resource limitations and organisational readiness**. The top obstacles to improving mental health support are:

- Lack of financial resources (45%);
- Employee scepticism towards mental health related programmes (37%);
- Lack of awareness among leadership (34%).

4.4.3 SUMMARY OF CHALLENGES

These findings confirm that stress and work-life imbalance are **systemic issues across SMEs**, often exacerbated by **limited resources and unclear support mechanisms**. The prevalence of stress, burnout and poor work-life balance indicates a pressing need for preventive and capacity-building measures. Although many employers recognise the need to improve mental health provision, progress is frequently hindered by **financial constraints, scepticism among employees and a lack of leadership awareness**. Together, these factors make it difficult for SMEs to move from isolated actions to more sustainable, preventive approaches. The following section examines how SMEs currently respond through training and development, and which learning formats they consider most effective.

4.5 TRAINING AND LEARNING PREFERENCES

Mental health training in SMEs remains limited. As stated in Section 4.3, only **31%** of the SMEs that participated in the survey provide **any form of mental health training** for their employees, and **less than a fourth (21.5%) provide training for managers**. Above that, only **19%** of respondents reported receiving **regular** mental health training themselves, while **37%** stated that they currently receive **no training but would be interested in accessing it**. These figures highlight the scarcity of structured and ongoing training within SMEs. Understanding which competencies employers consider most essential is therefore critical for guiding future capacity-building efforts.

4.5.1 PRIORITY TRAINING NEEDS

When asked which **leadership training areas** they considered **most important**, respondents prioritised:

- Managing stress and preventing burnout (66%);
- Managing work-life balance (56%);
- Creating a supportive workplace environment (51%);
- Recognising early signs of mental distress (49%);
- Crisis intervention techniques (41.5%);
- Leadership skills for mental health support (39.5%).

When asked what type of **support tools** would **be most valuable** for managing workplace mental health, the following emerged:

- Practical guidelines for addressing workplace stress, burnout and anxiety, including workplace risk assessment (63.5%);
- Training programmes (46%);
- Self-assessment tools for employees (45%);
- AI-based mental health risk prediction or early warning systems (27%).

The results show a clear preference for practical and interpersonal skills, with emphasis on mental health literacy, prevention and empathy in leadership.

4.5.2 PREFERRED LEARNING FORMATS

The survey findings show a clear preference among SMEs for **learning formats around the topic of mental health that combine interpersonal interaction with flexible digital access**.

In-person workshops are by far the most preferred option, selected by **60%** of respondents. This underscores the value SMEs place on direct communication, practical exercises and the opportunity to discuss sensitive issues such as mental health within a structured, facilitator-led environment.

At the same time, respondents demonstrated notable openness toward **digital and technology-enabled formats**, though generally at lower levels:

- Interactive digital platforms (34%);
- Online self-paced courses (32%);
- Short video tutorials (30%);
- Webinars (29%);
- Mobile apps with self-monitoring features (28%).

These preferences suggest that while flexibility and accessibility are important, SMEs still expect mental health training to be practical, engaging and relational, rather than delivered solely through online materials.

Overall, the distribution of preferences indicates that **blended learning models**, combining live in-person sessions with complementary digital tools, are **likely the most effective and acceptable** approach for mental health capacity building within SMEs across partner countries.

4.6 COMPETENCY AND SKILLS GAPS

Survey findings highlight several core elements that SME representatives consider **the most important** for **fostering a positive and supportive workplace culture**. The identified priorities were:

- Promoting work-life balance (organisational culture changes) (37%);
- Encouraging open communication (facilitated discussion) (27%);
- Training managers on employee wellbeing (education and training) (21.5%);
- Providing mental health resources (digital tools; web-based support) (17%).

These priorities reflect a growing recognition among SMEs that both **organisational structures and interpersonal skills** are critical for safeguarding employee mental wellbeing.

When asked who should hold **primary responsibility for employee mental health**, respondents distributed this responsibility across multiple roles:

- Managers and supervisors (51%);
- HR departments (48%);
- Employees themselves (31%);
- OSH experts (23%).

This dispersed allocation of responsibility indicates that mental health governance within SMEs is often unclear and fragmented and lacking formalised processes. The next section explores attitudinal and cultural challenges in greater detail, with a focus on how they shape mental health practices in SMEs.

4.7 BARRIERS TO OPENNESS AND HELP-SEEKING

When asked what **prevents employees from discussing mental health** concerns, the following emerged:

- Fear of negative consequences (55%);
- Stigma related to mental health (45%);
- Lack of trust in the employer (39%).

Barriers were particularly pronounced in Latvia and Spain, where stigma remains high. This underscores the importance of trust, culture and communication in mental health interventions.

4.8 TECHNOLOGY AND DIGITAL TOOLS

As workplaces adapt to digital transformation, technology increasingly shapes how employees communicate, learn and seek support. The next section examines how SMEs currently use digital tools to promote wellbeing and where opportunities and concerns lie.

4.8.1 CURRENT DIGITAL PRACTICES

Digital tool use for **training and learning** is uneven across SMEs:

- Collaboration tools (Teams, Slack, Zoom) (50%);
- Internal e-learning systems (27%);

- No digital tools used (38%).

4.8.2 ATTITUDES TOWARDS AI & DIGITAL MENTAL HEALTH TOOLS

The adoption of digital solutions to support mental health in SMEs remains limited but shows signs of gradual growth. Only **11%** of surveyed SMEs currently use **AI-assisted tools**, and **10%** use **digital wellbeing tools without AI**. However, an additional **27%** indicated **openness to adopting** such tools in the future, suggesting an emerging willingness to explore technology-enabled approaches as part of workplace wellbeing strategies.

When assessing the suitability of digital mental health tools, SMEs identified several **key concerns** that shape their decision-making:

- Perceived effectiveness compared to in-person support (54%);
- Data privacy and security (46%);
- Employee engagement with digital tools (42.5%);
- Cost of implementation (40%).

Despite these reservations, SMEs expressed a **generally cautious optimism** toward integrating digital or AI-assisted solutions, provided that **ethical safeguards, confidentiality and opportunities for human connection** remain central. The findings indicate that while digital tools are not yet widely embedded in SME wellbeing structures, there is a **potential for expansion**, especially if solutions are **affordable, secure and demonstrably effective**.

4.9 OVERVIEW OF SME POLICIES AND TOPICS

While aggregated data offer a general overview, national contexts differ significantly in terms of regulation, workplace culture and available resources. To provide a more nuanced understanding of SME practices, this section summarises **country-specific responses** from the survey questions asking participants to list (a) topics covered in their **company's policies** related to mental health, and (b) mental health-related **training topics** for managers or employees offered within their companies.

It is important to note that both questions were **optional and open-ended**, and many participants left them blank. The responses therefore reflect **the range of topics mentioned by those who provided answers**, rather than a complete or representative dataset. Nevertheless, these insights offer valuable indications of how SMEs in different countries perceive, prioritise and operationalise mental health in their workplaces. The responses summarised in **Table 4.2** reflect participants' own wording and understanding of company



policies and training topics, rather than verified or standardised categories. Variation across countries may result from differences in awareness levels among SMEs.

TABLE 4.2

Country	SME Mental Health Policy Topics	Employee/Management Training Topics
Croatia	Stress prevention; Work-life balance; Communication; Workplace wellbeing; General wellbeing.	Stress prevention; Coping with stress; Time management; Team work; Communication skills; Burnout prevention.
Czechia	Supervision; Feedback; Ethical code; Wellbeing; Burnout prevention; Psychosocial interventions; Access to company psychologists; Motivation.	Work-life balance; Mindfulness; Digital wellbeing; Supervision training; Soft skills; Communication skills; Burnout prevention; Stress management.
Finland	Workplace well-being; Coping at work; Occupational health; Harassment prevention; Early support model; Workplace community skills; HR guidelines; Workload evaluation; Workplace mental health support guidelines; Crisis management models.	Conversation & communication skills; Early identification of substance abuse; Stress management; Recovery basics; Load regulation; Basic management & wellbeing training; Early support; Workplace relationships.
Germany	Psychosocial risk assessment.	Communication; Feedback; Stress-management; Personal coaching; Resilience training.
Greece	Stress and domestic violence.	Emergency response; General training.
Latvia	Burnout prevention; Professional ethics; Stress management; General wellbeing & mental health; Psychological safety; Open communication culture.	Emotional intelligence; Mobbing & bossing; Soft skills; Conflict resolution; Supervision; Leadership; Onboarding/transition training.
Norway	Risk assessment; Psychosocial risks; Health & safety at construction sites; Annual assessments; Mental health prevention & early intervention.	Occupational Health Service trainings; Onboarding & refreshing training; Safe working environment.
Spain	Motivation; General wellbeing; Stress, anxiety & working conditions; Prevention & early intervention.	Communication skills; Healthy leadership; Psychological safety at work; Conflict resolution; Emotional wellbeing.

The open-ended responses reveal **shared priorities across countries**, particularly **stress management, burnout prevention and general wellbeing**. Training topics focused heavily on **communication, leadership and interpersonal skills**, reflecting a preference for relational approaches. Variation in response depth likely stems from differences in organisational culture and awareness. Overall, mental health seems to be increasingly recognised as relevant but remains inconsistently addressed and often informal within SMEs.

4.10 SUMMARY AND KEY TAKEAWAYS FROM THE SURVEY

Although most SMEs acknowledge mental wellbeing as a priority, structured strategies, preventive measures and leadership training remain limited. Stress and burnout are widespread, yet mental health policies are often absent or reactive. Responsibility is diffused, stigma remains high and digital solutions are not yet mainstream due to concerns about privacy and effectiveness.

4.10.1 KEY INSIGHTS

- **Awareness without structure:** Less than a fifth of SMEs have a formal mental health policy; most rely on ad hoc initiatives such as employee surveys or external counsellors.
- **Stress and burnout as systemic challenges:** Stress-related strain remains the most widespread issue, reflecting workload pressures and limited managerial capacity.
- **Training and leadership gaps:** SME leaders identify early recognition of mental distress, stress management and empathetic communication as top training needs, yet few receive regular instruction.
- **Persistent stigma and low trust:** Fear of negative consequences and stigma continue to deter employees from seeking help.
- **Digital opportunity and risk:** While most SMEs are open to using AI-assisted or digital wellbeing tools, concerns about privacy, data protection and the loss of human contact remain strong.
- **Uneven application of national frameworks:** Although psychosocial risk management is embedded in most EU OSH legislation, SME-level implementation remains uneven.

4.10.2 RECOMMENDATIONS FOR PRACTICE

The following recommendations for practice are directly informed by the survey findings and reflect the priority needs identified by SMEs across partner countries:

1. **Tailored training for SMEs:** Develop practical, time-efficient mental health training for managers and staff, focusing on prevention, early intervention and communication skills.
2. **National toolkits and guidance:** Provide practical resources for stress prevention, wellbeing promotion and referral pathways.

3. **Empathetic and supportive leadership:** Integrate mental health literacy into leadership development and HR competence frameworks.
4. **Balanced digitalisation:** Expand blended and digital training models while safeguarding data privacy and maintaining human connection.
5. **Anti-stigma and culture change:** Embed awareness and dialogue campaigns within national OSH and enterprise policies to foster openness and trust.

Building SME capacity for mental health promotion is essential to ensuring that Europe's digital and green transitions remain both productive and psychologically sustainable. For more detail and information on the digital and green transitions, please see Section 6 of this report. A coordinated, preventive and integrated approach, supported by national frameworks, sectoral partnerships and digital innovation will strengthen resilience, wellbeing and long-term business sustainability across the European SME landscape.

5. INTEGRATED FINDINGS: BRIDGING EDUCATION AND THE WORKPLACE

5.1 SHARED AND DIVERGING PERSPECTIVES

Analysis across HEIs, VET schools and SME data in Sections 3 and 4 reveals a strong convergence around four core findings:

- **Training gaps** remain the biggest shared challenge. Both educators and SME managers report limited access to structured, practical training and/or guidelines on mental health management and supportive leadership.
- **Stress, burnout and overall wellbeing** are the most prevalent and costly problems in both classrooms and workplaces.
- **Digital tools** can enhance accessibility and engagement, yet all stakeholders emphasise that they must complement, not replace, human connection and empathy.
- Most mental health initiatives are **individual or stand-alone actions**, rather than systematic or nation-wide actions.

Where differences emerge is in focus. While educators concentrate on curriculum and systemic integration of wellbeing across study programmes, SMEs seek strategies to implement day-to-day solutions to support staff and maintain productivity.

5.2 RECOMMENDATIONS FOR TRAINING AND ORGANISATIONAL PRACTICE IN EDUCATIONAL INSTITUTIONS AND SMEs

To translate evidence into action, training and policy measures should:

- Embed **mental health literacy** as a transversal skill across HEI and VET curricula and SMEs (HR development, SME preventive strategies, organisational structure of VET and HEI schools).
- Strengthen leaders' ability to **create psychological safety** at work and lower the threshold for addressing difficult issues early and constructively.
- Deliver **modular, blended training** for SME managers: short, practical units combining online and face-to-face learning.
- Strengthen **educator capacity** (further education, funding, time, staffing) through continuous professional development and centralised support systems.
- Foster **open communication** cultures within SMEs, HEIs and VET schools to reduce stigma and encourage early help-seeking.
- Share **good practices and experience** between VET schools, HEIs and SMEs and ensure the collaboration is mediated by relevant intermediaries.
- Clearly **differentiate between target groups** in trainings, including leaders, employees, advisors and health professionals. Distinguish between general SME needs and sector-specific realities (e.g. tourism, retail), as these differences affect the feasibility and usefulness of proposed training interventions.

These steps align with the European Pillar of Social Rights and the EU Strategic Framework on Health and Safety at Work (2021–2027), advancing a preventive, human-centred approach to wellbeing.

6. IMPACT OF DIGITAL AND GREEN TRANSITIONS ON MENTAL HEALTH

The desk research for the current section was conducted using purposive searches on Google Scholar and general search engines, focusing on stress, anxiety, depression, eco-anxiety, career sustainability, and their relationship to the EU's digital and green transitions. It includes literature published from 2020 onwards, such as peer-reviewed studies as well as grey literature (reports from EU institutions, international organisations and research institutes). The objective was to develop an informed overview of how the EU's dual transitions relate to the workplace mental health issues addressed by the H.A.R.M.O.N.Y. project (stress, depression and anxiety). The review was neither systematic nor exhaustive, which is acknowledged as a methodological limitation.

6.1 OVERVIEW

The European workforce is undergoing **rapid transformation** driven by two interlinked forces: **digitalisation and the green transition**. According to the 2025 EU-OSHA survey (EU-OSHA, 2025a), **one-third of EU workers** are already exposed to climate-related hazards, such as extreme heat and poor air quality, risks that are especially pronounced in outdoor sectors including fishing, agriculture, construction and forestry (Eurofound, 2024). These sectors are dominated by men, migrants and self-employed workers, indicating that the impacts of the green transition are, and will continue to be, **unevenly distributed**. Overall, Eurofound (2024) estimates that around **40% of EU workers** will be directly affected by green transition processes.

In parallel, digitalisation has become ubiquitous: an estimated **90%** of employees use digital devices daily, and nearly **30% regularly interact with AI-enabled tools** such as chatbots or wearable technologies. While workers recognise the productivity benefits of digital innovation, evidence also shows that algorithmic management practices, such as **automated task allocation, digital surveillance and constant connectivity**, significantly heighten psychosocial risks (EU-OSHA, 2025a; Gonzalez-Vazquez, et al., 2025). Survey data indicate that **25% of workers are monitored** through digital systems and **24% have their schedules determined by AI**, conditions associated with elevated stress levels and reduced autonomy. Correspondingly, **44% of EU workers report experiencing severe time pressure or overload**, and **nearly 30% report work-related stress, anxiety or depression** (EU-OSHA, 2025a). The following sections examine these dynamics in more detail, focusing first on the psychosocial impacts of digitalisation and subsequently on the mental health implications of the green transition.

6.2 DIGITAL TRANSITION EFFECTS

The widespread adoption of digital technologies has generated new work patterns as well as new psychosocial stressors. **Hybrid and remote work**, significantly accelerated during the COVID-19 pandemic, has **blurred the boundaries** between professional and personal life. Research consistently shows that teleworking contributes to **technostress**, originally defined as stress caused by computer use but now encompassing a broader range of digital pressures (European Parliament, 2020). Employees frequently report **working longer hours** as commuting time is replaced by work tasks, **feeling perpetually “on call,”** and **experiencing heightened fatigue** (Mental Health Europe, 2022; WHO, 2022a). Telework conditions can also exacerbate **work-home conflict**, increase social isolation and act as precursors to **burnout or digital addiction** (EMPL/European Parliament, 2021; European Parliament, 2020; Mental Health Europe, 2022).

Artificial intelligence and digital monitoring systems further shape psychosocial experiences at work. A 2025 European Commission report indicates that **37% of workers are monitored by AI-based tools**, and **27% have tasks automatically assigned by algorithms** (Gonzalez-Vazquez et al., 2025). Although many workers noted efficiency gains, these forms of algorithmic management were also linked to **increased stress and diminished job control**. In sectors characterised by both physical and digital platformisation, often in manual or mobile labour sectors, workers reported particularly **high levels of stress, reduced autonomy and loss of flexibility** (Gonzalez-Vazquez et al., 2025). Similarly, almost half (44%) of respondents indicated that digital technologies in the workplace result in them **working alone**. A further 37% reported **increased surveillance**, while 33% experienced **higher workloads** as a result of digital systems (EU-OSHA, 2022).

In response to these emerging risks, several EU-level directives and policy initiatives have been introduced. The **EU Strategic Framework on Health and Safety at Work (2021–2027)** prioritises the prevention of psychosocial risks in digital environments. Likewise, the **Right to Disconnect**, legislated in countries such as France, Spain, Portugal, Belgium, Greece and Italy (among others; Hopkins, 2024), safeguards workers from excessive digital availability and work encroachment into personal time.

In summary, while the digital transition **offers flexibility and new forms of work organisation**, the literature demonstrates that **inadequate governance can exacerbate psychosocial risks**. Surveillance, information overload and reduced autonomy are consistently associated with elevated workplace stress and anxiety, underscoring the need for proactive digital-wellbeing strategies.

6.3 GREEN TRANSITION AND ECO-ANXIETY

Climate change and environmental policy are increasingly recognised as **significant determinants of workers' mental health**. According to the 2025 EU-OSHA survey, approximately **20% of workers fear that climate mitigation measures will alter or endanger their jobs**, reflecting the growing prevalence of **eco-anxiety**, defined as climate-related fear, distress or anticipatory worry (EU-OSHA, 2025a; see Ayassamy, Francoeur & Paillé, 2024, for a scoping review on eco-anxiety). **Direct climate hazards**, such as extreme heat, severe weather events and deteriorating air quality, also introduce both physical safety risks and psychological strain, particularly in sectors with substantial outdoor work (EU-OSHA, 2025a).

These concerns manifest in **a range of emotional responses, including anxiety, anger and helplessness**. Hickman et al.'s (2021) multinational study of young people (aged 16–25) found that 59% were very or extremely worried about climate change, with **more than half reporting sadness, anxiety, guilt or powerlessness regarding the planet's future**. The academic literature highlights that severe **eco-anxiety can be debilitating**, interrupting sleep, concentration, work performance and overall mood, while being associated with symptoms such as chronic worry, helplessness and “eco-depression” (Pihkala, 2020; Ayassamy, Francoeur & Paillé, 2024).

On the other hand, there is also emerging evidence that **proactive engagement in environmental action can buffer against eco-anxiety**. An exploratory study by Noy et al. (2022) found that organisational initiatives emphasising environmental responsibility **can reduce distress** by signalling institutional commitment and enhancing employees' sense of agency. Such practices **may transform climate-related worry into motivation and empowerment**, encouraging employees to take meaningful action within the workplace. Researchers therefore recommend the adoption of **Green Human Resource Management (GHRM) practices**, which integrate environmental objectives across all aspects of HR policies and management (Ahmad, Javed, Sharma & Siddiqui, 2025; Ayassamy, Francoeur & Paillé, 2024)

Beyond its psychological dimensions, eco-anxiety is closely intertwined with **concerns about employment stability and future labour market prospects**. In practical terms, concerns about the green transition extend beyond ecological fears to encompass economic anxiety. EU-wide data indicate that roughly **one quarter of Europeans fear that their jobs may become incompatible with climate mitigation policies**, with the figure rising to **40-45% among 20-29 year olds** (European Investment Bank, 2022). These psychological concerns

are closely mirrored by employment-related anxieties across EU Member States, particularly among younger workers:

- **Croatia:** 19% expect that, in the future, they will have to move to another region or country because of climate change; among those aged 20–29, this figure rises to 46%.
- **Czechia:** 54% believe that climate-change mitigation policies will eliminate more jobs than they create.
- **Finland:** 13% fear job loss overall, but 28% of young adults fear job loss due to green measures.
- **Germany:** 23% fear for their job because it may soon no longer be compatible with climate protection; among 20-29 year olds, this figure rises to 52%.
- **Greece:** 30% expect that they will need to move to another region/country because of climate change; this rises to 56% among those aged 20–29.
- **Latvia:** 33% fear job loss due to climate policies (43% among 20–29 year olds).
- **Norway:** no data.
- **Spain:** over one third anticipate relocation to a different region or country because of climate change, rising to over 60% among young adults.

These economic uncertainties intersect closely with **concerns about career/work sustainability**, generally defined as the capacity to maintain meaningful employment across the life course (Eurofound, n.d.). When people face **job insecurity**, it has a **negative impact on their psychological well-being, somatic health, work self-efficacy and engagement** (De Witte, Pienaar & De Cuyper, 2016; Pires, 2025). EU-wide surveys further indicate that **only 50-60% of citizens believe the green transition will create new jobs**, underscoring widespread doubt that “green jobs” will offset potential employment losses (European Investment Bank, 2022). These perceptions may intensify stress, particularly among younger or lower-skilled workers, or those in emission-intensive sectors (OECD, 2024).

Although EU programmes such as the **Just Transition Mechanism (JTM)** and the **European Social Fund Plus (ESF+)** provide financial support and reskilling opportunities, the literature highlights a persistent gap: few transition policies explicitly incorporate mental health safeguards. Integrating psychosocial risk prevention, addressing stress, anxiety, burnout and eco-anxiety into green transition planning remains an **emerging but essential priority** for ensuring socially sustainable climate action.

6.4 IMPACT ON SME EMPLOYEES

SMEs warrant particular attention in the context of the digital and green transitions. Although they constitute the majority of EU enterprises, **SMEs typically operate with more limited financial, managerial, technical and temporal resources than larger firms**, restricting their capacity to implement comprehensive OSH and mental health support measures (EU-OSHA, 2018a). Importantly, **SMEs are highly represented in sectors that are exposed to transition-related disruptions**, such as manufacturing, construction, vehicle and motorcycle repair, and other carbon-related or digitalising industries (EU-OSHA, 2018a; Eurostat, 2020). These vulnerabilities amplify the psychosocial impacts of both digitalisation and the green transition, as discussed in the preceding sections.

Given these structural constraints, SME employees face elevated risks of workplace stress, anxiety and depression, stemming from the psychosocial burdens associated with **rapid digitalisation, algorithmic management, climate-related hazards and sectoral restructuring**. As such, targeted mental health prevention and support for SMEs is essential to ensuring that these enterprises and their workers remain resilient throughout technological and environmental change.

6.5 CONCLUSION

This desk review demonstrates that mental health is a critical and often under-addressed dimension of Europe's digital and green transitions. Evidence from EU-wide surveys, reports and empirical studies shows that these transitions are associated with rising psychosocial risks, including technostress, algorithmic pressure, work intensification, climate-related anxiety and job insecurity.

For SME employees, who constitute a key component of the European economy, the challenges are particularly pronounced, given their limited access to organisational support structures and their concentration in transition-sensitive sectors. Addressing these risks requires embedding mental health considerations into transition planning at both policy and organisational levels.

7. ESCO ALIGNMENT AND COMPETENCY FRAMEWORK DEVELOPMENT

This section examines **the most relevant European Skills, Competences, Qualifications and Occupations (ESCO) profiles related to mental health and psychosocial wellbeing**. The aim is to determine how the **knowledge, skills, competences and values** embedded in these ESCO occupations align with the learning outcomes defined in Work Package 4 (WP4). The analysis serves as a basis for shaping a qualification profile tailored to the needs of SMEs, where mental health support must be both accessible and operationally embedded.

7.1 ESCO DOMAINS AND THEIR RELEVANCY FOR THE H.A.R.M.O.N.Y. PROJECT

Mental health in the workplace has become a strategic priority across the EU as well as worldwide, underpinned by the **WHO Comprehensive Mental Health Action Plan** (WHO, 2021), **EU-OSHA guidance on psychosocial risks** (EU-OSHA, 2021), and the increasing recognition that SMEs require **preventive, low-threshold, simple forms of support** (EU-OSHA, 2018b). However, the considerable heterogeneity of workplace psychosocial interventions limits their usefulness as a basis for identifying the specific skills and knowledge required of SME managers and employees (Hogg, 2021; Schreibauer, 2020).

ESCO provides **a taxonomy of occupations, skills and competences relevant for the EU labour market**, which can serve as a flexible framework for defining new or adapted occupational profiles targeted at mental health support, psychosocial risk management and wellbeing promotion. The competences and associated learning outcomes that can be mapped onto the needs of innovative mental health-related roles. Aligning project outputs with ESCO ensures that the **proposed training modules on stress, anxiety and depression in the workplace are coherent with broader European labour market standards** and transferable to a different educational context.

Within the H.A.R.M.O.N.Y. project, **WP4 focuses on developing a preventive, workplace-embedded competence profile appropriate for SMEs**, where mental health support must be accessible, ethical and organisationally integrated, rather than clinical or treatment-oriented.

Based on the WHO and EU-OSHA recommendations, WP4 aims to train practitioners who can:

- Understand mental health, stress, and psychosocial risks in workplaces (EU-OSHA 2025b, WHO 2022c).

- Identify early warning signs of distress and risk assessment in individuals and teams (WHO 2022b).
- Communicate effectively: use active listening, empathy, and trust-building strategies (EU-OSHA 2025b, WHO 2022c).
- Provide basic support, guidance, psychoeducation, and appropriate referrals (WHO 2022b).
- Work safely and ethically, respecting confidentiality, boundaries, data protection, and rights (EU-OSHA 2025b, WHO 2022c).
- Understand organisational and SME dynamics and collaborate with HR, managers, and teams (Eurofound & EU-OSHA 2014).
- Use digital self-help tools as well as tools for psychoeducation (WHO 2022c).

7.2 RELEVANT ESCO OCCUPATIONAL DOMAINS

A targeted review of ESCO occupational classifications was carried out through a structured, keyword-based search using pre-defined words (i.e. “mental health”, “psychosocial”, “wellbeing”, “occupational health”, “workplace”, “prevention”, “counselling”) of the ESCO online database ([link](#)). The resulting occupations were screened based on their **titles and official ESCO descriptions**. Clinical roles such as psychiatrists were excluded. Occupations were included if their core tasks and competence descriptions involved (a) providing psychological or psychosocial support, (b) assessing or managing psychosocial risks, or (c) promoting health and wellbeing. Then, relevant ESCO occupations whose **skills and knowledge domains align with workplace mental health support, psychosocial risk management and wellbeing promotion**, were identified. These profiles provide the **foundation for determining which skills, knowledge and competences should be incorporated** into SME-focused mental health training.

Relevant occupations include:

- Psychologists (2634)
 - Psychologist (2634.2)
 - Psychotherapist (2634.2.4)
- Social work and counselling professionals (2635)
 - Social worker (2635.3)

- Social work associate professionals (3412)
 - Mental health support worker (3412.4.8)

These occupational groups collectively represent clinical, psycho-social and community-support perspectives relevant for workplace mental health practice and inform the selection of knowledge, skills and competences for SME-focused mental health training.

7.3 COMPARATIVE ANALYSIS: ESCO OCCUPATIONS VS. WP4 OUTCOMES

The table presented in **Annex 5** compares the **key competencies and learning outcomes** of selected ESCO occupations related to mental health in the workplace with the desired learning outcomes of WP4, aimed at developing a **preventive, workplace-embedded competence profile for SMEs**. It maps the roles and competencies associated with mental health-related occupations against the skills needed for effective workplace mental health support (see section 7.1). By aligning these ESCO occupations with WP4 learning outcomes, the table ensures that **proposed training content is grounded in EU-recognised standards** and linked to **existing occupational profiles**. This approach supports the development of **baseline, transferable skills** that are relevant for staff in SMEs who, as part of their everyday organisational practice, may be involved in addressing mental health and psychosocial challenges in the workplace. This alignment will also guide the **design of training modules** in the H.A.R.M.O.N.Y. project, which are essential for SMEs to proactively manage mental health and psychosocial risks in their teams.

7.4 INTEGRATION WITH TRAINING MODULE DESIGN (WP4)

Each competence cluster summarised above will correspond to one or more **modular training units** developed under WP4. Modules will be:

- Micro-learning based, allowing flexible access for SME employers;
- Delivered through the project's digital platform;
- Informed by EU policy frameworks on health, safety and skills.

7.5 SUMMARY

This section compares ESCO mental health occupations with the competence requirements defined in the H.A.R.M.O.N.Y. project, specifically WP4. The analysis shows strong alignment in communication, ethics, early recognition and basic support skills across the four selected professions. It also identifies gaps: clinical competencies often exceed SME needs, while workplace-specific, preventive and organisational skills require further development.

8. CONCLUSION

This report provides a **cross-national mapping of mental health education, training provision and workplace needs** across eight European countries within the H.A.R.M.O.N.Y. project. Drawing on evidence from HEIs, VET schools and SMEs, the findings reveal a consistent picture: mental health is widely **recognised as a priority** across Europe, yet the systems, competencies and resources required to address mental health in the workplace remain **uneven, fragmented and insufficiently embedded**.

Across HEIs, mental health is **increasingly integrated into curricula**, supported by counselling services and a growing focus on resilience and wellbeing. In contrast, VET provision is **less systematic** and often dependent on individual teacher initiative, limited resources or isolated projects. Educators at both levels expressed **strong willingness to address mental health**, but highlighted the need for **clearer institutional frameworks, professional development and accessible teaching materials**. The rapid expansion of digital learning and AI further emphasises the need to **balance innovation with emotional connection and digital wellbeing literacy**.

Within SMEs, the landscape is characterised by **high awareness, but low structural capacity**. **Stress and burnout** are pervasive, yet only a minority of SMEs have formal mental health policies or sustained, regular training. Preventive approaches remain rare, responsibility is diffuse and stigma continues to restrict help-seeking. Employers consistently indicated a need for **practical, applied training focused on early recognition, supportive leadership, communication, crisis response and work-life balance management**. While SMEs express cautious openness to digital and AI-enabled support, concerns about privacy, effectiveness and employee engagement must be addressed for widespread adoption.

The dual forces of **digitalisation and the green transition** introduce new psychosocial pressures, including: technostress, job insecurity, increased digital monitoring and eco-anxiety. These transitions highlight the need for **balancing efficiency and environmental goals with psychological safety and humane leadership**. Embedding mental health considerations into digital and green strategies will be vital to ensuring that Europe's future of work is not only **smart and green**, but also **mentally healthy and socially sustainable**. They also underscore the importance of **embedding mental health considerations within broader organisational strategies** and EU-level policy initiatives.

Taken together, the findings point to several **overarching conclusions**:

- A competence gap exists across both education and employment systems. Educators, trainers and SME managers all require targeted, practical and up-to-date mental health competencies.
- Training must be accessible, modular and practice-oriented. SMEs favour blended, short-format learning models that integrate interpersonal interaction with flexible digital content.
- Digital transformation requires ethical, human-centred implementation. AI and digital tools should complement, not replace, trusted human relationships and require robust privacy safeguards.
- Policy visibility and dissemination remain weak. National frameworks for mental health management exist, but many SMEs are unaware of them or unsure how to apply them.
- Cross-sector collaboration is essential. Sustainable improvement will depend on stronger coordination between HEIs, VET institutions, employers, policymakers and mental health experts.

The insights from this report will **directly inform the development of the H.A.R.M.O.N.Y. project’s training modules, digital learning platform and AI-based support system architecture**. By aligning identified needs with ESCO competencies, the project will deliver a **coherent, evidence-based framework** that strengthens both educator readiness and SME capacity for early intervention, prevention and supportive leadership.

Ultimately, promoting mental health in Europe’s workplaces requires more than isolated initiatives: it demands a **coordinated shift** toward preventive, practical and competence-driven practice. By equipping educators and employers with the **tools, knowledge and confidence** to recognise and respond to mental health challenges, while embedding wellbeing into **digital and green transitions**, the H.A.R.M.O.N.Y. project contributes to a resilient, sustainable and human-centred future of work across Europe.

REFERENCES

- 1) Ahmad, S., Jawad, U, Sharma, C. & Siddiqui, M.S. (2025). Green Human Resource Management: Analyzing sustainable practices and organizational impact through a Word2Vec approach. *Green Technologies and Sustainability*, 3(4).
<https://doi.org/10.1016/j.grets.2025.100224>
- 2) Ayassamy, P., Francoeur, V. & Paillé, P. (2024). Workplace eco-anxiety: a scoping review of what we know and how to mitigate the consequences. *Frontiers in Sustainability* (5). <https://doi.org/10.3389/frsus.2024.1371737>
- 3) De Witte, H., Pienaar, J., & De Cuyper, N. (2016). Review of 30 years of longitudinal studies on the association between job insecurity and health and well-being: Is there causal evidence? *Australian Psychologist*, 51(1), 18–31.
<https://doi.org/10.1111/ap.12176>
- 4) European Investment Bank (2022). *The EIB climate survey 2021-2022: Citizens call for green recovery (4th ed.)* [PDF]. European Investment Bank. Available at: <https://www.eib.org/en/surveys/climate-survey/4th-climate-survey/green-transition-jobs-lifestyle-adaptation.htm#:~:text=%2A%2025,29> (Assessed 12.11.2025).
- 5) EMPL/European Parliament (2021). *Mental health and well-being in the digital world of work post COVID: Background paper* (Workshop 2 December 2021). Employment and Social Affairs Committee (EMPL). Available at: <https://www.europarl.europa.eu/cmsdata/243042/Background%20document.pdf> (Assessed 12.11.2025).
- 6) ESCO Classification (nd). https://esco.ec.europa.eu/en/classification/occupation_main (Assessed 12.11.2025).
- 7) Eurofound (nd). Sustainable Work. Available at: <https://www.eurofound.europa.eu/en/topics/sustainable-work> (Assessed 6.11.2025).
- 8) Eurofound (2024). *Job quality side of climate change*. Publications Office of the European Union, Luxembourg. Available at: <https://eurofound.link/ef23032>. (Assessed 12.11.2025)
- 9) Eurofound and EU-OSHA (2014), *Psychosocial risks in Europe: Prevalence and strategies for prevention*. Luxembourg: Publications Office of the European Union.
- 10) European Commission (nd). SME Definition. Available at: https://single-market-economy.ec.europa.eu/smes/sme-fundamentals/sme-definition_en. (Assessed 6.11.2025)
- 11) European Parliament (2020). *The mental health of workers in the digital era: How recent technical innovation and its pace affects the mental well-being of workers* (Briefing PE 642.368). Available at: [www.europarl.europa.eu/RegData/etudes/BRIE/2020/642368/IPOL_BRI\(2020\)642368_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/BRIE/2020/642368/IPOL_BRI(2020)642368_EN.pdf) (Assessed 22.11.2025).
- 12) Eurostat (2020). *Small and medium-sized enterprises: an overview*. Available at: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20200514-1> (Assessed 12.11.2025).
- 13) Eurostat. (2021). *Self-reported work-related health problems and risk factors - key statistics*. European Commission. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Self-reported_work-related_health_problems_and_risk_factors_-_key_statistics (Assessed 12.11.2025).

- 14) European Agency for Safety and Health at Work (EU-OSHA; nd). *Psychosocial risks and mental health at work*. Available at: <https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health> (Assessed 22.11.2025).
- 15) EU-OSHA (2018a), *Safety and health in micro and small enterprises in the EU: the view from the workplace. (European Risk Observatory Report)*. Publications Office of the European Union. [https://osha.europa.eu/sites/default/files/Safety_and_health MSEs Report view from the workplace.pdf](https://osha.europa.eu/sites/default/files/Safety_and_health_MSEs_Report_view_from_the_workplace.pdf) (Assessed 22.11.2025).
- 16) EU-OSHA (2018b). *Healthy workers, thriving companies-a practical guide to wellbeing at work: Tackling psychosocial risks and musculoskeletal disorders in small businesses*. Bilbao: European Agency for Safety and Health at Work. Available at: [https://osha.europa.eu/sites/default/files/EC_GUIDE_STRESS MSD WEB.pdf](https://osha.europa.eu/sites/default/files/EC_GUIDE_STRESS_MSD_WEB.pdf) (Assessed 12.11.2025).
- 17) EU-OSHA (2021). *Psychosocial risks and stress at work*. Available online: <https://osha.europa.eu/en/themes/psychosocial-risks-and-mental-health> (Assessed 3.12.2025).
- 18) EU-OSHA (2022), *OSH Pulse - Occupational safety and health in post-pandemic workplaces*. Publications Office of the European Union. Available at: <https://osha.europa.eu/en/publications/osh-pulse-occupational-safety-and-health-post-pandemic-workplaces> (Assessed 22.11.2025).
- 19) EU-OSHA (2024). *Digital technologies at work and psychosocial risks: evidence and implications for occupational safety and health*. Publications Office of the European Union. Available at: https://osha.europa.eu/sites/default/files/documents/Digitalisation-and-PSR_EN.pdf (Assessed 22.11.2025).
- 20) EU-OSHA (2025a). *OSH Pulse 2025 – Occupational safety and health in the era of climate and digital change*. Luxembourg: Publications Office of the European Union. Available at: https://osha.europa.eu/sites/default/files/documents/OSH-pulse-2025-climate-digital-change_EN.pdf (Assessed 22.11.2025).
- 21) EU-OSHA (2025b). *Strategies and legislation on psychosocial risks in six European countries*. Luxembourg: Publications Office of the European Union. Available at: <https://osha.europa.eu/en/publications/strategies-and-legislation-psychosocial-risks-six-european-countries> (Accessed 12.11.2025).
- 22) González Vázquez, I., Fernández Macías, E., Wright, S., & Villani, D. (2025). *Digital monitoring, algorithmic management and the platformisation of work in Europe*. Publications Office of the European Union. <https://data.europa.eu/doi/10.2760/9406086> (Assessed 22.11.2025).
- 23) Hickman, C., et al. (2021). *Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey. The Lancet Planetary Health*, 5(12), e863 – e873. [https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)
- 24) Hogg, B., Medina, J. C., Gardoki-Souto, I., Serbanescu, I., Moreno-Alcázar, A., Cerga-Pashoja, A., Coppens, E., Tóth, M. D., Fanaj, N., Greiner, B. A., Holland, C., Kólvés, K., Maxwell, M., Qirjako, G., de Winter, L., Hegerl, U., Pérez-Sola, V., Arensman, E., & Amann, B. L. (2021). *Workplace interventions to reduce depression and anxiety in small and medium-sized enterprises: A systematic review. Journal of Affective Disorders*, 290, 378–386. <https://doi.org/10.1016/j.jad.2021.04.071>
- 25) Hopkins, J. (2024). *Managing the Right to Disconnect—A Scoping Review. Sustainability*, 16(12), 4970. <https://doi.org/10.3390/su16124970>

- 26) JRC/EU-OSHA (2024). *Digitalisation and workers wellbeing: The impact of digital technologies on work-related psychosocial risks*. European Union. Available at: <https://osha.europa.eu/en/publications/digitalisation-and-workers-wellbeing-impact-digital-technologies-work-related-psychosocial-risks> (Assessed 22.11.2025).
- 27) Mental Health Europe (2022). *Mental health in the digital age: Applying a human rights based, psychosocial approach as compass*. Available at: <https://www.mentalhealtheurope.org/library/mhe-releases-digitalisation-report/> (Assessed 22.11.2025).
- 28) Noy, S., Patrick, R., Capetola, T., Henderson-Wilson, C., Chin, J. W., & LaMontagne, A. (2022). Minding environment, minding workers: environmental workers' mental health and wellbeing. *Global health promotion*, 17579759221081881. *Advance online publication*. <https://doi.org/10.1177/17579759221081881>
- 29) OECD/EU (2018). *Health at a Glance: Europe 2018: State of Health in the EU Cycle*, OECD Publishing, Paris. https://doi.org/10.1787/health_glance_eur-2018-en (Assessed 22.11.2025).
- 30) OECD (2021). *A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Ill-Health*. OECD Health Policy Studies. OECD Publishing, Paris. <https://doi.org/10.1787/4ed890f6-en> (Assessed 22.11.2025).
- 31) OECD (2024), *OECD Employment Outlook 2024: The Net-Zero Transition and the Labour Market*, OECD Publishing, Paris. <https://doi.org/10.1787/ac8b3538-en> (Assessed 22.11.2025).
- 32) Pihkala, P. (2020). Eco-Anxiety and Environmental Education. *Sustainability* 12(23), 10149; <https://doi.org/10.3390/su122310149>
- 33) Pires, M. L. (2025). The Effects of Job Insecurity on Psychological Well-Being and Work Engagement: Testing a Moderated Mediation Model. *Behavioral Sciences*, 15(7), 979. <https://doi.org/10.3390/bs15070979>
- 34) Schreibauer, E. C., Hippler, M., Burgess, S., Rieger, M. A., & Rind, E. (2020). Work-Related Psychosocial Stress in Small and Medium-Sized Enterprises: An Integrative Review. *International Journal of Environmental Research and Public Health*, 17(20), 7446. <https://doi.org/10.3390/ijerph17207446>
- 35) WHO (2021). *Comprehensive mental health action plan 2013–2030*. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240031029>
- 36) WHO (2022a). *Healthy and safe telework: Technical brief*. Available at: <https://www.who.int/publications/i/item/9789240040977> (Assessed 22.11.2025).
- 37) WHO (2022b). *WHO guidelines on mental health at work*. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240053052> (Assessed 12.11.2025).
- 38) WHO (2022c). *WHO mental health at work: a policy brief*. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240057944#:~:text=The%20Mental%20health%20at%20work%3A%20policy%20brief%2C%20developed,the%20WHO%20guidelines%20on%20mental%20health%20at%20work> (Assessed 12.11.2025).

LIST OF ANNEXES

ANNEX 1: MENTAL HEALTH PROGRAMMES AT VET AND HEI LEVELS

ANNEX 2: INTERVIEW SCENARIO

ANNEX 3: SME SURVEY QUESTIONS

ANNEX 4: COMPARATIVE OVERVIEW OF MENTAL HEALTH EDUCATION AND TRAINING
ACROSS PARTNER COUNTRIES (HEI AND VET)

ANNEX 5: ESCO OCCUPATIONS AND WP4 OUTCOMES

ANNEX 1: MENTAL HEALTH PROGRAMMES AT VET AND HEI LEVELS

Country	MH programme/subject name at institution	Key topics covered within programme	Name of institution	Programme website	VET / HEI
Croatia	Community table	Mental health awareness Financial literacy and career development Self-help and emotional regulation Peer support Communication skills and destigmatization	NGO Maštara	---	VET
Croatia	Various workshops, roundtables, symposia, and psychoeducation initiatives	Mental health awareness and psychoeducation Depression, anxiety, shame, and stigma Communication and relationship-building Sexuality, gender identity, and reproductive health Cyberbullying, online behavior, digital self Loneliness, peer violence, and risky behavior Learning and memory techniques Social and emotional wellbeing	Centar za zdravlje mladih „Zagreb“	---	VET
Croatia	Student Counseling Service (individual and group counseling, workshops) Mental health workshops (topics: anxiety, depression, motivation, relationships, FOMO, European Mental Health Week)	Anxiety, depression, lack of motivation Interpersonal relationships and communication FOMO and social media influences General psychoeducation and stigma reduction Prevention and self-help strategies	Algebra Bernays University	---	VET
Croatia	Development of Personal and Social Competences (ROSK) Conflict management, non-violent communication, mediation seminars Programmes: Sretno dijete, Biti okej, Škole podrške, Zajedno, Medijacija, Osnovni seminar medijacije	Social and emotional competences of children and youth Teacher wellbeing and professional support Conflict management, prevention of peer violence Resilience after crises (e.g., post-earthquake community programmes) Inclusion and diversity (neurodivergence, minority groups, LGBT, Roma) Mediation and non-violent communication Critical thinking strategies (RLCT methodology)	Forum for Freedom in Education (Forum za slobodu odgoja)	---	VET

	Programmes on inclusion, diversity, and civic education				
Croatia	Various informal mental health education initiatives (e.g. projects, workshops, webinars)	Mental health literacy and destigmatization Anxiety, depression, burnout, post-graduation stress FOMO, social media influence, productivity pressure Addiction, communication with children, learning support LGBTQ+ inclusion, parenting, hobby development Critical thinking, AI influence, peer support	Udruga Maštara	---	HEI
Croatia	School-based psychological support groups (psychogroups) Workshops in schools (stress management, self-awareness, self-care, time management, coping with anxiety and public speaking) Teacher training (relational competences, innovative teaching, student-centered methods) Training of new psychotherapists PKTN.hr platform (with UNICEF, ERF, and NGO Boli Me – videos on youth mental health) Guest lectures and conference presentations on mental health	Stress recognition and management Self-awareness, self-confidence, setting goals Coping with anxiety, tremors, and stage fright Balance between obligations and personal life Importance of emotions, boredom, rest, and humor Responsibility and choice-making for adolescents Addiction prevention Parenting, work-life conflict, resilience Career guidance, motivation, volunteering, civic participation	Freelancer	---	HEI/ VET
Croatia	Courses and modules taught at HEI (various subjects, including communication and rhetoric) Student counseling / “conversation room” at Algebra University	Communication skills (verbal, non-verbal, adapting to new situations) Reducing stigma around mental health Values and forms of communication Counseling and conversational support for students	Algebra Bernays University	---	VET

	Workshops on communication and adjustment	Psychoeducation inspired by Viktor Frankl's existential psychotherapy			
Croatia	Psychological Empowerment of Students (elective BA course) Student Counseling Service (individual counseling, group counseling, workshops)	Cognitive understanding of mental processes and psychological flexibility Neurophysiology of stress and coping (vagus nerve, relaxation techniques) Coping with anxiety, depression, stress, and interpersonal issues Communication skills and boundary-setting Psychoeducation aimed at reducing stigma	University of Osijek	---	HEI
Croatia	Educational workshops (stress management, recognizing depressive symptoms, anxiety, communication skills) Counseling support for students at the Student Counseling Service	Coping with anxiety and depressive symptoms Stress management strategies Communication and interpersonal competences Cognitive-behavioral (CBT) and acceptance & commitment therapy (ACT) techniques Prevention of burnout and development of self-care skills	University of Osijek	---	HEI
Croatia	Workshops and activities focused on safety, consent, and relationships Initiatives tackling sexual harassment and toxic relationships Psychoeducational sessions connected with counseling service	Sexual harassment, consent, and toxic relationships Safety issues and awareness-raising in student contexts Boundary-setting and communication skills Self-care strategies and preventive approaches Stigma reduction through psychoeducation and open discussions	University of Osijek	---	HEI
Czechia	Not an individual subject – career advisory group coaching sessions or panel discussions. School also has its own counselling centre and centre for students with special needs.	Stress Stress management Decision-making Imposter syndrome Wellbeing Mental health, resilience Self-awareness Working with thoughts Communication skills	MUNI (Masaryk University) Brno	https://kariera.muni.cz/	HEI
Czechia	Following a mass shooting in 2023, mental health has become an especially	Online educational portal: Communication, Self-coaching, How to sleep better,	Charles University	https://kanpr.ff.cuni.cz/cs/	HEI

	<p>important topic at the university, alongside the ongoing impact of COVID-19. The university now holds an Annual Mental Health Day to promote awareness and support. A first aid in mental health course is offered, providing practical tools for helping individuals in crisis, including role-playing and hands-on skills training. An education portal with mental health related courses is accessible to PhD students and staff. Students also have access to a Career and Counselling Center and a Center for Resilience, offering additional support and guidance.</p>	<p>How to work better, Safe communication. EMDR and trauma processing. Workshops: Wellbeing, Preventing burnout, Soft skills, Time Management, Working under stress and pressure. Fit and Smart student: course on better sleep, burnout prevention</p>			
Czechia	<p>Electibles: First years as a lecturer Growth Mindset and Flexibility in the Educational Process</p> <p>Workshops on wellbeing: for PhD students and faculty members. School also offers a counseling centre with 5 free sessions.</p>	<p>Wellbeing Developing strengths Emotional regulation Coping strategies and techniques</p> <p>Peer support</p>	MUNI (Masaryk University) Brno	https://ped.muni.cz	HEI
Czechia	<p>Managerial psychology for economics students Cognitive management</p>	<p>Strong focus on self-development, self-regulation, emotions and emotional pressure, self-care and wellbeing – especially in the context of being a manager one day.</p>	Newton University (private university)	www.newton.university	HEI

	<p>Bachelors students: Psychology basics Masters level: Personality psychology There is no counselling centre within university!</p>				
Czechia	<p>Mindfulness for managers (electible) Managerial psychology (mandatory subject) Organisational behaviour Stress and resilience (one lecture for bachelors degree students) School has been running a counselling center for past 30 years. Centre offers courses for students and teachers, 1-2x/semester and podcast with mindfulness-based meditations. Every summer: Mental Health Day – organised by counselling centre in collaboration with external experts. Uni also offers a centre for students with special needs</p>	<p>Working with stress, meditation and mindfulness Role of coaches, psychologists, where to seek help. Broad overview of most common MH issues. Lectures offered by counselling centre: Resilience for teachers and educators Stress and burnout prevention Time management, Exam stress, Basics of resilience Communicating with people in crisis.</p>	University of economics	https://vse.cz	HEI
Czechia	<p>Psychology Communication Basics of education and patient education There is no access to counselling or school psychologist, but school prevention</p>	<p>Burnout syndrome Motivation</p>	SZSVZS (Secondary and Higher Vocational school of healthcare and nursing)	https://www.szsvzs.cz	VET

	specialist/coordinator is available.				
Czechia	<p>General and developmental psychology Healthcare psychology Social Psychology</p> <p>School has a career and educational advisor, as well as school prevention specialist/coordinator. Clinical psychologists come in as external lecturers.</p>		SZSUO (Secondary and Higher Vocational school of healthcare and social work)	https://szsuo.cz	VET
Czechia	<p>Psychology Self care as part of your career Confidential (whistleblowing) letterbox available at school for anonymous sharing School psychologist is available 1 day/week.</p>	Working with children and working with self	VOSPSS (Higher Vocational School of Pedagogy and Social Studies)	https://www.ped-km.cz	VET
Czechia	<p>Methods of Social Work Health Sciences Psychiatry Self care Addictology</p> <p>School psychologist is available, but no counselling centre or additional events/support of MH.</p>	Supervision Burnout prevention	JABOK (Higher Vocational School of Social Pedagogy and Theology)	https://www.jabok.cz	VET
Czechia	<p>Psychology and communication Health education</p>	Self-care Self-monitoring Dealing with difficult situations	SZSVZS II. (Secondary and Higher Vocational school of healthcare and nursing)	https://www.szsvzs.cz	VET

	School runs a counselling centre, offering counselling 3 days/week, an educational counselor, and school prevention specialist/coordinator are also available.				
Finland	Clinical Expert: Mental Health & Substance Abuse Work	Clinical expertise: Evidence-based MH & substance-use interventions Service and recovery support Family and close network approaches	Turku University of Applied Sciences (TUAS)	https://www.turkuamk.fi/koulutukset/kliininen-asiantuntija-mielenterveys-ja-paihdeyto/	HEI
Finland	Specialisation in Mental Health & Substance Abuse	Multidisciplinary MH/SA competences for assessment and support treatment (addiction, support behavioral change, impact evaluation) care pathways inter-professional work in healthcare and support sector (cooperation between experts to address challenges and provide dedicated support)	Turku University of Applied Sciences (TUAS)	Mielenterveys- ja päihdeytoen erikoistumiskoulutus - Turku AMK	HEI
Finland	Nursing of Mental Health and Substance Abuse patients	MH & substance-use care Patient-centred approaches	Turku University of Applied Sciences (TUAS)	https://opinto-opas.turkuamk.fi/21632/fi/21699/21706/1741/919/31983?lang=en	HEI
Finland	Mielenterveyden ensiapu (Mental Health First Aid)	MH literacy Stigma & trauma reduction First-aid steps for appropriate support in the early stages Option to qualify as instructor	MIELI Mental Health Finland	https://mieli.fi/materiaalit-ja-koulutukset/koulutukset/mielenlukutaito/mtea/	
Finland	Mielenterveys- ja päihdeytoen osaamisalaopinnot	Completion of MH/Substance use modules of the basic qualification in social & health care	Turku Vocational Institute (TAI)	https://tai.fi/koulutukset/mielenterveys-ja-paihdeytoen-	VET

				osaamisalaopinnot-oppisopimus	
Finland	QueerMieli: Dedicated trainings for higher-education personnel for students well being	Minority stress, discrimination structures, inclusive pedagogy;	Nyyti ry	https://www.nyyti.fi/en/queermieli-trainings-for-personnel-in-higher-education	HEI
Finland	Psychotherapist trainings (adult/child & adolescent)	Psychotherapy theory Supervised clinical practice Epidemiology of mental health Neurosciences	University of Turku	https://opas.peppi.utu.fi/en/programme/98815?period=2024-2027	HEI
Finland	Mielenterveys- ja päihdetyön ammattitutkinto (Vocational Qualification in Mental Health and Substance Abuse Work)	Work in preventive/rehabilitative MH & SU Harm reduction Community & network work	Raseko – Raisio Region Education Consortium	https://www.raseko.fi/koulutus/mielenterveys-ja-paihde-tyon-ammattitutkinto	VET
Germany	Promoting Health and Prevention in Teacher Education	Health Programmes and Prevention Mental Health Behavioral Issues oder Disruptive Behavior Introduction to School Health Promotion and Education Educational Psychology Social Work	Leuphana University	https://www.leuphana.de/	HEI
Germany	Privat University	Psychology in Bachelor's and Master's programmes Health Prevention Mental Health	School of psychology	https://www.srh-university.de/de/bachelor	HEI
Germany	Department of Health Sciences	Health Module (Setting-based Approach and Skills Development; Sleep, Nutrition, Mental Health, Time Management) Based on the Health Literacy Model Interdisciplinary course (House of Health) Covers the fundamentals of health and health literacy, resilience, and planetary health	University of Applied Health Sciences	https://www.haw-hamburg.de/forschung/competence-center/	HEI

Germany	GUROM	Work, Business, and Organizational Psychology	Friedrich Schiller University Jena	https://www.gurom.de/ https://www.fsv.uni-jena.de/22594/institut-fuer-psychologie	HEI
Germany	Institute for Education for Sustainable Development and Transdisciplinary Research	Politics, Society, and Sustainability - encompassing topics related to health.	Leuphana University	---	HEI
Germany	Health and Care Assistance	Basic Training on Mental Health De-escalation Training for Nursing and Care Staff Resilience Promotion and Stress Management Introductory Seminar on Psychological Risk Assessment	quadracare GmbH	https://www.quatracare.de/	VET
Germany	Seminars for statutory accident insurance institutions Vocational education Medical education / medical pedagogy	Medical Education, seminars at the employers' liability insurance association on workplace safety and risk assessment Dealing with uncertainty Organizational consulting and development Transformation of work / changing world of work	Fresenius University of Applied Sciences	---	VET
Germany		Topics from health, work, and organizational psychology such as leadership, teamwork, communication, dealing with stress and emotion regulation, and resilience.	anonymous	---	VET
Germany		The person delivers training on healthy working in digital times, healthy leadership, mindfulness, relaxation techniques, and healthy break design..	Team Gesundheit	https://teamgesundheit.de/	VET
Germany		Attachment theory, developmental psychology, depth psychology, psychological disorders, communication and team building.	Vocational School for Social Pedagogy	---	VET
Greece	Psychology (part of curriculum) One-day seminars on mental health and self-care	Communication skills Self-care Mental health stigma reduction Basic psychoeducation Burnout prevention (underrepresented, but identified as a need)	SBIE – Modern Biomedical Professions	www.sbie.edu.gr	VET

		Self-care			
Greece	Online courses & webinars	Communication, crisis management, suicide prevention, awareness	SBIE – Modern Biomedical Professions	www.sbie.edu.gr	VET
Greece	Certified Health Coaching Programme (6 months)	Empathy, crisis management, early diagnosis, holistic care	SBIE – Modern Biomedical Professions	www.sbie.edu.gr	VET
Greece	Coaching Patients – Tools & Techniques (80 hours)	Positive Health model, resilience, stress/depression management, social participation, lifelong learning, autonomy, meaning of life	SBIE – Modern Biomedical Professions	www.sbie.edu.gr	VET
Greece	Extracurricular / Community Activities	Awareness campaigns, volunteering in local community MH initiatives, participatory workshops	VET SCHOOLS		VET
Greece	Psychiatric Nursing I & II (theory & clinical practice)	Mental health nursing theory, clinical placement in psychiatric hospitals & community MH structures	Universities of Nursing (e.g., EKPA, other HEIs)	https://en.uoa.gr	HEI
Greece	Health Psychology	Psychological factors affecting health, coping, self-care, resilience	Universities of Nursing (e.g., EKPA, other HEIs)	https://en.uoa.gr	HEI
Greece	Psychology of Health (undergraduate core)	Communication skills, self-care, stress, resilience, health psychology basics	Universities of Nursing (e.g., EKPA, other HEIs)	https://en.uoa.gr	HEI
Greece	Gerontological Nursing (with MH focus)	Psychosocial problems in elderly, dementia care, palliative care, grief processes	Universities of Nursing (e.g., EKPA, other HEIs)	https://en.uoa.gr	HEI
Greece	Crisis Management in Mental Health Nursing	Emergency psychiatric care, suicide prevention, crisis intervention	Universities of Nursing (e.g., EKPA, other HEIs)	https://en.uoa.gr	HEI
Latvia	Psychology programmes (bachelor's and master's level)	Emotional well-being, stress management, conflict management, practical counselling skills	Daugavpils University	https://du.lv/	HEI
Latvia	Management programme	Emotional and mental health as a managerial competence	Daugavpils University	https://du.lv/	HEI
Latvia	Preschool and primary school teacher programmes	Social-emotional learning Emotions, conflicts, emotional intelligence	Daugavpils University	https://du.lv/	HEI
Latvia	Nursing programme	Mental health through the lens of medicine, psychology, and social sciences	Daugavpils University	https://du.lv/	HEI
Latvia	Communication skills training	Social perception and observation; Skilful empathy. Stereotypes and prejudices;	University of Latvia	https://www.lu.lv/	HEI

		<p>Non-verbal communication and encouraging the conversation partner; Paraphrasing; Recognizing and reflecting emotions; Questions. Conducting an interview; Feedback; Personal growth in the context of communication skills.</p>			
Latvia	Methods for promoting personal growth and self-efficacy	<p>The “self” concept; Self-esteem and self-efficacy; Life goals and values; Personal resources; Personal relationships and their influence on the individual; Analysis of personal life experience; Personal and professional aspects of psychologist’s work; The concept of stress, symptoms. Stress-provoking factors; Emotions and their connection with stress; Quick, operative stress reduction methods; The influence of thinking on stress level. Self-regulation of thinking; Long-term sustainable stress regulation methods; Time use, planning, and goal setting; Lifestyle review, mobilization of positive resources; Summary of students’ self-analysis and personal growth.</p>	University of Latvia	https://www.lu.lv/	HEI
Latvia	Stress management	<p>The concept of stress, symptoms. Stress-provoking factors; Emotions and their connection with stress. Quick, operative stress reduction methods; The influence of thinking on stress level. Self-regulation of thinking; Long-term sustainable stress regulation methods; Time management, planning, and goal setting; Lifestyle review, mobilization of positive resources.</p>	University of Latvia	https://www.lu.lv/	HEI

Latvia	Personnel development methods	Adult education theory and methods, employee motivation methods, coaching, supervision, mentoring, team building	University of Latvia	https://www.lu.lv/	HEI
Latvia	Introductory studies (for all first-year students)	Well-being, learning communication, ethics, time management	Vidzeme University of Applied Sciences	https://va.lv/	HEI
Latvia	Professional development programme for teaching staff	How to notice difficult situations among students, recognize signals, and respond appropriately	Vidzeme University of Applied Sciences	https://va.lv/	HEI
Latvia	Study courses in various programmes, e.g., Public Speaking, Social Cognition, etc.	Stress, anxiety, diversity, identity, inclusion, critical thinking	Vidzeme University of Applied Sciences	https://va.lv/	HEI
Latvia	Psychological and career support for students	Emotional support, stress coping, professional growth	Vidzeme University of Applied Sciences	https://va.lv/	HEI
Latvia	Professional development directions for academic staff	Emotional support, communication skills, well-being, stress prevention	Vidzeme University of Applied Sciences	https://va.lv/	HEI
Latvia	General study programmes and extracurricular activities: psychology for teachers, psychology in and for education, human behaviour	Emotional health, student depression, self-harm, anxiety, crisis situations, teacher well-being. Understanding of mental health, recognition of disorders, providing support to students. Personality psychology, motivation, values, mental health theories	Riga Technical University	https://www.rtu.lv/lv/lepaja	HEI
Latvia	Social skills training	Professional communication of the psychologist and career opportunities; Adaptation issues; Perception, communication, and interaction; Conditions for effective listening; Understanding emotions and managing emotional states. Emotional intelligence; The importance of professional and personal resources in communication; Team building.	Rīga Stradiņš University	https://www.rsu.lv/	HEI
Latvia	Motivational interviewing for promoting health behaviour	Health behaviour and motivation, influencing factors; Health and illness. The relationship between personality traits and health; Motivational interviewing; Use of different approaches in promoting health behaviour.	Rīga Stradiņš University	https://www.rsu.lv/	HEI

Latvia	Psychology of communication	The concept of communication. Professional communication and its differences from everyday communication. Communication in the e-environment and social networks, in accordance with professional ethical standards; Conflict. Signs, significance, and possible solutions of conflict. Conflicts in professional practice, their types. Effective responses to conflict situations; Professional burnout and its prevention. Burnout syndrome. Signs, risks, possible solutions. The importance of personal resources in preventing burnout.	Rīga Stradiņš University	https://www.rsu.lv/	HEI
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2) / study module “Social and Civic Skills” (Level 1 and 2)	See details in the description under additional information	Jēkabpils Technology Vocational School	link link link link	VET
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2)	See details in the description under additional information	Liepāja State Vocational School	link link	VET
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2)	See details in the description under additional information	Daugavpils Technology and Tourism Vocational School	link link	VET
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2)	See details in the description under additional information	Vidzeme Technology and Design Vocational School	link link	VET
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2) / study module “Social and Civic Skills” (Level 1 and 2)	See details in the description under additional information	Saldus Vocational School	link link link link	VET
Latvia	Study module “Society and Human Safety”, topic Health Education (Level 1 and 2)	See details in the description under additional information	Riga Technical College	link link	VET

<p>Norway</p>	<p>Companionship scheme - Companionship scheme places students together in classes and during tasks. Girls lunch activity -social activity for girls in the work preparation courses at the school to better the relationship between them, as they are male dominated courses. Team providence- The social environment worker and other workers such as the school nurses and career supervisors form a team around the student. Get to know programme for teachers - The teachers are provided a 72 hour course on drugs and psychiatry, where they have a dialog with police, health and care workers.</p>	<p>Team building measures: Community relations between students Trust building Communication skills</p> <p>Team providence for students: Wellbeing Support providing Safety Openness</p> <p>Programme for teachers: Awareness Communication Topic of mental health and addiction</p>	<p>Olav Duun Videregående school</p>	<p>---</p>	<p>VET</p>
<p>Norway</p>	<p>College guiding – peer support groups for teachers Reflection practises: active reflection as part of modules See all of me: Video based education using animations made to reflect mental health illnesses Talking to Kids: A chatbot used to imitate talking to younger children.</p>	<p>Peer Support: Mental health Traumatic experiences Communication Programmes used: Communication Trauma handling Experience Evidence based understanding and awareness of topic area.</p>	<p>Nord University</p>	<p>---</p>	<p>HEI</p>
<p>Norway</p>	<p>HMS and Communication- Module about</p>	<p>HMS module: Communication</p>	<p>Nord University</p>	<p>---</p>	<p>HEI</p>

	how institution or organisation leaders work with mental health – psychosocial work environment	Leadership Time management Organising Observation skills			
Norway	Course about elderly and mental health- ABC education. Neon young Norway: researching recovery histories – Nord university funded.	Course: Mental health in elderly Communication Goal based coping measures mindfulness	Development studies for home nursing Nord University	---	HEI
Norway	Theme day of mental health – ones a year they gather students in a bigger facility with activities and speeches about the importance of mental health. Mandatory sessions with a social environment worker – mandatory sessions talking about the importance of reaching out and mental health of peers and the individual. 1-2 times a year	Theme day: Awareness Companionship Openness Normalising mental health Sessions: Importance of mental health Peer support Lecturers support of students Destigmatisation Normalising mental health.	Levanger Highschool	---	VET
Norway	Courses in communication – courses for already educated individuals and new individuals in careers about how to effectively communicate and actively reflect on themselves. Add on courses – can me language courses for different nationalities Peer and guidance meetings – meetings put up for one-on-	Courses: Communication Self-awareness Reflection Culture differences and culture in communication Peer guidance: Communication Understanding Active listening	Prios: KBT Course school in Rogaland Diakonova	---	VET

	one guidance between students and colleagues.				
Norway	Defuse and Debrief- group reflection task that takes place after appropriate incidents. Suicide prevention courses – courses about communication with an individual possibly on the verge of committing suicide. Colleague support measure – informal chat between colleagues, about mental health and private life situations.	Defuse and debrief: Communication Active reflection Crisis intervention Active listening Destigmatising Suicide prevention: Training Compassion Colleague support: Openness Communication Safety in community Openness Sharing Compassion Active listening	---	---	VET
Norway	Helsearbeiderfag (Health Worker Studies); Elevhjelpa support services	Basic health and care Psychosocial support Communication skills Coping strategies Student wellbeing	Steinkjer videregående skole		VET
Norway	Integrated Center for Mental Health (Campus Øya)	Interdisciplinary approach to psychology Mental health Psychiatry and medicine Clinical training Research collaboration with St. Olavs Hospital	NTNU Center for Mental Health (Campus Øya)	https://www.ntnu.edu/campusdevelopment/center-for-mental-health	HEI
Spain	Free Psychological Care Service	Psychological care	EHU	Atención psicológica - Servicio de Atención Psicológica (SAP/APZ) - EHU	HEI
Spain	Psychological Care Service (APZ)	Psychological Care Service (APZ)	MU	https://www.mondragon.edu/en/faculty-of-humanities-and-education-sciences/apz	HEI

Spain	Voluntary work in mental health	Extracurricular activities	MU	https://www.mondragon.edu/en/-/voluntariado-en-salud-mental	HEI
Spain	KUKU PROGRAMA	Emotional education programme	EHI	https://www.ikaselar.eus/es/kuku-emozio-programa/ed-1/	VET
Spain	ONKI PROGRAMA	Person model, integrating mental health and emotions	EHI	ONKI Ikastolen Elkartea	VET
Spain	IMPROVA project - eHealth intervention project designed to promote adolescent mental health and early detect mental health problems in secondary schools across Europe.	eHealth MentalHealth Digital Health Health Promotion	DEUSTO	https://www.improva-project.eu/es/	HEI
Spain	PREVANS project - training programme that you can complete through a website or a mobile application. It will provide you with information and tools to prevent anxiety problems, improve your mental health, and strengthen your well-being, with the aim of helping you feel better.	Anxiety Online tool Well-being	DEUSTO	https://prevans.org/	HEI
Spain	Deusto Stress Research - psychology team from the University of Deusto (Bilbao, Spain) in the Personality, Assessment, and Psychological Treatment Department. Our research is mainly focused on the study of psychological problems, with a vulnerability and resilience to stress approach.	Research to stress approach	DEUSTO	https://www.stress.deusto.es/	HEI

Spain	Gatekeeper skills for suicide prevention in the university context	Suicide prevention gatekeepers	University of the Basque Country (EHU / UPV)	<u>Habilidades Gatekeeper de prevención del suicidio en el contexto universitario - Servicio de Atención Psicológica (SAP/APZ) - EHU</u>	HEI
Spain	From stress to problem solving ability	Stress solving programme	University of the Basque Country (EHU / UPV)	<u>Del estrés a la capacidad resolutive - Servicio de Atención Psicológica (SAP/APZ) - EHU</u>	HEI
Spain	Breathe, feel, be: mindfulness workshop	Mindfulness	University of the Basque Country (EHU / UPV)	<u>Respirar, Sentir, Estar: Taller de mindfulness - Servicio de Atención Psicológica (SAP/APZ) - EHU</u>	HEI
Spain	Osasun eskola	School for health	Osakidetza	<u>Osasun Eskola - Osakidetza Osasun Eskola - Osakidetza</u>	HEI/ VET
Spain	NUR Method	Address trauma under the guidance of a psychiatrist	Arizmendi Ikastola	<u>https://arizmendi.eus/es/arizmendi-gara/</u>	VET
Spain	University Health Care Service	Health Care service	Universidad de Burgos	<u>Servicio Universitario de Atención a la Salud (SUAS) Universidad de Burgos</u>	HEI
Spain	Detection Tools in the Mental Health of Students	Formation mental health students	Universidad de Burgos	<u>Herramientas de Detección en la Salud Mental del Alumnado. V y VI edición - UBUAbierta - Universidad de Burgos</u>	HEI

Spain	Formation	Open formation	Universidad de Burgos	Cursos UBUabierta Universidad de Burgos	HEI
Spain	¡Acompáñame! programme	Peer support	Universidad de Burgos	Salud mental en primera persona Noticias Diario de Burgos	HEI
Spain	APRESUIC	Support Group for Suicide Prevention	Universidad de Burgos	APRESUIC (@prevencionsuicidio.burgos) • Instagram photos and videos	HEI

ANNEX 2: INTERVIEW SCENARIO

General

Can you briefly describe how your institution (or you personally) are involved in mental health education?

Can you describe the content and focus of the educational modules, the specific course/subject titles (e.g. communication skills; destigmatization; self-care; basic psychoeducation) and their time frame (e.g. is it a one-day workshop; is it a semester-long course, etc.)?

Are there any informal ways of receiving mental health education (e.g. through counselling, peer network groups)?

What specific forms of mental health education are provided by your institution? (e.g. mandatory/elective courses, workshops, e-learning, practical placements, case studies).

Strengths & weaknesses of current MH trainings

What do you consider to be the strengths of these programmes? (e.g. standardised, evidence-based training; quality of lecturers; up-to-date content; connection to practice; MH stigma reduction)

Where do you see weaknesses or gaps – in content, methodology, or target audience? (e.g. missing topics, lack of interactive elements, limited access to working students/students with learning disabilities)

Are there topics that are underrepresented or missing in education? (e.g. mental health in the workplace, burnout prevention, mental health across cultures)

Challenges faced by trainers

Do you feel adequately prepared and supported to deliver mental health education? What form of support would you find beneficial? (e.g. shared platform for collaboration and sharing of skills and knowledge, life-long training, more systemic support)

What specific skills or knowledge do you think trainers/educators should have in order to effectively educate others about mental health? (e.g., basic understanding of mental health conditions, facilitation skills, working with sensitive topics, non-stigmatizing communication, basics of crisis intervention)

To what extent does the mental health education offered reflect real-life, practical needs of the job market? (e.g. applicability for teachers, social service workers, employers) Can you

estimate whether students leave schools/universities psychologically equipped to cope with the demands of the job market (e.g. social service workers, healthcare workers)? And how would you change this, if necessary?

Is there a good balance between theory and practical skills? (e.g. communication training, dealing with burnout, crisis intervention)

How are sensitive or controversial topics addressed? (e.g. suicidal ideation, addiction, psychotic disorders)

How do you address stigma or misconceptions about mental health in your educational activities? In your opinion, what role does education play in changing them?

Utilisation of digital technologies

What digital tools have you come across in teaching and have proven effective? (e.g. Moodle or other e-learning platforms, video conferencing, interactive quizzes, AI-driven simulations, downloadable manuals and guides). Which of their features do you think best support your teaching and student engagement? What digital skills do students need in order to benefit fully from these tools?

Emerging trends

What new challenges, approaches or methods have emerged in mental health education in recent years? (e.g. peer learning, storytelling, hybrid learning, use of AI). Can you please elaborate/describe?

Recommendations for improvement

In your opinion, what are the main barriers to increasing the quality of mental health education in your type of institution (HEI/VET)? (e.g. limited time allocation, lack of trainers, low demand, lack of institutional/financial/policy support, stigma around the topic)

How is education influenced by current social or economic trends? (e.g. increased focus on wellbeing, remote work, impact of the pandemic)

How do you think mental health education and care should evolve in the future to meet the needs (of students and society)?

Ending

Would you like to add anything else that you consider important and was not mentioned throughout this interview?

ANNEX 3: SME SURVEY QUESTIONS

Section 1: Company Profile

1. What is your role in the company? *(Select all that apply)*

- Business Owner
- CEO/Director
- HR Manager
- OSH Expert
- Team Lead / Supervisor / Manager
- Other (please specify): _____

2. What is the total number of employees currently working at your company?

3. What sector does your company primarily operate in?

- Manufacturing
- IT and Technology
- Healthcare
- Social services
- Education
- Finances
- Retail
- Other (please specify): _____

Section 2: Workplace Mental Health Policy & Challenges

4. Is there a national policy or regulation that your organization is required or encouraged to follow regarding mental health in the workplace (e.g. prevention and support, stress, depression, anxiety, burnout)?

- Yes, we are required to follow a national policy or regulation.
- If yes, could you specify which one it is? _____
- Yes, we are encouraged to follow a national policy or regulation, but it is not mandatory.

- If yes, could you specify which one it is? _____
- No, there is no national policy or regulation we follow.
- I'm not sure if there is a national policy or regulation in place.

5. Does your company have a workplace mental health policy?

- Yes, a formal, structured, stand-alone policy is in place
- If yes, what topics does it entail? _____
- Yes, a formal, structured policy that is integrated into HR/OSH policy is in place
- If yes, what topics does it entail? _____
- Yes, but it is informal or inconsistently followed
- If yes, what topics does it entail? _____
- No, but we are considering implementing one
- No, and we are not currently considering it

6. What mental health support initiatives does your company offer? (Select all that apply)

- Mental health awareness campaigns
- Professional counselling access
- Peer support programmes
- Anonymous employee evaluations/surveys
- Manager training (please specify): _____
- Employee training (please specify): _____
- None currently in place
- Other (please specify): _____

7. What is or could be the primary motivation for your organization's commitment to mental health and safety? (Select all that apply)

- Enhancing employee well-being
- Increasing productivity
- Reducing absenteeism and turnover

- Fostering a supportive workplace culture
- Complying with legal or industry regulations
- Personal experience
- Other: _____

8. What topics have you observed most among your employees or have been reported the most? (Select all that apply)

- Workplace stress and burnout
- Low employee well-being
- Workplace conflicts affecting mental health
- Poor work-life balance
- Stigma around mental health
- Psychosocial risks (harassment, job insecurity, ineffective communication, discrimination, conflicts at work etc.)
- None
- Other (please specify): _____

9. What type of support tools would be most valuable for managing mental health in your organization? (Select all that apply)

- Practical guidelines for addressing workplace stress, burnout, and anxiety, including workplace risk assessment
- Templates for mental health policies and action plans
- Self-assessment tools for employees
- AI-based mental health risk prediction or early warning systems
- Legal and compliance checklists for mental health
- Training programmes
- Other (please specify): _____

10. What would you consider to be the main barriers to further improving mental health support in your company? (Select all that apply)

- Lack of financial resources
- Lack of awareness among leadership
- Lack of qualified trainers and materials
- Leadership skepticism towards mental health related programmes
- Employee skepticism towards mental health related programmes
- Nothing
- Other (please specify): _____

Section 3: Training & Learning Preferences

11. Have you or your employees received any mental health training?

- Yes, regularly (at least once per year)
- Yes, but irregularly (e.g. only during onboarding)
- I am not sure
- No, but we are interested
- No, and we are not currently planning to

12. What training topics could or have benefited you, as a leader, the most? (Select all that apply)

- Creating a supportive workplace environment
- Recognizing early signs of mental distress
- Managing stress and preventing burnout
- Managing work-life balance
- Effective communication about mental health
- Early-stage mental health support for employees
- Crisis intervention techniques
- Implementing mental health policies
- Leadership skills for mental health support
- None

- Other (please specify): _____

13. What training topics do you believe could benefit or have benefited your employees the most? (Select all that apply)

- Recognizing early signs of mental distress
- Managing stress and preventing burnout
- Managing work-life balance
- Effective communication about mental health
- Early-stage mental health support
- Basic understanding of mental health & wellbeing
- None
- Other (please specify): _____

14. What would be your preferred format for mental health training, as someone in a managerial position? (Select all that apply)

- In-person workshops
- Interactive digital platform
- Online self-paced courses
- Short video tutorials
- Webinars
- Mobile app with self-monitoring
- Other (please specify): _____

Section 4: Competency & Skills Gaps

15. Who do you believe should hold the primary responsibility for supporting employees' mental health and well-being within an organization? (Select up to 3)

- Internal human resources (HR)
- Internal counselor/happiness/well-being manager
- Occupational health and safety (OSH) expert

- External counselor or therapist
- Employee advocacy group (trade union, worker trusted representatives)
- Employee's leader/manager/supervisor
- Employees themselves
- Close colleague
- Other (please specify): _____

16. What qualifications, training, or competencies should this person have to support them in addressing and promoting employee mental health and well-being? (Select all that apply)

- Mental health awareness or literacy training
- Leadership or management training with a focus on mental health
- Experience in handling mental health-related issues in the workplace
- Professional training in mental health (e.g. psychologist, psychotherapist)
- No formal qualifications or training needed
- Other (please specify): _____

17. What do you think is/are the main obstacle(s) preventing employees in SMEs from openly expressing how they feel at work? (Select all that apply)

- Fear of negative consequences
- Stigma related to mental health
- Lack of trust in the employer
- Lack of support and clear mechanisms for resolving problems
- Negative past experiences with sharing
- Fear of worsening relationships with supervisors and colleagues
- Performance-driven and high-pressure culture
- I don't think there are obstacles for employees to express how they feel at work
- Other (please specify): _____

18. What do you feel is currently lacking in your organization to effectively support mental health? (Select all that apply)

- Education & training
- Integration of mental health policies
- Open conversations on mental health
- Expanded mental health benefits for employees
- Nothing
- Other (please specify): _____

19. What do you believe is the most effective approach to building a positive and supportive workplace culture that promotes employee well-being?

- Providing mental health resources (web-based support; digital tools)
- Encouraging open communication (facilitated discussion)
- Training managers on well-being (education & training)
- Promoting work-life balance (organizational culture changes)
- Other (please specify): _____

Section 5: Technology & Future Mental Health Solutions

20. Which of the following digital tools or platforms do you currently use to support upskilling and training in your organization? (Select all that apply)

- Learning Management System (e.g., Moodle, Canvas)
- Online Course Platforms (e.g., Coursera, LinkedIn Learning, Udemy)
- Internal E-learning Tools or Intranet Portal
- National Digital Education Platforms
- EU-level Platforms (e.g., European Digital Education Hub)
- Tools provided by Digital Innovation Hubs (EDIHs)
- Collaboration Platforms (e.g., Microsoft Teams, Slack, Trello)
- None

- Other (please specify): _____

21. How effective are these tools in meeting your organization's upskilling needs?

- Very effective
- Somewhat effective
- Neutral
- Not very effective
- Not effective at all

22. Would you consider digital and AI-assisted digital mental health tools to support your employees' mental health and well-being (e.g. interactive digital platform with e-learning; app with self-monitoring tool) in your organization?

- Yes, and we already use digital tools, including AI-assisted digital tools
- Yes, we already use digital tools, but not AI-assisted
- Yes, we are open to using digital tools, including AI-assisted digital tools
- Yes, we are open to using digital tools, but not AI-assisted
- Maybe, depending on cost, ease of use, and content quality
- No, we prefer non-digital approaches (SKIPTO 24)

23. Which platform features would help you most in supporting employee well-being?

(Select up to 3)

- Access to short training modules for staff
- Manager-specific training on mental health leadership
- Dashboard to track staff participation in well-being activities
- Access to external experts or consulting support
- Quick guides for responding to mental health issues at work
- Anonymous employee feedback or surveys
- Other (please specify): _____

24. What are your biggest concerns with digital mental health tools? *(Select all that apply)*

- Data privacy and security
- Effectiveness compared to in-person support
- Cost of implementation
- Employee engagement with digital solutions
- Employee digital literacy
- Other (please specify): _____

Thank you for your answers. Is there anything else you would like to add on the topic of mental health in the workplace?

ANNEX 4: COMPARATIVE OVERVIEW OF MENTAL HEALTH EDUCATION AND TRAINING

Theme	Croatia	Czechia	Finland	Germany	Greece	Latvia	Norway	Spain
Integration of MH content into curricula	<p>HEI: MH embedded in psychology and teacher education; experiential focus.</p> <p>VET: Limited, mostly through NGO workshops and informal projects.</p>	<p>HEI: MH integrated into counselling and career education, broader range of programmes; active wellbeing initiatives.</p> <p>VET: Minimal, limited to health and social care fields.</p>	<p>HEI: Comprehensive MH & substance abuse programmes across degree levels.</p> <p>VET: Dedicated MH/Substance Abuse vocational qualifications.</p>	<p>HEI: Core content in psychology, health and teacher education.</p> <p>VET: Fragmented inclusion; dependent on teacher initiative.</p>	<p>HEI: Strong curricula in nursing, psychology, and crisis care.</p> <p>VET: Short seminars and awareness events, not systemic.</p>	<p>HEI: Broad integration into psychology, health and education studies.</p> <p>VET: MH part of nationally approved, mandatory “Society and Human Safety” module (2-4 hours/year).</p>	<p>HEI: MH included in pedagogy and health degrees; focus on communication and trauma.</p> <p>VET: Peer-support, safety modules, and reflection sessions.</p>	<p>HEI: Emotional education and wellbeing programmes.</p> <p>VET: Limited; informal and community-based.</p>
Strengths of current MH training	<p>HEI: Safe, stigma-free spaces; focus on lived experience.</p> <p>VET: Relevance, interactive methods.</p>	<p>HEI: Access to counselling and expert support.</p> <p>VET: Growing MH awareness, interactive delivery.</p>	<p>HEI: Multi-level pathways and digital therapy access.</p> <p>VET: Clear career-oriented training.</p>	<p>HEI: Small cohorts; applied projects; strong theory-practice balance.</p> <p>VET: Good individual practice examples.</p>	<p>HEI: Evidence-based, clinically grounded teaching.</p> <p>VET: Anti-stigma and employability focus.</p>	<p>HEI: Practical, simulation-based; supervision and peer learning.</p> <p>VET: Integration of MH topics throughout subjects.</p>	<p>HEI: Communication and teamwork; peer support culture.</p> <p>VET: Reflection and student-centred approach.</p>	<p>HEI: Preventive, holistic wellbeing education.</p> <p>VET: Social-emotional learning and inclusion.</p>

Challenges faced by trainers	HEI: Stigma, underfunding, uneven access to training. VET: Poor rural provision; limited reach.	HEI: Understaffed counselling; uneven faculty coverage. VET: Large groups; limited time and materials.	HEI/VET: Growing student MH needs; regional inequities.	HEI/VET: Lack of structural framework; outdated infrastructure; limited funding.	HEI: Shortage of clinical instructors; low funding. VET: Few specialised trainers.	HEI/VET: Lack of time, resources, and updated materials; short attention spans among students.	HEI/VET: Lack of MH training for teachers; stigma in VET; time constraints.	HEI/VET: Lack of coordination and MH strategy; teacher overload.
Emerging trends	HEI/VET: Preventive focus, openness to MH dialogue; digital life influences wellbeing.	HEI/VET: Digitalisation; students prefer anonymous/gamified tools; sustainability links.	HEI/VET: Expansion of digital counselling and chat-based therapies.	HEI/VET: Increasing stress, burnout, and neurodiversity awareness; sustainability focus.	HEI/VET: Hybrid learning, storytelling, self-care focus.	HEI/VET: Post-pandemic social reconnection; hybrid learning growth.	HEI/VET: Loneliness, cancel-culture fears, digital simulations.	HEI/VET: Shift from reactive to preventive; suicide prevention and digital wellbeing.
Recommendations for improvement	HEI/VET: Systemic funding; early MH education; teacher supervision.	HEI/VET: National MH guidelines; systemic support and teacher crisis training.	HEI/VET: MH integration across all subjects; digital training expansion.	HEI/VET: Systematic integration; sustainable funding; workload reduction.	HEI/VET: Standardised curricula; more placements; faculty upskilling.	HEI/VET: Teacher training; specialist support; early MH introduction.	HEI/VET: MH education for educators; more communication-based teaching.	HEI/VET: Unified strategy; wellbeing coordinators; continuous training.

Utilisation of digital technologies	HEI/VET: AI for prep; Zoom/Meet/Teams; PKTN.hr resources; face-to-face valued.	HEI/VET: Moodle, Mentimeter, Kahoot; digital fatigue common.	HEI/VET: Advanced e-therapies (MentalHub, Terapianaviga attori); chat counselling.	HEI/VET: Moodle, Teams, Mentimeter, Canva; uneven adoption; ethical AI debate.	HEI/VET: E-learning, AI simulations, blended models.	HEI/VET: E-klase, skolo.lv, Kahoot; uneven teacher competence; high student AI use and digital fatigue.	HEI/VET: VR simulations; Teams/Zoom; cautious AI use.	HEI/VET: Moodle and VR emerging; low AI literacy; potential for growth.
--	--	--	--	--	---	--	--	---

ANNEX 5: ESCO OCCUPATIONS AND WP4 OUTCOMES

Competence Domain	Psychotherapist (ESCO)	Psychologist (ESCO)	Social Worker (ESCO)	Mental Health Support Worker (ESCO)	WP4 Learning Outcomes (Workplace Mental Health Practitioner in SMEs)
Assessment & Diagnosis	<ul style="list-style-type: none"> •Conduct psychotherapy risk assessments •Diagnose psychiatric symptoms •Identify mental health issues •Use clinical assessment techniques •Formulate case conceptualisations •Work with psychosomatic patterns 	<ul style="list-style-type: none"> •Conduct psychological assessments & tests •Diagnose psychiatric symptoms •Interpret behavioural/emotional patterns •Use clinical assessment techniques •Test for behavioural patterns 	<ul style="list-style-type: none"> •Assess service users' situations & risk •Conduct interviews •Identify mental health issues •Assess risk behaviours, addictions (optional) •Evaluate social/functional conditions 	<ul style="list-style-type: none"> •Assess service users' situations •Undertake risk assessment •Diagnose psychiatric symptoms (basic) •Conduct interviews in social service 	<ul style="list-style-type: none"> •Recognise early warning signs, distress indicators and psychosocial risks •Conduct basic/non-clinical screening •Understand limits: recognition ≠ diagnosis •Know when and how to refer to specialists

<p>Intervention & Support</p>	<ul style="list-style-type: none"> •Conduct psychotherapy sessions •Provide treatment and relapse strategies •Handle trauma •Promote psychoeducation & self-monitoring 	<ul style="list-style-type: none"> •Counsel clients •Provide psychological interventions •Use psychoeducation •Support insight and coping •Prescribe psychotherapeutic treatment (where allowed) 	<ul style="list-style-type: none"> •Apply crisis intervention •Provide social counselling •Empower individuals and families •Prevent social problems •Support vulnerable users, end-of-life care, victims, migrants •Connect users with community resources 	<ul style="list-style-type: none"> •Provide social counselling •Support daily independence •Manage social crises •Support harmed or at-risk users •Assist with skills development 	<ul style="list-style-type: none"> •Provide brief, low-threshold support •Offer basic psychoeducation and guidance •Apply simple, solution-focused interventions •Provide crisis management at a basic level •Support wellbeing action planning
<p>Communication & Relationship Building</p>	<ul style="list-style-type: none"> •Develop therapeutic relationships •Empathise deeply •Manage intense emotions •Listen actively •Communicate in professional healthcare contexts 	<ul style="list-style-type: none"> •Communicate with scientific & non-scientific audiences •Listen actively •Build professional relationships •Multicultural communication 	<ul style="list-style-type: none"> •Build helping relationships •Communicate with service users & professionals •Relate empathetically •Deliver services in diverse cultural communities 	<ul style="list-style-type: none"> •Build trust •Communicate professionally •Relate empathetically •Work in multicultural communities 	<ul style="list-style-type: none"> •Communicate effectively with employees and managers •Build trust •Engage in supportive conversations •Address sensitive issues respectfully Adapt communication to individual characteristics

<p>Ethics, Safety & Professional Conduct</p>	<ul style="list-style-type: none"> •Accept accountability •Comply with healthcare legislation •Ensure user safety •Manage confidential data •Maintain professional boundaries •Keep professional development 	<ul style="list-style-type: none"> •Apply research & healthcare ethics •Ensure safety •Manage personal development •Comply with legislation •Handle extreme emotions ethically 	<ul style="list-style-type: none"> •Apply anti-oppressive, socially just practices •Protect vulnerable users •Manage ethical dilemmas •Follow health & safety standards •Promote human rights 	<ul style="list-style-type: none"> •Ensure safety & privacy •Comply with social-services legislation •Protect vulnerable individuals •Maintain standards of practice 	<ul style="list-style-type: none"> •Apply workplace mental health ethics •Manage confidentiality and dual roles •Respect boundaries & rights •Ensure safe practice within SMEs •Promote inclusion and psychological safety
<p>Documentation, Records & Data</p>	<ul style="list-style-type: none"> •Record psychotherapy outcomes •Document progress •Manage therapeutic data 	<ul style="list-style-type: none"> •Draft scientific/clinical documentation •Manage research data •Write academic publications 	<ul style="list-style-type: none"> •Maintain case records •Report on social development •Make legislation transparent •Write professional reports 	<ul style="list-style-type: none"> •Maintain user records •Document care plans & reviews •Report on social development 	<ul style="list-style-type: none"> •Maintain minimal, safe, appropriate records •Use privacy-compliant documentation practices •Ensure continuity of support without clinical dossiers •Coordinate with HR appropriately

<p>Research, Evaluation & Evidence</p>	<ul style="list-style-type: none"> •Apply scientific insight •Evaluate psychotherapeutic practice •Keep up with research trends 	<ul style="list-style-type: none"> •Conduct research (qualitative & quantitative) •Publish articles •Apply for funding •Disseminate research •Manage projects 	<ul style="list-style-type: none"> •Conduct practice research (optional) •Participate in scholarly activities •Evaluate interventions 	<ul style="list-style-type: none"> •Apply evidence-informed decision-making (basic) •Monitor user progress 	<ul style="list-style-type: none"> •Apply evidence-informed practice •Understand basic research findings •Use simple evaluation tools •Support feedback-based improvements
<p>Organisational & Case Management Skills</p>	<ul style="list-style-type: none"> • Manage therapeutic processes • Coordinate treatment plans • Create structured therapeutic environments 	<ul style="list-style-type: none"> • Manage research or clinical projects • Build scientific/professional networks 	<ul style="list-style-type: none"> • Apply case management • Organise service plans • Lead complex cases • Cooperate interprofessionally 	<ul style="list-style-type: none"> • Apply person-centred case management • Coordinate with carers & community • Prepare youth for adulthood • Follow organisational procedures 	<ul style="list-style-type: none"> • Understand SME structures • Coordinate support with HR, managers and teams • Design and follow wellbeing action plans • Map resources and provide referrals
<p>Advocacy, Inclusion & Rights</p>	<ul style="list-style-type: none"> •Promote mental health •Provide psychoeducation •Support autonomy and empowerment 	<ul style="list-style-type: none"> •Promote societal impact of science •Ensure ethical research-based practice •Refer users appropriately 	<ul style="list-style-type: none"> •Advocate for service users •Promote inclusion, rights & social change •Safeguard vulnerable populations 	<ul style="list-style-type: none"> •Promote users' rights •Support independence & self-advocacy •Ensure safeguarding 	<ul style="list-style-type: none"> •Promote inclusion & non-discrimination •Reduce stigma •Support vulnerable employees •Advocate for fair adjustments in SMEs

<p style="text-align: center;">Digital & Technological Skills</p>	<ul style="list-style-type: none"> •Use e-health and m-health tools •Manage digital therapeutic records 	<ul style="list-style-type: none"> •Operate scientific/research software •Manage digital publications 	<ul style="list-style-type: none"> •Use digital tools for case documentation •Apply ICT in community services •Virtual learning (optional) 	<ul style="list-style-type: none"> •Support users in using technological aids •Use social services ICT tools 	<ul style="list-style-type: none"> •Use digital tools for psychoeducation, communication and follow-up •Deliver blended support (online/offline) •Apply digital wellbeing resources
--	---	---	---	--	--

PROJECT: HEALTHY AND RESILIENT MINDSET WITH AN ORGANIZED,
NURTURING, AND DIGITAL WORKPLACE FOR YOU

NUMBER: 101187046 - HARMONY - ERASMUS-EDU-2024-PI-ALL-INNO

H.A.R.M.O.N.Y.