Corporate Mental Health Alliance AUSTRALIA

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Managing Psychosocial Risk in the Workplace:

Taking action on psychosocial risk

Introduction

Data collection to assess psychosocial risks is a key step in creating a mentally healthy workplace. However, good data alone will not result in positive change. Understanding the interventions needed to respond to the risks identified through these data, as well as effectively implementing, evaluating, and refining these workplace interventions is paramount for managing psychosocial risk.

Identifying the best strategy

As identified through various psychosocial risk assessment tools and intervention programs, there are many ways that organisations may choose to approach the management of psychosocial risk in the workplace. Some common strategies that organisations undertake include:

- Stress and resilience strategies e.g., mindfulness and meditation exercises.
- Access for employees to Employee Assistance Programs (EAP) with counselling support and resources.
- Mental health promotion through events and initiatives that promote awareness and aim to reduce stigma surrounding mental health (e.g., R U OK Day, company "recharge weeks").

- Training and education (e.g., Mental Health training, online modules for workers in understanding and reporting bullying and harassment) (Ai Group 2020; Caponecchia et al. 2022).

However, it is important to note that although the strategies mentioned above are useful in managing action of psychosocial risk, they mostly focus on addressing the worker's response to harm.

These are sometimes referred to as "individual-level" strategies, as opposed to organisational level strategies.* More effective interventions for managing psychosocial risk in the workplace focus on mitigating the source of harm, rather than dealing with the risk after it has happened. This approach is consistent with workplace health and safety frameworks that are used for all other types of risks to health and safety in workplaces.

*The term 'strategy' in the context of psychosocial risk is synonymous with the terms 'control (strategy)', `risk control' and 'intervention', and these are sometimes replaced with one another depending on author preference.

Rather than relying on individual-level strategies, strategies that address the relevant sources of harm should be considered. These can include, for example, providing opportunities for increasing control over job tasks and roles; increasing role clarity; or providing more effective supervision and support (SWA 2018).

Collectively, these strategies are known as work re-design – because they change the work tasks, the way work is done, and/or the equipment, workflows and relationships that are important to the work in question.

Work re-design is naturally focused on managing risk at an organisational (as opposed to individual) level and can be targeted to address sources of harm.

Good work re-design should factor in:

- the **people**, their capabilities and skills, demographics, and their physical, emotional and mental capacities and needs.

- the **tasks** that the workers perform including the physical and emotional demands of the task and the nature of the task (e.g., the complexity, variety, frequency, and repetition).

- and the **processes and systems** of the organisation, including structure/hierarchy, communication and support, procedures and workflows, values and culture, and professional development and career growth.

- the **physical work** environment, including vehicles, buildings and structures that are workplaces, and workplace ergonomics (e.g., lighting, noise, temperature).

- the **equipment and resources** including the plant, materials, support and training used to conduct work.

    (Safe Work Australia 2020; Caponecchia et al. 2022).

In the context of the workplace, the elements described above should be considered both individually and synergistically in terms of their impact within the work system and consequently on psychosocial risk in the work scenario.

Some work re-design strategies can take longer to implement, so it is useful to explore alternatives that can help your organisation to work towards reducing the psychosocial risks in the interim.

For example, in the case of work overload, a short-term option could be to re-allocate some of the tasks in this role to other existing staff with a lower workload, or with skills that are relevant to the tasks. Ideally, the chosen staff will already have the skills to complete the tasks. It is important, however, to confirm any skills gaps with the support staff and ensure that their new roles and responsibilities are clearly understood, so as to not introduce new potential sources of risk.

Remember that they objective here is to find the best solution(s) for reducing psychosocial risk. The solution does not have to necessarily be new (perhaps it is an optimisation or leveraging of a previous process as is reasonably practicable) and does not need to have "bells and whistles". It is more imperative for the strategy to be robust, well-considered, realistic, and have a high likelihood of being successful in improving worker mental health outcomes. The strategy will likely have multiple components – there may not be one strategy per risk, but a range of strategies that together help to address risks that come from the hazards you've identified and assessed. This is again consistent with regular risk management principles (ISO31000: 2018; SWA, 2018).

Consultation for better outcomes

It is difficult to be aware of all factors affecting your workplace and how they may impact successful implementation of the proposed strategy in your work scenario. Therefore, when determining the best strategy, it is imperative to consult with key stakeholders and those who will influence and be affected by any changes that will occur (SWA, 2013). Some psychosocial risk assessment tools include a participation process after data are collected (e.g., via a survey), whereby workers are actively involved in the development of actions to address the issues raised in the survey. These processes are consultative, but go further to involve participation, rather than just consulting with workers after action plans have been developed and prioritised by managers. Key stakeholders may include company workers (casual, part-time and full-time), managers, contractors, work, health and safety committees, working groups and wellbeing champions.

Consultative discussion not only fosters a collaborative and proactive organisational culture, but also allows for key implementation issues and alternative work design strategies for reducing psychosocial risk to be identified. For example, you may propose a strategy to reduce role overload by hiring more staff. The idea of assigning more resourcing to this role to support the tasks and distribute workload is sound. However, it may not be immediately feasible due to budget, space, or availability constraints.
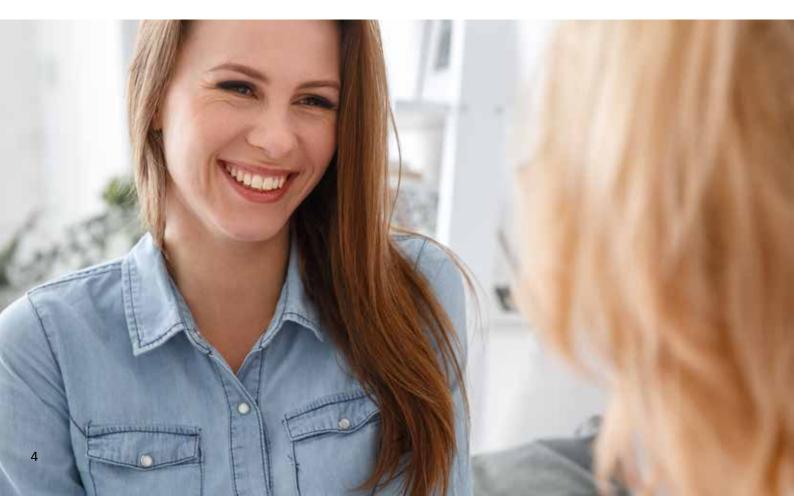
Implementation and evaluation

Implementation

Once you have determined the best intervention to use for your work scenario, it is necessary to design a plan for implementation.

To set your organisation up for success, it is important to ensure that you design an implementation plan that considers your specific organisational context, including any factors unique to your organisation that may affect successful implementation. These could include factors such as the organisational structure, work and safety culture and staffing numbers.

Being able to understand why the proposed change will likely reduce psychosocial risk and how that will occur is an essential part of implementation. This "change logic" (explaining the why and how) helps employers to cement the rationale for implementing this change, not only for themselves but also for communicating the plan to everyone affected by this change.

A well-considered change logic statement increases the chance of success for implementing your plan by providing:

- a strong foundation for evaluating if there are any deviations from the intended plan over time and understanding the effects of these deviations.
- rationale for the proposed changes when communicating with stakeholders and securing their support.

Although the outcomes of implementing the intervention are evaluated at a later stage, it is essential that evaluation is considered when planning your intervention strategy. This is because some of the data needs to be collected before and during implementation (e.g., when assessing perceptions of worker support pre- and post- implementation) and there may also need to be a consideration of integrating evaluation tools (e.g., pulse checks, demographic surveys, focus groups to assess the baseline) within the implementation strategy to gather reliable data for post-implementation evaluation. Some of this data may come from what was collected when assessing your risk, but there may be additional pieces.

Evaluation

Once the intervention has been implemented, it is essential to evaluate whether the outcomes of the strategy did what was intended. This assists with determining whether the strategy worked within the specific context of its implementation, but also whether it could be used in its current format in other parts of the organisation and to address other workplace issues. Thinking back to your change logic statement can help identify if conditions that were necessary for the proposed outcome were in place, or other factors that may have resulted in your strategy's level of success.

It is important to remember that most workplaces are complex, multifaceted and have several interacting components targeting different organisational levels, which any work design strategy would need to account for to be successful. This means that evaluating the efficacy of the strategy can also be complex, as at the surface level it might not be clear how well it worked and what was the source of success (or less successful outcomes) (WHEC 2020).

"Process evaluation" allows organisations to understand how and why the implementation did or did not succeed in achieving its aims and determine the source of these barriers and facilitators (Nielsen & Abildgaard 2013). Potential barriers to effective implementation can include poor consultation on design and implementation, poor communication of changes to those involved, a lack of support for implementation, or an absence of resources.

A process evaluation can also identify facilitators to the implementation of the workplace strategy; the positive contributors to the potential for the strategy to succeed. These facilitators can be an excellent communication and change management strategy, a supportive and knowledgeable leadership team or an overall supportive workplace culture.

Monitoring and reviewing your strategy

Even if the implementation of your strategy proves to be effective, it is important to monitor and review its efficacy at regular intervals to ensure that it continues to align with the needs of your workplace. Since workplaces are dynamic, and conditions and circumstances may change, your strategic approach to managing psychosocial risks may need to be reviewed also.

Additionally, once the risk control is implemented, it is important to re-assess the risk, and determine whether any new risks may have been introduced as a result of addressing the original psychosocial risk. If this is the case, there may be a need to revisit the work design strategy to determine how best to mitigate this new risk.

Reviewing of your strategy should be done in a proactive rather than reactive way. Rather than only reviewing the strategy when an incident occurs, your organisation should plan to proactively monitor the strategy's effectiveness over time, just as any other risk control needs to be monitored for ongoing efficacy as work tasks, roles and structures change.

Key points

When addressing psychosocial risks in the workplace, organisations should consider the best strategy for their specific work context through consultation with relevant stakeholders. Re-designing work to remove source of harm should be the focus of risk control processes. A well-considered implementation plan, and regular monitoring, reviewing, and refining of the work re-design strategy will increase the chance of success in increasing positive mental health outcomes for workers and ensuring that they continue to be supported in a changing work environment.

Case study: Risk controls can sometimes introduce additional risks.

A psychosocial risk assessment conducted in a high-stress work environment identified that workers felt inadequately supported in dealing with issues that were concerning them in the workplace. A strategy that was implemented to address this risk was the implementation of a peer support program, led by workers who volunteered to support. The strategy was successful in making workers feel supported. However, the use of volunteer workers as support for their peers exposed the volunteers to the recollection of traumatic events, stories that involved colleagues they worked closely with, and sometimes information that was beyond the training and expertise of the volunteers.

After identifying that the volunteer workers were now being exposed to risks, the strategy was reviewed and redesigned to be led by people external to the workplace **with appropriate mental health training and access to support networks and resources.**