PSYCHOSOCIAL RISK MANAGEMENT

INSIGHTS FOR LEADERS

Dr. Georgi Toma
Heart and Brain Works

Heart and Brain Works

Helping organisations create mentally healthy workplaces through:

- **Psychosocial Hazards Audits**
- **Psychosocial Risk Management training**
- **Mental Health Training**
- **Peer Support Programmes**
- **Bespoke Interventions**

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Message from Dr. Georgi Toma

I wrote this booklet to help you get started on your psychosocial risk management journey. I tried to keep it simple and share with you the most practical insights from the legislation as well as from my work with clients and my research.

Psychosocial hazards are complex to measure due to their subjective nature and also because they cannot be assessed in isolation but rather in relation to one another. You'll see in what follows my explanation of how that works in practice and why it is important to measure your protective factors, as well as your psychosocial hazards, in order to identify accurately your level of risk.

I discussed in detail one of the most common psychosocial hazards, high workload, and showed you why it is important to establish accurately what underpins it. I also shared with you a simple framework for managing psychosocial risk.

I hope you find this information helpful. Myself and my team are here to support you along the way.

Psychosocial risk management might not be the easiest of journeys. It is however a highly rewarding one, not only because it is the right thing to do, but also because it has the potential to help your people and your business thrive and grow in a sustainable and humane way.

I'd love to hear your thoughts on this.

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Dr. Georgi Toma is an expert in workplace stress, burnout, psychosocial risk and psychological health and safety at work.

She is the Founder and Director of Heart and Brain Works, a consultancy offering a comprehensive solution for psychosocial risk management and mentally healthy workplaces.

She is also an honorary research fellow at the University of Auckland where she conducts research on wellbeing at work through a health and safety lens.

Why the current focus on psychosocial risk

The focus on workplace psychosocial hazards and the introduction of legislation on how to manage them can be attributed to several key factors:

The Marie Boland review
The Boland review of Australia's model Work Health and Safety (WHS) laws in 2018-2019 highlighted a gap in the model WHS Regulations and Codes concerning the management of psychological health risks in the workplace. It was noted that while the model WHS Act included references to psychological health, there was a lack of specific guidance on identifying and managing psychosocial risks. (Source: Safe Work Australia)

Impacts of the COVID-19 pandemic
The COVID-19 pandemic caused a significant decline in mental health for Australians of all ages, and in particular for those under 45. (Source: ANU Centre for Social Research and Methods)Even prior to the pandemic, mental health was a pressing concern for the Australian community and policymakers. (Source: Productivity Commission, 2020). Data from the 2017 Household, Income and Labour Dynamics in Australia (HILDA) survey, showed that roughly 9.5 percent of Australian adults were experiencing mental distress. By 2020, this rate increased to more than double. (Source: The Melbourne Institute)

Increases in psychological compensation claims
Compared to 2020-21, worker compensation claims where a psychological injury is the primary active claim have increased by 15% in 2022-23. icare reported that the frequency of psychological injury claims of more than one weeks' duration has increased 2.4 times since 2015, roughly doubling every four years or the equivalent of a 19% annual increase. The cost of psychological injury claims is substantially more than claims for physical injury, with the cost of physical claims that include a psychological services payment being around six times that of a physical injury alone. (Source: NSW Legislative Council)

Greater awareness and research evidence
There is greater awareness and research evidence that ongoing workplace stress caused by different aspects of work, also known as psychosocial hazards, underpins psychological injuries such as burnout, PTSD, depression or anxiety. (Source: Scandinavian Journal of Work, Environment & Health)

Greater emphasis on ESG outcomes
Environmental, social and governance (ESG) information are increasingly being used to inform financial decisions, particularly by investors. This information refers to factors that are perceived to have positive impacts on the environment, society, and the world at large. OHS/WHS initiatives, including psychosocial risk management, form part of a total quality management approach and send a strong message that the organisation cares for its workers, improving its ESG profile. (Source: Comcare Australia)

Key points of the new legislation

The national legislation in Australia regarding psychosocial hazards in the workplace is primarily governed by the **Model Work Health and Safety (WHS) Act** and the **Model Work Health and Safety Regulations**. These are implemented by each state and territory except **Victoria**, with some variations.

State/ Territory	Applies Model WHS Laws?	Codes of Practice/Legislation
NSW	Yes	Code of Practice: Managing Psychosocial Hazards at Work (2021)
VIC	No	The Occupational Health and Safety Act 2004 addresses psychosocial hazards. The Victorian Government is currently considering options for the development of Psychological Health Regulations, a compliance code and supporting guidance. See updates on their website.
QLD	Yes	Code of Practice: Managing the Risk of Psychosocial Hazards at Work (2023)
WA	Yes	Code of Practice: Psychosocial Hazards in the Workplace (2023)
SA	Yes	Changes to the regulations under the Work Health and Safety Act 2012 (2023)
TAS	Yes	Code of Practice: Managing Psychosocial Hazards at Work (2023)
NT	Yes	Psychosocial Regulations (2023) in line with the model Code of Practice: Managing Psychosocial Hazards at Work
ACT	Yes	Code of Practice: Managing Psychosocial Hazards (2023)

*Note: The above information has been compiled in January 2024. It is crucial to consult with your state or territory's work health and safety authority for the most up-to-date and accurate information regarding the specific requirements in your jurisdiction.

Even though each state and territory has some variations in their legislation regarding the management of psychosocial hazards, the core principles remain similar.

A Person Conducting a Business or Undertaking (PCBU) has a duty to ensure, **so far as is reasonably practicable**, the health and safety of workers, including their **psychological health and safety**.

Key Duties

Identifying hazards:
This involves considering what aspects of work carry the potential to cause psychological and/or physical harm.

Consulting with workers:
PCBUs must consult with workers when identifying and managing psychosocial hazards.

Implementing control measures:
This may involve applying the Hierarchy of Controls and looking at various interventions including changes to work design or systems of work, or addressing offensive behaviours such as bullying or harassment.

Reviewing and revising controls:
PCBUs must regularly review and revise their control measures as needed*.

* Disclaimer: This information is intended for general awareness purposes only. You are required to get acquainted with the legislation pertaining to your jurisdiction and all its requirements. You can refer to the links in the table above or the Safe Work Australia website.

From the Court Room

Kozarov v Victoria [2022] HCA 12

This case has **set a standard** with regards to how Courts will assess whether an **employee's risk of psychological injury at work** is **reasonably foreseeable** to an employer, and therefore whether an **employer has a relevant duty of care** to **proactively reduce** the **risk** of injury.

Summary of facts
Ms. Kozarov claimed compensation for mental health injuries, which she attributed to her tenure as a lawyer in the Specialised Sexual Offences Unit (SSOU) at the Victorian Office of Public Prosecutions (OPP). Her duties involved handling child sexual abuse cases. As a consequence of repeated indirect exposure to trauma through her work, Ms. Kozarov developed chronic post-traumatic stress disorder (PTSD) and a major depressive disorder (MDD).

Court ruling
The High Court, in three distinct rulings, affirmed Ms. Kozarov's entitlement to compensation. It was determined that the State of Victoria's negligence in ensuring a safe work environment contributed to the worsening and persistence of her PTSD and the subsequent onset of MDD.

Takeaways for your organisation
The High Court outlined several guidelines regarding the responsibility of employers to mitigate or prevent the risk of psychiatric harm to their employees.

Specifically, they were:

- It was deemed foreseeable by a reasonable individual that Ms. Kozarov was vulnerable to psychological harm, based on the understanding that experiencing psychiatric symptoms from the cumulative impact of vicarious trauma was a realistic possibility. **In plain language, this means that claiming lack of awareness of psychosocial risks does not absolve you of your responsibility.**

- A reasonable employer would have taken steps to check on Ms. Kozarov's well-being and the effects of her work assignments. This point in particular is of note. When asked about their failure to ask Ms. Kozarov about her health and well-being, the manager at the SSOU said it would not have been appropriate to inquire into the private life of staff members, as that was confidential, stating that "it's between her and any treating person, whether it be a doctor or a counsellor or a psychologist". **This failure of managers to understand their duty around psychosocial risk management and have appropriate conversations with their reports is quite common unfortunately.** For this reason, we highlight the importance of training your managers well.

- The workplace lacked proactive measures for maintaining employee mental health and should have implemented a system to monitor staff for indicators necessitating intervention. **In plain language, the management of psychosocial hazards is an ongoing process, which requires accurate identification, implementation of controls and monitoring.**

- Proper evaluation would have identified that Ms. Kozarov needed a transfer out of the SSOU to continue her work at the OPP without incurring psychological damage, and it was anticipated that she would have agreed to such a change.

We understand that not all workplaces share the specific circumstances and triggers present in the Kozarov case. Nonetheless, this does not diminish the responsibility of employers to identify and address psychosocial hazards in their environment.

How to apply this to practice
From our perspective, there are several actions you can take now:

- Watch out for **red flags** like **behavioural changes**, **unexplained absences**, or **variations in performance**, including both under performance and overworking.

- **Take seriously** and **address in a timely manner** concerns voiced by employees about being **overworked**.

- Implement **training** to enable **management** to **understand** the new legislation and **identify psychosocial hazards accurately**; to spot early warning signs; and have a toolkit of appropriate responses and controls to use when needed.

- **Acknowledge employees' dedication** to their work, and **express appreciation** for their contributions, as even a **small amount** of recognition can have a significant positive impact. In our experience, this is often left at the discretion of managers and often times gets forgotten about. **Training your managers** to **provide this ongoing positive appraisal** can **protect** staff from the negative impact of psychosocial hazards. (See the **research** we share below about **supervisor support**)

- Cultivate a **workplace culture** where managers and leaders **proactively support mental health**, especially considering the evolving regulatory landscape in Australia, New Zealand and globally. **Encourage** an environment where employees feel comfortable using an **"open door" policy** to discuss concerns about workloads, workplace culture, or lack of support. **Give** your **managers** the opportunity to discuss scenarios and get **scripts for these types of conversations**, so they become more comfortable having them.

- Ensure that if a **mental health risk assessment** or screening is necessary, there is a **system** in place to act on the findings.

Read more: www.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/HCA/2022/12

What you need to know
in plain language

A. What is a psychosocial hazard?

A psychosocial hazard = a hazard that arises from or relates to:

- the design or management of work
- a work environment
- plant at a workplace (e.g. machinery, equipment)
- workplace interactions and behaviours and may cause psychological harm, whether or not the hazards may also cause physical harm*.

* Workplace Health and Safety Queensland (2022). Managing the risk of psychosocial hazards at work – Code of Practice

In plain language

A psychosocial hazard is an **aspect of work** that causes **ongoing stress**. **Chronic stress is the pathway to psychological and/or physical harm.**

Stress is not always bad. **We need a measure of stress to live fulfilling lives.**

Stress becomes detrimental through duration, severity and frequency of exposure. In other words, too much exposure to it can harm us physically and psychologically
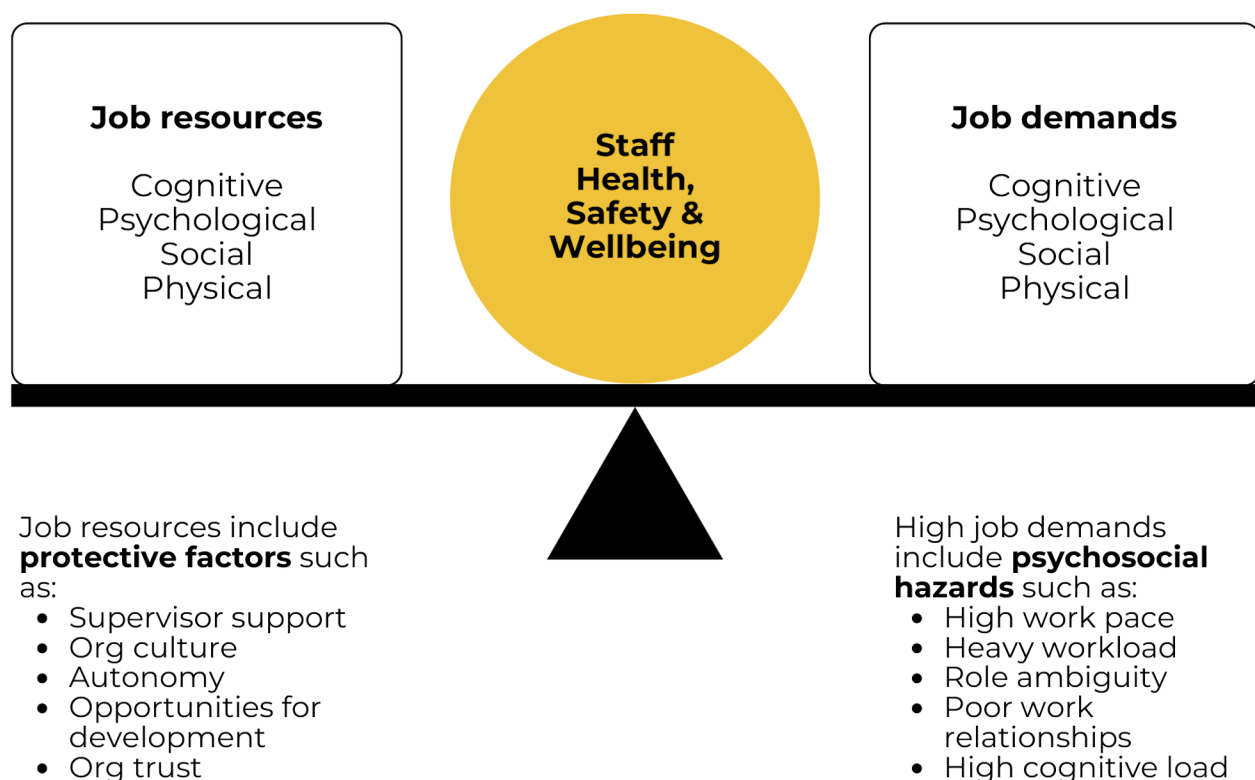
Insight

It is the **frequent**, **severe** or **prolonged activation** of a **stress** response that carries the **potential** for **injury**, both psychological and/or physical.

To understand how this works in practice, we'll refer to the **Job Demands-Resources Model** developed by Bakker & Demerouti (2007)*. According to this model **chronic stress** arises when **job demands supersede available resources** for a **prolonged** period of time, at **high frequency** or **intensity**.

What's important here to remember is that various **job resources** or **positive work aspects** can **mitigate** the **negative impact** of **job stressors**. In our work, we call these positive aspects **'protective factors'** because they do just that, protect staff from the harm high work demands might cause.

*Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. Journal of Managerial Psychology, 22(3), 309–328.

Job resources include **protective factors** such as:
- Supervisor support
- Org culture
- Autonomy
- Opportunities for development
- Org trust

High job demands include **psychosocial hazards** such as:
- High work pace
- Heavy workload
- Role ambiguity
- Poor work relationships
- High cognitive load

Insight

Staff **health, safety and wellbeing** emerges when staff are **challenged by job demands** and **have enough job resources** to meet those demands. - Dr. Georgi Toma

One example of a **strong protective factor** is **support from supervisor**. In a research study on nurses, Tastan (2014)* found that supervisor support and job autonomy mitigated the negative impact of heavy workload and increased nurse job satisfaction. Similarly, Thompson and Prottas (2006)** investigated data from over 3,500 US employees and found that support from supervisor, support from colleagues and positive organisational culture were strongly associated with wellbeing and negatively associated with stress, turnover intention and work-life conflict.

* Taştan, S. (2014). The Theoretical Implications of Job Demands– Resources Model: A Research Study on The Relations of Job Demands, Supervisor Support and Job Autonomy with Work Engagement. Journal of Economic and Administrative Sciences, 28(4), Article 4.
** Thompson, C. A., & Prottas, D. J. (2006). Relationships among organizational family support, job autonomy, perceived control, and employee well-being. Journal of Occupational Health Psychology, 11(1), 100–118.

Reflection questions for you

- Is the way that **tasks** or **jobs** are **designed** and **managed** causing **stress** in my team?

- Are there aspects of the **work environment** that cause people **stress**?

- Are the **systems** or **equipment** we use a source of **stress** of our people?

- Is **the way people interact** in my organisation kind and respectful?

- Have we considered the **stressors** affecting **workers at higher risk***?

*Examples of workers** who may be **at higher risk** include workers with:

- limited work experience (e.g. young workers, apprentices or trainees)

- barriers to understanding safety information (e.g. literacy or language)

- perceived barriers to raising safety issues (e.g. workers engaged in insecure or precarious work)

- certain attributes, such as sex, race, religious beliefs, pregnancy, gender identity, sexuality, age, or a combination of these attributes

- an injury or illness preventing them from performing their full or normal duties.

What you need to know
in plain language

B. What are common psychosocial hazards?

High and Low Job Demands:
This concept refers to the varying levels of physical, mental, or emotional effort required in different job roles. High-demand situations often include extended working hours, overwhelming workloads, tasks that exceed an employee's skill level, and emotionally taxing roles. Low-demand roles might involve monotonous, repetitive tasks requiring minimal cognitive engagement.

Low Job Control:
In these scenarios, employees find themselves with minimal autonomy over their work tasks and schedules. This is typical in roles dominated by machine or computer operations, or in highly structured environments like call centres with scripted interactions. The flexibility to influence work processes or decision-making is notably limited, impacting employee engagement and satisfaction.

Poor Support from Supervisor and/or Colleagues:
This occurs when employees lack adequate emotional backing or practical assistance from supervisors and peers. It also extends to insufficient training or resources needed to effectively perform their roles. Such a lack of support can lead to decreased morale and productivity.

Violent or Traumatic Events:
This involves exposure to potentially harmful or distressing incidents in the workplace, a situation not uncommon in certain sectors like healthcare, emergency services, or social work. Addressing the psychological impact of such events is essential for maintaining a healthy workforce.

Poor Change Management:
Challenges arise in settings where organisational changes, such as downsizing or tech upgrades, are poorly managed. Ineffective communication, lack of effective consultation, and insufficient support during transitions can lead to employee uncertainty and stress.

Offensive behaviours:
This aspect covers the dynamics of interpersonal relationships within the workplace, including issues like bullying, harassment, and unresolved conflicts. Healthy relationships are crucial for a workplace, and their absence can significantly impact employee well-being.

Low Role Clarity:
Role ambiguity occurs when employees face uncertainty about their job responsibilities or frequent changes in job expectations. Lack of clear job definition can lead to confusion and inefficiency.

Remote and Isolated Work:
Working in remote locations or in isolation presents unique challenges, including limited access to resources and support. Ensure you have considered all the implications for staff.

Through **our audits**, we help organisations identify **over 30 psychosocial hazards** and the **most effective controls** to eliminate or reduce them. We use a **mix of quantitative and qualitative data** to understand **underlying causes** and the most effective controls.

The most common hazards that top the list in our audits are high workload, high work pace, low role clarity and offensive behaviours. The graph represents aggregate data across different sectors. You will notice that **perception of high workload tops the list**. This hazard, however, is more complex than it might seem so we have dedicated a whole section to it below.

Overview of main hazards across all sectors
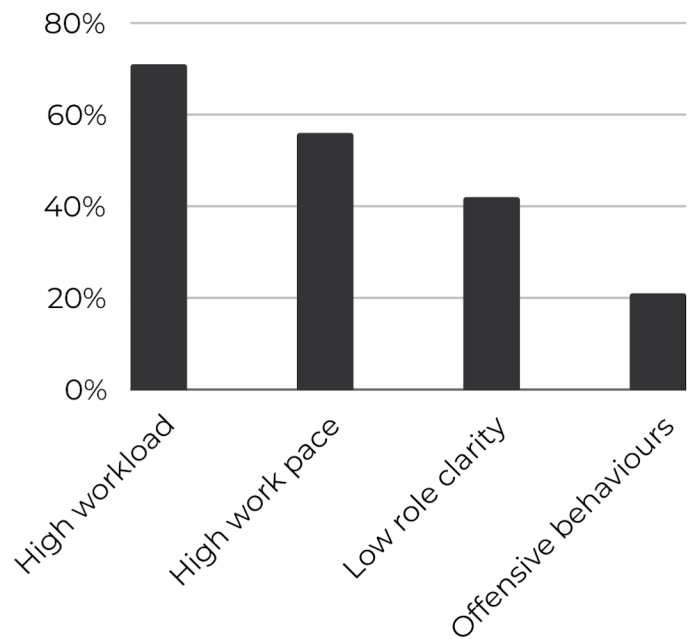
Overview of main protective factors across all sectors
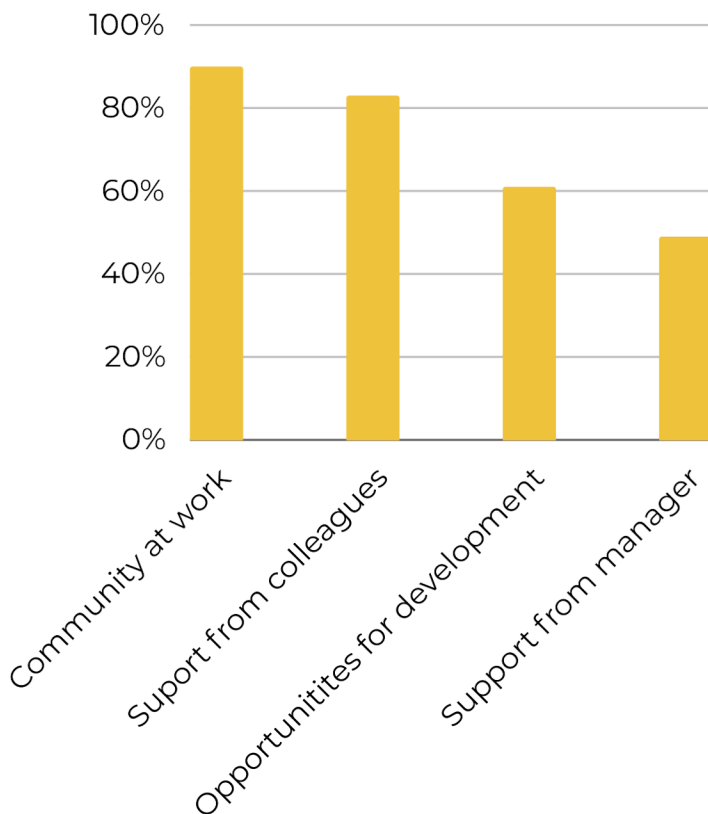
In our work we **identify protective factors** and **quantify their impact** so that we have an **accurate assessment of which hazards are risks** and **to what extent** staff psychological health is affected.

The most common protective factors we have encountered are sense of community at work, support from colleagues, opportunities for professional development and good support from supervisor. In the graph you can see aggregate data across all sectors. One thing you can notice is that **even though supervisor support has high potential to mitigate the negative impact of job stressors, it is less frequently reported than other protective factors, indicating an overall need for further developing managers' skills related to communication and leadership.**

Psychosocial Hazard Spotlight: High Workload

You might not be surprised to see high workload on the list of the most common hazards. In fact, most of our clients suspect this hazard will be a top one in their audits. *But does the data support this perception?*

The answer is **yes and no.**

Yes, in the sense that perception of high workload is indeed very prevalent across different sectors as you can see in the graph below.

Perception of high workload across different sectors
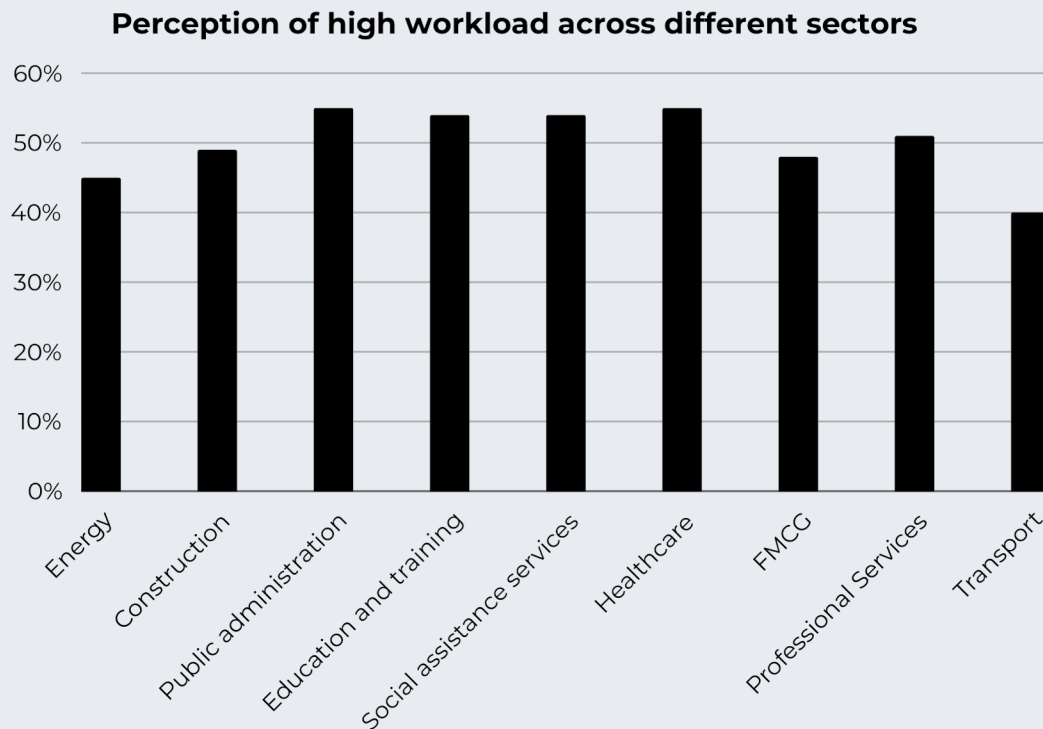
However, when we look deeper, the **data starts to tell a slightly different story**.

High workload means the amount of work exceeds what can realistically be done in the standard amount of work time. In roughly about **30% of our clients**, the **data** indeed **supports** the fact that **staff members have unrealistic workloads**. The **underlying causes** are most often **high staff turnover** and **staff shortages** or **rapid growth**.

What about the other 70%? The story gets interesting here. What the data shows us is that **perceptions of high workload are actually underpinned by a mix of other hazards**. The **most common** scenario is that **ineffective work system**s cause tasks to take longer than average, which creates a **backlog of work** and the impression that the amount of work is high. Often times, added to this mix is **lack of role clarity**. So, staff use a lot of working time trying to figure out what they should do and who to ask for support.

Another **common underlying factor** is **lack of clarity around processes**. What are the steps to follow to complete this task? Which team does the next step? Who in that team will give me the information I need? This uncertainty means **staff use time and cognitive energy** trying to find the right answers. And the result often is **depletion of energy and resources**. And, of course, the perception of high workload.

Reflection questions for you

Let's look at an **all-too-common scenario** we've come across in our work.

Eric has been working for organisation Y for 6 months. During this time, he consistently felt his workload was so high he couldn't complete it during regular work hours, so he frequently works late.

He noticed his colleagues and manager do the same. In fact, it seems to be a given that working overtime without compensation is the norm. Everyone is very committed to their work and they seem to take their 'busyness" as a badge of honour.

Eric is finding that this is affecting his personal life so he decides to do his best to work faster. He finds however that even though he focuses and works fast, the system he uses is very slow and clunky.

Learning to use it was difficult given that the training material didn't quite address the problems he was encountering and his colleagues had not always been helpful either because they were too busy or they didn't know how to help.

Eric also finds it frustrating that he needs information from different teams to complete his work and that this information is saved on different drives. He is also not sure who to contact in different teams to ask for support and he often gets abrasive answers from members of one team in particular.

He finds himself wasting a lot of time trying to retrieve the information he needs without asking them for help.

Now, ask yourself this:

1. What are **the red flags in this scenario**?
2. What is **underpinning the perception of high workload**? What **psychosocial hazards** are at play?
3. What **can be done right now** to intervene and support Eric?
4. What **preventative steps could have been taken** and at what point?

What you need to know
in plain language

C. Where do I start?

There is no one-size-fits-all approach. But there are a series of practices we have seen work well.

Start here

- **Read the legislation applicable to your jurisdiction.** The codes of practice are very practical and offer specific case studies and guidance.

- **Make your executive leaders and board aware of their obligations.** This is an important step because you will need their support and commitment in order to proceed with a psychosocial hazards assessment.

- **Identify psychosocial hazards in your workplace.** We recommend using both quantitative and qualitative methods to identify hazards. Consulting your employees in a manner that ensures they feel safe to report hazards is paramount in order to get accurate data.

- **Conduct risk assessment and create risk registers.** Analyse the data in order to ascertain which hazards are risks and prioritise them according to severity. Create risk registers which include the controls you will put in place.

- **Train your staff and managers in psychosocial risk management.** Help your people understand the legislation and their obligations. Normalise having conversations about hazards and about mental health. Equip your managers with tools to support their teams.

- **Review your WHS/OHS policies and practices.** Make any changes necessary to ensure compliance with the new legislation and best practice.

- **Implement your controls and review them regularly.** Enlist the support of different departments and of your WHS/OHS representatives to both implement and monitor controls.

What you need to know
in plain language

D. What is best practice in psychosocial risk management?

At Heart and Brain Works we have developed a simplified framework for managing psychosocial hazards. It consists of 5 steps and we'll take through them now.

Raise Awarness

Step 1. Raise Awareness

Who: board, executive leadership, managers, staff, contractors

What: raise awareness about psychosocial hazards, how they affect staff, and the fact that managing psychosocial risk is everyone's responsibility, not just the employer's

Why: you need their commitment and support to manage psychosocial risk effectively

**How:** you can raise awareness through a series of presentations and short training

Raise Awarness
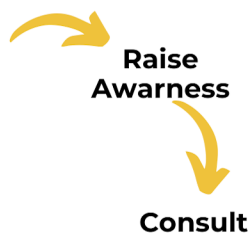
Consult

Step 2. Consult

Who: all staff, including contractors and volunteers, are consulted by either WHS/OHS team or external consultant

What: identify hazards by consulting all your staff. You can also refer to the following records: leave (sick; days off); workers' compensation claims; incident/injury records; grievances; exit interviews; EAP reports; company reviews on Glassdoor

Why: you are required to consult your staff in order to identify what hazards are negatively impacting them

How: we recommend using both quantitative and qualitative methods, so that you are able to understand underlying causes. This will allow you to identify the most effective controls. We also recommend ensuring staff feel safe enough to be honest in their responses.
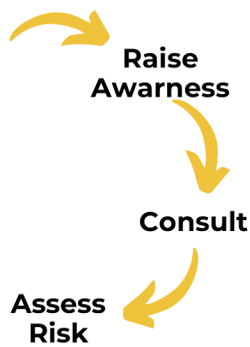
Step 3. Assess Risk

Who: WHS/OHS team or external consultant

What: analyse the data to ascertain which hazards pose the highest risk to psychological health and safety. Make sure your analysis takes into account protective factors so your data is accurate.

Why: we recommend establishing a list of risks starting with the highest so that you prioritise the enactment of controls accordingly

**How:** we recommend using a provider that can offer you this level of data analysis
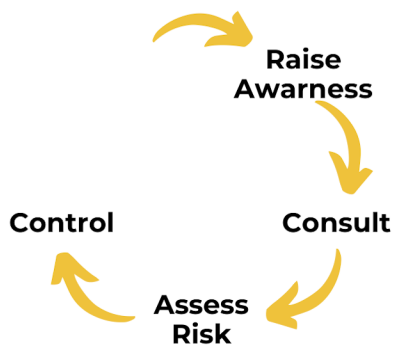
Step 4. Control

Who: WHS/OHS team or external consultant with support from executive leadership, managers and all staff

What: we recommend mapping your controls on the Hierarchy of Controls as applied to psychosocial hazards (see diagram on next page) so that you ensure interventions go beyond the PPE or administrative level.

Why: to ensure that your controls are effective in eliminating or reducing hazards as is practicable

How: consider the underlying causes of the identified hazards together with the Hierarchy of Controls for psychosocial hazards
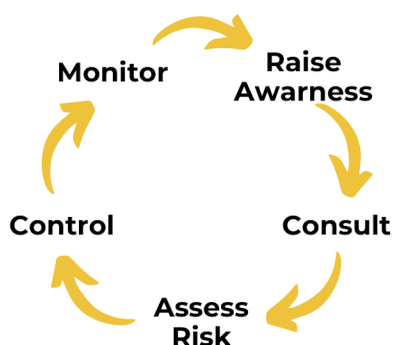
Step 5. Monitor

Who: WHS/OHS team with support from all staff

What: we recommend training your staff to identify and report psychosocial hazards. Training your managers to have effective conversations related to psychosocial risk as well as to take appropriate action when issues are raised, is crucial. This is likely to be assessed during regulator investigations.

Why: to ensure that hazard identification and mitigation is ongoing and that the implemented controls are effective

How: training staff and managers is highly recommended. We also encourage enlisting the support of your WHS/OHS representative to monitor effectiveness of controls.

Hierarchy of Controls for Psychological Health and Safety

Physical hazards	Psychosocial hazards
Eliminate	**Eliminate**
Remove the sources of harm (e.g. equipment, substances, or work processes)	Remove the psychosocial hazard to eliminate the risk of harm
Substitute	**Re-design**
Substitute (wholly or partly) the hazard with something that gives rise to a lesser risk	Fundamentally redesign how work is done, including roles, responsibilities, and the work environment
Isolate/engineer	**Adjust**
Isolate the hazard to prevent any person coming into contact with it or use physical control measures including mechanical devices or processes	Make adjustments to existing practices, substitute tasks with safer alternatives, or increase resources to meet demands
Administrative	**Educate**
Using safe methods of work, processes or procedures designed to minimise risk	Train workers to understand work policies, procedures and expectations
PPE	**Promote**
Using safety equipment to protect against harm. PPE acts by reducing exposure to, or contact with, the hazard	Provide opportunities to build resilience to withstand psychological hazard

Change the work

Change the worker

Government Health and Safety Lead NZ (2023)

www.heartbrainworks.org

Common misconceptions

❝ *I'll just use my engagement survey to measure psychosocial risk.*

Engagement surveys and psychosocial risk assessments are distinct tools, each with its own purpose.

Engagement surveys are used to **gauge employees' level of connection with their organisation** and their motivation to excel in their roles. In contrast, **psychosocial risk assessments** aim to **pinpoint work-related factors** (such as job design, management, and social environment) that **may pose a risk of harm**.

It's important to **be cautious if you're considering simply adding a few extra questions to your engagement survey** to include psychosocial elements not previously covered.

Here are some points to consider:

- **Clarify whether you're asking employees about potential harm caused by their work, or just about the nature of their job design. High workload** or limited job control, for example, **isn't necessarily harmful unless** it meets certain thresholds of **severity, frequency, or duration**.

- Keep in mind that **psychosocial risk assessments are fundamentally a health and safety initiative**, unlike employee engagement surveys. This involves **preparatory steps** such as consulting with employee representatives, presenting this as a **compulsory 'safety' action** and clearly communicating **how you intend to address any identified harm** and within what timeframe.

- **Consider whether your engagement survey adequately addresses the concept of 'exposure'.** This is vital to consider if you are **to ascertain if a hazard is a risk**. Equally, you need to identify what **protective factors** operate in the workplace. **This is challenging to achieve with general questions such as 'how satisfied are you with your current workload?'**

" Survey results are enough. I don't need focus groups.

You might think: "Let's do a psychosocial survey now. And then we might consider adding focus groups at a later date." We recommend you reconsider. **Quantitative data only captures half of the picture**. In order to **fully understand the underlying causes of risk factors**, you **need qualitative data**. You can capture qualitative data through open-ended survey questions. But often time doing that does not allow you to go deeper and explore the inter-dependencies of psychosocial hazards. And **you need that information** if you are to **accurately understand what underpins your risks** and what **controls** are the **most suited** to address them.

" We'll do our focus groups internally.

You might be tempted to conduct your own focus groups for budgetary or other reasons. Be mindful however that **workers may be hesitant to raise and discuss psychosocial hazards due to privacy** or other concerns, **particularly** in relation to hazards like **work-related bullying** or **sexual harassment** or in situations where workers are in **insecure** or **precarious work arrangements**, such as casual employment. The **Codes of Practice** advise PCBUs to **consider consultation processes that address such concerns**. Having an **external consultant** can offer staff the assurance that confidentiality will be maintained and that their concerns will be raised in a non-identifiable manner.

Another thing to note here is that **it is important to have 1-1 interviews as well as focus groups whenever you are undertaking a psychosocial assessment**. This is because staff are not likely to raise sensitive issues, particularly related to offensive behaviours they have experienced, in front of their colleagues. **We therefore recommend that you offer your staff the possibility to volunteer for 1-1 interviews as well as focus groups and that both are managed by an external person.**

> **Any psychosocial survey will do. They are all the same.**

Psychosocial surveys or **providers** of psychosocial assessments are **not all the same**. Here are some points to consider:

- Will this tool/provider give me just a **list of hazards** present in my workplace **or** will they help me **identify the highest risks and prioritise them**?

- Will this tool/provider measure **protective factors**?

- Will they tell me the **risk of psychological health impairment** for my staff so that I know **how many of my people are at risk**?

- Will they measure any **markers of health** and **burnout** so that I can have **reliable data**, particularly on burnout rates in my organisation?

- Will they give me any **ideas for controls**?

If a tool/provider does not meet all the above criteria, chances are the results you are going to get are not what would be most useful or effective.

How we can help

From our Founder

*Myself and my team are here to **help you** along the way, from **free professional development** sessions for you and your people, to **psychosocial hazards audits** & **training** for your **managers** in psychosocial risk management. - Dr. Georgi Toma*

We offer you a **comprehensive solution** for psychological health and safety at work. We address **both** the **work environment** and the **individual**. Our approach is **data-driven**, **tailored** to your organisational context and **effective**. Here's how we can help:

Psychosocial Hazards Audit

Our audit helps you:

- Identify over **30 hazards** and **protective factors**
- **Quantify risk** so you get the top risk factors, not just a hazards list
- Measure **markers of health** including stress, sleep and depression, as well as **burnout**
- Quantify the **risk of psychological health impairment** in your people so you know how many are at risk of injury
- Identify **underlying causes** of hazards so you know exactly what controls are likely to work
- Give you **recommendations for controls** following the Hierarchy of Controls

Contact us: support@heartbrainworks.org

Manager Training: Psychosocial Risk Management

Your managers will walk away knowing:

- What **psychosocial hazards** are
- How to **talk** about them to staff
- How to **report** them
- How to have **stress** and mental health-related **conversations** (**bespoke scenarios** and **scripts** relevant to **your work context**)

Psychological Health & Safety for Staff

Your staff will walk away knowing:

- What **psychosocial hazards** are
- What **their responsibilities** are
- How to **report** psych hazards
- The **3 neuro-biological systems** that create **unnecessary stress**
- Simple, **science-based tools** to **reduce stress**

The Wellbeing Protocol: Mental Health Training for Staff

The Wellbeing Protocol has been **validated** through **research** studies to help participants:

- **Reduce stress** by up to **58%**
- **Reduce burnout** by up to **60%**
- **Improve mental wellbeing** by up to **103%**

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Bespoke Solutions

We can also support you:

- Create your in-house **peer support program**
- Address **incivility** and **offensive behaviours**
- Improve your **wellbeing strategy**

Join our free monthly professional development sessions

See our upcoming sessions here:

www.heartbrainworks.org/resources

Past sessions include:

- Psychosocial Hazards Focus - High Workload
- The Role of Line Managers in Psychosocial Risk Management
- Burnout - what you need to know in 2023
- Best Practice in Psychosocial Hazards Identification

*Note: you can watch these sessions and more: www.heartbrainworks.org/resources

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EXCELLENCE
INTEGRITY
KINDNESS

Heart and Brain Works

Helping organisations create mentally healthy workplaces through:

- **Psychosocial Hazards Audits**
- **Psychosocial Risk Management training**
- **Mental Health Training**
- **Peer Support Programmes**
- **Bespoke Interventions**

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