Mental health, psychological safety, and psychosocial safety – same but different?

Problem
Psychosocial risk and psychological safety are often interchanged but they are not the same thing and where do they sit? Human Resources, Health, Safety or Operations?

This article clarifies definitions, approach, and responsibility (see table 1) and provides a simple framework to help organisations embed and integrate psychosocial risk management to navigate the perceived complexity in this space and create their own blueprint.

Background
Psychological safety is typically a focus of Human Resources while Psychosocial Health and Safety is typically a focus of WHS. Not the same, good psychosocial risk management can build psychological safety but not the reverse. Consider as a case in point that is possible to have psychological safety within a team while people in that team face psychosocial risk events.

Clearly, the focus should be on the integration of psychosocial risk management.

Psychosocial risk management is part of safety management systems (in orgs, under the guise of Human Factors) and also features in Mental Health and Wellbeing implementation. Not yet seen as embedded in both operational risk management and enterprise risk management.

To date, many orgs take a disjointed approach between:
1. Safety; Human Resources; Enterprise Risk.
2. HR issue resolution; how the psychosocial hazards may interact or combine.
3. Change of workforce levels; effects this has on the duration, frequency or severity of the exposure of workers and other persons to psychosocial hazards.
4. Mental Health Awareness; Design of work, including job demands and tasks.
5. Performance management; Drivers of Workplace interactions or behaviours.

The new legislative requirements are placing a risk lens over the activities that People and Capability typically undertake and manage. This is the first time many in the People function have had to risk assess and understand management systems like their Safety counterparts do. Engagement surveys are not risk assessments (they do not/cannot assess the duration, frequency, or severity of the exposure of workers and other persons to psychosocial hazards).

Some orgs are assessing psychosocial risk using their existing qualitative risk management approaches and 5 × 5 matrixes. In addition, integration challenges are being found at the enterprise risk level as psychosocial risk can be material in both the safety, compliance, and workforce categories of operational risk.

Recommended approach

To integrate psychosocial risk management in an organisation, five-stages with key questions to ask at each stage is recommended:

1. <u>Prepare a business case</u>: To gain senior leader support and resourcing, outline the challenge, opportunity, and recommendations to proceed.

2. <u>Diagnose and evaluate</u>: Does our existing safety risk management approach measure the duration, frequency, or severity of the exposure of workers to psychosocial hazards? Can my existing safety risk management approach measure the duration, frequency, or severity of the exposure of workers to psychosocial hazards? How integrated is my HR and safety management system, and has a risk lens already been placed over our HR-documented processes?

3. <u>Align and integrate</u>: What is the process to consult with employees regarding psychosocial risks? Do I have a relationship with enterprise risk personnel to ensure that this has the right language and tone for it to fit into existing enterprise risk categories clearly? Am I clear on how the amended WHS Regulations need to be incorporated within my documented management system? Am I clear on the risk process as part of the management of the change process which psychosocial risk assessment needs to be integrated into?

4. <u>Develop capability</u>: In addition to employee mental health literacy training, how can we provide additional information, instruction, and training on how to prevent harm and respond to psychosocial risks at work? Can I seek resources for in-field coaching to embed this new vocabulary and behaviours during workplace interactions between staff to make it safe to try/fail?

5. <u>Sustainability</u>: What data will provide drift signals if the risk is being managed below the appropriate threshold/s? How will this be integrated into the existing third line of defence assurance process within the business to complement a continuous improvement and risk reduction focus? How will I report my progress and approach?

Terminology

The following table provides an overview of key terms and concepts in psychosocial risk, clarifying definitions is a key area of confusion which creates ambiguity.

Table 1. Overview of key terms and concepts.

Concept	Clarity
Psychosocial hazards definition	Psychosocial hazards are hazards that arise from or in relation to: 1. the design or management of work 2. the working environment 3. plant at a workplace, or 4. workplace interactions or behaviours; and may cause psychological and physical harm. *Model Work Health and Safety Regulations – Safe Work Australia (2022)*
Psychosocial hazard examples	• Job demands • Remote or isolated work • Low job control • Poor physical environment • Poor support • Violence and aggression • Lack of role clarity • Bullying • Poor organisational change management • Harassment including sexual harassment • Inadequate recognition and reward • Poor workplace relationships • Poor organisational justice • Traumatic events or material
Psychosocial risk definition	Psychosocial risk is a risk to the health or safety of a worker or other person arising from a psychosocial hazard. *Model Work Health and Safety Regulations – Safe Work Australia (2022)*
Psychological safety	Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes, and that the team is safe for interpersonal risk taking. *Amy Edmondson (2022)*
Psychological health and safety management	Managing psychosocial risk within an occupational health and safety (OH&S) management system to enable organisations to prevent work-related injury and ill-health of their workers and other interested parties, and to promote well-being at work. *Recently introduced through ISO 45003:2021 (ISO 2021)*
Mental health defined	Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to contribute to his or her community. *World Health Organization (2022a)*
Well-being defined	A state in which an individual can realise their own potential, cope with normal stresses, work productively and contribute to their community. *World Health Organization (2022b)*
Mental ill-health defined	A clinically diagnosable disorder that significantly interferes with a person's cognitive, emotional or social abilities *Council of Australian Governments (2017)*

Conclusion

Psychosocial and traditional safety management cannot be separated.

When integrated as part of the functions they cut across (i.e leadership, HR, diversity and inclusivity, wellbeing, culture, and safety) and operations it provides a unique opportunity to develop organisational and leadership capability to achieve and sustain high performance.