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Beyond Compliance: Managing Psychosocial Risks in Modern Workplaces

31 March 2026

Kate Field, Dr. Cynthia Parr and Michael Tooma

Housekeeping

- During the webinar, all participants will be on mute

- This webinar will run for approximately 60 minutes

- You can submit questions anytime through the Q&A box

- We will address questions during the Q&A session at the end

- A recording of this webinar will be shared after the event.

Acknowledgment of country

BSI acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people today.

Our speakers

Kate Field

Global Head Human and
Social Sustainability, BSI

Dr. Cynthia Parr

Medical Health and Safety
Representative

Michael Tooma

Partner, Hamilton Locke

ISO 45003 – psychological health and safety at work

Kate Field, CMIOSH

Global Head Human and Social Sustainability, BSI

Are psychosocial risks a problem in your organization?

- Restricted growth

- Troublesome quality and output issues

- Poor productivity

- Talent and skills shortages

- Lack of innovation and agility creating an unease about competitiveness and resilience

- Plateaued (or reversed) health and safety incident reductions

- Worker engagement metrics that stubbornly fail to improve (or even get worse)

- Increased levels of complaints – internally and by clients/customers

- Increasing reports of stress, burnout and mental-ill.

- Increasing absence and retention rates

- Accelerated retirement

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ISO 45003 Occupational health and safety management — Psychological health and safety at work: managing psychosocial risks — Guidelines

It includes:
- Information on **how to recognize** the psychosocial hazards that can affect workers (with 3 tables of examples)
- Offers examples of effective – often simple - **actions that can be taken** to manage these
- Actions based on a hierarchy of **prevention**

nples	
personal relationships	— poor communication
	— poor relationships between managers, supervisors, coworkers, and clients or others that workers interact with
	— interpersonal conflict
	— harassment, bullying
	— third party violence
rship	— lack of clear vision and objectives
	— management style unsuited to the nature of the work and its demand
	— failing to listen or only casually listening to complaints and suggestion
	— withholding information
	— providing inadequate communication and support
	— lack of accountability
	— lack of fairness
	— inconsistent and poor decision-making practices
nizational/workgroup ire:	— poor communication
	— low levels of support for problem-solving and personal development
	— lack of definition of, or agreement on, organizational objectives
	— inconsistent and untimely application of policies and procedures, unfa decision making
gnition and reward	— an imbalance between workers' effort and formal and informal recognition and reward
	— lack of appropriate acknowledgement and appreciation of workers' efforts in a fair and timely manner
r development	— career stagnation and uncertainty, under-promotion or over-promotio lack of opportunity for skill development

- For all sectors and types of organizations
- Voluntary

Psychosocial hazards as defined in ISO 45003

- Psychosocial risk factors are things that may affect workers' **psycho**logical and **social** response to their work and workplace conditions

- *Aka – stress response*

- Psychosocial risk factors increase risk of some physical injuries – and vice versa

- Hidden risk often around human failure (error) increasing risks across organization (this is why social and psychological, as well physical, are part of quality management)

"Combination of the likelihood of occurrence of exposure to work-related hazard(s) of a psychosocial nature and the severity of injury and ill-health that can be caused by these hazards."

3 hazard groups:

- Work organization

- Social factors

- Work environment, equipment and hazardous tasks.

Work Organization

Roles and expectations

Job control or autonomy

Job demands

Organizational change

Remote and isolated work

Workload and pace

Working hours and schedule

Job security and precarious work

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Social Factors

Interpersonal relationships

Leadership

Culture

Recognition and reward

Career Development

Support

Supervision
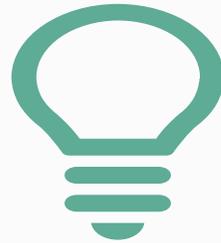
Civility and respect

Work/life balance

Violence

Harassment, Bullying and victimization

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Work environment, equipment and hazardous tasks

Noise
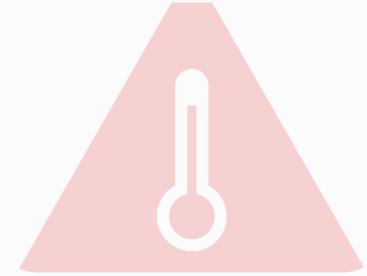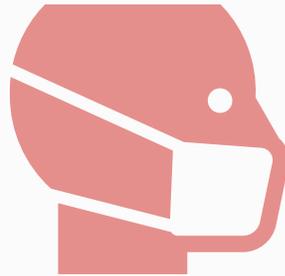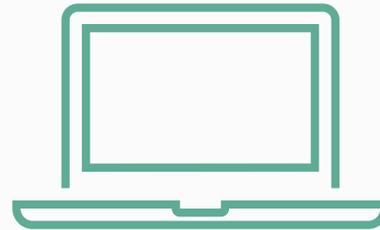
Lighting

MSDs

Chemicals

Temperature

COVID

Equipment –
availability, suitably,
maintenance

Civil unrest, war,
kidnapping

Psychological health and safety management

- Don't need to be a psychologist

- It's about H&S risk management – PDCA

- Just need to understand specific type of risk - psychosocial risks

- Identify and assess risk in the same way

- Quantitative and qualitative

- Need H&S **and** HR

LIKELIHOOD	Likelihood depends on several factors, including the individual worker's perception, the exact nature of the work, and the working environment. Some people would find paramedic work stressful, while others may become stressed by the pressure in so-called 'high performance' organizations.
● ● ● L M H	
CONSEQUENCE	Consequence can vary widely. Identified and managed early, the harm from stress can be minor whereas a single traumatic event, or prolonged exposure, can give rise to much more serious and long-term ill health.
● ● ● L M H	

- What?

- Who? The risk profile for some risks will be different for some groups of people – this is nothing new; H&S already acknowledges that some risks are different for different groups e.g. Young workers, New and Expectant Workers

- How often (likelihood)?

- Consequences (harm)?

- Acute .v. chronic - remember psychosocial risks often accumulative over months, or even years

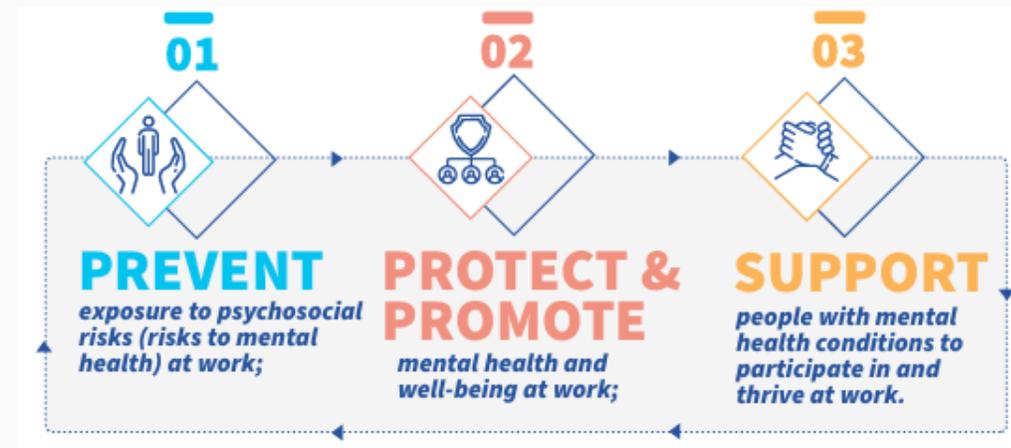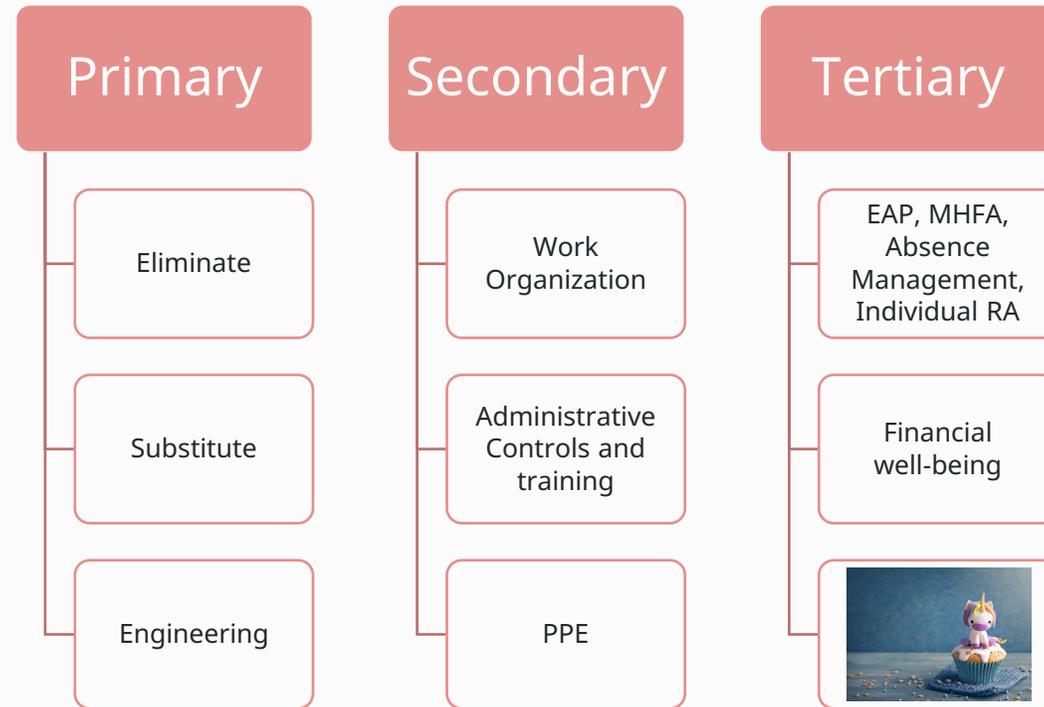- Dynamic risk e.g. during change

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Where to start - hazard identification

- Review current risk assessments

- Review job descriptions

- Analyse work tasks, schedules and locations

- Consult with workers, clients and other interested parties at regular intervals

- Analyse performance evaluations, worker surveys / employee engagement, standardized questionnaires, audits, etc.

- Holding interview, group discussions or using checklists

- Conducting workplace inspections and observations which help to understand how work is carried out, and how workers interact with one another

- Reviewing relevant documented information such as incident reports, hazard and risk reports, grouped occupational health statistics, workers' compensation claims, worker surveys, absenteeism and worker turnover data.

- Other data sources such as exit interviews, holiday leave, overtime

- Apps and wearables...with caution

- Regulator / Sector guidance / case studies
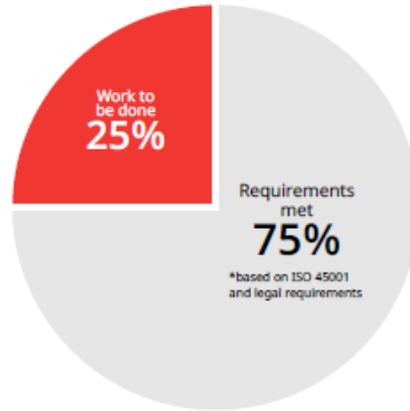
- Anonymised EAP / MHFA data

Controls

- Organizational level controls, not individual
- Engagement survey action NOT enough!
- Address root cause
- Workplace well-being ISO 45003: *Fulfilment of the physical, mental, social and cognitive needs and expectations of a worker related to their work their work*
- Effective workplace well-being is impossible without addressing psychological health and safety
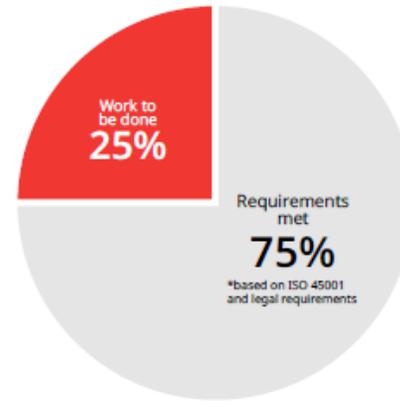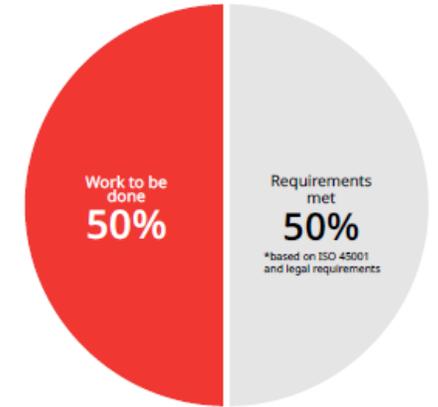- ILO / WHO Mental health at work: policy brief

Primary	Secondary	Tertiary
Eliminate	Work Organization	EAP, MHFA, Absence Management, Individual RA
Substitute	Administrative Controls and training	Financial well-being
Engineering	PPE	

01 PREVENT exposure to psychosocial risks (risks to mental health) at work;

02 PROTECT & PROMOTE mental health and well-being at work;

03 SUPPORT people with mental health conditions to participate in and thrive at work.

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ISO 45001 and ISO 45003
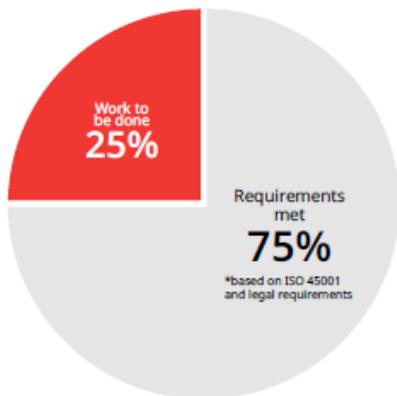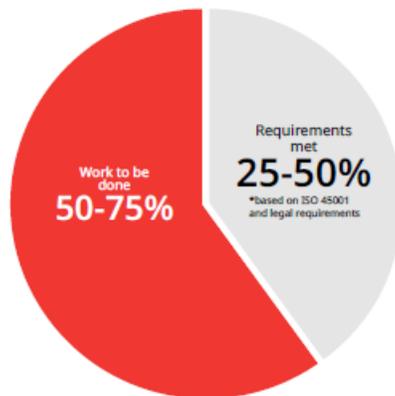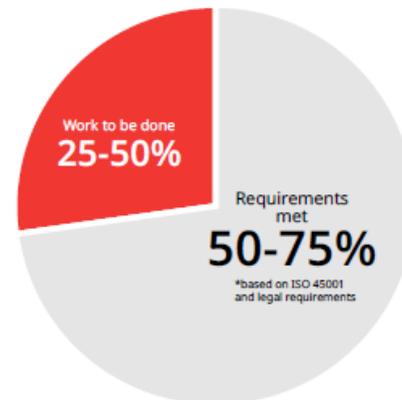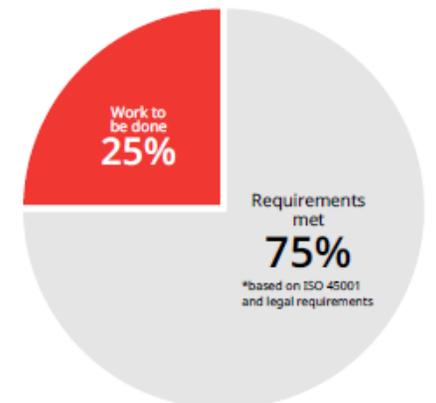
Actual Impact
ISO 45003

London Luton Airport, was the first airport in the world to achieve BSI's Psychological Health and Safety certification, based on ISO 45003. The benefits they have seen include a:

- 41% reduction in mental health days lost
- a 6% boost in overall employee well-being
- an impressive 30-point increase in their employee net promoter score

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London Luton Airport

Suicide and the Workplace

BS 30480 provides guidance to help organizations put in place approaches to suicide awareness, response and support for those affected.

With nearly 4000 suicides registered each year across Australia and New Zealand, this standard aims to provide organizations with practical tools to respond.

Free to download

Free training

Search "BSI Suicide Standard" or BSI BS 30480"

Brochure
Standards

BS 30480 Su
Workplace

This standard offers a
address suicide.

Download the guide

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Workplace Well-being

Healing the Healers

Dr Cynthia Parr

Medical HSR

What is burnout?

How can we address the issue?

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Burnout

A psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.

- overwhelming exhaustion
- feelings of cynicism and detachment from the job
- sense of ineffectiveness and lack of accomplishment

Maslach C, Leiter MP, World Psychiatry 2016

Burn-out an "occupational phenomenon": International Classification of Diseases

28 May 2019 | Departmental update
|Reading time: Less than a minute (180 words)

Burn-out is included in the 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is **not** classified as a medical condition.

It is described in the chapter: 'Factors influencing health status or contact with health services' – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.

Burn-out is defined in ICD-11 as follows:

"Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions:

- feelings of energy depletion or exhaustion;
- increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- reduced professional efficacy.

Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life."

Related

Mental health at work

Fact sheets

Mental health at work
2 September 2024

Why is physician burnout important?

Patient care

Lower care quality

Medical errors

Longer recovery times

Lower patient satisfaction

Health care system

Reduced physician productivity

Increased physician turnover

Less patient access

Increased costs

Physician health

Substance abuse

Depression/suicidal ideation

Poor self-care

Motor vehicle crashes
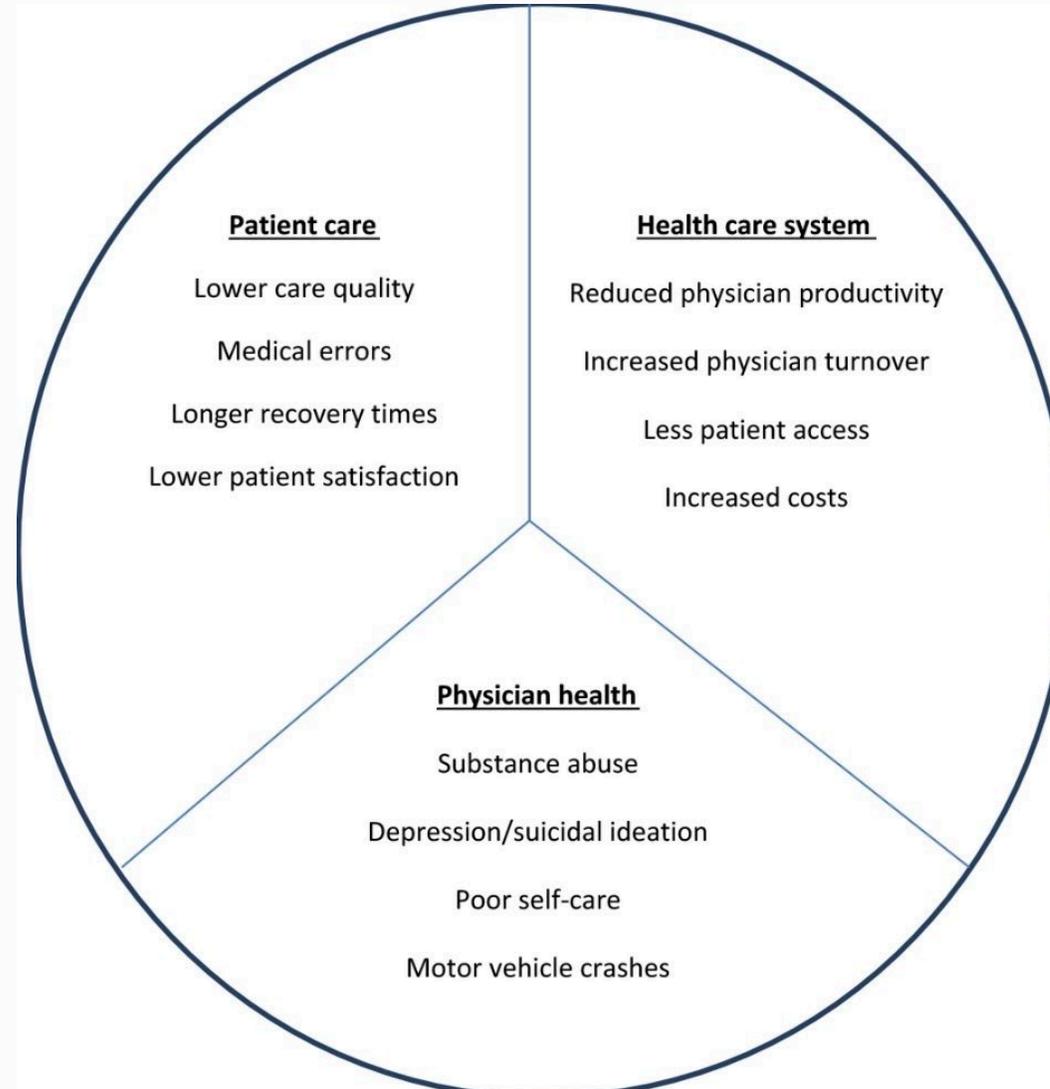
West CP, Dyrbye LN, Shanafelt TD
Journal of Internal Medicine 2018

Factors Associated with Burnout

Individual Factors

- Younger age < 5 years post training

- Female

- Personality traits
  - perfectionism, high neuroticism

- Poor work-life balance
  - difficulty balancing family/personal responsibility

- History of mental health issues
  - prior depression/anxiety

Shanafelt TD, Sloan JA, Haberman TM Am J Med 2003, Dyrbye LN et al Natl Acad Med 2017, Moss M et al Am J Crit Care 2016, Martin SR et al BMC Health Services Research 2022, Langballe EM et al Stress and Health 2011, West CP, Dyrbye LN, Shanafelt TD J Int Med 2018, Patel SR et al Behav Sci 2018

Factors Associated with Burnout

Organizational Factors

- Excessive workload
  - chronic staff shortages

- Night/weekend on call

- Administrative burden
  - EMR, paperwork

- Lack of autonomy
  - inability to influence schedules, patient load, practice style

- Moral distress
  - inability to deliver the care required due to systems constraints

SafeWork NSW 2024 Evidence Check Burnout in healthcare and social assistance sector, West CP, Dyrbye LN, Shanafelt TD J Intern Med 2018, Patel SP et al Behav Sci 2018

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Factors Associated with Burnout

Organizational Factors

- Poor leadership support
  - Lack of recognition, responsiveness from department chairs/admin

- Negative leadership behavior

- Limited interprofessional collaboration

- Absence of peer support

- Lack of opportunities for advancement

- Toxic work culture
  - bullying and harassment, occupational violence

Safework NSW 2024 Evidence Check Burnout in healthcare and social assistance sector, West CP, Dyrbye LN, Shanafelt TD J Intern Med 2018J Healthc Manag 2020, Mohta NS, Prewitt E, Gordon L, Lee TH NEJMCatalyst 2021, SafeWork NSW Industry Action Report 2025

InPsych 2018 | Vol 40

June | Issue 3

Highlights

Preventing workplace burnout: Why resilience is not enough

JUNE | ISSUE 3 | ISSUE INDEX

Professor Michael Leiter MAPS

Resilience is the process of adapting well in the face of adversity. It means 'bouncing back' from difficult experiences (American Psychology Association, 2018). The appeal of resilience as a concept has grown with an expansion of its meaning beyond the capacity to recover from adversity to include 'toughening up'. In this definition, resilient people have the capacity to endure demands. They feel so little distress that they have no need of recovery. They empathise with their clients' distress or aspirations without
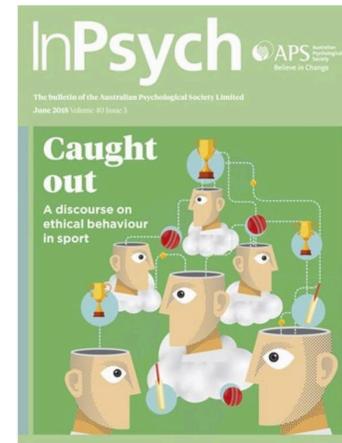
More feature articles…

Burnout is Multifactorial

- Strongest predictors are:
  - Excessive workload and administrative burden
  - Lack of autonomy/control
  - Poor organizational leadership
  - Intervention must target all levels
  - Individual coping is insufficient

Interventions to reduce burnout

- Individual interventions and organizational/structural interventions are complementary

- We need to do both

- Interventions work

West, Lancet 388:2272, Panagioti M JAMA Internal Medicine 177:195

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Strategies to prevent and mitigate physician burnout

Organisation-level solutions

- Fair productivity targets, duty hour limits

- Optimise EMR, administrative support

- Factor in setting schedules, flexible work schedules, include required work tasks within expected work

- Physician engagement in establishing work requirements, physician leadership

West CP, Dyrhye LN, Shanafelt TD JOIM 2018

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Strategies to prevent and mitigate burnout

Individual interventions

- Wellness program

- Leadership training

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AI
The Future?

AI scribes

Remote monitoring

Decision support tools

Image detection

Beyond Compliance: Managing Psychosocial Risks in Modern Workplaces

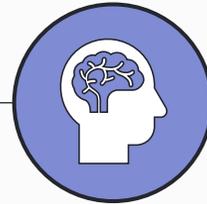Michael Tooma

Partner
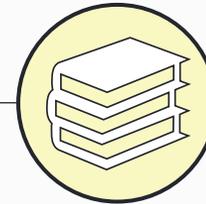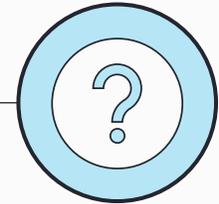Hamilton Locke

Today's session

Introduction

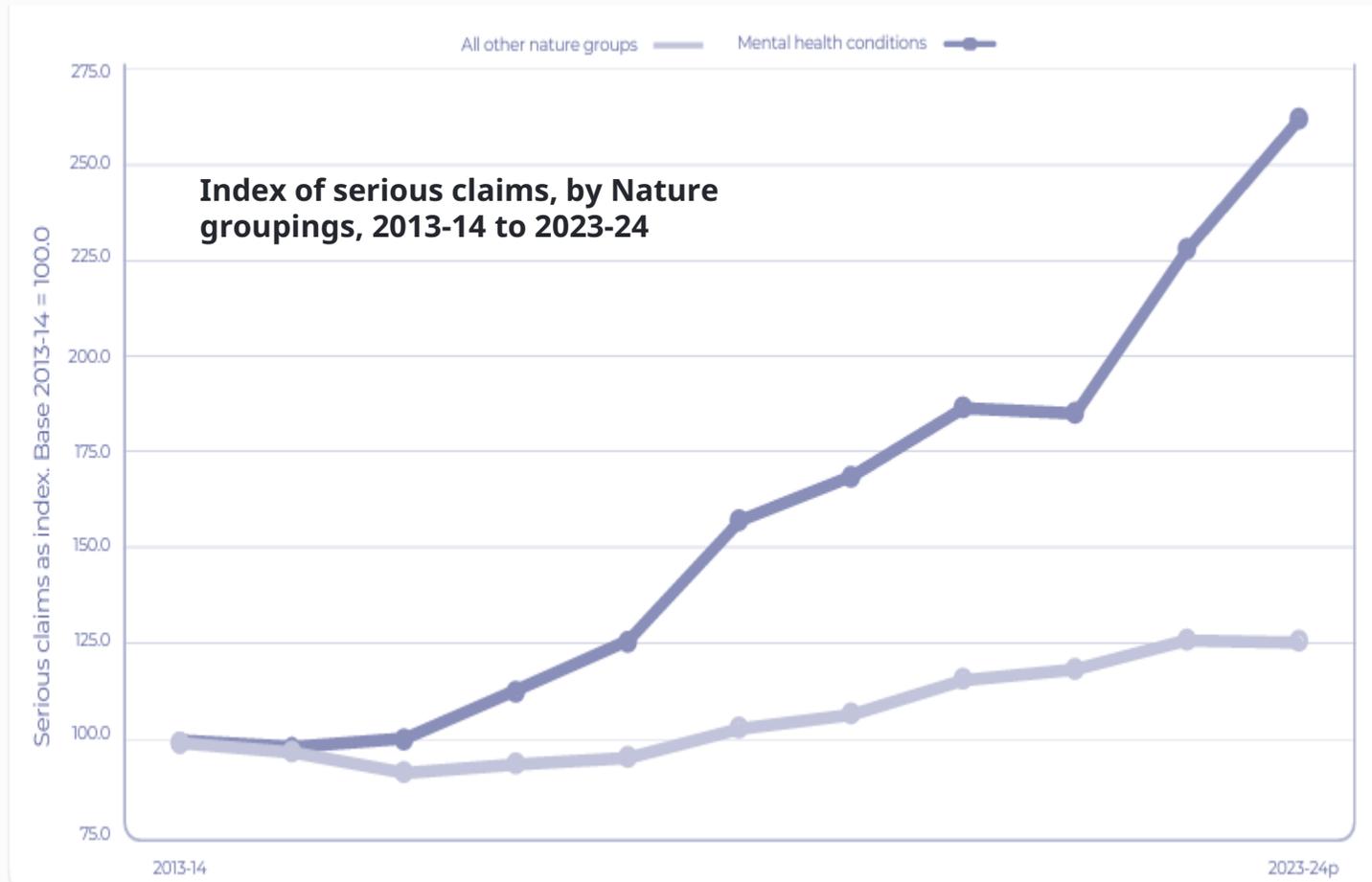**Legal Framework**

How to Manage Psychosocial Risks

Key Case Law

Questions

Mental Health Statistics and Trends

SafeWork Australia Data Insights (2025)

Source: Safe Work Australia National dataset for compensation-based statistics.

Understanding Stress –
The Goldilocks Analogy

Too Little

Just Right

Too Much

The Experiment

Participants were asked **how much stress they experienced in the past year** and **if they believed that stress was harmful to their health.**

Findings

Stress wasn't killing people but rather **the combination of stress and the belief that it was harmful**. In the absence of that belief, the stress itself had no harmful effect.

*"Individuals reporting **both a high amount of stress and the perception that stress affects health may be at greater risk of premature mortality,** over and above those who report high stress or perceived health effects of stress alone."*
- Keller et al.

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An Employment Lifecycle Approach to Mental Health Management

Pre-employment & Onboarding

• Pre-employment processes e.g. psychometric assessments, health assessments
• Mental health onboarding and induction

People Management

• Engagement and communication
• Mental health impact of change audit
• Embedding into performance management, career development, mentoring initiatives

Post-employment

• Exit interview mental health assessments
• System effectiveness assessments

INSIGHT　　**WORK DESIGN**　　**COMMUNICATION & ENGAGEMENT**　　**INTERVENTION**　　**ASSESSMENT**

Embedding mental health strategy

• Mental health impact assessments
• Work design
• Training needs assessment
• Management awareness training

Early Intervention

• Risk management
• Mental health officers
• Mental health climate surveys
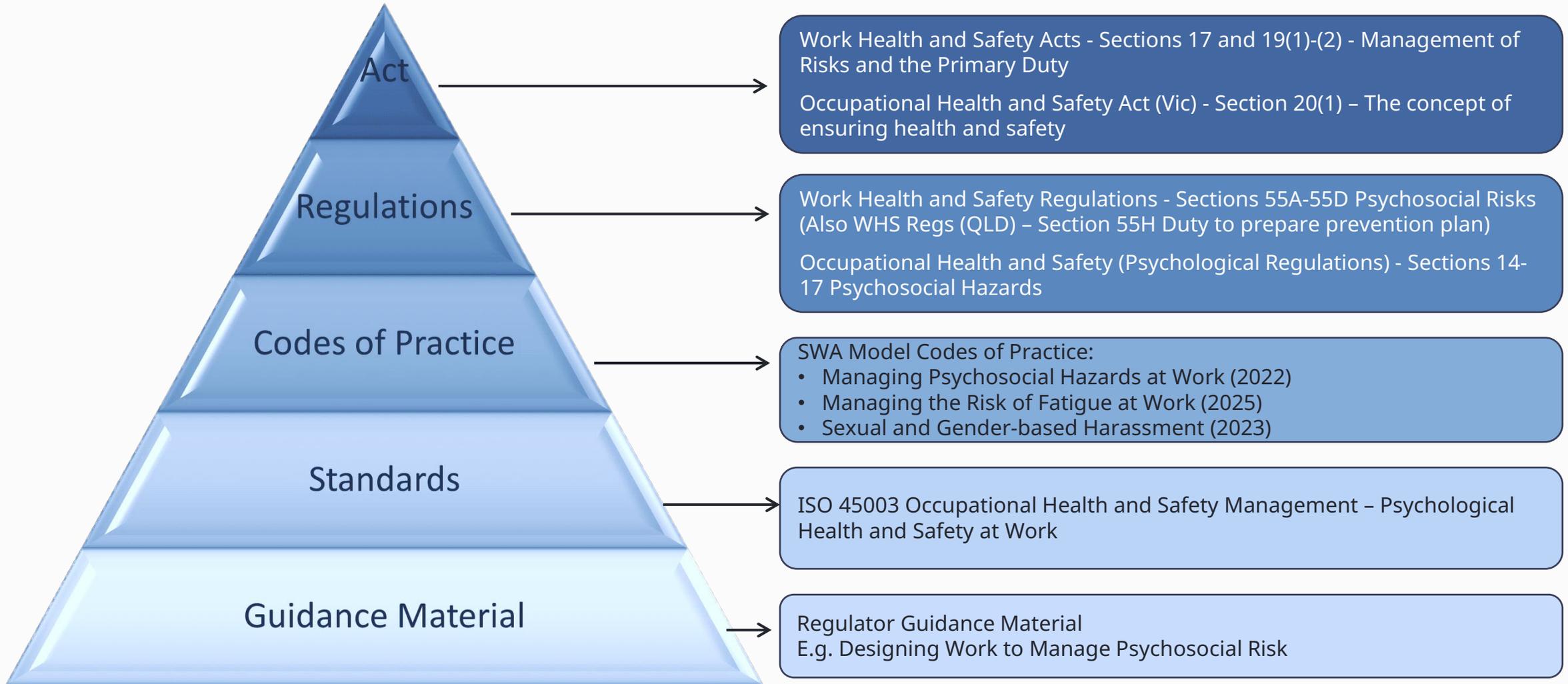• Incident reporting and response processes
• Mental health investigations

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Legal Framework

Legal Framework Hierarchy

Act
- Work Health and Safety Acts - Sections 17 and 19(1)-(2) - Management of Risks and the Primary Duty
- Occupational Health and Safety Act (Vic) - Section 20(1) – The concept of ensuring health and safety

Regulations
- Work Health and Safety Regulations - Sections 55A-55D Psychosocial Risks (Also WHS Regs (QLD) – Section 55H Duty to prepare prevention plan)
- Occupational Health and Safety (Psychological Regulations) - Sections 14-17 Psychosocial Hazards

Codes of Practice
- SWA Model Codes of Practice:
  - Managing Psychosocial Hazards at Work (2022)
  - Managing the Risk of Fatigue at Work (2025)
  - Sexual and Gender-based Harassment (2023)

Standards
- ISO 45003 Occupational Health and Safety Management – Psychological Health and Safety at Work

Guidance Material
- Regulator Guidance Material
E.g. Designing Work to Manage Psychosocial Risk

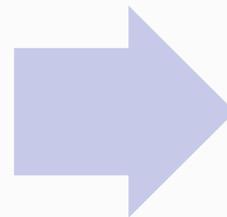# Psychosocial Hazards: WHS/OHS Regulations

Organisations have a legal obligation to identify **reasonably foreseeable** hazards that could give rise to health and safety risks in their workplaces. This includes **eliminating** psychosocial risks, or if that is not reasonably practicable, to **minimize** them so far as is reasonably practicable.

A psychosocial hazard is defined under clause 55A of the Model Work Health and Safety Regulation 2025:

It arises from, or relates to:
(i)   the design or management of work; or
(ii) a work environment; or
(iii) plant at a workplace; or
(iv) workplace interactions or behaviours

+

It may cause psychological harm (whether it may also cause physical harm)
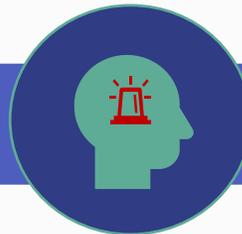
Psychosocial hazard

All Australian jurisdictions have psychosocial hazard regulations (subject to some jurisdictional differences)

Codes of Practice and International Standards

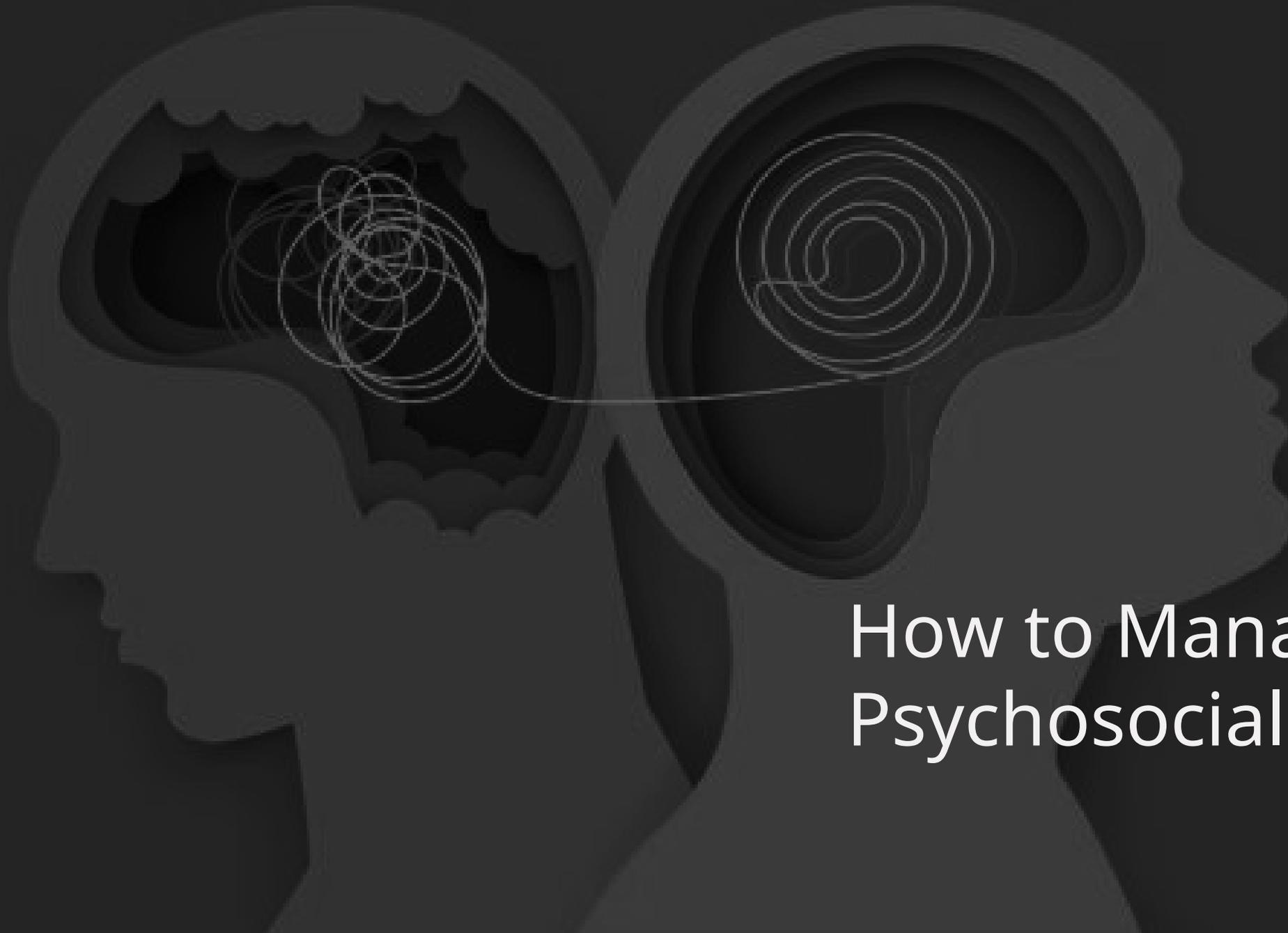*SafeWork Australia's Code of Practice*

- Job demands
- Low job control
- Poor support
- Lack of role clarity
- Poor change management
- Inadequate reward / recognition
- Poor organisational justice
- Traumatic events or materials

- Remote or isolated work
- Poor physical environment
- Violence and aggression
- Bullying
- Harassment including sexual harassment
- Conflict or poor relationships and interactions
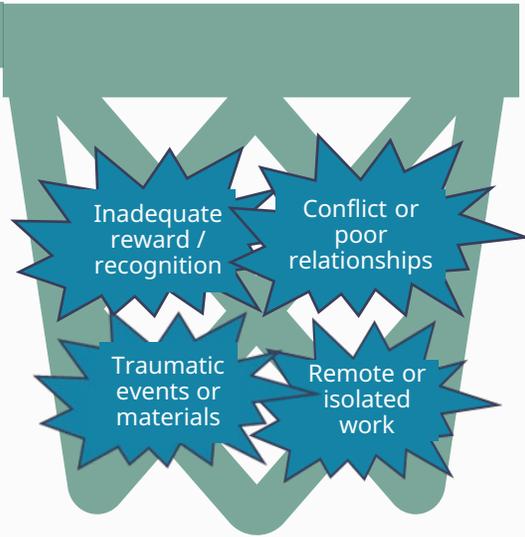
Examples of psychosocial hazards

INTERNATIONAL STANDARD

ISO 45003

First edition 2021-06

Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks

Management de la santé et de la sécurité au travail — Santé psychologique et sécurité au travail — Lignes directrices pour la gestion des risques psychosociaux

Reference number ISO 45003:2021(E)

© ISO 2021

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How to Manage
Psychosocial Risks

Managing Psychosocial Risks

Inadequate reward / recognition

Conflict or poor relationships

Traumatic events or materials

Remote or isolated work

Harassment

Lack of role clarity

Violence

Job demands

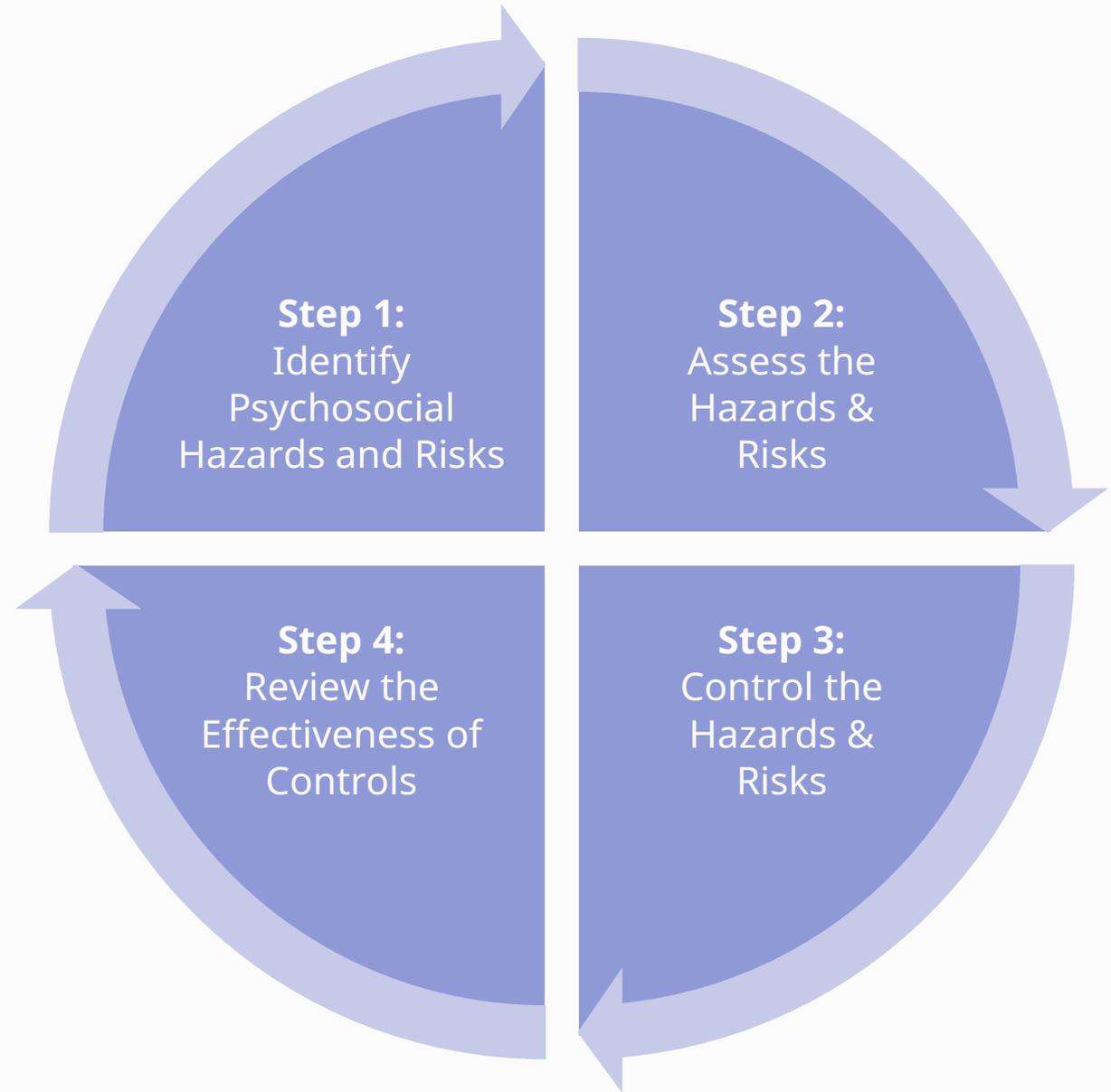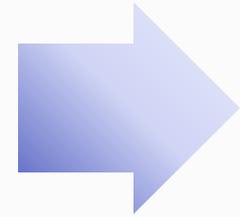Poor physical environment

Low job control

Bullying

Poor change management

Poor support

The Risk Management Process

WHS Regulations Cl 55C- Management of psychosocial risks is required.

Code of Practice: Managing Psychosocial Hazards at Work - Four steps to the Risk Management Process.

Step 1:
Identify Psychosocial Hazards and Risks

Step 2:
Assess the Hazards & Risks

Step 4:
Review the Effectiveness of Controls

Step 3:
Control the Hazards & Risks

Note: All of these steps must be supported by consultation.

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Step 1: Identifying Psychosocial Risks & Hazards

How to Identify Psychosocial Hazards

Look for trends

Analysing work tasks, schedules and locations

Survey Tools

Holding interviews, group discussions or using checklists

Observe work and behaviours

Understand how work is carried out and how workers interact
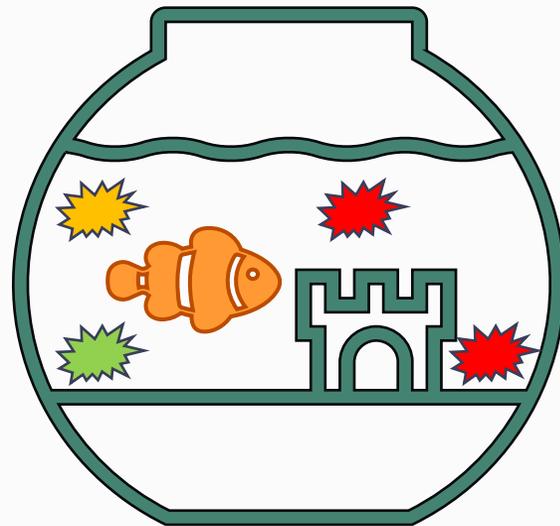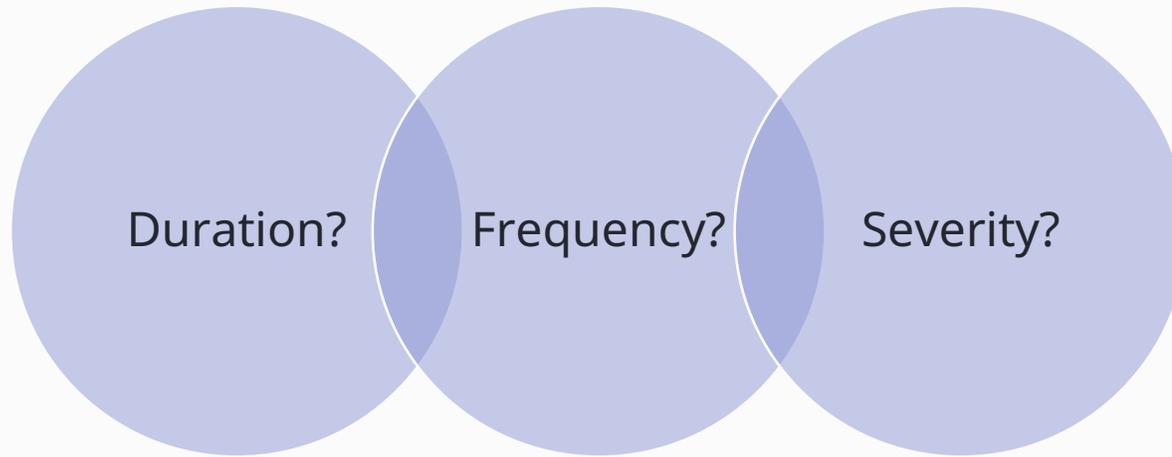
Review Information

Incident reports, hazard and risk reports, worker surveys

Encourage reporting

Consulting with workers, clients and interested parties at regular intervals

ISO 45003 - 6.1.2.1.3

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Step 2: Assess the Risk

Duration? Frequency? Severity?

Low Risk   Moderate Risk   High Risk

A risk assessment should:

- Provide information about the potential harm;

- Compare groups that differ in exposure to, or reporting of psychosocial hazards;

- Consider the interaction of psychosocial risks with risks from other identified hazards;

- Prioritise hazards according to the level of risk;

- Consider the diversity of the workforce and the needs of particular groups, as well as the wider context of the organisation;

- Provide information on control measures and opportunities for improvement.

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Step 3: Control the Hazards & Risks

Identify as many possible control measures as you can
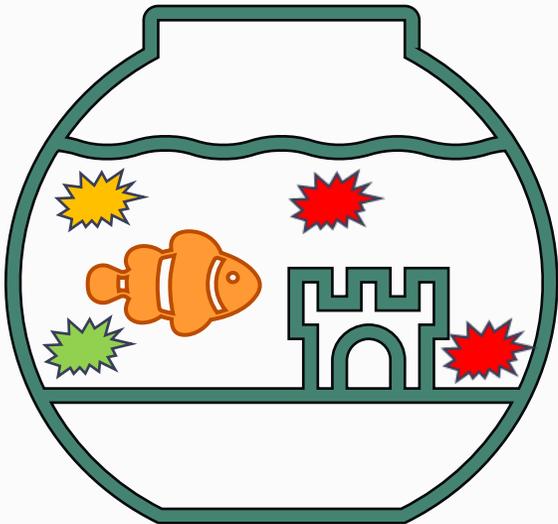
Which of these control measures are most effective?

Which controls are reasonably practicable in the circumstances?

ISO 45003 – 8.1.2.2

Measures can include:

- Increasing worker control e.g. introducing flexible working, job-sharing

- Allowing breaks to manage fatigue and restricting work-related contact in non-working time

- Consulting workers about workplace changes and how these can affect them

- Defining work roles to minimize confusion and ambiguity

- Improving attitudes towards managing and reporting psychosocial risk

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Step 4: Review and Monitor the Effectiveness of the Controls
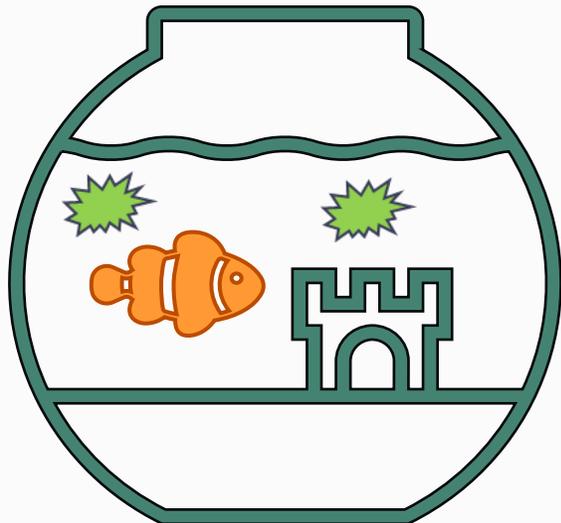
Common review methods

Inspection

Analysing records and data

Consultation

Internal audit

ISO 45003 – 9.1.2

Reviews should occur:

- If a new hazard or risk is identified;

- If a control measure is not adequate to minimize the risks;

- Before a significant workplace change occurs (e.g. a change to the work environment or work systems);

- Where consultation indicates a review is necessary or workers or worker representatives request a review.

The organisation should retain appropriate documented information as evidence of the results of monitoring, measurement and performance evaluation.

Key Case Law

***DPP* v *Department of Defence* (Unreported, NSW Local Court, 2025)**

DPP v Department of Defence (Unreported, NSW Local Court, 2025)

In July 2020, Comcare commenced an investigation following the death of a technician at the Royal Australian Air Force Base.

Comcare determined that, in the months prior to his death, the worker had displayed increasing signs of distress and ill-health during a performance management process involving four separate 'Work Plans' over a six-month period. During this process, his supervisors failed to offer support, place him on leave, or take other reasonable steps to alleviate the stress and pressure he was experiencing.

The Department of Defence (**Department**) was charged with three offences under the *Work Health and Safety Act 2011* (Cth) (**WHS Act**): one offence under s 32 (Category 2) and two offences under s 33 (Category 3).

The Court heard that the Department failed to proactively manage known and obvious risks to the worker's health and safety.

Findings

The Court found that the Department had breached its duty under the WHS Act by failing to provide a safe system of work, necessary training, and adequate information to protect against those risks.

The Department was convicted of one offence under s 33 (Category 3) of the WHS Act and fined $188,000.

The Court also made an adverse publicity order under s 236 of the WHS Act, requiring the Department to publicise the offence, its consequences, and the penalty imposed.

Takeaway

Relying on policies and procedures is insufficient to discharge an organisation's duty to eliminate or minimise psychosocial risks. Leaders and workers must receive appropriate training in the practical application of such measures, and ongoing compliance must be actively monitored to ensure that risks are effectively managed.
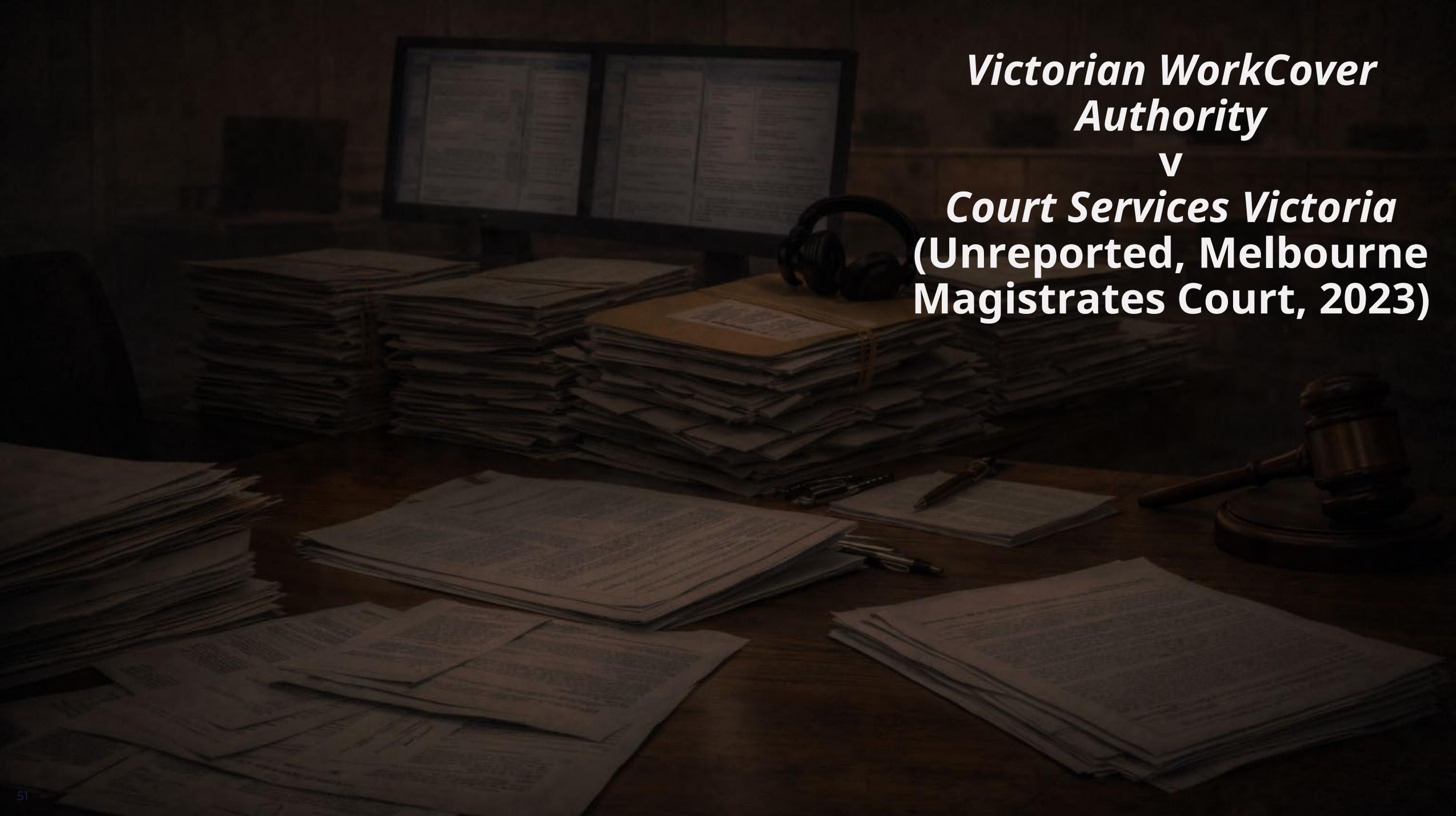
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Victorian WorkCover Authority
v
Court Services Victoria
(Unreported, Melbourne Magistrates Court, 2023)

Victorian WorkCover Authority v Court Services Victoria (Unreported, Melbourne Magistrates Court, 2023)

Ms Jessica Wilby (**Ms Wilby**) was employed by Court Services Victoria (**CSV**), a statutory body that provides services and facilities to various bodies within Victoria, as the Principal In-House Solicitor of the Coroners Court.

On 7 September 2018, Ms Wilby was found deceased at her home as a result of suicide.

WorkSafe Victoria investigated and ultimately commenced a prosecution against CSV for failing to provide and maintain a working environment that was safe and without risks to employees' health, pursuant to s 21(1) of the *Occupational Health and Safety Act 2004* (Vic).

WorkSafe alleged that between 2015 and 2018, workers at the Coroners Court, and specifically Ms Wilby, had been exposed to a number of hazards, including traumatic materials, role conflict, large workloads, high work demands, poor workplace relationships and inappropriate workplace behaviours (such as bullying, favouritism, verbal abuse, derogatory comments, intimidation, invasion of privacy and threats to future career progression).

Prior to her death, Ms Wilby had effectively been required to perform three separate roles and frequently worked long hours. Her deterioration was noted by colleagues; however, her managers believed that Ms Wilby's distress was attributable to issues in her personal life.

CSV pleaded guilty, admitting that it had failed to conduct any adequate process to identify the relevant risks.

CSV was **convicted** and **fined $379,157**.

An investigation into Ms Wilby's death heavily criticised the lack of support provided to her, noting that "*whilst on sick leave for three months, with the exception of her work friends, the lack of support from the Court and from CSV was stark*"

International Perspective: Institutional psychological harassment: France Télécom Suicides (Cass. crim. 21 Jan. 2025, no. 22- 87.145)

- Attempt to remove 22,000 jobs and retrain around 10,000.

- Worker deterioration led to large numbers of suicides, attempted suicides and psychological injuries.

- Disorganised reorganisations, forced relocations, excessive and intrusive control, isolation of staff, intimidation, lack of appropriate HR support.

- Criminal convictions of three former executives, significant penalties.

- 2025 Decisions: affirm the concept of institutional psychological harassment, with criminal sanctions to apply if corporate strategies harm employees.

Former France Télécom bosses given jail terms over workplace bullying

France Introduces a New Concept of 'Institutional Psychological Harassment'

French CEO Sent To Prison After His Policies Resulted In The Suicides Of 35 Employees

Final Observations

Plan for success

How are you building mental well-being and resilience in your organization?

Risk Management

How are you systematically addressing psychosocial hazards?

Do you have systems in place to monitor and respond to psychosocial hazards?

Understanding Stress

The expectation an organization is to provide a level of work that is **'just right'** for each individual worker which may vary from worker to worker and indeed from time to time for the same worker.
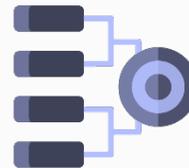
Legal Framework

Organisations have a legal obligation to identify **reasonably foreseeable hazards** that could give rise to health and safety risks in their workplaces. This includes eliminating psychosocial risks, or if that is not reasonably practicable, to minimise them so far as is reasonably practicable.

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Michael Tooma

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Michael is Australia's leading health and safety lawyer with specialist expertise in regulatory investigations and environment, social and governance (ESG) issues. Michael provides strategic crisis management, proactive resilience and ESG advice to companies and Boards in Australia and globally. He has extensive experience responding to incidents, undertaking investigations, acting in inquiries, and advising on ESG systems, processes, policy, culture and leadership.

Michael has spoken at United Nations Industrial Development Organization (UNIDO) conferences including presenting to the General Assembly and being on the taskforce for the development of the Global Manifesto for Industrial Safety. He is a Fellow of the Australian Institute of Health and Safety and, in 2019, Michael was awarded a lifetime achievement award by the Australian Institute of Health and Safety for his contribution to safety.

In addition to his extensive legal expertise, Michael is a thoughtful leader on health and safety issues and an author of numerous books on ESG, Due Diligence, Mental Health at Work, Incident Investigations, Dealing with Regulators and the COVID pandemic. His books are frequently prescribed in universities, cited in academic literature and judgements, and are standard references for safety and legal practitioners.

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