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1. OBJECTIVE

To increase knowledge, skills, and competence in identifying and managing psychosocial risk in the workplace and outline RMIT University's (RMIT) approach to protecting staff, students, contractors, delivery partners and visitors against psychosocial risk.

2. SCOPE

RMIT's psychosocial risk management process applies to all RMIT schools, clusters, colleges, portfolios, departments, and student activities globally.

2.1. Scope limitation

Referenced legislation applies to Australian jurisdictions only. RMIT campuses in other jurisdiction must refer to local applicable legislation, where available.

3. WHAT MUST GO RIGHT?

The expected outcomes – known as 'what must go right' – will be that:

- Potential psychosocial risks to staff, students, contractors, and visitors are identified
- Identified risks are assessed for their potential to cause harm
- A psychosocial risk register has been prepared in order to identify, implement and monitor controls
- Controls are implemented and monitored to manage identified psychosocial risks
- Control measures are assessed annually or after a significant change has occurred

The expected outcomes will help to achieve the overarching goal of protecting the RMIT community against psychosocial risk.

4. BACKGROUND

4.1. Mental Health and Wellbeing at Work

Mental health is defined as a state of wellbeing in which the individual realises their own abilities, can cope with normal stressors of life, can work productively and fruitfully, and is able to contribute to the community. Mental health is not fixed and rather sits on a continuum (see Figure 1). Mental health can be impacted by a range of factors (e.g., individual predisposition, home-life factors, experiences at work) and can move up and down the continuum at different times in our lives.

Figure 1. Mental Health Continuum

Research has shown a strong link exists between our workplace experiences and mental health and wellbeing. That is, work can impact our wellbeing and our wellbeing can impact our work. Given the clear link between workplace

experiences and mental health and wellbeing, it is crucial to implement strategies in the workplace that help to promote a positive, healthy state of functioning and minimise risk of harm resulting from workplace stressors.

4.2. Treating Mental Health and Wellbeing at Work

There are three broad categories of interventions that help to build mentally healthy workplaces. These are:

Promotion activities help to empower staff and leaders with the tools, knowledge, capabilities, and frameworks that help them thrive. Examples include general mental health awareness training, social events and reward and recognition programs.

Protection activities seek to prevent harm from occurring through identifying, managing, and monitoring risks to mental health. Examples include establishing and maintaining physical and psychosocial risk registers, effective workload management and targeted training to protect against identified psychosocial risks (e.g. vicarious trauma management training).

Support activities provide services that support individuals with mental ill-health and assist with ongoing workplace management and recovery. Examples include Employee Assistance Programs (EAP), peer support programs and return to work plans.

Historically, organisations have focused on intervening after mental-ill health has occurred, rather than directing efforts towards preventing harm. The best practice approach is to incorporate all three domains into workplace action plans (promotion, protection, support) to constitute a more strategic and preventative approach to enhancing mental health and wellbeing at work.

5. UNDERSTANDING PSYCHOSOCIAL RISKS

Psychosocial risks are elements of the work or study environment that have the potential to cause work- or study-related stress and can lead to physical and psychological harm. Examples of common psychosocial risks can be seen in Figure 2, with those in dark yellow reflecting the psychosocial risks that cause disproportionate harm in comparison to those in light yellow.

Figure 2. Common Psychosocial Risks

While exposure to psychosocial risk does not always lead to physical or psychological harm, frequent, prolonged, and/or severe work or study-related stress can cause significant physical and psychological injury within and beyond the work and study environment (See Figure 3).

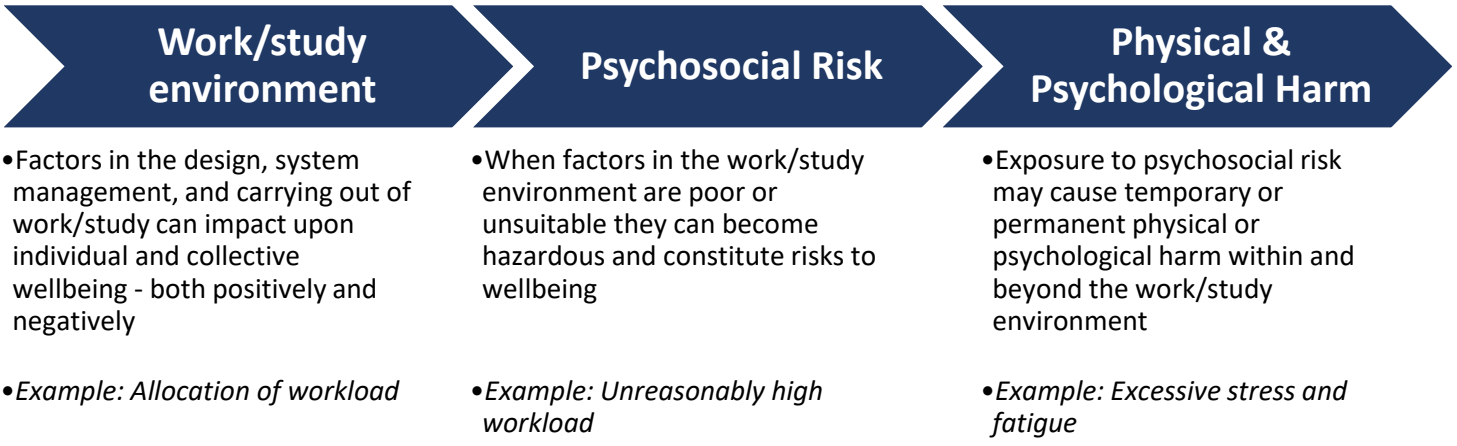


Figure 3. How the work/study environment can lead to physical and psychological harm

Source: Adapted from Occupational Health & Safety (Psychological Health) Regulations Amendment 2022 - Regulatory Impact Statement by WorkSafe Victoria

5.1. How do psychosocial risks differ from physical risks?

In many respects, psychosocial risks in the work/study environment can be thought of in similar ways to physical risks. Both types of risk need to be identified, documented, and managed proactively as they both have the potential to cause physical and psychological harm when not properly managed. Management of physical and psychosocial risks both require consultation with staff and students. However, there are also some important differences between physical and psychosocial risks. These are:

*5.1.1. Psychosocial risks are a matter of **personal perspective***

As indicated above, our mental health can be impacted by a range of factors including individual predisposition, home-life factors, and experiences at work. These factors can combine in different ways to produce very different psychological reactions. As a result of this, even within the same workplace, people can respond differently to the same psychosocial risk – what one employee may find distressing, another may not. Protective factors are also at play and help to buffer the adverse outcomes associated with the risk by reducing the impact of the risk or changing the way the person responds to it. Examples of protective factors in the workplace include strong co-worker relationships, flexible working conditions, adequate training and good manager support. Overall, it is important to remember that all experiences of psychosocial risk are valid, whether they seem objectively proportionate to the risk or not. This means that to truly assess the impact of a psychosocial risk, we must consult with those impacted, and allow their feedback to inform our risk assessments.

*5.1.2. Psychosocial risks are often **intertwined***

Psychosocial risks are often interrelated and tend to feed off each other. For example, an employee working for an organisation with poor organisational justice (e.g., unfair decisions about allocation of resources and work) may also experience low or high job demands. Importantly, when multiple psychosocial risks are at play, the potential to cause physical and psychological harm is increased. Therefore, psychosocial risks should rarely be considered in isolation.

*5.1.3. Psychosocial risks must be handled **sensitively***

Psychosocial risks are often sensitive in nature and reporting incidents of psychosocial risk can be challenging for people. While some may feel comfortable speaking up about their experiences with psychosocial risk at work, others may not. Refer to the Psychosocial Risk Incident Management and Investigation Guide for more detail around handling psychosocial incidents with care.

Altogether, while psychosocial and physical risks are equally important to manage in the workplace, psychosocial risks have an added layer of complexity and therefore should be handled slightly differently. Importantly, it is vital to consider the unique context when dealing with psychosocial incidents and treat all incidents on a case-by-case basis. Vignette 1 provides examples of psychosocial risks playing out in the work and study environment, including the range of factors that can influence a staff or students response.

Vignette 1

Example 1:

Joe is an academic staff member at RMIT and teaches within the STEM faculty. Joe's students have recently received their results on an assessment, and he notices that one of his students appears distressed during class. Joe decides to approach the student after class to ask how they are going. The student does not react well to Joe's question and blames him for his poor performance in the assessment. The student begins to verbally abuse Joe in public which causes him to feel distressed.

Joe has positive relationships with his fellow teaching staff and a good relationship with his manager. These positive working relationships are helping Joe cope with the stress he is experiencing at work. Furthermore, Joe's manager directed him to the EAP counselling service at RMIT after Joe disclosed the incident to him in private. Joe has debriefed the incident with a counsellor and has booked in follow up counselling sessions to discuss how he has been coping since the incident and to develop strategies to help him cope with the stress.

Although Joe found the interaction with the student distressing, he was able to draw on supports around him to mitigate the impact of this risk to his wellbeing. This process was supported by the sensitive intervention of his manager.

Example 2:

Ben is a student at RMIT within the School of Engineering. Ben has a history of getting into heated debates with his peer Rajesh. However, they usually engage in productive debate and interact in a respectful manner. Rajesh has been under heightened stress recently as he was let go from his casual job and Ben has recently experienced a relationship breakdown. During class, Ben and Rajesh get into a heated debate and begin to speak in raised voices, with increasingly aggressive body language. Before things escalate further, the teacher intervenes and reminds the students of the expectation for respectful discourse as an RMIT student.

The teacher asks Ben and Rajesh to take a walk to calm down. Following this, the teacher facilitates a productive discussion that enables them to reflect on the aggressive interaction. Ben and Rajesh have a good level of self-insight and realise that their emotions took over and caused them to act in a way that does not promote a psychologically safe environment for themselves or their peers. Ben and Rajesh acknowledge that the stress they are experiencing outside of their studies has impacted their ability to control their emotions. To address this, they have both committed to seeking help from student counselling to develop better coping strategies.

Although this aggressive interaction could have escalated, Ben and Rajesh's teacher was able to intervene at the right time and encourage them to consider the impact of their behaviour. Furthermore, their level of self-insight aided Ben and Rajesh in recognising that their behaviour was inappropriate and that they could benefit from seeking support.

Key Learnings:

- Psychosocial risks can arise as a result of a single incident or a cumulative series of events
- Protective factors in the work and study environment can buffer against the effects of psychosocial risks
- When multiple psychosocial risks are present and interacting, it can worsen the impact on mental health and wellbeing

- Work and study-related stress can impact wellbeing both in and out of the workplace
- Support provided in response to psychosocial risks makes a big difference to how staff and students recover from psychosocial risks
- We all play a role in maintaining a psychologically safe study environment

6. PSYCHOSOCIAL RISK MANAGEMENT AT RMIT

RMIT is committed to creating a values-based *culture of care* that provides a safe and healthy place to work and learn for our staff and student communities. This includes the creation of mentally healthy workplaces and study environments which promote individual and collective wellbeing and send people home safe and well. Good management of psychosocial risk ensures that we *do no harm* to staff and students who come to work and study at RMIT.

While safeguarding individual wellbeing is an end in and of itself, there are lots of good reasons to engage in sound psychosocial risk management:

6.1. It's a **legal requirement**

Psychosocial risk management is no longer seen as a 'nice to have' – it is now a legal requirement. Changes to Psychological Health Regulations in Victoria will soon require organisations to formally identify, assess, and control psychosocial risks to staff in the same way they would for physical risks. Organisations will be required to maintain formal written records of the psychosocial risk management process, including documented prevention plans where psychosocial risks are identified (note: support activities like EAP are considered insufficient to prevent risk). WorkSafe Inspectors and elected Health and Safety Representatives (HSRs) may ask to see a copy of our psychosocial risk prevention plans, and these must be provided upon request. Failure to meet such requirements can result in severe legal, financial, and reputational ramifications for RMIT.

6.2. It makes **good business sense**

Organisations that prioritise occupational health and safety (including psychosocial risk management) report fewer work-related injuries and higher employee motivation and job satisfaction (WorkSafe, 2017). Furthermore, data by WorkSafe Victoria shows that the number of claims relating to work-related psychological injury has risen over the past decade and is expected to grow over the next five years. Psychological injury claims are usually longer in duration and more costly than other injuries at work (e.g., physical). In 2019, SafeWork Australia reported that the typical time off work for psychological injury was approximately 15.3 weeks as opposed to an average of 5.5 weeks for all other claims. Additionally, the average cost of a psychological injury claim was found to be substantially greater than that of a non-psychological injury claim. Therefore, having sound psychosocial risk management practices will benefit RMIT and its people.

6.3. It's the **right thing to do**

At RMIT, we owe it to our staff to do the right thing by protecting them from psychosocial risk. We know that work can be good for our mental health and wellbeing, and we should aspire to create work environments that build wellbeing, rather than take it away. At a minimum, organisations must do no harm to their employees. Employers expect employees to bring their best selves to work, and in return, employees expect their employers to provide a work environment that does not put them at risk of physical or psychological harm.

7. RESPONSIBILITIES

All RMIT staff, students, delivery partners, contractors and volunteers have some level of responsibility for psychosocial risk management at RMIT. This responsibility is ultimately set forth under the General duties relating to health and safety within the ***Occupational Health and Safety Act 2004*** (the ***OHS Act***), which outlines our duty of care to ensure that staff, students and members of the community are not placed at risk of physical or psychological harm when they engage with RMIT for the purposes of work and study.

Stakeholders who play a key role in implementing RMIT's psychosocial risk management approach include:

- Senior and Operational Leaders
- Student leaders
- HSW Advisors
- HSW Committee Chairs
- HSW Committee Members (including Health and Safety Representatives)
- Mental Wellbeing Champions
- RMIT People Team (e.g., RMIT Wellbeing, People Partnering team, People Connect)
- Teaching staff/ Higher Degree by Research (HDR) supervisors
- Curriculum designers

8. PROCEDURE

8.1. Implementation

Creating a psychologically safe and healthy workplace does not happen by chance and requires conscious effort from everyone. The ***OHS Act*** 2004 requires employers to do whatever is 'reasonably practicable' to maintain a safe work and study environment that protects staff and students against psychosocial risk. The framework seen in Figure 4 can be used to manage psychosocial risk in the work and study environment.

Figure 4. Psychosocial Risk Management Process

There are two key components that are necessary at all stages for an effective psychosocial risk management process. These are safety leadership and ongoing consultation with staff and students.

8.1.1. Safety Leadership

Safety leadership refers to a type of leadership that promotes physical and psychological safety. Anyone can take on safety leadership roles, including in formalised leadership positions (e.g., manager, team leader, supervisor) or informal leadership positions (e.g., event organisers, project managers). All staff at RMIT are expected to say, do, and encourage things that align with *a culture of care*.

Safety leaders drive a positive culture of care by:

- Engaging in two-way communication with staff and students about risks to psychological safety
- Involving, consulting, and collaborating with staff and students on how to prevent and manage psychosocial risks
- Respond early to psychosocial risks and psychological injuries
- Take a preventative approach to psychosocial risk management
- Drive and embed a culture of continuous improvement

8.1.2. Ongoing consultation with staff and students

Consultation with staff and students is vital at each step of the psychosocial risk management process. Consulting a range of stakeholders is advised to ensure psychosocial risks are adequately identified and effective controls are in place. As well as being widely recognised as best practice, the requirement to consult with those who are affected by physical and psychological safety matters within the workplace (e.g., RMIT staff and students) is also set forth within the ***OHS Act*** (2004). Formal consultation on psychosocial risk at RMIT occurs via elected HSRs who sit on Health, Safety and Wellbeing (HSW) Committees for their area, however informal consultation also occurs via engagement and mental wellbeing surveys, ad-hoc feedback provided to management and consultation on proposed policies and procedures. Staff and students may also log concerns about psychosocial risks or report on psychosocial incidents confidentially through RMIT's incident reporting tool P.R.I.M.E.

Note: Distinguishing psychosocial risk registers from local area mental wellbeing action plans

As part of the actions arising from RMIT's annual mental wellbeing survey, we are encouraging all local areas (ie. Schools/Departments) to develop their own local Mental Wellbeing Action Plans, overseen by their local HSW Committees. This process has been designed with the psychosocial risk management procedure in mind and is considered to meet the standards for consultation required within the OHS Act (2004). As a result, local area Mental Wellbeing Action Plans will most likely include well consulted interventions which contribute to the prevention and management of psychosocial risks. Feedback and interventions arising from the Mental Wellbeing Action Planning process should therefore be acknowledged and documented as part of the psychosocial risk management process.

8.2. The Five Steps of Psychosocial Risk Management

The Head of School/ Department are responsible for implementing the psychosocial risk management process in their work or study area to proactively manage psychosocial risks and provide a safe work and study environment for RMIT staff and students. Seeking advice from experts (e.g., HSW Advisors) is recommended throughout the psychosocial risk management process to ensure all psychosocial risks are adequately identified and assessed and control measures are implemented and monitored effectively. The ***Psychosocial Risk Register*** should be completed and reviewed at a minimum on an annual basis, to document the psychosocial risk management process within each work/study area.

8.2.1. Identify sources of potential harm

The first stage of the psychosocial risk management process involves identifying psychosocial risks present in the work or study environment. This can be achieved through anticipating situations in the environment that have the potential to cause physical or psychological harm and through consultation with staff and students as outlined above. As psychosocial risks are in many cases subjective, it is important to draw on multiple data points to provide a holistic picture of the presence of psychosocial risks.

Common methods used to identify psychosocial risk in the work and study environment include:

- Gathering anecdotal feedback through consulting staff, students, leaders, and subject matter experts (e.g., HSW advisors).
- Reviewing desktop data (e.g., P.R.I.M.E. reports, unplanned leave data, WorkCover claims).
- Conducting surveys or focus groups to gather targeted information (e.g., annual Mental Wellbeing Survey).
- Observing staff and students in the environment for signs of psychosocial risk, including work/study conditions and social interactions.
- Feedback and data collected surrounding the annual mental wellbeing action planning process.

As leaders are responsible for implementing the psychosocial risk management in their work or study area, there is a level of subjectivity to psychosocial risk identification that should be considered. For example, some information may be uncovered in the first stage of the psychosocial risk management process that does not match the leader's experience. Therefore, it is important that leaders approach this task with an open mind and understand that people will experience psychosocial risk differently.

Gathering information from a range of sources can help to form hypotheses that aid in the identification of psychosocial risks. For example, desktop data may indicate high numbers of unfilled roles in a particular work or study area, leading to the hypothesis that workloads may be high. Further investigation of engagement survey data may strengthen this hypothesis, with the results showing that 60% of staff are experiencing their workloads as unmanageable. Lastly, data from interviews with managers, staff or students may confirm the hypothesis and help to identify which other psychosocial risks are present and interacting with the risk of high workloads.

In addition to identifying potential sources of harm in the work or study environment, it is also important to consider what protective factors are at play. For example, while high work or study load might be identified as a psychosocial risk, strong co-worker and peer relationships may also be identified as protective factors that are minimising the impact of the risk on staff and students. Therefore, identifying psychosocial risks in the work or study environment should not be considered in isolation. Identifying psychosocial risks is the first step to taking a preventative approach to managing psychosocial risks in the work and study environment.

Updating your Psychosocial Risk Register

Once you have identified the risks present in your area, list each of these on a separate row within your ***Psychosocial Risk Register.***

Note the date of completion of this assessment and select the most relevant psychosocial risk from the drop-down menu. Definitions of each psychosocial risk can be found in the 'Type of Psychosocial Risk' tab at the bottom of the spreadsheet.

In the Psychosocial Risk Context box, record any relevant protective factors and relevant contextual information that helps the reader to understand the presentation of this risk.

Extract from Psychosocial Risk Register Template

Psychosocial Risk Register
<Insert Area Name>

Date	Psychosocial Risk	Psychosocial Risk Context
Date of completion/update of this assessment.	*The psychosocial risk identified (select best fit from drop-down menu)*	*Any details that may provide useful background/ context in understanding the psychosocial risk, such as the potential cause of the risk.*
Example: 30/5/2022	High or low demands	Staff are experiencing high work demands as a result of understaffing. Protective factors include strong team relationships and clear roles and responsibilities

8.2.2. Assess the Risk

The second stage of the psychosocial risk management process involves assessing psychosocial risk in the work and study environment. Psychosocial risks are typically assessed through weighing up the ***prevalence*** and ***consequence*** of the risk to determine the urgency with which it should be addressed.

Assessing Prevalence

Psychosocial risks cannot be eliminated entirely and are likely to impact every organisation to some degree. However, when psychosocial risks are affecting a substantial portion of staff and students, the impacts can be vast and detrimental.

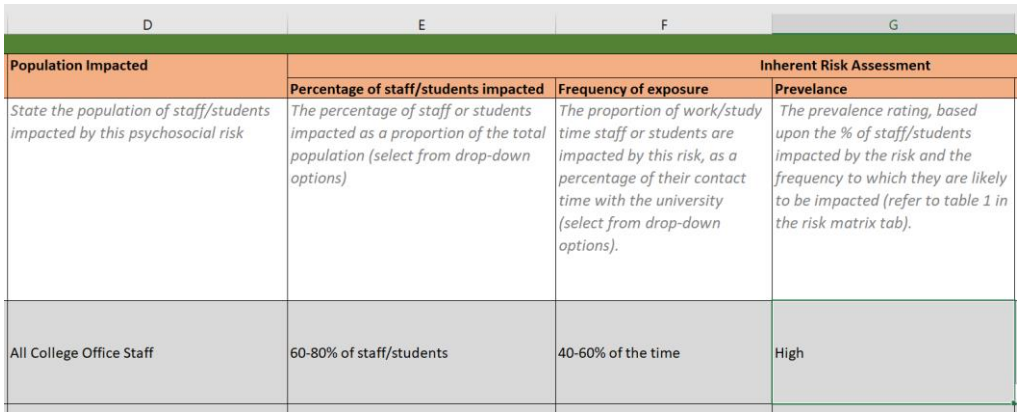
Assessing the prevalence (proportion of staff/ students impacted x proportion of the time impacted) of the psychosocial risk is used to evaluate the 'likelihood' of the risk occurring and therefore is one consideration when prioritising risk control actions. The prevalence calculator can be used to assess the prevalence of psychosocial risk (see Table 1). In the absence of comprehensive data, you may need to take an educated guess to assess prevalence. Consider the data sources at your disposal and consult with staff or students to make this assessment.

Table 1. Prevalence Calculator

	Frequency				
% of staff impacted	<20% of the time	20-40% of the time	40-60% of the time	60-80% of the time	>80% of the time
<20% of staff	Very Low	Very Low	Low	Moderate	High
20-40% of staff	Very Low	Low	Moderate	High	High
40-60% of staff	Low	Moderate	High	High	Very High
60-80% of staff	Moderate	High	High	Very High	Very High
>80% staff	High	High	Very High	Very High	Very High

Updating your Psychosocial Risk Register

Consider the population of staff or students who are currently impacted by each risk and note this in the 'Population Impacted' column.



D	E	F	G
Population Impacted	Inherent Risk Assessment		
	Percentage of staff/students impacted	Frequency of exposure	Prevelance
State the population of staff/students impacted by this psychosocial risk	*The percentage of staff or students impacted as a proportion of the total population (select from drop-down options)*	*The proportion of work/study time staff or students are impacted by this risk, as a percentage of their contact time with the university (select from drop-down options).*	*The prevalence rating, based upon the % of staff/students impacted by the risk and the frequency to which they are likely to be impacted (refer to table 1 in the risk matrix tab).*
All College Office Staff	60-80% of staff/students	40-60% of the time	High

Next, consider the percentage of staff/students impacted by this risk (as a proportion of the total population names in the 'Population Impacted' column. Select the appropriate percentage range from the drop-down menu.

Next, consider the frequency of exposure to this risk. This relates to the proportion of work/study time during which staff or students are impacted by this risk. Select the appropriate percentage range from the drop-down menu.

Finally, using the Prevalence Calculator (Table 1), calculate the Prevalence rating. For example, a risk affecting <20% of staff or students, 20-40% of the time that they engage with work or study, would yield a Prevalence rating of Very Low.

8.2.2.1. Assessing Consequence

As we know, psychosocial risks are subjective and a matter of personal perspective. Given the subjective nature, it is vital to ensure assessments of psychosocial risk are informed by those who are impacted by the risk. Importantly, any information pertaining to an individual's experience with psychosocial risk must be considered valid as the aim of the assessment is to understand the impact of the psychosocial risk from their perspective. Consulting staff and students throughout the psychosocial risk management process is therefore crucial to providing an accurate and fair risk assessment.

We can assess the consequence of psychosocial risk by considering the consequence to staff and students mental health if the risk is not controlled for. As previously discussed, it is important to remember that people experience psychosocial risk differently and the impact the risk can have to their mental health will vary on a case-by-case basis.

To account for the subjectivity in assessing psychosocial risks, we consider the average level of distress experienced by those who are impacted. This approach takes into consideration protective factors within the work and study environment that reduce the level of distress (e.g., strong co-worker/peer relationships) whilst also acknowledging that people do not always react to a given situation in the same way.

As seen in Table 2, the consequence level of the psychosocial risk can be described on a scale ranging from minor to extreme distress. Although this is not an exact science, the descriptions can be used as a guide and are helpful for conceptualising the level of impact the risk may cause. If unsure, seek input from staff and students impacted by this risk in making your assessment.

Table 2. Consequence Level Descriptors

Consequence Level	Descriptor
Minor	Causes little or no distress or causes short-term subjective inconvenience to those impacted
Moderate	Causes short-term, low-moderate levels of distress to those impacted
Major	Causes medium-term, moderate-high levels of distress for those impacted, requiring a short time off work or lighter duties to recover
Severe	Causes long-term, severe levels of distress for those impacted, requiring an extended time off work or light duties and/or mental health intervention to recover
Extreme	Causes long-term, extreme levels of distress resulting in the potential of injury to the individual and/or others, requiring extensive rehabilitation and time off work to recover

Updating your Psychosocial Risk Register

Consider the average level of distress experienced by those who are impacted by each risk (in the absence of any controls, selecting the appropriate Consequence Level from the drop-down menu). For example, if the risk on average causes short-term, low-moderate levels of distress to those impacted, the consequence level would be Moderate.

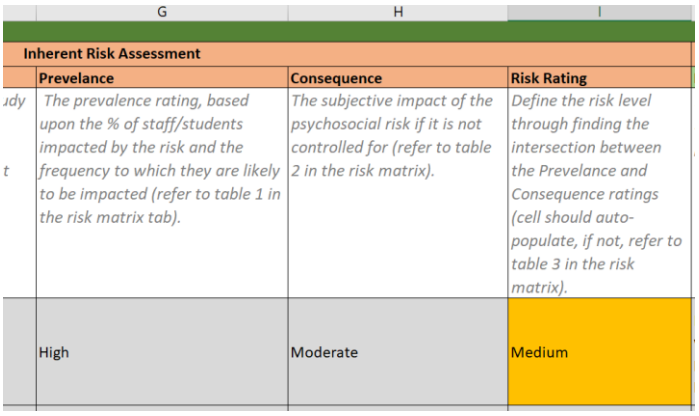
8.2.2.2. Defining the Risk Level

Table 3 can be used to define the level of risk while taking the prevalence and subjective impact of the risk into account. Defining the risk level can help to prioritise risk control actions, with higher ratings indicating greater urgency with which the risk should be addressed.

Table 3. Defining the Risk Exposure Rating

	Subjective Impact				
Prevalence (% of staff x Frequency)	Minor (1)	Moderate (2)	Major (3)	Severe (4)	Extreme (5)
Very High (Almost Certain – E)	Medium	High	Critical	Critical	Critical
High (Likely – D)	Medium	Medium	High	Critical	Critical
Moderate (Possible – C)	Low	Medium	High	High	Critical
Low (Unlikely – B)	Low	Low	Medium	High	High
Very Low (Rare - A)	Low	Low	Low	Medium	High

Updating your Psychosocial Risk Register



G	H	I
Inherent Risk Assessment		
Prevelance	**Consequence**	**Risk Rating**
The prevalence rating, based upon the % of staff/students impacted by the risk and the frequency to which they are likely to be impacted (refer to table 1 in the risk matrix tab).	*The subjective impact of the psychosocial risk if it is not controlled for (refer to table 2 in the risk matrix).*	*Define the risk level through finding the intersection between the Prevelance and Consequence ratings (cell should auto-populate, if not, refer to table 3 in the risk matrix).*
High	Moderate	Medium

Once your Prevalence and Consequence ratings have been populated, your Risk Exposure Rating should automatically populate. If not, you can calculate the Risk Exposure Rating using Table 3 above.

It is important to remember that although we are documenting each psychosocial risk on a separate row, psychosocial risks are often intertwined and should rarely be considered in isolation. The compounding effect of multiple psychosocial risks is likely to have a greater impact than each risk alone, so you may need to assess multiple risks together. Therefore, it is important to consider whether other psychosocial risks are interacting during your risk assessment. This can be achieved through consulting staff and students to determine if other psychosocial risks are present once a psychosocial risk has been identified. Vignette 2 provides an example of a psychosocial risk assessment, including the identification of multiple psychosocial risks that are interacting.

Vignette 2

Sarah is a senior leader who is completing a psychosocial risk assessment for her School in consultation with staff, students and their HSW Advisor. She starts by reviewing the results of the Mental Wellbeing survey. The results of the survey indicate that on average staff members rated themselves as mentally healthy although, the results reveal a psychosocial safety climate score that is trending towards high risk for the School. Sarah suspects that high workload may be contributing to this high-risk score as the School has had several departures this year, and many roles are not planned to be replaced. To gather more data, Sarah reviews workload allocation data to see what percentage of staff have workloads exceeding 100% and looks at desktop data to gather information around turnover data and roles that have not been replaced. The data confirms that multiple teams within her School are exceeding 100% workload capacity, with turnover rates higher than the previous year and numerous roles that have not been filled.

Sarah reaches out to the Health and Safety Representatives (HSRs) and Mental Wellbeing Champions to conduct structured interviews about psychosocial risks presenting in the school. Based on the interview data, Sarah confirms that staff are feeling stressed due to the increase in workload. Due to the unfilled positions, staff have found themselves taking on more work than they can handle. Staff consistently shared that since the departure of a number of key roles, it is unclear who is responsible for which tasks, leading to some confusion and inefficiency. Staff have begun taking on extra duties which would previously have been outside the scope of their role. They feel that these are not clearly captured within the workload modelling and are not fully appreciated by management.

To calculate the level of risk, Sarah considers the prevalence of the risk (proportion of staff impacted x proportion of the time impacted). She concludes that high workload is impacting 30% of staff, who are likely to be impacted at least 70% of their work day. Using the likelihood calculator in Table 1, Sarah assesses the prevalence of the risk to be HIGH. After considering all the data Sarah has collected, she has estimated that high workload is causing MODERATE distress to those impacted.

Using the risk level calculator in Table 3, Sarah calculates the resulting risk level to be **MEDIUM**, assuming there is no change to the number of staff impacted, the level of exposure to the risk, or the level of support provided.

In addition to identifying a risk of high workload, Sarah also discovered other psychosocial risks that are present when collecting her data. The other psychosocial risks were assessed as:

- Low role clarity – **MEDIUM risk**
- Low reward and recognition – **MEDIUM risk**
- Incivil behaviours demonstrated amongst the team – **HIGH risk**

While each risk alone is cause for concern, having multiple risks present at the same time, and potentially interacting, is likely to cause greater levels of harm than any of these risks operating in isolation. To address this, Sarah will work with key stakeholders to identify next steps in managing the impact of the psychosocial risks.

8.2.3. Identify Control Measures

The third stage of the psychosocial risk management process involves identifying appropriate control measures to manage psychosocial risk in the work and study environment. As previously mentioned, psychosocial risks are almost impossible to eliminate entirely from the work and study environment. Nevertheless, RMIT must do whatever is 'reasonably practicable' to control the presence and impact of psychosocial risk in the work and study environment.

There are three broad categories of intervention that can be used to control psychosocial risk in the workplace. These include:

- **Prevention**: Redesigning work/study to prevent exposure to the psychosocial risk
- **Mitigation**: Where risk cannot be prevented, minimise the impact of the psychosocial risk
- **Recovery**: Post-exposure support to individuals impacted by psychosocial risk

In planning psychosocial risk controls, local areas can utilise existing policies, programs and services available to all teams at RMIT or can introduce their own initiatives at the local level. Examples of enterprise-level controls include Kudos employee recognition program and Assisting Students in Distress training to support staff responding to students in crisis. Examples of local level controls include resetting team ways of working to address issues of role clarity or respectful communication, or opportunities for cross-team professional development and knowledge sharing to address siloed working. The ***Library of Controls (HR – HSW-PR19–WI02)*** contains a range of practical and evidence-based actions to support local areas to identify appropriate group-level controls across the Prevent, Mitigate and Recover domains for each psychosocial risk. Local areas should consider the utility of these and may choose to leverage what is already on offer at RMIT or to supplement enterprise-wide offerings with local initiatives to have the greatest impact.

There is no 'right' way to select psychosocial control measures. Every team context is different from the next, so what will work in one area may not work in another. Often the people experiencing the risk will have the best insight into what is likely to address the risk and may in fact foresee issues with controls that may not be evident to those in leadership positions. Therefore, consultation with staff and students is essential to identifying appropriate control measures within a particular work or study area.

Mental Wellbeing Action Planning is a process introduced at RMIT to promote collaboration between leaders, staff, and students to ensure appropriate control measures are identified and implemented within a particular work/study area. This process involves leaders working together with staff and students to determine what measures can be put in place to prevent exposure to psychosocial risk, mitigate the impacts of psychosocial risks, and support recovery to those exposed to psychosocial risks. The applicable documents that detail how to complete a mental wellbeing action plan, including the template for the action plan are available on the ***RMIT Mental Wellbeing*** SharePoint page. It is recommended that you complete the mental wellbeing action plan in addition to your ***Psychosocial Risk Register.*** The output of the mental wellbeing action plan should help to inform and be integrated into the ***Psychosocial Risk Register.*** Table 4 provides an example of a local level initiative that targets prevention, mitigation and recovery approaches to psychosocial risk management.

Table 4. Local Level Controls

Risk name	Prevent	Mitigate	Recover
High workload	Re-assess team workload and de-prioritise non-critical projects	Create an additional hours log to capture 'hidden' work that contributes to overload	Create team 'slow-down' periods for recovery following periods of high workload

Prioritising risk control initiatives

Like other stages of the psychosocial risk management process, prioritisation plays an important role when identifying psychosocial control measures. While it is ideal to put in place preventative controls that eliminate psychosocial risk from occurring in the first place, these controls often require substantial resources, are time

intensive, and impractical to apply at scale. On the other hand, some control measures may seem like a good idea, but have very little impact on the problem.

When identifying control measures, we weigh up the ***effort*** (e.g., ease of implementation) and ***impact*** of the intervention (the extent to which it results in harm reduction, see Figure 5). For example, workplace interventions considered 'big hitters' (e.g., review of the academic workload model) are more likely to tackle systemic issues and have long term impacts but 'quick wins' (e.g., workshops educating staff about the benefits of boundary-setting and self-care) may require less effort to implement and still yield good results.

It is recommended that risk control plans should be achievable, and include at most 1-2 Big Hitters, and 3-4 Quick Wins. Ideally, we want to avoid investing time and resources in Energy Drains and Band Aids, where we can have very little impact. Risk control plans should also aim to space out interventions to minimise impacts on workloads and to demonstrate ongoing progress towards commitments.

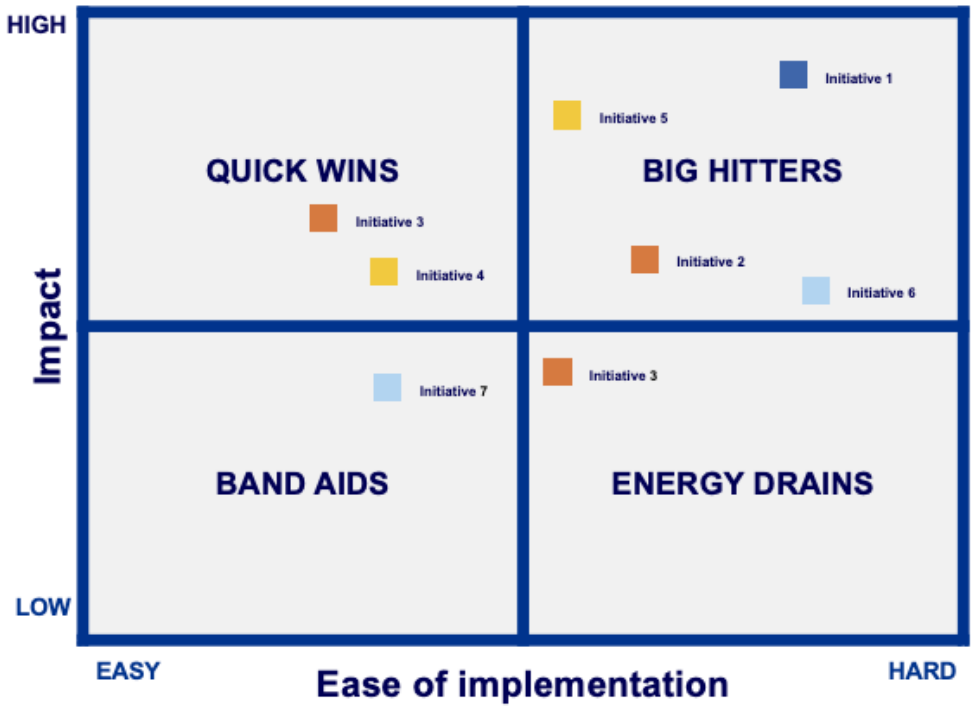


Figure 5. Prioritising Initiatives

When identifying psychosocial control measures at RMIT University, it is important to ask yourself:

- What controls are already in place, and can they be leveraged?
- Have any previous controls been unsuccessful? If so, why?
- Can you tap into opt-in enterprise-level programs offered by RMIT Wellbeing/Organisational Development?
- What protective factors exist at RMIT University that will help to promote the successful implementation of the controls?
- Which stakeholders will need to be involved in the implementation of the controls?
- Does your team have the time and resources required to implement the controls?
- Does your team have the right people with the right skills to implement the controls successfully?

Asking these questions will help ensure your control measures are achievable and leverage the resources around you.

Updating your Psychosocial Risk Register

Drawing on advice from those experiencing the risk (impacted staff and students) and advice from specialists from the Health, Safety and Wellbeing team, populate the 'Planned Controls' column with the initiatives or interventions you have selected across each of the three risk management domains: Prevent, Mitigate, Recover.

Planned Controls		
Prevent	**Mitigate**	**Recover**
Identify controls measures that can prevent unnecessary exposure to the psychosocial risk.	*Identify controls measures that can minimise the impact of the psychosocial risk on staff and student mental health.*	*Identify controls measures that can provide support to those impacted by the psychosocial risk to facilitate recovery and re-engagement with work or study (if required).*
Re-assess team workload and de-prioritise non-critical projects	Create an additional hours log to capture and recognise 'hidden' work that contributes to overload	Create team 'slow-down' periods for recovery following periods of high workload

Now consider the residual exposure risk, assuming that all controls are implemented as planned. Rate the likely future prevalence of this risk and the likely future consequence of this risk, using Tables 1 & 2 above. The Residual Risk Rating should auto-populate in the 'Residual Risk Rating' column. The Residual Risk must then be either accepted, or further controls applied to bring risk levels within acceptable levels.

P	Q	R	S	T
Residual Exposure Risk Assessment				
Percentage of staff/students	**Frequency of exposure**	**Prevelance**	**Consequence**	**Residual Risk Rating**
Assuming all controls are implemented as planned, re-assess the percentage of staff or students likely to be impacted aby this risk (select from drop-down options).	*Assuming all controls are implemented as planned, re-assess the proportion of work/study time staff or students are impacted by this risk, as a percentage of their contact time with the university (select from drop-down options).*	*Re-assess the prevalence rating, based upon the % of staff/students impacted by the risk and the frequency to which they are likely to be impacted (refer to table 1 in the risk matrix tab).*	*Re-assess the subjective impact of the psychosocial risk once controls have been implemented (refer to table 2 in the risk matrix).*	*Re-assess the risk rating (Prevelance x Consequence) after the controls have been implemented. The residual risk rating should be either be reduced to an acceptable level, or the residual risk must be accepted.*
60-80% of staff/students	40-60% of the time	Low	Moderate	Low

8.2.4. Implement control measures

When attempting to reduce harm associated with psychosocial risk, it is important to acknowledge that *how* control measures are implemented is equally important as *which* control measures are implemented. The most highly impactful control measures require a level of behaviour change to be effective. Changing behaviour can be difficult, as it challenges the way we think, work, and connect with others. But it also opens the door to innovation, growth and new opportunities for our staff and student communities. As people do not always respond well to change, it is important to consider how you can promote readiness for change before implementing your control measures at RMIT.

Clarifying and communicating the *why* behind control measures can help staff and students recognise the benefits of the proposed change, which in turn, promotes readiness and reduces resistance to the change. Creating the case for change should answer three questions: What are we doing? Why are we doing it? What are the benefits? In the case of psychosocial control measures, this can be tailored to what will the control look like in the work/study environment? why is the control necessary? and what are the benefits to staff and students health and safety?

Other features that are critical to promoting readiness for change and engagement with control measures include:

- Align psychosocial risk management to the broader business strategy – ensure leaders understand how managing psychosocial risk will serve to promote a safe and healthy work and study environment and will likely have flow-on effects for performance and retention.
- Communicate the benefits of the controls – communicate the personal benefits of the control measures in protecting staff and students' psychosocial health and safety.

- Clarify the need for the controls – provide clarity on how the control measures will change our ways of working for the better.
- Enhance competence in staff and students – empower staff and students with the knowledge and skills needed for the controls to be implemented effectively.
- Support continuity – establish structures and processes that support the continuity of controls.

Updating your Psychosocial Risk Register

Nominate a Risk Owner who will be accountable for the implementation of the planned controls and record their name in the 'Person Accountable/Risk Owner' column. Set the date for implementation of the planned controls (insert in 'Control Implementation Date' column) and set a date by which the effectiveness of that control will be reviewed (insert in 'Planned Review Date' column).

8.2.5. Review and monitor the effectiveness of control measures

The final stage of the psychosocial risk management process involves reviewing and monitoring the implementation and effectiveness of your control measures. This stage is integral to ensuring the controls are achieving what they were intended for in protecting the RMIT community against psychosocial risk. As with all risk assessments, it is important to remember that a psychosocial risk assessment will only reflect the moment in time at which the review took place and should be monitored and reviewed ongoingly to ensure it is up to date. At a minimum, the ***OHS Act*** (2004) requires all risk registers to be reviewed on an annual basis and/or after a substantial change has occurred within the organisation (e.g., change in management or policy).

It is important to consult key stakeholders involved in the psychosocial risk management process when reviewing and monitoring the effectiveness of your control measures, especially those who are most impacted by the risks in question (e.g., staff and students). See Table 5 for points that can be discussed during consultation to evaluate the effectiveness of your controls.

Table 5. Discussion points for reviewing the effectiveness of control measures

Monitoring Implementation	Reviewing Effectiveness
• Are the control measures being implemented as planned? • Is there adequate compliance/uptake of control measures? • Are there newly identified psychosocial risks? • Are any controls no longer relevant? • Are the controls fit-for-purpose? (i.e., have they reduced psychosocial risk) • Have we compiled with OHS policies and legal requirements?	• Have data sources (e.g., PRIME reports, unplanned leave data, WorkCover claims) shown any reduction in relevant psychosocial incidents since the controls were implemented? • Has leadership sought feedback on the effectiveness of controls? • Has there been an observable positive impact on mental health at RMIT? • Are the results consistent with residual risk levels?

At the conclusion of your review, you must determine:

- Are the controls still fit-for-purpose?
- Are there further opportunities for improvement?
- Which activities should we start, stop, and continue doing?
- What learnings will we carry forward and how can we share these with others?

Continuously reviewing and iterating controls is essential to ensure we continue to meet the needs of the RMIT community.

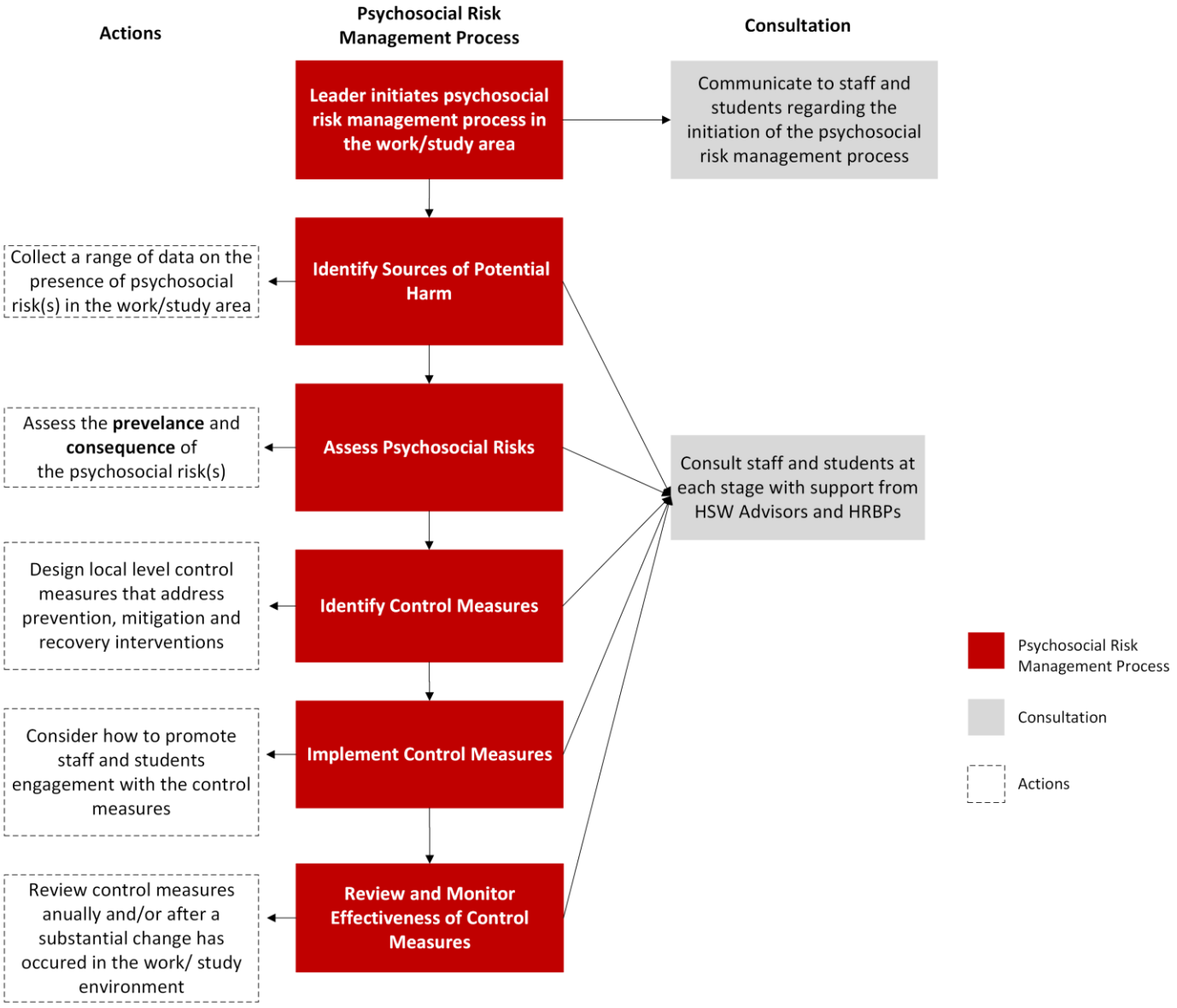
Updating your Psychosocial Risk Register

Upon review of your controls, you may determine that controls require some modification to enhance effectiveness. Capture these in the 'Modifications to Controls' column any time you modify controls in between risk assessments. Document any general comments or lessons learned in the 'General Comments/Lessons Learned' column, to inform future risk management activities. For Annual Reviews of risk assessments, start a new Risk Register document and undertake full psychosocial risk management process.

U	V
Modifications to Controls	**General Comments/ Lessons Learned**
Describe any modifications to the controls that may promote or sustain the effectiveness.	*Describe lessons learned that may help to promote RMIT's psychosocial risk management approach.*
Risk owner to review the workload modelling system on a fortnightly basis to identify and check-in with staff nearing 100% capacity.	Spend more time planning and preparing for peak periods to ensure appropriate resources and support are available to meet the increased demands.

9. PSYCHOSOCIAL RISK MANAGEMENT PROCESS MAP

The below is a high-level process map for undertaking the psychosocial risk management process. Please refer to sections above for further detail.



10. Responsibilities

10.1. Senior and Operational Leaders

- Implement the psychosocial risk assessment and management process at the School or Department level
- Hold accountability for completion and documentation of annual psychosocial risk assessment & management action plans at the School or Department level
- Manage the implementation of measures to ensure adequate control of psychosocial risks
- Lead the development of Annual Wellbeing Action Planning, and hold accountability for timely and effective implementation
- Ensure that staff are, where necessary, trained to achieve the required awareness and competence to reduce exposure to, and impact of, psychosocial risks
- Respond to early warning signs and complaints with timely and appropriate interventions (reaching out for advice, support and referrals as required)
- Consult with staff, HSW Advisors, People Partners and subject matter experts where necessary
- Review and report on performance in relation to this procedure
- Report quarterly to the RMIT HSW Committee
- Lead by example through modelling a culture of care and promoting an environment of psychological safety

10.2. Student Leaders

- Receive student concerns or incidents of psychosocial risk and escalate accordingly
- Provide feedback to course coordinators around managing and preventing psychosocial risk in the study environment
- Demonstrate strong understanding of responsibilities for health, safety and wellbeing of students engaging with clubs and associations (including duty of care)
- Consider duty of care and apply knowledge of risk and protective factors when planning events and activities
- Complete risk assessments prior to hosting events and activities, including psychosocial risks
- Use appropriate channels to escalate presenting collective concerns for psychosocial risks
- Maintain an awareness of at-risk or vulnerable cohorts within the University community and avenues for specialised support for these groups

10.3. People Partners

- Provide advice on psychosocial risk matters and oversight of the psychosocial risk management process as required
- Contribute to the psychosocial risk assessment and management process at the School or Department level
- Assist in developing psychosocial risk and wellbeing KPI
- Assist in developing and implementing psychosocial risk action plans and intervention strategies
- Coordinate stakeholders to support implementation of risk controls and recommendations
- Assist with the identification and integration of any additional organisation and legislative requirements for psychosocial risk management and record keeping

10.4. HSW Committee Chairs

- Attend HSW Committee meetings and report back to area on issues discussed in the meetings
- Track progress on promoting HSW roles and responsibilities

- Ensure HSW risk profiles are in place within allocated timeframes
- Collect feedback from HSW Committee on new or emerging HSW risks, changes to risk profiles, control effectiveness, and incident trends
- Check compliance with workplace inspections
- Feed new risk, trends, or relevant feedback up to leadership team

10.5. HSW Committee Members

- Collect feedback from staff and students about potential risks to psychological wellbeing
- Raise psychosocial risks for inclusion in local risk registers
- Partner with management to propose fit-for-purpose strategies to control psychosocial risks
- Engage in the consultation process for annual psychosocial risk assessment
- Escalate systemic issues around psychosocial risks for review

10.6. Mental Wellbeing Champions

- Advocate for mental wellbeing at RMIT, including psychosocial risk management
- Attend the relevant HSW Committee meetings and liaise with their HSR to ensure any psychosocial risks or hazards are raised and addressed appropriately
- Ensure psychosocial risks are considered and addressed appropriately and sensitively
- Cascade information on Global Mental Wellbeing initiatives
- Act as main point of contact for mental wellbeing engagement activities in their area

10.7. Health and Safety Operations Team

- Provide expert advice on HSW matters and oversight of the psychosocial risk management process across RMIT
- Assist with enterprise level risk evaluations & implementing systemic interventions
- Contribute to the psychosocial risk assessment and management process at the School or Department level
- Assist with Psychosocial Incident Management and Investigation Process
- Assist with annual psychosocial risk management planning
- Provide governance of psychosocial risk management interventions to ensure appropriate controls are in place across RMIT
- Provide instruction, mentoring and coaching in relation to psychosocial risks, wellbeing, and the risk management process as required
- Engage in deep dive psychosocial risk assessment upon request
- Assist in developing psychosocial risk and wellbeing Key Performance Indicators (KPIs)
- Assist in developing and implementing psychosocial risk action plans and intervention strategies
- Assist with the identification and integration of any additional organisation and legislative requirements for psychosocial risk management and record keeping

10.8. Curriculum Designers

- Conduct psychosocial risk assessment to identify potential sources of harm risk in the curriculum design that may cause exposure to psychosocial risk
- Modify curriculum design and course delivery to prevent exposure to psychosocial risk where possible, mitigate impacts where prevention is not possible, and to support recovery from course-related psychosocial impacts

- Document psychosocial risk assessment and controls in the psychosocial risk register
- Review psychosocial risk register on an annual basis or upon introduction of significant changes to the curriculum

10.9. Staff, students, contractors, and visitors

- Take care of their own health, safety and wellbeing and that of others
- Be aware of psychosocial risks present in the work/study environment
- Ensure familiarity with psychosocial risk policies and processes
- Report risks and partner with RMIT to devise controls
- Cooperate with RMIT interventions/ procedures to minimise risks
- Provide feedback to RMIT on what needs to improve in relation to psychosocial risk management

11. Definitions

Defines any key terms and acronyms relating to the process

Term / acronym	Definition
Control measures / controls	Actions that are implemented to prevent or mitigate the occurrence of a risk or the impact it may cause and/or provide support to those who have been impacted by the risk.
Consequence	Subjective assessment of the average level of distress experienced by those who are impacted by the risk.
Duty of Care	A legal obligation to take reasonable steps to not cause foreseeable harm to another person or their property.
HSRs	Health and Safety Representatives.
HSW	Health, Safety and Wellbeing.
People Partner	Human Resource Business Partner.
Mental Wellbeing Champion	Nominated staff members who support the effective implementation of RMIT's Mental Wellbeing Plan. The Mental Wellbeing Champions attend the quarterly Mental Wellbeing Working Group meetings chaired by the RMIT Wellbeing team.
Psychosocial Risk	Elements of the work or study environment that have the potential to cause stress and can lead to physical and/or psychological harm.
Psychosocial Incident	An occurrence that has led to, or might lead to, psychological injury resulting from exposure to psychosocial risk.
Psychological safety	A sense of safety in one's ability to speak up with ideas, questions, concerns or mistakes without fear of negative consequences to their self-image, status or career.
Psychosocial safety climate	The organisational climate for employee psychological health, wellbeing and safety.
P.R.I.M.E.	Proactive. Reporting. Incident. Management. Excellence. - Online System for reporting and controlling incidents and risks.
Reasonably practicable	A legal requirement that involves doing whatever you are reasonably able to do to ensure the health and safety of the people interacting with an organisation/institution.
RMIT community	All those who interact with RMIT University.

12. Supporting Documents

Lists the supporting and related Processes and Guidance Material, Legislative references, Standards etc. that may be useful references for process users

Document Number	Document Name
HR – HSW-PR19	Psychosocial Risk Management Process
HR – HSW-PR19–WI02	Library of Controls
HR-HSW-PR19-TM01	Psychosocial Risk Register
Mental Wellbeing Sharepoint	Mental Wellbeing Action Planning Process How to report concerns about psychosocial risks or incidents at RMIT