PSYCHOSOCIAL RISK ASSESSMENT FRAMEWORK

This framework provides MHIE member companies with a structured psychosocial risk assessment aligned with ISO 45003 and the MHIE Charter. It integrates the Gap Analysis tool to help organisations identify, assess, and manage psychosocial risks while meeting legal, moral, ethical, and financial obligations.

Step 1: Context and Scope
- External factors: supply chain pressures, economic climate, client demands, technological changes, demographics.
- Internal factors: governance, culture, workforce composition, management style, resourcing.
- Scope: Confirm psychosocial risks are included in the OH&S management system across all operations.

Step 2: Leadership & Policy
- Establish a formal Psychological Health & Safety Policy aligned with ISO 45003.
- Include non-retaliation protections for staff reporting psychosocial risks.
- Integrate psychosocial objectives into strategic and operational planning.
- Assign clear roles (Mental Health Lead at Bronze, Task Force at Gold).

Step 3: Hazard Identification
Identify psychosocial hazards across three ISO 45003 categories:

1. Work Organisation – workload, working hours, job security, remote/isolated work.
2. Social Factors – interpersonal conflict, bullying/harassment, poor communication, leadership behaviours.
3. Work Environment & Tasks – inadequate equipment, unsafe conditions, exposure to trauma, lone working.

Methods include surveys, focus groups, safety committees, review of data, job task analysis, audits.

Step 4: Risk Assessment
- Assess likelihood and severity of hazards.
- Prioritise risks by impact to health, safety, and business.
- Consider workforce diversity.
- Link findings to action planning and resource allocation.

Step 5: Action Planning
- Develop SMART objectives for risk reduction.
- Align with MHIE membership levels (Bronze, Silver, Gold).
- Address risks using hierarchy of controls (eliminate, redesign, mitigate, support).

Step 6: Worker Participation
- Establish mental health committees or equivalent forums.
- Involve workers in hazard identification, planning, and reviews.
- Embed safe reporting channels with confidentiality protections.

MENTAL HEALTH IN ENERGY

Step 7: Controls and Interventions

- Primary (preventive): job design, fair workload, role clarity, flexible scheduling.
- Secondary (supportive): training, awareness, peer support, MH first aiders.
- Tertiary (rehabilitative): return-to-work programmes, counselling, crisis protocols.

Step 8: Monitoring and Evaluation

- Use leading indicators (training %, engagement, committee participation).
- Use lagging indicators (absence, turnover, incident reports).
- Conduct annual internal audits and management reviews.
- Benchmark progress against MHIE Gap Analysis results.

Step 9: Documentation and Reporting

- Maintain records of risk assessments, actions, and outcomes.
- Protect confidentiality of worker information.
- Report progress internally and externally.

Step 10: Continual Improvement

- Analyse incidents/non-conformities for root causes.
- Share lessons learned and best practices within MHIE forums.
- Update policies, training, and controls.
- Progress through MHIE membership levels as milestones.

Annex A: Psychosocial Risk Register Template

Hazard	Category (Work Org / Social / Environment)	Likelihood (1-5)	Severity (1-5)	Risk Rating	Control Measures / Actions

Annex B: Action Plan Tracker

Objective	Action Steps	Responsible Owner	Timeline	Status / Review

Annex C: KPI Dashboard

Leading Indicators: % staff trained, # risk assessments completed, engagement scores.
Lagging Indicators: absenteeism rates, turnover, incidents, grievances.
Target/Benchmark: to be set according to membership level.

Annex D: Internal Audit Checklist

- Is a Psychological Health & Safety Policy in place and communicated?
- Are psychosocial risk assessments performed annually?
- Are worker participation mechanisms operational?
- Is confidential reporting active and monitored?
- Is there evidence of management review and continual improvement?