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Psychosocial risk management: Calamity or opportunity?

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It is generally accepted that 'work is good for you', contributing to personal fulfilment and financial and social prosperity (1). There are economic, social and moral arguments that, for those able to work, 'work is the best form of welfare' (2,3) and is the most effective way to improve the well-being of these individuals, their families and their communities. Moreover, for people who have experienced poor mental health maintaining, or returning to, employment can also be a vital element in the recovery process, helping to build self-esteem, confidence and social inclusion (4). However, there is now evidence to support a change in this accepted 'mantra' to become 'good work is good for you' (1,5). For example, a study (6) found an improvement in fatigue and depressive symptoms associated with the retirement event, especially for those exposed to the worst work environment.

What has particularly contributed to a shift in this perception is evidence in relation to the impact of the psychosocial work environment on health and well-being (both physical and mental) through the experience of work-related stress. Psychosocial hazards are discussed in guidance by key organizations (such as ILO, WHO, European Commission, etc.) as aspects of work organization, design and management that have the potential to cause harm on individual health and safety as well as other adverse organisational outcomes such as sickness absence, reduced productivity or human error. They include several issues such as work demands, the availability of organisational support, rewards, and interpersonal relationships, including issues such as harassment and bullying in the workplace. Psychosocial risk refers to the potential of psychosocial hazards to cause harm (7). Work-related stress is closely associated to exposure to psychosocial hazards and has been defined, for example, by the UK Health & Safety Executive as 'The adverse reaction people have to excessive pressures or other types of demand placed on them at work'.

These issues are important since a comprehensive approach and an inclusive definition of mental health have been promoted with a focus not solely on (the absence of) mental health disorders but a positive state of psychological well-being. This approach underlines the need to address mental health in its totality by recognising interrelationships among: a. risks to mental health, b. sub-threshold conditions of poor psychological health and well-being (such as stress), that may not have yet resulted in a diagnosed mental health disorder but may severely affect their expression, and c. diagnosed mental health disorders. According to this perspective, efforts to tackle mental ill health should not focus on particular problems *in isolation* (such as depression for example which appears to currently be high on the agenda of national, European and international policy makers) but should seek to put in place policies and practices that seek to tackle a wide range of risk factors to mental

health through appropriate interventions. These should prioritise prevention and tackling problems at source while also developing awareness and skills, and facilitating treatment and rehabilitation (8).

However, to effectively implement such an approach, some basic assumptions must be met. First, there needs to be understanding of risks and outcomes, at various levels and by various stakeholders including policy makers, employers, trade unions as well as experts and occupational health services. Second, the 'case' for promoting the approach should be understood and clearly delineated in a 'balanced' perspective. And third, the means to implement the approach should be available in terms of policies, guidance, and tools (7).

Although the prevalence and potentially negative impact of psychosocial risks are now widely acknowledged as a priority in occupational health and safety in Europe, and various actions have been promoted at national and European level to tackle them, an employer survey by the European Agency for Safety & Health at Work conducted in 2009 (9) found that although stress was reported to be a concern by almost 80% of respondents, only about 20% of these employers informed their employees on psychosocial risks, let alone take appropriate actions to tackle them. Lack of awareness, lack of resources, and lack of technical support, guidance and expertise were key needs in this area that were identified irrespective of enterprise size, sector or country. Clearly then, somewhere along the way, some of the above assumptions are not being met effectively.

Among key challenges are perspectives of key stakeholders, a possible over-medicalisation of the issues at hand, and a lack of key skills in promoting the right 'case' for their management. Recent reports for example on trade unions and inspectorates show confusion both in terms of key definitions and awareness of coverage of these issues in health and safety legislation (10). For example, the term 'psychosocial risk' is often being confused with that of 'work-related stress'; and the relevance of key EU directives and national legislation to these issues is being questioned (8, 9).

Furthermore, the perspective of occupational health services has traditionally been 'reactive', supporting individuals and organisations deal with problems they experience, and not designing a work environment that will prevent them from occurring (11). Across Europe, such expertise is still scarce in occupational health services personnel and consequently appropriate support to businesses might be lacking. This is despite the strong business case and moral case for managing psychosocial risks and promoting mental health in the workplace (7). And despite the availability of numerous tools in this area (for example, the Management Standards in the UK and Italy, Work Positive in Ireland, the Work and Health Covenants and Catalogues in the Netherlands, START in Germany, SOBANE in Belgium, tools developed by INRS and ANACT in France, the Copenhagen Psychosocial Questionnaire adapted by ISTAS in Spain, QPS Nordic, and the Job Content Questionnaire, among others). There are now even standards in this area in the UK by the British Standards Institution (PAS1010, 2011) and in Canada, a national standard on psychological health and safety in the workplace (2013) (7). The European Commission has also recently published an interpretative document of key European legislation in relation to mental health in the workplace (12).

If one thinks about the types of issues employers are asked to consider when it comes to psychosocial risks, they find reference to workload, work schedules, role clarity, communication, rewards, teamwork, problem-solving, and relationships at work. In short, management and work design issues that every employer would admit are important to their business survival and success. Perhaps then difficulties with understanding and engagement arise from the 'traditional' view of 'risk' in health and safety and a mere focus on negative outcomes. Businesses deal with 'risk' and 'risk management' routinely in areas such as finance, strategy, and operations (among others) (4). However, ISO 31000 defines risk as an 'effect of uncertainty on objectives'. According to this definition, risk is not conceptualized in terms of neither negative nor positive outcomes. As a result, risk management is a dynamic process that can act as a catalyst with the potential to alleviate negative outcomes and promote positive ones. Since psychosocial risk management concerns work organisation, design and management, its successful implementation in business operations can result in significant benefits such as work engagement, improved quality and performance. To achieve this, the risk management process should not only mitigate negative impact but also recognize and utilize good practices that can lead to positive impacts through the process of organisational learning and development. Such a conceptualization of psychosocial risk management would reduce resistance and stigmatization in dealing with mental health in the workplace and promote well-being and sustainability.

However, it is evident from progress so far that the 'case' for psychosocial risk management and the right message are not transmitted effectively. Employers in Europe do admit that the sensitivity of psychosocial risks makes them more difficult to tackle (9). Granted, even on the basis of terminology alone, psychosocial risk management might not be easily digestible. But as long as there are people in organisations, it is here to stay and no business can be sustainable without engaging with it effectively. So rather than approaching it as an add-on problem and a calamity, with skepticism or fear, perhaps a better way would be to approach it as an opportunity for individuals, organisations and society overall.

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