LEADERSHIP PLAYBOOK

Psychosocial Risk Playbook

A practical guide to identifying, managing and preventing psychosocial risk at work

For team leaders, managers, executives and people leaders

SEE THE WORK • HEAR THE SIGNALS • CONTROL THE RISK

Original playbook developed for Australian workplaces.
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HOW TO USE THIS PLAYBOOK

This is a leadership tool, not a mental-health diagnosis manual.

Psychosocial risk is about the way work is designed, managed and experienced. Your job as a leader is not to diagnose people. It is to notice hazards, listen well, act on what is within your control, escalate what is not, and make sure controls are actually working.

TEAM LEADERS	MANAGERS	EXECUTIVES / OFFICERS
Use the quick scan, conversation guide and daily controls.	Look for patterns across teams, competing priorities and system causes.	Provide resources, governance, assurance and due diligence.

The playbook at a glance

01	**Understand the risk.** What psychosocial hazards are, and what they are not.
02	**Spot the signals.** What leaders may hear, see and notice before harm occurs.
03	**Assess what matters.** Duration, frequency, severity and interacting hazards.
04	**Control the work.** Fix work design and systems before relying on individual coping.
05	**Have the conversation.** A trauma-informed, practical response when someone raises a concern.
06	**Escalate and respond.** When the issue needs HR, WHS, senior leadership or emergency support.
07	**Review and learn.** Check whether controls reduced exposure and changed the experience of work.

Important: This playbook provides general leadership guidance, not legal advice. WHS obligations vary by jurisdiction. Check your state or territory regulator and your organisation’s policies.

SECTION ONE

01 Understand the risk

Psychosocial risk is a work-design issue.

Psychosocial hazards are aspects of work that can cause psychological harm and may also contribute to physical harm. They can arise from how work is designed or managed, the work environment, or workplace interactions and behaviours.

The practical leadership shift is simple: stop asking only, “How is this person coping?” and also ask, “What is it about the work, system or environment that is creating the exposure?”

Common psychosocial hazards

HAZARD	WHAT IT LOOKS LIKE
High or low job demands	Too much, too little, conflicting or emotionally demanding work.
Low job control	Little influence over how or when work is done.
Poor support	Inadequate practical or emotional support, resources, training or supervision.
Lack of role clarity	Unclear priorities, responsibilities, reporting lines or expectations.
Poor organisational change management	Change without adequate consultation, planning, communication or support.
Inadequate reward and recognition	Effort or contribution is persistently overlooked or unfairly recognised.
Poor organisational justice	Processes or decisions are perceived as inconsistent, opaque or unfair.
Traumatic events or material	Exposure to distressing incidents, information, imagery or situations.
Remote or isolated work	Working physically or socially isolated from support.
Poor physical environment	Noise, heat, cramped or unsafe conditions that increase strain.
Violence and aggression	Threats, abuse, intimidation or physical violence.
Bullying	Repeated unreasonable behaviour that creates a risk to health and safety.
Harassment, including sexual harassment	Unwelcome conduct that creates risk or harm.
Conflict or poor workplace relationships	Persistent interpersonal tension, exclusion or damaging interactions.

Two traps to avoid

Trap 1: treating psychosocial risk as an individual wellbeing problem. EAP, mindfulness, resilience training and wellbeing activities can be useful supports, but they do not control unreasonable workload, unclear roles, poor change processes, bullying or unsafe systems.

Trap 2: waiting for someone to become unwell. Risk management should be proactive. You do not need a diagnosis, complaint or workers’ compensation claim before examining the work.

SECTION TWO

02 Spot the signals

Listen for the work behind the words.

People rarely walk into a manager's office and say, "I am experiencing a psychosocial hazard." They describe what work feels like. The leader's job is to hear the signal without jumping immediately to a diagnosis or a performance conclusion.

WHAT YOU MAY HEAR	WHAT TO EXPLORE
"I can't keep up."	Job demands, staffing, priorities, workflow, overtime, interruptions.
"I don't know what you want from me."	Role clarity, conflicting instructions, unclear decision rights.
"Nothing I do makes a difference."	Low control, low recognition, poor support, organisational justice.
"No one listens until something goes wrong."	Consultation, psychological safety, escalation pathways.
"I'm constantly worried I'll be blamed."	Organisational justice, leadership behaviour, role clarity.
"I dread dealing with that customer/client/student."	Aggression, violence, traumatic exposure, poor support.
"Everything changes every week."	Change management, workload, role clarity, communication.
"I've stopped raising it."	Poor support, low trust, consultation failure, unresolved conflict.

The five-minute leader scan

- ☐ **Demand:** Is the volume, pace or emotional load sustainable?
- ☐ **Control:** Where can people make reasonable decisions about how work is done?
- ☐ **Clarity:** Does everyone know what matters most, who decides and what good looks like?
- ☐ **Support:** Do people have the time, tools, skills and access to help they need?
- ☐ **Relationships:** Are behaviour, conflict or power dynamics making work unsafe?
- ☐ **Change:** Have people been properly consulted and supported through current change?
- ☐ **Recovery:** Can people take breaks, disconnect and recover between high-demand periods?

If three or more of these questions make you uncomfortable, do not wait for a formal complaint. Start a conversation and look at the work.

SECTION THREE

03 Assess what matters

Risk is more than whether something happened.

When assessing psychosocial risk, consider how long, how often and how severely people are exposed, and how hazards interact. A moderate workload may become high risk when paired with low control, poor support and constant change.

FACTOR	LOWER CONCERN	HIGHER CONCERN	LEADER QUESTION
Duration	Brief or occasional	Sustained over days, weeks or months	How long has this been happening?
Frequency	Infrequent	Repeated or constant	How often are people exposed?
Severity	Mild inconvenience	Distress, threat, serious conflict, trauma or unsafe workload	What is the worst credible outcome?
Interaction	Single isolated factor	Several hazards reinforcing each other	What else is happening at the same time?
Vulnerability	Strong buffers and support	New or inexperienced staff, isolation, previous trauma or reduced support	Who may be more exposed and why?

Simple triage

WATCH

Low exposure; local control is working. Monitor and review.

ACT

Repeated or significant exposure. Put controls in place now and involve the right support.

ESCALATE

Serious, immediate or escalating risk; violence, threats, trauma, significant distress or inability to work safely. Escalate urgently.

Do not use this triage as a clinical assessment. It is a leadership prompt for determining the urgency of workplace controls and escalation.

SECTION FOUR

04 Control the work

Change the conditions, not just the person.

The most effective controls usually sit in the design and management of work. Individual supports can complement those controls, but should not be used to avoid fixing the underlying hazard.

CONTROL LEVEL	WHAT IT MEANS	EXAMPLE
1. ELIMINATE	Remove the hazardous task, exposure, process or behaviour where reasonably practicable.	Stop unnecessary after-hours contact; remove a known abusive client from direct access; cease a redundant approval loop creating extreme demand.
2. REDESIGN	Change work design, workload, staffing, decision rights, roster, workflow or environment.	Rebalance caseloads; clarify decision authority; redesign handovers; rotate traumatic duties.
3. SYSTEMISE	Build reliable processes, escalation paths, consultation and management controls.	Set workload thresholds; formalise change consultation; create violence response protocols; improve supervision.
4. SUPPORT	Add training, supervision, debriefing, recovery time and access to professional support.	Regular 1:1s; trauma-informed supervision; EAP; peer support; targeted capability development.
5. INDIVIDUAL COPING	Useful as a supplement, not the primary control for work-created hazards.	Wellbeing tools, self-care resources, resilience development.

Controls by leadership level

LEVEL	CONTROLS THEY OWN	WHAT GOOD LOOKS LIKE	ESCALATE WHEN
Team leader	Daily allocation, clarity, breaks, feedback, immediate behaviour, local escalation.	Workload is visible, priorities are clear, and people can ask for help early.	The risk cannot be controlled locally or is serious/repeated.
Manager	Resources across teams, competing priorities, process design, manager capability, change implementation.	Patterns are managed across teams, not pushed from one team to another.	System or resource decisions exceed your authority.
Executive	Strategy, resourcing, structures, governance, organisational change, culture and assurance.	Psychosocial risk is treated like any other material operational risk.	Control failures, systemic patterns or serious incidents require officer oversight.
HR/WHS/People partner	Frameworks, advice, data, investigation, consultation, risk methods.	Leaders are enabled to control work; HR/WHS does not become the sole owner.	Legal, regulatory, workers' compensation or specialist intervention is required.

SECTION FIVE

05 Have the conversation

You do not need to be a counsellor to respond well.

When someone raises a concern, your first job is to make it safer for them to tell you what is happening. Stay calm, avoid interrogation, and focus first on immediate safety and the work-related factors you can address.

The CARE conversation

C	**CONNECT**	Thank them for raising it. Find a private, appropriate space. Slow the conversation down.
A	**ASK**	What has been happening? What part of the work is contributing? What feels most urgent right now?
R	**RESPOND**	Clarify immediate safety. Identify what can change now. Explain what needs to be escalated and what you will do next.
E	**ENSURE FOLLOW-THROUGH**	Record agreed actions appropriately. Check back. Review whether the exposure actually reduced.

Useful language

TRY	AVOID
“Thanks for telling me. Help me understand what’s happening.”	“You just need to be more resilient.”
“What part of the work is making this harder?”	“Everyone is under pressure.”
“What would reduce the immediate risk?”	“That’s just how this job is.”
“I may need to involve HR/WHS so we can control this properly. I’ll explain what happens next.”	“I promise I won’t tell anyone.”
“I don’t need private medical details to take the work issue seriously.”	“What diagnosis do you have?”
“Let’s agree what I’ll do, what you’ll do, and when we’ll check back.”	“My door is always open.” as the only action.

Trauma-informed does not mean avoiding accountability. It means creating safety, choice, clarity and dignity while still dealing with behaviour, performance and risk appropriately.

SECTION SIX

06 Escalate and respond

Know what belongs with you — and what does not.

A capable leader does not hold every concern alone. Escalation is part of good risk management, particularly where the issue is serious, repeated, involves power imbalance, cannot be controlled locally, or may trigger legal or organisational processes.

SITUATION	LEADER RESPONSE
Immediate danger, violence, threat of harm or medical emergency	Follow emergency procedures and contact emergency services where required.
Sexual harassment, serious bullying, discrimination or misconduct	Follow formal organisational reporting and response processes; involve HR/People/WHS as required.
Serious psychological distress or inability to work safely	Prioritise immediate safety; involve appropriate organisational support; encourage professional/clinical help where appropriate.
Repeated unsafe workload or fatigue	Escalate workload, staffing, roster and operational controls; do not leave the issue as an individual time-management problem.
Traumatic incident or material	Reduce exposure, provide recovery/debriefing arrangements, follow incident procedures and specialist guidance where appropriate.
Systemic pattern across teams	Escalate to the manager/executive level that controls the system or resource decision.

Confidentiality: be careful what you promise

Treat information respectfully and limit sharing to people who need it for safety, response or legal/process reasons. Do not promise absolute confidentiality before you know what has been disclosed. Explain what you may need to do and, wherever possible, involve the person in how the next step occurs.

SECTION SEVEN

07 Review and learn

A control is not successful because it was implemented.

The test is whether exposure reduced and work became safer. Review after change, after incidents, when new information emerges, or when workers tell you the control is not working.

LOOK AT	POSSIBLE SIGNALS
Workload	Overtime, missed breaks, backlog, caseload, after-hours contact, leave patterns.
Clarity	Rework, conflicting instructions, decision delays, repeated role questions.
Support	1:1 frequency, access to supervision, unresolved escalations, time to respond.
Behaviour	Complaints, conflict patterns, conduct concerns, reports of exclusion or aggression.
Change	Consultation quality, implementation issues, staff understanding, unintended impacts.
Health and safety signals	Incidents, hazards, workers' compensation trends, absenteeism, turnover — interpreted carefully and in context.
Worker voice	Pulse checks, team discussions, HSR feedback, exit themes, qualitative comments.

Three review questions

- → Did the control reduce the hazard or simply move it somewhere else?
- → Did workers experience the change as an improvement?
- → What have we learned that should change our normal way of working?

LEADER ROLE CARDS

What good looks like at each level

FRONTLINE / TEAM LEADER

- Make work visible: priorities, workload, breaks, handovers.
- Notice changes in behaviour without diagnosing.
- Respond early when people say the work is becoming unsafe.
- Address inappropriate behaviour promptly.
- Escalate risks you cannot control.
- Follow up after action.

Your biggest risk: normalising pressure because “the team always gets through it.”

MIDDLE / SENIOR MANAGER

- Look for patterns across teams, not isolated cases.
- Resolve competing priorities instead of passing them downward.
- Check whether managers have enough capability and authority.
- Control change load and sequence work realistically.
- Use worker consultation before finalising controls.
- Challenge metrics that reward unsafe workarounds.

Your biggest risk: assuming local leaders can solve system problems without resources or authority.

EXECUTIVE / OFFICER

- Treat psychosocial risk as an operational and governance issue.
- Ensure resources and processes exist to identify and control risks.
- Ask for leading indicators, not just injury or claim data.
- Test whether strategy, restructures and growth plans create foreseeable risks.
- Verify that controls work in practice.
- Create an environment where bad news can travel upward.

Your biggest risk: receiving assurance from systems that do not reflect the lived experience of work.

PRACTICAL HAZARD CARDS

What to do when the hazard is in front of you

High job demands

You hear: “There’s no way to do all of this well.”

✓ Clarify the few priorities that genuinely matter now.
✓ Remove, defer or redistribute work.
✓ Check staffing, deadlines, interruptions and after-hours expectations.
✓ Set escalation thresholds before overload becomes normal.

Avoid: telling people to prioritise when every stakeholder has labelled their work “urgent”.

Low job control

You hear: “I’m accountable for the outcome but I can’t make any decisions.”

✓ Clarify decision rights.
✓ Give reasonable discretion over sequence, method or timing.
✓ Remove unnecessary approvals.
✓ Involve workers in redesigning the process.

Avoid: asking for initiative while punishing reasonable judgement.

Poor support

You hear: “I only hear from my manager when something is wrong.”

✓ Agree a predictable supervision rhythm.
✓ Make help-seeking easy and specific.
✓ Provide practical resources and training.
✓ Ensure managers have enough capacity to support their teams.

Avoid: treating an open-door policy as a support system.

Role clarity

You hear: “Two people are telling me different things.”

✓ Clarify purpose, priorities and reporting lines.
✓ Resolve conflicting instructions at the leadership level.
✓ Define what good looks like.
✓ Document decision ownership where ambiguity is recurring.

Avoid: leaving the employee to negotiate competing executives.

Poor change management

You hear: “We found out after the decision was made.”

✓ Consult before decisions are locked where practicable.
✓ Explain what is changing, what is not and why.
✓ Identify workload and role impacts.
✓ Stage changes where simultaneous demands create unsafe load.

Avoid: mistaking communication for consultation.

Bullying / harassment / conflict

You hear: “I don’t feel safe raising it.”

✓ Address immediate safety.
✓ Follow formal processes when required.
✓ Protect against retaliation.
✓ Separate interpersonal disagreement from repeated unreasonable behaviour.
✓ Use fair, timely and transparent process.

Avoid: forcing informal mediation where power imbalance or serious allegations make it inappropriate.

Traumatic exposure

You hear: “I can’t stop replaying what happened.”

✓ Reduce or rotate exposure where possible.
✓ Provide immediate support and recovery time.
✓ Use trained debriefing/support approaches appropriate to the incident.
✓ Review whether systems can prevent or reduce future exposure.

Avoid: compulsory emotional disclosure or one-size-fits-all debriefing.

Violence and aggression

You hear: “We all know that client gets abusive, but that’s part of the job.”

✓ Treat aggression as a hazard, not an occupational personality test.
✓ Set behavioural boundaries and response procedures.
✓ Provide staffing, environment and duress controls.
✓ Review whether service arrangements can be changed.

Avoid: normalising threats or abuse because the work involves the public.

READY-TO-USE TOOLS

Tools you can use this week

1. Team psychosocial risk check-in

Use these questions in a team discussion, 1:1 or consultation session. Do not ask people to disclose diagnoses or private health information.

☐ What is making it easier to do good work right now?
☐ What is making it harder than it needs to be?
☐ Where are priorities competing or unclear?
☐ What work regularly spills beyond reasonable hours?
☐ Where do you lack authority, information or support?
☐ What behaviour or interactions are making work harder?
☐ What is changing, and what are we not managing well enough?
☐ If we could change one thing in the way work is organised, what would make the biggest difference?

2. Psychosocial risk action planner

HAZARD / EXPOSURE	CONTROL ACTION	OWNER + DATE	HOW WE'LL KNOW

Print this page or copy the table into your own planning document.

3. Manager 1:1 prompts

WORKLOAD	What is taking more time or energy than it should?
PRIORITIES	If everything cannot be done, what should come first?
CONTROL	Where do you need more authority or flexibility?
SUPPORT	What do you need from me that you are not currently getting?
RELATIONSHIPS	Is there any interaction or behaviour making it difficult to do your work safely?
CHANGE	What is changing around you that we need to manage better?
RECOVERY	Are you getting enough opportunity to disconnect and recover?
LEARNING	What have we not understood yet?

4. Before you launch a major change

- ☐ Have we consulted the people affected before the approach is locked?
- ☐ What additional workload does this create while old work is still continuing?
- ☐ Which roles, priorities or decision rights become unclear?
- ☐ What support or capability will managers need to lead the change safely?
- ☐ Which groups will experience the change differently?
- ☐ What signals will tell us the implementation is creating psychosocial risk?
- ☐ When will we review and adjust?

IMPLEMENTATION ROADMAP

A 90-day leadership reset

FIRST 30 DAYS — SEE IT

- Brief leaders on psychosocial hazards and what good risk management looks like.
- Run a simple hazard scan and worker consultation.
- Identify obvious high-risk exposures and immediate controls.
- Confirm escalation pathways and responsibilities.
- Review whether current wellbeing initiatives are being mistaken for risk controls.

DAYS 31–60 — CONTROL IT

- Prioritise 3–5 material hazards rather than launching a giant program.
- Redesign work, roles, workflow or management practices where needed.
- Give leaders the authority and resources required to act.
- Consult workers on proposed controls.
- Build psychosocial risk into change, workload and operational decision-making.

DAYS 61–90 — PROVE IT

- Check whether controls changed the experience of work.
- Review leading indicators and qualitative worker feedback.
- Escalate unresolved system issues.
- Capture what was learned and update normal management practices.
- Report assurance to executives/officers without sanitising bad news.

ONE-PAGE LEADER CHECKLIST

Before you walk away from a psychosocial risk issue…

- ☐ I have identified the work-related hazard, not just the person’s reaction.
- ☐ I have considered duration, frequency, severity and interacting hazards.
- ☐ I have asked the worker/team what they are experiencing.
- ☐ I have made any immediate safety changes that are within my control.
- ☐ I have escalated anything I cannot control locally.
- ☐ I have not relied only on EAP, resilience or individual coping strategies.
- ☐ I have been clear about confidentiality and what happens next.
- ☐ I have documented the agreed workplace actions appropriately.
- ☐ I have set a date to review whether the control actually worked.
- ☐ I have asked whether the issue reveals a broader system pattern.

Good psychosocial risk management is not about making work comfortable all the time. It is about designing and leading work so that people are not exposed to foreseeable, uncontrolled risks to psychological or physical health.

AUSTRALIAN WHS BASIS

Key references

This playbook translates current Australian psychosocial-risk guidance into practical leadership actions. It should be used alongside your jurisdiction's WHS legislation, regulator guidance and organisational procedures.

- **Safe Work Australia — Psychosocial hazards**
  https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/mental-health/psychosocial-hazards
- **Safe Work Australia — Model Code of Practice: Managing psychosocial hazards at work**
  https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-psychosocial-hazards-work
- **Safe Work Australia — Mental health: WHS duties**
  https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/mental-health/whs-duties
- **WorkSafe WA — Psychosocial hazards in the workplace: Code of practice**
  https://www.worksafe.wa.gov.au/publications/code-practice-psychosocial-hazards-workplace
- **WorkSafe WA — Mentally healthy workplaces codes of practice**
  https://www.worksafe.wa.gov.au/mentally-healthy-workplaces-codes-practice

Legal context in plain English

Across the model WHS framework, organisations must eliminate psychosocial risks so far as is reasonably practicable, or minimise them where elimination is not reasonably practicable. Worker consultation is part of the risk-management process. Safe Work Australia's model code does not automatically have legal effect in every jurisdiction, so leaders should check their local regulator. In Western Australia, WorkSafe WA has an approved Psychosocial hazards in the workplace Code of Practice.

This playbook deliberately focuses on leaders' practical role in prevention. It does not replace specialist legal, clinical, HR, WHS, industrial-relations or emergency advice where those are required.

THE LEADERSHIP QUESTION

What is it about the work that we need to change?

SEE THE WORK • HEAR THE SIGNALS • CONTROL THE RISK

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