



Beyond Wellness: Addressing Psychosocial Risks as a Core Occupational Safety and Health Imperative in East African Workplaces

By **Alice Njambi.**

A psychosocial risk strategist, and Founder and CEO of Conscious Works Consult.

She helps organizations make psychosocial risks visible and actionable by building practical systems and organizational capability to prevent harm, identify risks early and respond consistently. She also serves as Chairperson of the Mental Wellness Association of Kenya.

When the pandemic disrupted the world in 2020, work changed almost overnight. Employees faced job uncertainty, bereavement, isolation, increased workloads and blurred boundaries between work and home. In the first year alone, the global prevalence of anxiety and depression increased by 25%, according to the World Health Organization.

COVID-19 did more than intensify mental health challenges. It exposed longstanding workplace vulnerabilities and revealed something deeper: the way work is designed, organized and experienced can protect mental health — or cause harm.

Excessive workloads, unrealistic deadlines, poor leadership support, bullying, role ambiguity and low job control are not simply employee complaints. They are psychosocial hazards. When poorly managed, they can harm both psychological and physical health, undermine safety, reputation, retention and performance. Globally, depression and anxiety cost approximately US\$1 trillion in lost productivity every year.

East Africa is not exempt. In mHub Africa's 2023 State of Mental Health at Work survey, more than eight in ten respondents reported moderate to extreme stress, affecting concentration and productivity. Even this tells us only part of the story. Comprehensive cross-sector data remain limited,

revealing a visibility gap: what organizations do not identify, assess or record remains largely unseen and therefore difficult to manage.

Why the current wellness approach is insufficient:

Consider the contradiction. An employee attends a wellness day, then returns to an excessive workload, conflicting priorities and a manager who humiliates the team.

The organization has provided support, but has it reduced the risk?

Counselling, awareness and resilience training remain important. The problem begins when they become the entire strategy.

This is something I repeatedly see across East African organizations. Many focus on support and then treat it as a complete workplace mental health strategy. Others remain reactive, responding only after a crisis has occurred.

Awareness is not a control for excessive workload. Counselling is not a control for bullying. A policy that nobody trusts or uses is not an effective control. **The intervention must match the hazard.**

The shift being proposed: apply familiar OSH principles

For many decades, the OSH sector focused mainly on physical safety risks: slips, trips and falls, machinery, electrical risks, loud noise and chemical exposure. Psychological health and safety received far less attention.

This shift is increasingly reflected in international

standards. ISO 45003 gives organizations guidance on managing psychosocial risks and builds on ISO 45001. Psychosocial risk management does not require organizations to abandon their existing systems. It requires them to widen what those systems can see: identify hazards early, assess risks, put controls in place and review whether they work.

What East African organizations should do differently:

My advice is simple: assess first. Before jumping into another wellness day or resilience training, ask: What about the way our work is designed, managed and organized could cause harm? Start there.

The assessment should help the organization answer these five questions:

- How do we prevent harm?
- How do we identify psychosocial risk early?
- How do we respond consistently?
- How do we support recovery?
- How do we learn and improve?

These questions show what is working, what is missing and where action is needed. From there, my recommendations are:

- 1. Make psychosocial risks visible — and actionable.** We must stop normalizing psychosocial hazards. Excessive workloads should not be dismissed as commitment, harmful management behaviour as “just how this manager is”, or chronic pressure as “how work is done here”. Until organizations name these conditions for what they are, the risks will remain invisible. **Visibility must lead to assessment, ownership and action.**
- 2. Prevention must come before crisis.** Many organizations remain reactive, responding only after harm has occurred. Prevention means looking at workload, work design, role clarity, job control and leadership behaviour before employees reach crisis point. An organization must fix the work environment, not just support the worker surviving it.
- 3. Build organizational capability.** Move away from fragmented wellbeing activities and build clear ownership, procedures, manager capability, escalation pathways, recovery support and review mechanisms. This is how organizations bridge the gap between strategy and daily execution.
- 4. Embed psychosocial risk into governance and OSH systems.** Psychosocial risks should sit within existing risk registers, OSH processes and leadership reviews. In addition, organizations must measure whether controls are reducing risk, not simply how many people

attended a wellness activity.

- 5. Design simple systems for East African workplace realities.** Workplaces range from multinationals and public institutions to micro-enterprises. With 85.8 per cent of employment across Africa estimated to be informal, tools must be practical, proportionate and adaptable. The scale can differ. **The duty to prevent avoidable harm should not.**

Treating mental health only as a wellbeing issue is no longer sustainable.

Policy makers and regulators must make psychosocial risk more explicit within OSH guidance and workplace assessments. Employers must move it from a HR side-project to organizational governance. OSH practitioners must expand risk assessments beyond physical hazards to examine work design, leadership behaviour, worker voice and psychological safety.

Health and safety can no longer stop at the physical body. If the East African Community is to build competitive, high-performing industries, psychological health and safety must become part of how work is governed.

Protecting East Africa’s workforce is a core OSH imperative — and a foundation for healthier people, healthier work and stronger business.

Sources

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