OFFICE AND ADMINISTRATION

Mental Health Risk Assessment

A practical guide for recognising psychological pressure, preventing harm and agreeing meaningful support.

What this resource is for

Office work can look physically safe while still placing people under sustained psychological pressure. High workloads, constant interruptions, unclear priorities, difficult relationships, sensory demands, rapid change and a culture of always being available can affect concentration, sleep, confidence, emotional regulation and physical health. A mental health risk assessment helps an employer look at the work itself, identify where preventable harm may arise and agree controls before someone reaches crisis point.

This resource is designed for office, administration, reception, customer-service, finance, coordination, HR, call-handling and hybrid roles. It can be used for a whole team, a particular role or an individual where the work presents specific risks. It is not a diagnosis and it should not require a worker to disclose private medical details. The focus is on what in the job may cause harm and what can reasonably be changed.

Important

This is a guided template, not a completed legal assessment. It must be adapted to the real workplace, tasks, people and existing controls. In the UK, employers have a legal duty to protect workers from work-related stress by assessing the risk and acting on it. Where an organisation has five or more workers, significant findings should be recorded.

A good assessment is collaborative. Speak with the person or team, listen without judgement, record agreed actions, give each action an owner and review whether the change has actually reduced the risk. A document alone does not protect anyone; the follow-through does.

Use this resource when:
a role is changing; workload or absence has increased; someone reports stress or overwhelm; patterns of sickness, conflict, errors or withdrawal appear; reasonable adjustments are being considered; or a regular review is due.

A simple, person-centred process

1. Define the work. Record the role, normal tasks, work location, hours, busy periods, staffing levels, systems used and recent changes. Include hybrid or home-working arrangements rather than assessing only the main office.

2. Ask what could cause harm. Look beyond whether somebody appears to be coping. Consider the demands of the role, how much control the person has, the support available, workplace relationships, whether the role is understood and how change is managed.

3. Identify who may be affected and how. The same pressure can affect people differently. Consider new starters, lone workers, disabled and neurodivergent workers, people returning after illness or bereavement, carers, apprentices, temporary staff, managers and anyone exposed to aggression or traumatic information.

4. Record current controls. Be specific. “Support is available” is not enough. State who provides it, how it is accessed, how quickly a response is expected and whether workers feel safe using it.

5. Rate the remaining risk. Use likelihood and impact as a prompt for priorities, not as a substitute for judgement. A low-frequency risk can still need urgent action if the possible harm is serious.

6. Agree further action. Prefer changes to workload, systems, staffing, deadlines, communication and work design. Wellbeing apps or resilience training may complement these controls but should not replace them.

7. Review. Set a date and review earlier after a significant change, an incident, a period of sickness absence, a failed adjustment, a complaint or evidence that the controls are not working.

Risk rating guide

Likelihood	1 - Unlikely	2 - Possible	3 - Likely
Impact	1 - Short-lived strain	2 - Significant distress or impaired functioning	3 - Serious or sustained harm

Score = likelihood x impact. 1-2: monitor; 3-4: action needed; 6-9: prompt or urgent action. Always use professional judgement and escalate immediate safety concerns without waiting for a scheduled review.

Privacy and dignity

Record only what is necessary. Keep individual assessments confidential and share them only with people who need the information to put support in place. Ask the worker how adjustments should be communicated to colleagues. Avoid language that blames the person, such as “not resilient enough”; describe the work factor and its effect instead.

Core mental health risks in office and administration work

Risk area	What it may look like	Possible controls
Demands and workload	Unrealistic volumes, conflicting priorities, repeated urgent requests, understaffing, emotionally demanding calls, excessive monitoring or little recovery time.	Workload data; priority-setting; protected breaks; realistic deadlines; cover during absence; limits on overtime; task rotation.
Control and autonomy	Little choice over pace, methods, breaks, environment or how competing tasks are handled.	Agree decision boundaries; allow sequencing choices; flexible breaks; involve workers in workflow and system design.
Support	Inaccessible managers, delayed decisions, poor induction, inadequate supervision or workers being left alone with difficult situations.	Named contact; regular one-to-ones; clear escalation route; training; buddying; debrief after difficult incidents.
Relationships	Bullying, harassment, exclusion, micro-inequities, incivility, conflict, discrimination or aggressive customers.	Behaviour standards; safe reporting routes; prompt investigation; anti-retaliation; conflict support; customer-abuse procedure.
Role clarity	Unclear responsibilities, contradictory instructions, responsibility without authority or frequent task drift.	Current job description; written priorities; clear ownership; handover process; route for resolving conflicting instructions.
Change	Poorly explained restructuring, technology changes, office moves, redundancy fears or sudden rota changes.	Early communication; consultation; accessible training; transition time; individual impact review; regular updates.

The six headings above reflect the HSE Management Standards approach: demands, control, support, relationships, role and change. The assessment should also capture risks particularly common in modern office work, including digital overload, isolation, sensory strain and blurred boundaries.

Additional risks that are easy to miss

Digital overload and interruption

High volumes of email, chat alerts, calls and multiple systems can fragment attention and create a sense that nothing is ever complete. Agree communication channels, response expectations, focus time and notification boundaries.

Surveillance and performance monitoring

Call-time targets, keystroke monitoring, dashboards and public rankings may increase anxiety or discourage workers from taking necessary breaks. Monitoring should be proportionate, transparent and interpreted with context.

Customer distress or aggression

Reception, complaints, debt, safeguarding and call-handling roles may involve hostility, threats or repeated exposure to distressing accounts. Provide scripts, permission to end abusive contact, rapid escalation, debriefing and recovery time.

Isolation and hybrid work

Remote workers can miss informal support and may work longer because home and work boundaries merge. Agree contact rhythms, workload visibility, out-of-hours limits and ways to ask for help privately.

Sensory environment

Open-plan noise, phones, fluorescent lighting, smells, heat, movement and unpredictable interruptions can create fatigue, pain or shutdown, particularly for neurodivergent workers. Consider quieter space, headphones, lighting changes, predictable seating and home-working options.

Executive-function load

Rapid switching, vague requests, memory-heavy processes and unstructured multi-tasking can create avoidable difficulty for workers with ADHD, autism, dyslexia, dyspraxia or cognitive fatigue. Use written instructions, clear deadlines, task boards, templates, reminders and fewer simultaneous priorities.

Masking and emotional labour

Workers may hide distress, suppress natural communication or perform constant friendliness to appear professional. This can make risk invisible. Build psychologically safe check-ins and allow direct, authentic communication.

Personal circumstances intersecting with work

Disability, menopause, pregnancy, bereavement, caring, financial strain, trauma or medication effects may change how work demands are experienced. Discuss work impact and adjustments without pressing for unnecessary personal detail.

Reasonable and practical controls

Effective controls change the conditions creating the risk. The right combination depends on the person, the role and operational needs. Adjustments should be specific, recorded, communicated appropriately and reviewed.

Workload and pace

Reduce or redistribute duties; identify the top priorities in writing; pause non-essential work; extend deadlines; provide cover; limit concurrent projects; schedule recovery after peak periods; protect breaks; and stop routine out-of-hours contact.

Communication and clarity

Use written follow-up after meetings; give one clear point of contact; state what “urgent” means; break tasks into stages; confirm ownership; provide advance notice of change; offer agendas; and allow processing time before decisions where practicable.

Environment and sensory needs

Offer quieter seating or a private room, predictable desk allocation, noise-reducing equipment, adjusted lighting, temperature options, fewer unplanned interruptions and agreed home-working where suitable. Do not assume every person has the same sensory profile.

Hours, breaks and flexibility

Consider adjusted start or finish times, phased returns, shorter meetings, additional brief breaks, protected lunch periods, reduced travel, predictable rotas and temporary changes during treatment, recovery or difficult life events.

Support and relationships

Schedule regular supportive check-ins; name an alternative contact if the manager is part of the concern; provide supervision and debriefing; address bullying or exclusion directly; clarify how to report unacceptable behaviour; and ensure that asking for help does not disadvantage the worker.

Tools and job design

Provide templates, checklists, workflow boards, assistive technology, training, protected learning time and clear handovers. Remove duplicative reporting and unnecessary meetings. Where possible, match tasks to strengths while retaining fair access to development.

What not to rely on

Telling someone to be more resilient, directing them to an employee assistance line, suggesting mindfulness or asking them to manage their time better does not control excessive workload, bullying, poor systems or unclear leadership. Individual wellbeing support can be valuable, but it should sit alongside changes to the source of harm.

Mental health risk assessment - workplace details

Organisation / team	
Role or activity assessed	
Work location(s)	
People who may be affected	
Assessment completed by	
Worker / team consulted	
Date completed	
Planned review date	
Reason for assessment	Routine / role change / reported concern / return to work / incident / other

Current picture

Describe the normal workload, staffing, working pattern, busiest periods, recent changes, hybrid arrangements, emotionally demanding tasks and any known concerns. Record facts and the worker or team perspective.

Immediate concerns

Is anyone at immediate risk, unable to work safely, experiencing threats or harassment, or needing urgent professional help? If yes, follow the organisation’s emergency, safeguarding or crisis procedure now and record only the necessary action.

Assessment record - work design

For each relevant risk, describe the actual work situation. Avoid generic statements. Add further rows if needed.

Risk / work factor	Who may be affected and how?	Current controls	L	I	Score
Demands, volume, pace and deadlines					
Control and autonomy					
Management and colleague support					
Relationships, bullying, harassment or customer aggression					
Role clarity and conflicting priorities					
Organisational or technology change					

Assessment record - working experience

For each relevant risk, describe the actual work situation. Avoid generic statements. Add further rows if needed.

Risk / work factor	Who may be affected and how?	Current controls	L	I	Score
Digital overload, interruptions or monitoring					
Hybrid work, isolation or blurred boundaries					
Sensory environment					
Neurodivergent or executive-function barriers					
Emotional labour, masking or distressing material					
Hours, breaks, overtime or recovery time					

Action plan

Actions should be specific enough that everyone knows what will change. Record an owner and deadline. After implementation, speak with the affected person or team and re-rate the risk.

Further action required	Owner	Due date	Progress / evidence	New score

Agreed review arrangements

How will the worker or team know the controls are working? What indicators will be reviewed - workload, errors, absence, hours, complaints, check-in feedback or another measure? Who will arrange the review?

Having a safe and useful conversation

A person may worry that speaking honestly will affect their job, reputation or progression. Begin by explaining why the conversation is happening, how information will be used and what confidentiality can realistically be offered. Do not promise secrecy if there is an immediate safety or safeguarding concern.

Helpful questions

• Which parts of the job currently create the most pressure?

• When does the pressure become hardest to manage?

• What signs tell you that the situation is becoming unsafe or unsustainable?

• What is already helping, even a little?

• Which changes to tasks, communication, environment, hours or support would make the greatest difference?

• Are there barriers to asking for help or using the support available?

• What should we agree today, and when should we check whether it has worked?

Language that supports dignity

Use: “The current volume and competing deadlines are creating a risk of sustained stress.” Avoid: “The worker cannot cope with pressure.” Use: “Unplanned interruptions are making it difficult to complete accuracy-critical tasks.” Avoid: “The worker is too easily distracted.” The wording matters because it determines whether the action targets the work or blames the person.

If someone becomes distressed

Pause the assessment. Ask what they need in that moment and whether they feel safe. Offer a quiet space or a trusted contact, follow workplace procedures and seek emergency help where there is an immediate danger. The assessor should not attempt to diagnose or provide therapy. After the immediate situation has been supported, agree how and when the work risks will be reviewed.

Review checklist and UK guidance

A review should ask whether actions were completed, whether they reduced exposure to the risk and whether new pressures have appeared. A control that exists on paper but is inaccessible, inconsistently applied or unsafe to request is not an effective control.

Review checklist

■ The worker or team has been asked whether the controls help.

■ Actions have named owners and overdue items have been escalated.

■ Workload and staffing have been reviewed using real evidence.

■ Temporary adjustments have an agreed review date rather than ending without discussion.

■ Managers know what they are expected to do.

■ The assessment reflects hybrid, home and office work.

■ Any bullying, harassment, discrimination or customer aggression has been addressed through the correct process.

■ Confidential information is stored and shared appropriately.

■ The residual risk has been re-rated and the next review date set.

Authoritative guidance

Health and Safety Executive - managing risks and risk assessment at work
www.hse.gov.uk/simple-health-safety/risk/

Health and Safety Executive - work-related stress and how to manage it
www.hse.gov.uk/stress/risk-assessment.htm

Health and Safety Executive - Management Standards
www.hse.gov.uk/stress/standards/

Acas - reasonable adjustments for mental health
www.acas.org.uk/reasonable-adjustments-for-mental-health

Guidance and law can change. Check the current source and obtain competent HR, occupational health, health-and-safety or legal advice for complex situations. This resource supports structured thinking; it does not replace professional advice or an employer's own procedures.

A message from Space to Breathe Therapy
Mental health risk assessment is not about proving that somebody is fragile. It is about recognising that work is designed by people and can be redesigned when it is causing harm. Listening early, making expectations clear and following through on agreed changes can prevent distress from becoming a crisis.