Return to WorkSA

Mentally Healthy Workplaces

Health and Safety Representative training

Facilitator guide

Return to *work.*
Return to *life.*

June 2026

Public

Government of South Australia

Introduction

Welcome to the Facilitator Guide for delivering and supporting ReturnToWorkSA's *Mentally Healthy Workplaces* training video for Health and Safety Representatives (HSRs).

The video is designed to introduce HSRs to mentally healthy workplaces and psychosocial hazards and risks.

To maximise participant engagement and learning, this session is intended to be interactive.

This facilitator guide has been developed to support that approach by providing guidance on when to pause the video, facilitate discussions, and use conversation prompts.

The participant handbook complements this guide and includes activities and sections for participants to complete throughout the session.

Encourage participants to share their thoughts and experiences where they feel comfortable. However, it is important to remind them to respect their own privacy and that of others by avoiding overly specific details about their workplace or individual colleagues.

There is an optional activity on page 12 if you would like to spend time examining individual hazards.

At the end of the session, step-by-step instructions are provided to facilitate a case study activity. This allows participants to practically apply the knowledge and skills gained from the video.

If you have any queries in relation to the video or the facilitator guide, please contact the Mentally Healthy Workplaces Service via **mentallyhealthy@rtwsa.com** or call us on **(08) 8233 2310.**

Before you get started with this session:

- Select the most relevant case study to use with your group (see page 29 onwards for all case studies
- Ensure you have access to the internet and the SafeWork SA psychosocial resources, particularly:
    - Psychosocial hazards | SafeWork SA https://www.safework.sa.gov.au/workplaces/psychosocial-hazards
    - Four steps to managing psychosocial hazards and risks | SafeWork SA https://www.safework.sa.gov.au/workplaces/psychosocial-hazards/four-steps-to-managing-psychosocial-hazards-and-risks
- Provide each participant with a participant handbook and encourage them to complete it throughout the session.

Step 1. Play the video until the first 'pause' at 2:21

▶ Video: 1:36

Source:

Lifeline https://www.lifeline.org.au/

13 YARN https://www.13yarn.org.au/

Beyond Blue https://www.beyondblue.org.au/

▶ **Video: 2:21**

Pause for exercise

In the video, the presenter will ask the question **"Let's take a moment here to pause and discuss, what comes to mind when you hear the term mental health?"**

Pause the video to allow participants to discuss the question. Depending on the size of the group, you might instruct participants to do this on their own, or in pairs/small groups. Participants can record their responses in their handbook on page 4.

Encourage the broader group to share their responses to the question.

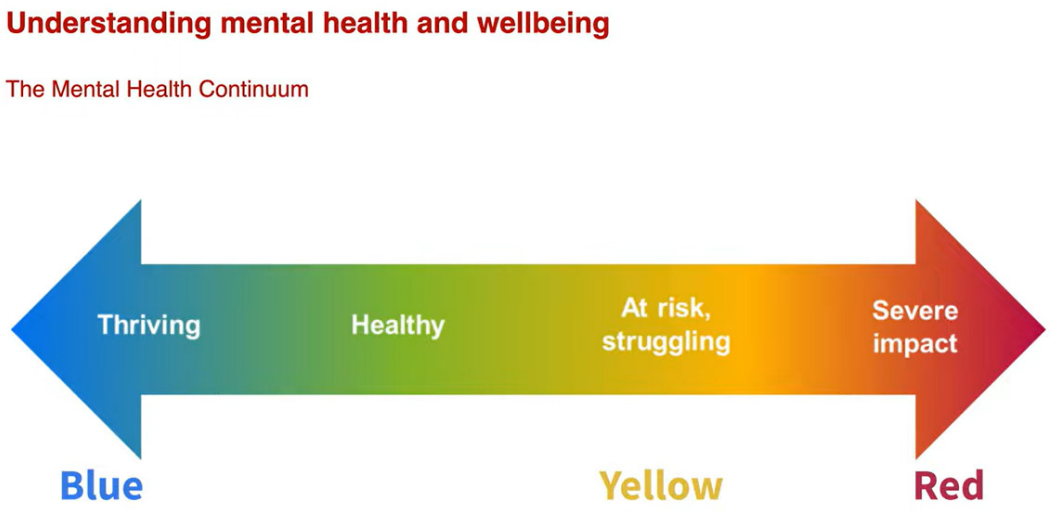
Approximate time for activity: **5 minutes.**

Step 3. Restart video. Play until next pause at 7:05

▶ Video - 2:38

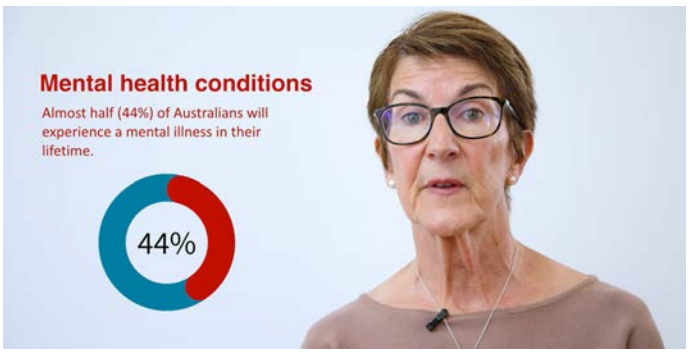
Source: World Health Organisation: https://www.who.int/health-topics/mental-health#tab=tab_1

▶ Video: 3:49



Source: Beyond Blue: https://www.beyondblue.org.au/

▶ Video - 5:16



Source: Mindframe https://mindframe.org.au/mental-health/data-statistics

▶ Video - 6:26

A mentally healthy workplace...

"actively minimises risks to mental health, promotes positive mental health and wellbeing, is free from stigma and discrimination and supports the recovery of employees with mental health conditions"

Source: Research paper by LaMontagne, A., Martin, A., Page, K., Reavley, N., Noblet, A., Milner, A., Keegel, T., & Smith, P. (2014). *Workplace mental health: Developing an integrated intervention approach.* BMC Psychiatry, 14, 131.

Step 4. Pause for discussion at 7:05

▶ Video: 7:05

Pause for exercise

In the video the presenter will ask the question **"Why is it important that your workplace has a focus on creating a mentally healthy workplace?"**

Pause the video to allow participants to discuss the question.

Depending on the size of the group, you might instruct participants to do this on their own, or in pairs/small groups.

Participants can record their responses in their handbook on page 7.

If time permits, encourage the broader group to share their responses to the question.

Approximate time for activity: **5 - 7 minutes.**

Step 5. Restart video. Play until next pause at 15:04

▶ Video - 7:22

Why do we need mentally healthy workplaces?

1. It's the right thing to do – providing a safe, fair and inclusive workplace.
2. Assists in meeting legal requirements.
3. It creates a great work environment - attraction and retention of staff.
4. Improved quality of service, care, and customer satisfaction.
5. It makes good business sense.

▶ Video - 8:26

Key Pillars of a Mentally Healthy Workplace

Protect

Identify and manage work-related risks to mental health

Respond

Support people experiencing mental ill-health or distress

Promote

Recognise and enhance the positive aspects of work that contribute to good mental health

Source: Mental Health Commission Blueprint for Mentally Healthy Workplaces https://www.mentalhealthcommission.gov.au/projects/mentally-healthy-work/national-workplace-initiative/blueprint-mentally-healthy-workplaces

Employee Assistance Program (EAP)

Under the Respond pillar, workplaces can take action by actively promoting their Employee Assistance Program (EAP), where available.

An EAP is an employer-funded, confidential support service that is free for workers, and is often extended to immediate family members.

EAPs encourage workers to seek support early, helping to address concerns before they become overwhelming or escalate. These services can be accessed for both work-related and personal issues, supporting overall wellbeing and reducing the impact of challenges on work and life.

Source: Employee Assistance Programs https://www.rtwsa.com/insurance/injury-prevention/employee-assistance-programs

Getting the most out of your EAP

Many businesses are choosing to offer Employee Assistance Programs (EAP) as part of their wellbeing initiatives.

Ensuring these programs are meeting the needs of workers and the business is critical to its use, effectiveness and return on investment.

In this short 8 minute video, explore the services typically offered within Employee Assistance Programs, choosing the right provider and strategies to increase use and evaluate your EAP to ensure you are getting the most out of the program.

▶ Video - 10:41

Protect

A **psychosocial hazard** is a hazard that may cause psychological harm, whether or not it may also cause physical harm.

55A to 55D of the WHS Regulations provide clarity to workplaces on their **legal obligations** related to employees' psychological work health and safety.

This involves taking reasonably practicable steps to identify and manage **psychosocial hazards.**

The South Australian Code of Practice "*Managing psychosocial hazards at work*" provides practical guidance.

▶ Video - 11:41

Risk management approach

Step 1: Identify the hazards
Step 2: Assess the risks
Step 3: Control the risks
Step 4: Review

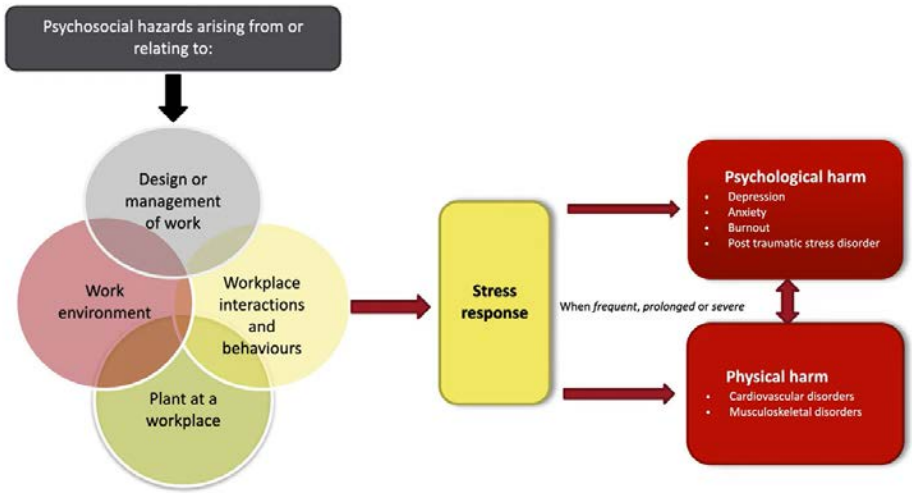
Do this in consultation with workers and their representatives

A PCBU **must consult,** so far as is reasonably practicable, with workers who carry out work for the business or undertaking and who are (or likely to be) directly affected by a WHS matter.

All consultation MUST include any HSRs representing workers.

Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026, https://safework.sa.gov.au/__data/assets/pdf_file/0020/1238123/Managing-Psychosocial-Hazards-at-Work-Code-of-Practice-February-2026.pdf

▶ Video - 12:57



Source: Safe Work SA website https://www.safework.sa.gov.au/workplaces/psychosocial-hazards/what-are-psychosocial-hazards

▶ Video - 14:05

Source: Safe Work SA website https://www.safework.sa.gov.au/workplaces/psychosocial-hazards/what-are-psychosocial-hazards

Optional activity – Match the hazard to its definition

Go to Appendix A on page 19 of participant handbook
Go to Appendix A on page 26 of the facilitator's guide for instructions

Step 6. Pause for discussion at 15:04

▶ **Video: 15:04**

Pause for exercise

In the video the presenter will ask the question **"What are the most common psychosocial hazards in your workplace?"**

Pause the video. Allow a few minutes for participants to reflect on their own workplace and workgroup and record in their handbook (page 12) some common psychosocial hazards and risks, and how they may interact or combine.

Bring the larger group together to discuss.

Approximate time for activity: **5 - 10 minutes.**

List of common psychosocial hazards and definitions

(Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026)

Hazard	Descriptions
Job demands	Intense or sustained high mental, physical or emotional effort required to do the job. Repetitive work. Unreasonable or excessive time pressures or role overload. High individual reputational, legal, career, safety or financial risk if mistakes occur. High vigilance required, limited margin of error and inadequate systems to prevent individual error. Shifts / work hours that do not allow adequate time for sleep and recovery, causing fatigue. Sustained low levels of physical, mental or emotional effort is required to do the job. Long idle periods while high workloads are present, for example where workers need to wait for equipment or other workers. *Examples: time pressure, role overload, unachievable deadlines, high vigilance, challenging work hours or shift work, unrealistic expectations to be responsible outside of work hours.*
Fatigue	Fatigue is a state of physical, mental or emotional impairment. Fatigue can develop over the short or long term, can prevent people from functioning safely and can have health effects. In a work context, fatigue is more than feeling sleepy, tired and drowsy. It is a state of impairment which can be: • **physical** – impacting physical abilities like coordination and strength • **mental** – impacting mental and cognitive abilities like decision making and concentration • **emotional** – impacting abilities to engage emotionally or regulate emotions, or a combination of any of the above. Fatigue can be caused by a range of hazards broadly grouped as: • **Work hours and shift design** – this includes working long hours, working during some or all of the natural time for sleep or not allowing sufficient opportunity for sleep or rest. • **Tasks, equipment or environments** – this includes an imbalance between the demands of a worker's job, and the personal and work resources available to support them to manage these demands. • **Individual** – workers' levels of fatigue tolerance and vulnerability will differ, influenced by factors such as age, general health status, sleep disorders, and natural sleep-wake preferences (e.g. being a 'morning' or 'evening' person). *Examples: jobs where there are high cognitive demands (such as sustained concentration or extended work hours); lack of recovery periods between shifts; roster cycle or shift length; environmental stressors at work (e.g. light, noise, climate, vibration); and design, quality and management practices for accommodation facilities that compromise the amount and quality of sleep and rest.*
Job insecurity	Employment where workers lack the assurance that their job will remain stable from day to day, week to week, or year to year. Workers are engaged in insecure, precarious, and contingent work arrangements such as fixed-termed contracts, seasonal, casual, freelance and gig work. *Examples: jobs where there is little or no job security, little or no entitlements or benefits (e.g. sick leave, pay rates), low levels of control or need to work multiple jobs.*

List of common psychosocial hazards and definitions

(Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026)

Hazard	Descriptions
Low job control	Workers have little control over aspects of the work including how or when the job is done. Workers have limited ability to adapt the way they work to changing or new situations. Workers have limited ability to adopt efficiencies in their work. Tightly scripted or machine / computer paced work. Prescriptive processes which do not allow workers to apply their skills and judgement. Levels of autonomy not matched to workers' abilities. *Examples: requiring permission before progressing routine tasks; excessive monitoring of work tasks and / or breaks; unpredictable working hours; little or no involvement or input into decisions that affect workers; insecure or precarious work, or work that involves uncertainty over the length of the job such as causal, labour hire or rolling fixed-term contract work.*
Poor support	Tasks or jobs where workers have inadequate support including practical assistance and emotional support from managers and colleagues, or inadequate training, tools and resources for a task. Lack of emotional and practical support during workplace changes *Examples: inadequate emotional, functional and administrative support from managers, poorly maintained or inadequate access to equipment / tools or supervisory support, lack of functional or adequate IT systems, limited opportunities to engage with co-workers during the work shift.*
Lack of role clarity	Uncertainty, frequent changes, conflicting roles or ambiguous responsibilities and expectations. *Examples: a worker being told one task is a priority but another manager disagrees; a worker being given multiple priority tasks from different managers; a worker being given conflicting information about work standards and performance expectations.*
Poor organisational change management	Insufficient consultation, consideration of new hazards or performance impacts when planning for, and implementing, change. Lack of emotional and practical support during workplace changes Insufficient support, information or training during change. Not communicating key information to workers during periods of change *Examples: not consulting workers on changes in the workplace that affect them (e.g. not communicating with workers about the change or genuinely considering their views), lack of practical support for workers during implementation of workplace changes.*

List of common psychosocial hazards and definitions

(Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026)

Hazard	Descriptions
Traumatic events or material	Exposure to events that pose an immediate risk to the health or safety of people or animals. Exposure to natural disasters, or seriously injured or deceased persons or animals. Reading, hearing or seeing accounts of traumatic adverse or distressing events, abuse or neglect. Supporting victims or investigating traumatic events, abuse or neglect. Witnessing, investigating or being exposed to traumatic events or material. A person is more likely to experience an event as traumatic when it is unexpected, is perceived as uncontrollable or is the result of intentional cruelty. This includes vicarious exposure and cumulative trauma exposure. *Examples: witnessing or investigating fatalities, serious injuries, abuse, neglect or serious incidents (e.g. investigating child protection cases); being exposed to extreme effects of natural disasters or seriously injured people.*
Intrusive surveillance	Excessive surveillance or monitoring methods / tools to monitor and collect information about workers at work. *Examples: unreasonable level of supervision, micromanagement that involves excessive control and monitoring, tracking of when and how much a worker is working, tracking calls made and movements made by the workers (using CCV and trackable devices), the use of keyboard activity trackers, technology that allows the PCBU to remote access and take screenshots of a workers' computer, GPS monitoring of worker's movement in company vehicles for the purpose of work performance monitoring, as opposed to other reasons such as safety considerations.* *Typical monitoring is in the form of tracking voice/digital communications, tracking movements via CCTV, trackable devices and GPS monitoring in company vehicles.* *Note: surveillance of workers while at work may be appropriate for the purposes of:* • *monitoring workers' geographical location or movement to control risks associated with remote or isolated work; and* • *managing physical and or/IT security risks in a workplace.*
Poor physical environment	Exposure to unpleasant or hazardous working environments. *Examples: work environments that involve poor air quality, poor lighting high or nuisance noise levels, extreme temperatures, exposure to vibration, hazardous substances or uncontrolled biological hazards (e.g. blood or bodily fluids or infectious pathogens). Other examples can include inadequate break facilities, limited access to healthy food options or facilities to store and heat healthy foods and accommodation that does not allow for sleep and recovery (e.g appropriate temperature for sleep and light blocked out for night shift workers sleeping during daylight hours).*

List of common psychosocial hazards and definitions

(Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026)

Hazard	Descriptions
Violence and aggression	Violence, physical assault, threats of violence or aggressive behaviour in a workplace. These behaviours may be: • single occurrence or repeated behaviours over time • instigated by other workers (including workers of other workplaces), customers, patients, clients, or other people in a workplace. *Examples: biting, spitting, kicking, throwing objects, using or threatening to use a weapon, verbal abuse and threats, aggressive behaviour such as yelling, or physical intimidation.*
Bullying	Repeated unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. These behaviours may be instigated by other workers, (including workers of other workplaces), customers, patients, clients, or other people in a workplace. *Examples: repeated incidents of: practical jokes or initiation, spreading misinformation or malicious rumours, belittling or humiliating comments, being verbally denigrated or threatened, withholding information or resources that workers require to perform their work, undermining, or interfering with another worker's work, or persistent exclusion from work-related activities.*
Harassment including sexual harassment	Harassment due to personal characteristics such as age, disability, race, nationality, religion, political affiliation, sex, relationship status, family or carer responsibilities, sexual orientation, gender identity or intersex status. Sexual harassment - any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature, in circumstances where a reasonable person, having regard to all the circumstances, would anticipate the possibility that the person harassed would be offended, humiliated or intimidated. These behaviours may be: - single occurrences or repeated behaviours over time - instigated by other workers (including workers of other workplaces), customers, patients, clients, or other people in a workplace. *Examples: telling insulting jokes about particular racial groups; making derogatory comments or taunts about someone's disability; asking intrusive questions about a person's body; staring, leering or unwelcome touching; sexual or suggestive comments, jokes or innuendo; unnecessary familiarity, such as deliberately brushing up against a person.*
Poor organisational justice	Inconsistent, unfair, discriminatory or inequitable management decisions and application of policies, including poor procedural justice (procedural fairness). Not keeping relevant people informed of decisions made (informational fairness). Failure to treat everyone with respect and dignity (interpersonal fairness). *Example: inconsistent, unfair, discriminatory or inequitable decisions and application of policies or procedures, poor conduct and performance being ignored or ineffectively handled by management.*

List of common psychosocial hazards and definitions

(Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026)

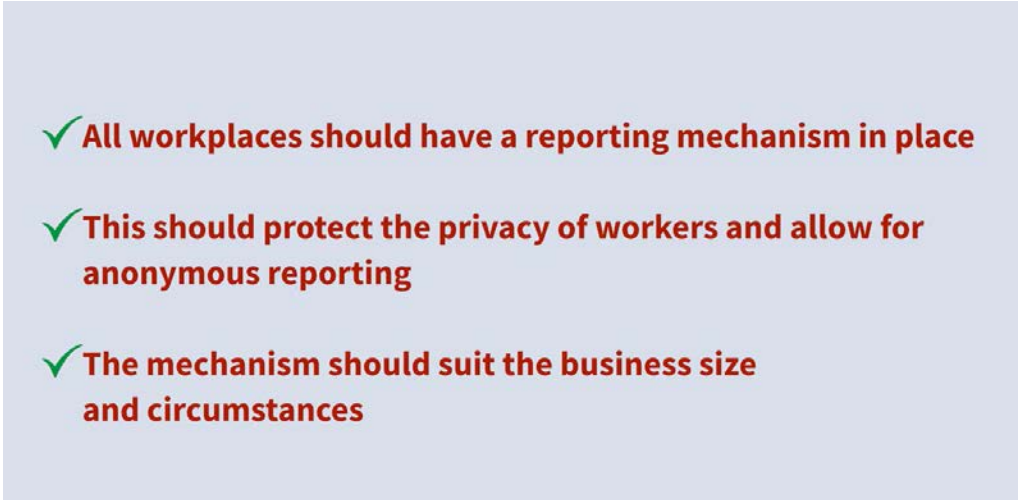
Hazard	Descriptions
Conflict or poor workplace relationships and interactions	Poor workplace relationships or interpersonal conflict between or from other businesses, clients or customers, people in a workplace that do not fit the definitions of other harmful workplace behaviours. These behaviours may be instigated by other workers (including workers of other workplaces), customers, patients, clients, or other people in a workplace. *Examples: frequent disagreements, disparaging or rude comments, unreasonably excluding a worker from work-related activities, discriminating against another worker due to their characteristics, unresolved and excessive conflict regarding work tasks, processes, customers, interpersonal issues; treating some workers less favourably than others because of their background or personal characteristics.*
Inadequate reward and recognition	Jobs with low positive feedback or imbalances between effort and recognition. High level of unconstructive negative feedback from managers or customers. Low skills development opportunity or underused skills. *Examples: not being recognised for extra effort or commitment, no reasonable opportunities for career development.* *Underutilisation of skills.*
Remote or isolated work	Working in locations with long travel times, or where access to help, resources or communications is difficult or limited. *Examples: night shift operators, workers who spend a lot of time travelling (e.g. driving); workers working alone from home or socially isolated away from home over protracted periods of time.*

Step 6. Restart video. Play until next pause at 18:32

▶ Video - 15:58

Source: Safe Work Australia *What psychosocial hazards sound like* https://www.safeworkaustralia.gov.au/doc/what-psychosocial-hazards-sound

▶ Video - 16:29



▶ Video - 17:37

1. What are the sources of work-related stress for workers?
2. What is the frequency and duration of workers exposure?
3. Are work-related stressors intense, acute or high impact?
4. Are workers exposed to multiple work-related stressors at the same time?
5. And what's the actual or potential impact on workers psychological and physical health and safety?

Sources:

SafeWork SA https://www.safework.sa.gov.au/workplaces/psychosocial-hazards/four-steps-to-managing-psychosocial-hazards-and-risks

SafeWork SA HSR Assist Psychosocial Hazards Factsheet
https://www.safework.sa.gov.au/workers/hsr-hub/hsr-assist

Step 8. Pause at 18:32 to show participants SafeWork SA website Risk Assessment page.

▶ Video - 18:32

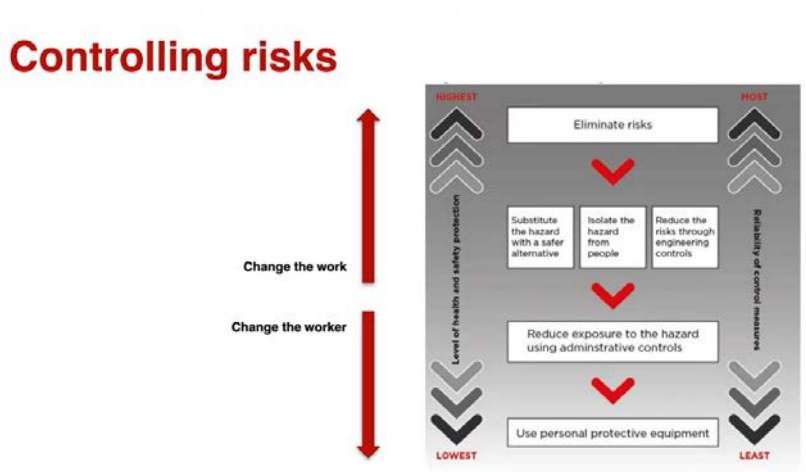
Pause here to view the SafeWork SA website and risk assessment step

In the video, the presenter will state **"Depending on the size of your organisation, your industry, and the range of hazards encountered in the workplace, the SafeWork SA website provides some examples of hazard identification and risk assessment tools. There is also information on the HSR hub."**

Pause the video and bring up this SafeWork SA webpage: Four steps to managing psychosocial hazards and risks | SafeWork SA.
Scroll down and click on **Step 2: Assessing the risks to worker's health and safety** where you will find some examples of different risk assessment tools that workplaces can use, depending on the needs and size of the workplace.

Step 9. Restart video. Allow video to play until completion

▶ Video - 18:40



When deciding what control measures to use, a PCBU **must** have regard to all relevant matters and utilise the hierarchy of controls.

Eliminating risks is the most effective control measure and **must** always be considered before anything else. The hierarchy of controls **must** be followed if it is not reasonably practicable to eliminate psychosocial risk.

Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026
https://safework.sa.gov.au/__data/assets/pdf_file/0020/1238123/Managing-Psychosocial-Hazards-at-Work-Code-of-Practice-February-2026.pdf

▶ Video - 19:46

Review

Reviewing control measures should be done regularly, but also when...

- ✓ Implemented control measure is not eliminating or minimising risks.
- ✓ Before a workplace change occurs that may give rise to a new or different risk.
- ✓ A new hazard or risk is identified.
- ✓ Consultation indicates a review is necessary.
- ✓ A HSR requests a review.

An HSR can request a review if they reasonably believe that one of the listed circumstances above has occurred, and it has not already been adequately reviewed

▶ Video - 20:50

Further information

ReturnToWorkSA
www.rtwsa.com

SafeWork SA
www.safework.sa.gov.au

Mentally Healthy Workplaces Service
Phone: (08) 8233 2310
Email: mentallyhealthy@rtwsa.com

Step 10. Video completed.

Step 11. Direct participants to resources in the Participant Handbook, on pages 17 &18

You may like to highlight resources of interest to the group. Resources are listed on the next page of this facilitators guide.

Step 12. Case study activity - Following completion of the video there is an opportunity for the facilitator to work through a case study with participants.

There are 6 case studies to choose from. Choose one that best suits the group.

Case study 1: Medium size construction company

Case study 2: Emergency department in a public hospital

Case study 3: Small retail store

Case study 4: Private health care and social assistance organisation

Case study 5: First responder paramedic

Case study 6: Medium size manufacturing company

See Appendix B (page 29) for instructions and details of each case study.

ReturnToWorkSA

Resources from the South Australian work injury insurance regulator about creating mentally healthy workplaces and psychosocial hazards and risks.

Mentally Healthy Workplaces Service
https://www.rtwsa.com/insurance/injury-prevention/mentally-healthy-workplaces

Preventing Psychological Harm
https://www.rtwsa.com/insurance/injury-prevention/preventing-psychological-harm

Skill building workshops and webinars – subscribe to receive notifications
https://www.rtwsa.com/insurance/return-to-work-coordinators/skill-building-workshops-and-webinars

Free skill-paced learning courses

SafeWork SA

Resources from the SA WHS Regulator about managing psychosocial hazards and risks.

Psychosocial Hazards
https://www.safework.sa.gov.au/workplaces/psychosocial-hazards

Advisory Service
https://www.safework.sa.gov.au/about-us/advisory-service

Health and Safety Representative Hub
https://www.safework.sa.gov.au/workers/hsr-hub

For information on how to notify SafeWork SA or to raise a safety concern
https://www.safework.sa.gov.au/notify/report-a-workplace-concern#Psychosocial-Hazards

Safe Work Australia

Resources from the WHS National policy body about managing psychosocial hazards and risks

Psychosocial Hazards
https://www.safeworkaustralia.gov.au/safety-topic/managing-health-and-safety/mental-health/psychosocial-hazards

Infographic: Managing psychosocial hazards and risks
https://www.safeworkaustralia.gov.au/doc/infographic-managing-psychosocial-hazards-work

Infographic: What psychosocial hazards sound like
https://www.safeworkaustralia.gov.au/doc/what-psychosocial-hazards-sound

Principles of Good Work Design:
https://www.safeworkaustralia.gov.au/system/files/documents/1702/good-work-design-handbook.pdf

Mind Your Head

https://www.mindyourhead.org.au/
An initiative by the Australian Council of Trade Unions which provides tools and resources to help improve workplace mental health and prevent injury.

Centre for Transformative Work Design

https://www.transformativeworkdesign.com/smart-work
Resources to help workplaces improve job design, including SMART Work Design Model.

Medicare Mental Health

https://www.medicarementalhealth.gov.au/
The website provides easy access to Medicare Mental Health initiatives, as well as other trusted mental health providers and their services, information and support.

WellMob

https://wellmob.org.au/
Social, emotional and cultural wellbeing online resources for Aboriginal and Torres Strait Islander People.

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Instructions for the facilitator

The facilitator may choose to run this exercise during the **Mentally Healthy Workplaces Training Video session**, or allocate another time during the course to complete it.

The purpose of this exercise is to help HSRs develop a better understanding of psychosocial hazards and how to define them. Participants are required to match each psychosocial hazard with the correct definition by writing the corresponding alphabetical letter next to each definition.

The definitions are based on the **SA Code of Practice: Managing Psychosocial Hazards at Work** (see pages 19–23 of the Code).

It is recommended that participants work in groups of **2–3** people to complete the exercise. Once finished, the facilitator will review the answers with the whole group.

After completing the exercise, ask participants if there were any hazards that were more difficult to define.
Remind the group that these are **official definitions**, and workers in their workplace may use different language to describe psychosocial hazards. For example, someone might say they are "feeling burnt out from the amount of work piling up which just seems never-ending."

Hazard list (alphabetical reference)

A - High job demands	B - Fatigue	C - Low job control
D - Job security	E - Poor support	F - Lack of role clarity
G - Poor change management	H - Inadequate reward and recognition	I - Poor organisational justice
J - Traumatic events or material	K - Remote or isolated work	L - Intrusive surveillance
M - Poor physical environment	N - Violence and aggression	O - Bullying
P - Harassment (including sexual harassment)	Q - Conflict or poor workplace relationships and interactions	

Definition	Correct hazard letter
Excessive surveillance or monitoring methods or tools used to monitor and collect information about workers at work.	L
Reading, hearing, or seeing accounts of traumatic, adverse, or distressing events, abuse, or neglect as part of work.	J
Uncertainty, frequent changes, conflicting roles, or ambiguous responsibilities and expectations at work.	F
Exposure to unpleasant or hazardous working environments such as poor air quality, poor lighting, or high noise levels.	M
Poor workplace relationships or interpersonal conflict between or from other businesses, clients, customers, people in the workplace that do not fit the definition of other harmful workplace behaviours.i	Q
Workers have little control over aspects of their work, including how and when the job is done.	C
Violence, physical assault, threats of violence, or aggressive behaviour occurring in connection with work. These behaviours may be single incidences or repeated behaviours over time.ii	N
Effort, skills, or contributions not being appropriately recognised or rewarded.	H
Working in locations with long travel times, or where access to help, resources, or communications is difficult or limited.	K
Repeated, unreasonable behaviour directed toward a worker or group that creates a risk to health and safety.iii	O
Physical, mental, or emotional impairment arising from extended work hours, roster cycle or shift length, lack of recovery time between shifts, or poor environmental stressors at work.	B
Inconsistent, unfair, discriminatory, or inequitable management decisions and application of policies, including poor procedural justice.	I

Intense or sustained high mental, physical, or emotional effort required to do the job, including excessive time pressure or emotional demands.	A
Harassment due to personal characteristics or conduct of a sexual nature, such as offensive comments or unwelcome sexual advances.	P
Tasks or jobs where workers have inadequate support including practical assistance and emotional support from managers and colleagues, or inadequate training, tools and resources for the task.	E
Employment where workers lack the assurance that their job will remain stable from day to day, week to week, or year to year e.g. fixed term contracts, seasonal, casual, freelance and gig work.	D
Insufficient consultation, communication, consideration of new hazards or performance impacts when planning for and implementing change. Including lack of emotional and practical support.	G

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[i] The Code of Practice uses the umbrella term "harmful behaviour" which includes violence and aggression, bullying, harassment (including sexual harassment) and conflict or poor workplace relationships and interactions.

A single or irregular exposure to these hazards may not create psychosocial risks or the risks may be very low. However, if workers are exposed to a hazard (or a combination of these hazards) over a prolonged period or in a severe way they can cause psychological and physical harm.

[ii] Workplace Protection Laws came into effect in May 2026. The laws give businesses, employers, industry groups and unions the ability to apply to the Magistrates or Youth Court for a Workplace Protection Order to bar individuals from entering or being within a particular distance of a workplace, or for other conditions on the individual, if there are concerns they will continue to engage in a personally violent manner or display intimidating behaviour in the workplace.

[iii] Bullying as defined in Safe Work Australia Guidance and the ***Fair Work Act 2009.***

Please choose the case study that is most applicable for the group.

Case study 1: Medium size construction company

Case study 2: Emergency department in a public hospital

Case study 3: Small retail store

Case study 4: Private health care and social assistance organisation

Case study 5: First responder paramedic

Case study 6: Medium size manufacturing company

- The case study scenarios can be found on **page 22** of the Participant Handbook.
- Participants can record their responses using the blank case study template on **page 25**
- Completed case studies are provided in Appendix B at the end of the handbook.

Step-by-step approach to facilitate the case study activity

Step 1: Read the scenario out loud as detailed in your chosen case study.

Instruct participants to highlight important details about the case-study. They might like to document these details in Column A (scenario and work context).

Step 2: Ask participants to consider what the potential psychosocial hazards and risks are in the scenario and record their answers in Column B (Psychosocial hazards and risks).

Probes:

- What are the hazards?
- Who may be exposed to these hazards and risks?
- Severity, frequency, duration?
- How may the hazards interact?

Bring the group together to discuss their answers in column B.

Step 3: Ask participants to consider what may be some potential controls that could be put in place and record their answers in column C (Psychosocial controls).

Probes:

- Consider the hierarchy of controls
- Combination of control measures will often be the most effective approach
- Who might you consult with?

Bring the group together to discuss their answers in column C.

Step 4: Ask participants to consider how they might review, or check controls for improvements, and record their answers in Column D (Review and Improve).

Probes:

- How could you assess the adequacy of controls?
- How can you monitor the effectiveness of controls?
- How do you know when a control is not effective?

Bring the group together to discuss their answers in column D.

Step 5: Once you have completed this activity, you can direct participants to review the completed case studies at the back of the handbook for future reference.

Note: The facilitator may wish to refer to the completed case study example throughout the exercise to confirm answers and elaborate on responses if needed during this exercise.

Appendix B

Case study 1. Medium-sized construction company **(SafeWork NSW Code of Practice Managing Psychosocial Hazards at Work, 2021)**

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A medium-sized residential construction company is currently managing several projects, some are not on schedule, and there is a backlog of work. The manager is responsible for organising the contractors, apprentices, ensuring supplies and equipment are delivered to different sites. An electrical subcontractor is engaged for all the sites, and the building manager is aware that one of the electricians has been verbally aggressive with a first-year apprentice engaged by the construction business. He tells the apprentice that this is how the industry is, that he does not have time to deal with this and that he needs to toughen up and get on with his work. The apprentice just wants to learn but makes regular mistakes and is afraid to ask for help. He wants verbal aggression to stop.	**Poor emotional and practical supervisor and manager support :** The manager does not acknowledge the apprentice's concerns or have time to manage the training of apprentices. **Occupational violence and aggression and poor workplace relationships:** verbal aggression by the electrician, which could escalate to physical aggression if not stopped, is also having a negative impact on the apprentice's ability to focus on his work. This is also stopping him from asking for help when he needs it. **Low job control:** the apprentice has little say in his work. **Role overload demands:** the manager and workers experieince a high workload with competing demands.	**The business owner:** After consulting the manager and workers to address poor workplace relationships, support and role overload: • meets with the electrical subcontractor to develop behaviour standards for all their workers when undertaking work at the same sites and processes for addressing safety concerns, including violence and aggression • Informs workers that aggressive behaviour can be reported to him directly. • speaks with the apprentice to check on his wellbeing and provide information about psychological support services. • reviews the supervision and support of apprentices. • decides to reduce the demands on the manager by providing assistance with managing contracts and tenders. **The manager:** To improve support and job control: • starts daily toolbox talks with all workers, including contractors, to provide relevant information and instructions • sets time aside each week to understand the first-year apprentice's learning requirements, assess his progress, develop learning goals, gets the supervisor to give him responsibility for some tasks he should be competent to do, and allocates a third-year apprentice to buddy the first-year apprentice to support him on various tasks.	After consulting with the manager, the business owner: • to identify and assess risks and adequacy of controls gets staff to periodically complete the psychosocial risk assessment survey • implements more regular 'look and listen safety walks' multiple times each build • integrates support and mentoring of apprentices into their systems • checks in with the apprentice to verify that the verbally aggressive behaviour has stopped • arranges training for supervisors of apprentices, particularly on managing young and inexperienced workers • arranges regular reviews of workplace behaviour grievances and training to be included in the organisations WHS systems • ensures the WHS systems are capable of capturing reports of high work demands and harmful workplace behaviour • creates (with workers) a safety culture charter displayed prominently in project offices, around the site etc.

Appendix B

Case study 2. Emergency department in a public hospital (SafeWork NSW Code of Practice Managing Psychosocial Hazards at Work, 2021)

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
An emergency department in a public hospital triages people requiring acute mental health care. Aggressive and violent behaviour is common. Sometimes it's linked to the patient's clinical condition or sometimes some behaviours are due to patient frustrations and/or drug and alcohol abuse. Workplace culture discourages reporting of all but the most serious incidents and accepts patient/visitor aggression as part of the job. Workers regularly witness violent incidents and are part of the response team when incidents occur. High workloads and/or new policies requiring increased documentation frustrate workers by taking them away from direct patient care. Many inexperienced workers have not been trained in Violence Prevention and Management (VPM) and rely on hospital security officers to respond.	**Role overload:** not enough workers to manage patient behaviours, particularly when patient acuity is high and there is a poor skills mix with more inexperienced workers on the roster. Increased demands from new systems of work compete with existing workloads. **Exposure to Traumatic Events:** workers provide trauma informed care to some patients with extensive histories of trauma. Ongoing exposure to violent incidents has a cumulative effect on workers. Workers responding to incidents are at high risk of injury themselves. Appropriate support may not occur due to role overload. **Occupational violence:** workers have regular exposure to both threats and actual violence from patients. Inadequate rostering means there are not enough trained workers available on all shifts to participate in violence prevention if required.	The organisation managed role overload and occupational violence, by rostering adequate worker numbers to take into account new systems of work, patient acuity, staff skills mix, and ensure there are adequately trained workers on all shifts to respond effectively to violent incidents. Workers received training in Violence Prevention and Management (VPM) and hazard/incident reporting. An escalation process was implemented to senior leadership to make quick decisions to respond to early warning signs, and for when there are differing views amongst the clinical team on patient management. Exposure to traumatic events was managed by regular supervision to allow opportunities to consult (for example safety debriefing, early referral to support services), as well as a peer support program for workers.	Reported incidents are investigated and feedback on investigations and response to incidents is provided to workers. Review of all code blacks (assault on workers) is introduced including both clinical and non-clinical workers. Work is undertaken to improve the incident reporting system and encourage reporting of all incidents and near misses. A more comprehensive violence risk assessment and profile process is developed, and the design of the waiting area is reviewed to reduce, where possible, the frustration experienced by patients while waiting to be triaged.

Appendix B

Case study 3. Small family-owned retail outlet (SafeWork SA Managing Psychosocial Hazards at Work Code of Practice, February 2026)

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A small busy retail store which is open all week is in an ageing building with a poorly designed fit out. It is owned and operated by three adult family members, who employ several casual workers to help with busy periods. The casual workers tend to be a mix of people aged from 16-24 years of age. The casual workers have irregular shifts and work patterns, and the owners spend minimal time developing their skills in areas like stock control and operating the cash register. The casual workers are also unclear as to what tasks to prioritise, particularly during busy times. The storeroom is cluttered and disorganised. This makes unloading new stock and the process of finding prepaid orders difficult, particularly when there are lots of customers waiting. The owners of the business sometimes see customers become aggressive with their young casual workers when there are long wait times. One customer cornered a young female worker and made sexualised comments about her. However, the owners don't do anything about it. They explain to the casual workers that they don't want to upset the customers even more.	**Lack of role clarity:** Casual workers are often unclear about how to do the work effectively and efficiently. **Poor physical environment:** The layout of the storeroom makes it difficult for workers to access, load and unload stock in a safe and efficient manner. **Poor support:** The owners of the store do not equip the workers with adequate skills, knowledge and physical conditions to perform their work safely and effectively. **Harmful behaviours:** Workers are exposed to instances of aggressive behaviour and sexual harassment from customers. **Poor organisational justice:** The business owners do not take workers' complaints about harmful behaviours seriously. Assessing the risk Exposure to these hazards may put workers at risk of burnout, psychological illness and / or physical injury. Risk is increased if: • exposure is frequent and / or prolonged • workers have existing health vulnerabilities and / or there are already indications of a negative impact on worker health	Following risk assessment and consultation with workers, the following risk management actions may be taken: • a training needs analysis is conducted and a formal onboarding and ongoing training program is implemented for workers. The training program is designed to ensure skill and knowledge gaps are addressed. • shift rosters are prepared and communicated well ahead of time. Wherever possible, inexperienced workers are paired with experienced ones. Additional experienced workers are rostered for expected high demand periods. • start of shift briefings are conducted with all rostered workers for the purpose of task prioritisation and allocation. • the owners arrange for stock to be delivered outside of peak periods or when additional workers are rostered. • the loading dock, storeroom and shop floor is redesigned and refurbished to improve safety and efficiency (including dedicated organised space for prepaid orders).	Following implementation of controls, the following ongoing risk management actions may be taken: • annual psychosocial risk assessments are conducted to monitor risk levels and the effectiveness / adequacy of controls. Risk assessment is based on multiple methods (surveys and other risk assessment templates, worker consultation) and measures (such as incident reports, sickness absence trends, complaints, turnover rates). • workers are consulted to identify any additional controls that may be needed. • informed by worker consultation, an ongoing schedule of work design reviews and associated assessments of training needs is implemented. • all workers are educated and trained in how to recognise and report workplace hazards and are regularly encouraged to offer suggestions on how work may be done safely and efficiently.

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve

	• there is a lack of adequate measures to control these hazards, such as:
	  • formal procedures and systems for worker onboarding and ongoing training.
	  • plans and processes to minimise conflicting work demands and unsafe work practices and working conditions.
	  • policies and procedures for minimising exposure to, and the impact of, harmful behaviours that includes complaints processes.
		• Safety inspections of all work areas at least weekly and workers and systems for reporting hazards and unsafe practices are implemented.
		• designated queuing areas are established to prevent workers from being in close proximity to waiting customers.
		• a customer code of conduct is developed in consultation with workers and placed in prominent areas of the shop floor. Customers are advised that any harmful behaviour directed at workers will result in a refusal of service.
		• a process for complaints relating to harmful workplace behaviours is developed and communicated to all workers. Options for informal and formal worker support if exposed to harmful behaviour are included and communicated to all workers. External avenues of complaint if workers are dissatisfied with the PCBUs response are also included and communicated.
		• procedures and practices for responding to aggressive or violent customer behaviour (to de-escalate and / or physically remove customers from the shop) are implemented.
		• the shop owners ensure that any workers affected by workplace aggression, violence or sexual harassment are offered informal or formal supports and adjustments to their duties to minimise the risk of repeated exposure.
			• job descriptions are developed for all roles that includes information about the likely health and safety risks that workers may be exposed to. The information is particularly framed to assist young workers to make an informed decision as to the inherent risks of working in customer service roles. The information includes details of the measures the employer has to protect workers from harmful workplace behaviours.

Appendix B

Case study 4. Health and social care – home care services (SafeWork SA Managing Psychosocial Hazards at Work Code of Practice, February 2026)

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A small to medium sized organisation delivers health and social care to disabled and elderly adults. The services are delivered largely within clients' private residences but can include transporting clients by vehicle to and from other locations for leisure and other activities of daily living. Workers are typically employed on a casual or contract basis. Many are recent migrants. Minimal time is allowed for travel between clients, and travel time is unpaid. This forces workers to rush. Some care recipients have complex health and behaviour support needs. Despite this, workers often work alone with limited support and with inadequate skills and knowledge to provide good quality and safe care. Workers have been injured by aggressive or stressed clients. Not all supervisors conduct adequate welfare checks of workers exposed to these incidents. Casual, contract and migrant workers are reluctant to report health and safety concerns. They fear that their hours will be cut or they might lose their job. Some workers can't afford to take time off when they are ill or injured.	**High work demands:** Workers experience: • time pressure and a lack of flexibility • emotional and physical demands (such as heavy lifting and managing challenging behaviours). **Low job control:** Workers have limited ability to adapt the way they work by raising concerns about unsafe working conditions. **Exposure to violence and aggression:** Exposure to violence and aggression can be emotionally distressing for workers. **Isolated work:** Working in people's homes and in the community without co-workers and supervisory support can impair workers' sense of security and safety. Assessing the risk Exposure to these hazards may put workers at risk of burnout, psychological illness and / or physical injury. The risk is increased if:	Following risk assessment and consultation with workers, the following risk management actions may be taken: • worker ratios and travel times are reviewed in order to ensure sufficient workers are rostered to complete work tasks. • risk assessments of each site location / community activity are conducted prior to service provision for a new client and / or new site location for care activity. Consideration is given to the client's home environment and previous history when managing risks to workers. If risks are assessed as too high, service is refused until adaptations are made to minimise the risk. • policies are introduced and enforced to ensure where a client has been assessed as likely to exhibit violent or aggressive behaviours, two workers are allocated to provide care, or care is provided in a controlled environment.	Following implementation of controls, the following ongoing risk management actions may be taken: • annual psychosocial risk assessments are conducted to monitor risk levels and the effectiveness / adequacy of controls. Risk assessment is based on multiple methods (surveys and other risk assessment templates, worker consultation) and measures (such as incident reports, sickness absence trends, complaints, turnover rates). • workers are consulted to identify any additional controls that may be needed. • regular reviews are conducted to assess the sustainability of work demands and to identify additional training and support needs. • workers are consistently encouraged to (and informed how to) report health and safety incidents. • post critical incident reviews are conducted with workers to ensure they are consulted in evaluations of their effectiveness.

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve

	• exposure is frequent and / or prolonged.
	• workers have existing health vulnerabilities and / or there are already indications of a negative impact on worker health.
	• there is a lack of adequate measures to control these hazards, such as:
	  • regular reviews to assess the adequacy of worker ratios and rosters.
	  • support in the form of supervision, training, communication protocols and equipment, critical incident procedures and worker welfare checks.
	  • actively encouraging workers to take adequate time off to recover from illness or injury or offering work adjustments.
	  • actively encouraging workers to report concerns over health and safety.
		• means for increasing communication / consultation are introduced to ensure workers are provided with up-to-date information.
		• systems for professional supervision and debriefing are developed and implemented.
		• workers receive training to prevent / manage aggressive client behaviour, as well as training on incident reporting, emergency response procedures, peer support and psychological first aid.
		• communication processes, equipment (mobile phones, duress alarms) and training are implemented to address risks associated with isolated work (including device monitoring to ensure appropriate and timely response to any emergency situations).
		• workers are given transparent information about their rights and obligations in relation to industrial and work health and safety matters.
		• a reasonable adjustment policy is introduced to enable workers to negotiate temporary or long-term adjustments to their work design.
			• policies and procedures relating to worksite security, incident response, complaints, worker supervision and support and training and development are reviewed and updated to ensure they meet client and worker needs and are consistent with good practice standards.
			• managers or supervisors undertake professional development activities to develop their knowledge and skills in psychosocial safety management in the health and social care sector.

Appendix B

Case study 5. First responders – firefighters (SafeWork SA Managing Psychosocial Hazards at Work Code of Practice, February 2026)

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
Work performed by firefighters can involve exposure to threats to their safety and the safety of others. They may be exposed to physical and biological hazards, actual suffering or death or the fear of possible suffering and death. Due to a recent surge in emergencies and workforce shortages, workers have been required to work longer hours than usual, with fewer breaks and less time between shifts for respite. There are also restrictions on the availability of PPE due to supply problems. Workers have reported emotional and physical fatigue. Frequent changes in policies and procedures and increasing volumes of administrative work frustrate and confuse workers and add to their physical and cognitive demands. Workers report the emotional strain of these pressures is impacting on their relationships. They note an increase in uncivil behaviour and arguments between peers.	**High work demands:** Workers experience role overload and fatigue due to the increased hours of work, combined with the emotional, cognitive and physical demands of their roles. Staff shortages and increased workload impact the ability for workers to take breaks, access leave or see support where required. **Role clarity:** Frequently changing policies and procedures impair workers' understanding of expectations around work standards. **Low control:** Due to the increase of service demands and lack of workers, staff feel unable to decline additional shifts or request leave. **Traumatic events:** Workers are exposed to traumatic experiences such as fatalities, serious injury and fear of death or injury. **Poor physical environment and support:** Workers perform hazardous work in unsafe conditions with inadequate PPE. **Conflict or poor workplace relationships:** Workers are exposed to potentially harmful behaviours due to the negative impact of work stress on workplace relationships. Assessing the risk Exposure to these hazards may put workers at risk of burnout, psychological illness and / or physical injury. The risk is increased if:	Following risk assessment and consultation with workers, the following risk management actions may be taken. • worker recruitment, onboarding and training are prioritised to increase workforce capacity. • the means by which changes in policies or procedures are communicated to first responders is modified so that they receive key information in short written or verbal briefs. Communication about any non-critical matters is paused during very high demand periods. • additional opportunities are introduced for consultation with staff regarding their support, resourcing and training needs. Workers are consulted about managing the work demands that are impacting on their stress levels and relationships. • non-critical tasks or activities are paused, reduced or re-allocated to enable first responder workers greater opportunities for respite when not engaged in incident response. • strategies for conserving supply or identifying alternative sources of PPE are researched and implemented.	Following implementation of controls, the following ongoing risk management actions may be taken: • annual psychosocial risk assessments are conducted to monitor risk levels and the effectiveness / adequacy of controls. Risk assessment is based on multiple methods (surveys and other risk assessment templates, worker consultation) and measures (such as incident reports, sickness absence trends, complaints, turnover rates). • workers are consulted to identify any additional controls that may be needed. • staff responsible for workforce planning regularly consult with managers to inform assessments of service demands and associated workforce forecasting. • longer term practices for modifying non-critical taskings or priorities during periods of high service tempo and worker shortages are identified. • protocols for the prevention and management of mental health challenges or conditions associated with traumatic exposure are reviewed by subject matter experts

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve

	• exposure is frequent and / or prolonged.
	• workers have existing health vulnerabilities and / or there are already indications of a negative impact on worker health.
	• there is a lack of adequate measures to control these hazards, such as:
	  • plans to increase worker capacity, physical protection and flexibility through recruitment action, re-design of duties and sourcing of PPE.
	  • means of reducing the cognitive load on workers associated with policy and procedural changes.
	  • procedures and protocols for reducing the frequency and impact of exposure to traumatic events.
	  • procedures and training to minimise the duration and frequency of worker exposure to aggression.
	  • processes or opportunities for workers to engage in constructive discussions about work stressors.
		• protocols for the prevention and management of mental health challenges or conditions associated with traumatic exposure are established and / or communication and educational efforts are increased. Informal peer support and monitoring efforts are increased.
		• workers are rewarded for demonstrating constructive interpersonal behaviour when under stress.	

Appendix B

Case study 6. Manufacturing business (SafeWork NSW Code of Practice Managing Psychosocial Hazards at Work, 2021)

Scenario and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A medium sized manufacturing business produces frozen food for sale in supermarkets across Australia. The plant is based in regional NSW and is one of the major employers for the town. To meet the increasing production demands most workers are required to undertake shift work and there have been recent changes to the production software. The main tasks involve monitoring largely automated plant to ensure the cooking and packing processes are running smoothly. Workers always do the same tasks and their break times are regimented. A new production system with new quality software is making workers anxious as they have not yet all had training and are worried about making mistakes. A significant number of the workers are migrant workers and do not speak or read English fluently. There are rumours there are to be changes in the upcoming rosters.	**Role underload:** frequent repetitive and monotonous work but with the need to stay vigilant especially around dangerous areas of the plant. **Low job control and lack of task variety:** as specific tasks and processes need to be followed to ensure quality standards. **Low job control:** inability to take breaks when required. **Lack of role clarity and poor change management consultation:** around new software and rosters.	The organisation, after consulting supervisors, workgroups and HSRs to discuss the role underload, low job control, lack of task variety and role clarity, is: • arranging for workers to rotate every few hours to a new task in the plant allowing more opportunities to learn new skills, reduce boredom and fatigue (so to improve their ability to detect errors), and allow more flexibility to take toilet breaks • ensuring all workers have had training on the new software • introducing a software champion on each shift who speaks the same language as the majority of that shift. **Change management consultation:** The supervisor is ensuring all affected workers have reasonable and equal opportunities for input on the options for changes to rosters. These consultations also brought up suggestions from workers on how to improve some of the packing processes to make them more efficient and save money.	The organisation: • to identify and assess risks and adequacy of controls, gets workers to complete a psychosocial risk assessment survey and monitors and reviews other organisational data • ensures the leadership team have all completed training on their WHS duties and good work design and are applying these to future restructures and planned software upgrades. The supervisor: • supports workers who want to develop skills where possible to move to different areas of the plant, and • became a member of an industry Mental Health Community of Practice to get ideas and support on managing psychosocial hazards and risks from other peers in the industry.

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