Return to WorkSA

Mentally Healthy Workplaces

Health and Safety Representative training

Participant handbook

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

June 2026

Public

Government of South Australia

Introduction

This participant handbook is designed to support your learning and engagement throughout the *Mentally Healthy Workplaces* session, including key information about psychosocial hazards and risks.

As a Health and Safety Representative (HSR), your role is not to fix health and safety issues or be a workplace health and safety expert. However, developing an understanding of mentally healthy workplaces and psychosocial hazards and risks will support you to more effectively represent your workgroup.

This session is designed to be interactive to help you get the most out of the learning experience. Your facilitator will pause the video at various points to allow time for discussion and for you to complete the activities in this handbook with your fellow HSRs.

This handbook also includes practical tools and resources to support your participation during the session, and to refer back to at your workplace after the training.

As part of the session, you will work through a case study to apply your learnings.
A blank template is provided on page 25 of this handbook to guide you through this activity.
Completed case study examples, including suggested responses, are included in Appendix B.
Please wait until you have completed the case study activity before reviewing these examples.

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

Access the video

You can access the training video after the session by scanning the QR code.
We encourage you to review the content as needed to support ongoing learning.

Let's begin

▶ Welcome

▶ 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

Exercise: What comes to mind when you hear the term mental health?

▶ Video - 2:38

What is mental health?

"a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community."

More than the absence of mental illness – it is a holistic view of how people feel and function and manage life's ups and downs.

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

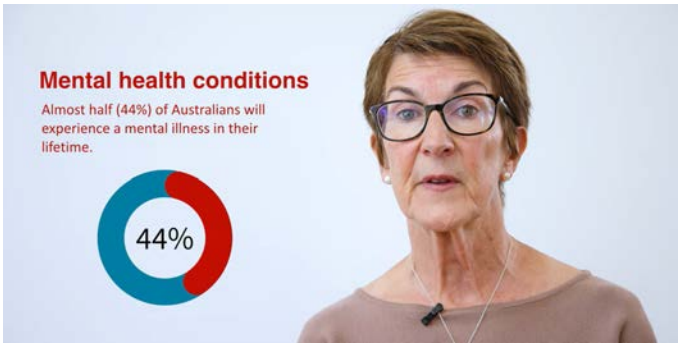
▶ Video: 3:49

Understanding mental health and wellbeing

The Mental Health Continuum

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.

▶ Video: 7:05

Pause for exercise

Exercise: Why is it important that your workplace has a focus on creating a mentally healthy workplace?

▶ 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

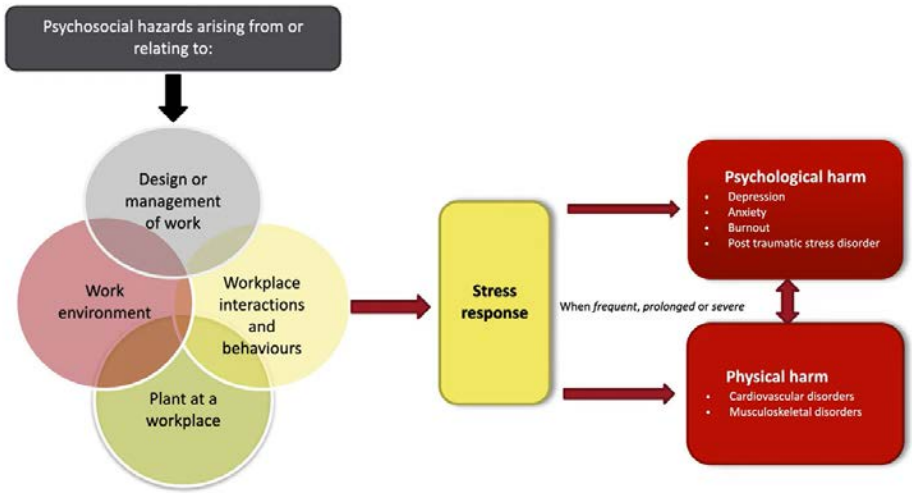
Do this in consultation with workers and their representatives

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 HSR's representing workers.

Source: SafeWork SA Managing Psychosocial Hazards at Work Code of Practice February 2026, https://www.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

▶ Video: 15:04

Pause for exercise

Exercise: What are the most common psychosocial hazards in your workplace?

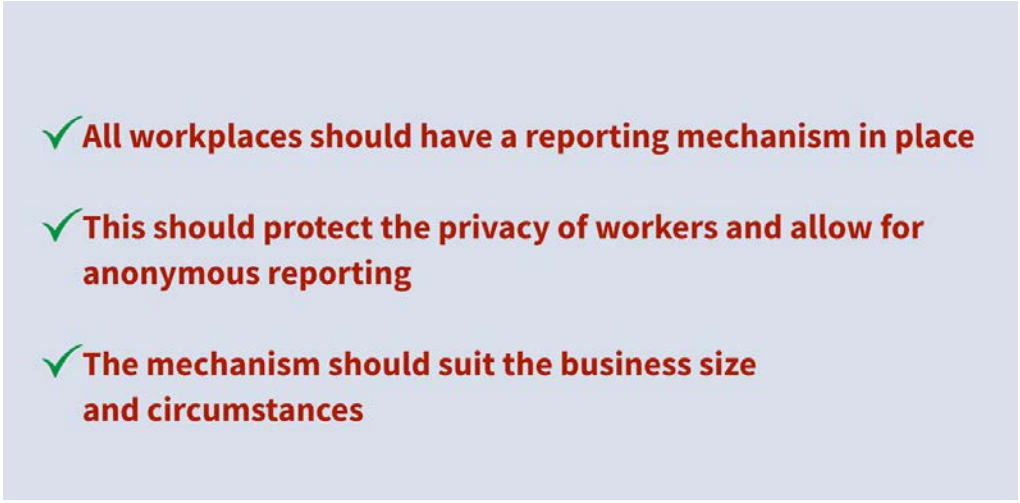
Optional activity – Match the hazard to its definition

Your facilitator will let you know if you are completing this exercise and will provide instructions.
(See Appendix A, page 19).

▶ 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:

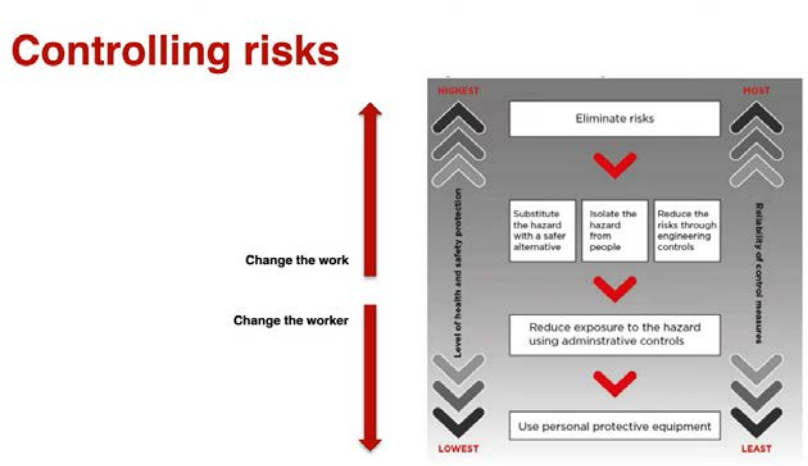
SafeWork SA https://www.safework.sa.gov.au/workplaces/psychosocial-hazards/four-steps-to-managing-psychosocial-hazards-and-risks

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

▶ Video - 18:32

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

▶ Video - 18:40

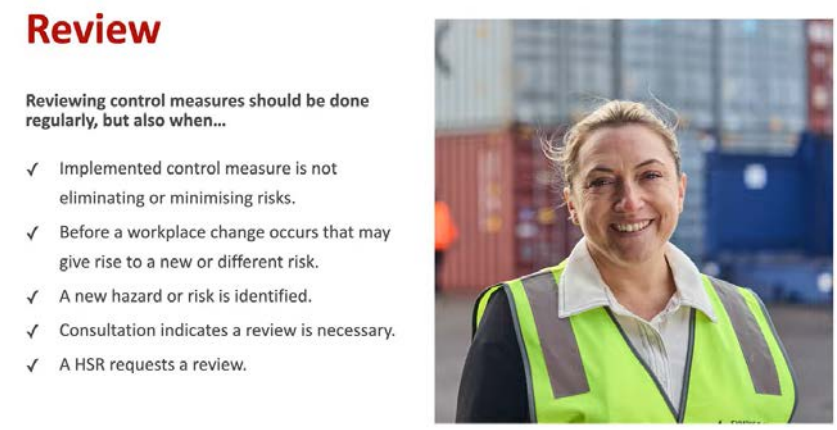


When deciding what control measures to use, a PCBU **must** have regard to all relevant matters and utilise the hierarchy of controls.

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



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

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 self-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.

Appendix A
Match the psychosocial hazard to the definition
Optional exercise

In groups of 2-3 people, write the correct hazard letter (A–Q) next to each definition.

Definitions are according to the SA Code of Practice: Managing Psychosocial Hazards at Work (see page 19-23 of the Code).

Hazard list (alphabetical reference)

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

Match the definitions

Definition (mixed order)	Hazard letter
Excessive surveillance or monitoring methods or tools used to monitor and collect information about workers at work.	
Reading, hearing, or seeing accounts of traumatic, adverse, or distressing events, abuse, or neglect as part of work.	
Uncertainty, frequent changes, conflicting roles, or ambiguous responsibilities and expectations at work.	
Exposure to unpleasant or hazardous working environments such as poor air quality, poor lighting, or high noise levels.	
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.	
Workers have little control over aspects of their work, including how and when the job is done.	
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.	
Effort, skills, or contributions not being appropriately recognised or rewarded.	
Working in locations with long travel times, or where access to help, resources, or communications is difficult or limited.	
Repeated, unreasonable behaviour directed toward a worker or group that creates a risk to health and safety.	
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.	
Inconsistent, unfair, discriminatory, or inequitable management decisions and application of policies, including poor procedural justice.	

Intense or sustained high mental, physical, or emotional effort required to do the job, including excessive time pressure or emotional demands.	
Harassment due to personal characteristics or conduct of a sexual nature, such as offensive comments or unwelcome sexual advances.	
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.	
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.	
Insufficient consultation, communication, consideration of new hazards or performance impacts when planning for and implementing change. Including lack of emotional and practical support.	

Your training facilitator will now take you through a case study example (one of the six listed below), and read the scenario out loud. Using the template on page 25, record any important information, and your answers.

The case study will guide you through the risk management approach under the heading's ***psychosocial hazards*** (identify and assess), ***control measures***, and ***review and improve.***

Case study 1: 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.

Case study 2: 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.

Case study 3: 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 and have irregular shifts and work patterns. 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, which 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.

Case study 4: 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.

Case study 5: 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.

Case study 6: 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.

Case study template

Column A **Scenario and work content**	Column B **Psychosocial hazards and risks**	Column C **Psychosocial controls**	Column D **Review and improve**

Appendix B

Completed case studies

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 experience 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

Completed case studies

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

Completed case studies

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

Completed case studies

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

Completed case studies

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

Completed case studies

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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June 2026