safe work australia

Work-related psychological health and safety

A systematic approach to meeting your duties

National guidance material

JANUARY 2019

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Safe Work Australia works with the Commonwealth, state and territory governments to improve work health and safety and workers' compensation arrangements. Safe Work Australia is a national policy body, not a regulator of work health and safety. The Commonwealth, states and territories have responsibility for regulating and enforcing work health and safety laws in their jurisdiction.

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Contents

Introduction **4**
The systematic approach to preventing harm and supporting recovery **5**
Preventing harm **8**
What work health and safety laws apply? 8
Causes of psychological injury – psychosocial hazards 9
Managing risks to psychological health and safety 12
How to identify psychosocial hazards 15
How to assess risks 16
How to control risks 17
How to review your control measures 21
What is the role of health promotion? 21
Intervening early **23**
How to support early intervention 23
Supporting recovery **26**
How to support recovery and RTW 26
Compensable psychological injury 26
What are the workers' compensation laws? 26
Who is eligible for workers' compensation for a psychological injury? 27
What is meant by recovery and return to work? 27
What are employers' obligations? 28
What are workers' obligations? 29
Who has a role in supporting recovery and RTW? 29
How to achieve a timely, durable and safe recovery and RTW 30
How to overcome barriers to successful recovery 32
Appendix 1 – Where to go for help **33**
WHS regulators 33
Workers' compensation authorities 34
Other support services 35
Safe Work Australia 35
Appendix 2 - Glossary **36**
Appendix 3 - Scenarios **39**
Scenario 1 – Compliance versus best practice approaches 39
Scenario 2 - RTW scenario 40

Introduction

This Guide describes a systematic practical approach to managing work-related psychological health and safety. Most elements of this systematic approach are required under work health and safety (WHS)[1] or workers' compensation laws in all Australian jurisdictions.

This Guide recognises poor psychological work health and safety can lead to both psychological and physical injuries.

Scope and application

This Guide is intended to provide greater clarity about what a person conducting a business or undertaking (PCBU) under WHS laws, or an employer under workers' compensation laws must or should do in relation to psychological health and safety.

This Guide does not cover non-work-related psychological injuries. It also does not cover programs to support non-work related general and mental health delivered in worksites which are not required under WHS or workers' compensation laws. Information on these topics can be found in Where to go for help.

The information in this guide is based on the model WHS laws. These laws have not been implemented in all jurisdictions, although other Australian WHS laws have similar duties. For information on the laws in your jurisdiction see Safe Work Australia's website.

How to use this Guide

This Guide includes references to the legal requirements under the model WHS Act and WHS Regulations. These are included for convenience only and should not be relied on in place of the full text of the WHS Act or WHS Regulations. The words 'must', 'requires' or 'mandatory' indicate a legal requirement.

The word 'should' is used in this Guide to indicate a recommended course of action, while 'may' is used to indicate an optional course of action.

In this Guide wherever the word 'you' is used, this means the PCBU for the purposes of WHS or the employer under workers' compensations laws.

Where the elements of the systematic approach are not legal requirements, but are considered best practice, this is noted. Terms used in this Guide are those most commonly used in WHS and workers' compensation. Terms and their definitions are included in the glossary in Appendix 2.

1 Where appropriate links are provided to relevant sections of these model WHS laws, requirements under workers' compensation laws vary and readers should check for specific requirements which apply in their jurisdiction.

The systematic approach to preventing harm and supporting recovery

The systematic approach is illustrated in Figure 1. This means using the elements discussed in the 'Preventing harm', 'Intervening early', and 'Supporting recovery' phases to methodically and comprehensively ensure your workers' psychological health and safety. By using this approach it can help you meet your legal duties to implement controls that eliminate or minimise the risk of psychological injuries being caused by work but also over time improve your organisation's approach to preventing psychological injury and supporting recovery.

Using a thorough and systematic approach can have significant business benefits including:

- decreasing business disruption and costs from work-related psychological injury
- improving worker motivation, engagement and job satisfaction so increasing productivity, reducing absenteeism and turnover, and ultimately helping your organisation achieve its business goals, and
- enhancing your reputation as an employer of choice.

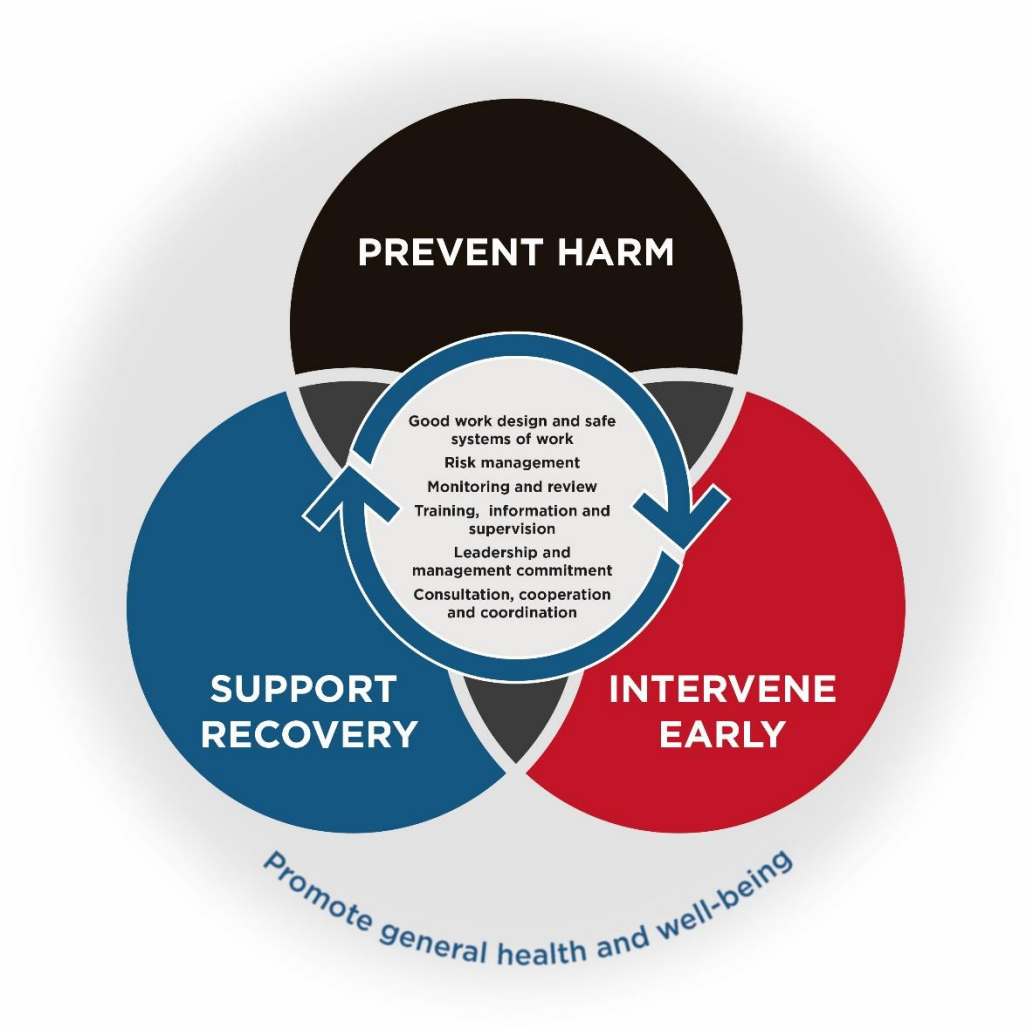


Figure 1. Systematic approach to psychological health and safety

Prevent harm – This element focuses on your duties under WHS laws. To do this you must systematically and comprehensively:

- identify work-related hazards and risks
- assess risks (where the degree of risk and suitable controls are not already known)
- implement effective control measures to eliminate hazards or minimise risks. The main focus on the good design and effective management of work, creating safe systems of work and ensuring appropriate communication and behaviour, and
- consult effectively with your workers, their representatives and others where required.

Intervene early – This element includes some aspects required under both WHS and workers' compensation laws and some which are considered best practice. Early identification and management of any risks can help minimise the potential severity of injuries and time lost from work. These aspects will be discussed later in this Guide but include that you:

- must review control measures and, where they are not effective, take action. The review might be prompted by routine monitoring or by your workers raising concerns about their psychological health and safety.
- should

- support workers showing early signs of work-related stress and modify their work duties to suit their circumstances, and
- provide early assistance for individuals who have an increased risk of injury. This could include facilitating access to appropriate mental health services.

Support recovery – This element relates to your duties under workers' compensation laws. Legislative requirements vary across Australia but there are common elements in each jurisdiction including that you:

- should provide early assistance and support to access treatment and rehabilitation services, generally from the time a claim is lodged
- must support timely and sustainable recovery at work (RAW) or return to work (RTW) through effective consultation, addressing any remaining work-related psychosocial hazards and risks that may exacerbate the existing work-related psychological injury or cause a new injury, and
- must review the effectiveness of the control measures to ensure further harm or new injury does not occur.

Inner circle – includes important actions that should be occurring throughout the three stages and on an ongoing basis:

- ensuring there is good work design and safe systems of work
- ensuring you are effectively controlling hazards and risks and monitoring and reviewing controls
- ensuring your workers have the training, information and supervision to do their job safely and well
- consulting with your workers and their health and safety representatives and consulting, co-operating and co-ordinating on any health and safety risks with all relevant people
- ensuring you, your leaders and management commit to WHS, including things required under WHS law and demonstrating due diligence.

These actions will assist you ensure psychological health and safety risks and RTW in your organisation is being adequately managed.

These can be supported by optional activities to promote good general physical and mental health. You are not required to implement workplace health promotion and wellness programs under either WHS or workers' compensation laws. However, implementing appropriate well run programs is considered best practice.

Fostering a people-oriented organisational culture through supportive management can aid in the prevention, early identification and management of mental health conditions in the workplace

Preventing harm

What work health and safety laws apply?

The purpose of the WHS laws is to eliminate or minimise risks to the health and safety of workers. 'Health' is defined as meaning psychological as well as physical health. The WHS laws set out specific duties to manage risks to psychological health and safety which are noted below. It is important to remember a person may have more than one duty and more than one person can have the same duty.

A **PCBU** has the primary duty to ensure, so far as is reasonably practicable, workers and other people are not exposed to psychological health and safety risks arising from the business or undertaking.

This duty requires you to 'manage' risks to psychological health and safety arising from the business or undertaking by eliminating exposure to psychosocial hazards so far as is reasonably practicable. If it is not reasonably practicable to eliminate them, you must then minimise those risks so far as is reasonably practicable.

An **officer of a PCBU**, has a duty to exercise due diligence to ensure the PCBU complies with their duties under the WHS laws. This includes taking reasonable steps to gain an understanding of the psychosocial hazards and risks associated with the operations of the business or undertaking, and to ensure the business or undertaking has and uses appropriate resources and processes to eliminate or minimise risks to psychological health. An officer is essentially a person involved in making decisions that affect the whole or a substantial part of the organisation.

Workers have a duty to take reasonable care for their own health and safety and to not adversely affect the health and safety of other persons. Workers must comply with reasonable instructions, as far as they are reasonably able, and co-operate with reasonable health and safety policies or procedures that have been notified to workers.

Other persons at the workplace, like visitors, must take reasonable care for their own health and safety and must take reasonable care not to adversely affect other people's health and safety. They must comply, so far as they are reasonably able, with reasonable instructions given by the PCBU to allow them to comply with WHS laws.

Other legislative frameworks

WHS and workers' compensation laws do not operate in isolation and other laws may also be relevant.

Criminal laws - where incidents of bullying involve an assault or other criminal behaviour, the criminal laws will apply.

Anti-Discrimination laws - each Australian jurisdiction regulates against the discrimination of certain groups including sex discrimination. Under anti-discrimination laws, organisations are also required to make reasonable adjustments by making changes to allow workers with mental disorders to perform the inherent requirements of their job.

***Fair Work Act 2009* and some jurisdictional industrial laws** contain measures to address bullying at work. A worker who is subject to bullying at work can apply to the Fair Work Commission for an order to prevent the worker from being bullied at work by an individual or group of individuals. Under the *Fair Work Act 2009* an employer must not take any adverse action against an employee or prospective employee because of their disability (such as for accessing sick leave). State and territory industrial laws have similar protections against discrimination in employment.

Privacy laws – There are a number of Australian laws regulating handling and disclosure of personal information and health care records, including the *Privacy Act 1998* (Cth). Responsibilities for handling personal information could also arise under state and territory laws, particularly in relation to state or territory government agencies. Personal information includes information or opinion about an identifiable individual.

Disclosure by an employee during employment – Workers are not required to disclose information about a mental health condition to their manager or supervisor if the mental health condition does not affect how they do their job. However, organisational systems should be in place to ensure workers understand the importance of getting medical advice when their disability or long term health condition may affect their ability to carry out the inherent or essential requirements of the job, including working safely. Workers should be encouraged to consult their treating medical practitioner if they believe the job requirements may exacerbate their condition and then discuss this medical advice with their manager.

Disclosure during recruitment processes – Having a mental health condition does not often significantly affect a person's ability to perform the inherent requirements of a job. However, during the recruitment process you may ask an applicant to disclose a known disability or illness, including a mental health condition that might reasonably be expected to impact on the applicant's ability to perform inherent requirements of the job and to identify if any reasonable adjustments may be needed.

Under the *Fair Work Act 2009*, the prohibition on adverse action by a prospective employer against a prospective employee on the basis of physical or mental disability does not apply to action taken because of the inherent requirements of a particular position. If a prospective employee does not disclose a known pre-existing condition when requested, it may affect their access to workers' compensation if the condition worsens or recurs in that employment.

Given the sensitivities around requesting applicants to disclose their health conditions (and the risk you may be in breach of other laws if you seek this information without considering its relevance to the role and circumstances). You should get advice from a workplace relations expert before automatically including this in your recruitment processes.

Causes of psychological injury – psychosocial hazards

Psychosocial hazards or factors are anything in the design or management of work that increases the risk of work-related stress. A stress response is the physical, mental and emotional reactions that occur when a worker perceives the demands of their work exceed their ability or resources to cope. Work-related stress if prolonged and/or severe can cause both psychological and physical injury.

Stress itself does not constitute a physical or psychological injury.

Workers are likely to be exposed to a combination of psychosocial hazards; some may always be present, while others only occasionally. Common psychosocial hazards and factors are listed below.

High job demands

Sustained high physical, mental and or emotional effort is required to do the job. Some examples are tasks or jobs that require:

- long work-hours
- high workloads - too much to do, fast work pace or significant time pressure

- long periods of vigilance looking for infrequent events (like air traffic controllers, during long distance driving, security monitoring)
- emotional effort in responding to distressing situations or distressed or aggressive clients (like paramedics dealing with difficult patients)
- exposure to traumatic events or work-related violence (like emergency workers)
- shift work leading to higher risk of fatigue, or
- frequently working in unpleasant or hazardous conditions (like extreme temperatures or noise, around hazardous chemicals or dangerous equipment, or having to perform demanding work while wearing uncomfortable protective clothing or equipment).

Low job demands

Sustained low levels of physical, mental or emotional effort required to do the job. Tasks or jobs that where there is:

- too little to do, or
- highly repetitive or monotonous tasks (like picking and packing products, monitoring production lines).

Low job control

Where workers have little control over aspects of the work including how or when a job is done. Tasks or jobs where:

- work is machine or computer paced
- work is tightly managed (like scripted call centres)
- workers have little say in the way they do their work, when they can take breaks or change tasks
- workers not involved in decisions that affects them or their clients, or
- workers are unable to refuse dealing with aggressive clients (like police services).

Poor support

Tasks or jobs were workers have inadequate:

- emotional support from supervisors and co-workers
- information or training to support their work performance, or
- tools, equipment and resources to do the job.

Poor workplace relationships

Jobs where there is:

- workplace bullying, aggression, harassment including sexual harassment, discrimination, or other unreasonable behaviour by co-workers, supervisors or clients
- poor relationships between workers and their managers, supervisors, co-workers and clients or others the worker is required to interact with
- conflict between workers and their managers, supervisors or co-workers - this is made worse if managers are reluctant to deal with inappropriate behaviours, or
- lack of fairness and equity in dealing with organisational issues or where performance issues are poorly managed.

Low role clarity

Jobs where there is:

- uncertainty about or frequent changes to tasks and work standards

- important task information which is not available to the worker, or
- conflicting job roles, responsibilities or expectations (such as a worker is told one job is a priority but another manager disagrees).

Poor organisational change management

Workplaces where there is:

- insufficient consideration of the potential WHS and performance impacts during downsizing or relocations or associated with the introduction of new technology and production processes
- inadequate consultation and communication with key stakeholders and workers about major changes, or
- not enough practical support for workers during transitions times.

Low recognition and reward

Jobs where:

- there is a lack of positive feedback
- there is an imbalance between workers' efforts and formal and informal recognition and rewards
- there is lack of opportunity for skills development, or
- skills and experience are underused.

Poor organisational justice

Workplaces where there is:

- inconsistent application of policies and procedures
- unfairness or bias in decisions about allocation of resources and work, or
- poor management of underperformance.

Poor environmental conditions

Exposure to poor quality or hazardous working environments. Examples include:

- hazardous manual tasks
- poor air quality
- high noise levels
- extreme temperatures, or
- working near unsafe machinery.

Remote work

Work at locations where access to resources and communications is difficult and travel times may be lengthy. Examples include:

- farmers
- real estate agents
- a community nurse conducting visits at night
- night shift operators in petrol stations or convenience stores
- off shore mining, and
- fly-in, fly-out (FIFO) workers.

Isolated work

Work where there are no or few other people around where access to help from others especially in an emergency may be difficult.

Violent or traumatic events

A workplace incident involving exposure to abuse, the threat of, or actual harm that causes fear and distress and can lead to stress and/or a physical injury. This is common amongst groups such as first responders, disaster and emergency services and defence personnel. Examples include:

- robbery
- assault
- being bitten, spat at, scratched or kicked
- being threatened with a weapon.

Secondary or vicarious trauma

There are also risks associated with witnessing a fatality, or investigating a serious injury or fatality. Some workers such as child protection workers, lawyers, police officers, forensic scientists, journalists and custom officers may as part of their work need to repeatedly listen to detailed descriptions of very painful and traumatic events experienced by others.

Managing risks to psychological health and safety

WHS laws require you to manage risks from hazards, including work-related psychosocial hazards, so far as is reasonably practicable.

A psychologically healthy and safe workplace does not happen by chance or guesswork. You have to think about what could go wrong at your workplace and what the consequences could be. Then you must do whatever you can (in other words, whatever is 'reasonably practicable') to control - eliminate or minimise - psychological health and safety risks arising from your business or undertaking.

The risk management process can be used, this involves the four steps set out below and shown in Figure 2:

Step 1 Identify psychosocial hazards – find out what could cause harm, considering the psychosocial hazards described above.

Step 2 Assess risks if necessary – understand the nature of the harm that could be caused by the psychosocial hazards, how serious the harm could be and the likelihood of it happening. This step may not be necessary if you are dealing with known risks to psychological health and safety that have known control measures. Examples of control measures are described in the *How to control risks* section.

Step 3 Control risks – implement the most effective control measures that are reasonably practicable in the circumstances and ensure they remain effective over time.

Step 4 – Review hazards and control measures to ensure they are working as planned.

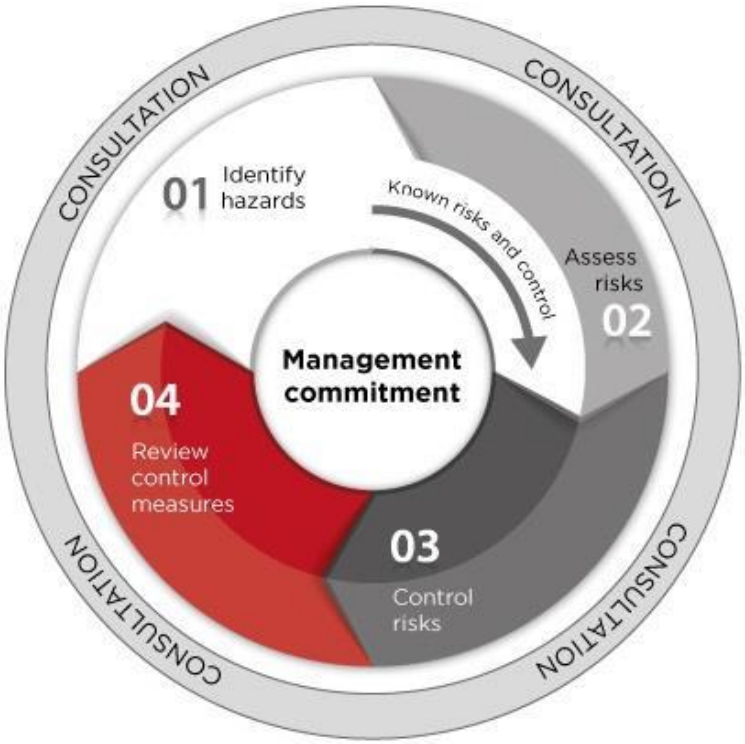


Figure 2. The risk management process

This process will be implemented in different ways depending on the size and nature of your organisation. Larger businesses or those where workers are exposed to more, or more serious psychological health and safety risks may need more complex and sophisticated risk management processes.

Leadership and management commitment

Effective management of psychological health and safety risks starts with a commitment from you and others who operate and manage your business or undertaking. A clear, well communicated organisational workplace mental health policy is essential to support RTW and stay at work for those experiencing work related mental health conditions.

PCBUs and officers of a PCBU have a duty to exercise due diligence to ensure they meet their WHS obligations. Due diligence includes taking reasonable steps to:

- acquire and update knowledge of work-related psychological health and safety matters
- understand the organisation's operations including any risks to work-related psychological health and safety
- ensure there are appropriate resources and processes to eliminate or manage risks, and these are used to effectively manage risks to psychological health
- ensure there are appropriate processes for receiving, monitoring and reviewing information on incidents, hazards and risks, and they are responded to in a timely way
- ensure the PCBU has processes for complying with any duties or obligations under WHS laws, and
- verify resources and processes are provided and used to manage risk.

When a WHS inspector is considering whether you are meeting your WHS duties, they will look for evidence that you are proactively managing WHS risks, for example, by taking

similar steps to those required for officers to meet the due diligence requirements noted above.

Consulting workers

Consultation is a key element of providing a psychologically healthy and safe work environment. You have a duty to consult with affected workers; if they have a health and safety representatives (HSR) the HSR must be included in the consultation. This duty is described in more detail in the Code of Practice: *Work health and safety consultation, co-operation and co-ordination*. It recognises workers' input and participation can improve decision-making about psychological health and safety.

Consultation on psychological health and safety matters involves sharing information on hazards and risks, giving workers a reasonable opportunity to express their views, raise issues, contribute to the decision-making process, and taking those views into account. It is important that you respect their privacy and keep information confidential where this is necessary. Consultation also requires advising workers of the outcomes. Consultation with workers and their HSRs is legally required, so far as reasonably practicable, at each step of the risk management process. If workers are represented by unions, you may wish to seek their input during the consultation process.

Methods for consulting workers can vary according to the size of the workplace and the distribution of workers across sites and shifts. Examples include pre job start or toolbox discussions, focus groups, worker surveys, WHS committee meetings, team meetings and individual discussions.

By drawing on workers' experience, knowledge and ideas, it is more likely the main work-related psychological health and safety risks will be identified and effective control measures selected. Workers should be encouraged to talk about their experience, knowledge and ideas, either to their supervisor or another appropriate person (such as an HSR) so the risks can be managed before an incident occurs. Effective consultation with your workers can also help raise awareness of psychological health and safety.

Collecting workers' views can be done using focus groups or small groups (6–10 people) from across a business or organisation. They can help identify common psychological health and safety risks.

Worker surveys, for example People at Work, are another effective tool for consulting workers. When conducting a worker survey consider the size of the group and organisation, how representative the sample will be, and whether individuals can be identified. Information should always be reported at group level to ensure individuals are not identifiable.

Consulting, co-operating and co-ordinating activities with other duty holders

WHS laws require that you do all that is reasonably practicable to consult, co-operate and co-ordinate activities with all other persons who have a WHS duty in relation to the same matter. For example, more than one business or undertaking may be involved in the same activity or share the same workplace and so may contribute to any psychological health and safety risks. Consulting, co-operating and coordinating allows you to work effectively together so risks are eliminated or minimised so far as is reasonably practicable. Further guidance is in the Code of Practice: *Work Health and Safety Consultation, Co-operation and Co-ordination*.

Information, training, instruction and supervision

You must ensure, so far as reasonably practicable, workers are provided with information, training, instruction and supervision to protect them from risks to their psychological health and safety while at work.

How to identify psychosocial hazards

The first step in the risk management process is to identify all work-related psychosocial hazards. This involves finding things and situations that could potentially harm people. Psychosocial hazards can arise from organisational factors (work organisation, job design and poor workplace culture), environmental factors and individual factors. Common work-related psychosocial hazards are listed on page 9.

There may be other hazards unique to your organisation which should be considered. It is helpful to talk to your industry association, unions and WHS regulator to find out about hazards and solutions that may be common in your industry.

Psychosocial hazards may be identified by:

- having conversations with workers, supervisors and health and safety specialists
- inspecting the workplace to see how work is carried out, noting any rushing, delays or work backlogs
- noticing how people interact with each other during work activities
- reviewing relevant information and records such as reporting systems including incident reports, workers' compensation claims, staff surveys, absenteeism and staff turnover data, and
- using surveys to gather information from workers, supervisors and managers.

In complex situations you may want to seek advice on specific risk identification and assessment techniques and the help of specialists.

Individual factors

People respond to hazards in different ways. Individual differences that may make some workers more susceptible to harm from exposure to the same hazard include:

- being a new or young worker
- having an existing disability, injury or illness
- having previously been exposed to a traumatic event, or
- workers who are currently experiencing difficult personal circumstances.

By talking to your workers, including these groups, and asking how they are coping you can decide if they may need some additional support so they can do their work safely and well.

You should do all that is '[reasonably practicable]' to identify and control psychological health and safety risks including for at risk workers and to make adjustments to accommodate their needs at work. Your regulator will take into account a number of factors including your business size and nature when deciding what was reasonably practicable for you to do.

More information about what you can do if one of your workers is reporting feeling stressed or they think they have a work-related psychological injury is dealt with in the Intervening early and Supporting recovery Chapters.

Guidance on bullying and fatigue

Specific advice on how to manage risks from bullying and fatigue may be found in the:

- Guide to Preventing and Responding to Workplace Bullying
- Dealing with Workplace Bullying – a Workers' Guide
- Guide for Managing the Risks of Fatigue, and
- Fatigue Management – A Guide for workers

How to assess risks

Assessing risks involves considering what could happen if someone is exposed to a psychosocial hazard, the degree of harm that may result, and the likelihood of that outcome. The complexity of a risk assessment will depend on the types of hazards present, how workers are exposed, and the information and resources available.

Exposure to the hazard

The frequency and intensity of exposure to each psychosocial hazard should be considered during the risk assessment. For example, infrequent exposure to low levels of workplace conflict may be unpleasant without causing a risk to psychological health and safety, while frequent exposure to high levels of conflict can increase the likelihood of both physical and psychological injury.

A risk assessment can help you determine:

- how severe a risk is - the frequency and duration of exposure to a psychosocial hazard and possible consequences of continued exposure and whether existing control measures are effective
- how urgently you need to take action, and
- options for eliminating hazards or minimising the risk- including their effectiveness and availability.

Many hazards and their associated risks are well recognised and have well-known and accepted control measures. In these situations it may not be necessary to formally assess the risk if there are well-known and effective controls measures suitable to your circumstances.

If, after identifying a hazard, you already know the risk and how to control it effectively, you can implement the controls without undertaking a risk assessment. You can simply then check to confirm these have been effective.

A more thorough risk assessment should be done if exposure to psychosocial hazards could result in a psychological injury and there is uncertainty about the:

- potential severity of consequences
- ways hazards may interact to produce new or greater risks, or
- effectiveness of control measures.

The level of risk can be assessed by weighing up the presence of the psychosocial hazards listed on page 9 and considering the potential of the hazard to lead to harm.

Workers and others may be exposed to more than one type of psychosocial hazard at any one time. Psychosocial hazards interact with each other so you should not consider these separately. For example, the combination of high job demands, low control, and low support increases the likelihood and severity of physical or psychological harm.

How to assess risk from exposure to psychosocial hazards

First identify who should participate in the risk assessment. For example your risk assessment might first focus on those parts of the organisation where psychosocial hazards have already been identified.

The most common methods used to assess risks are consulting with workers and their HSRs, using information from focus groups, interviews, and de-identified surveys and reviewing your organisation's records.

Important considerations when assessing the risk are:

- workers' views of the work-related psychosocial hazards and factors. An assessment based on observation or other data alone is unlikely to provide accurate results, sometimes it will be helpful to ask work groups or team about the most important issues
- the assessment should focus on known psychosocial hazards such as those listed on page 9 and those specific to your workplace, and
- using the most suitable risk assessment method. This will vary depending on the nature of the work, your organisation and workforce.

For some situations, advice from experienced WHS professionals may be useful to help do the risk assessment and communicate results to your workers and HSRs or unions.

Australian and international WHS authorities have developed a range of free reliable and valid risk assessment tools and resources. See for example the People at Work tool kit, the Copenhagen Psychosocial Questionnaire or the United Kingdom Health and Safety Executive Management Standards Indicator Tool.

How to control risks

The hierarchy of controls

Under WHS laws, work-related hazards that present a risk to psychological health and safety must be eliminated so far as is reasonably practicable, or if that is not reasonably practicable, the risks must be minimised so far as is reasonably practicable.

Some control measures are more effective than others. Controls can be ranked from the highest level of protection and reliability to the lowest. This ranking is known as the hierarchy of control.

If your assessment has identified actual or potential harm from exposure to psychosocial hazards you can follow the hierarchy of controls to help you eliminate or minimise risks. You should match your risk control measures to the psychosocial hazards in the specific parts of your organisation you identified or assessed in steps 1 and 2 of the risk management process.

The Code of Practice: *How to Manage Work Health and Safety Risks* refers to the management of both physical and psychosocial hazards. The Code groups the hierarchy of controls into different types that can be applied when eliminating or minimising WHS risks. Other ways of considering a hierarchy of effective controls are discussed in the psychology, health promotion and public health literature on your jurisdiction's website or headsup.

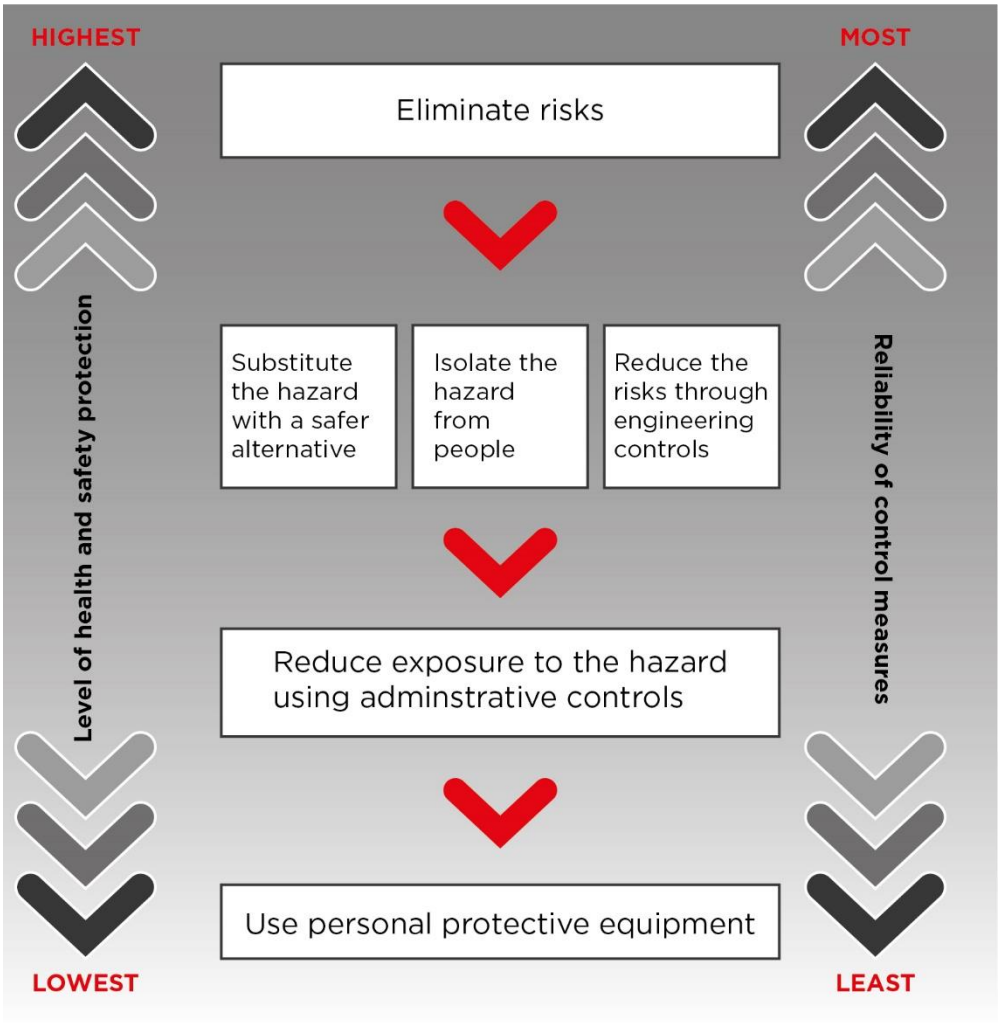


Figure 3. The hierarchy of risk control

WHS laws require you to eliminate risks so far as is reasonably practicable, and if it is not reasonably practicable to do so, to minimise those risks so far as is reasonably practicable. Further information is available in the Guide: *How to determine what is reasonably practicable to meet a health and safety duty*.

Eliminating risks (highest level of protection and reliability)

Eliminating the risk means completely removing the psychosocial hazard and associated risks. This is the most effective control measure and you should always consider it before anything else.

Examples include:

- removing the risk of assault during a robbery by exclusively using remote payment methods
- eliminating excessive work demands by
  - setting achievable workloads and performance targets with your current staff numbers and skills mix, or
  - designing jobs to eliminate activities better undertaken by outsourced companies with well-developed processes for example delivery of products to customers.

It may not be reasonably practicable to eliminate the risk, for example if doing so means you cannot make your product or deliver your service. Where a risk cannot be eliminated you must minimise it so far as is reasonably practicable.

You may find it useful to consider the information in the *Principles of Good Work Design: A Work Health and Safety Handbook*. Good work design considers the work tasks, work systems, the physical working environment, and the workers and others in the workplace. Good work or job design may involve eliminating hazardous tasks or minimising their risks by substituting them with less hazardous tasks, using isolation or engineering controls.

Minimising risks

The hierarchy of control model was developed to address physical hazards. However it can be applied to psychosocial hazards.

Work design is used to minimise the risks by substituting the hazard, isolating the hazard from the person or putting in place engineering controls. This must be done so far as is reasonably practicable.

For psychological health and safety, substitution means substituting the hazardous ways of working with less hazardous alternatives, this is done by changing the design of the work or the system of work. Isolation and engineering controls may also be used to control physical and psychological risks.

Examples include designing work and work systems:

- allowing longer for difficult tasks to be completed safely, especially by inexperienced staff
- matching work allocation with appropriate staff for example ensuring sexual assault caseload allocations consider the case type, complexity, numbers of available staff and their skills and experience
- redesigning work systems to minimise confusion by clearly defining your workers' roles, reporting structures, tasks and performance standards
- providing workers with control over their work pace to allow them to take breaks to manage their fatigue instead of using machine pacing or automated work allocation
- increasing the level of practical support during peak workloads
- consulting your workers about how major organisational changes may affect them and listening to their views
- improving the work environment by

  - reducing the physical demands of the job by supplying appropriate manual handling equipment
  - installing sound dampening technology or enclosing machinery to isolate the worker from unpleasant or hazardous noise, or
  - increasing the lighting in darker areas or placing barriers between workers and customers to minimise the risk of assault, violence and other crime.

While you should use work design to minimise the risks so as far as reasonably practicable, where this is difficult to adequately do you should carefully consider ways you can provide more emotional and practical support or increase the level of job control the worker has over their tasks. By increasing support and or job control you can minimise the impact of other psychosocial hazards and bolster people's capacity to cope, they may then experience less stress.

Administrative risk controls

Only after applying substitution, isolation and engineering control measures to minimise risks so far as is reasonably practicable should you use administrative controls. They should always be used in conjunction with higher order controls.

They commonly include your organisation's policies and standard operating procedures. These outline for example your expected workplace behaviours and how you will manage unreasonable behaviour including by your supervisors, workers, clients or customers.

They may also include specific instructions on how to manage foreseeable serious risks and how to respond if an incident occurs, including providing assistance to your workers. This is very important where there is a higher likelihood of exposure to psychosocial hazards, for example emergency responders.

Administrative controls include:

- using job rotation for repetitive or highly demanding tasks, to reduce exposure time such as rotating workers who need to deal with aggressive clients
- having clear expectations about psychological health and safety in your organisation including on bullying and sexual harassment and that you check these are put into practice
- ensuring your workers have the right tools, information, training and supervision to do their job safely and well you have a workplace values and rewards system that supports collaboration and teamwork in your organisation
- you consult and train your workers to prepare for the introduction of new equipment, software or production techniques, and
- providing your supervisors with appropriate training in people and work management, and on the job support, and
- you train your workers and supervisors to recognise early warning signs of psychological injury.

Your expectations about workplace behaviours can be outlined in policies and procedures or your value statements.

Personal protective equipment

Protecting the worker through personal protective equipment (PPE) is a last resort and must be used where there are physical risks likely to cause a stress response that cannot be reasonably minimised using higher order controls. Examples include providing:

- personal distress alarms
- outdoor workers with eye and face protection from the sun and glare
- police with body armour and face protection
- gloves, gowns, and face shields to protect child care workers, emergency workers, nurses and personal care workers from contact with body fluids, and
- high quality hearing protection or headphones to reduce stress reported from excessive or annoying background noise.

Combining risk controls

Workers may be exposed to multiple psychosocial hazards. Some of these may always be present while others only occasionally. You should also always consider how hazards interact.

In most cases, a combination of control measures will most effectively minimise the risk. For example, in customer service there may be work pressure, aggressive customers and

supervisors who are not readily available to provide support. In this circumstance a combination of control measures could include:

- automating the service
- redesigning the work environment to introduce barriers between workers and clients
- job rotation to reduce exposure to distressed customers
- administrative procedures to prioritise customers showing signs of aggression, and
- training supervisor and workers to improve team communication
- providing training in de-escalation for aggressive customers, and
- reviewing difficult incidents to identify improvements to existing controls.

When implementing controls, you should always check you have not inadvertently introduced new hazards. Further guidance on controls specific to each of the psychosocial hazards can be found in Where to go for help. For more information to help you decide what you should consider when deciding what control measures are reasonably practicable see the Interpretive Guideline: *The Meaning of 'Reasonably Practicable* and example Appendix 3 - Scenarios.

How to review your control measures

You must maintain, monitor and review and then if necessary revise control measures for risks to psychological health and safety to make sure they remain effective. Reviews must occur:

- where a new hazard or risk is identified
- if a control measure is not adequately minimising the risk
- before a significant workplace change occurs for example a change to the work environment or systems of work
- where consultation indicates a review is necessary, or
- if a HSR requests a review.

Consultation with your workers and their representatives is required throughout the risk management cycle. This includes when you are reviewing control measures.

You can use the same method you used during the initial hazard identification and risk assessment process. Further guidance is in the Code of Practice: *How to Manage Work Health and Safety Risks.*

What is the role of health promotion?

General and mental health promotion is the process of enabling people to increase control over and improve their physical and mental health. Health promotion in the workplace refers to the combined efforts of employers, workers and society to improve the health and wellbeing of people and can include focusing on healthy lifestyles, personal development and learning, and non-work-related factors in the general environment.

A best practice approach to developing and sustaining a psychologically healthy and safe workplace should focus on mental illness prevention and mental health promotion.

You are not required under WHS laws to provide health promotion initiatives. However, well run initiatives can have positive effects on general and mental health. These initiatives can help managers and workers better understand physical and mental health, and build a supportive workplace culture. When these types of strategies are combined they can lead to better worker wellbeing and can mean workers feel more comfortable reporting work-related psychosocial hazards and accessing professional counselling services if issues do arise.

Senior management commitment and input from workers is required to ensure strategies are appropriate and meet specific needs. More information on integrated approaches to mental health which include the incorporation of health promotion see the resources on WHS authorities' websites.

It is important you do not adopt a health promotion strategy as an alternative to managing the psychological hazards and risk associated with the work undertaken in your organisation. However health promotion can work in conjunction with the systematic approach. For information on best practice integrated approaches and health promotion see your WHS authority's website or contact the organisations listed in Where to go for help.

Intervening early

Intervening early can be divided into three sub phases, the first two overlap with the 'prevent' phase and the last with the 'recover' phase.

- The first is to identify and respond to any signs the psychosocial hazards and risks in your workplace are not being well managed and the controls are not effective. This is part of the 'prevent phase' where you must monitor and review the main psychological health and safety risks and controls and where required make improvements. This is a legal requirement.
- The second is quickly intervening whenever you become aware a worker is becoming stressed and getting them the help they need. Having a workplace culture and procedures that support your workers disclosing if they are feeling 'overwhelmed' will provide valuable opportunities for early intervention. This may also include giving them access to counselling and extra workplace support. This may prevent them going on to develop a psychological injury requiring long-term personal leave or support through the workers' compensation scheme. In this second step you must investigate the psychological health and safety risks which have affected that worker but which might also be affecting others. This is an opportunity for you to identify and then better control risks that might injure others or harm your business.
- The third step is if the worker's symptoms persist and they are likely to be work-related, to provide them with help and support while a claim is being lodged and determined. It is best practice to continue to support the worker during this process. Examples are provided in this guide.

You can intervene early regardless of whether you think a workers' compensation claim will be made. While this it is not a legal requirement it will help support the worker's recovery and is considered best practice.

How to support early intervention

The earlier you identify a worker is experiencing work-related stress the sooner steps can be taken to prevent a psychological injury.

Where you have identified a worker may be at risk because of a non-work related mental condition you have a duty to ensure, so far as reasonably practicable, the health and safety of your workers whilst at work. Your risk management process should include identifying any additional controls which may be required for workers with existing injuries or illnesses.

For information on reasonably practicable steps please see the Guide: *How to determine what is reasonably practicable to meet a health and safety duty* or seek information from your WHS regulator.

For information on how to implement best practice approaches to support workers with non- work related mental conditions please see resources on the headsup website.

Similar to applying first aid for physical injuries, an early and supportive response to any of your workers who are telling you they are experiencing difficulty can help. You may like to provide workers with access to confidential debriefing or counselling services, including peer support programs.

Many people can contribute to effective early intervention. You and your managers and supervisors have a particularly important role. They are likely to be aware of workers who

may be feeling stressed and are best placed to implement more effective control measures before risks result in a psychological injury.

Opportunities for early intervention include when:

- you receive reports of a work-related psychosocial hazard, this is a sign immediate action is needed
- you receive reports of low morale, disengagement, unexplained sickness absences and reduced work productivity
- workers or teams show signs of work-related stress, or
- a workers' compensation claim has been made but liability has not been determined.

Early reporting by your workers if they are finding it difficult to cope is important and you should encourage this by demonstrating your commitment to:

- maintaining confidentiality
- supportive respectful and family friendly workplace, and
- a disability-friendly workplace.

Factors that can discourage workers from disclosing they are feeling stressed includes:

- concern about job security or of limited opportunities for promotion
- concern their supervisor might not be supportive, and
- the risk of being treated differently by their supervisor or co-workers.

Examples of early interventions you may implement to improve RTW outcomes include:

- promptly investigating complaints including reviewing and revising risk controls
- training your managers, supervisors and workers so they better understand psychological health and safety risks, how these can be managed, and to recognise early warning signs
- establishing clear policies on workplace behaviour and effective procedures for managing complaints, which are understood by all your workers
- having and communicating an early intervention policy outlining your expectations of your managers, supervisors and workers, and
- providing information for your workers on how to report psychological health and safety concerns (such as reporting bullying, harassment or work-related violence).

To be supportive you may want to offer flexible or varied working arrangements to one of your workers who appear stressed but where a workers' compensation claim has not yet been made or accepted. If so, you will need to discuss this with your worker to see if you can reach agreement with them. Discussion should include whether the new arrangement is permanent, temporary or subject to review and any conditions associated with the new arrangements. You must also check that any flexible or varied arrangements, including conditions for ending them, meet the terms of any contract, agreement or award that applies to your worker.

RTW outcomes will be improved by:

- providing your worker with early access to counselling, conflict mediation services and professional mental health services
- talking with your worker to understand what reasonable adjustments could be made while the claims process is underway, and
- providing your worker with assistance to help them understand the workers' compensation system and how to lodge a claim, and
- encouraging them to lodge their claim early.

A key step widely recognised to improve RTW outcomes is for an appropriate manager or supervisor to contact the worker before they go off work and frequently through their

recovery process to ask them how they are going, indicate your interest in their welfare and see what help they might need.

Even when a workers' compensation claim is not accepted or is disputed, it is best practice for you do what you can to try to support your worker and to recover from a psychological injury.

Supporting recovery

How to support recovery and RTW

In previous chapters the term PCBU was used, and is used here where the duties relate to WHS obligations. The term 'employer' is used where referring to workers' compensation laws and obligations. The term 'employer' is used in workers' compensation laws and carries a narrower meaning than PCBU.

This chapter provides guidance for you on legal requirements and how to support a worker's RAW or RTW following a work-related psychological injury. Many of the principles and practices are similar to those required for supporting recovery from physical injury.

This chapter also discusses some best practice strategies that go beyond those required by workers' compensation laws. Further information can be found on your WHS regulator and workers' compensation authority websites. See their contact details Where to go for help.

Compensable psychological injury

Psychological injuries arising out of or in the course of employment are generally covered under workers' compensation laws in each jurisdiction; these are known as compensable injuries. Most workers' compensation laws do not cover claims for psychological injury if they are related to reasonable administrative, management or employer action taken in a reasonable manner.

What are the workers' compensation laws?

All Australian jurisdictions have workers' compensation laws that establish a no-fault scheme for the compensation and management of work-related injuries and illnesses, including psychological injury. These laws aim to support workers in the event of a work-related injury or illness including a psychological injury.

These laws, although similar in all jurisdictions, have some variations so it is important to refer to your jurisdiction and ensure you are compliant with relevant laws. For more information on the specific arrangements in each jurisdiction, see the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* or your workers' compensation authority's website.

Workers' compensation is typically limited to workers who have entered into or who work under an employment contract. Employers have legal obligations to their workers with a work-related injury, including providing suitable duties.

Workers' compensation laws require employers to take out insurance to fund potential liability for workers injured at work.

The types of compensation and entitlements that can be claimed under most workers' compensation laws include:

- medical expenses - doctors, psychiatrists, psychologists or counsellors
- income replacement payments to injured workers

- costs associated with rehabilitation and related programs including where required exercise routines
- costs associated with retraining for other employment or duties
- lump sum payment for any permanent injury or disability, and
- death benefits to a dependent of a deceased worker in the event of a work-related death (entitlements vary across jurisdictions).

Provisional liability

Some jurisdictions offer provisional liability allowing the payment of benefits and medical expenses before a decision is made on the claim. This can ensure the injured worker has timely access to the appropriate medical attention prior to the determination of liability.

Regardless of whether or not you are in a jurisdiction that offers provisional liability, it is good practice to provide access to early interventions including medical treatment. Access to early medical treatment and a faster claims process has been shown to improve RTW outcomes for injured workers and for the organisation.

Who is eligible for workers' compensation for a psychological injury?

Eligibility for workers' compensation and entitlements for psychological injury are influenced by the laws in each jurisdiction regarding:

- the definition of an eligible worker
- the definition of work-related psychological injury, and
- connection to employment.

A worker is generally eligible for workers' compensation if their employment is recognised as casual, part-time or full-time under an employment contract. Entitlements for self-employed and contract workers vary.

There must be a relationship between the injury and employment before the worker can claim workers' compensation. In most jurisdictions, there are additional requirements with respect to the relationship between the psychological injury and the employment.

What is meant by recovery and return to work?

Workers' compensation laws outline when you must have documented RTW policies and procedures for managing the recovery of your workers who sustain a work-related injury, including psychological injury.

Recovery at work (RAW)

Not all workplace injuries result in an employee needing to take time off work. In some cases, where the injury is not severe, it may be appropriate for your injured worker to stay at work where it is safe to do so. They might also come back to work after an absence on modified duties and continue to recover whilst they are at work. This is known as recovery at work (RAW).

During recovery the injured worker is supported to perform duties within their capacity. Where it is safe, and giving careful consideration to each worker's medical needs, continuing to stay at work and undertaking alternative or modified duties is recognised as best practice. Your policies and procedures for managing injured workers should cover these

circumstances. It is important the risks which led to the psychological injury have always been eliminated or minimised.

RAW may be an effective way of supporting your worker to recover from a work-related psychological injury. Delayed RTW after psychological injury is often associated with longer and more complicated recovery. Redesigning or reassigning tasks, or rearranging shifts to minimise work pressure or the risk of workplace conflict, are examples of implementing RAW.

RAW and RTW programs need not be limited to after the lodgement of a workers' compensation claim. As good practice, many employers choose to offer recovery and RTW programs for any worker requiring adjustments and support for a psychological injury.

Returning to work after a work-related psychological injury

Not all injured workers can continue to work while they are recovering. RTW means supporting your injured workers to come back to work after they have been absent. It is important you ensure your workers return to a safe environment where psychosocial hazards are identified and controlled, as required by WHS law.

The workers' compensation laws outline the rehabilitation and RTW processes including:

- the right of an injured worker to select their own independent rehabilitation provider paid for by the insurer, and
- a safe, timely and durable RTW of the injured worker having regard to the worker's injury.

The aim is to help the injured worker recover and return to safe work. It requires the injured worker is adequately supported, appropriately medically managed and that you ensure their safety and provide suitable duties and reasonable workplace adjustments.

A long period away from work can undermine working relationships and has been shown to lead to poorer RTW outcomes for injured workers. Feeling isolated from people at work and having unresolved workplace conflict negatively affects the injured worker's capacity to return to normal functioning, including productive work.

While not required under law you may help your workers to RTW following a period of mental ill-health, even if it is not work-related, using the same principles.

What are employers' obligations?

Generally workers' compensation laws place obligations on the employer to:

- have workers' compensation insurance
- maintain a record of all work-related injuries including where required reporting these to your WHS regulator
- have a documented rehabilitation policy describing the steps to be taken if a worker has a work-related injury
- consult with the worker and provide information about their rights and responsibilities
- treat the worker fairly during and after claim lodgement
- notify the insurer of all workplace injuries within a specified timeframe (this timeframe varies by jurisdiction and there are also duties to notify the WHS regulator about some types of injuries and incidents under WHS laws)

- develop or be involved in the development of the worker's RTW plan and comply with the obligations described in the plan, and
- provide meaningful suitable duties, as far as reasonably practicable, when a worker is able to RTW either on a full-time or part-time basis.

It is considered best practice to have just one person in your organisation responsible for maintaining contact with the injured worker. This should be someone who is both competent and trusted by your worker.

Consultation with workers and other parties

You are required to consult with workers and other parties under workers' compensation laws. Your duty to consult varies by jurisdiction. Regardless of whether there is a legal requirement to consult with the injured worker and others, consultation is essential for ensuring good outcomes and should occur throughout the early intervention, rehabilitation, RAW and RTW phases.

What are workers' obligations?

Workers have legislated obligations under workers' compensation laws. Requirements vary by jurisdiction, however generally they are required to:

- notify you of the injury as soon as practicable (different time limits apply and in some jurisdictions, workers do not have this duty)
- participate and co-operate in RTW planning approaches
- comply with obligations set out in RTW planning approaches including participation in injury management or rehabilitation, and
- make reasonable efforts to RTW to suitable duties when practicable.

Workers should take all reasonable steps to RTW as soon their medical practitioner has certified they have capacity to work and you can provide suitable work. It is best practice that your worker participates in this planning regardless of their capacity to work. Such expectations should not prevent your injured workers from taking planned leave or applying for annual and other forms of leave.

Who has a role in supporting recovery and RTW?

This Guide focuses on the obligations of employers and workers under workers' compensation laws and emphasises that a supportive relationship between the employer and the worker is essential to achieve a sustainable RTW.

Other parties are also involved in the supporting the recovery and RTW processes and some are listed below.

Treating practitioners are doctors or other health practitioners with the primary responsibility for co-ordinating the injured worker's medical care. As such they have a central role in the success of the RTW process. In most cases, for psychological injuries the treating practitioner is the injured worker's general practitioner.

Insurers or agents are organisations that issue workers' compensation policies, manage the collection of premiums and assess and manage workers' compensation claims.

Claims managers are employed by an insurer, agent or self-insurer to manage claims. Their role includes all or some of the following:

- developing a claim strategy
- making decisions
- processing compensation and entitlements
- liaising with the injured worker making the claim, the employer, the treating practitioner and other stakeholders involved in the claim, and
- co-ordinating the injury management and rehabilitation strategy.

Injury management advisors or rehabilitation providers are people employed by the insurer or agent to provide expert independent advice on injury management, treatment, and rehabilitation and RTW issues. They liaise with the worker, employer and treating practitioners to support the best-practice medical management of injured workers. Injury management advisors or rehabilitation providers generally have a background in a medical, allied health or related areas.

In certain jurisdictions, some of these responsibilities may belong to other roles such as case managers, medical advisers or RTW specialists. For more information on how these and other parties may be involved in the recovery and RTW process see the *Best Practice of Claims Management for Psychological Injuries* or speak with your workers' compensation agent or insurer.

How to achieve a timely, durable and safe recovery and RTW

Supporting recovery and RTW begins with strong management commitment and good planning to support the injured worker throughout the process.

Successful RTW after a psychological injury involves:

- identifying any hazard thought to have led to the original injury, or which may be present in new duties and taking all reasonable steps to eliminate or minimise these
- maintaining regular contact with your injured worker, particularly if they are away from the workplace, which is essential for ensuring effective communication and support
- effective consultation with everyone involved in the RAW/RTW process including, the injured worker, managers/supervisor, case manager, injury management advisors and treating practitioners.
- clearly establishing the injured worker's capacity to work; what they are able to safely do and when they are likely to return to pre-injury work duties
- clearly identifying what support is required and who is responsible for each action
- maintaining appropriate confidentiality, and
- considering any other factors that may impact on your worker's capacity to work for example, medication, travel, and any support services.

Generally, workers are required (and it is always best practice) to actively participate in the development of their RTW plan. This includes talking together about what work they think they could do and the support they may need to help them to RTW.

Employers can promote effective RTW processes by ensuring their managers, supervisors, and rehabilitation or RTW co-ordinator are appropriately trained and qualified. Having the knowledge and capability to assist, support and communicate with workers and relevant health professionals is important throughout the planning and implementation processes. The employer should work closely with the rehabilitation or RTW co-ordinator to supervise the RTW process. This will ensure effective communication between all those involved in supporting the worker in their RTW.

Developing a RAW or RTW plan

An effective workplace-based injury management and rehabilitation includes:

- a plan for maintaining contact with your injured worker
- identifying and providing suitable duties for example, modified or alternative work, and hours of work including breaks
- providing appropriate support, aids and modifications to the workplace for example access to rest facilities and support programs
- providing access to professional counselling or other medical treatments or therapies
- briefing co-workers on psychological health and how to support your injured worker – this should be done in consultation with the injured worker and respecting their right to privacy
- providing graduated RTW processes including days and hours of work, and
- scheduling reviews to monitor progress.

Suitable or alternative duties

Suitable duties means meaningful work suited to the worker's current capacity taking account of their medical condition, age, skills, work experience and pre-injury employment. The worker's treating practitioner may recommend the worker returns to work to undertake suitable or alternative duties in the same role or in another role or location. They may also request reasonable workplace support or modifications to support the RTW.

All reasonable efforts must be made to identify suitable or alternate duties your injured worker can do. These should be included in the RTW plan.

Employers, managers, supervisors, case managers, and injury management advisors, in consultation with the injured worker and their health professionals, should determine suitable duties.

You, the treating practitioner and the worker need to work together to identify suitable RAW or RTW duties that are within the workers' capacity and skill, and medically approved. Injury management advisors or rehabilitation providers can help you identify suitable duties. Actively suggesting suitable or alternate duties and your willingness to support your worker during their RTW can increase the likelihood of their early safe and durable RTW.

Reasonable modification or support

After a psychological injury, workers may require reasonable modifications or support to safely RTW. Examples may include:

- flexible working arrangements - for example allowing your worker later start times, graduated RTW with reduced days and hours, and opportunities to attend medical appointments, and
- modifying some aspects of the job for example:
    - reducing exposure to high stress situations
    - simplifying tasks
    - providing greater support like putting instructions in writing
    - modifying the work area, for example making it quieter
    - allowing different reporting arrangements, or
    - changing the work location if suggested by the treating doctor.

When modifying duties or locations it is important to ensure the worker does not feel stigmatised or isolated.

How to overcome barriers to successful recovery

To overcome any barriers to a successful recovery and RTW following a psychological injury you can:

- strengthen your WHS and workers' compensation systems, policies or procedures
- ensure there is visible management commitment to injury prevention and RTW
- train managers and supervisors in effective RAW and RTW
- try to build or repair a positive relationship with your injured worker
- maintain your worker's connection with their organisation, supervisor and colleagues
- support supervisors and make sure they have adequate time to support your worker when they RAW or RTW
- improve attitudes and address misunderstandings about psychological injuries, for example that workers will not recover, will require a lengthy absence from work, or will not be able to return to pre-injury duties
- regardless of liability, you should focus on RAW or RTW. Whatever the outcome of the liability decision, the worker will be assisted. This will prevent or minimise further harm to the worker. Trust medical experts to identify the severity of your worker's injury, and
- if you are concerned the RAW and RTW will disrupt the work of others, discuss how these issues can be better managed.

If your worker has both a psychological injury and a physical injury, it is common they can have longer periods off work and a more complicated RAW or RTW process. Specialist tailored support may be needed. For further information see Where to go for help.

A range of practical advice on overcoming these barriers can be found on the Heads Up website and from organisations listed in Where to go for help. You should regularly review your RAW and RTW policies and processes to identify ways to improve them. This can include:

- reviewing and monitoring your organisation's RAW and RTW performance
    - consider reports provided by case managers
    - check suitable duties were provided
    - ask workers about their RTW experiences, and
    - evaluate the effectiveness of consultation arrangements with everyone who has a role in RAW and RTW
- assessing whether your policies and procedures reflect best practice and if required implementing improvements
- checking your managers and supervisors have the knowledge and skills they need to assist injured workers
- maintaining and reviewing a register of RTW activities including early intervention approaches, modified duties and reasonable adjustments, and
- reviewing and monitoring your individual workers' RAW and RTW arrangements at critical milestones to check they remain appropriate.

Mental health promotion initiatives, though optional can help create a positive organisational culture which is supportive of workers experiencing psychological injuries including during RAW/RTW periods and after they have recovered. As part of a RAW/RTW plan, they can lay the groundwork for a smoother transition back into the workplace. For more information on mental health promotion suggestions visit your jurisdiction's website or Heads Up.

Appendix 1 – Where to go for help

All WHS regulators and workers' compensation authorities have useful information, resources and tools on their websites. Many have specific guidance on workplace stress, harassment, bullying or work-related violence. There is also some information on best practice approaches which could beyond those required to meet your duties.

WHS regulators

Comcare

www.comcare.gov.au

general.enquiries@comcare.gov.au

1300 366 979

NT WorkSafe

www.worksafe.nt.gov.au

ntworksafe@nt.gov.au

1800 019 115

SafeWork NSW

www.safework.nsw.gov.au

contact@safework.nsw.gov.au

13 10 50

SafeWork SA

www.safework.sa.gov.au

help.safework@sa.gov.au

1300 365 255

Workplace Health and Safety Queensland

www.worksafe.qld.gov.au

1300 362 128

WorkSafe ACT

www.worksafe.act.gov.au

worksafe@act.gov.au

02 6207 3000

WorkSafe Tasmania

www.worksafe.tas.gov.au

wstinfo@justice.tas.gov.au

1300 366 322 (within Tasmania)

WorkSafe Victoria

www.worksafe.vic.gov.au

info@worksafe.vic.gov.au

1800 136 089 or 03 9641 1444

WorkSafe WA

www.commerce.wa.gov.au/WorkSafe

safety@dmirs.wa.gov.au

1300 307 877 (within Western Australia)

Workers' compensation authorities

Comcare

www.comcare.gov.au

general.enquiries@comcare.gov.au

1300 366 979

NSW State Insurance Regulatory Authority (SIRA)

www.sira.nsw.gov.au

contact@sira.nsw.gov.au

1300 555 727

NT WorkSafe

www.worksafe.nt.gov.au

ntworksafe@nt.gov.au

1800 019 115

ReturntoWorkSA

www.rtwsa.com

info@rtwsa.com

131 855

WorkCover Queensland

www.worksafe.qld.gov.au

1300 362 128

WorkCover WA

www.workcover.wa.gov.au

1300 794 744

WorkSafe ACT

www.worksafe.act.gov.au

worksafe@act.gov.au

02 6207 3000

WorkSafe Tasmania

www.worksafe.tas.gov.au

wstinfo@justice.tas.gov.au

1300 366 322

WorkSafe Victoria

www.worksafe.vic.gov.au

info@worksafe.vic.gov.au

1800 136 089 or 03 9641 1444

Other support services

Australian Human Rights Commission

www.humanrights.gov.au

1300 656 419 or 02 9284 9888

Beyond Blue

www.beyondblue.org.au

1300 224 636

Black Dog Institute

www.blackdoginstitute.org.au

Fair Work Commission

www.fwc.gov.au

1300 799 675

Headsup

www.headsup.org.au

Lifeline

www.lifeline.org.au

13 11 14

SANE

www.sane.org

1800 18 7263

Suicide call back service

www.suicidecallbackservice.org.au

1300 659 467

SuperFriend

www.superfriend.com.au

Safe Work Australia

Model Code of Practice: *How to Manage Work Health and Safety Risks*

Model Code of Practice: W*ork health and safety consultation, co-operation and co-ordination*

Model Code of Practice: *Hazardous manual tasks*

Guide: *How to determine what is reasonably practicable to meet a health and safety duty*

Interpretive Guideline: *The meaning of 'reasonably practicable'*

Guide: *Preventing and responding to workplace bullying*

Guide: *Dealing with workplace bullying – a worker's guide*

Guide: *Managing the risk of fatigue at work*

Guide: *Fatigue Management – a Workers' Guide*

The Principles of Good Work Design Handbook

Comparison of Workers Compensation Arrangements in Australia and New Zealand

Taking Action: A Best Practice Framework for the Management of Psychological Claims in the Australian Workers' Compensation Sector.

Appendix 2 - Glossary

Term	Description
Control measure	A 'control measure' is an action taken to eliminate or minimise health and safety risks so far as is reasonably practicable. A hierarchy of control measures is set out in the WHS Regulations to assist duty holders to select the highest control measures reasonably practicable. Note: The WHS Regulations also refer to a control measure as a risk control measure or a risk control. In this document, control measure is used throughout.
Early intervention	Interventions including interim risk controls, for workers displaying or telling their managers about early signs and symptoms of psychological or physical harm. These aim to reduce the severity of harm by addressing causal factors and or providing access to appropriate support and treatment.
Hazard	A situation or thing that has the potential to harm a person. Hazards at work may include for example hazardous manual tasks, noisy machinery, a moving forklift, chemicals, electricity, working at heights, as well as psychosocial factors such as repetitive work, high workloads, aggressive or abusive behaviours, including bullying and violence at the workplace.
Health	WHS laws define health as including both physical and psychological health.
Individual factors	These are any attribute or characteristic of the individual that may increase the likelihood of developing a disease or injury.
Managing risk	This is a process set out in the WHS Regulations to eliminate health and safety risks so far as is reasonably practicable, or if this is not reasonably practicable, minimise the risks so far as is reasonably practicable. It includes identifying hazards, assessing and implementing control measures, and reviewing and maintaining the control measures to ensure their ongoing effectiveness.
Mental health conditions or disorders	Clinically significant sets of symptoms consistent with the Diagnostic and Statistical Manual of Mental Disorders which cause distress and interfere with a person's functioning. These will include conditions considered work-related psychological injury see below.

Term	Description
Mental health	A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
Must	'Must' indicates a legal requirement exists that must be complied with.
Psychological injury	This term rather than mental health conditions or disorders is used throughout this Guide to be consistent with the WHS and workers' compensation legislation. A disorder diagnosed by a medical practitioner which includes a range of recognised cognitive, emotional, physical and behavioural symptoms. These may be short term or occur over many months or years, and can significantly affect how a person feels, thinks, behaves and interacts with others. These are sometimes also known as mental health conditions or disorders see above.
Psychosocial hazards	Factors in the design or management of work that increase the risk of work-related stress which can then lead to psychological or physical harm. These are sometimes also called psychological hazards, work-related stressors or organisational factors. Examples are listed on page 9.
Recovery at work (RAW)	Remaining at work while recovering from a psychological injury and receiving compensation or entitlements under a claim.
Return to work (RTW)	When a person on a workers' compensation claim returns to work after a period of absence due to an injury (with the same employer or a different employer; with the same or modified role). Return to work can be a graduated process in which the workers workload and or hours increase over time.
Risk	The possibility that harm (death, injury or illness) might occur when someone is exposed to a hazard.
Should	'Should' indicates a recommended course of action.
Suitable duties	Suitable duties means meaningful work that is suited to the worker's current capacity taking account of their medical condition, age, skills, work experience and pre-injury employment.

Term	Description
Specialist advice	This includes advice from work health and safety professionals with expertise and experience in psychological health and safety. This can include occupational physicians, organisational psychologists, ergonomists, certified safety professionals or rehabilitation providers.
Workplace health promotion	Refers to the combined efforts of employers, employees and society to improve the health and wellbeing of people at work. It can target topics such as healthy eating and sleep habits, physical activity, reducing alcohol, tobacco and illicit drug consumption as well as personal development and learning for example such as resilience training.
Work-related psychological injury	Refers to work-related psychological harm that could result in a loss of function and may be compensable.
Work-related stress	The physical and psychological response of a worker who perceives that the demand of their work or workplace environment exceed their ability or resources to cope. Work-related stress does not itself constitute physical or psychological harm or injury, but can result in an injury if stress is prolonged and or severe.

Appendix 3 - Scenarios

Scenario 1 – Compliance versus best practice approaches

XYZ Legal and ABC Legal are two law firms specialising in family law and criminal law. Lawyers in both firms experience high workloads and exposure to trauma working on cases associated with domestic violence, child sexual abuse and other crimes.

XYZ Legal (on the left) shows compliance with health and safety laws so far as reasonably practicable. The example on the right (ABC Legal) shows a greater level of management commitment to improve the way work is designed and managed. ABC Legal can demonstrate higher order control measures in the hierarchy of controls. ABC Legal also shows how health promotion activities at work can help encourage healthy behaviours, and is better practice. They are able to provide evidence that they are ensuring health and safety so far as reasonably practicable.

XYZ Legal's approach - compliant	**ABC Legal's approach - Best practice**
XYZ Legal had a high turnover of staff and low morale in the workplace and a culture where continuously high levels of stress and long work hours were accepted as part of the job and any sign of 'weakness' could cost a lawyer their job. Staff were exhausted and decided to seek help from the WHS regulator. A WHS inspector visited the firm and issued improvement notices to the senior partners requiring them to manage the risks of psychological harm to their workers. The senior partners introduced a psychological health and safety management program to: – consult regularly with staff to identify hazards and risks, monitor and manage workloads and resources – establish a program for examining work activities to identify psychosocial hazards and assess and control risks from: ▪ high workloads, ▪ exposure to traumatic events and distressed or angry and aggressive clients, and ▪ bullying behaviour from partners and colleagues – develop policies and procedures for:	ABC Legal is a successful law firm with a high level of job satisfaction amongst its workers. Recognising the stressful nature of their work, the senior partners focused on preventing psychological harm, so far as reasonably practicable. They assess work demands, level of control, work relationships, emotional and practical support, recognition and reward and organisational fairness. Unlike XYZ Legal, staff at ABC Legal feel free to raise concerns when they identify psychosocial hazards and to ask for help when they have difficulty managing workloads and responding to emotionally demanding cases. Bullying, harassment and aggressive behaviours are not tolerated. The lawyers working at ABC Legal have: – file flagging to avoid inadvertent exposure to cases that may be distressing – access to flexible work practices – more control in deciding cases they take on and how they manage the workload – additional resources and support during periods of intense work, like trials or a court deadline

XYZ Legal's approach - compliant	ABC Legal's approach - Best practice
▪ acceptable behaviour in the workplace ▪ equitable allocation of work – train managers and staff to recognise the early signs of stress, and to support workers – introduce a procedure for reporting and investigating incidents, and – provide access to counselling services. The lawyers at XYZ now have additional resources during high work periods like trials, improved communication and support within the work team, and fairer work allocation. Staff morale and work performance began to improve because workloads were more manageable, staff felt better supported and communication improved.	– opportunities to work on a greater variety of legal cases – mentoring from more senior staff – input into management decisions, and – 'time out' to participate in social activities and physical health and wellbeing program. ABC Legal also built on their good practice by introducing a health and wellbeing program in consultation with staff. The program consisted of: – free yoga and meditation classes – resilience training – nutrition and mental health seminars – weekly fruit baskets, and – access to counselling services. Having already established a supportive work environment, the program was very successful and had a high level of staff participation

Scenario 2 - RTW scenario

Sally is the CEO of a small organisation providing in-home care for people with disabilities and special needs. She employs two office staff and three teams, each consisting of a team supervisor and five carers. The team supervisors are responsible for providing supervision, mentoring, assessing risks and client needs and allocating tasks to the carers in their teams.

One day Sally received a medical certificate stating that Jane, one of the carers, had a work-related psychological injury and would be unable to RTW for two weeks. Sally contacted Jane's supervisor, Peter, to find out more information. Peter said Jane appeared to be struggling with the workload as she was often running late for her appointments. On discussing the situation with Jane to ensure she had the support she needed, Sally found Jane had been having difficulty with Peter's management and communication style. Jane also felt her workload and the time pressure was excessive. Jane said she had asked Peter on a number of occasions for help in dealing with a client prone to violent behaviour but Peter had ignored her requests. Jane said she had been too scared to report these problems for fear of losing her job. Her doctor recommended she lodge a workers' compensation claim.

Sally had been unaware of these issues and told Jane that she would immediately investigate and take steps to resolve them.

The management approach shown on the left sets compliance, while the example on the right includes additional measures that could be taken as best practice.

Compliant	Best practice
Intervene early – Make and maintain weekly contact with Jane – Contact the workers' compensation insurer for advice on the claims management process – Encourage Jane to follow the advice of her doctor.	- Make and maintain weekly contact with Jane – Contact the workers' compensation insurer for advice on the claims management process – Provide Jane with information on community-based counselling and support services and encourage Jane to discuss their suitability with her doctor and workers' compensation insurer – Consider options for alternative or modified duties, possibly in another team.
Identify the hazards	
Interview Jane to identify issues – Difficult relationship with manager – Difficult communication with manager – Workload pressure – Time pressure Client violence and aggression.	Interview Jane to identify issues – Difficult relationship with manager – Difficult communication with manager – Workload pressure – Time pressure – Client violence and aggression **Consult other workers in team to identify hazards** – Difficult relationships with manager – Difficult communication with manager – Workload pressure – Time pressure – Client violence and aggression.
Assess the hazards	
In consultation with workers and Peter – Evaluate workload for each worker informed by industry standards – Interview Peter to understand the team's workload and supervisory practices.	In consultation with workers – Evaluate workload for each worker and manager using industry standards, and research evidence on work design, and expert advice from community-based disability service providers – Interview Peter to understand the team's workload and supervisory practices

Compliant	Best practice
	– Consider how team performance is measured and the possible effect this may have on workload and supervision – Undertake a client review with specialist advice to determine additional strategies for identifying and responding to triggers for violent behaviour.
Control the risks by determining what is reasonable to do	
In making the workplace safe for Jane to RTW, and to minimise risk to other workers, Sally made the following changes: – re-allocated clients to even out the workload across teams – implemented an work-related violence policy including procedures for carers to work in pairs where difficult clients are involved – established weekly team meetings to monitor the workloads, encourage more open communication and discuss issues as they arise, and – provided leadership training sessions for the three team supervisors including training in line management competencies for preventing and reducing work-related stress.	In making the workplace safe for Jane to RTW, and to minimise risk to other workers, Sally made the following changes: – re-allocated clients to even out the workload across teams – implemented an work-related violence policy including procedures for carers to work in pairs where difficult clients are involved – established weekly team meetings to monitor the workloads, encourage more open communication and discuss issues as they arise – provided leadership training sessions for the three team supervisors including training in line management competencies for preventing and reducing work-related stress – introduced a new reporting process to progress issues if they were not resolved within the teams, and – provided mental health awareness training for all staff to facilitate a supportive work environment.
Establish and maintain the RTW	
As part of the RTW plan Sally agreed to temporarily place Jane with a different team and to monitor this arrangement while the organisational changes were taking effect. She also organised a number of individual and professionally facilitated meetings between Jane and Peter in order to enable them to agree on their working relationship	

Compliant	Best practice
and resume working together. Regular reviews were scheduled into the RTW plan. After four weeks Jane returned to work in her full capacity, working in Peter's team. Sally had ensured any barriers to returning to work were identified and addressed where possible. Supervisors and staff were supportive towards Jane on her return and all the carers felt more supported in their roles with the changes Sally and Peter had implemented.	