



Government of **Western Australia**  
Department of **Mines, Industry Regulation and Safety**



CODE OF PRACTICE

# Psychosocial hazards in the workplace







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**WorkSafe**  
Western Australia

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**WHSC**  
WORK HEALTH AND SAFETY COMMISSION

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# Foreword

This code of practice is issued by the Work Health and Safety Commission (the Commission), under provisions of the *Work Health and Safety Act 2020* (WHS Act). The Commission comprises representatives of employers, unions and government, as well as experts, and has the function of developing the work health and safety legislation and supporting guidance material, and making recommendations to the Minister for their implementation. To fulfil its functions, the Commission is empowered to establish advisory committees, hold public inquiries and publish and disseminate information.

The Commission's objective is to promote comprehensive and practical preventive strategies that improve the working environment of Western Australians. This code of practice has been developed through a tripartite consultative process and the views of employers and unions, along with those of government and experts have been considered.

## Legislative framework for work health and safety

### *Work Health and Safety Act 2020*

The WHS Act provides for the promotion, co-ordination, administration and enforcement of work health and safety in Western Australia. It applies to all workplaces. With the objective of preventing work-related injuries and diseases, the WHS Act places certain duties on PCBUs, workers, manufacturers, designers, importers and suppliers. These broad duties are supported by further legislation, commonly referred to as regulations, together with non-statutory codes of practice and guides.

### Codes of practice published under the WHS Act

Codes of practice published under the WHS Act provide practical guidance on how to comply with a general duty or specific duties under the legislation. Codes of practice may contain explanatory information. However, the preventive strategies outlined do not represent the only acceptable means of achieving a certain standard.

A code of practice does not have the same legal force as a regulation and is not sufficient reason, of itself, for prosecution under the legislation, but it may be used by courts as a standard when assessing other methods or practices used.

If there is a code of practice about a risk, either:

- do what the code of practice says, or
- adopt and follow another way that gives the same level of protection against the risk.

If there is no regulation or code of practice about a risk, choose an appropriate way and take reasonable precautions and exercise proper diligence to ensure obligations are met.

*Note: There may be additional risks at the workplace not specifically addressed in this code of practice. The WHS Act requires identification and assessment of them and implementation of control measures to prevent or minimise risk.*

## Scope and application

The code focuses on the general principles applied to the prevention and management of psychosocial hazards in the workplace. The intent of this code of practice is to provide practical guidance for workplaces where people may be exposed to psychosocial hazards such as stress, fatigue and burnout, as well as bullying, harassment, violence and aggression, discrimination and misconduct.

The guidance in this code of practice is not exhaustive and should be considered in conjunction with the general duties in the WHS Act. For specific information about managing violence and aggression from external parties such as customers, clients, patients and students, see the Code of practice: *Violence and aggression at work*. For specific information about managing bullying, harassment, discrimination and misconduct, see the Code of practice: *Workplace behaviour*.

## Who should use this code of practice?

This code is intended to be read by persons conducting a business or undertaking (PCBU) who have a primary duty of care to provide and maintain a work environment without risks to health and safety under the WHS Act. Health includes both physical and psychological health.

It provides practical guidance on the processes a PCBU could use to identify and manage psychosocial hazards at work. You should use this code of practice if you have functions or responsibilities that involve managing, so far as is reasonably practicable, hazards and risks to psychological and physical health and safety at work.

The code may also be a useful reference for other persons interested in complying with the duties under the WHS legislation.

## Using this code of practice

The terms used in this code of practice are intended to have a broad and flexible application, for use across all Western Australian workplaces covered by the WHS Act. The term workplace usually means the physical location where someone works, including working at home or away from home. The code of practice provides high-level guidance for a risk management approach, which should be tailored to the unique demands of each workplace.

Managing psychosocial hazards and risks can be challenging because of the complex interplay and changing nature of risks. Effective consultation and communication are critical, and a proactive and integrated approach is required.

The code of practice includes references to both mandatory and non-mandatory actions. The word “must” indicates that legal requirements exist, which must be complied with. The word “should” indicates a recommended course of action, while “may” is used to indicate an optional course of action.

## Acknowledgement

Material in this publication has been adapted from SafeWork NSW, *Managing Psychosocial Hazards at Work Code of Practice* (2021).

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# 1 Introduction

## 1.1 Psychosocial hazards at work

Psychosocial hazards at work are aspects of work and work situations which can lead to psychological or physical harm. These stem from:

- the way the tasks or job are designed, organised, managed and supervised
- tasks or jobs where there are inherent psychosocial hazards and risks
- the equipment, working environment or requirements to undertake duties in physically hazardous environments
- social factors at work, workplace relationships and social interactions.

Workplace psychosocial hazards are related to the psychological and social conditions of the workplace rather than just the physical conditions. These include stress, fatigue, bullying, violence, aggression, harassment and burnout, which can be harmful to the health of workers and compromise their wellbeing (Figure 1.1).

Both short- and long-term exposure to psychosocial hazards may cause harm to a person. For example, while exposure to severe, short-lived (acute) psychosocial hazards such as experiencing violence at work may result in harm to health (e.g. acute-stress disorder, post-traumatic stress disorder), it is important to also recognise that the cumulative effect of low-level exposure to psychosocial hazards can also lead to psychological or physical injury. People may experience multiple psychological and physical symptoms of harm as a result of exposure.

In addition to adverse health outcomes for workers, exposure to psychosocial hazards and risk factors in the workplace can also affect performance and increase the risk of accidents or incidents.



Figure 1.1 Diagram showing the influence of workplace conditions on workers' health

## 1.2 Why is it important to manage psychosocial hazards at work?

Psychosocial hazards can create stress. It is recognised that stress can lead to a positive response (referred to as eustress); however, a negative response to stress (distress) can harm health.

Stress is not an injury, but if it becomes frequent, prolonged or severe, it can cause psychological and physical harm. Psychological harm or injuries from psychosocial hazards include conditions such as anxiety, depression, post-traumatic stress disorder and sleep disorders. In some cases, workplace psychosocial hazards could also lead to self-harm and suicidal thoughts. Physical injuries from psychosocial hazards include musculo-skeletal injury, chronic disease and fatigue-related accidents. Chronic, unmanaged work-related stress can result in burnout.

Fatigue can be both a psychosocial hazard and the outcome of being exposed to psychosocial hazards. Fatigue is a state of mental or physical exhaustion. Fatigue is common in situations where workers work long hours, often with high mental, physical and emotional demands.

Workers are likely to be exposed to a combination of work-related psychosocial hazards and risk factors, and these may interact with non-work related factors making this a complex and multi-faceted area. An individual's reaction to psychosocial hazards will be influenced by a range of factors including their personality, age, education level, degree of training, health status, social status in the organisation and pressures they face outside the workplace.

Ensuring a systematic process to manage psychosocial hazards and risks will help the person conducting a business or undertaking (PCBU) and others to meet their responsibilities under WHS legislation. It will also decrease organisational disruptions and costs resulting from work-related harm to health and safety and may improve WHS and broader organisational performance and productivity.

## 1.3 Who is responsible for managing psychosocial hazards in the workplace?

Everyone in the workplace has a duty to manage hazards and risks to worker physical and psychological health and safety. Table 1 sets out those duties under the WHS Act.

Table 1 Duties in relation to managing hazards and risks in the workplace

Who	Duties
Person conducting a business or undertaking (section 19)	<ul style="list-style-type: none"><li>• A PCBU has the primary duty of care under the WHS Act to ensure, so far as is reasonably practicable, that workers and other persons are not exposed to health and safety risks arising from work carried out as part of the business or undertaking.</li><li>• This duty includes, so far as is reasonably practicable:<ul style="list-style-type: none"><li>– providing and maintaining a work environment that is without risks to health and safety</li><li>– providing and maintaining safe systems of work</li><li>– monitoring the health and safety of workers and the conditions at the workplace to ensure that work related illnesses and injuries are prevented</li><li>– providing appropriate information, instruction, training or supervision to workers and other persons at the workplace to allow work to be carried out safely.</li></ul></li></ul>

Who	Duties
WHS service providers (section 26A)	<ul style="list-style-type: none"> <li>Any PCBU that provides services relating to work health and safety, including those relating to workplace behaviour, must, so far as is reasonably practicable, ensure that the WHS services are provided so that any relevant use of them at, or in relation to, a workplace will not put at risk the health and safety of persons who are at the workplace.</li> </ul>
Officers (section 27)	<ul style="list-style-type: none"> <li>Officers, such as company directors, must exercise due diligence to ensure the business or undertaking complies with the WHS Act and Regulations. This includes taking reasonable steps to ensure the business or undertaking has and uses appropriate resources and processes to eliminate or minimise risks associated with workplace bullying.</li> </ul>
Workers (section 28)	<p>Workers including employees, contractors, subcontractors, labour hire employees, outworkers, apprentices or volunteers have a duty to:</p> <ul style="list-style-type: none"> <li>take reasonable care for their own health and safety while at work</li> <li>take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons</li> <li>comply, so far as the worker is reasonably able, with any reasonable instruction given by the PCBU</li> <li>cooperate with any reasonable policies and procedures of the PCBU, for example a workplace bullying policy.</li> </ul>
Others (section 29)	<p>Other persons at a workplace, such as visitors and clients, have similar duties to that of a worker and must:</p> <ul style="list-style-type: none"> <li>take reasonable care for their own health and safety</li> <li>take reasonable care that their acts or omissions do not adversely affect the health and safety of workers or other persons, and</li> <li>comply, so far as the person is reasonably able, with any reasonable instruction given by the PCBU.</li> </ul>

## Workplace

A workplace is any location where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. It can include:

- a home office
- work vehicles and private vehicles used for work purposes, such as transporting clients
- private homes and other community settings where clients are based
- accommodation camps for fly-in fly-out (FIFO) workers
- work-related events such as training, conferences and social activities.

## Reporting to the regulator

Certain injuries or diseases must be reported to WorkSafe WA by the PCBU including any injury, which, in the opinion of a medical practitioner, prevents the person from being able to do their normal work for at least 10 days.

Violence and aggression and some types of inappropriate or unreasonable workplace behaviour can attract criminal charges, and can also be unlawful under state and federal equal opportunity legislation. Refer to the Codes of practice: *Violence and aggression at work* and *Workplace behaviour* for more information.

## Consultation

The WHS Act requires PCBUs to consult and cooperate with health and safety representatives (if any) and workers about health and safety at the workplace, as far as is reasonably practicable.

The WHS Act also requires PCBUs to consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter, as far as is reasonably practicable.

### 1.4 Who is at risk?

When managing psychosocial hazards, the PCBU should take into account tasks and activities that may increase risks to particular groups, for example, workers:

- who are younger, in training, older, or who are new to the organisation or doing new tasks
- from culturally and linguistically diverse (CALD) backgrounds
- who have experienced work-related injury, illness or previous exposure to a traumatic event.

*Note: reasonable adjustments may need to be made for workers returning to work after a work-related injury, illness or exposure to a traumatic event to prevent further harm to their health occurring. The PCBU's risk management process should identify reasonably foreseeable risks for these workers and ensure risk controls take these workers' needs into account.*

## 2 Work-related psychosocial hazards and risk factors

Table 2.1 lists some psychosocial hazards and risk factors that employers should assess as part of the risk management process described in [Chapter 3](#). Not all factors will apply to all workplaces. The list is not exhaustive and there are other psychosocial hazards and risk factors that an employer may need to consider. These should be identified through the risk management process.

Table 2.1 Common work-related psychosocial hazards and risk factors

Psychosocial hazard or risk factor	Description	Examples
Poor leadership practices and workplace culture	Leadership practices (e.g. style, resource allocation, supporting workers) that negatively influence workplace culture, which is the shared beliefs, norms and values of the workforce	Workplaces where there is: <ul style="list-style-type: none"> <li>• a leadership practice that tolerates or permits inappropriate or unreasonable workplace behaviours</li> <li>• leadership that does not respect diversity in the workplace such as ethnicity or sexuality</li> <li>• limited or no management accountability in managing psychosocial hazards and risks</li> <li>• a mismatch of leadership style to the nature of the work</li> <li>• a lack of trust and authentic consultation</li> </ul>
Poor or no policies and procedures	Policies and procedures that do not meet legislative and business requirements, and were developed with no or limited consultation with workers	Workplaces where there are: <ul style="list-style-type: none"> <li>• no policies or procedures for managing inappropriate and unreasonable behaviour</li> <li>• procedures that cannot be applied as written</li> <li>• policies and procedures that lack clarity and are difficult to understand</li> <li>• policies and procedures that are not adhered to</li> <li>• procedures that have little to no flexibility to accommodate the uniqueness of each situation</li> <li>• no mechanisms for impartially addressing worker reports of inappropriate and unreasonable behaviour by senior management</li> <li>• procedures that systemically discriminate against groups of workers in the workplace</li> </ul>

Psychosocial hazard or risk factor	Description	Examples
Work demands	Substantial and/or excessive physical, mental and emotional effort required to do the job	<p>Tasks or jobs that involve:</p> <ul style="list-style-type: none"> <li>fast work pace and time pressure</li> <li>excessive or insufficient workload</li> <li>repetitive or monotonous tasks</li> <li>sustained concentration</li> <li>high mental workload</li> <li>frequent or high emotional labour</li> <li>extended work hours or roster length</li> <li>a large number of consecutive days worked</li> <li>shift rotation</li> <li>exposure to emotionally distressing situations (e.g. first responders)</li> </ul>
Low levels of control	Lack of control over aspects of the work, including how and when a job is done (i.e. autonomy)	<p>Tasks or jobs where:</p> <ul style="list-style-type: none"> <li>work is machine or computer paced</li> <li>work is tightly prescribed or scripted</li> <li>workers have little say in the way they do their work, when they can take breaks or change tasks</li> <li>workers are not involved in decision making about work that affects them or their clients</li> <li>workers are unable to refuse working with aggressive individuals</li> </ul>
	Lack of control over the aspects of accommodation arrangements	<p>Jobs with limited options to allow for:</p> <ul style="list-style-type: none"> <li>personal scheduling of activities of daily living (e.g. meal times, showering)</li> <li>varying sleep schedules</li> <li>different accommodation preferences (e.g. privacy)</li> </ul>
Inadequate support	Lack of support in the form of constructive feedback, problem solving, practical assistance, provision of information and resources	<p>Tasks or jobs where workers have insufficient or inappropriate:</p> <ul style="list-style-type: none"> <li>support from leadership, supervisors or co-workers</li> <li>information or training to support performance</li> <li>equipment or resources to do the job</li> </ul>
Lack of role clarity	<p>Unclear or constantly changing management expectations about the responsibilities of the job</p> <p>Incompatible expectations or demands placed on workers by different workplace stakeholders</p>	<p>Jobs where there is:</p> <ul style="list-style-type: none"> <li>uncertainty about or frequent changes to tasks and performance standards</li> <li>important task-related information that is not available to the worker</li> <li>conflicting job roles, responsibilities or expectations</li> </ul>

Psychosocial hazard or risk factor	Description	Examples
Poor organisational change management	<p>Uncertainty about changes in the organisation, structure or job</p> <p>Unstructured approach to change</p>	<p>Workplaces where:</p> <ul style="list-style-type: none"> <li>organisational change is poorly managed</li> <li>there is inadequate communication and consultation with workers about the change</li> </ul>
Low recognition and reward	Lack of positive feedback on job and task performance, and inadequate skills development and utilisation	<p>Jobs where there is:</p> <ul style="list-style-type: none"> <li>an imbalance between workers' efforts and associated recognition and reward</li> <li>a lack of recognition of good performance</li> <li>a lack of opportunity for skills development</li> <li>an underuse of skills and experience</li> </ul>
Poor organisational justice	Unfairness, inconsistency, bias or lack of transparency in the way procedures are implemented, decisions are made, or workers are treated	<p>Workplaces where there is a real or perceived:</p> <ul style="list-style-type: none"> <li>inconsistency in the application of organisational policies and procedures</li> <li>unfairness in the allocation of resources</li> <li>bias in the approval of worker entitlements (e.g. annual leave)</li> </ul>
Insecure work	Employment types such as contract, seasonal work, casual, freelance and gig work	<p>Jobs where there is:</p> <ul style="list-style-type: none"> <li>little or no job security</li> <li>little or no entitlements or benefits (e.g. sick leave, pay rates)</li> <li>low levels of control</li> <li>need to work multiple jobs</li> </ul>
Adverse environmental conditions	Exposure to conditions that influence worker comfort and performance	<p>Working with:</p> <ul style="list-style-type: none"> <li>extremes of temperature</li> <li>nuisance and excessive noise that disturbs concentration</li> <li>poor air quality</li> </ul> <p>Accommodation arrangements that unreasonably affect the amount of quality rest and sleep needed to manage fatigue, including exposure to:</p> <ul style="list-style-type: none"> <li>hot and humid conditions with no relief</li> <li>nuisance and excessive noise that disturbs or disrupts sleep routines</li> </ul>
	Adverse natural events	<p>A natural event (e.g. cyclone, flooding, bushfire) that can:</p> <ul style="list-style-type: none"> <li>restrict travel</li> <li>constrain activities</li> <li>interfere with communications</li> <li>create uncertainty in the workforce and families</li> </ul>

Psychosocial hazard or risk factor	Description	Examples
Remote work	Work where access to resources and communications is difficult	Working and living in a remote location may mean: <ul style="list-style-type: none"> <li>• limited access to reliable communication technology</li> <li>• limited access to preferred support network</li> <li>• limited access to recreational activities</li> <li>• interruption and reduced capacity to fulfil usual roles and commitments in family, community and other social networks</li> <li>• challenges with reintegration to home and work environments after being away from them</li> <li>• few opportunities to escape work issues and work relationships</li> </ul>
	Work where travel times may be lengthy	Commutes that involve: <ul style="list-style-type: none"> <li>• multiple modes of transport</li> <li>• crossing time zones</li> <li>• overnight accommodation</li> <li>• impact on unpaid personal recovery time</li> </ul>
Isolated work	Work where there are no or few other people around, including working at home	Work where there may be: <ul style="list-style-type: none"> <li>• limited opportunities for problem sharing and feedback</li> <li>• a perception of increased responsibility for decision making</li> <li>• limited opportunities for socialisation</li> <li>• barriers to communication</li> <li>• blurring of boundaries between work and home life</li> </ul>
Fatigue	A state of mental or physical exhaustion, or both	Jobs where there are: <ul style="list-style-type: none"> <li>• high cognitive demands, such as sustained concentration</li> <li>• extended work hours</li> </ul> <p>Design, quality and management practices for accommodation facilities that compromise the amount and quality of sleep and rest</p>
Burnout	A psychological and physical response to chronic work-related stress	Emotionally demanding work with low support and control, and insufficient time for rest and recovery

Psychosocial hazard or risk factor	Description	Examples
Inappropriate and unreasonable behaviour	Exposure to behaviours that are unreasonable, offensive, intimidating or may cause distress	Witnessing or experiencing situations involving: <ul style="list-style-type: none"> <li>• violence or aggression, including sexual assault</li> <li>• bullying</li> <li>• harassment, including sexual and racial harassment</li> <li>• conflict</li> <li>• discrimination</li> </ul>
Family and domestic violence	Exposure to behaviours intended to coerce, control or create fear within a family or intimate relationship	Witnessing or experiencing situations involving: <ul style="list-style-type: none"> <li>• physical threats and violence</li> <li>• controlling and monitoring work-related communication</li> <li>• emotional and psychological abuse</li> </ul>
Traumatic events	Exposure to an event, or threat of an event, that is deeply distressing or disturbing for the individual	Witnessing or experiencing situations involving: <ul style="list-style-type: none"> <li>• death or threat to life</li> <li>• serious injury</li> <li>• near misses</li> <li>• self-injury</li> </ul>
Vicarious trauma	Results from repeated exposure over time to other people's traumatic experiences. It is a cumulative response and is sometimes referred to as compassion fatigue	Work where there is the potential for exposure to traumatic or distressing information and material.  Jobs that involve: <ul style="list-style-type: none"> <li>• interaction with people who are experiencing trauma</li> </ul>
Secondary trauma	Can occur unexpectedly and suddenly as a result of emotional distress from indirect exposure to another person's traumatic experience. It is an acute response where symptoms often mimic post-traumatic response disorder.	<ul style="list-style-type: none"> <li>• interaction with people who have been abused</li> <li>• investigations into traumatic events</li> </ul>

# 3 Overview of risk management approach

## 3.1 Risk management process

To meet their duties to manage psychosocial hazards and risk factors in the workplace, the PCBU must eliminate or minimise the risk as far as is reasonably practicable.

It is a requirement under the WHS legislation to use a risk management approach to manage hazards and risks to worker health and safety, including psychological health and safety. Using a risk management approach enables the PCBU to identify and address causal factors and systemic issues that may exist in the work environment.

Figure 3.1 illustrates the risk management approach for psychosocial hazards and risk factors as a continual process comprised of four steps:

1. identify the psychosocial hazards and risk factors
2. assess the risks
3. control the risks by making the changes necessary to eliminate the hazards or risk factors or, if not practicable, minimise the risk of harm
4. monitor and review the effectiveness of the controls and adapt or improve the controls where necessary.



Figure 3.1 Overview of the risk management process (adapted from Safe Work Australia).

Key to the successful management of hazards and risks is leadership commitment and supportive, capable management and supervision, as well as clear and accessible policies and procedures, and training and education. Communication and consultation with workers and other stakeholders are important at all stages.

## 3.2 Identification

Undertaking a comprehensive risk assessment will help identify foreseeable psychosocial hazards and risk factors. It may require input from operational groups (e.g. work teams, health and safety representatives) and subject matter experts where reasonably practicable (e.g. organisational psychologists, organisational development consultants, human resources consultants).

When starting the process, it is important to:

- identify who will take part (e.g. management, workers, health and safety representatives, subject matter experts)
- gather workplace data that will inform the process (e.g. incident reports, complaints, absenteeism rates, staff turnover, survey results)
- understand legislative requirements and determine what the workplace is already doing to meet those requirements (e.g. policies, procedures, training)
- use a variety of sources (e.g. access online resources, engage a subject matter expert) to identify and understand how to apply the risk criteria
- consider how to maintain confidentiality and trust.

Psychosocial hazards and risk factors in the workplace may be identified in a variety of ways, including:

- reviewing organisational structure (e.g. lines of reporting, supervisory responsibilities)
- consulting with the workforce (e.g. health and safety representatives, focus groups, surveys) to help identify circumstances that could impact worker mental health
- inspecting the design and use of the physical workplace (e.g. use of break-out areas, assistive equipment and condition of the work environment)
- assessing specific job requirements to ensure workload is reasonable
- observing how work tasks are completed
- reviewing reporting and investigation processes and worker trust in these processes
- examining hazard and incident reports to identify common themes
- analysing human resources data such as leave utilisation, exit interviews, staff turnover and complaints
- examining records of past incidents and injuries, including workers' compensation claims, at the workplace
- examining data, where easily available, or published literature for similar workplaces
- consulting relevant codes of practice and other guidance
- analysing available de-identified data from vocational rehabilitation or injury management personnel and employee assistance providers (EAPs).

### 3.3 Assessment

Following the identification of psychosocial hazards and risk factors at the workplace, the next step in the risk management process is assessing the risks, which follows the same principles as the risk assessment undertaken for other hazards.

It is important those undertaking the risk assessment have access to information about the work environment and work processes, and knowledge and understanding of potential psychosocial hazards and risk factors. Assessments should:

- include data collection and monitoring of the controls (e.g. using workplace data and information from focus groups, interviews, de-identified surveys)
- involve consultation with health and safety representatives and committees
- cite the evidence used.

If those responsible for the risk assessment have limited knowledge and understanding about how to analyse evidence of psychosocial risks, then appropriate training should be provided or assistance sought from a subject matter expert.

A risk assessment involves considering what could happen if a worker is exposed to a hazard and the likelihood of it happening. The assessment helps determine:

- who might be exposed
- the source of the risks
- potential interactions of multiple risk and protective factors
- how severe the risks are – the frequency and duration of potential exposure to a psychosocial hazard, possible consequences of exposure and likelihood of harm
- whether existing controls are effective
- what additional measures should be implemented to control the risks
- how urgently action needs to be taken.

Workers may be exposed to more than one type of psychosocial hazard or risk factor at any one time. Psychosocial hazards and risk factors interact with each other so they should not be considered in isolation. For example, the combined effect of high work demands, low control and low support increases the likelihood and severity of harm to a worker's health. Conversely, high work demands with the control factors of good leadership and support can mitigate the negative impact on a worker's health.

PCBUs should demonstrate that psychosocial hazards and risk factors have been considered and recorded as a part of their hazard identification and risk management process. The hazard and risk assessments should be reviewed and updated regularly, including when changes are made at the workplace.

### 3.4 Implementing controls

Some controls are more effective than others. They can be ranked from the highest level of protection and reliability to the lowest. This ranking is known as the hierarchy of control. Elimination controls are the most effective and reliable form of control, followed by risk minimisation controls (engineering, substitution and isolation) then administrative and personal protective equipment (PPE) controls.

To minimise the risk to as low as reasonably practicable, PCBUs should apply elimination controls supplemented by risk minimisation and administrative controls. In some instances, such as in managing violence and aggression from clients, customers and patients, PPE controls such as duress alarms can also be used.

It may not always be reasonably practicable to eliminate the hazard or risk: for example, where jobs have some inherent hazards such as shift work, or dealing with violent or abusive members of the public; or where the cost of implementing the control(s) is grossly disproportionate to the risk. If a hazard or risk cannot be eliminated, then the PCBU must minimise it so far as is reasonably practicable. This could involve increasing protective factors such as support and control.

Every workplace is different. The best combination of control measures to eliminate hazards and minimise risks should be tailored to the organisation's business size, type and work activities to manage risks during everyday operations and in emergencies. [Appendix 2](#) contains case study examples of how the risk management approach can be applied to psychosocial hazards and risk factors in different workplaces.

The risk controls can involve good work design across the organisation and/or be targeted to affected work groups and tasks with the highest risks. Targeting controls in this way will provide the highest level of protection for the largest number of workers. These controls will usually also benefit individuals identified to be at risk of harm.

Because the controls may require changes to the way work is carried out, it may be necessary to support these with:

- safe work procedure(s) that describe the tasks, hazards, how tasks can be safely done, and the duties, roles and responsibilities of all parties to follow these
- information, training, instruction and supervision of workers on implemented controls including safe work procedures
- appropriate information and instruction for site visitors
- a schedule for maintaining, monitoring and reviewing controls to ensure they are effective and are not creating new unintended WHS or organisational risks.

When proposing changes to existing or new controls or workplace arrangements, it is essential that affected workers and their health and safety representatives are consulted as early as possible. For example, on the:

- design and management of the work such as restructures, work locations, changes to tasks, duties, and working arrangements
- the introduction of new technology, trialling plant or equipment production processes, or consulting on the redesign of existing workplaces.

In most cases, psychosocial risk management can use a mix of good work design, safe systems of work, and suitable and adequate information, training, instruction, and supervision. These are discussed in [Chapter 4](#).

### 3.5 Monitoring and reviewing

Monitoring should be undertaken through regular scheduled discussions at management meetings, staff meetings and health and safety committee meetings. A standing agenda item at these meetings may help to ensure that regular monitoring occurs. Regular monitoring of the incidence of grievances, staff turnover and use of employee assistance programs is also useful. Incident reports and findings should be reviewed to identify any trends and to work out whether additional measures such as training or information should be provided to workers.

The review process is used to confirm that control measures are working as expected, and checking that other hazards and risk factors have not been introduced when implementing or modifying controls. It can also identify learning opportunities for the purpose of continuous improvement.

The monitoring results should be used during the review to trigger corrective measures, including early intervention if necessary.

Mechanisms for the recognition and early detection of psychosocial harm to health in the workplace include analysing workplace data from:

- hazard, incident and investigation reports
- complaints
- worker surveys
- consultation with health and safety representatives and work teams
- alcohol and other drug test results
- direct observations (e.g. workers displaying the early signs and symptoms of psychological or physical harm).

Consultation with workers and their representatives is required throughout the risk management cycle, including when reviewing control measures.

# 4 Management and prevention

## 4.1 Leadership and workplace culture

### 4.1.1 Leadership commitment

Everyone contributes to the culture of their workplace, not only by what they say, but also by what they do. Effective leadership and a positive workplace culture set the tone for workplace relationships and drive the allocation of resources to support effective implementation of preventative actions and controls.

A commitment to managing psychosocial hazards and risks by leaders and managers is essential for effective systematic health and safety risk management. To achieve this, they must understand:

- the WHS obligations of the PCBU and workers
- the role of leaders and managers to assist the PCBU to meet their WHS duties
- systematic WHS management that includes management of psychosocial hazards and risks
- the business case for WHS, including why managing psychosocial hazards and risks is a concern to the organisation.

A visible and ongoing commitment to controlling the risk of psychosocial harm from leaders across the workplace is a key factor for success. Leaders and others involved in management and supervision should model behaviours and interactions to encourage positive work practices and demonstrate that it is important to appropriately identify and manage psychosocial hazards and risks.

### 4.1.2 Management and supervision

Competencies shown to influence positive outcomes in the workplace are based on being respectful and responsible, removing ambiguity by effectively managing and communicating existing and future work, leading teams, modelling desired behaviours and values, having difficult conversations and resolving conflict. Providing practical support, such as facilitating access to appropriate services and health management options such as recovery-at-work or return-to-work support, is a critical protective factor against harm to health from exposure to workplace psychosocial hazards and risk factors.

Respect is gained by having the knowledge, skills and support to be able to manage psychosocial hazards and risk factors, positively influence workplace culture and address inappropriate behaviours and interactions with integrity and credibility. A willingness to listen to and respond to workers' work health and safety concerns, engaging in a genuine dialogue and not adopting a punitive approach regarding issues raised, is fundamental to creating trust in working relationships.

### 4.1.3 Organisational culture

An organisation's culture consists of the values and behaviours that workers share and demonstrate. It can include the shared attitudes and beliefs that form part of the organisation's written and unwritten rules.

Organisational culture may become a risk factor when it permits inappropriate or unreasonable workplace behaviour or rewards it through a lack of consequences or tolerance of the behaviours from managers and supervisors. This can create a hostile work culture that may result in the socialisation of new or existing workers adopting the shared destructive norms and values, leading to a continued cycle of harmful behaviour.

Team dynamics and co-worker support can also affect worker wellbeing and performance in positive and negative ways.

Similarly, workplace culture may become a risk factor for inappropriate or unreasonable behaviour occurring if it involves an unjust and punitive culture where workers experience negative consequences for raising concerns and making mistakes.

Workplaces which use performance-based reward systems and generate competition between workers may be at higher risk of inappropriate and unreasonable workplace behaviour. While these offer many benefits, it is important that workplaces developing a reward system consider whether it will pose an increased risk of these behaviours occurring.

## 4.2 Workplace behaviours

Inappropriate or unreasonable workplace behaviour can create a risk of harm to health and may include violence and aggression, bullying, harassment (including sexual and racial harassment), discrimination, misconduct and conflict. These behaviours could be conducted in person or through the use of technology (e.g. electronic platforms, social media, emails, text messaging).

Considerations to support appropriate workplace behaviours include:

- development and maintenance of a positive workplace culture
- visible leadership commitment
- supportive work practices
- modelling of appropriate workplace behaviours by leaders and management
- fair and consistent implementation of policies and procedures, including standards of behaviour, reporting and responding to reports
- provision of regular training and information to all workers and management.

See the *Workplace behaviour* code of practice for information about managing inappropriate and unreasonable workplace behaviours.

### 4.3 Good work design

Good work design considers hazards and risks as early as possible in the planning and design process, including psychosocial hazards and risks. The best and most effective way to control these is at the source, that is, by substituting the current work methods with less hazardous alternatives.

The following work design control measures may reduce the risk of work-related psychosocial hazards:

- clearly define jobs, including areas of overlap and potential conflict, and seek regular feedback from workers about their role and responsibilities
- provide workers with the resources, information and training they need to carry out their tasks safely and effectively
- review and monitor workloads and staffing levels to reduce excessive working hours and workload, and potential inequitable distribution of work
- provide effective communication throughout workplace change, including restructuring or downsizing.

Physical hazards contributing to psychosocial risks should be controlled through relevant isolation and engineering controls; for example, the use of physical barriers to help control the risk of violence in the workplace.

### 4.4 Safe systems of work

PCBUs have legislative obligations to provide a safe system of work in which workers are not exposed to hazards in the work environment as far as practicable. This includes psychosocial hazards.

Safe systems of work are organisational rules, policies, procedures and work practices that must be developed and followed to ensure workers and others are not harmed by any remaining (residual) psychosocial risks. Systems of work may include rostering, working hours, task rotation and breaks to allow opportunities for rest and recovery, standards and procedures to manage hazardous tasks, and policies and procedures to manage workplace behaviour (such as bullying and harassment) or organisational codes of conduct.

Safe systems of work must be developed in consultation with workers and reviewed whenever there are changes to the work activities to ensure they remain appropriate.

### 4.5 Communication and consultation

Effective communication requires consistent and authentic engagement, action and feedback from management to address workforce concerns. This means sharing information with workers and giving them a reasonable opportunity to express their views on health and safety matters that may affect them.

Consultation with workers and health and safety representatives is important at each step of the risk management process and is a requirement under WHS laws. By drawing on workers' experience, knowledge and ideas, it is more likely that psychosocial hazards and risk factors will be identified and effective controls selected. Worker participation throughout the process can lead to increased support and understanding when strategies are implemented.

Examples of strategies to encourage communication and reporting include:

- modelling of desired behaviours and values by managers and supervisors
- actively encouraging workers to provide feedback
- consulting workers about workplace updates and changes
- proactively engaging and consulting with health and safety representatives in sharing information and ideas
- being responsive to worker reports
- empowering a safe, supportive and learning culture
- checking in regularly with workers
- maintaining confidentiality.

Examples of activities to support effective communication and consultation include:

- having a standing agenda or discussion item on psychosocial hazards at health and safety committee meetings, team meetings and toolbox meetings
- providing regular updates to the workforce (e.g. email broadcasts, newsletters).

## 4.6 Information and training

The PCBU must provide adequate and suitable information, training, instruction or supervision to workers (including supervisors and managers) which has regard to and includes:

- the nature of the work and tasks to be carried out by workers
- the psychosocial hazards and risks associated with the work
- the required control measures including safe systems of work and how to comply with these
- how workers should report and respond if a problem or risk arises.

They should ensure information, training and instruction is readily understood by any person it is provided to.

Uncertainty about how to safely and efficiently carry out new tasks, use of new technology, tasks that may not have been undertaken for some time or undertaken during an emergency, and unfamiliar worksites, are relatively common psychosocial hazards. Providing adequate and timely information, training, instruction and supervision are particularly important where the work has inherent risks (e.g. risk of violence for first responders).

Training and education may be required for leadership, as well as those with management and supervisory responsibilities, to ensure that they are competent to effectively prevent and manage harm to workers from psychosocial hazards and risk factors in the workplace.

## 5 Reporting and responding to reports

There are various ways in which workers report exposure to psychosocial hazards or risk factors to their PCBU. Addressing these reports helps to achieve safer and healthier workplaces.

Examples of types of reporting include:

- verbal discussions, emails and text messages
- hazard or incident report forms
- formal complaints or grievances
- medical certificates
- workers' compensation claims.

To encourage workers to report, there should be easy to access guidance with information about the steps to take publicised and known throughout the organisation. It is important that workers submitting reports are supported, assured of confidentiality and protected from victimisation. Any investigations and appeals processes should be fair and afford natural justice to all parties. There should also be processes in place to minimise any distress an investigation may cause.

The person receiving the report should communicate with the individual or group of workers about how they would prefer to address it, which may be an informal or formal process. Keeping people updated about the progress of their report also helps to establish trust and encourages a reporting culture. Continuing consultation with health and safety representatives, where appropriate, and affected workers is important.

Persons involved in formal processes or investigations should be impartial. If a formal process is conducted, those undertaking the investigation should be competent in identifying psychosocial risk factors, hazards, sources of risk and appropriate preventative control measures. As investigations into psychosocial risk factors and hazards can be complex, input from subject matter experts (e.g. organisational psychologists, organisational development consultants, human resources consultants) may be required.

The *Workplace behaviour* code of practice provides more information on reporting and responding to reports of inappropriate and unreasonable behaviour.

The *Violence and aggression at work* code of practice provides information on responding to incidents of violence and aggression, including investigation and recovery.

# Appendix 1 Relevant legislation

*Australian Human Rights Commission Act 1986 (Commonwealth)*

*Corruption, Crime and Misconduct Act 2003*

*Criminal Code Act Compilation Act 1913*

*Disability Discrimination Act 1992 (Commonwealth)*

*Equal Opportunity Act 1984*

*Fair Work Act 2009 (Commonwealth)*

*Industrial Relations Act 1979*

*Minimum Conditions of Employment Act 1993*

*Public Interest Disclosure Act 2003*

*Public Sector Management Act 1994 (State Government Departments)*

*Racial Discrimination Act 1975 (Commonwealth)*

*Sex Discrimination Act 1984 (Commonwealth)*

*Work Health and Safety Act 2020*

## Appendix 2 Examples of risk management in various workplaces

The following examples show how the risk management approach can be applied to psychosocial hazards and risk factors in different workplaces.

These are examples only and may not address all the psychosocial hazards and risk factors at a workplace. A combination of controls may be required, depending on the circumstances of individual workplaces.

The level of detail provided should be appropriate for the risk profile (e.g. hazards, workforce characteristics, services provided), size and complexity of the business.

Table 1 Hazard identification and risk assessment example – small hairdressing salon

Risk factors	Risk control
<b>Work demands</b> – fast pace, time pressure	<ul style="list-style-type: none"> <li>Establish achievable performance targets and expectations in consultation with staff</li> <li>Monitor peak workloads and roster additional staff during peak work periods</li> <li>Match clients' needs to staff skill sets whenever possible</li> <li>Check that staff are able to manage their workload in the time allocated and adjust if necessary</li> <li>Ensure that staff get adequate breaks throughout the day</li> <li>Roster staff so that all full time staff get regular two-day breaks</li> </ul>
<b>Work demands</b> – repetitive or monotonous tasks	<ul style="list-style-type: none"> <li>Ensure that staff have a variety of tasks to complete throughout the day</li> </ul>
<b>Inadequate support</b>	<ul style="list-style-type: none"> <li>Promote an inclusive environment</li> <li>Provide one-on-one supervision of junior staff</li> <li>Hold weekly team meetings to facilitate consultation</li> <li>Provide adequate support for junior staff when they have difficult clients</li> </ul>
<b>Low recognition and reward</b>	<ul style="list-style-type: none"> <li>Provide positive feedback on job and task performance</li> <li>Offer growth and development opportunities</li> <li>Encourage attendance and networking at industry events</li> </ul>
<b>Adverse environmental conditions</b>	<ul style="list-style-type: none"> <li>Use air conditioning to counteract heat generated by salon equipment</li> <li>Ensure that salon and adjoining rooms have adequate ventilation</li> <li>Reduce noise levels by managing acoustics and using quieter equipment</li> <li>Provide appropriate PPE (e.g. gloves, masks)</li> </ul>
<b>Inappropriate and unreasonable behaviour</b>	<ul style="list-style-type: none"> <li>Have a procedure for managing complaints and conflict</li> <li>Seek external help if a matter cannot be dealt with internally</li> <li>Allow flexibility for staff to seek medical assistance or support if required</li> <li>Have a clear policy on drugs and alcohol</li> <li>Educate staff on healthy coping strategies and accessing supporting resources (e.g. support programs, online resources)</li> <li>Have a clear policy for acceptable behaviour of staff and clients</li> </ul>

Table 2 Hazard identification and risk assessment example – medium-sized medical centre

The following example reflects a range of psychosocial hazards, risk factors and controls in a medium-sized medical centre. The centre offers the full range of general practice (family and occupational medicine), with doctors specialising in mental health and addiction services. The services are provided in-person, after hours (locum service) and via telecare.

Risk factors	Risk control
<p><b>Work demands</b> – fast pace, time pressure, excessive workload</p>	<p>In consultation with practice doctors:</p> <ul style="list-style-type: none"> <li>• build in time between appointments to allow for doctors to catch up</li> <li>• schedule time for paperwork, consultation with specialists and research</li> <li>• check that patients select appropriate appointment length for the complexity of their health issues</li> <li>• refer patients to a practice nurse where appropriate</li> <li>• establish rosters and ongoing availability, including coverage for personal and annual leave</li> <li>• set up rosters for Saturdays and locum services</li> </ul> <p>For office staff:</p> <ul style="list-style-type: none"> <li>• roster extra staff to cover peak periods (e.g. Monday morning)</li> <li>• create a temporary staff pool to cover staff absences such as leave</li> <li>• offer patients the option to book online</li> </ul>
<p><b>Burnout</b></p>	<ul style="list-style-type: none"> <li>• In consultation with staff, develop a case allocation system based on triaging, with distribution of complex cases monitored and reviewed</li> <li>• Incorporate fatigue management into rosters and work practices to allow for adequate rest and recovery</li> <li>• Provide training on recognising signs and symptoms of burnout and promoting early intervention</li> <li>• Provide training on decreasing stigma around help-seeking behaviour</li> <li>• Provide peer support and debriefing</li> <li>• Facilitate access to mentoring and peer supervision for doctors</li> <li>• Support access to confidential counselling</li> <li>• Provide access to an employee assistance program for work and non-work concerns</li> <li>• Refer staff to advice and support services available for medical practitioners</li> </ul>
<p><b>Vicarious trauma</b></p>	<ul style="list-style-type: none"> <li>• Provide pre-employment information on the type of situations that may arise on the job</li> <li>• Support access to confidential counselling</li> <li>• Provide opportunities for peer support and debriefing</li> <li>• Facilitate access to mentoring and peer supervision for doctors</li> <li>• Provide training on behavioural techniques that reduce the body's physiological response to other people's traumatic experiences</li> <li>• Provide psychosocial education about common signs and symptoms of vicarious trauma and promote help-seeking behaviour</li> <li>• In consultation with staff, adjust workloads to facilitate recovery at work</li> </ul>

Risk factors	Risk control
<b>Inappropriate and unreasonable behaviour</b>	<ul style="list-style-type: none"> <li>• Have a clear policy for acceptable behaviour of staff and patients</li> <li>• Have a procedure for managing complaints</li> <li>• Have a notification process for workers showing clients or patients who have previously exhibited inappropriate behaviour</li> <li>• Seek external help if a matter cannot be dealt with internally</li> <li>• Have a clear policy on drugs and alcohol</li> <li>• Publicise relevant policies and procedures online and on signs in the practice waiting rooms</li> </ul>

Table 3 Hazard identification and risk assessment example – medium-sized automotive workshop

Risk factors	Risk control
<b>Poor leadership practices and workplace culture</b>	<ul style="list-style-type: none"> <li>• Develop a consultative leadership style</li> <li>• Ensure that there is visible leadership support and modelling of appropriate workplace behaviours by leaders and managers</li> <li>• Develop an inclusive working environment</li> <li>• Consult workers when making decisions that affect their working environment</li> </ul>
<b>Poor organisational justice</b>	<ul style="list-style-type: none"> <li>• Ensure that policies and procedures are applied consistently and fairly</li> <li>• Ensure that meaningful work is distributed fairly</li> <li>• Ensure that decisions about work-related entitlements and opportunities are transparent and communicated</li> </ul>
<b>Poor or no workplace policies and procedures</b>	<ul style="list-style-type: none"> <li>• Have a clear policy for acceptable workplace behaviours</li> <li>• Have a procedure for managing complaints</li> <li>• Provide training and information to management and workers on acceptable workplace behaviours and conflict resolution</li> <li>• Seek external help if a matter cannot be dealt with internally</li> <li>• Ensure policies and procedures are accessible (e.g. lunch room, notice boards, reception area)</li> </ul>
<b>Lack of role clarity</b>	<ul style="list-style-type: none"> <li>• In consultation with workers, establish clear position descriptions</li> <li>• Establish clear processes for work flow, responsibilities and reporting lines</li> <li>• Hold daily toolbox meetings to discuss tasks and work allocations</li> <li>• Provide an appropriate level of supervision to ensure workers have a clear understanding of their duties and performance expectations</li> </ul>
<b>Adverse environmental conditions</b>	<ul style="list-style-type: none"> <li>• Reduce noise levels by managing acoustics and using quieter equipment</li> <li>• In consultation with staff, consider and manage other background noise i.e. radios, mobile phones</li> <li>• Ensure workshop areas have adequate ventilation and temperature control</li> <li>• Provide appropriate PPE (e.g. hearing and eye protection, gloves; comfortable, fit-for-purpose clothing)</li> </ul>

Table 4 Hazard identification and risk assessment example – large State Government department

State Government department employing 5,000 workers in a range of roles including office-based and field work.

Risk factors	Risk control
<p><b>Poor leadership practices and workplace culture</b></p>	<ul style="list-style-type: none"> <li>• Implement an organisation-wide strategy to create a mentally healthy workplace which includes cultural change to address leadership styles, psychological safety in reporting, positive workplace behaviours and management accountability</li> <li>• Provide coaching to modify behaviours to improve leadership and management skills in conflict resolution, performance development and management, and provision of practical and emotional support</li> <li>• Ensure training in workforce diversity and inclusion is embedded in recruitment and selection processes as well as promotion</li> <li>• Implement key performance indicators for any positions that have responsibility for other staff relating to contributing to a positive workplace culture</li> <li>• Offer a range of flexible work practices to allow staff to manage work and personal needs, while maintaining operational needs</li> </ul>
<p><b>Poor organisational justice</b></p>	<ul style="list-style-type: none"> <li>• Ensure that policies and procedures are applied consistently and fairly</li> <li>• Ensure that meaningful work is distributed fairly</li> <li>• Ensure that decisions about work-related entitlements and opportunities are transparent and communicated</li> </ul>
<p><b>Work demands</b> – fast pace, time pressure, emotionally demanding work</p>	<ul style="list-style-type: none"> <li>• Set achievable performance targets for current staff numbers and mix</li> <li>• Clarify workers’ roles and responsibilities through position descriptions</li> <li>• Establish clear processes for work flow</li> <li>• Review resourcing and staff mix of skills to ensure there is adequate resourcing and skills to manage work demands</li> <li>• Establish achievable performance targets and expectations in consultation with staff</li> <li>• Monitor peak workloads and roster additional staff during peak periods</li> <li>• Ensure that staff get adequate breaks throughout the day</li> </ul>
<p><b>Poor organisational change management</b></p>	<ul style="list-style-type: none"> <li>• Implement a structured change management process to ensure all changes are communicated to affected workers, and workers are consulted about the proposed change and process</li> </ul>
<p><b>Inappropriate and unreasonable behaviour</b></p>	<ul style="list-style-type: none"> <li>• Train workers, managers and supervisors in addressing and identifying inappropriate or unreasonable workplace behaviour</li> <li>• Address any instances of inappropriate and unreasonable behaviour promptly</li> <li>• Integrate the code of conduct into staff communications and forums to ensure the promotion of the code of conduct has occurred across all levels of the organisation</li> <li>• Appoint grievance officers and promote the grievance process</li> </ul>

Risk factors	Risk control
<b>Inadequate support</b>	<ul style="list-style-type: none"> <li>• Provide practical resources and emotional support that match the demands of the work and workers' needs</li> <li>• Provide training to recognise signs and symptoms of distress and promote early intervention</li> <li>• Promote positive attitudes to mental health through the provision of programs that destigmatise mental health conditions and encourage help-seeking behaviour</li> <li>• Provide peer support and debriefing for client facing roles</li> <li>• Support access to confidential counselling</li> <li>• Provide access to an employee assistance program for work and non-work concerns.</li> <li>• Provide ongoing constructive feedback from direct line managers</li> <li>• Provide positive encouragement to help workers maintain their motivation and engagement in achieving milestones</li> </ul>
<b>Inadequate recognition and reward</b>	<ul style="list-style-type: none"> <li>• Establish a system for professional development advancement opportunities with clear criteria</li> <li>• Recognise achievements on an individual and team level</li> <li>• Acknowledge and recognise workers demonstrating appropriate workplace behaviours or organisational values</li> </ul>



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