# Psychological health and safety in the workplace: a national guide

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### Virtual Seminar Series - Transcript

Every Australian, wherever they work in Australia, whatever our work tasks and whatever our working arrangements deserve physical and psychologically healthy and safe work. It's our right. Today I'd like to tell you about the work to provide greater clarity for employers around the duties for work health and safety and workers' compensation in psychological health and safety. Our public discourse has changed. Claire referred to the changing nature of work, well, our attitudes to psychological injuries have, thank goodness, changed. How many of you have yourself or have a loved one who has a psychological injury caused by work or non-work? Doesn't it make it real for all of us to know that as health and safety professionals we need to drive the charge to make this a thing of the past. Thank goodness Australia is now a more compassionate community. There is destigmatisation of some conditions, particularly anxiety and depression, and our footballers and other heroes have done lots to destigmatise that in Australian community. I'd say we have some significant challenges still ahead for us on psychosis and some of the more serious psychological injuries.

We now recognise that work-related psychological injuries are real. They're not a sign of weakness. It can happen to any of us if the stresses are prolonged or severe enough. Importantly, they're preventable we know what causes them, and we know how to fix them. They're compensable. There are more effective treatments. The advent of better medications behavioural based therapies can change the prognosis significantly.

There's been a great move towards fit certificates that we should all applaud where we look at ability rather than disability and do all that we can to encourage people back to safe work as early as they can. We all know the recognition of the great business case for creating psychologically healthy and safe work.

But sometimes our attitudes and communities remain complex and sometimes contradictory. Earlier in the year I had the great pleasure of speaking with a number of people I consider my mentors and thought leaders in this space. The wonderful Nick Glozier, who some of you may know from University in Sydney, and I were talking about this conflicted space. He said many managers want to manage health and safety better. They really want to support the people. Nobody goes to work wanting to damage their people, but they're concerned. They're worried about what's the cost. What is actually going to cost me to fix it? Might I be held responsible for something that I didn't cause? And if I ask, might I actually be making the situation worse? I think we can all in our own workplaces and our histories think that these concerns are real and we need to address them.

Work-related psychological injuries despite our great changing attitudes and our better treatment remain a problem. We know that there are certainly sectors that experience it more severely and that there are certain types of hazards and risks which increase the propensity to have a psychological injury. Work-related psychological injury claims are very serious and they're very expensive, both at a human and financial level, and they cost the Australian economy enormous amounts of money. It's wasted effort. We can and should be doing better. It's, I think, salutary to think about what's going on. This survey that was released in 2017 shows some of those insights about the difference in attitudes and resistance points for physical versus psychological injuries. You can see the very stark and rather concerning difference in the barriers if you have a physical injury versus a psychological. I think some of this goes to the point that Nick made earlier that I quoted about the confusion about what and how they can help.

There's calls for an integrated and systematic approach. Professor Niki Ellis, who many of you will know, has been a forefront leader in this thinking. She says, instinctively, we in the community, we recognise that the workplace and personal factors that contribute to our good mental health or our poor mental health, but we need and workplaces need to adopt an integrated approach to this where there's a shared responsibility for workplace mental health between those in control of the workplace, the person conducting the business or undertaking, and appropriate responsibility for workers, for ourselves. It needs to be a partnership between governments, the regulators and health services. But there's a challenge. Our leaders, our workplace leaders need to be competent in the design and the management of safe systems of work in order to truly prevent psychological injuries, and we won't get there unless they are. There's an increasing interest in the biopsychosocial approach. Any of you who look closely at our jurisdictional websites will know the increasing information that they're providing to us on this, which says we need to think about the whole person and all of the factors that might relate to their psychological injury. We are seeing schemes broaden their assessment criteria and including biomedical and administrative claims data and looking at psychosocial data. But we need to keep the support going. We must also provide them with the support to address the psychological risk factors.

So challenges remain for us all as health and safety professionals on how to design safe work and say systems of work for at-risk individuals. We don't step away that this can sometimes be challenging. As Nick wfpractas talking to me earlier in the year, he recognises the elephant in the room that we will all have to deal with is that how we respond to situations at work is shaped by our experiences and our perceptions of event. So when somebody has had negative experiences both inside and outside the work site to some extent we're primed. We might be over reactive to what other people might perceive as relatively benign experiences. I think we can all relate to that ourselves, and it goes to the heart of the exposure, if it’s repeated, they begin to be primed to things that may have not triggered them in the past but now will.

But we don't always agree on what causes work-related stress. I think it's salutary to look at this study that I found that was a large international piece that looked about what employers thought were the big issues that were challenging both in how work is done and what were the pressures personal and work related and what workers thought. Whilst there's high levels of agreement there's some interesting levels of disagreement. There lies one of our challenges. If we go in the process to identify and assess risks and we only ask one person, perhaps the owner of the business, and we fail to consult the people who are doing the work, we will get one answer. If we only ask workers, we'll get a different one. What we need to do is ask everybody who's involved in the work what are the big issues here and importantly, what can we do about them.

Safe Work Australia recognised that despite the plethora of information out there some employers remain confused. In preparing the guide that I'm going to talk about, the WorkSafe colleagues around the country and I had a look at the resources. We collated over five pages of hyperlinks to amazing resources produced by the regulators and the workers' compensation authorities, groups like *beyondblue* and information on the Heads Up website. Fantastic material. But in fact that might even be part of our problem. How does an organisation sift through that huge volume of information and find the bit that's right for them? So it's really good to hear Claire, and I believe Queensland has a similar initiative, where they're going to help make that process easier for workplaces so that the pre-filtering of information occurs and it drives them to the areas where it's most useful.

So we were hearing repeatedly through our consultations about some of the areas of confusion. It came at its heart down to, what are my legal requirements? What must I do to be found compliant? If the WorkSafe inspectors come, what would they be looking for? What, if I want to go beyond the minimum and I want to strive to best practice, what does that look like, and how is it different from minimum compliance? How can I identify these psychosocial hazards? What even are they? Are there free and simple ways to assess risk, or do I need to employ a very expensive consultant? The answer is no to that. What are the most effective and practical control measures, and is there evidence to base them up? And then how, if somebody is hurt, do I support my workers to get back safely as quickly as they can? What are the reasonable practical adjustments you expect me as an employer to making? Where in all of this does the mental health promotion and general health promotion fit in terms of minimum compliance and best practice?

Safe Work Australia Members recognised there was a need and have over the last 18 months developed a guidance.

This document is one piece of the puzzle. It's not the whole piece. What it does is will provide authoritative guidance to PCBUs and employers about the work health and safety duties under the Work Health and Safety Acts and their duties under Workers' Compensation Acts. It does not replace everything, but it provides a clear authoritative platform from which you can build and move beyond compliance, and then using other guidance out there to better practice. So the guide is for employers and PCBUs. In the future we expect that there will be additional material for workers and others. Whilst there's some information about workers' responsibilities in the document, it's fairly restricted. It includes a whole range of information, that's typically in a guide, what's its scope, but it has three important areas that it looks on.

First of all, it takes an integrated and systematic approach. So it starts with what the prevention duties are and the way to use a risk management approach. It talks about the need for early intervention and those elements that are obligatory under health and safety and workers compensation laws and those which are better practice. It touches on the duties for the provision of workers' compensation, supporting return at work and return to work. It does this fairly briefly because there's wonderful material on all the jurisdictions' websites already on that, and it provides some clarity about how workplace health promotion fits in with that context.

You may have noticed there's a whole plethora of words that are used. Are we saying psychological injuries, are we saying mental illness, mental health conditions. So one of the things that Safe Work Australia Members decided is that we put a glossary at the back which clearly defined those terms and what we mean by them. There was a deliberate intention and decision to use the term work-related psychological injuries because that's the compensable term, but we shouldn't get too tense about this. Basically, we're all talking about the same things.

The National guide is quite different from any other document that Safe Work Australia Members have developed. They recognise that, and this probably resonates with you, out there in real workplaces there isn't actually an artificial divide between work health and safety and early intervention and return to work. In fact, you probably all doing it as a totally integrated approach already. So whilst there's divisions in our head, there isn't divisions in your head. So they said, "Okay, we're going to try for the first time to have a document that includes all of those in the one guide." It does make it long, and we don't apologise for that because there'll be other supplementary material which is shorter and where you can go and get more specific information.

I'd like to draw your attention to the inner circle. For me this goes to the heart of it. There is a lot of information out there on psychological health and safety, and there are many proponents that are saying there's an absence of laws and that psychological injury isn't covered, there's lack of clarity. We would say they're incorrect. The existing health and safety legislation includes psychological health. It's already there under an obligation. But we realise that perhaps we hadn't drawn it out clearly enough and that this guide might go some way to actually clarifying duties. But at its heart is the need to design good work and safe systems of work, to apply a risk management process, to monitor and review that that process has been effective, to provide the training information and supervision required and to show leadership and management commitment to psychological health and safety. And as always do consultation, cooperation and coordination between all those that have a duty.

Those elements apply in every single section whether it's prevention, early intervention and recover. We all know this is second nature to you all that there is a legal duty for PCBUs to manage the health and safety risk so far as is reasonably practicable and for workers to take reasonable care of their own and others' health and safety, employers to provide the appropriate support should an incident occur. I also wanted to take the time to actually put up something you've all probably seen before which is the reference to the officers' due diligence. I've been a bit cheeky here because I've inserted psychological. It's in there but perhaps it might help provide some clarity to insert that.

So when you're going back and being the champion back in your own workplaces to remind your officers that they have a duty to have up-to-date knowledge of all work health and safety matters including psychological matters. They need to understand the nature of their operations, however they're changing, including knowing what the psychosocial hazards are. They need to make and use, and check they're being used, resources and processes to control those risks, and they need to actually have the systems for collecting information to monitor that things are going on.

I notice a change in debate which isn't yet settled but about the need to include psychological instance in your own voluntary reporting systems. It's not yet obligatory under law, but I'd say get ahead of the game, and when you're creating your own systems back in your own workplace, put in the capacity to collect psychological incidents. We need to verify the provision of those resources. So reminding you all that in terms of this space, psychological, so far as reasonably practicable applies. So you in helping the PCBUs need to get them to ask themselves, are there reasonably foreseeable risks in this workplace? I think we could all go back to our own workplaces and say, "Yep."

Either looking at past events or into the future? There are. Could serious harm occur? And there probably could. Are there known effective controls? Absolutely. And are the cost of implementing those controls reasonable? In all likelihood, they are. But beyond that one of my colleagues last night when I was talking to her about this said, "And don't forget to remind them about the long term benefits to their business in actually investing proactively in psychological health and safety." So we all know the benefits of doing it well. I think it's salutary to say that the mental health and wellness programs will deliver extra benefits on top of it, but there are desirable extras. You need to ensure that our workplaces understand that wellness programs are not a substitute for identifying, assessing and controlling psychological risks. They're great to do, don't let me ... I absolutely support them. They're wonderful things, but first, check that you've controlled the risks.

So the same risk management process applies to physical and psychological hazards and risks. That's something that Safe Work Members wanted to get out there very clearly. You don't need to go and create a new process if you don't want to, but you can apply the standard risk management process of identifying, assessing, controlling and reviewing. But I might just note that for this particular group of hazards, if you know what the hazards are and you've already got some great ideas of controlling them, you don't necessarily have to go through a whole assessment process. Don't wait. Implement the controls and check they're effective. I think sometimes we get bound up in our risk assessment process and forget the intention of this was to control the risks and not just go through a paperwork process. There are sound underpinnings to the national guide, and if any of you wants to read more deeply, they're in that list of academics. This space is not new. There has been work going on since the 1970s, epidemiological work on this space. We know what the hazards are, and we know that they cause serious health problems if they're not addressed.

The guide includes a list of some common psychosocial hazards. It won't cover everything. You will need to apply it and think about the context of your own working environment. But there are some things which are pretty standard you should be looking at. High or low demands, excessive physical demands, cognitive or emotional demands. I think if you cast your mind around in your own work sites you can think about times where there's too much time pressure, perhaps there's too many tasks to complete or if you're working emotionally demanding work, you're trying to manage too many clients. But it can also be stressful if you have insufficient work to do. So look the other side as well. If people are bored and there's monotonous work, that too can be a potential stressor.

We need to look at the level of job control. The literature tells us very clearly, if you have high demands and low job control and low support, you will be moving into a position called high job strain and the likelihood of a psychological injury will significantly increase. If there's high responsibility without appropriate control, most of us like to have responsibilities, but who likes to have it when we don't actually have a say on how things are done? Not me.

We need to think about the level of support and broaden how we think about this. Very often the first thing if we talk in workplaces, people say, "My colleague's being friendly. Can I talk to them about my problems?" That's emotional support. Or my supervisor will talk to me. But I'd also like you to challenge your workplaces to look about the other kinds of support, also informational support. Do your people have the information they need when and how they need it in the form that they can comprehend to do their job well? That's called informational support. Does the equipment work right? Who of us has had a situation where the IT system has crashed or the car has broken down that we need to travel to visit a client with? If the equipment that allows you to do your job is malfunctioning that causes huge stress. The research shows us that's actually extremely irritating for people when they know it could have easily been predicted and something done about it.

So then to workplace relations and conflict. We all know that this is often where it gets shown in workplaces that the other things we'll set, if you like, they're the antecedents, but the crisis point will be reflected with somebody yelling or crying or being very distressed. So turning your relationship or turning your attention to the working relationships, whether it's with clients or clients' families or supervisors. Claire's mentioned the powerful stressors that being bullied, harassed or occupational violence showed, and when the Safe Work Australia Members were considering the guide Victoria urged the Members to think about secondary exposures like those to police officers, to ambulance officers, where they're being repeatedly exposed to distressing situations.

Low recognition compared to the effort. There's a theory called effort reward imbalance, and we know that it is particularly stressful if you're putting in lots of effort and your perception is you're not being appropriately rewarded for the effort. This can be financial reward or just recognition. Wherever there's poor organisational justice, there's also issues for workers working remotely or in isolated working environments. Don't forget the powerful potential stressors of working in physically dangerous or unpleasant working environments. So whilst we think that we tend to traditionally turn our attention to psychological, to demand and control support, I can remember having a conversation with a psychiatrist when we were working on some earlier documents, and I put working at height. He said, "What's that got to do with health and safety?" Or working around unguarded machinery. I said, "I reckon that if you're working at heights without appropriate protection, you're going to be a little bit tense." He thought about it and then agreed.

So the guide recognises that individuals, we're all different. Our responses will vary. Some days we'll have good days, some days we'll have bad days, but over time our responses may vary. There are limits in the guide. It isn't uncontained. It's only so far as is reasonably practicable, and that the employer must make reasonable adjustments if somebody has a psychological injury. But there's a challenge that they also need to concurrently be complying with other legislation that operates in the space such as anti-discrimination.

So the guide says, use the hierarchy of control if you want to, and it recognises that you will need in all reality in this space a combination of risk controls, unlike some other areas where perhaps you could find one, you're going to need a collection of them.

The first is to think about elimination. This is a little tough in this space, we acknowledge, and there are less examples of pure elimination, I'll put some of them up there. But your purpose there is to actually look if there's some elements of the job that can be completely removed so the person isn't being exposed and being stressed, and perhaps it's about better workload management, even eliminating unnecessary tasks, and one that's slightly controversial is that you might be needing to ask in your organisation, are you the best person to be delivering this service? Is somebody else better equipped to have the plant and equipment and resources to deliver this rather than you? Then a practical issue that we were talking about when developing the guide around occupational violence? Can you completely eliminate that risk by using remote payments?

I wanted to put this slide up here, and you may be wondering why. In 2016 I had the great privilege of being invited by the Dhimurru Aboriginal organisation to go into two-way learning with them. The Dhimurru rangers provide health and safety in North East Arnhem Land in some of the most challenging and difficult working environments in Australia. I went up with some preconceptions about their health and safety, most were proved incorrect. I thought that they wouldn't understand psychological health and safety, they got it. What they taught me and reminded me was that job design, so that elimination process, does not have to be complicated. So here's some Rangers out doing some work in the indigenous protected areas.

So this slide, on my very first day, so I hadn't had any influence at this point, I turned up at Dhimurru and sat in on tool box. I was blown away because without even knowing it, these guys, and English is their fifth language, fourth or fifth language, there's many different clans there, they were doing job design. They just asked at the beginning of each day before they went out to work: What do we have to do? Where do we have to do it? How are we going to do it? Who's going to work together? Together as workers they collaborated and planned the day's job, including the difficult tasks. You'll note there's something called Baru discussions there. Baru are the crocodiles. So they then sort, well, there was a crocodile out on the loose there, and they actually had a whole discussion that went on what were the physical risks associated with handling crocodiles. It was an eye opening example.

Then lastly, we think about administrative controls. Often in health and safety in this space the people start with that, they start with policies and procedures. I'm going to be a bit challenging here and say policies of procedures in this space are like plant operating manuals. They just describe the way the work should be undertaken to be safe. They don't inherently make it safe. So we do need our policies and procedures, but don't rely on them. You're going to have to do the other upstream things as well. There are opportunities to think about how to use job rotation. I would challenge us all to think more deeply about effective training for managers and staff around workload management, work redesign and personnel management and dealing with aggressive clients and the like.

PPE is an interesting one. When I was thinking about what we might put in the guide here, my colleagues and the inspectors in Victoria, in New South Wales, in Queensland and others said, "Well, you do all the PPE you'd do for physical stresses, risks because you want to manage those, but actually there's some other things you might want to think that are context specific for workers as well." In fact, the iTrackers, the Dhimurru Aboriginal Rangers use that so that when they're out working alone, a long way from the base, they know exactly where their workers are and if they're late.

There are alternative risk management models, and Safe Work Australia Members recognise this. You don't have to use the risk management model. You can use others, but we're saying that just be aware that you're actually truly meeting the requirements under the Act. I put this up here to provide some clarity. So for us, primary prevention, secondary prevention and tertiary prevention, you can map it to the hierarchy of control and to the recovery, supporting recovery at work. There's also other models that talk about organisational, environmental and individual level controls, and you can also map those if you like onto the hierarchy of control and other models. So it's not a one or another, but pick your model and apply it systematically and ensure that you've met your duty.

The guide also outlines employers' duties for early intervention and workers' compensation. There's a plethora of material on this. None of it is new in the guide, but it does bring it together into one authoritative space. But wherever people work around Australia and whatever the workers' compensation arrangements, there are huge amounts of similarity. So the guide captures the obligations across Australia, but you may need to go to the specific requirements in your state if you want more details.

So putting it all together. It's not that difficult. We need to help our employers identify the hazards and risks, including the psychological hazards and risks and chemical hazards and risks and physical hazards and risks. We need to support them to implement effective risk management, including work design, redesign and workload management to monitor the impact of those controls, to show leadership and commitment, to develop and use policies. Policies are no good if they're sitting on the shelf and they're not actually built into normal business processes. And to train workers.Our workers need to actively participate in risk assessments and implement agreed controls. To complete and implement the training that they've been given and to comply with policies and procedures.

I'd also say that although it can be challenging, we as workers need to tell our managers if we're struggling. Employers can't make reasonable modifications if they don't know we're struggling. So we need to tell people and to share if we need help. So flipping it now also back onto the other side, thinking about a corrective focus, so something has gone wrong, what's an organisational systems focus that's required? The PCBU employer needs to set up effective reporting mechanisms that includes for the incidents that will tell them what is going on in their workplace, to train their staff in workload and stress management, to investigate proactively concerns wherever they are raised and take action, to intervene early whenever their people are saying they're experiencing distress, appoint contact officers and actively support return to work and/or where possible remain at work. And as workers, we need to report problems. We need to seek and use EAP and actively participate in our return to work programs.

There are, lots of resources out there. Here's some of them that will supplement the guide. Go to any of your jurisdictional websites, there are fantastic material available. One of the questions I get asked is about risk assessment tools. I draw your attention to a free risk assessment tool that is published on the Queensland website called People at Work and that was co-funded by Comcare, Safe Work Australia Members and Queensland. There are lots of different risk assessment tools. This one just happens to be free and have normative data for over 10,000 people. There are also some wonderful documents out there in terms of best practice approach to move you beyond compliance into better practice.

I think it's salutary to finish by saying we have come a very long way. So whenever you get despairing think about how far we've come, and with your effort, collectively, we'll keep making progress.