



We're taking action to protect
workplace mental health

MIND YOUR HEAD

WHS National Guidance For Psychological Hazards



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Introduction

Work is a significant factor in people’s mental health. We know that meaningful, rewarding, good work can impact positively on our mental health. Equally we know that issues such as high workloads, customer and client aggression and poor workplace relationships can adversely impact on workers’ mental health.

Just like physical health and safety hazards, such as slippery surfaces, dangerous and unguarded machinery and badly set-up work stations, there are also workplace mental health hazards, like high and low job demands, isolated work and poor role clarity. These are known as *Psychosocial Hazards*. There are currently **14 Psychosocial Hazards identified and recognised under SafeWork Australia’s [Model Code of Practice](#)**. We outline these in this document; additional information, training and resources are also available via the [Mind Your Head website](#).

What is a “PSYCHOSOCIAL Hazard”?

Psychosocial hazards are aspects of work which have the potential to cause psychological harm. The term “psychosocial” looks at the influence that psychological factors and the surrounding social environment have on a person’s physical and mental wellness and their ability to function.

These workplace mental health hazards injure thousands of workers each year, just like physical hazards, but they often fly under the radar.

Workplaces are experiencing a mental health emergency, with workplace mental injuries now the fastest growing type of workplace injury in Australia.

Mental health hazards can have a major impact on individuals, but they also affect everyone in the workplace through high staff turnover, reduced productivity and of course, an increase in workers’ compensation claims.

The MIND YOUR HEAD Program

The Mind Your Head program is an initiative of *The Australian Council of Trade Unions* and is committed to bringing employers, workers, unions, insurers and renowned academics together to improve workplace mental health and prevent mental health injury before it occurs. The pilot program launched in Victoria, supported by *Employers Mutual Limited* and *WorkSafe’s WorkWell Mental Health Program*.

The program has been developed to provide two complimentary streams – a Health and Safety Rep education and support program and a Comprehensive Workplace Program provided in a number of targeted workplaces. Please see the [Mind Your Head website](#) for more on this.

The aims of this campaign are to:

- raise the priority of mental health and safety to sit equal to treatment of physical health and safety;
- educate and develop workers, HSRs, Managers and Leaders to understand work-related mental health risk factors and the relationship with WHS;
- design tools and resources for workplaces to create mentally safe systems of work;
- facilitate engagement with workers, HSRs, managers and leaders to work together to create mentally healthy work; and
- review and analyse the interventions to determine best practice and create a community that learns from each other.

Guidance Document

This guidance document provides information of common psychosocial hazards and risk to physiological health to help HSRs identify hazards in their workplaces.

Terms & Definitions

Absenteeism: absence from work.

DWG: means your designated work group of employees established under the WHS/OHS Act.

Employee: means a person employed under a contract of employment or contract of training.

Employer: means a person who employs one or more other persons under contracts of employment or contracts of training.

Gendered Violence is any behaviour, action, system or structure that causes physical, sexual, psychological or economic harm to a worker because of their sex, gender, sexual orientation or because they do not adhere to dominant gender stereotypes or socially prescribed gender roles.

Harassment is unwelcome and unsolicited behaviour that a reasonable person would consider to be offensive, intimidating, humiliating or threatening. Harassment can be physical, spoken or written; can be a single incident or repeated behaviour. This can include (but is not limited to) repeated or singular instance of: unwanted sexual advances, unfair treatment due to gender, negative comments about race, being sworn or yelled at or humiliated in front of others.

Hazard: a situation or thing that has the potential to harm a person.

Hierarchy of Control: the hierarchy of risk control is a method used for controlling risks, ranked from the highest level of protection and reliability to the lowest.

HSC: health and safety committee: a consultative body established under the model WHS/OHS Act. The committee's functions include facilitating co-operation between workers and the person conducting a business or undertaking to ensure worker's health and safety at work, and assisting to develop work health and safety standards, rules and procedures for the workplace.

HSR: health and safety representative: a worker who has been elected by a work group under the model WHS/ OHS Act to represent them on health and safety issues.

OHS Act: means the *Occupational Health and Safety Act 2004* (Victoria).

OHS Regulations: means the *Occupational Health and Safety Regulations 2017* (Victoria).

Organisational Climate: properties of the work environment as perceived by employees.

Presenteeism: being present at work but with reduced output.

Psychological distress: Negative emotional state including anxiety, sadness, and depression.

Psychosocial hazards/ factors: anything in the design or management of work that increases the risk of work-related stress and psychological injury.

Psychosocial risk: possibility that harm might occur when exposed to a psychosocial hazard.

Reasonably Practicable: that which is objectively, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters.

Risk control: actions taken to eliminate health and safety risks so far as is reasonably practicable, and if that is not possible, minimising the risks so far as is reasonably practicable.

Risk: the possibility that harm (death, injury or illness) might occur when exposed to a hazard.

Stress response: is the physical, mental and emotional reactions that occur when a worker perceives the demands of their work exceed their ability or resources to cope.

WHS Act: means the *Work Health and Safety Act 2011* (Cth).

Workplace bullying: is repeated, unreasonable behaviour directed at an employee or group of employees that creates a risk to health and safety. This can include (but is not limited to) repeated: unreasonable demands and pressure targeted at a particular employee or group of employees, unfair allocation of hours or work tasks, verbal and physical abuse, undermining another's persons work performance, belittling and humiliating them.

Why prevention?

Work-related psychological injury has consequences for employees and employers. In 2022, 1 in 5 workers (21%) said they had suffered a mental health issue due to work in the past 12 months*

Reduced participation and productivity, caused by poor psychological health and safety, carries an economic cost of 12.3-\$39.1 billion per year, \$9.6 billion being from absenteeism**.

Other costs for business include: high staff turnover, reduced productivity, increased sick leave, increased workers compensation claims, and extended return to work periods, with the median time off for mental health claims being 7 months (30.8 working weeks) costing \$55,300 in compensation***

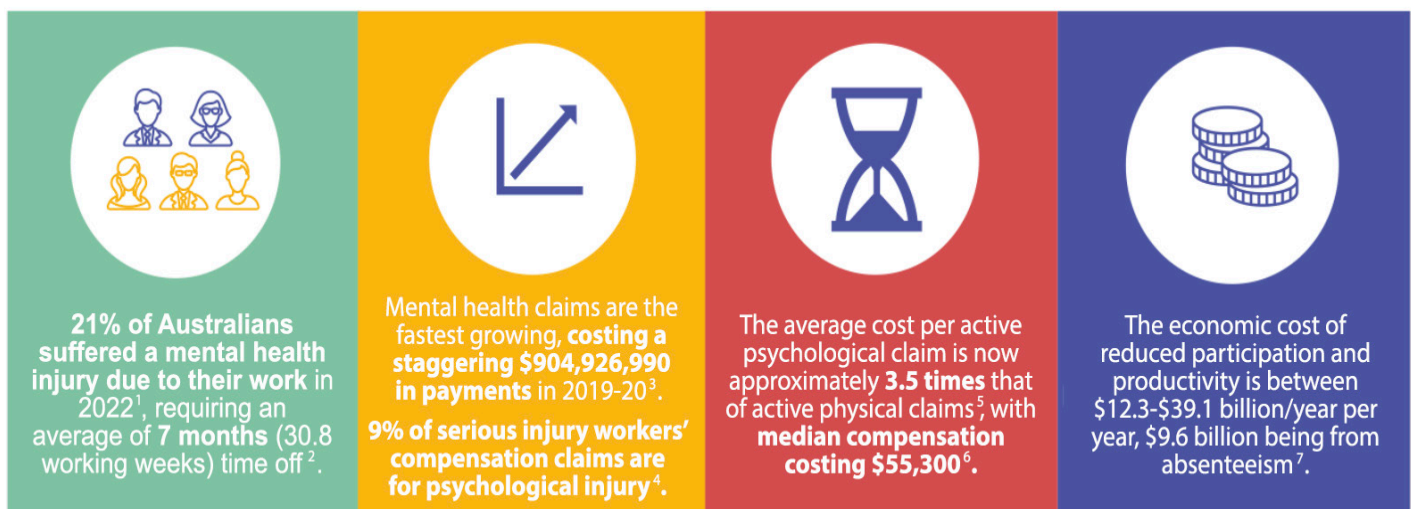
Mental Health claims are now the fastest growing type of workers compensation claim. 9% of all serious injury workers' claims are for mental health conditions, accounting for 71% of disease claims in 20-2021***

Early identification and management of risks can help minimise the potential severity of injuries, and time lost from work. This can be achieved by educating and developing workers, HSRs, and managers to:

- understand work-related mental health risk factors; and;
- identify, assess, control, and review psychosocial risks in the workplace.

Workers, their unions, employers and leaders, working together can create mentally safe systems of work, and mentally safe workplaces.

Source: *Work shouldn't hurt report 2022, Australian Council of Trade Unions. **Productivity Commission, Mental Health Inquiry Report, no. 95, (2020). ***SWA AU Workers Comp Statistics 2020-21.



Source: 1 Work shouldn't hurt report 2022, Australian Council of Trade Unions; 2 Safe Work Australia Australian Workers' Compensation Statistics 2020-21; 3 Safe Work Australia; 4 Safe Work Australia Australian Workers' Compensation Statistics 2020-21; 5 Allianz Australia Workers' Compensation Underwritten Portfolio 2021; 6 Safe Work Australia Australian Workers' Compensation Statistics 2020-21; 7 Productivity Commission, Mental Health Inquiry Report, no. 95

Employers Responsibilities

A mentally healthy workplace takes positive steps to prevent harm by identifying mental health hazards, managing harm from an early stage, and supporting recovery, just like we would with physical hazards at work.

Under section 19 of the WHS Act (or section 21(1) of the OHS Act in Victoria) employers have a duty of care. They must provide and maintain a working environment that is safe and without risks to health, so far as is reasonably practicable.

The term **health** includes both physical and psychological health.

Employers also have an obligation to consult with employees through their unions on matters that affect their mental health and safety.

Employers must systematically and comprehensively:

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

An Employer has the primary duty to ensure, so far as is reasonably practicable, workers and other people are not exposed to psychological health and safety risks arising

from the business or undertaking.

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

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

Pursuant to section 18 of the WHS Act (or section 20 of the OHS Act in Victoria), regard must be had to the following matters in determining what is (or was at a particular time) **reasonably practicable** in relation to ensuring health and safety:

- a. the likelihood of the hazard or risk concerned eventuating;
- b. the degree of harm that would result if the hazard or risk eventuated;
- c. what the person concerned knows, or ought reasonably to know, about the hazard or risk and any ways of eliminating or reducing the hazard or risk;
- d. the availability and suitability of ways to eliminate or reduce the hazard or risk; and
- e. the cost of eliminating or reducing the hazard or risk.

Hazard identification & Risk Assessment

Psychological + Social = Psychosocial

Psychosocial hazards are **factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.**

These include **job design, social, organisational** and **management** contexts of work that have the potential to **impact worker health** and wellbeing.

Cox & Griffiths, 2005

Step 1 – identify psychosocial hazards

Psychosocial hazards may be identified by:

- having conversations with colleagues, supervisors and union health and safety specialists;
- inspecting the workplace to see how work is carried out, noting any rushing, delays or work backlogs;

- noticing how people interact with each other during work activities;
- reviewing relevant information and records such as reporting systems including incident reports, workers' compensation claims, staff surveys, absenteeism and staff turnover data; and
- using surveys to gather information from workers, supervisors and managers.

Step 2 – assess risks

Understand the nature of the harm that could be caused by the psychosocial hazards, how serious the harm could be and the likelihood of it happening.

Step 3 – control risks

Implement the most effective control measures that are reasonably practicable in the circumstances and ensure they remain effective over time.



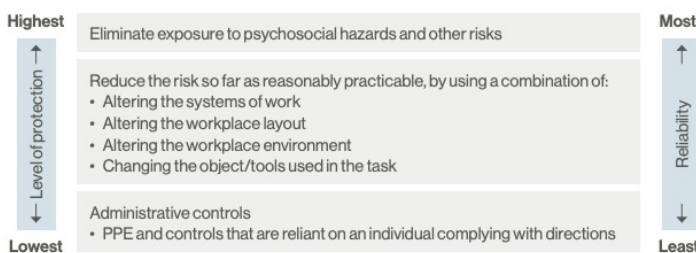
The hierarchy of controls

The hierarchy of risk control provides mechanisms for controlling risks, ranked from the highest level of protection and reliability to the lowest.

Employers have a duty to ensure health and safety requires the person to eliminate risks to health and safety, so far as is reasonably practicable.

If it is not reasonably practicable, the **hierarchy of control** must be applied to minimize each risk.

- **Eliminate hazards** and associated risks. This is the most effective control measure. If it is not reasonably practicable to eliminate the entire hazard, eliminate as many risks associated with the hazard and use other control measure to minimize other associated risks.
- **Reduce the risk so far as is reasonably possible by using a combination of:**
 - altering the system of work;
 - altering workplace layout;
 - altering workplace environment; and
 - changing the object/ tools used in the task.
- **Administrative control**, refers to implementing work methods or procedures to limit exposure to a hazard. Including the use of **Personal protective equipment (PPE)** to aid in minimising exposure to a hazard. Administrative controls and PPE should be used alongside other controls to increase the effectiveness of higher-control measures.



Step 4 – continue to review hazards and control measures

Ensure they are working as planned by reviewing them regularly at your HSC meetings and by speaking with affected colleagues in your DWG.

Under the OHS regulations, duty holders must review, and as necessary revise control measures, implemented under these Regulations so as to maintain, so far as is reasonably practicable, a work environment that is without risks to health or safety.

A review must occur in circumstances:

- when the control measure is not effective in controlling the risk;
- before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control;
- if a new hazard or risk is identified;
- if the results of consultation indicate that a review is necessary; or
- if a HSR requests a review.



Workplace Psychosocial Hazards

The [Model Code of Practice: Managing psychosocial hazards at work](#) identifies 14 psychosocial hazards.

When assessing the impact of workplace psychosocial hazards, consider that a **combination of these factors** may increase the chance of injury or illness.

Job Characteristics, design and management

1. High or Low Job Demands
2. Low Job Control
3. Poor Support
4. Traumatic events or Material
5. Remote or Isolated Work
6. Lack of Role Clarity
7. Poor Organisational Change Management
8. Inadequate Recognition
9. Poor Organisational Justice
10. Poor Environmental Conditions

Harmful Behaviours

11. Violence and Aggression
12. Bullying
13. Harassment including sexual harassment or gender-based harassment
14. Conflict or poor workplace relationships and interactions



High and Low Job Demands

Psychological injuries may occur where job demands cannot be met, are unreasonable or where adequate resources (e.g., training equipment) are not provided.

Job demands include:

1. **emotional demands** (e.g., dealing with emotionally challenging matters, needing to suppress genuine emotions);
2. **mental demands** (e.g., work pressure, requirements to work hard and fast); and
3. **physical demands** (e.g., working in physically awkward postures for long periods, working in very hot or cold environments).

Indicators include environments where workers:

- have workloads that are excessive or create unreasonable time pressure;
- have very little say in the way they do their work or when they can take rest breaks;
- are not involved in making decisions about work that affects them or their clients; and
- have skills and experience that are underused.

Low Job Control

Low job control occurs when workers have little control over aspects of their work, including how, and when, a job is done.

Indicators include situations where workers:

- have little control or say in the way they do their work;
- are not involved in decision making about their work;
- are required to work at a pace that exceeds staffing capabilities or resources;
- are being micro-managed and required to perform tasks in specific ways;
- have their skills and experiences undervalued or underutilised; and
- are unable to refuse to work with, or provide service to, aggressive customers or clients.

This hazard is exacerbated when paired with **high job demand**; situations where workers have excessive responsibility but little authority in respect to decision making.



Poor Support

When workers don't get the support, they need from leaders and colleagues, it can harm their health and wellbeing.

Indicators include situations where workers:

- are not given clear work goals;
- are not provided with an adequate induction, information or training;
- don't have access to additional supports such as Employee Assistance Programs;
- are not able to ask for flexible working arrangements;
- are not given constructive feedback so they can improve; and
- are not given help when they take on new or challenging tasks.

Traumatic Events or Material

Witnessing, investigating or being directly exposed to traumatic events or material is considered a workplace psychosocial hazard.

A person is more likely to experience an event as traumatic when it is unexpected, is perceived as uncontrollable, or is the result of intentional cruelty. This includes vicarious exposure and cumulative trauma.

Traumatic events or material may include:

- witnessing or investigating a fatality, serious injury, abuse, neglect or serious incident
- exposure to seriously injured or deceased persons
- experiencing fear or extreme risks
- exposure to natural disasters
- witnessing or investigating terrorism or war
- supporting victims of painful and traumatic events

- listening to or reading descriptions of painful and traumatic events experienced by others
- finding evidence of crimes or traumatic events
- exposure to events that bring up traumatic memories.

Remote or Isolated Work

'Working alone, remotely or in isolation' is any work where a workers is unable to get immediate assistance from colleagues or other people.

Indicators include situations where workers are:

- working alone physically – unpacking in a warehouse;
- working away from others – a long haul truck driver;
- out of hours work – outside of standard working hours such as shift work;
- long distance travelling – freight transport drivers;
- working unsupervised – public transport, taxi and limousine drivers;
- workplace isolation – working on a farm or in a geographically isolated location; and
- working in isolation with the public – public transport drivers.

Lack of Role Clarity

Low role clarity means that people are not sure what their responsibilities are or what is expected of them.

Indicators include situations where:

- tasks and work expectations change without notice to workers;
- there are conflicting job roles, responsibilities or expectations from multiple managers; and
- workers are not sure who to report to.
- no clear or up-to-date Position Description exists

Poor Organisational Change Management

Organisational change can present a psychological hazard when it is poorly managed or communicated. All modern awards and EBAs must include a term that requires consultation about changes to regular rosters or ordinary hours of work, but this does not itself provide a control for psychological hazards.

Indicators include situations where:

- changes are not explained properly, or workers are not asked for their view before making major decisions;
- workers are not given enough practical support during change;
- communication systems are poorly managed leading to rumours and misinformation about changes;
- workers are not given opportunities to participate in the change process; and
- workers are not given enough time to think about and respond to changes.

Inadequate Recognition

Where workers' efforts and achievements are not recognised this can result in them feeling unappreciated and increases the risk of work-related stress and psychological injury.

Indicators include situations where there is:

- lack of positive or constructive feedback;
- imbalance between workers' efforts and the formal and informal recognition of these efforts;
- lack of opportunity for skills development; and
- underused workers' skills and experiences.

Poor Organisational Justice

Poor organisational justice is when people are not treated fairly, or there is inconsistency or bias in the workplace.

Indicators include situations where:

- policies and procedures are applied inconsistently;
- there is unfairness or bias in decision making, work allocations, and shift allocations;
- underperforming workers are not given the support they need to improve;
- hiring or promoting practices aren't related to performance, or where recruitment methods are inconsistent.

Poor Environmental Conditions

Working in poor quality and hazardous working environments, such environments with poor air quality, high noise levels, extreme temperatures, and unsafe machinery is hazardous to both physical and psychological health.

Indicators include situations where:

- work is highly repetitive, monotonous or machine paced;
- workers work in hazardous or unpleasant working environments; and
- workers are exposure to excessive or irritating noise, poor ventilation, lighting or workstation set up.

Violence and Aggression

Workplace incidents which expose people to abuse, the threat of harm, or actual harm, can cause fear and distress which can lead to psychological injury. Trauma doesn't just affect the employees who are there at the time. Hearing stories or watching security footage about distressing incidents can result in second-hand trauma ('vicarious trauma') for some people.

Risk is increased in situations where:

- the workplace has not done risk assessments for potential exposure to physical and emotional trauma;
- there are no procedures to document previous incidents;
- there are no guidelines to follow for when a traumatic event happens in the workplace;
- workers can't access peer support programs or services such as an Employee Assistance Program;
- managers are not given training in how to manage workplace trauma.

Bullying

Bullying is unreasonable, repeated behaviour directed towards a worker or group of workers, that creates a risk to their health and safety

Examples of workplace bullying include:

- offensive language
- intimidating behaviour
- belittling comments
- practical jokes
- unjustified criticism.

Bullying in the workplace is often the result of poor workplace culture

Harassment (inc. sexual & gender-based harassment)

Harassment is a harmful behaviour that creates a risk to health or safety and occurs when a person is treated poorly based on personal characteristics such as age, disability, race, nationality, religion, political affiliation, sex, relationship status, family or carer responsibilities, sexual orientation, gender identity or intersex status.

Sexual harassment includes unwelcome sexual advances, requests for sexual favours or other conduct of a sexual nature, causing offence, humiliation or intimidation to the person targeted. Sexual harassment is a known workplace hazard that can cause psychological and physical harm. It is unlawful under the Commonwealth Sex Discrimination Act 1984 and is also prohibited by state and territory anti-discrimination laws.

Conflict of Poor Workplace Relationships & Interactions

Unresolved conflict or strained relationships between co-workers or with managers can cause psychological injury.

Indicators include situations where there is:

- workplace bullying, aggression, harassment including sexual harassment, discrimination, or other unreasonable behaviour by co-workers, supervisors or clients;
- poor relationships between workers and their managers, supervisors, co-workers and clients or others the employee has to interact with as part of their job;
- unresolved conflict between workers and their managers, supervisors or co-workers;
- no clear guidelines about how workers are expected to behave; and
- a workplace culture that encourages disrespectful behaviour and ideas.

What to do if an injury occurs?

If you, or someone else, is at **immediate risk of harm** to themselves or others, contact emergency services on 000.

For 24 hour, 7 day **telephone** mental health support call:

- Lifeline - 13 11 14
- Beyond Blue - 1300 22 4636
- Suicide callback service - 1300 659 467

Right to Workers' Compensation

Anybody injured or made ill at work has a right to worker's compensation, including paid leave and compensation for medical costs. This applies to both physical and mental injuries and can occur at the workplace or offsite. Each state and territory has its own worker's compensation scheme ([WorkCover](#)), although if you work for a select number of large national employer, you may be covered by [Comcare](#).

Making a Workers' Compensation Claim

To make a claim for workers compensation follow these basic steps:

1. Report the injury to your employer – keep a copy of the report form if available.
2. Consult your treating doctor.

3. Obtain a WorkCover certificate of capacity if you require time off work for your injury and/or your doctor believes that you require a reduction in your hours or change in duties because of your injury.
4. Complete a [Workers Compensation Claim](#) form.
5. Submit the claim form and certificate of capacity to your employer as soon as possible.
6. Keep copies of everything, including details of:
 - when and how you believe you were exposed; your symptoms and when you started experiencing them;
 - when you told your employer;
 - when you visited the doctor;
 - when your employer or their insurer spoke with you – either in person or over the phone;
 - your claim form; and
 - the certificate of capacity for your records.
7. Speak to your union delegate. Never meet with anybody without your delegate and request all questions be in writing.

Your employer:

- has 10 days to lodge your documents with their Worksafe Insurer;
- cannot refuse to receive the claim form from you (penalties can be imposed by Worksafe); and
- cannot sack you for lodging a Worksafe form. If this does occur, contact your union immediately for assistance.

Victoria's new Provisional Payments for Work-related Mental Health Injuries

As of 1 July 2021, new legislation enables Victorian workers who suffer from a work-related mental injury to access early treatment and support while they await the outcome of their claim. Payment for this support is called provisional payments.

Eligible workers and volunteers can access provisional payments for reasonable treatment and services for work-related mental injuries, while their compensation claim(s) are being determined. When claims are rejected, workers and volunteers can continue to receive provisional payments for up to 13 weeks.

Any Victorian worker who makes a workers' compensation claim that includes a mental injury will be entitled to provisional payments, unless:

- there is clear evidence the claimant is not a Victorian worker (all claims are assumed to be valid unless there is evidence to the contrary); or
- the claim is a duplicate of an existing claim.



Frequently Asked Questions

Am I required to disclose my mental health condition to my employer?

Workers are not required to disclose information about a mental health condition to their manager or supervisor if the mental health condition does not affect how they do their job.

If you have a mental health condition, you are protected under the Commonwealth Disability Discrimination Act of 1992 and various State and Territory human rights legislations. This includes both direct and indirect forms of discrimination, so if an employer doesn't make reasonable adjustments for a worker with a mental health condition, it may constitute discrimination, even when no 'direct' discrimination may have occurred.

Are “sick days” and “mental health days” the same thing? Can I use personal leave when I’m experiencing a mental health or stress injury?

Under the Fair Work Act 2009 (Cth), all full-time employees have a right to take 10 personal leave days per year under the National Employment Standards (some may have more under a union EBA). This can be for mental or physical health needs. In addition, employers cannot discriminate against employees experiencing mental health issues.

My employer or their representatives is insisting on attending my medical appointment, can they do this?

No. Medical appointments are private; there is no law that permits your employer attending without your consent. WorkCover legislation sets out requirements for employees and employers to encourage a successful return to work but there are no provisions for your employer or a representative of their insurer to attend your private medical appointment. Further, the Fair Work Ombudsman does not condone or support employer's attendance at medical appointments.

If your employer makes this request follow these steps:

7. It is essential you get that request in writing, including the reason for the request.
8. Inform your employer that you are getting advice.
9. Contact your union.- it is essential you get advice as to the reasonableness of this request.
10. Do not let an employer representative attend your medical appointment.
11. Medical appointments are private.
12. If a case conference is organised, then speak to your union and make sure you have a support person or representative with you, always.

I'm being bullied at work, what should I do?

If you are being bullied at work your boss needs to know. If there is an elected Health and Safety Representative at your workplace, they also should be made aware, as should your union delegate who can help stop the bullying. Workers being bullied may be able to lodge a Workcover claim to cover time away from work and lost wages. Additionally, a worker, working for certain businesses, who reasonably believes that he or she has been bullied at work, can apply to the Fair Work Commission for an [order to stop the bullying](#). For more information speak to your union.

Resources

UNION RESOURCES

[Union Assist](#) - working with your union, provides expert advisers to help you with your WorkCover disputes at the conciliation stage.

[Australian Council of Trade Unions \(ACTU\)](#) - representing Australian workers and their families.

STATUTORY BODIES

[Fair Work Australia](#) - Information and advice about Australia's workplace rights and rules.

[Safe Work Australia](#) - Work health and safety guidance for workplaces.

[Workwell tool kit](#) - WorkSafe's WorkWell Program supporting workplace leaders to prevent mental injury and promote safe and mentally healthy workplaces in Victoria

UNION BODIES, LEGISLATION & REGULATORS IN YOUR STATE OR TERRITORY

Victoria

[Victorian Trades Halls Council](#)

[VTHC OHS Reps](#) - training, information and support to health and safety representatives and deputies in Victoria

[VEOHRC](#) - Victorian Equal Opportunity and Human Rights Commission's information about employee and workplace rights.

[WorkSafe Victoria](#) - Victoria's health and safety regulator and manager of Victoria's workers compensation scheme.

[Occupational Health and Safety Act 2004 \(Vic\)](#)

[Workplace Injury Rehabilitation and Compensation Act and regulations \(Vic\)](#)

New South Wales

[Unions NSW](#)

[SafeWork NSW](#) - health and safety regulator and manager of NSW's workers compensation scheme

[Work Health and Safety Act 2011 \(NSW\)](#)

[NSW Workers Compensation Act 1987](#)

Queensland

[QLD Council of Unions](#)

[WorkSafe QLD](#) - QLD health and safety regulator and manager of QLD's workers compensation scheme

[SafeWork NSW](#)

[Work Health and Safety Act 2011 \(Qld\)](#)

Western Australia

[Unions WA](#)

[WorkCover WA](#) - health and safety regulator and manager of WA's workers compensation scheme

[Occupational Safety and Health Act 1984 \(WA\)](#)

[Workers' Compensation and Injury Management Act 1981 \(WA\)](#)

South Australia

[Unions SA](#)

[SafeWork SA](#) - health and safety regulator and manager of SA's workers compensation scheme

[Work Health and Safety Act 2012 \(SA\)](#)

[Return to Work Act 2014 \(SA\)](#)

[Return to Work Regulations 2015 \(SA\)](#)

Tasmania

[Unions Tasmania](#)

[WorkSafe Tasmania](#) - health and safety regulator and manager of Tasmania's workers compensation scheme

[Work Health and Safety Act 2012 \(Tas\)](#)

[Workers Rehabilitation and Compensation Act 1988 \(Tas\)](#)

[Workers Rehabilitation and Compensation Regulations 2021 \(Tas\)](#)

Australian Capital Territory

[Unions ACT](#)

[WorkSafe ACT](#) - health and safety regulator and manager of ACT's workers compensation scheme

[Work Health and Safety Act 2011 \(ACT\)](#)

[Workers Compensation Act 1951 \(ACT\)](#)

Northern Territory

[Unions NT](#)

[WorkSafe NT](#) - health and safety regulator and manager of NT's workers compensation scheme

[Work Health and Safety \(National Uniform Legislation\) 2011 \(NT\)](#)

[Return to Work Act 1986 \(NT\)](#)

[Return to Work Regulations 1986 \(NT\)](#)

Commonwealth of Australia

[ComCare](#) - National WHS & Workers Compensation Authority

[Work Health and Safety Act 2011 \(Cth\)](#)

[Work Health and Safety Regulations 2011 \(Cth\)](#)

[Safety, Rehabilitation and Compensation Act 1988 \(Cth\)](#)



**We're taking action to protect
workplace mental health**

National Project Organiser

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