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

Mentally healthy workplaces audit – technical guide

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Introduction

The Code of Practice *Mentally Healthy Workplaces for Fly-in, Fly-out Workers in Resources and Construction Sectors* was published in 2019. Feedback from industry stakeholders indicated the need for an accompanying audit tool to assist duty holders in meeting their work health and safety legal obligations.

The Mentally Healthy Workplaces Audit ("audit tool") and associated *Technical Guide: Mentally Healthy Workplaces Audit* ("technical guide") supersedes the documents titled *Psychosocial Harm Audit* (2016) and *Psychosocial Harm Audit – Guide* (2016).

Scope

The audit tool and technical guide use a risk management approach towards developing and maintaining a mentally healthy workplace (Figure 1). The audit tool has been designed to identify strengths and improvement areas to assist organisations in creating action plans.

While the information gathered to complete the audit tool may assist in completing a risk assessment of psychosocial hazards and harm to health, it is not a risk assessment tool. Guidance on how to conduct a risk assessment of psychosocial hazards is available.

Figure 1. Risk management approach to mentally healthy workplaces

Benefits of creating and maintaining a mentally healthy workplace

Creating and maintaining a mentally healthy workplace is important because:

It's the law – workplaces and management have an obligation to prevent harm to the health and safety of workers.

It's the right thing to do – leaders and managers have a social and corporate responsibility.

It's the smart thing to do – making mental health a priority in the workplace makes good business sense and helps contribute to a higher performing Western Australian economy through:
- improved worker morale and engagement
- decreased disruptions and costs resulting from work-related harm
- improved performance and productivity
- reduced worker turnover, absenteeism and presenteeism
- enhanced organisational reputation as an employer of choice.

Legal duties

The *Occupational Safety and Health Act 1984* and *Mines Safety Inspection Act 1994* impose a duty of care on employers to do what is reasonably practicable to eliminate or minimise risks to psychological health and safety. This duty of care applies to the risk of harm from psychosocial hazards and associated risk factors at work. The duty of the employer is to ensure the health and safety of workers as far as is reasonably practicable by:

- providing and maintaining a workplace in which workers are not exposed to hazards
- providing and maintaining safe systems of work
- consulting with workers and their representatives on work health and safety matters
- providing information, training, instruction and supervision so workers can safely perform their work activities.

Workers have a duty to take reasonable care of their own health and safety and to not adversely affect the health and safety of others around them. Workers must comply with reasonable policies and procedures and reasonable instructions about work health and safety matters.

Relevant codes of practice and guidance materials provide information on what is known about work-related psychosocial hazards and ways to eliminate or minimise the risk of harm. They can be used as evidence in proceedings to determine what is reasonably practicable, taking the particular circumstances into account.

Information collected on as many factors as possible will provide stronger evidence of compliance or non-compliance, provided the evidence is relevant and reliable. For example, the absence of a workplace bullying policy on its own is insufficient evidence to prove an offence. Further investigation would be needed to identify if the duty holder implemented control measures to minimise exposure to psychosocial hazards.

Psychosocial hazards and risk factors

Workplace psychosocial hazards are related to the psychological and social conditions of the workplace rather than just the physical conditions. Workers are likely to be exposed to a combination of work-related psychosocial hazards and risk factors. Psychosocial hazards include **stress, fatigue, bullying, burnout, violence and aggression**, which can be harmful to the health of workers and compromise their wellbeing. There are associated risk factors which increase the risk or potential for harm to health and severity of the harm.

Common psychosocial risk factors include:

- high job demand
- low job control
- poor support
- low role clarity
- poor organisational change management
- poor workplace relationships
- poor organisational justice
- low reward and recognition
- exposure to violence or traumatic incidents

- remote work or isolated work
- poor environmental conditions.

Psychosocial hazards and associated risk factors often interact with each other, compounding the risk. For example, evidence of exposure to traumatic events combined with evidence of long work hours and inadequate management support can present a higher likelihood and degree of harm. Employers should look for possible interactions when assessing compliance with the legislation.

Exposure to psychosocial hazards for short periods infrequently is unlikely to cause harm; however, harm can occur when the exposure is sustained or extreme.

> For further guidance on distinguishing between hazards, risk factors, and risk refer to:
> - Australian Standards ISO 31000:2018 Risk Management Guidelines
> - Standards Australia/Standards New Zealand HB 205:2017 Managing Health and Safety Risks Handbook

Exposure to psychosocial hazards and associated risk factors can impact mental and physical health resulting in harm to health such as anxiety, depression, musculoskeletal disorders, and cardiovascular disease. Psychological and physical harm to health have a bi-directional relationship and the worsening of one condition is likely to negatively impact the other.

Using the audit tool

The accompanying audit tool assesses the workplace's risk management approach and systems of work for developing and maintaining a mentally healthy workplace. It can be used to identify strengths and opportunities for improvement.

After completing the audit, an action plan should be formulated and endorsed by senior leadership. Information gathered from the audit tool can be used to develop a mentally healthy workplace strategy.

As with the management of any hazard and risk factor in the workplace, seek expert advice when the limits of the workplace's internal expertise have been reached.

Intent

To assist in completing the audit tool, Table 1 outlines the intent of each section.

Table 1. Guideline intent of each standard

Item	Standard	Guideline Intent
1.1 – 1.8	Addressing stigma	To ensure stigma associated with mental health is addressed to remove barriers to creating a mentally healthy workplace.
2.1 – 2.27	Risk management	To ensure psychosocial hazards and the associated risk factors have been identified and controlled as far as is practicable.
3.1 – 3.8.6	System of work	
3.1	Leadership	To enable the effective implementation of preventative actions and interventions by ensuring leadership commitment to creating a mentally healthy workplace.
3.2.1 – 3.2.5	Supportive and capable management and supervision	To ensure personnel, including managers and supervisors, are trained in and understand the workplace's mental health strategy and associated policies, standards and/or procedures.
3.3.1 – 3.3.2	Good work design	To ensure jobs are designed to support the mental health and wellbeing of the workforce.
3.4.1 – 3.4.7	Living away from home	To ensure the workplace has systems of work that consider the effects of living away from home on employees and has mitigated the risks to the mental health and wellbeing of the workforce as far as practicable.
3.5.1 – 3.5.4	Appropriate response after harm to health	To ensure the workplace has an appropriate response in place following a fatality at the workplace (i.e. suicide, work-related accident) to support workers and reduce harm to health of workers.
3.6.1 – 3.6.4	Policies and procedures	To verify that approved policies, standards and/or procedures outline and define psychosocial hazards and associated risk factors, mental health, current strategies and controls.
3.7.1 – 3.7.6	Reporting and resolution procedures	To ensure there are available reporting and resolution procedures in place to facilitate hazard identification and management.
3.8.1 – 3.8.6	Training, information and supervision	To ensure workers are competent and experienced enough to perform their duties safely under appropriate supervision. This is important as provision of support and training is a protective factor against psychosocial harm.

Item	Standard	Guideline Intent
4.1 – 4.4	Encourage reporting	To facilitate hazard identification and management, address stigma through information sharing, and increase knowledge and appropriate response to reports, all of which facilitates a supportive work culture.
5.1 – 5.4	Return to work	To ensure the organisation considers a range of alternative working arrangements for workers with mental health conditions. This may include facilitating access to early intervention or treatment options. Appropriate return to work programs reduce the risk of exposing workers to psychosocial hazards and the reoccurrence or exacerbation of psychological harm on their return to work.

Collecting evidence

Collecting evidence for this audit tool is the same as collecting evidence in other audits that focus on physical safety. However, as psychosocial hazards and psychological harm may not be as directly observable as their physical counterparts, different types of evidence may be required to demonstrate appropriate actions have been taken to develop and maintain a mentally healthy workplace. There are two categories of evidence which can be used for this audit – direct and circumstantial.

- **Direct evidence** is physical or oral evidence that directly proves a fact in issue; e.g. written records to demonstrate managers and employees have received training and information on potential psychosocial hazards in the workplace.
- **Circumstantial evidence** is evidence from which a court may infer the existence of a fact; e.g. witness accounts that show a pattern of behaviour such as they regularly observed their manager providing supportive supervision to team members.

Collecting information to complete the audit will generally require an examination of the following:

- **environment** where the work is conducted; e.g. lighting, noise, thermal comfort, foreseeable exposure to traumatic events
- **methods or systems of work** e.g. how work is designed and managed with reference to known psychosocial hazards, associated policies and procedures
- **equipment** being used by the workers; e.g. machine or computer-paced work
- **organisational structure and management** e.g. adequate provision of sufficient information, training, instruction and supervision regarding prevention of harm from exposure to work-related psychosocial hazards
- **organisational factors** that exist at the time of the audit; e.g. downsizing, restructuring, high staff turnover.

Table 2 presents examples of evidence that can be collected to demonstrate appropriate actions have been taken to address each section of the audit for developing and maintaining a mentally healthy workplace.

Table 2 Examples of evidence

Audit section	Examples of evidence
Addressing stigma	• Documented strategic action plan which identifies organisational and worksite mental health activities. • Policy that specifically refers to mental health stigma reduction. • Action plan aims to reduce mental health stigma. • Mental health stigma is identified on risk register with associated controls. • Meeting minutes reflect discussions on reducing mental health stigma. • Communication from leaders, managers and supervisors. • Policies and procedures relevant to mental health include a statement about victimisation not being tolerated. • The formal complaint handling system includes principles of natural justice, procedures for reporting, investigation, resolving complaints and an appeal process. • Complaints are consistently handled in accordance with the procedures. • Return to work and health management plans have guidance on activities as they relate to mental health as well as physical health. • The policies and procedures relevant to mental health cover the applicable legislation, including *Equal Opportunity Act 1984*, *Industrial Relations Act 1979*, *Fair Work Act 2009*, Criminal Code, *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and *Privacy Act 1988.* • Mental Health policy or similar. • Expected standards of behaviour policy or similar is available. • Records of training. • Training content. • Rewards and recognition programs. • Performance management and disciplinary records including associated actions or inaction in response to poor performance. • Workforce survey results e.g. engagement surveys, culture surveys. • Discussions with safety and health representatives (SHReps) and workers; e.g. in safety committee meetings. • Consultation records e.g. toolbox meetings, emails, newsletters. • Discussions with leadership and workers about their understanding of stigma. • Psychosocial hazards and other risk factors are included in the site risk/hazard register or health and hygiene management plan. • Site induction content. • In-field hazard identification tools.
Risk management	• Psychosocial hazards and other risk factors are included in the site risk/hazard register or health and hygiene management plan. • Risk management process is applied to both physical and psychosocial hazards in the same manner.

Audit section	Examples of evidence
	• Hierarchy of control is applied to psychosocial hazards with the same emphasis on higher order controls as physical hazards.
	• Risk management policy and procedure outlines that considering psychosocial hazards and risks factors is part of the process.
	• Risk management procedure prompts consideration of psychosocial hazards and risks factors.
	• Risk assessment includes specific psychosocial hazards, contributing risk factors, source of risks, groups/areas that are affected, and existing controls. Hazards have been assigned a risk rating.
	• Documented risk assessment identifies corrective actions/controls to eliminate and reduce the risk as far as practicable.
	• Hazard reporting form includes prompts to consider specific psychosocial hazards and contributing risk factors.
	• Job Hazard Assessment (JHA) includes prompts to consider specific psychosocial hazards and contributing risk factors.
	• Take 5 includes prompts to consider specific psychosocial hazards and contributing risk factors.
	• Workplace data (i.e. HR, OSH, workers' compensation, workforce surveys) is monitored for trends as part of a system to identify psychosocial hazards and risk factors.

	• Adequate control measures are implemented with reference to relevant codes and guides, and hierarchy of control. Control measures are matched to identified psychosocial hazards. Examples of controls include:
	  − culture change
	  − leadership development – coaching and training
	  − job design/redesign
	  − work environment modification
	  − policies and procedures – reporting, investigation and expected standards of behaviour
	  − peer support
	  − de-escalation techniques
	  − personal protective equipment, e.g. duress alarms
	  − employee assistance programs or counselling.

	• Workers are consulted to determine their knowledge of the corrective actions.
	• SHReps, workers, supervisors and health and safety specialists are consulted to determine their knowledge of the corrective actions.
	• Resources are available to supervisors to manage psychosocial hazards and other risk factors.
	• Persons undertaking the risk assessment and incident investigations have received training on identifying and controlling psychosocial hazards and contributing risk factors.
	• Controls are reviewed to assess their effectiveness.
	• Review frequency is appropriate to the size of the change and whether there have been significant changes to the work or work environment.

Audit section	Examples of evidence
	• Controls at an organisational intervention control are reviewed every 12 months. • Controls at an individual/ team level intervention are reviewed after six weeks.
System of work Leadership	• Statement of commitment from senior management. • Senior management have key performance indicators regarding mentally healthy workplaces. • Senior management actively participate in mental health initiatives. • Resources, funding and personnel have been assigned to mentally healthy workplace strategies and associated activities. • Position/job descriptions allocate time and duties to mentally healthy workplaces. • Records of training and training content. • Workforce survey results e.g. engagement surveys, culture surveys. • Consultation records. • Health and safety committee meeting agenda and minutes. • Management meeting records. • Minutes from consultation with the workforce. Complaints against leadership may give insight into attitudes and behaviours of leadership and whether these are conducive or detrimental to mentally healthy workplaces. • Discussions with leaders and workers.
Good work design	• Risk assessment includes psychosocial risk factors. • Hazard reporting form includes psychosocial hazards and risk factors. • JHAs, Take 5s, hazard reporting forms, etc. include psychosocial hazards and risk factors. • Workplace inspections reflect consideration of how the work is carried out and the state of the work environment. • Health and safety committee minutes and agendas. • Incident reports include prompts for work design risk factors. • Design of workplaces, tasks and activities have been considered. • Injury register and investigation reports have considered work design risk factors. • Return to work plans consider work design risk factors. • Records of consultation with SHReps, workers, supervisors and health and safety specialists. • Workforce surveys results e.g. engagement surveys, culture surveys. • Job analysis considers work design risk factors. • Other documented evidence that an analysis has been conducted. • Discussions with leaders and workers indicates work design risk factors have been considered.
Living away from home	• Communications available in accommodation. • Emergency communication available.

Audit section	Examples of evidence
	- Security assessment has been conducted, hazards and risk factors identified, and controls implemented. - Policies and procedures available which outline the response if there is a threat or incident related to personal security. - Room accommodation is secure and has restricted access. - There is adequate lighting around the camp and accommodation. - Pathways around camp and accommodation are free from debris and unobstructed by trees and shrubs. - Personal duress alarms provided, where applicable. - There is a means for contacting security who attend in a timely manner. - Cleaning schedules have been considered in regard to work rosters. - Accommodation situated away from sources of noise. - Written policy and procedure for identifying workers whereabouts and contacting them in a timely manner. - Written policy and procedure for identifying and managing unexplained absences from work and contacting workers. - Written policy and procedure for reporting absences from work, while at home using work accommodation and during work hours in a timely manner. Types of absences may include sick leave, fitness for work issues and personal leave. - Welfare check procedure. - Procedure for taking sick leave while staying in camp. - Supervisors know where all members of their team are. - Where accommodation is owned by or connected to the workplace, the accommodation manager knows who is in the camp at any given time. - SHReps and supervisors are consulted to determine their awareness and knowledge of the procedure. - Medical staff have records of who is under their observation in the accommodation at any given time. - Medical staff have access to peers or other medical professionals. - Medical staff have access to medical resources and guidance. - Medical staff have authority to send workers for offsite medical treatment.
Appropriate response after harm to health	- Medical evacuation policy and procedure for evacuating workers who are not fit for work and cannot remain at the workplace. - Competent person is the delegated authority for the medical evaluation. - Critical incident policy and procedure. - Access to critical incident counselling/debriefing. - Contact details for emergency responders are up-to-date and accessible. - There is a clear and accessible procedure of what to do in the event of an emergency. - Emergency procedure is followed in a consistent manner.

Audit section	Examples of evidence
	• Qualified and competent person is in charge of coordinating emergency response. • Communication plan for appropriate release of information to relevant people. • Records of training and training content.

Policies and procedures	• Policies and procedures include:
	  – Mentally healthy workplaces
	  – Grievance resolution
	  – Code of conduct
	  – Workplace bullying
	  – Workplace violence and aggression
	  – Harassment
	  – Fitness for work
	  – Drug and alcohol use
	  – Complaints handling
	  – OSH reporting
	  – Equal Opportunity.
	• Other policies specific to mentally healthy workplaces and mental health.
	• Records of training and training content.
	• Consultation records, including records from changes to processes, policies or procedures, health and safety committee meeting agenda and minutes, written communication with workers, and toolbox meetings.
	• Completed hazard/incident report investigations specific to psychosocial hazards and risk factors.
	• Completed grievance resolutions and investigations specific to psychosocial hazards and risk factors.
	• Performance development reviews.
	• Records of performance and disciplinary actions.

Reporting and resolution	• Documented reporting policy and procedures include:
	  – OSH reporting
	  – Grievance reporting and resolution
	  – Complaints handling.
	• Hazard reporting form includes psychosocial hazards and risk factors.
	• Workplace inspections checklist includes psychosocial hazards and risk factors.
	• OSH reporting database/dashboard.
	• The system includes principles of natural justice, procedures for reporting, investigation, resolving complaints and an appeal process.
	• The reporting procedure(s) specifies when a grievance or OSH report may be referred to an independent party for investigation.
	• Complaints are consistently handled in accordance with the procedures.
	• Completed hazard incident reports.
	• Completed hazard investigation reports.

Audit section	Examples of evidence
	• Completed grievance reports.
	• Completed grievance investigations.
	• External investigation reports.
	• Records of training and training content.
	• Discussions with SHReps and workers.
	• Written communication with workers or toolbox meetings.
	• Health and safety committee meeting agenda and minutes.
Training, information, & supervision	• Documented evidence of training materials, training records, statements from workers, induction records, and documentation of training in policies and procedures that relate to mental health and psychosocial hazards.
	• Discussions with SHReps and workers.
Encourage reporting	• Review timelines for consistently responding to and completing investigations such as hazard/incident reports and grievance reports.
	• OSH dashboard/database reports.
	• Written correspondence about the matter to the employee.
	• Discussions with SHReps and workers.
	• Records of training and content.
	• Reports to senior management, HR and OSH.
	• Statement from senior management, HR and OSH which encourages reporting.
	• Discussions with SHReps and workers.
	• Health and safety committee meeting agenda and minutes.
	• Written communication from consultation with workforce; e.g. emails, minutes.
	• Toolbox meetings.
Return to work	• Job task analysis report identifies relevant risk factors including musculoskeletal risk factors and psychosocial risk factors.
	• OSH incident investigation and report, including action plan.
	• Return to work plan.
	• Risk assessment documentation.
	• Consultation with workers and supervisors.
	• Written evidence which demonstrates reasonable adjustments or consideration of workers' concerns, medical restrictions and return to work.
	• Allocation of resources and time; e.g. temporary or supernumerary personnel, reallocation of work.
	• Supervisors' meeting minutes or notes.
	• Workers' meeting minutes or notes.

Additional information and resources

- [Safe Work Australia](#)
- [Beyond Blue "Heads Up"](#)
- [Mental Health Commission (WA)](#)
- [Comcare](#)
- [Australian Standards ISO 31000:2018 Risk Management Guidelines](#)
- [Standards Australia /Standards New Zealand HB 205:2017 Managing Health and Safety Risks Handbook](#)
- [Code of Practice Mentally healthy workplaces for fly-in, fly-out workers in resources and construction sectors](#)
- [Department of Mines, Industry Regulation and Safety: Risk management for mentally healthy workplaces](#)