# MENTALLY HEALTHY WORKPLACES AUDIT TOOL – TEMPLATE

|  |  |  |  |
| --- | --- | --- | --- |
| **Audit date and time**  |  | **Audit completed by** |  |
| **Entity name** |  | **No. of employees (Full-time equivalent)** |  | **Area/site location** |  |
| **Business name** |  | **ABN/ACN** |  | **No. of SHReps** |  |
| **Business address** |  |
| **Postal address** |  |
| **Name of primary contact person** |  | **Primary contact phone** |  |
| **Primary workplace contact email**  |  |
| **Attendees present** |  |

## PART 1 [ADDRESSING STIGMA](http://www.dmp.wa.gov.au/Safety/Promoting-a-positive-workplace-25388.aspx)

| **Item** | **Check** | **N/A** | **Yes** | **No** | **Evidence sighted** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 1.1 | An organisational strategy for providing a mentally healthy workplace is established with a component aimed at reducing associated stigma.  |[ ] [ ] [ ]   |  |
| 1.2  | 1.2.1 | Information is provided on knowledge, attitudes and behaviours to reduce stigma associated with mental health to managers, supervisors and employees. |[ ] [ ] [ ]   |  |
|  | 1.2.2 | Information is provided on psychosocial hazards and mental ill-health at an individual level (i.e. signs and symptoms, reporting procedure, available external and internal support services) to managers, supervisors and employees.  |[ ] [ ] [ ]   |  |
|  | 1.2.3 | Information is provided on how to prevent harm to health at an organisational and team level (i.e. hazards, organisational risk factors, and controls) to managers, supervisors and employees. |[ ] [ ] [ ]   |  |
| 1.3 | Positive and accepting attitudes towards mental health issues is communicated to the workforce as an expectation by leadership and there is documented evidence. |[ ] [ ] [ ]   |  |
| 1.4 | Organisational and worksite mental health promotional activities (i.e. R U OK? Day) are aligned to the organisational mental health strategy and address strategic priorities.  |[ ] [ ] [ ]   |  |
| 1.5 | There is a documented policy which identifies unacceptable behaviours that are not supportive of mental health and a documented procedure which is consistently applied by leaders, managers, and supervisors to manage breaches of the policy by any member of the workforce.  |[ ] [ ] [ ]   |  |
| 1.6 | Managers and supervisors are positive role models for the workforce regarding reducing mental health stigma, how they respond to psychosocial hazards and other risk factors, and their workplace attitudes and behaviours. |[ ] [ ] [ ]   |  |
| 1.7 | Established organisational processes include methods for ensuring people are not treated unfairly as a result of a mental health issue or illness. |[ ] [ ] [ ]   |  |
| 1.8 | Processes are in place to ensure employees reporting psychosocial hazards and incidents are not unfairly treated or discriminated against. |[ ] [ ] [ ]   |  |

## PART 2 [RISK MANAGEMENT APPROACH](http://www.dmp.wa.gov.au/Safety/Risk-management-for-mentally-25381.aspx)

| **Item** | **Check** | **N/A** | **Yes** | **No** | **Evidence sighted** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 2.1 | There is a system in place to identify psychosocial hazards and associated risk factors and it is used.  |[ ] [ ] [ ]   |  |
| 2.2 | Managers and supervisors are aware of how to address the identified psychosocial hazards and risk factors within their control and how to obtain support for addressing more complex hazards and risk factors.  |[ ] [ ] [ ]   |  |
| 2.3 | Workplace data is monitored for trends as part of a system to identify psychosocial hazards and risk factors. |[ ] [ ] [ ]   |  |
| 2.4 | Where a hazard has been identified, a risk assessment has been conducted which identifies the risk factors, groups/areas affected, likely consequences to health, and controls. |[ ] [ ] [ ]   |  |
| 2.5 | Risk register/hazard register/health and hygiene management plan lists the identified psychosocial hazards and risk factors and associated controls specific to the worksite/work area. |[ ] [ ] [ ]   |  |
| 2.6 | Practicable controls across multiple levels of the hierarchy have been implemented to address the identified hazards and risk factors. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.7 | Identified corrective actions/controls in the risk assessment are implemented. |[ ] [ ] [ ]   |  |
| 2.8 | Psychosocial hazards and controls are monitored and reviewed regularly for effectiveness, including when a significant change occurs. |[ ] [ ] [ ]   |  |
| 2.9 | There are processes for identifying workplace bullying which considers contributing organisational risk factors.  |[ ] [ ] [ ]   |  |
| 2.10 | Action plan/controls for workplace bullying have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.11 | There are processes for identifying inappropriate [gendered behaviours](http://www.dmp.wa.gov.au/Safety/Is-there-a-relationship-between-5093.aspx) which consider contributing organisational risk factors.  |[ ] [ ] [ ]   |  |
| 2.12 | Action plan/controls for inappropriate gendered behaviours have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.13 | There are processes for identifying workplace violence and aggression which consider contributing organisational and environmental risk factors, and potential sources of violence (internal and external). |[ ] [ ] [ ]   |  |
| 2.14 | Action plan/controls for workplace violence and aggression have been implemented to reduce the risk, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.15 | There are processes for identifying fatigue which consider contributing organisational and environmental risk factors, and individual/client characteristics. |[ ] [ ] [ ]   |  |
| 2.16 | Action plan/controls for fatigue have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.17 | There are processes for identifying [burnout](http://dmp.wa.gov.au/Safety/Managing-burnout-26084.aspx). |[ ] [ ] [ ]   |  |
| 2.18 | Action plan/controls for burnout have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.19 | There are processes for identifying fitness for work issues which consider contributing physical and psychosocial risk factors. |[ ] [ ] [ ]   |  |
| 2.20 | Action plan/controls for fitness for work issues have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.21 | There are processes for identifying the misuse of alcohol and other drugs which consider contributing organisational and environmental risk factors, and individual/client characteristics. |[ ] [ ] [ ]   |  |
| 2.22 | Action plan/controls for addressing the misuse of alcohol and other drugs have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.23 | There are processes for identifying working alone risk factors and controls which consider contributing organisational and environmental risk factors, and individual/client characteristics. |[ ] [ ] [ ]   |  |
| 2.24 | Action plan/controls for addressing risk factors associated with working alone have been implemented to reduce risk of harm to health, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |
| 2.25 | There are processes for identifying working remotely or in isolated areas which consider contributing organisational and environmental risk factors, and individual/client characteristics. |[ ] [ ] [ ]   |  |
| 2.26 | Action plan/controls for addressing working remotely or in isolated areas have been implemented to reduce the risk, as far as practicable, at multiple levels of the hierarchy of control. *Note: Elimination has been considered first and, where it is not possible to eliminate the risk, the risk has been controlled through risk reduction and minimisation controls.* |[ ] [ ] [ ]   |  |

## PART 3 SAFE SYSTEMS OF WORK

| **Item** | **Check** | **N/A** | **Yes** | **No** | **Evidence sighted** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| [**Leadership**](http://dmp.wa.gov.au/Safety/Leading-a-mentally-healthy-25379.aspx) |
| **3.1** | Visible leadership commitment is demonstrated through key messages from leaders, integration of mentally healthy workplaces into the overarching work safety and health policy, and allocation of personnel, funding and resources.  |[ ] [ ] [ ]   |  |
| [**Supportive and capable management and supervision**](http://dmp.wa.gov.au/Safety/Developing-supportive-and-25389.aspx) |
| 3.2 | 3.2.1 | Training is provided to managers and supervisors to support the workplace’s overall mental health strategy. |[ ] [ ] [ ]   |  |
|  | 3.2.3 | Managers and supervisors have received training and information to identify and address psychosocial hazards and risk factors as they arise. |[ ] [ ] [ ]   |  |
|  | 3.2.3 | Managers and supervisors have received training and information to enable them to identify employees who may need assistance and offer appropriate support through the organisation’s support mechanisms (i.e. Employee Assistance Program, community support services, medical practitioner). |[ ] [ ] [ ]   |  |
|  | 3.2.4 | Managers and supervisors provide an [appropriate level of supervision](https://www.commerce.wa.gov.au/sites/default/files/atoms/files/general_duty_of_care.pdf) to employees which considers the nature of the work, employees’ skills, competence and individual characteristics. |[ ] [ ] [ ]   |  |
| [**Good work design**](http://www.dmp.wa.gov.au/Safety/Work-design-25581.aspx) |
| **3.3** | 3.3.1 | There is a documented policy that requires good work design principles be applied, as far as practicable, and there is evidence of policy implementation. E.g. S.M.A.R.T: * **S**timulating work
* **M**astery at work
* **A**gency in a job
* **R**elational work
* **T**olerable demands.
 |[ ] [ ] [ ]   |  |
|  | 3.3.2 | Psychosocial hazards are controlled as far as practicable, and this includes the consideration of good work design.  |[ ] [ ] [ ]   |  |
| **Living away from home** |
| **3.4** | 3.4.1 | Employees have access to reliable communications. |[ ] [ ] [ ]   |  |
|  | 3.4.2 | Employees are provided with secure accommodation/ personal security. |[ ] [ ] [ ]   |  |
|  | 3.4.3 | Sleeping quarters are conducive to sleep and accommodate a range of rosters. |[ ] [ ] [ ]   |  |
|  | 3.4.4 | There is a process for identifying employees’ whereabouts and contacting them in a timely manner at any given time. |[ ] [ ] [ ]   |  |
|  | 3.4.5 | There is a process for identifying and managing unexplained absences from work in a timely manner. |[ ] [ ] [ ]   |  |
|  | 3.4.6 | There is a process for reporting absences for work, including sick leave and fitness for work issues, while at home, using work accommodation and during work hours. |[ ] [ ] [ ]   |  |
|  | 3.4.7 | Based on a risk assessment, medics have sufficient resources to enable them to do their work, as far as practicable. This includes support for their decision-making specific to the treatment of employees. |[ ] [ ] [ ]   |  |
| **Appropriate response after harm to health** |
| **3.5** | 3.5.1 | Medical evacuation procedures are established and used for both physical and psychological health. |[ ] [ ] [ ]   |  |
|  | 3.5.2 | Critical incident process for providing support to employees in a timely manner is established and used. |[ ] [ ] [ ]   |  |
|  | 3.5.3 | Emergency response procedures are established and used for both physical and psychological health. |[ ] [ ] [ ]   |  |
|  | 3.5.4 | Relevant employees have received training in medical evacuations, critical incident responses and emergency response procedures. |[ ] [ ] [ ]   |  |
| **Policies and procedures** |
| **3.6** | 3.6.1 | The organisation has written policies that are relevant to mentally healthy workplaces and mental health and these policies are implemented at all work locations. |[ ] [ ] [ ]   |  |
|  | 3.6.2 | The policies and procedures relevant to mentally healthy workplaces and mental health were developed in consultation with representatives from the workforce. |[ ] [ ] [ ]   |  |
|  | 3.6.3 | The policies and procedures relevant to mentally healthy workplaces and mental health are accessible at all work locations and promoted. |[ ] [ ] [ ]   |  |
|  | 3.6.4 | The policies and procedures relevant to mentally healthy workplaces and mental health are updated regularly, with input from representatives from the workforce. |[ ] [ ] [ ]   |  |
| [**Reporting and resolution procedures**](http://dmp.wa.gov.au/Safety/Responding-to-reports-25399.aspx) |
| **3.7** | 3.7.1 | A reporting procedure and supporting process are in place, which include reporting psychosocial hazards and risk factors. |[ ] [ ] [ ]   |  |
|  | 3.7.2 | Procedures are in place to respond to reports of psychosocial hazards and risk factors in a timely manner. |[ ] [ ] [ ]   |  |
|  | 3.7.3 | Employee reports of psychosocial hazards are investigated. |[ ] [ ] [ ]   |  |
|  | 3.7.4 | The documented reporting policies and procedures state an external consultant (i.e. mediator, investigator) will be engaged when there is a complaint or allegations are against senior management, or when a perceived or actual conflict of interest has been identified. |[ ] [ ] [ ]   |  |
|  | 3.7.5 | Investigations into incidents are conducted independently of mental health status, performance management processes and workers’ compensation processes. |[ ] [ ] [ ]   |  |
|  | 3.7.6 | Employees who make a report are provided feedback on the resolution of the matter. |[ ] [ ] [ ]   |  |
| **Training, information and supervision** |
| **3.8** | 3.8.1 | Employees who undertake the risk assessment have been provided training and information on psychosocial hazards and risk factors. |[ ] [ ] [ ]   |  |
|  | 3.8.2 | Employees who undertake the investigation have been provided training and information on psychosocial hazards and risk factors, and how to conduct an investigation. |[ ] [ ] [ ]   |  |
|  | 3.8.3 | The induction package includes information on psychosocial hazards, risk factors, how to identify and report incidents/injuries, and where to seek assistance. |[ ] [ ] [ ]   |  |
|  | 3.8.4 | Pre-mobilisation/pre-employment information is provided to employees about what to expect; i.e. work environment, systems and supports, facilities. |[ ] [ ] [ ]   |  |
|  | 3.8.5 | Employees have received information and training on available support, e.g. Employee Assistance Program, internal support (managers and supervisors, grievance and contact officers), HR. |[ ] [ ] [ ]   |  |
|  | 3.8.6 | Changes that affect employees’ jobs or the way they do their job, and major organisational changes, are communicated through a structured communication plan. |[ ] [ ] [ ]   |  |

## PART 4 ENCOURAGE REPORTING

| **Item** | **Check** | **N/A** | **Yes** | **No** | **Evidence sighted** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 4.1 | A consistent and timely response is applied to reports. |[ ] [ ] [ ]   |  |
| 4.2 | De-identified Information on the number of reports made, how they were resolved and what actions were taken is regularly provided to OSH committee and employees. |[ ] [ ] [ ]   |  |
| 4.3 | If an Employee Assistance Program service is provided, data is analysed without identifying individuals, and the duty holder uses it for the purpose of identifying, addressing and monitoring psychosocial hazards and risk factors in the workplace. Data is kept confidential, and reported at group level. |[ ] [ ] [ ]   |  |
| 4.4 | Employees are aware of the reporting process, feel comfortable using the process and the process is used. |[ ] [ ] [ ]   |  |

# PART 5 RETURN TO WORK

| **Item** | **Check** | **N/A** | **Yes** | **No** | **Evidence sighted** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| 5.1  | Specific psychosocial hazards and risk factors have been identified for the job and controlled as far as practicable before someone returns to work from the related injury to prevent reoccurrence or exacerbation. |[ ] [ ] [ ]   |  |
| 5.2 | Job task analysis includes functional or physical task demands and psychosocial risk factors to assist in return to work planning to prevent secondary injuries. |[ ] [ ] [ ]   |  |
| 5.3 | Supportive supervision is provided to employees returning to work. |[ ] [ ] [ ]   |  |
| 5.4 | Resources have been identified and implemented to support the return to work of the employee without having a detrimental impact on other team members. |[ ] [ ] [ ]   |  |

# CORRECTIVE ACTION PLAN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action** | **Tasks** | **Responsible person** | **Completion date** | **Completion details****(Name, date)** | **Review date** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |