NSW Resources

Psychosocial risk

Regulator update 2026

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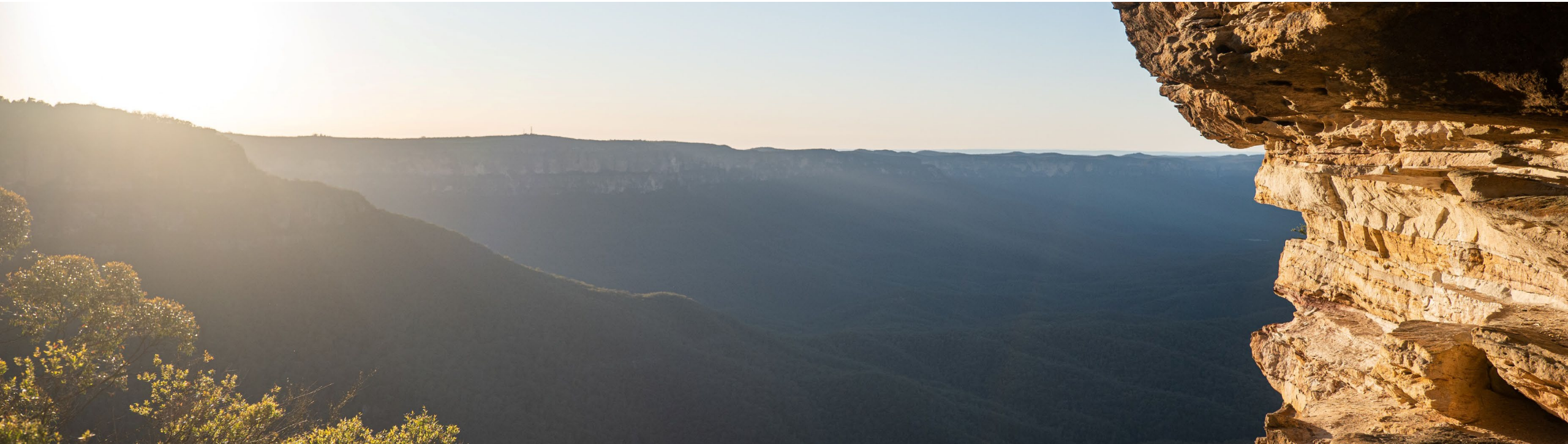
Manager Health



NSW Resources acknowledges that it stands on Country which always was and always will be Aboriginal land. We acknowledge the Traditional Custodians of the land and waters, and we show our respect for Elders past, present and emerging. We are committed to providing places in which Aboriginal people are included socially, culturally and economically through thoughtful and collaborative approaches to our work.

Agenda

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Why the increased focus on psychological harm?
Recent enforcement activity
What are psychosocial hazards?
Assessing psychosocial risk – what does good look like?
Sexual and gender-based harassment
Psychosocial Hierarchy of Controls
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Questions

The legislative context

Work Health and Safety Act 2011

General duty to eliminate or minimise risks to health and safety (s19)

'health' is defined to mean *'physical and 'psychological health'* (s4)

Work Health and Safety Regulation 2025

Psychosocial hazard includes *'workplace interactions or behaviours'* (s. 55A(a)(iv))

High level risk management framework mandated (s. 55A to 55D)

Requirement to manage in accordance with general Part 3.1 risk management provisions of the WHS Regulation (s. 55C)

The legislative context

Code of Practice: Managing psychosocial hazards at work (May 2021)

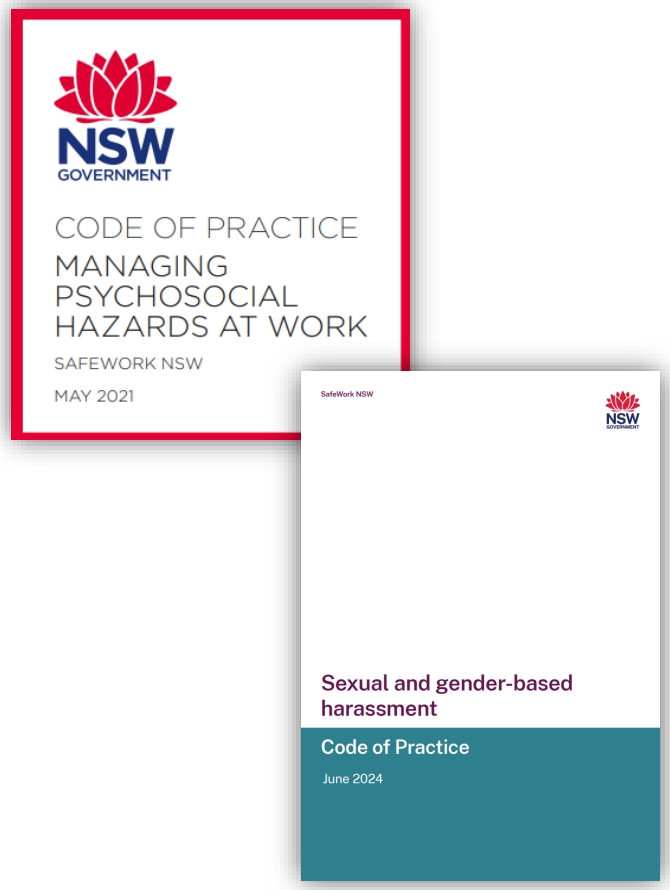
Harmful behaviours include *'conflict or poor workplace relationships and interactions'*, *'workplace violence and aggression'* and *'bullying and harassment incl. sexual harassment*

Detailed risk management guidance including control measures provided

Code of Practice: Sexual and gender-based harassment (June 2024)

Sexual harassment is any unwelcome sexual advance, unwelcome request for sexual favours or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated or intimidated, where a reasonable person would anticipate that reaction in the circumstances. Sexual harassment can be a form of gender-based harassment. The term gender-based harassment is used in this Code to describe unwelcome conduct based on a person's gender, sex or sexuality

This Code addresses a range of harassment and behaviours based on gender and sex that create a risk of harm at work



WHS legislation timeline – Psychosocial safety

Era	Legal Framework	Treatment of Psychological Health & Safety	Regulatory Approach	Characterisation
Pre-2011	OHS Act 1983 and OHS Act 2000 (NSW)	"Health, safety and welfare" included psychological health **implicitly**, but rarely spelled out. Psychosocial risks recognised mainly through **workers' comp claims** (stress, bullying, harassment).	Limited guidance on bullying/stress. Focused on responding to injuries after the fact.	**Reactive** — case law and claims drove recognition.
2011–2018	WHS Act 2011 (NSW harmonisation)	"Health" **explicitly defined** to include psychological health. PCBU duty unambiguous but Regulations still physical-hazard focused.	Enforcement patchy; regulators relied on general duty + guidance notes.	**Implicit duty** — covered in law but under-specified in practice.
2019 (Boland Review)	Independent review of model WHS laws	**Identified psychosocial risks as a major regulatory gap.** Recommended amending Regulations and Codes to require proactive risk management.	National momentum to hard-wire psychosocial risk into regulations.	**Catalyst for change** — shifted debate from "should" to "must."
2021–2022	NSW Code of Practice (2021); WHS Amendment Reg 2022 (Clauses 55A–55D)	First Australian Code of Practice for psychosocial hazards (NSW 2021). **Regulations (2022) introduced explicit duties: identify, control, review psychosocial risks.**	Specific enforceable obligations, supported by the Code of Practice.	**Explicit regulation** — psychosocial safety equal to physical safety.
2025	WHS Regulation 2025	Psychosocial provisions retained and embedded permanently. Guidance emphasises **prevention** (upstream controls, safe work design, ISO 45003 alignment).	Enforcement increasingly focused on proactive inspections, prevention systems, and industry capability building.	**Prevention-centred system** — focus on designing work to avoid harm before it occurs. Apply the HoC.

Why the increased focus on psychological harm?

- Australian suicide rates 11.8 per 100,000 people, suicide by gender 75% male, 25% female (Australian Bureau of Statistics, 2024; Healthy Male, n.d.).
- Mental Health disorders on the rise, Medical Journal of Australia revealed 28% of mine workers reported high to very high psychological distress – versus 10.8% in the general population, more than one in four (Bowers et al., 2018).
- A university of Melbourne – commissioned study (2011-2019), based on NCIS coronial data tracked suicide among male workers which suggested rates in mining industry are higher than other sectors and appear to be increasing over time – likely 25 per 100,000 (King et al., 2023.
- Despite significant changes in legislation over time, psychological injuries continue to climb **workers' compensation claims for psychological harm rose by 30% between 2018-19 and 2022-23, compared with just 11% for physical injuries** (SafeWork NSW, 2024).
- There's a connection between psychological hazards and physical health, including musculoskeletal injuries, compounding harm and associated costs (Roelen et al., 2014).
- The cost of psychologically unsafe workplaces is estimated at **$2.8 billion annually**, accounting for absenteeism, presenteeism, and compensation claims (NSW Government, 2021; SafeWork NSW, 2024).

Recent enforcement activity

Workplace regulator has stepped in after allegations of risk of psychological harm

BY Dexter Tilo / 04 Sep 2025 / Share

SafeWork NSW has ordered the University of Technology Sydney (UTS) to halt its plan to cut hundreds of jobs amid concerns of "psychological harm" to its workforce.

SafeWork NSW: (2024 Blitz) 500+ non-compliance notices issues in a single blitz, recent prohibition notice at UTS related to their restructure plans, a failure to consult and serious and imminent risk to health and safety of workers.

Comcare: The Department of Defence was found guilty of failing to appropriately manage psychosocial risks after a worker died by suicide following a performance management process in which supervisors did not provide adequate support. Defence was fined $188,000.

WorkSafe Victoria: Court Services Victoria (CSV) convicted and fined $379,157 over a toxic workplace culture that contributed to the suicide of one worker and numerous others taking stress leave.

New psychological health regulations to commence December 2025. Employers must implement prevention plans, six-monthly reporting, and higher-order controls for hazards like bullying, harassment, aggression, and traumatic exposure.

WorkSafe QLD: New Code since April 2023, inspections mandated, shift to systemic psychosocial enforcement.

Comcare: Services Australia is facing prosecution after a worker was stabbed multiple times by a client at a Centrelink office. Failure to eliminate or minimise the risk of client aggression, Failure to review and adjust controls when risks were reported, Failure to consult with workers on psychosocial hazard controls. Each charge carries a maximum penalty of $1.5 million.

NSW Resources Regulator: Accepted an enforceable undertaking from Cobar Management Pty Ltd (operating at the CSA Mine) relating to psychosocial hazards. Proactive program plans scheduled for 2026. Several recent improvement notices issued to sites.

What are psychosocial hazards?

Job demands
High or sustained physical, mental, or emotional demands (workload, time pressure, emotional labour)

Job control
Low autonomy or limited influence over how or when work is done

Role clarity
Unclear, conflicting, or changing roles and expectations

Support
Inadequate practical or emotional support from leaders, peers, or the organisation

Reward and recognition
Insufficient acknowledgment or compensation for effort and contribution

Job security
Uncertainty about employment continuity or conditions

Work relationships and conflict
Poor interpersonal relationships, unresolved conflict, or lack of respect

Bullying, harassment, or workplace violence
Unreasonable behaviour, threats, or aggression

Remote or isolated work
Limited access to help, supervision, or social interaction

Fatigue
Caused by shift patterns, long hours, or insufficient recovery time

Exposure to traumatic events or material
Direct or indirect exposure to distressing incidents or content

Hazardous physical working environments
Unsafe, uncomfortable, or poorly designed workspaces

Role overload or underload
Work that is too demanding or not sufficiently challenging or meaningful

Poor organisational change management
Change processes that are poorly communicated or implemented, creating uncertainty or stress

Poor organisational justice
Perceptions of unfairness in decision-making, procedures, or treatment of workers

Low levels of inclusion and respect / poor workplace culture
Lack of belonging, cultural insensitivity, or exclusion

Poor environmental or work design factors
Noise, lighting, layout, or ergonomics contributing to stress or reduced wellbeing

Inadequate resources
Insufficient staffing, tools, or time to perform work safely and effectively

Reference: Safe Work Australia. (2024). Model Code of Practice: Managing psychosocial hazards at work.

Assessing psychosocial risk – what does good look like?

Workplaces achieve psychologically healthy and safe work when they design work using a risk-based approach.

It is recommended mine operators:

- Ensure the psychosocial risk assessment identifies effective controls for hazards as outlined in Code of Practice Managing Psychosocial Hazards at work
- Ensure the sexual and gender-based harassment risk assessment identifies effective controls for risk factors and hazards as outlined in the Code of Practice Sexual and gender-based harassment
- Demonstrate consultation with workers on identifying hazards, assessing risk and making decisions to eliminate or minimise the risk
- Provide training, information and instruction to workers participating in risk assessments that address psychosocial hazards so they can effectively participate
- Ensure risk assessments are conducted by a person or persons who are competent having regards to the nature of the hazard
- Apply the hierarchy of controls to psychosocial hazards by prioritising elimination and prevention of risks through work design, leadership practices, and organisational systems rather than relying solely on individual coping strategies.
- Ensure the controls identified in the risk assessments are implemented and effective
- Revise control measures and document evidence of the review
- Report incidents to the Regulator if you receive a medical certificate either unfit or on restricted/suitable duties for a continuous period of seven days or more

Sexual and gender-based harassment

Mine operators should be aware of their legislative obligations regarding psychosocial hazards. This includes the development and implementation of systems including sexual and gender-based risk assessment and controls.

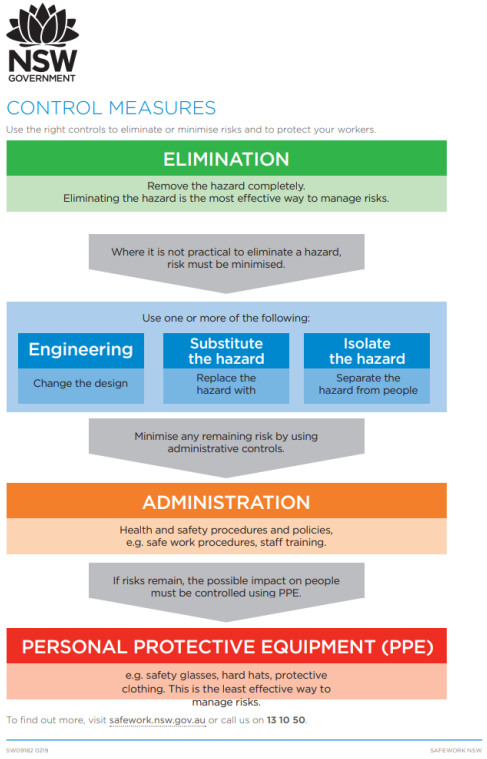
It is recommended that mine operators:

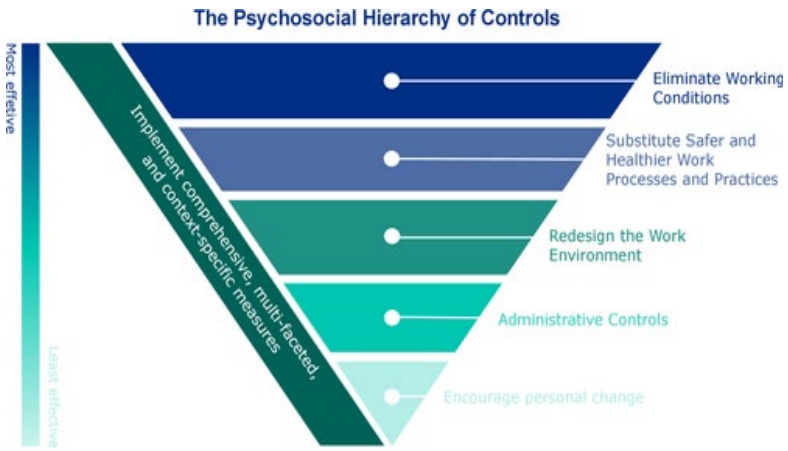
- Have a sexual and gendered-based harassment policy
- Ensure the sexual and gender-based harassment risk assessment identifies effective controls for risk factors and hazards as outlined in the Code of Practice Sexual and gender-based harassment.

Sexual and Gender Based Harassment Risk Assessment – Hazard Examples
Power imbalances & poor supervision
Remote or isolated work
Male-dominated environments
Alcohol-related events
Recruitment & onboarding
Digital/online environments
Barriers in reporting
High use of contract or labour hire workforce

Psychosocial Hierarchy of Controls (P-HOC)

(Kjærgaard et al., 2025)





Positive Job Design	Job / Person Fit	Supportive leadership
Job redesign	Reasonable Adjustments	Capability Enhancement
MHFA / Peer Support Programs	Administrative controls	Respect at Work / Appropriate workplace behaviour Training
Employee Assistance Programs	Mindfulness / Resilience Programs & Speakers	Wellbeing days / flex days

The Regulators expectations

1. Reporting, issue resolution, and investigation procedures

- ✓ Procedures exist to capture harmful behaviours (bullying, harassment, excessive stress, fatigue).
- ✓ Procedures are implemented and accessible to all workers.
- ✓ Procedures are effective in practice and regularly reviewed for improvements.

2. Investigation standards

- ✓ Investigations are conducted in a timely manner.
- ✓ Investigations are independent, objective, transparent, fair, and unbiased.
- ✓ Investigations are deep and detailed, addressing both the incident and underlying causes.
- ✓ Investigations adopt a risk management lens, assessing effectiveness of existing controls.
- ✓ Investigations reference and align with WHS Regulations and relevant Codes of Practice.
- ✓ Investigations produce evidence-based findings and conclusions.

The Regulators expectations

3. Outcomes and corrective actions

- ✓ Outcomes include improvements to control measures where justified.
- ✓ Sanctions against individuals are proportionate, fair, and consistent with previous actions.
- ✓ Lessons learned are integrated into WHS and organisational practices to prevent recurrence.

4. Continuous improvement

- ✓ Investigation outcomes feed into ongoing psychosocial risk monitoring.
- ✓ PCBUs review and update policies, procedures, and controls regularly.
- ✓ Employee feedback and engagement inform continuous improvements.

Notification requirements – Psychosocial incidents

Mine operators should be aware of their legislative obligations regarding psychosocial hazards, sexual and gender-based harassment and reporting of workplace incidents.

Mine operators are required to report an injury or illness requiring the person to have **immediate treatment as an inpatient in a hospital** (s189(a) Work Health and Safety (Mines and petroleum Sites) Regulation 2022.)

Mine operators reporting the illness of a person (supported by medical certificate) that is related to a work process that results in or is likely to result in **the person being unfit for a continuous period of at least 7 days, to perform the person's usual activities at the person's place of work.** (s124 (5)(o) Work Health and Safety (Mines and petroleum Sites) Regulation 2022.)

The regulator also has a reporting portal for workers to make a safety complaint which may be related to a psychosocial incident. These cases are referred to the Health team to review.

Common deficiencies and safeguards

Deficiency	Example / Context in mining	Practical safeguards
1. Lack of awareness, training and capability	Leaders often unable to recognise or respond to psychosocial issues.	Conduct WHS-focused training for managers and supervisors on psychosocial hazards and mental health literacy.
2. Treating psychosocial risks as HR issues, not WHS issues	Stress complaints handled only through HR (discipline, performance management) rather than as safety hazards.	Embed psychosocial hazards into WHS management systems. Treat mental health and bullying as reportable WHS risks. Develop clear WHS procedures and reporting processes for psychosocial incidents.
3. Inadequate risk assessment and consultation	Psychosocial hazards not identified in risk registers or risk assessments and worker consultation minimal.	Include psychosocial hazards in site risk assessments. Consider use of surveys, focus groups, and fatigue monitoring to identify risks. Apply hierarchy of controls (elimination, substitution, engineering, administrative). Consider frequency, duration and severity. Remember psychosocial hazards are often cumulative, there is generally multiple present when psychological harm occurs.
4. Poor policy and procedure implementation	Policies exist but are not operationalised; reporting is unclear.	Implement practical WHS policies to address psychosocial hazards. Communicate reporting pathways widely. Ensure procedures are linked to safety management systems.
5. Inadequate support systems	Remote sites lack access to support; social isolation increases stress; cultural differences may be ignored.	Provide accessible EAP services (consider virtual options), peer support networks, and culturally appropriate programs. Encourage utilisation without stigma.

Common deficiencies and safeguards

Deficiency	Example / Context in mining	Practical safeguards
6. Reactive rather than proactive approaches	Action taken only after incidents or complaints occur.	Implement proactive strategies: monitor workload, schedule rotations to reduce fatigue, conduct regular psychosocial audits, and integrate wellness and employee support programs.
7. Poor integration with WHS	Psychosocial hazards treated separately from physical hazards.	Integrate psychosocial risks into WHS reporting, incident investigation, and risk management processes. Cross-functional collaboration between HR, WHS, and operations.
8. Cultural barriers	Male-dominated, high-pressure culture discourages discussion of mental health.	Promote leadership modelling, communication campaigns, and safe channels to report issues (consider multiple reporting channels). Embed mental health as part of safety culture.
9. Insufficient monitoring and evaluation	Minimal metrics tracked and assessed against psychosocial risk for stress, burnout, absenteeism, or turnover.	Develop KPIs for psychosocial health (e.g., absenteeism, incident reports, survey results). Regularly review and benchmark against industry standards.
10. Leadership gaps	Leaders prioritise production over psychosocial safety; accountability low.	Include psychosocial safety in leadership KPIs. Conduct regular site inspections focused on worker mental health. Provide coaching and accountability frameworks for managers.

Questions?

Service	Description	Contact
Lifeline Australia	National crisis support line for anyone in emotional distress or considering suicide. (NSW Government)	**Phone:** 13 11 14 (24 h) (NSW Health)
Beyond Blue	National mental health support organisation supporting anxiety, depression, general mental wellbeing. (NSW Health)	**Phone:** 1300 22 4636 (24 h) (NSW Health)
Transcultural Mental Health Line	NSW service supporting people from culturally or linguistically diverse backgrounds experiencing mental health issues. (NSW Health)	**Phone:** 1800 648 911 (Mon–Fri 9am-4:30pm) (NSW Health)

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