OBA-MHS-2026 | Version 1.0

Mental Health Awareness and Safe Response: Fifty-Four Pages, and Not One Mention of Resilience

Programme descriptor

DOCUMENT CONTROL

- Programme: Mental Health Awareness and Safe Response: Fifty-Four Pages, and Not One Mention of Resilience (OBA-MHS-2026)
- Audience: Prospective participants and employers
- Version 1.0 | Issued 25/09/2026 | Review due 25/03/2027
- Provider: OBA Nursing Academy

The finding this programme is built on

Fifty-four pages about psychological harm at work, approved under the WHS Act and admissible in court proceedings, and the words that make up almost every mental health awareness session in Australian healthcare do not appear in it once. That is not an oversight and it is not the Code being cold about distress. It is the Code being about a different thing: the design and management of work, and who is obliged to change it.

Word or phrase	Occurrences in 54 pages
resilience	0
mindfulness	0
wellness	0
self-care	0
stress management	0
coping skills	0
psychosocial hazard	134
consult	91
reasonably practicable	59
PCBU	20

AND THE SAME SHAPE ON THE PATIENT SIDE

Action 5.33, and this is the sentence to carry: 'The risk of aggression and violence is MINIMISED BY REDUCING ENVIRONMENTAL OR PROCEDURAL TRIGGERS FOR AGGRESSION.'

Who it is for

Registered and enrolled nurses, personal care workers, clinical and care managers, and educators in aged care, disability and acute settings. No prior knowledge of work health and safety law is assumed, and every practical instruction ends by naming the local document or the regulator that has to answer it.

What you will be able to do

- Say what the Code of Practice does and does not contain, and quote the count
- Say who holds the psychosocial duty, and in what order the two obligations run
- Name the five matters a PCBU must have regard to in determining controls
- Explain why accommodating one worker does not discharge the duty
- Say who NSQHS actions 5.31 to 5.36 bind, and name a missing system by its number
- Explain what action 5.33 asks a service to look for in its own procedures
- Say what is not yours - and why duty of care is not a power

Shape

Modules	11
CPD hours	6.5 (measured)
Assessment	60 items, 80 per cent, 2 attempts, 20 mandatory-correct
Mode	Self-directed online
Issued	25/09/2026
Review due	25/03/2027

What it will not do

- RESILIENCE, MINDFULNESS, SELF-CARE OR A WELLBEING PROGRAMME PRESENTED AS A CONTROL THAT DISCHARGES THE DUTY
- A PSYCHOSOCIAL DUTY ATTRIBUTED TO THE WORKER RATHER THAN THE PCBU
- AN INDIVIDUAL ACCOMMODATION PRESENTED AS DISCHARGING THE DUTY
- THE MODEL CODE STATED AS THE LAW IN FORCE IN ANY PARTICULAR JURISDICTION
- AN NSQHS ACTION THAT BINDS THE ORGANISATION QUOTED AS AN OBLIGATION ON AN INDIVIDUAL NURSE
- PATIENT AGGRESSION PRESENTED AS A PROPERTY OF THE PATIENT RATHER THAN SOMETHING PRECIPITATED
- A DE-ESCALATION TECHNIQUE, SCRIPT, SEQUENCE OR FORM OF WORDS
- A STATEMENT THAT RESTRAINT OR SECLUSION IS LAWFUL, AUTHORISED OR COMPLIANT IN ANY CASE
- ANY CONTENT FROM ANY STATE OR TERRITORY MENTAL HEALTH ACT, OR ANY POWER TO DETAIN, ASSESS OR TREAT COMPULSORILY

SCOPE, CURRENCY AND THE LIMIT OF THIS PROGRAMME

- This programme is professional development. It states what the Safe Work Australia Model Code

of Practice 'Managing psychosocial hazards at work' (July 2022) and the NSQHS Comprehensive Care Standard say, quotes them where the words matter, and cites the source every time. IT IS NOT LEGAL ADVICE AND IT IS NOT CLINICAL ADVICE. It does not state the work health and safety law of any State or Territory, because the Code is a MODEL and this build read no jurisdiction's adoption instrument. It states NOTHING about any Mental Health Act - detention, compulsory assessment, compulsory treatment and seclusion powers are State and Territory law and differ. It contains no diagnosis, no treatment, no medicine and no clinical risk assessment instrument, and it takes no position on suicide risk prediction or categorisation in either direction. Decisions about an individual are for that individual and their treating practitioners, within their own scope, their employer's policies and the law where they work.

- WHAT WAS READ, AND WHEN. The SAFE WORK AUSTRALIA MODEL CODE OF PRACTICE 'MANAGING PSYCHOSOCIAL HAZARDS AT WORK' (JULY 2022, 54 pages) was read in full on 25/09/2026, and the word counts quoted in this programme were taken twice - once from the extracted text and once directly from the PDF - because a count of ZERO is the kind of claim that has to be right. The NSQHS COMPREHENSIVE CARE STANDARD minimising-harm actions 5.31 to 5.36 were read from the Commission's published action text on the same day. THE CODE NEEDS PARTICULAR CARE: Safe Work Australia says of itself that it is 'a national policy body, NOT A REGULATOR', and the model laws are adopted jurisdiction by jurisdiction. This programme did not read any jurisdiction's adoption instrument, so before relying on anything here as the law where you work, find your own regulator.