OBA-MHS-2026 | Version 1.0 | Issued 25/09/2026

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

Programme syllabus

DOCUMENT CONTROL

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

What this programme is about

Almost every mental health awareness session a nurse or care worker sits through is about the individual: recognise the signs, build your resilience, practise self-care, use the employee assistance number. Australia's national Code of Practice on managing psychosocial hazards at work runs to FIFTY-FOUR PAGES, is an approved code under section 274 of the Work Health and Safety Act, is ADMISSIBLE IN COURT PROCEEDINGS - and contains NOT ONE MENTION of resilience, mindfulness, wellness, self-care or stress management. It uses the phrase 'psychosocial hazard' 134 times, the word 'consult' 91 times, and 'reasonably practicable' 59 times. The duty it describes belongs to the PCBU, and what it asks them to change is THE DESIGN AND MANAGEMENT OF WORK. The same inversion runs through the patient side. The NSQHS Comprehensive Care Standard's mental health actions are 5.31 to 5.36, EVERY ONE OF THEM ADDRESSED TO THE HEALTH SERVICE ORGANISATION, and the intent of action 5.33 is that 'the risk of aggression and violence is minimised by REDUCING ENVIRONMENTAL OR PROCEDURAL TRIGGERS for aggression' - with a key task of identifying elements of the organisation's OWN PROCEDURES that contribute to stress. Both instruments point at the system. Almost all the training points at the person. This programme sets both out in the words of the sources, and is careful about what it does not know: it reads a MODEL code, not any jurisdiction's law, and it reads no Mental Health Act at all.

THE FINDING

BOTH HALVES OF THIS SUBJECT ARE, IN THE INSTRUMENTS, ABOUT THE DESIGN OF WORK AND THE ENVIRONMENT. BOTH ARE TAUGHT AS INDIVIDUAL SKILLS. AND THE CODE OF PRACTICE MENTIONS RESILIENCE ZERO TIMES.

The count

Counted directly from the PDF of the Model Code of Practice 'Managing psychosocial hazards at work' (Safe Work Australia, July 2022, 54 pages).

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

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.

AND THE LIMIT THIS PROGRAMME WILL NOT CROSS

AND THEN THE LIMIT THIS PROGRAMME WILL NOT CROSS. It is a MODEL code. Safe Work Australia says of itself, on the second page, that it is 'a national policy body, NOT A REGULATOR of work health and safety', and the model WHS laws are adopted jurisdiction by jurisdiction. THIS BUILD READ NO JURISDICTION'S ADOPTION INSTRUMENT, so this programme does not tell you that the Code is in force where you work, and does not tell you what your own WHS Act or regulations say. It gives you the architecture and the words, and sends you to your own regulator for the rest.

The duty

WHS Act section 19 primary duty of care; WHS Regulations Division 11 Psychosocial risks; WHS Regulations Part 3.1 managing risks to health and safety. 'A PCBU MUST ENSURE, so far as is reasonably practicable, workers and other persons are NOT EXPOSED TO RISKS TO THEIR PSYCHOLOGICAL OR PHYSICAL health and safety.' And: 'A PCBU must ELIMINATE psychosocial risks in the workplace, or if that is not reasonably practicable, MINIMISE these risks so far as is reasonably practicable.'

Read who that sentence is addressed to. Not the worker. Not the worker's resilience, or capacity, or coping. THE PERSON CONDUCTING A BUSINESS OR UNDERTAKING - your employer. And notice the two verbs and their order: ELIMINATE first, and MINIMISE only where elimination is not reasonably practicable. That is the same architecture the law uses for a chemical or a moving part, applied to the way work is designed.

	What the duty holder must do
Identify	reasonably foreseeable hazards that could give rise to psychosocial risks
Eliminate	the risks, so far as is reasonably practicable
Minimise	the risks so far as is reasonably practicable, IF elimination is not
Maintain	implemented control measures so they remain effective
Review	and if necessary revise control measures, to maintain a work environment that is without risks to health and safety so far as is reasonably practicable

The five matters a PCBU must have regard to

Matter	Note
The duration, frequency and severity of exposure	of workers and other persons to the psychosocial hazards
HOW THE HAZARDS MAY INTERACT OR COMBINE	which is the one that is routinely dropped, and the one that describes most real jobs
The design of work	including job demands and tasks
The systems of work	including how work is managed, organised and supported
The design and layout, and environmental conditions, of the workplace	

Look at that list and ask which of the five a resilience workshop addresses. None of them. Every item is something about the work, decided by somebody with the authority to decide it. The second is the one worth arguing for by name: hazards INTERACT OR COMBINE, and a job that carries high emotional demand AND low control AND poor support is not three small problems. The Code requires that combination to be considered.

The patient side

The NSQHS COMPREHENSIVE CARE STANDARD has THIRTY-SIX actions. The mental health actions sit in the minimising-harm criterion at 5.31 to 5.36, under two headings the Commission wrote: 'PREDICTING, PREVENTING AND MANAGING SELF-HARM AND SUICIDE' and 'PREDICTING, PREVENTING AND MANAGING AGGRESSION AND VIOLENCE', plus 'MINIMISING RESTRICTIVE PRACTICES' for restraint and seclusion.

	What it requires
5.31	Systems to support COLLABORATION WITH PATIENTS, CARERS AND FAMILIES to identify when a patient is at risk of self-harm, identify when a patient is at risk of suicide, and safely and effectively respond
5.32	FOLLOW-UP ARRANGEMENTS developed, communicated and implemented for people who have harmed themselves or REPORTED SUICIDAL THOUGHTS
5.33	Processes to IDENTIFY AND MITIGATE SITUATIONS THAT MAY PRECIPITATE AGGRESSION
5.34	Processes to support collaboration to identify patients at risk of becoming aggressive or violent, implement DE-ESCALATION STRATEGIES, and safely manage aggression - minimising harm to patients, carers, families AND THE WORKFORCE
5.35	Where RESTRAINT is clinically necessary to prevent harm: MINIMISE AND, WHERE POSSIBLE, ELIMINATE its use; govern it in accordance with LEGISLATION; REPORT its use to the GOVERNING BODY
5.36	Where SECLUSION is clinically necessary to prevent harm AND IS PERMITTED UNDER LEGISLATION: minimise and where possible eliminate; govern in accordance with legislation; report to the governing body

EVERY ONE OF THOSE SIX IS ADDRESSED TO 'THE HEALTH SERVICE ORGANISATION'. Not to the nurse at the bedside. That is the same distribution as the handover actions in the Communicating for Safety Standard, and it means the same thing: if the system 5.31 requires does not exist where you work, that is a gap in the service, and it is a specific one you can name by number.

THE PAIRING

Put the two instruments side by side and they say the same thing about different people. The Code of Practice says what harms WORKERS is the design and management of work. The Standard says what precipitates aggression in PATIENTS is the environment and the organisation's own procedures. Both point at the system. And almost every hour of training delivered on either subject points at the person - be more resilient; be better at de-escalation. Those are not useless skills.

They are the control at the bottom of the hierarchy, taught as though they were the top.

Structure

	Module	Time	Keywords
Module 00	Orientation: Fifty-Four Pages, and Not One Mention of Resilience	22 min	zero mentions, resilience, psychosocial hazard
Module 01	Where the Duty Sits: the PCBU, and What 'Reasonably Practicable' Means	19 min	PCBU, section 19, Division 11
Module 02	What a Psychosocial Hazard Is - and That It Causes Physical Injury Too	19 min	design or management of work, working environment, interactions or behaviours
Module 03	The Hazards Named, Including the One With Nurses in the Example	20 min	emotional demands, suppressing emotions, hiding distress
Module 04	Identify, Eliminate, Minimise, Maintain, Review - and Consult	20 min	consult, 91 times, identify
Module 05	Accommodating One Worker Does Not Discharge the Duty	17 min	individual worker, as well as, all workers
Module 06	The Patient Side: Actions 5.31 to 5.36, and Who They Bind	18 min	36 actions, 5.31, 5.32
Module 07	Aggression Is Precipitated: Environmental and Procedural Triggers	21 min	5.33, precipitate, environmental triggers
Module 08	De-escalation, and What a Safe Response Actually Contains	19 min	5.34, de-escalation, not defined
Module 09	Restraint and Seclusion: Minimise, and Where Possible Eliminate	19 min	5.35, 5.36, clinically necessary
Module 10	What Is Not Yours: the Mental Health Acts and the Powers You Do Not Have	22 min	duty of care, not a power, Mental Health Act

How the hours are made up

Component	Minutes
Eleven modules - video, guide, knowledge check and workbook	216
Programme reading	94

Assessment - case studies and the summative paper	86
MEASURED TOTAL	396 min = 6.60 h
AWARDED	6.5 CPD hours

The awarded figure is the measured total rounded to the NEAREST half hour, including downwards. It is measured, not chosen, and it is never rounded up to reach a number.

Assessment

Summative	60 items, 80 per cent to pass, 2 attempts
Mandatory-correct	20 items must be answered correctly regardless of total score
Case studies	5 unfolding cases, 25 decision points, feedback on every option
Interactives	17, all formative

What the programme refuses to say

	Why
RESILIENCE, MINDFULNESS, SELF-CARE OR A WELLBEING PROGRAMME PRESENTED AS A CONTROL THAT DISCHARGES THE DUTY	THE PRIMARY ONE. The Code mentions none of those words once in 54 pages. The duty is to ELIMINATE so far as reasonably practicable and to MINIMISE only where elimination is not, having regard to the design and systems of work.
A PSYCHOSOCIAL DUTY ATTRIBUTED TO THE WORKER RATHER THAN THE PCBU	'A PCBU must eliminate psychosocial risks in the workplace, or if that is not reasonably practicable, minimise these risks so far as is reasonably practicable.'
AN INDIVIDUAL ACCOMMODATION PRESENTED AS DISCHARGING THE DUTY	'As well as making changes for individual workers you must still eliminate or minimise psychosocial risks for ALL WORKERS so far as is reasonably practicable.'
THE MODEL CODE STATED AS THE LAW IN FORCE IN ANY PARTICULAR JURISDICTION	It is a MODEL. Safe Work Australia is 'a national policy body, not a regulator'. No jurisdiction's adoption instrument was read.
AN NSQHS ACTION THAT BINDS THE ORGANISATION QUOTED AS AN OBLIGATION ON AN INDIVIDUAL NURSE	All six of 5.31 to 5.36 are addressed to 'the health service organisation'.
PATIENT AGGRESSION PRESENTED AS A PROPERTY OF THE PATIENT RATHER THAN SOMETHING PRECIPITATED	Action 5.33 intent: 'The risk of aggression and violence is minimised by reducing ENVIRONMENTAL OR PROCEDURAL TRIGGERS for aggression.'
A DE-ESCALATION TECHNIQUE, SCRIPT, SEQUENCE OR FORM OF WORDS	Action 5.34 names de-escalation and defines no technique. No source read here sets one out, and inventing one would be the exact error this programme is about.
A STATEMENT THAT RESTRAINT OR SECLUSION IS LAWFUL, AUTHORISED OR COMPLIANT IN ANY CASE	5.35 defers to legislation; 5.36 applies only 'where permitted under legislation'. Neither was read.
ANY CONTENT FROM ANY STATE OR TERRITORY MENTAL HEALTH ACT, OR ANY POWER TO DETAIN, ASSESS OR TREAT COMPULSORILY	None was read. Duty of care is not a power, and this is the commonest thing people get wrong.
A DIAGNOSIS, A DIAGNOSTIC CRITERION, A TREATMENT OR A MEDICINE	Out of scope entirely.
A RISK ASSESSMENT INSTRUMENT, A RISK CATEGORY, OR A POSITION ON PREDICTING SUICIDE	No instrument was read and no position is taken in either direction.
A VERDICT ON WHETHER ANY SERVICE, WORKER OR PRACTICE COMPLIES WITH ANYTHING	This is professional development, not a compliance sign-off and not legal advice.
A NAMED INDIVIDUAL, REAL SERVICE, REAL PATIENT OR REAL INCIDENT	Every scenario in this programme is constructed, and nobody is named.

Sources

Source	What it settles
Model Code of Practice: Managing psychosocial hazards at work (Safe Work Australia, July 2022)	What a psychosocial hazard is, who holds the duty, and what managing it requires. AN APPROVED CODE under WHS Act s274 and ADMISSIBLE IN COURT - but a MODEL, adopted jurisdiction by jurisdiction.
NSQHS Comprehensive Care Standard, actions 5.31 to 5.36	Self-harm and suicide systems, follow-up, aggression triggers, de-escalation, restraint and seclusion. ALL SIX ADDRESSED TO THE HEALTH SERVICE ORGANISATION.
Your own WHS regulator	Whether the model Code applies where you work, and what your own Act and regulations say. NOT READ IN THIS BUILD.
Your own State or Territory Mental Health Act	Detention, compulsory assessment and treatment, and whether seclusion is permitted. NOT READ IN THIS BUILD, and the single most common thing people get wrong.
Your employer's policies	The hazard register, the consultation arrangements, the incident process, the restraint and seclusion policy, the de-escalation training you have actually had, and the system required by action 5.31. Binding on you, and none of them exists in any document above.

#VERIFY-CURRENCY - WHAT WAS READ, AND WHEN

- 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.
- The word counts quoted throughout were taken TWICE - once from the extracted text and once directly from the PDF, case-insensitively and on word stems - because a count of ZERO is the kind of claim that has to be right.
- THE CODE IS A MODEL. Safe Work Australia describes itself as 'a national policy body, not a regulator', and the model laws are adopted jurisdiction by jurisdiction. Before relying on anything here as the law where you work, find your own regulator.
- AND NO MENTAL HEALTH ACT WAS READ. Detention, compulsory assessment, compulsory treatment and whether seclusion is permitted are State and Territory law and they differ.

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.

SUPPORT AND WHERE TO RAISE SOMETHING

- Lifeline - 13 11 14. 24-hour crisis support.
- Aged Care Quality and Safety Commission - 1800 951 822. Concerns and complaints about aged care.
- Older Persons Advocacy Network - 1800 700 600. Free, independent aged care advocacy.
- You may stop this programme at any point and come back. Nothing is timed and there is no penalty.