OBA-MHS-2026 | Workplace tool

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

Which source says so - a citation card

DOCUMENT CONTROL

- Programme: Mental Health Awareness and Safe Response: Fifty-Four Pages, and Not One Mention of Resilience (OBA-MHS-2026)
- Audience: Anybody who has to say where a rule comes from
- Version 1.0 | Issued 25/09/2026 | Review due 25/03/2027
- Provider: OBA Nursing Academy

Why this card exists

Four sources carry almost everything in this programme, and two of them are things this programme deliberately did NOT read. Saying which one you are relying on - and saying when you are relying on none of them - is most of professional credibility in this area, because it is an area where confident-sounding claims about 'the law' are made constantly and checked rarely.

The four sources - and two of them are things this programme did not read

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.

Things people say, and what actually settles them

What gets said	What settles it	What it actually is
'We ran a resilience session, so we've addressed it'	Model Code of Practice	The Code mentions resilience ZERO times in 54 pages. The duty is to ELIMINATE the risk so far as is reasonably practicable and to MINIMISE it only where elimination is not - and controls must have regard to the design of work, the systems of work, and the workplace.
'Stress is part of the job'	Model Code of Practice	'Stress itself is not an injury but if it becomes FREQUENT, PROLONGED OR SEVERE it can cause psychological and physical harm.' The question is not whether the work is stressful.
'It's only a psychological risk'	Model Code of Practice	Psychosocial hazards 'may cause psychological AND PHYSICAL harm' - the Code names musculoskeletal injury, chronic disease and fatigue-related physical injury.
'It hasn't happened again, so it's under control'	Model Code of Practice	Workers experience stress 'if they perceive that the risk has not been controlled, EVEN IF THE VIOLENCE DOES NOT OCCUR AGAIN'... 'the stress itself may be prolonged'.
'We moved her to another ward, so it's resolved'	Model Code of Practice	'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.'
'That's just a wellbeing issue, not a WHS one'	WHS Regulations Division 11	Psychosocial risks have their own division of the WHS Regulations, and the Code is an approved code under section 274 that is ADMISSIBLE IN COURT PROCEEDINGS.
'The nurses need more de-escalation training'	NSQHS action 5.33	Training is not what 5.33 asks for. It asks the ORGANISATION to identify and mitigate situations that may PRECIPITATE aggression, including elements of its OWN PROCEDURES that contribute to stress.
'Those NSQHS actions are for the mental health unit'	NSQHS Comprehensive Care Standard	5.31 to 5.36 sit in the minimising-harm criterion of a standard that

		applies across the service, and every one is addressed to the health service organisation.
'We use restraint as a last resort, so we're fine'	NSQHS action 5.35	The action asks for systems that MINIMISE AND, WHERE POSSIBLE, ELIMINATE its use, govern it in accordance with legislation, and REPORT USE TO THE GOVERNING BODY. Stable numbers are not the direction it sets.
'We can seclude if it's clinically necessary'	NSQHS action 5.36	Read the whole conditional: 'clinically necessary to prevent harm AND IS PERMITTED UNDER LEGISLATION'. Whether it is permitted where you are is State or Territory law.
'You have a duty of care, so you can stop them leaving'	Not read in this build	Duty of care is not a power to detain. Detention and compulsory treatment are created by a State or Territory Mental Health Act, and this programme read none of them. Find yours.

The local things that have to exist

- The hazard register, and whether your job is in it
- The consultation arrangements - how you are actually asked
- The incident process, and what happens to a report after it is made
- The system required by NSQHS action 5.31, and the follow-up under 5.32
- The restraint and seclusion policy, and where its numbers go
- The de-escalation training you have actually had, and what it covered
- And the number you call at 3am

If you cannot find one of these, that is a finding about the service rather than about you - and it is a specific one you can raise.

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.