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Psychological Health and Safety in Care Workplaces: 568 Claims, and 32 Per Cent - an Employer Programme

Programme descriptor

Programme	Psychological Health and Safety in Care Workplaces (OBA-PHS-2026)
Version	2.0, issued 28/09/2026. Review due 28/03/2027.
CPD	28 hours, MEASURED from the module structure
Delivery	28 CPD hours over 7 weeks, part-time. Online self-paced, plus two 90-minute live workshops.
For	Owners, directors, facility and nurse unit managers, team leaders, and HR, WHS and return-to-work staff in health, aged care and disability services

READ THIS BEFORE THE TITLE

- The title states a gap between 568 claims and 32 per cent. IT IS NOT A REASON TO DISREGARD CLAIMS DATA, AND IT IS NOT A REASON TO DISTRUST THE SURVEY. The two measure different things and an employer needs both: claims are the expensive tail - 35.7 weeks and $67,400, four to five times everything else - and the survey is the leading indicator that tells you where the hazard is while you can still change it. AND THE DUTY DOES NOT DEPEND ON EITHER. You must manage the risk whether or not anybody ever lodges a claim, and whether or not anybody ever fills in a survey.
- Data: Safe Work Australia (2024, 2025), CC BY 4.0.

The finding this programme is built on

THE FINDING

IN THE INDUSTRY WITH THE HIGHEST SHARE OF BULLYING AND HARASSMENT CLAIMS IN AUSTRALIA, THE WHOLE-YEAR TOTAL WAS 568 CLAIMS. Health care and social assistance accounted for 568 serious bullying and harassment claims in 2021-22p - 25.7%, the highest of any industry - and 401 occupational violence claims, 30.4%, also the highest. In the SAME Safe Work Australia report, 32.0% of People at Work respondents in that industry said they had been bullied AT WORK IN THE PAST SIX MONTHS. And Safe Work Australia says it itself, in its own words: workers' compensation claims data 'VASTLY UNDERREPRESENT the incidence of these work-related experiences' - 41% of women and 26% of men report workplace sexual harassment in the last five years, and LESS THAN 1 IN 5 (18%) made a formal report or complaint.

AND THE SENTENCE THAT TRAVELS WITH IT, EVERY TIME

- AND HERE IS THE SENTENCE THAT TRAVELS WITH THAT GAP, EVERY TIME IT IS SHOWN. IT IS NOT A REASON TO DISREGARD CLAIMS DATA, AND IT IS NOT A REASON TO DISTRUST THE SURVEY. The two measure different things and an employer needs both. CLAIMS ARE THE EXPENSIVE TAIL: 17,600 serious mental health claims nationally, 12.0% of all serious claims, a median 35.7 weeks lost and $67,400 paid - four to five times everything else. THE SURVEY IS THE LEADING INDICATOR: it tells you where the hazard is while you can still change it. AND THE DUTY DOES NOT DEPEND ON EITHER. You must manage the risk whether or not anybody ever lodges a claim, and whether or not anybody ever fills in a survey.
- The practical consequence for an employer is a sentence worth writing on the wall. IF YOUR PSYCHOSOCIAL RISK PICTURE IS BUILT FROM CLAIMS, YOU ARE MANAGING THE 568 AND YOU CANNOT SEE THE REST. Claims arrive late, they arrive rarely, they arrive after the harm is done, and in sexual harassment fewer than one in five incidents produces even a formal internal report. A quarter with no claims is not evidence of a safe workplace. It is evidence of no claims.

Why this programme: the evidence

National - Safe Work Australia, Key WHS Statistics Australia 2025

Figure	What it is	Detail
17,600	serious mental health claims, 2023-24p	12.0% of all serious claims
+14.7%	in one year	an increase of 2,300 serious claims on 2022-23
+161.1%	over ten years	up 10,900 - the LARGEST change of any nature of injury group
35.7 weeks	median time lost	against 7.4 weeks across all serious claims (2022-23)
$67,400	median compensation paid	against $16,300 across all serious claims (2022-23)
17.2% v 8.2%	women against men	share of their work-related injury and illness

READ THE FOURTH AND FIFTH ROWS TOGETHER WITH ONE FACT THE REPORT ALSO CONTAINS. Mental health conditions are only the FOURTH LARGEST nature group by claim count - behind traumatic joint and ligament injury (53,300), musculoskeletal disease (22,500) and wounds (21,200). They are FIRST by duration and FIRST by cost. Safe Work Australia's own framing: they are 'one of the costliest forms of workplace injury'. A psychosocial claim is not a common claim. It is an expensive, long one - and the ten-year trend line is the steepest on the chart.

Care sector - Safe Work Australia, Psychological health and safety in the workplace (February 2024)

Figure	What it is	Detail
25.8%	of all serious mental health claims, 2017-18 to 2021-22p	14,079 claims - the highest of any industry, five years running
27.5% / 25.2% / 16.4%	the three leading causes of mental stress claims, 2021-22p	harassment and/or bullying, work pressure, occupational violence - of about 10,000 claims
568 claims / 25.7%	bullying and harassment claims in health care, 2021-22p	the highest share of any industry - and 568 is the whole-year count
401 claims / 30.4%	occupational violence claims in health care	again the highest share of any industry
32.0%	of People at Work respondents in the industry	reported workplace bullying IN THE PAST SIX MONTHS
18.4%	of People at Work respondents in the industry	reported work-related violence and aggression
79.1% v 91.6%	return to work after a mental health claim, 2021	and 44.5% required additional time off, against 24.5% for other injuries

AND THE REPORT SAYS SOMETHING ABOUT CARE WORK THAT SHOULD STOP A BOARD IN ITS TRACKS. In health care and social assistance, JOB RESOURCES WERE BELOW AVERAGE FOR ALL SIX MEASURED: job control, praise and recognition, supervisor

support, procedural justice, co-worker support and change consultation. High demands and low resources is the definition of the problem, not a description of a hard job. The same report records high scores for job burnout, intention to take sick leave and intention to seek medical advice - and notes that Health professionals had THE HIGHEST PROPORTION OF SHORTAGES OF ANY PROFESSIONAL OCCUPATION IN AUSTRALIA. Psychological safety is a retention strategy before it is ever a compliance obligation.

ATTRIBUTION, AND THE LIMITS OF THESE FIGURES

- Data: Safe Work Australia (2024, 2025), CC BY 4.0.
- Care-sector claims data run to 2021-22p and this is the most recent INDUSTRY breakdown Safe Work Australia has published. National figures are 2023-24p, with the ratio comparisons stated by SWA for 2022-23. EVERY FIGURE IN THIS PROGRAMME CARRIES ITS YEAR.
- AND STATE THE LIMITS OF EVERY ONE OF THOSE SOURCES OUT LOUD, BECAUSE YOUR WORKFORCE ALREADY KNOWS THEM. Safe Work Australia's own footnote on People at Work: respondents 'SELF-SELECT to participate as part of an organisation that is using the tool' - so it is not a representative sample. Claims data 'VASTLY UNDERREPRESENT' the incidence. Incident reports measure reporting as much as incidents. NONE OF WHICH MAKES THEM USELESS - it makes them a set, to be read together and against each other. THIS PROGRAMME STATES NO ITEM, SCALE OR SCORE FROM THE PEOPLE AT WORK SURVEY: the instrument was not retrieved for this build.

The current legal framework

Jurisdiction	Current requirement	What this build read
National - model WHS laws	Model WHS Regulations amended to deal expressly with psychosocial risks; model Code of Practice: Managing psychosocial hazards at work; officers' due diligence duty.	READ: the model Code (54 pp). NOT READ: the model Regulations themselves.
Victoria	Occupational Health and Safety (Psychological Health) Regulations 2025, in operation 1 December 2025.	READ IN FULL: the authorised instrument, S.R. No. 103/2025.
New South Wales	WHS psychosocial duties, plus the workers compensation reforms in force from 1 July 2026 and the new IRC jurisdiction.	READ: the Personal Injury Commission's own summary. NOT READ: the legislation, SIRA guidelines (403) or icare guidance. NO SECTION NUMBER IS CITED.
Queensland	Managing the risk of psychosocial hazards at work Code of Practice.	NOT RETRIEVED for this build. NAMED ONLY - nothing is stated from it.
All jurisdictions - federal	Sex Discrimination Act positive duty to take reasonable and proportionate measures to eliminate workplace sexual harassment, enforced by the Australian Human Rights Commission.	NOT RETRIEVED. The programme states THAT a positive duty exists and states NO element, standard or enforcement power.
WA, SA, Tasmania, ACT, NT, Commonwealth	Each has its own WHS framework.	NOT COVERED AT ALL. This programme says nothing about any of them.

AND WHAT THIS PROGRAMME DOES NOT COVER

- VICTORIA and NEW SOUTH WALES are covered in detail. QUEENSLAND's Code of Practice is NAMED and nothing is stated from it - it was not retrieved for this build. WESTERN AUSTRALIA, SOUTH AUSTRALIA, TASMANIA, THE ACT, THE NORTHERN TERRITORY AND THE COMMONWEALTH ARE NOT COVERED AT ALL.
- NO section number is cited for the NSW compensation reforms - the legislation and the SIRA guidelines were not retrieved (sira.nsw.gov.au returned HTTP 403). NO element of the Sex Discrimination Act positive duty is stated - neither the Act nor the AHRC guidance was retrieved.
- AND THIS IS NOT LEGAL ADVICE. Obtain your own advice on your own jurisdiction.

Learning outcomes

By the end of the programme, participants will be able to:

Module 01 - Psychosocial Hazards and Employer Duties (2.5 hours)

This module establishes what a psychosocial hazard is, whose duty it is, and what the national guidance actually asks for - which turns out to be almost the opposite of what most organisations do about it. It opens with a word count you can check in an afternoon, because the count settles an argument that otherwise takes a year.

- Define a psychosocial hazard, and say which parts of it the employer designs
- State the primary duty and the officers' due diligence duty in general terms
- Explain what the model Code of Practice actually asks for, and what it never mentions

Module 02 - State Requirements: Victoria, New South Wales and Queensland (1.5 hours)

The shortest module in the programme and the one most likely to change what you do on Monday. Victoria's regulations put a legal ceiling on how much of your psychosocial strategy can be training. New South Wales changed who gets compensated for a psychological injury, and it did so three months before this programme was issued. Queensland is named and nothing is stated from it.

- State when Victoria's psychological health regulations commenced and what they require
- Explain regulations 15(3) and 15(4) and what they mean for a training-based strategy
- List the six triggers that require a Victorian employer to review controls

Module 03 - The Data and the Business Case (2.0 hours)

This module gives you the numbers and, more usefully, teaches you what each one can and cannot carry. The national figures make the cost case. The care-sector figures make it specific. And the gap between 568 claims and 32.0% makes the argument that matters: an organisation managing psychosocial risk from claims data is managing the wrong end of the problem.

- State the current national mental health claims figures, with their years
- Explain why mental health claims are fourth by count and first by cost and duration
- Use the care-sector figures, including the absolute claim counts

Module 04 - Identifying and Assessing Psychosocial Risks (3.0 hours)

The longest module, and the one that produces the raw material for everything after it. It gives you the model that explains why two services with identical workloads have different injury rates, the six sources of data you already hold, and a launch plan for an assessment that people will actually answer honestly. Live Workshop 1 sits inside this module.

- Use the Job Demands-Resources model to explain harm without blaming individuals
- Name seven psychosocial demands and six job resources, and which are below average here
- Draw on six data sources rather than one

Module 05 - Good Work Design and Controlling Risks (2.5 hours)

This is the module the whole programme exists to deliver. Controls for psychosocial hazards work in the same order as controls for physical ones, and training sits at the bottom for the same reason a hard hat does. Victoria has now written that order into a regulation. This module gives you the levels, the test that separates a control from a statement, and where the EAP actually belongs.

- Apply the hierarchy of control to a psychosocial hazard
- Distinguish a control that changes the work from one that informs the worker
- Explain why training is last, and why Victoria caps it in regulation 15

Module 06 - Bullying, Harassment and Workplace Conflict (2.5 hours)

Health care and social assistance holds the highest share of bullying and harassment claims of any industry in Australia, and harassment and bullying is the single largest cause of mental stress claims nationally. This module works the gap between what is claimed and what is happening, the early intervention that almost nobody does, and what the NSW reforms changed - which is not what employers are being told.

- State the bullying and harassment figures, with their absolute counts
- Explain why early response to small matters is the highest-value control you have
- Design a reporting and response process people will actually use

Module 07 - Work Pressure, Emotional Demand and Fatigue (2.0 hours)

Work pressure is the second-largest cause of mental stress claims in Australia and the hazard least likely to generate an incident report, because nobody files a form saying the shift was too busy. This module treats workload as a hazard with controls rather than a fact of care work, and looks hard at emotional demand, which is the one demand this industry cannot eliminate.

- State the work pressure figures and explain why the hazard is invisible in incident data
- Assess workload hazards using data you already hold
- Distinguish emotional demand from work pressure, and treat each differently

Module 08 - Occupational Violence and Aggression (2.5 hours)

Health care and social assistance accounts for the highest share of occupational violence claims of any industry in Australia. It is also the industry most likely to explain the hazard away, because in care work the person causing the harm is frequently unwell, frightened or cognitively impaired. This module separates the clinical explanation from the worker's hazard exposure, and puts the controls in the environment and the system rather than in the worker.

- State the occupational violence figures for this industry, with their counts
- Explain why a clinical explanation for a behaviour does not remove the hazard
- Design environmental, system and management controls for aggression

Module 09 - Sexual Harassment, Gendered Violence and the Positive Duty (2.0 hours)

This module deals with the hazard where the gap between incidence and reporting is widest, and where the law changed from 'do not discriminate' to 'take reasonable and proportionate measures to eliminate'. It states clearly what this build could and could not verify about that duty, and

concentrates on what an employer can do about the under-reporting rather than on what the law says.

- State the incidence and reporting figures, and what they mean for your data
- Explain what a positive duty is, in general terms, and where to get its content
- Say what this programme does not state about the Sex Discrimination Act, and why

Module 10 - Reasonable Management Action and Psychologically Safe Leadership (2.5 hours)

Managers in care services routinely avoid necessary performance conversations because they are frightened of causing a psychological injury, and then cause one by leaving the issue for two years. This module deals with the opposite error too: a lawful decision delivered badly. In New South Wales, reasonable management action as the significant cause of an injury now means no compensation is payable - which makes how you do it the entire question.

- Explain what reasonable management action is, and what it is not
- State the NSW position, and why it does not discharge the WHS duty
- Carry out management action in a way you could describe to a regulator

Module 11 - Traumatic Events, Early Intervention, Claims and Return to Work (2.5 hours)

Prevention is the whole programme, and some of it will still happen. This module is about what you do afterwards: in the hour, in the week, and across a claim. The return-to-work gap for psychological injury is twelve and a half percentage points, and it is not created by the diagnosis - it is created by what the employer does between the injury and the return.

- Describe an immediate response to a traumatic event that is not a debrief and not a form
- Explain why early contact is the strongest single lever available to an employer
- State the return-to-work figures and what creates the gap

Module 12 - Capstone: Your Psychosocial Risk Management Plan (2.5 hours)

Everything in the programme converges here. The capstone is a psychosocial risk management plan for your own workplace, assessed against seven criteria - and criterion 3 requires at least two controls that change work design, systems or environment rather than training or an EAP. Live Workshop 2 sits inside this module and is a peer review of draft plans.

- Build a psychosocial risk management plan that meets all seven criteria
- Prioritise controls when you cannot do everything at once
- Set leading indicators, not only lagging ones

Structure, workshops and assessment

Workshop	Where	Length	What it covers
Workshop 1	Inside Module 04	90 minutes	Interpreting your assessment results - what the numbers do and do not tell you, and how to take them back to the people who generated them.
Workshop 2	Inside Module 12	90 minutes	Peer review of draft psychosocial risk management plans, against the seven capstone criteria.

Assessment

Assessment	Format	Requirement
Knowledge checks	One short quiz per module, 12 modules	80% to pass, UNLIMITED attempts. 68 items in total.
Workplace tasks	11 practical tasks, one per module from 01 to 11	Completed and uploaded. They are the raw material for the capstone.
Reflective statement	300-500 words	Reflection on your own leadership practice, suitable for a CPD portfolio.
Capstone plan	A psychosocial risk management plan on the OBA template	Assessed against seven criteria. Criterion 3 requires at least two controls that change the work.

The seven capstone criteria

	The plan must
1	Identify at least FIVE psychosocial hazards using assessment data - not from memory
2	Assess each risk, and name the workers most affected
3	Include at least TWO controls that change work design, systems or environment - NOT only training or EAP
4	Assign an OWNER and a TIMEFRAME to every control
5	Describe the consultation with workers and health and safety representatives
6	Include return-to-work and critical incident arrangements that meet your own state's requirements
7	Set LEADING and lagging indicators, and a review

	date

CRITERION 3 IS THE ONE THAT FAILS PLANS

CRITERION 3 IS THE ONE THAT FAILS PLANS, AND IT IS DELIBERATE. A plan whose controls are 'refresher training', 'promote the EAP' and 'remind staff of the policy' does not meet this criterion, would not meet Victoria's regulation 15, and would not change a single number in this programme. AT LEAST TWO CONTROLS MUST CHANGE THE WORK ITSELF.

How the CPD figure was measured

	Measured
Module 01 - Psychosocial Hazards and Employer Duties	150 min (2.5 h)
Module 02 - State Requirements: Victoria, New South Wales and Queensland	90 min (1.5 h)
Module 03 - The Data and the Business Case	120 min (2.0 h)
Module 04 - Identifying and Assessing Psychosocial Risks	180 min (3.0 h)
Module 05 - Good Work Design and Controlling Risks	150 min (2.5 h)
Module 06 - Bullying, Harassment and Workplace Conflict	150 min (2.5 h)
Module 07 - Work Pressure, Emotional Demand and Fatigue	120 min (2.0 h)
Module 08 - Occupational Violence and Aggression	150 min (2.5 h)
Module 09 - Sexual Harassment, Gendered Violence and the Positive Duty	120 min (2.0 h)
Module 10 - Reasonable Management Action and Psychologically Safe Leadership	150 min (2.5 h)
Module 11 - Traumatic Events, Early Intervention, Claims and Return to Work	150 min (2.5 h)
Module 12 - Capstone: Your Psychosocial Risk Management Plan	150 min (2.5 h)
TOTAL	1680 min = 28.00 hours
CLAIMABLE	28 CPD hours

WHAT THESE HOURS INCLUDE

- Each module's hours are INCLUSIVE of that module's reading, its knowledge check and its workplace task, and the two 90-minute live workshops sit inside Modules 04 and 12. Nothing is added on top, which is why the total is exactly 1680 minutes and exactly 28 hours.
- The figure is DERIVED from the module structure, not chosen. If a higher figure is wanted, the answer is to add content, never to change the number.

What this programme will not do

	Why
LEGAL ADVICE, OR ADVICE ON ANY PARTICULAR CLAIM, DISPUTE OR INVESTIGATION	THE PRIMARY ONE. This programme explains duties in general terms for an employer audience. Modules 02 and 11 must be read with the participant's own legal advice.
A SECTION NUMBER, THRESHOLD OR PROCEDURE FOR NSW COMPENSATION BEYOND WHAT THE PERSONAL INJURY COMMISSION STATES	The legislation and SIRA guidelines were not retrieved - sira.nsw.gov.au returned 403.
ANY REQUIREMENT ATTRIBUTED TO WA, SA, TASMANIA, THE ACT, THE NT OR THE COMMONWEALTH	Not covered. Victoria and New South Wales are covered in detail; Queensland is named.
ANY ITEM, SCALE, SCORE OR THRESHOLD FROM THE PEOPLE AT WORK SURVEY	The instrument was not retrieved. Use the official tool and its own materials.
ANY ELEMENT, STANDARD OR ENFORCEMENT POWER OF THE SEX DISCRIMINATION ACT POSITIVE DUTY	Neither the Act nor the AHRC guidance was retrieved. The programme states that the duty exists and points to the AHRC.
THE CLAIMS-VERSUS-SURVEY GAP PRESENTED AS MEANING CLAIMS DATA IS WORTHLESS OR THE SURVEY IS UNRELIABLE	Both are partial and both are needed. And the duty exists whether or not anybody claims or responds.
TIGHTER NSW COMPENSATION RULES PRESENTED AS REDUCING WHS DUTIES, OR AS GOOD NEWS	Different systems, different tests. Prevention is the only thing that reduces both harm and cost.
TRAINING, RESILIENCE PROGRAMMES, WELLBEING APPS OR AN EAP PRESENTED AS A CONTROL FOR A PSYCHOSOCIAL HAZARD	In Victoria, training may be used exclusively only if nothing else is reasonably practicable and must never be the predominant control. An EAP is support after exposure.
A PSYCHOLOGICAL CONDITION DIAGNOSED, DISPUTED OR REQUIRED AS THE PRICE OF BEING BELIEVED	Employers manage hazards and systems of work, not diagnoses.
A NAMED INDIVIDUAL, REAL SERVICE, REAL CLAIM OR REAL INVESTIGATION IN ANY SCENARIO	Every scenario is constructed and nobody is named.
A CLAIM THAT COMPLETING THIS PROGRAMME MAKES AN ORGANISATION COMPLIANT	Professional development, not certification, and not a compliance sign-off.

And what it did not read

Not read	Why	What follows
WorkSafe Victoria's Compliance Code: Psychological health (112 pp)	Downloaded, not read in full	Nothing is attributed to it.
The NSW amending legislation, SIRA guidelines and icare guidance	sira.nsw.gov.au returned HTTP 403	NO section number is cited for NSW and NO claim is made about how any individual claim would be decided.
Queensland's Code of Practice on psychosocial hazards	Not retrieved	NAMED ONLY. Nothing is stated from it.
The model WHS Regulations	Not opened	The model CODE was read; the

themselves		Regulations were not.
WA, SA, Tasmania, ACT, NT and the Commonwealth	Not covered	This programme states NOTHING about any of those six jurisdictions.
The Sex Discrimination Act positive duty and AHRC guidance	Not retrieved	The programme states THAT a positive duty exists and states NO element, standard or enforcement power.
The People at Work survey instrument	Site renders by script; no readable content	NO item, scale, score or threshold from the survey is stated anywhere.
Fair Work stop-bullying, anti-discrimination law, awards and enterprise agreements	Out of scope	Not mentioned as a source of duties.
The Aged Care Act 2024, NDIS Practice Standards and NSQHS Standards	Out of scope	This is a WHS programme about duties to WORKERS, not to residents, participants or patients.
Any individual's diagnosis, claim, conduct or performance	Out of scope	The programme is about systems of work.
Your own organisation's policies, roster, incident data and insurer arrangements	Not knowable from here	The documents that actually govern what happens in your service.

CONTENT NOTE

A CONTENT NOTE, AND IT IS NOT A FORMALITY. Modules 06, 08, 09 and 11 deal with bullying, occupational violence, sexual harassment and traumatic events. In a room of care-sector managers, some participants will have experienced these at work and some will have managed a matter that went badly. Nobody is required to disclose anything, anybody may step out at any point, and no participant's own experience is ever used as a teaching example. Lifeline 13 11 14. Nurse & Midwife Support 1800 667 877.

WHERE THE LINE IS

WHERE THE LINE IS. Every figure, every word count and every quoted provision comes from a source read in full or read directly on 28/09/2026 and listed in the syllabus, and six figures in the Version 2 brief were corrected against those sources. The practical material - the control test questions, the reasonable management action practice list, the indicator examples, the capstone criteria - is OBA'S TEACHING and is labelled as such wherever it appears. Where a source could not be retrieved, the programme says so and asserts nothing.

SCOPE

This programme is professional development for employers and managers. IT IS NOT LEGAL ADVICE AND IT IS NOT CLINICAL ADVICE, and completing it does not make any organisation compliant with anything. It explains work health and safety duties in general terms, covers VICTORIA and NEW SOUTH WALES in detail, names QUEENSLAND, and states NOTHING about Western Australia, South Australia, Tasmania, the ACT, the Northern Territory or the Commonwealth. It cites NO section number for the NSW compensation reforms, states NO element of the Sex Discrimination Act positive duty, and states NO item or score from the People at Work survey - none of those sources was retrieved for this build. It gives no advice on any particular claim, dispute, investigation, individual or diagnosis. Obtain your own legal advice on your own

jurisdiction, and have a WHS professional with psychosocial risk expertise review your plan.