16 October 2020

SafeWork NSW
Attn: Manager of Health
Online submission via www.haveyoursay.nsw.gov.au

Dear Sir/Madam

The Australian Institute of Health & Safety (AIHS) would like to congratulate SafeWork NSW for their initiative: Managing the Risks to Psychological Health Code of Practice (Proposed Code) and thank you for the opportunity to comment.

Our response is informed by the AIHS position paper (Attachment A) addressing Psychological Health and Safety at Work (AIHS 2020) which highlights the following key issues:

- A tendency for organisations to focus on strategies that work at an individual rather than systemic level.
- A focus on mental health promotion and awareness activities, which normalise seeking help for (mental health) symptoms and outcomes which may be associated with psychological hazards at work, without also addressing the relevant sources of harm in the workplace.
- A lack of awareness and knowledge of the potential wide-ranging sources of work-related psychological harm (psychosocial hazards) or overly narrow consideration of these issues.
- Inadequate skills and or confusion over how to identify relevant psychosocial hazards and assessing critical risks, including how they interact.
- Inadequate skills and confidence in prioritising practical ways to improve the design and management of organisations and work and deal with unacceptable workplace behaviours, so the likelihood of psychological harm is reduced.
- The wide range of different terms used to describe positive or negative outcomes include psychological health, mental health, mental illness, mental disorders, psychological injuries, psychosocial health, stress, strain, bullying, fatigue, and wellbeing.
- Similar to other types of hazards, individuals vary in their responses to exposure to work-related psychosocial hazards. Also, there is sometimes confusion about whether employers are responsible for non-work-related causes of psychological injury.
- Safety science has moved through models of accident proneness, behavioural approaches to reduce unsafe acts, errors and violations, mindfulness, epidemiological and systemic approaches, safety culture, and resilience engineering. A key learning from this evolution in safety science is that people (workers) are at the centre of work and that for their safety and health (including psychological health) the focus for primary prevention should be seeing people within systems rather than people versus the system (Dekker 2019). Therefore, the focus should be on the design and management of work. Many workplace stakeholders are not aware of this evolution.

These issues provide the lens for our review and inform the suggestions and recommendations provided below.

Overall, the AIHS believes the Proposed Code provides a welcome step forward in managing workplace risks to psychological health. We believe that there may be further opportunity to provide additional guidance to a Person Conducting a Business or Undertaking (PCBU) in particular areas. We draw the attention of SafeWork NSW to the following observations and suggestions identified across the 3 main sections of the Proposed Code.

1. Introduction

This section of the Proposed Code outlines legislative obligations and other requirements in a similar way as are outlined in existing Codes of Practice such as the Code of Practice on Work Health and Safety Consultation, Cooperation and Coordination (SafeWork NSW, 2019). While the need to re-state these obligations may be seen as a requirement for the Proposed Code, we believe there could be additional benefit in providing further targeted information to PCBUs to enable them to properly understand psychosocial risk in the workplace, covering issues such as the following:

Early Intervention

Guidance to PCBU's underlining the critical importance and structure of early intervention activities in the prevention of psychological harm in the workplace, similar to that as outlined by Safe Work Australia (2019), would be of benefit to a PCBU in understanding and responding to this important workplace issue.

The biopsychosocial nature of mental health

The addition of contextual materials which provide an overview of the broader complexity of mental health, and that workplace interventions which address mental health risk and protective factors, ought to be based within a biopsychosocial understanding of mental health, will be of benefit to PCBUs.

The biopsychosocial approach can be understood as "one that systematically considers biological, psychological and social factors and their complex interactions to assess, understand and accurately respond to ... mental health needs is fundamental for promoting mental health and preventing mental illness" (Stallman and Wilson 2019 p. 173). Approaches to workplace injury management already recognise this approach and its importance in addressing comorbidity (Comcare 2019).

There will be benefit also in the Proposed Code acknowledging the lived experience of a worker. Whilst the Code identifies (at page 14) cohorts at greater risk of injury which is important, it does not alert the PCBU that "cumulative lifetime effect of multiple small effect size risk factors progressively increases vulnerability to mental health disorders" (Arango et al 2018 p. 591). The importance here, is that any worker presenting for work, may in fact have an existing predisposition to the development of a mental health problem when exposed to psychosocial hazards in the workplace.

Given privacy matters and the negative effects of stigma significantly impacting the likelihood of disclosure (Hungerford et al. 2018), the PCBU needs to be aware that predisposition to psychological injury is a material risk they need to contemplate.

The Focus on Stress as the primary mechanism of Injury

Section 1.1 is written with a focus on stress as the primary psychosocial hazard which a PCBU needs to address. This is problematic as it may lead a PCBU to having a singular focus on this hazard to the exclusion of others. It is noted there is reference to Appendix B of the Proposed Code which lists other psychosocial hazards. We would recommend that section 1.1 be expanded to address the additional content listed in Appendix B.

Use of the Word *Recovery* (p.5)

Within mental health care, the term recovery has a very specific meaning and although its use in this context appears to indicate the process of becoming well again after a period of rest outside of the workplace, within mental health care, this term refers to a consumer's lived experience of mental health and their journey as they move away from the negative consequences of their illness with a focus on:

- hope, optimism, individual strengths
- meaning, purpose, and respect
- equality, mutuality, collaboration, and responsibility
- community engagement
- self-confidence, empowerment, and agency
- personal growth
- individual rather than universal solutions
- social inclusion and connectedness, and
- process rather than outcome orientation
  (Hungerford et al. 2018 p,22)

As a result, we would recommend the substitution of another term other than *recovery* in this particular section.

Conceptualisation of the word *Stress* (p. 5)

The Proposed Code appears to address stress in terms of extremes and in so doing, does not recognise the existence of good stress, stress that "results in psychological and physiological conditions that enhance immuno-protection and mental and physical performance" (Dhabhar 2018 p.187). As written, it does appear to conceptualise all stress as bad stress or a form of

"chronic stress or long-term stress that can result in dysregulation or suppression of immune function and can inhibit mental and physical performance" (Dhabhar 2018 p.187). This is an important distinction, consistent with the research of Bienertova-Vasku, Lenart and Scheringer (2020) we avoid employing the eutress and distress dichotomy and recommend that the proposed Code be amended to better recognise the existence of good stress and its importance to daily functioning.

Establishing context for preventing psychological harm in the Workplace

We suggest a stronger focus in the Proposed Code that assists a PCBU to understand the context of both psychological harm and psychosocial risk. This is an essential element for effective risk management identified in ISO31000 Risk Management Guidelines (Standards Australia Online 2018) and remains relevant for psychological risk management. The biopsychological approach identified above requires that a PCBU understand organisational factors and internal and external issues relevant to its activities and how these impact upon psychosocial risk.

Planning

Although the issue of good planning is addressed to a degree by implication, we recommend that the Proposed Code include additional content that conveys the importance of planning in systemically addressing psychosocial risk in the workplace.

Competence

Mental health and psychosocial risk requires an understanding of mental health risk. This is fundamentally different to physical or health risk because mental illness, as we already know, is an illness which society often stigmatises and is ignorant about (Bland, Renouf & Tullgren 2015). Although it is noted that the Glossary defines Competent Person, as the intent of the Proposed Code is to provide guidance, we would recommend that additional content is provided to assist a PCBU to understand what competence in relation to psychosocial risk means in practical terms, so that they are able to intervene correctly or seek the correct form of assistance to address this important matter within their workplace.

2. Risk Management

We found this section of the Proposed Code more complex in presentation than others. Depending on the requirement to include already-published compliance related material easily accessed elsewhere, the Proposed Code can be streamlined by reducing that component to aid in the readability of this section.

We also draw the attention of SafeWork NSW to the following additional observations:

Recognition of All Elements Required for a Healthy Workplace

Informed by the research of Petrie et al. (2018), we suggest the Proposed Code provide further information to a PCBU to assist them in understanding that an integrated and planned approach to addressing psychosocial risk is required. This we suggest, should address the following 5 elements:

i. Designing work to minimise harm
ii. Building organisation resilience through good management
iii. Enhancing personal resilience
iv. Promoting and facilitating early help seeking
v. Supporting *recovery* and return to work

At its most basic level, it is also noted that preventive interventions are based within modifying risk exposure and strengthening the coping mechanisms of the individual (Arango et al. 2018).

Recognition of Comorbidity Risk

The Proposed Code identifies on page 14, comorbidity risk. This single reference would benefit from being further elucidated within the Proposed Code given the significance of the links between workplace injury co-occurring with psychological injury (Buist-Bouwman *et al*. 2005; Hungerford *et al*. 2015).

Hazard Identification

The Proposed Code refers readers to Appendix B as guidance on the range of factors that may activate psychosocial risk in the workplace. There would be benefit in further expanding this guidance from a biopsychosocial perspective, on the greater number of biological and social hazards that exist in addition to those that are currently listed.

Minimising Risks

This section of the Proposed Code appears to suggest that psychosocial risk can be addressed through:

- Reducing psychological and physical demands;
- Increasing worker's job control; and
- Increasing emotional and practical support.

While this does provide limited guidance to a PCBU premised upon addressing "stress", we believe that it would be enhanced by extending the advice to practical guidance on how they can assess and address the multitude of hazards impacting psychosocial risk in their workplace, in addition to only "stress". Additional detailed worked examples focussed upon a number of other hazards (other than stress) would also be helpful to a PCBU.

3. Responding to Reports

This section of the Proposed Code appears to restate content already covered in earlier sections, particularly at page 8, so an option is to remove it. In its stead, the following matters could be addressed:

Confidentiality and Privacy

We recommend the Proposed Code address the importance of privacy and confidentiality when responding to incidents and reports in the workplace.

Confidentiality is important in all workplace injury matters, however given the stigma and ignorance often associated with mental illness, it is more important when responding to matters involving mental health. Research confirms that the stigma associated with mental illness does negatively influence help-seeking behaviours (Hugget et al. 2018; Hack et al. 2020) which establishes the potential for psychological injury aggravation (Bland, Renouf & Tullgren, 2015; Hungerford et al. 2018).

Discrimination and the potential for injury aggravation

Although discrimination on the grounds of mental illness is unlawful in Australia, the AIHS acknowledges the evidence that this does still occur (Mental Health Commission of New South Wales 2017). Research by Webber et al. (2014) has confirmed that discrimination against people suffering from a mental illness, is an obstacle to seeking care and treatment. Given this, we recommend that the Proposed Code establishes the importance of a PCBU addressing discriminatory behaviours in their workplace so that a psychological injury, or indeed a developing psychological injury, is not aggravated by these unlawful behaviours.

Workers Compensation, rehabilitation and return to work

We recognise that that these elements may be viewed by SafeWork NSW as beyond the scope of the Proposed Code; they are recommended for inclusion nevertheless as these activities address the key PCBU activity of supporting recovery after a workplace psychological injury has been sustained (*cf*. Safe Work Australia 2019).

Recognition of the three elements of care

The approach outlined in the Proposed Code focuses primarily on hazard identification and risk assessment which it is noted, is consistent with the title of the Proposed Code. However, we believe that what is expected of a PCBU in responding to psychosocial risk in their workplace, includes not only the prevention of psychological injury, but also intervening early and supporting recovery (Safe Work Australia, 2019).

The Proposed Code addresses in detail prevention of psychological injury, which the AIHS fully supports. However, we would recommend that the Proposed Code also include content that addresses two further elements such that a PCBU understands care in a broader context, namely:

- Welfare for those that have sustained injury often expressed in an organisation through mental health first programs, injury management and return to work support; and
- Curative support which includes employee assistance programs or other supported access to professional services.

The AIHS believes it is important that a PCBU understands not only the importance of prevention, but also the form of action that is required should an injury occur, or a worker begins to develop a mental health problem within the work context.

By addressing these additional matters across the three sections of the Proposed Code, we believe that the Proposed Code will provide improved practical guidance to a PCBU in navigating this difficult area. In closing, the AIHS thanks SafeWork NSW for its initiative in developing the Proposed Code and for the opportunity to participate in this review. We hope that you will find our suggested areas for action helpful. Should you require any further information or require any clarification, please contact AIHS NSW Branch Chair Brad Crockett at nswchair@aihs.org.au.

Yours faithfully

David Clarke
Chief Executive

Brad Crockett
AIHS NSW Branch Chair

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AIHS Australian Institute of Health & Safety

Position Paper

Psychological Health and Safety at Work

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Introduction

The vision of the Australian Institute of Health & Safety (AIHS) is *safe and healthy people in productive work and communities*. Everything we do is about shaping work health and safety now and, in the generations to come, because we believe that every Australian deserves to be safe and healthy at work. In our vision and objectives, we see health and safety as encompassing both physical and psychological health and safety. The background and need for this position paper is outlined in Appendix A.

Under current Australian legislation, a guiding principle is that people are given the highest level of health and safety protection from hazards arising from work, including psychosocial hazards, so far as is reasonably practicable. The evidence clearly indicates that where approaches to psychological health and safety go beyond minimum compliance, organisations benefit financially through decreased errors and accidents, increased productivity, worker retention, reduced sick leave and workers' compensation claims. (Richardsen, Martinussen & Kaiser 2019; Way 2012, Yu & Glozier 2017; LaMontagne et al. 2007; and others.)

We use the terms psychological and mental health interchangeably. The AIHS accepts the World Health Organization (WHO) definition of *mental health* as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to her or his community” (WHO, 2020). We acknowledge that mental health is not merely the absence of mental illness but rather the state of well-being.

We recognise that over a person's lifetime, some may move back and forth along a psychological health continuum in response to individual and work-related factors. At one extreme an individual may experience psychological ill-health. In the intermediate state they may be in psychological distress and at risk of harm if the causal factors are not addressed. At the far end of the continuum, the desired state, workers are psychologically well and able to function normally and even thrive at work and home.

We recognise the essential role of health professionals within the Australian mental health system to help address non-work-related factors which may erode psychological health and encourage factors will support health.

The Need for Consistent Terminology

Acknowledging the challenges associated with the inconsistent use of terminology, the AIHS promotes the accurate use of particular terms by work health and safety professionals. A list of common terms about psychological health and safety matters and recommendations on how these are best used by AIHS members is included in Appendix B.

Consistent with the terminology used in work health and safety (WHS) and workers' compensation domains, we use the terms

- *Psychosocial hazards* – to describe things in the design or management of work and how people interact that may increase the risk of work-related stress which can, in turn, lead to psychological and or physical harm, and
- *Psychological Injury* rather than work-related mental health disorders, conditions or mental illness.

How Harm Occurs

Every job involves interacting with other people and carrying out tasks and work activities to achieve the organisation's objectives. These interactions, tasks and systems of work may create psychosocial hazards. If these hazards are not managed, serious risks to psychological and physical health and safety may occur.

We recognise that where interpersonal interactions between individuals at work are a source of harm, the underlying causes often include poor work and organisational design and/or poor management of work which lead negative workplace behaviours (Caponecchia, 2019).

Psychosocial hazards and physical hazards frequently interact. Focussing on particular types of hazards or harm and ignoring how they may co-occur and influence one another can mean that risks to health and safety may be underestimated and are not effectively managed.

The Primary Importance of the Design of Good Work

The AIHS believes that employment in 'good work' enhances all workers' health, safety and well-being.[1] The AIHS believes that 'good work' means:

- healthy and safe work where hazards and risks are eliminated or minimised so far as is reasonably practicable
- where organisations strive to optimise human performance, job satisfaction and productivity, through the design and management of work and promoting relationships between people at work which are productive and respectful, and
- workers' efforts are fairly rewarded, and all entitlements are applied following Australian employment laws.

The AIHS is a signatory and member of the Steering Group of the Health Benefits of Good Work (RACP/AFOEM, 2020). We support the Australian Human Factors and Ergonomics Association policy statement on Good Work Design (HFESA, 2020). We believe that good work allows people who are already healthy to thrive, helps protect those at risk and provides those with psychological injuries a safe place to recover.

Good work should be a right for all Australian workers, whatever their duties, wherever in our country they do their work and regardless of the conditions in their award or registered agreement.

An Integrated Approach

The AIHS supports a holistic, integrated approach to creating healthy and safe work and systems of work. Such an approach should be part of the overall workplace health and safety system and become the 'way we work around here', rather than an add-on program. An integrated approach involves:

- *preventing work-related harm* by eliminating or minimising exposure to work-related psychosocial hazards and developing a positive organisational practices and culture
- *intervening early* when individuals and teams report distress, triggering an immediate review to ensure risk management is improved and at-risk individuals are provided with additional psychological support, and
- *supporting individuals experiencing a psychological injury*, in line with advice from their medical professionals, to recover.

We acknowledge some organisations still tend to allocate proportionally more effort and resources to mental health promotion and awareness and supporting individuals recovering from psychological injuries. Strategies that focus on supporting individual workers are important and useful. However, a

[1] See Safe Work Australia, 2015 for guidance on the design of good work.

focus primarily on individuals rather than on work and organisational design and effective systems, reflects a medical model evident in historical approaches to safety management and ignores the significant learning from the development of safety science over recent decades.

The AIHS position is that it is far more effective and efficient to invest the most effort in preventing exposure to work-related psychosocial hazards through effective risk control strategies. Strategies to promote awareness and wellbeing and to support injured workers should be integrated within overall workplace health and safety, human resources and operational management strategies.

The AIHS believes a set of core principles should underpin the development of good work in psychologically healthy and safe working environments and so support the prevention of psychological harm. These include that:

- A user-centred participatory risk assessment and work design approach is adopted, with meaningful consultation and opportunities for participation
- Control solutions are tailored to the suit the organisational context, work content and needs of current and future workers
- Risks are controlled at the source
- Organisational practices create positive, supportive and inclusive workplace cultures
- All organisational leaders demonstrate their genuine commitment to the prevention of psychological harm through their actions and words
- Organisational leaders with responsibility for psychological health and safety are held accountable for the effective ongoing management of psychological risks
- Those with operational control and responsibility are sufficiently senior, so they have appropriate authority to ensure adequate human and material resources are made available and maintained and psychological health and safety performance is monitored
- Competencies appropriate to all roles and responsibilities are developed and supported, and external expertise sought as necessary
- Communication and consultation about psychosocial hazards, risk of harm, and control measures are timely, meaningful and regular, and
- Controls for risks to psychological health are evaluated and continually improved (e.g. with reference to relevant laws/guidance and standards).

Role of WHS professionals

The development of consistent language, promotion of the primary importance of good work design, and the ability to proactively implement integrative approaches to workplace psychological health and safety requires WHS professionals and others to have a clear understanding of their role, and the knowledge, skills, and capability to advise on, facilitate and support such strategies. Most psychosocial hazards can be readily identified using normal work health and safety risk management and consultative process if they involve those who actually do the work.

Work health and safety professionals support employers to ensure work within their organisation is well designed and managed, risks to psychological health are eliminated or minimised and that work systems and environments are health, safe and productive.

We recognise that external expertise may sometimes be required. For example, to help identify/assess hazards and control options in high psychological risk environments, in complex or very large organisational structures, or where there are sensitive issues such as entrenched workplace conflict or bullying. Other professionals that may form part of a multi-disciplinary team working in this area include: industrial relations (IR); human resources (HR); organisational, clinical or general psychologists; ergonomists; and medical practitioners.

Knowledge

The OHS Body of Knowledge (OHS BoK) (AIHS, 2019) defines the knowledge underpinning OHS professional practice. A proactive, holistic approach to psychological health and safety requires the integration of knowledge from several domains in the OHS BoK. These domains address: understanding people; systems; organisations; hazards; risk control; and the application of the professional practice as it applies to psychological health and safety. The relationship between the chapters of the OHS BoK as they relate to psychological health and safety is outlined in Figure 1 below.

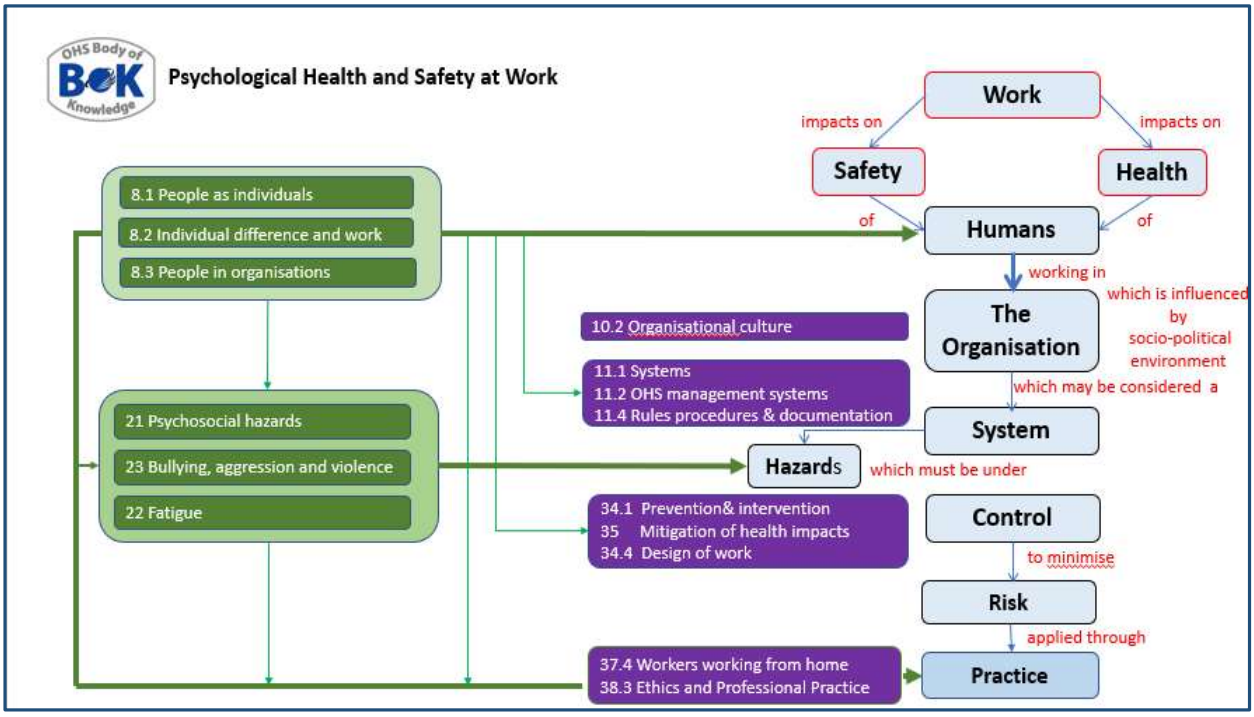

Figure 1 OHS BOK Chapters on psychological health and safety at work

While the intended users of the OHS BoK are OHS professionals, the AIHS is committed to free and open access to OHS BoK for students and any person interested in the information.

Appendix A – Background and Need for this Position Paper

The AIHS considers that there are pressing challenges around the discussion and some approaches being promoted to achieve good work in psychologically healthy workplaces which can inhibit best practice. Ultimately these could undermine the goal of psychologically healthy, safe and productive Australian workplaces and as such, underpinn the need for this position paper.

These challenges include:

- A tendency for organisations to focus most effort on strategies that work at an individual rather than systemic level (i.e. individual resilience and stress management rather than organisational, work task and system design).
- A focus on mental health promotion and awareness activities, which normalise seeking help for (mental health) symptoms and outcomes which may be associated with psychological hazards at work, without also addressing the relevant sources of harm in the workplace.
- A lack of awareness and knowledge of the potential wide-ranging sources of work-related psychological harm (psychosocial hazards) or overly narrow consideration of these issues
- Inadequate skills and or confusion over how to identify relevant psychosocial hazards and assess critical risks, including how they interact
- Inadequate skills and confidence in prioritising practical ways to
    - improve the design and management of organisations and work and
    - deal with unacceptable workplace behaviours, so the likelihood of psychological harm is reduced
- The wide range of different terms used to describe positive or negative outcomes including: psychological health, mental health, mental illness, mental disorders, psychological injuries, psychosocial health, stress, strain, bullying, fatigue and well-being. Similarly, different terms are used to describe causes including: psychosocial safety climate, psychosocial factors, sociopsychological factors, hazards and risk factors. These are not always consistently defined or interpreted and disagreement about what constitutes a hazard, risk and outcome, as well as the most appropriate frameworks for management, can lead to confusion amongst employers.
- Similar to other types of hazards, individuals vary in their responses to exposure to work-related psychosocial hazards. Also, there is sometimes confusion about whether employers are responsible for non-work-related causes of psychological injury. OHS professionals are often called upon to help employers understand that PCBUs must design and manage work and work systems so these do not present a risk to the psychological health of their workers and others only so far as is reasonably practicable.
- Safety science has moved through models of accident proneness, behavioural approaches to reduce unsafe acts, errors and violations, mindfulness, epidemiological and systemic approaches, safety culture, and resilience engineering. A key learning from this evolution in safety science is that people (workers) are at the centre of work and that for their safety and health (including psychological health) the focus for primary prevention should be seeing people within systems rather than people versus the system (Dekker, 2019). Therefore the focus should be on the design and management of work. Many workplace stakeholders are not aware of this evolution.

Appendix B. AIHS preferred terminology

The emergence of a stronger focus on the health – and psychological health – of workers over recent years has brought with it a wide range of terms from different disciplines, often used interchangeably despite their differences, and sometimes mis-applied. This creates some confusion in the field amongst those responsible for the health and safety of those in the workforce.

Terminology needs to suit meaning, be functional, and have a context which is logical in the environment in which its used. Psychological health and related issues have already been being dealt with for some years in a workplace context, and it is important to seek to standardise language for that context. The OHS profession – and the university education which underpins the work of professionals – operates within a framework and uses as far as possible terms as defined in the OHS Body of Knowledge (see AIHS, 2019).

We promote general use of the following terms within the field of work health and safety:

Psychosocial hazards	Refers to factors in the design or management of work and interactions between people at work that may increase the risk of work-related stress which can then lead to psychological or physical harm. Known psychosocial hazards include high or very low job demands, low job control, poor supervisor and co-worker support, poor workplace relationships, role conflict and ambiguity, poorly managed change, low recognition and reward, injustice, bullying harassment and violence, and poor environmental conditions.(Safe Work Australia, 2019) When psychosocial hazards are not effectively managed, this increases the risks to psychological health and/or physical injury or illness.
Psychological harm	Refers to negative impacts of a psychological nature that may be experienced by workers. The potential for work-related psychological harm is on a continuum from mild to extremely severe. This will be influenced by the frequency (how often), duration (over what periods) and intensity (how severe) of exposure to psychosocial hazards. Mild exposure to psychosocial hazards can result in a stress response which can be distressing but doesn't necessarily result in psychological harm. However, in the most severe circumstances it can lead to psychological injury or physical ill-health.

Psychological injury	Consistent with the terminology used in the field of Work Health and Safety (WHS) and workers' compensation injury, we promote the term *Psychological Injury* rather than mental health conditions or disorder/s or mental illness. A psychological injury must be diagnosed by a medical practitioner and includes a range of recognised cognitive, emotional, physical and behavioural symptoms. These may be short term or occur over many months or years, and can significantly affect how a person feels, thinks, behaves, interacts with others and so may impact their work performance.

Other terms used in practice:

Mental health/psychological health	A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. Mental health is not merely the absence of mental illness but rather the state of positive well-being. We recognise that mental health is not an absolute but rather a continuum and over a person's lifetime, their mental health may move back and forth in response to different circumstances. Psychological health is the term included in WHS legislation.
Stress (work-related or occupational stress)	Describes the physical, mental, and emotional reactions of workers who perceive that their work demands exceed their abilities and/or their resources (e.g. time, access to help/support) to do the work.
Individual factors/Individual differences	A range of factors such as personality, genetics, health status, knowledge, skills, perceptions, experiences, financial and home life factors can interact with work-related psychosocial hazards to create individual-level risks to psychological health and safety.
Mental disorder/Mental illness	These terms are often used by health practitioners to refer to psychological injury. They are characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. These are diagnosed according to standardised criteria. The term mental illness is used in some legislation.

Psychological safety	Means feeling respected and safe to challenge the status quo, including safety standards, without fear of negative consequences.
Workplace versus occupational health and safety	Whilst the term workplace and organisation health and safety are often used interchangeably, the AIHS prefers the use of the broader term “occupational health and safety”. The term workplace can be misunderstood to refer to work undertaken in a specific location, which does not necessarily encompass distributed work or telework for example.

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