

State Development, Infrastructure and Works Committee
**Inquiry into the Strengthening Protections Against Violent Workplace
Incidents Amendment Bill 2026**

June 2026

**Setting and upholding
professional
standards that
underpin safe, high-
quality psychiatric
care**

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026

Acknowledgement of Country

The RANZCP Queensland Branch acknowledges the Turrbal and Yuggera Peoples as the Traditional Owners and Custodians of the land on which the Queensland Branch is located. We pay our respects to Elders past and present, and recognise their continuing connection to land, waters, culture and community.

Recognition of Lived Experience

We recognise those with lived and living experience of mental health challenges and distress, their chosen families, whānau (fah-no), carers and kin. Their contributions, diverse perspectives, insight, and courage keep us grounded and inclusive, and focused on humanity, healing, and hope. We strive to work in genuine partnership in all that we do, honouring their voices by centring their experiences and expertise

Contact

Natasha Wynne
QLD Branch Policy and Advocacy Advisor
Natasha.Wynne@ranzcp.org

About The Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi national College has strong ties with associations in the Asia-Pacific region. The RANZCP has over 9000 members, including more than 6500 qualified psychiatrists.

The RANZCP Queensland Branch represents 1174 Fellows and 503 trainees. This RANZCP Queensland Branch submission has been prepared in consultation with the Queensland Branch Acting Chair.

Scope of this submission

This submission is limited to the mental health and workforce implications of workplace violence and the proposed definition of notifiable incidents in the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026. The RANZCP Queensland Branch does not provide comment on operational or compliance requirements under work health and safety legislation, regulatory enforcement mechanisms or penalties, or industrial or liability frameworks.

Overall position

While the RANZCP Queensland Branch supports strengthened recognition and reporting of violent workplace incidents, it is critical the Queensland Government carefully considers the cumulative administrative burden associated with expanded notification requirements, particularly given the existing reporting mechanisms in Queensland health services.

In mental health settings, exposure to threats and violence is frequent and often intrinsic to clinical care. Expanding mandatory reporting obligations to include a broader range of incidents risks generating a high volume of notifications, placing additional strain on already stretched services and clinicians. Psychiatrists and other mental health workers are currently managing significant workforce shortages, high administrative loads and increasing demand. Without appropriate safeguards, including clear and proportionate reporting thresholds, streamlined reporting pathways and additional resourcing, there is a real risk these reforms will increase administrative workload, reduce time available for clinical care and exacerbate workforce pressures. Ensuring reporting requirements are proportionate and supported will be essential to achieving meaningful improvements in workplace safety.

Introduction

The RANZCP is the peak medical body representing psychiatrists in Australia and New Zealand and welcomes the opportunity to provide a submission to the Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026. Psychiatrists are clinical specialists in the assessment, diagnosis and treatment of mental illness and play a central role in supporting individuals experiencing psychological trauma. This submission is provided from a clinical and workforce perspective, with a particular focus on the mental health impacts of workplace violence, its relevance to psychiatric practice and the mental health workforce, and the implications of increased administrative burden associated with expanded incident notification requirements.

The RANZCP Queensland Branch understands the Bill would amend the *Work Health and Safety Act 2011* (Qld) to widen the scope of a notifiable incident by creating a new class of “violent incident”, including sexual assault or suspected sexual assault, physical assault, deliberate deprivation of liberty, and certain threats that expose a person to a serious risk of psychological harm. The explanatory notes¹ state the Bill is intended to incorporate drafting from the Model Work Health and Safety Legislation Amendment (Incident Notification) 2025² and is a first step in strengthening protections against serious workplace violence and sexual assault.

Relevance to psychiatry and the mental health workforce

Workplace violence is a routine occupational risk in mental health settings

RANZCP [Position Statement 73 Mental Health for the Community](#) recognises risks to safety and unpredictability are inherent in the mental health sector. Further, the RANZCP’s [burnout survey](#) report indicated 50% of respondents who reported burnout attributed feeling unsafe in their workplace as a factor³.

Psychiatrists and other mental health professionals, particularly those working in inpatient units, emergency departments and forensic settings, are routinely exposed to verbal threats and intimidation, threats of physical or sexual violence, physical assaults, incidents involving bodily fluids, and coercive or restrictive behaviours in the course of providing care. For many clinicians,

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026

exposure to workplace violence is not occasional but a regular feature of clinical practice. The RANZCP Queensland Branch considers this especially relevant to the Bill as the proposed definition of violent incident expressly includes physical assault, sexual assault, deprivation of liberty and certain threats that expose a person to serious risk of psychological harm.

This clinical experience is consistent with broader work health and safety evidence. Safe Work Australia defines workplace violence and aggression as incidents where a person is abused, threatened or assaulted at work or while working, and notes that these incidents can present as both psychosocial and physical hazards to workers and others. Safe Work Australia has also reported a 56% increase over five years in serious workers' compensation claims for assault and exposure to workplace violence, and noted that angry or hostile behaviour, shouting and swearing, and intimidation and insults had the highest number of reports⁴.

Research commissioned by SafeWork NSW describes work-related violence in hospital settings as a complex and growing issue with significant personal, societal and economic costs⁵. It emphasises that responsibility for preventing and managing violence in hospital settings extends beyond individual workers and patients and involves multiple actors across the system. That systems framing is highly relevant to mental health services, where violence risk often reflects a combination of patient acuity, staffing, environment, procedures and service pressures rather than isolated individual incidents.

Psychological harm from workplace violence is significant and cumulative

From a psychiatric perspective, workplace violence can result in acute stress reactions and may contribute to post-traumatic stress disorder, anxiety, depressive symptoms, burnout, moral injury and reduced professional resilience. Threats alone, particularly when credible or repeated, can cause significant psychological harm. Harm may also arise from cumulative exposure over time rather than only from a single catastrophic event, and the anticipation of violence can itself contribute to chronic stress and hypervigilance. These impacts are well recognised in clinical practice and are highly relevant to the wellbeing of the mental health workforce.

The focus of the Bill on incidents that expose a person to a serious risk of psychological harm is therefore welcome and reflects contemporary understanding of workplace safety. This is consistent with the recent shift in national policy settings which Safe Work Australia states better reflects contemporary workplaces and addresses evolving WHS challenges, particularly psychosocial and mental health hazards⁶.

The significance of psychological harm in work settings is also evident in national data. Safe Work Australia reported that, in 2021–22, mental health conditions accounted for 9% of all serious workers' compensation claims, representing a 36.9% increase since 2017–18⁷. It also reported that the median time lost for mental health conditions was more than four times greater than that for all physical injuries and illnesses, and the median compensation paid was more than three times greater⁷. This supports the importance of ensuring that workplace violence reforms recognise psychological as well as physical injury.

Implications of expanded notification requirements and administrative burden

The RANZCP Queensland Branch considers it essential the Queensland Government carefully assess the practical implications of expanded notification requirements in high-frequency exposure

environments such as mental health services. The Commonwealth model amendments expanded notification requirements to include violent incidents, extended worker absences of 15 or more calendar days, and work-related suicide and attempted suicide, and the Queensland Bill expressly draws on that reform pathway. In mental health services, where threatening behaviour and violence may occur with relative frequency, broadening mandatory notification thresholds could generate a substantial volume of reports and associated follow-up processes.

The recent Queensland Government Workforce Gap Analysis (2025) recognised the mental health system is experiencing persistent workforce pressures⁸. The National Mental Health Workforce Strategy 2022–2032 identifies workforce shortages, increased demand for services, unequal workforce distribution and the need to attract, support and retain the mental health workforce as central national challenges⁹. In that context, reforms that expand reporting obligations without commensurate investment in streamlined systems and workforce support risk compounding pressure on clinicians and services already working under strain.

The concern is not with recognition of violence as a notifiable safety issue; rather, it is with ensuring that reporting settings are proportionate and workable. If reporting thresholds are too broad or processes too complex, there is a risk of increasing administrative workload, reducing time available for direct clinical care, and contributing to further workforce fatigue. In high-risk settings, a compliance-heavy reporting model may also produce large volumes of notifications without necessarily improving prevention unless it is paired with clear guidance, practical triage thresholds, fit-for-purpose systems, and a commitment to using the resulting data to drive service-level safety improvements. This is particularly important because Safe Work Australia notes that clients and customers are the most common source of work-related violence, and that intimidation, hostility and aggression are common reported behaviours⁷.

Implications for workforce safety and service sustainability

Workplace violence in mental health settings has direct implications for staff safety and wellbeing, workforce retention and recruitment, and the ability to deliver safe, high-quality care. In the context of existing workforce pressures in Queensland's mental health system, repeated exposure to unsafe working conditions may increase burnout and attrition, reduce workforce capacity and make it more difficult to attract clinicians to high-risk settings. Strengthening recognition and reporting of violent incidents is therefore not only a safety issue but also a service sustainability issue.

At the same time, the design of the reporting regime will influence whether the reform strengthens or undermines workforce sustainability. A framework that improves visibility of risk, supports timely intervention, and informs better organisational responses may contribute positively to worker safety and psychological wellbeing. By contrast, a framework that adds significant reporting obligations without additional support may unintentionally shift time and attention away from care delivery and place further pressure on a workforce already identified nationally as stretched and difficult to sustain.

Key considerations for the Bill

Recognition of psychological harm

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026

The inclusion of incidents that expose a person to a serious risk of psychological harm is strongly supported. However, it is important that this concept is interpreted in a way that recognises both immediate and longer-term psychological impacts, captures harm arising from both physical and non-physical violence, and acknowledges that harm may result from repeated or cumulative exposure, particularly in high-risk environments such as mental health inpatient settings.

Inclusion of threats and non-physical violence

The Bill's inclusion of threats of physical or sexual assault and threats to deprive liberty is particularly important in mental health contexts where clinicians are frequently exposed to threatening behaviour and where the perceived risk of violence may itself be psychologically harmful. Recognising these incidents as notifiable reflects the reality of mental health practice and supports a more accurate understanding of workplace risk. Safe Work Australia's recent data also indicates that intimidation, insults and hostile behaviour are among the most commonly reported forms of workplace violence and aggression⁷.

Proportionate implementation and reporting settings

The RANZCP Queensland Branch encourages the Queensland Government to ensure that implementation of the Bill is proportionate and workable in clinical settings with frequent exposure to violence and threats. This should include clear guidance on what kinds of incidents are intended to trigger notification, proportionate reporting thresholds, streamlined reporting pathways, existing reporting mechanisms that could be utilised and adequate resourcing for services expected to manage increased notification obligations. These considerations are especially important as the explanatory notes describe the Bill as a first step and notes the Commonwealth model reforms contemplate broader changes to notification settings.

Consideration should also be given to how reporting data will be used. The strongest policy outcome will be achieved where notifications improve visibility of patterns of harm, support targeted safety interventions, and inform organisational and system-level responses to violence. Reporting should not function solely as a compliance exercise; it should support prevention, staff safety and service improvement. The systems-oriented findings from SafeWork NSW research into hospital violence reinforce the importance of using data and reporting mechanisms to drive broader system responses, rather than locating all responsibility at the level of the individual worker or incident⁵.

Importance of visibility and reporting

Improved recognition and reporting of violent incidents has the potential to increase visibility of the risks faced by mental health workers, support more consistent organisational responses and safeguards, and promote psychologically safer workplaces. From a clinical perspective, early recognition of traumatic exposure is also important in enabling timely support and intervention and in reducing the risk of longer-term psychological harm. The Bill's intent to address current gaps in notification of workplace violence is therefore supported.

Conclusion

The RANZCP Queensland Branch supports the proposed amendments as an important step towards recognising the psychological impacts of workplace violence, particularly in high-risk

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026

settings such as mental health services. The Bill's explicit recognition of these risks is welcome and reflects contemporary clinical understanding as well as the broader national shift towards recognising psychosocial hazards within WHS frameworks.

However, to achieve meaningful improvements in workplace safety, implementation must be proportionate and supported. In mental health settings, expanded notification requirements may generate a substantial increase in reporting activity. Without clear thresholds, streamlined systems and appropriate resourcing, there is a real risk that administrative burden will increase, clinical time will be reduced, and workforce pressures will be exacerbated. The Queensland Government should ensure that the reporting framework enhances safety and service quality without inadvertently undermining workforce sustainability.

Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026

References

1. Queensland Parliament. *Strengthening Protections Against Violent Workplace Incidents Amendment Bill 2026 – Explanatory Notes*. 2026 [cited 2026 Jun 23]. Available from: <https://documents.parliament.qld.gov.au/bills/2026/5290/Strengthening-Protections-Against-Violent-Workplace-Incidents-Amendment-Bill-2026---Explanatory-Notes-aed5.pdf>
2. Safe Work Australia. *Model Work Health and Safety Legislation Amendment (Incident Notification) 2025*. 2025 [cited 2026 Jun 23]. Available from: <https://www.safeworkaustralia.gov.au/doc/model-work-health-and-safety-legislation-amendment-incident-notification-2025>
3. Royal Australian and New Zealand College of Psychiatrists (RANZCP). *Workforce Report*. February 2024 [cited 2026 Jun 23]. Available from: <https://www.ranzcp.org/getmedia/f1e48356-bfa6-46b6-a068-e383bbbe2683/ranzcp-workforce-report-feb-2024.pdf>
4. Safe Work Australia. *New report on workplace and work-related violence and aggression in Australia now available*. [cited 2026 Jun 23]. Available from: <https://www.safeworkaustralia.gov.au/media-centre/news/amendments-model-whs-laws-published>
5. SafeWork NSW. *Understanding and preventing work-related violence in hospital settings: a systems thinking approach – final report*. 2021 [cited 2026 Jun 23]. Available from: https://www.safework.nsw.gov.au/_data/assets/pdf_file/0006/964716/understanding-and-preventing-work-related-violence-in-hospital-settings-a-systems-thinking-approach.pdf
6. Safe Work Australia. *Incident notification resources*. 2026 [cited 2026 Jun 23]. Available from: <https://consult.swa.gov.au/incident-notification>
7. Safe Work Australia. *Psychological health and safety in the workplace report*. 2024 [cited 2026 Jun 23]. Available from: <https://www.safeworkaustralia.gov.au/doc/preventing-workplace-violence-and-aggression-guide>
8. Queensland Health. *Workforce gap analysis Part B*. [cited 2026 Jun 23]. Available from: <workforce-gap-analysis-part-b.pdf>
9. Australian Government Department of Health and Aged Care. *National Mental Health Workforce Strategy 2022–2032*. 2023 [cited 2026 Jun 23]. Available from: <https://www.health.gov.au/resources/publications/national-mental-health-workforce-strategy-2022-2032?language=en>