

Psychological injury prevention services

LGIS supports members in reducing workplace psychosocial risks that can lead to psychological injury. These types of injuries are increasing in the local government sector leading to more workers' compensation claims. Our preventative services reflect work, health and safety legislation's emphasis on psychological safety and aims to intervene early so that injuries are less likely to occur.





Mediation

Mediation is a powerful preventative tool for all LGIS members. Using the LGIS mediation service early can avoid issues that may lead to psychological injury.

Mediation is an intervention aimed at resolving a conflict situation between two parties. It isn't necessary for the outcome to be any kind of friendship; it can be an effort to establish a professional environment where all parties are comfortable.

When an issue or grievance is identified, and both parties are willing to work on improving the working relationship, an LGIS mediator can be called in to facilitate the process.



If something happens that impacts your workers, then the LGIS critical incident debriefing service is available to help workers process what has happened.

Our skilled team will provide face to face support to staff impacted by an incident.

A critical incident may include a workplace death, witnessing a serious injury, or significant community event such as a bushfire or cyclone.



Counselling

LGIS counsellors can provide support on a range of work-related issues.

Short term counselling aims to provide local government workers, elected

members and bushfire volunteers with support for a wide variety of work-related issues such as work relationships, conflicts at work and other work-related issues. To access this service an individual must be referred to LGIS by the local government by using the referral form overleaf, which will entitle the individual up to 6 sessions.

For more information contact the LGIS People Risk Team on 9483 8888 or email emma.horsefield@lgiswa.com.au

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Counselling Referral Form

Does the person you are referring to counselling consent to the referral?

Yes

No

Return completed referral	request form to: emma.horsefield@l;	giswa.com.au	i. All referrals to LG	IS are confidential.	
FORM COMPLETED BY:		PHONE:		DATE:	
REFERRED BY					
NAME:		POSITION:			
REFERRER SIGNATURE:		EMAIL:			\dashv
CLIENT DETAILS (DETAILS OF EMPLOYEE BEING REFERRED TO COUNSELLING)					
LAST NAME:		FIRST NAME:			
DATE OF BIRTH:		FEMALE / MALE / OTHER:			
INTERPRETER REQUIRED?		LANGUAGE REQUIRED:			
WORKER'S ADDRESS:		CELL PHONE:			
		HOME PHONE:			
		WORK PHONE:			
		EMAIL:			
REASON FOR REFERRAL					
What is the reason for your referral?					
What are the issues you ov	nest to be the focus of councelling (w	au do not noo	d to rotriovo or disc	loca this information)?	\dashv
What are the issues you expect to be the focus of counselling (you do not need to retrieve or disclose this information)?					