



Workers' Psychological Support Service



Service Background:

The Workers' Psychological Support Service (the service) has been in operation for 3 years, which has now been extended for a further 3 years. This State Government funded service is free, independent, and confidential and provides Queensland workers who are impacted by a psychological injury due to the workplace, with advice and links to community supports, most of which are mental health community supports. Over 1800 workers have contacted the service thus far.

The lead social worker Karina Maxwell also sits on the Steering Healthy Minds working group which is focussed on setting up peer to peer supports in the transport industry in Queensland.

Staff Background:

The service is currently operated by Karina Maxwell, an experienced social worker who has been a part of the service since inception in early 2019. Karina has a background of case management and working with people with mental health issues as well as her own background of supporting colleagues with workplace psychological injuries and has some lived experience in this area as well. The service is currently in the process of hiring another social worker as it is foreseen that the number of workers to contact the service will continue to increase.

This submission will be discussing the views of the workers who contact the service and their experience of navigating the system while struggling with their own mental health. It will also be coming from the view of the social worker who runs the service and her experiences with sourcing appropriate services in a timely fashion for psychologically injured workers.

Psychological Injuries in the Workplace Current Statistics:

Office of Industrial Relations (OIR) has reported that the mental injury claims are growing in Queensland. While they are only 2.7% of accepted claims (around 1900 of 71,000), that is over 75% more than what was reported 5 years ago (2016-17). OIR are expecting this trend to continue into this financial year with a 9.5% increase in claims. Secondary psychological claims are also increasing, almost tripling over the last 10 years. Bearing in mind that over 50% of primary psychological claims are rejected by WorkCover.

Client experiences:

There have been a number of concerns impacting the workers who contact the service, listed below are the three most common concerns:

- **Bullying.** This is often from colleagues but sometimes also from management. The concern with bullying is that it is not just one incident and can often happen over a number of years. Until it gets to a point that the worker can no longer cope with the amount of bullying,

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increasing their anxiety levels, depression, lack of confidence, etc. This can then overflow into every aspect of their lives impacting their relationships, physical health and finances.

- **Violent clients.** Some workers who contact the service have experienced ongoing abuse both physically and psychologically from clients. Often equating to anxiety and PTSD.
- **Sexual harassment.** Some workers both male and female have experienced sexual harassment from colleagues, management, and clients. This can be verbal, physical or technology based. Also equating to anxiety, self-esteem, and other issues. And impacts their relationships outside of the workplace.

There are many other situations that impact on a workers mental health including a death at work, either witnessing a death, a suicide, workplace accident or the like. Other impacts also include but are not limited to discrimination, dangerous workplaces, etc. Additionally secondary psychological injuries that occur due to adjustment challenges from a physical injury. The additional psychological injury that is becoming apparent more recently is directly linked to the Covid-19 pandemic. Some workers are mandated to be vaccinated and in fear of the impact the vaccine will have on them, some are in fear of catching Covid, some are working from home and isolated, and morbidity fears.

Workers with a psychological injury often speak of not knowing what the process is, or where to find help as they have never been in this situation before. Sometimes it is even explaining processes such as mental health care plans through their doctor. Most are feeling overwhelmed with their current situation and unable to navigate the systems due to not being able to think clearly. And often feel that they cannot burden their friends and family with their issues and worries.

Challenges for workers with psychological injuries in Queensland:

- **Workers feeling no-one cares**
Workers often state that they feel that no-one at work cares for what has happened to them. That there is no contact, that no-one checks in. This is in regard to managers and colleagues. I hear often that workers say, if someone just showed care towards me, it wouldn't have got to this point.
- **Lack of available services**
More often than not, although there are services available there are long waits to get into a service. Some services do not take any new clients at all. The cohort that I support, often do not know that they need support and therefore cannot plan in advance to be on a waiting list. The specialised services such as sexual assault services often have at least 2 months if not longer before they are able to get any kind of supports. And in regard to counsellors/psychologists, some are closed to accepting any new clients at all.
- **Location of services**
There are quite a number of services available (with wait lists) in Southeast Queensland, but often there are very few services available in other parts of Queensland. With the increase

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in telehealth, this has become easier to link workers into a service. But for those workers who would prefer face to face in regional areas, this is near impossible.

- **In-depth support from services**

There are a number of services that provide non-clinical support for workers such as Lifeline and Beyond Blue that can provide one-off support or New Access that provides 6 x 30 minute sessions with the same counsellor. There are very few if any free services that can provide ongoing in-depth counselling support.

- **Cost**

The cost of private services is a concern. Medicare does cover some of the cost, but especially in some regional areas (usually mining areas) there is a large cost expected to come from the worker. In the case of the types of clients who contact the service, they are often in fear of losing their job and not wanting to spend too much money if any. And quite often the priority will be to pay bills and ensure there is food on the table rather than spend money on mental health. Those who contact my service and have a workers compensation claim in, can have their sessions paid for, but with over 50% of psychological claims rejected, if their claim is rejected that cost then falls on the worker and they will often cease counselling.

- **Community Directory confusion**

There are a number of community directories available. These are not always up to date. And can be quite confusing. It would be beneficial to have just one community directory that is well publicised that people and professionals can access. This community directory could also have information about other aspects of mental health such as working from home tips, workers compensation processes, etc. A community directory that is state based, but also has links to what is available nationwide would be of benefit.

- **The impact of Covid**

The impact of Covid is very apparent. It impacts people with existing mental health concerns as well as those with no mental health issues until the Covid-19 pandemic hit. As I am sure many are aware, the concerns that have come through this service include:

- Isolation – which by far is the biggest concern
- Financial burden
- Morbidity fears
- Physical health
- Anxiety
- Depression
- Fear of job loss
- Confidence and self-esteem

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Supports that work

Peer to Peer Support services in workplaces

Through my work with Steering Healthy Minds which focusses on peer-to-peer support in the transport industry, an industry that is male orientated and there is often a reluctance to address mental health issues professionally, the focus has been on providing support from colleagues initially, bearing in mind that they are not professional counsellors, then encouraging workers to seek professional help. Steering Healthy Minds is partially funded by WorkCover to initiate, further funding is sourced through other means such as the National Heavy Vehicles Regulator to continue. It would be beneficial for State Government to provide increased funding and support for peer-to-peer support development in all industries.

This model is similar to Mates in Construction, Mates in Energy etc. Except that in the Mates model, it is a focus on escalated mental health concerns such as suicidal ideology and thoughts. The Steering Healthy Minds model focusses on initial support when an incident occurs or is made aware such as a truck accident, violent clients, change in behaviour from colleagues, panic attacks, etc.

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This service is the only one of its kind in Australia and covers Queensland workers. The appeal of this service is that it is independent, confidential, and of course free. It can assist workers to navigate the mental health system, workers compensation system and other systems that workers might need to link into when they are experiencing a psychological injury because of the workplace. To date, over 1800 workers in the last three years have accessed this service.

Recommendations

1. That there be an up to date, easy to navigate sole mental health directory. At present, there is a wealth of information on various platforms which can confuse service users, especially those who have never had to seek out mental health supports before or are not thinking clearly due to increased mental health issues.
2. In relation to workers, to prevent increased mental health issues, it would be beneficial to focus on preventive measures such as peer to peer support programs in workplaces. The model currently used with the Steering Healthy Minds group is that volunteer workers undertake Mental Health First Aid training to be the initial point of call for peers and then refer them into professional services for more ongoing support.
3. The counselling network is very demanding, making it difficult for service users to find a suitable counsellor/psychologist in a quick timeframe. Incentives to study in this area, such as a reduced

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Fee Help or the like (similar to the initiative in Health and Education streams) would be beneficial to increase the number of counsellors/psychologists available.

4. Additionally, there is a lack of counselling services available in regional areas, perhaps an incentive for counsellors/psychologists to work in rural and regional areas and pay off their Fee Help quicker such as what is already offered in the Education stream would be of benefit.

Conclusion

Mental Health support was already at its limit, then the Covid-19 pandemic arrived. The last 2 years has seen an increase in demand for mental health support. I fear with children being impacted that the demand for mental health support will continue to grow for many many years. Also, since the Covid-19 pandemic arrived, the population in Queensland has increased, putting even more demands on the already stretched mental health network. There needs to be a better and quicker way to access the appropriate assistance to ensure that Queenslanders are supported and mentally healthy for years to come.

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