



Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Mental Health Select Committee

**Office of Industrial Relations submission
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Contents

Executive summary	2
1. About Office of Industrial Relations (OIR).....	3
1.1 Work health and safety laws.....	3
1.2 Employer duties with respect to psychosocial hazards	4
1.3 Workers' compensation laws.....	4
1.4 Eligibility for compensation under the workers' compensation scheme.....	5
2. Importance of work for psychological health.....	5
2.1 Thriving at work	5
2.2 Failing at work.....	6
3. Groups at risk of poorer psychological health.....	6
3.1 Insecure workers	6
3.2 Women workers.....	6
3.3 Young workers.....	7
3.4 Health care workers.....	7
3.5 Emergency service workers.....	7
3.6 Workers in small business.....	8
3.7 Rural and remote workers	8
4. The impact of poor psychological health.....	8
4.1 Workers' compensation claims for psychological injury.....	8
4.1 Comparison with other jurisdictions	10
4.3 The indirect costs of poor psychological health.....	10
4.4 Return on investment for work-related psychological health	11
5. How OIR is supporting mentally healthy workplaces	11
5.1 An integrated approach for mentally healthy workplaces	12
6. Promoting psychological health and preventing injury	12
6.1 Helping industry to comply with their psychological health and safety duties.....	12
6.2 Legislation for psychosocial hazards.....	12
6.3 Prevention of secondary psychological injuries	13
6.4 People at work online psychosocial risk assessment tool	13
6.5 Mentally healthy workplaces toolkit	14
6.6 Mentally healthy workplaces workshops.....	14
6.7 Mental Health Week and Mental Health Forums.....	14
6.8 Psychological health needs assessment survey	14
7. Intervening early and supporting recovery.....	14
7.1 Free and early treatment and support for workers with psychological injuries	15
7.2 Presumptive laws for first responders with post-traumatic stress disorder.....	15
7.3 Action plan for improving the claims experience of first responders.....	16
7.4 Free and confidential support by the Workers' Psychological Support Service.....	16
7.5 Five yearly review of Queensland's workers' compensation scheme.....	17
8. Collaborating to achieve mentally healthy workplaces	17

Executive summary

The Office of Industrial Relations (OIR) is responsible for work health and safety (WHS), workers' compensation, electrical safety and industrial relations laws in Queensland. OIR is a government organisation situated within the Department of Education. OIR offers a range of policy, advisory, compliance and specialist technical services and initiatives including:

- targeted initiatives that engage with workers, business and the community to build safe and fair workplaces;
- ensuring compliance with WHS, electrical safety, industrial relations and workers' compensation regulatory frameworks and taking any appropriate enforcement action if necessary; and
- managing registration, licensing, certification and accreditation regimes for workplace and electrical safety.

Key to the functions of OIR is to set the regulatory frameworks that ensure the health, safety and welfare of workers while at work, and ensure there is rehabilitation and return to work support if they are injured in the course of their employment.

Research demonstrates that the psychological health of workers is paramount and if not managed, results in large human, social and economic costs. Due to their complexity, psychological injuries can be challenging to investigate, result in longer durations off work, and workers may experience difficulty in returning to work. Of note, workers' compensation claims relating to psychological injury continue to grow in Queensland and this is consistent with the national experience. While workers' compensation schemes differ across the country, Queensland has not seen increases to the same magnitude as some other states and territories. Psychological health is a key focus for OIR, which is investing in making workplaces safer, managing risks associated with psychological health and ensuring those who need support are provided it at the earliest opportunity.

OIR harnesses contemporary and strategic regulatory approaches and simple frameworks that industry can use to understand and improve psychological health in workplaces. As OIR oversees both WHS and workers' compensation regulation in Queensland, OIR uses an integrated model across the intervention spectrum from promotion and prevention of injury, through to intervening early at the first signs of psychological injury and supporting recovery.

Key initiatives include:

- helping organisations to better comply with their psychological health and safety duties by providing support and tailored resources including a Mentally Healthy Workplaces Toolkit which provides clear, practical compliance information for employers and managers to systematically manage work-related psychosocial hazards and risks;
- supporting psychological health and safety through strategic and effective regulatory approaches using key data and intelligence;
- the development of a Code of Practice for *Managing the risks of work-related psychosocial hazards* and is enforceable under the legislation to provide guidance to employers regarding key workplace risks;
- the investigation of a sexual harassment code of practice;
- legislated free early intervention treatment and support for psychologically injured workers until their workers' compensation claim is determined;
- a new streamlined pathway for first responders and eligible employees pursuing a workers' compensation claim for post-traumatic stress disorder; and
- a free and independent Workers' Psychological Support Service.

While OIR has a variety of initiatives across the spectrum of prevention, it is recognised that psychological health at work crosses many boundaries. As such, OIR collaborates with multiple state and national agencies to advance programs and research. People at Work, a digital psychosocial risk assessment digital platform with free survey and resources, is an example of a nationally funded initiative led by Queensland for the benefit of all Australians.

The complexity of psychological health at work will see continued focus on integrated efforts and co-regulation to support Queensland workplaces, workers, their families and the community.

1. About the Office of Industrial Relations

OIR secures the wellbeing of all Queenslanders by making Queensland safer and supporting fair and productive workplaces. OIR provides regulatory and other government services to Queenslanders through a range of policy, advisory, compliance and specialist technical services and initiatives across the work continuum.

OIR's regulatory services are provided by:

- **Workplace Health and Safety Queensland (WHSQ)** that enforces the *Work Health and Safety Act 2011* and *Safety in Recreational Water Activities Act 2011*;
- **Workers' Compensation Regulatory Services (WCRS)** that regulates the workers' compensation scheme under the *Workers' Compensation and Rehabilitation Act 2003*;
- **Electrical Safety Office** that enforces the *Electrical Safety Act 2002*; and
- **Industrial Relations Policy and Regulation (IRPR)** that supports improved productivity and fairness in Queensland workplaces.

These services are geographically dispersed across Queensland to ensure reach to workplaces and communities across the state.

OIR's services include:

- ensuring compliance with WHS, electrical safety, industrial relations, and workers' compensation regulatory frameworks;
- conducting necessary enforcement action and resolving disputes (including through inspector services);
- designing and implementing targeted initiatives supported by data, evaluation, experience, research and consultation;
- managing registration, licensing, certification and accreditation regimes for workers' compensation, labour hire, work and electrical safety; and
- providing grants administration, advocacy, support and advice.

1.1 Work health and safety laws

WHS laws provide a framework to protect all workers, including employees and other persons from harm to their health, safety and welfare by eliminating or minimising the risks arising from work. Largely these laws have been harmonised across jurisdictions under the model WHS laws developed and maintained by Safe Work Australia. Under these laws, health includes both physical and psychological health.

Queensland's WHS legal framework includes the *Work Health and Safety Act 2011* (WHS Act), the *Work Health and Safety Regulation 2011* (WHS Regulation) and codes of practice. The WHS Act outlines what must be done to protect the health, safety and welfare of workers and other people in a place of work and imposes legal obligations or duties on employers and workers. For further information, see [Work Health and Safety Queensland's guide on WHS Act 2011](#).

The WHS Regulation is legally enforceable and provides detailed information on how to prevent or minimise risk in a place of work. The Act and the Regulation are supported by codes of practice that give practical advice on how to meet WHS responsibilities. Other methods to manage hazards and risks, such as technical or industry standards, can be used where they provide an equivalent or higher standard of WHS to the standard required in the code.

Employers have a duty of care to ensure the health and safety of workers both physically and mentally. An organisation's system of work must meet these obligations at a minimum. Risk management is the central focus to identify potential sources of harm, and to implement measures to eliminate or minimise risks as so far as reasonably practicable. In order to achieve sustainable change, measures that design out or control risks at the source are preferable.

1.2 Employer duties with respect to psychosocial hazards

Under the WHS Act, there is a clear duty on employers to foster psychological health at work and to manage the risks associated with exposure to work-related psychosocial hazards. Psychosocial hazards and factors are anything in the design or management of work that increases the risk of psychological injury or physical harm. They include:

- high or low job demands;
- lack of control and clarity;
- poor organisational change management and organisational justice;
- lack of reward and recognition;
- poor work relationships;
- remote or isolated work or poor environmental conditions;
- exposure to traumatic events, violence and aggression; and
- bullying or harassment (including sexual harassment).

Psychosocial hazards constitute a continuing problem in many workplaces and are considered more difficult to regulate than many other work-related health and safety risks. Investigation into psychosocial complaints and notifications is often complex due to multiple stakeholders, consideration of a wide range of viewpoints and the various contextual factors involved in the case¹.

1.3 Workers' compensation laws

The *Workers' Compensation and Rehabilitation Act 2003* (the WCR Act) and the associated regulation establish Queensland's system of workers' compensation. Under the WCR Act, an employer must insure or self-insure against work related injury sustained by a worker of the employer where work is a significant contributing factor to the injury.

The Queensland workers' compensation scheme is a no-fault, centrally funded, short tail scheme that covers more than 176,000 employers and an estimated 2.5 million workers. The short tail of the Queensland scheme is offset by the ability of injured workers to seek damages at common law.

Administration of the scheme is comprised of three parts:

1. Through the Workers' Compensation Regulator, OIR regulates insurers, provides legal and medical dispute resolution, provides rehabilitation advisory services, scheme-wide data and analysis, and promotes education about the scheme. The Workers' Compensation Regulator delegates these functions to Workers' Compensation Regulatory Services, within OIR;

¹ Jespersen et al, (2016). The wicked character of psychosocial risks: implications for regulation. *Nordic Journal of Working Life*, 6(3), 23-42.

2. OIR also implements the Government's policy and legislative agenda, and manages the wider nexus between workers' compensation and work health and safety; and
3. Workers' compensation insurers – WorkCover Queensland is the sole commercial provider and in addition there are 28 self-insured employers that administer less than 10% of all claims lodged.

1.4 Eligibility for compensation under the workers' compensation scheme

Workers with a psychological injury can claim no-fault statutory compensation and access common law damages under Queensland's workers' compensation scheme. No-fault statutory benefits include medical treatment, weekly payments of compensation (for lost wages) and rehabilitation during their recovery and return to work. Workers who are permanently impaired due to their injury may also be entitled to a lump sum payment of compensation. For the majority of people injured in the Queensland scheme, statutory benefits and supports enable a successful recovery and return to work.

To be compensable, a worker's injury must meet the definition of injury in the WCR Act. The WCR Act states that 'an injury is a personal injury arising out of, or in the course of, employment if for a psychiatric or psychological disorder—the employment is a significant contributing factor to the injury'.

Like all Australian jurisdictions, claims for psychological injuries are excluded from compensation if they arise from reasonable action taken by the employer taken in a reasonable way. Examples of actions that may be reasonable management actions taken in a reasonable way include:

- action taken to transfer, demote, discipline, redeploy, retrench or dismiss a worker; and
- a decision not to award or provide promotion, reclassification (or transfer of), leave of absence or benefit in connection with the worker's employment.

2. Importance of work for psychological health

2.1 Thriving at work

A mentally healthy workplace protects and promotes psychological health and empowers people to seek health support for mental disorders, such as depression and anxiety, to benefit the individual, organisation and community.² Research has demonstrated that thriving at work results in positive employee outcomes, including worker health (increased ratings of subjective health and reduced burnout), favourable job attitudes towards work (increased job satisfaction, commitment, positive attitudes toward self-development and lower turnover intentions) and positive work performance-related outcomes (better task performance, organisational citizenship behaviours and creative performance).³

Good psychological health from well-designed work is associated with lower work-related injury rates, which can reduce health care costs, administrative costs, and business costs resulting from lost productivity or increased absenteeism and contributes to a positive organisational image as having a healthy workplace.⁴ Innovative and contemporary psychological health tools such as Thrive at Work from the Future of Work Institute point to the need to target interventions, so the primary focus is on designing better work rather than individualistic strategies.

² TNS (2014) State of workplace mental health in Australia. Beyond Blue.

³ Kleine et al (2019) Thriving at work: A meta-analysis. *Journal of Organisational Behaviour*.

⁴ Pronk, N.P. (2013). Integrated worker health protection and promotion: Overview and perspectives on health and economic outcomes. *Journal Occupational Environmental Medicine*, 55(120), S30-37; Sorenson, G. et al (2016) Integrating worksite health protection and health promotion: A conceptual model for intervention and research. *Preventative Medicine*, 98, 188-196.

2.2 Failing at work

Despite the historical focus on pre-existing psychological conditions related to work, there is now an increasing focus on how work affects workers' psychological health. Psychological health deteriorates with unhealthy work environments and stressful work conditions⁵ with certain factors increasing the risk of workers developing or aggravating symptoms of psychological injury, most notably anxiety and depression. In one Australian study it was estimated that the attributable risk of job strain for depression was 13.2% for men and 17.2% among women.⁶ In 2014, employees who consider their workplace to be mentally unhealthy were almost four times more likely to say they have taken time off work due to feeling mentally unwell⁷ and a 2019 survey reported that 61% of the 26,000 respondents reported experiencing poor psychological health because their employer failed to manage psychosocial risk in the workplace.⁸

Traumatic exposures related to work, including exposure to a workplace incident or fatality, hearing, reading, or seeing accounts of traumatic incidents, or being the victim of an assault in the context of work, can have lasting impacts on those directly involved. Impacts are not limited to those exposed directly to these work-related psychosocial hazards and/or those suffering from the effects of this exposure, but may extend to others within family, friendship or workgroups, bystanders, employers, support workers and others.⁹



Work provides an opportunity to focus on a large proportion of the population for enhancing psychological health of Queenslanders. Further information regarding the importance of mentally healthy workplaces is available at [Workplace mental health matters](#) accessible via the QR code provided or clicking the link.

3. Groups at risk of poorer psychological health

Work-related psychological health is relevant across all sectors, industries, organisations, occupations and working groups. However, it is recognised that specific groups in our working communities are at increased risk of poor mental health if the risk is not managed.

3.1 Insecure workers

Workers who feel that their job is insecure are more likely to experience negative psychological effects such as stress, poor wellbeing and depression. Uncertainty over hours, pay, and lack of job security may place increased financial and emotional strain on individuals and their families. This effect increases with the effect of ongoing insecurity over time.¹⁰

3.2 Women workers

The recent *Respect@Work: Sexual Harassment National Inquiry Report (2020)*¹¹ noted women face more challenges, including microaggressions and increased risks from work-related sexual harassment. Race, disability, or sexual orientation further increase the psychological health risks of female workers at work.

⁵ Harvey et al. (2017). Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occupational and Environmental Medicine*, 74(4); Chief Health Officer. (2020). [The health of Queenslanders](#).

⁶ La Montagne et al (2008) [Attributable depression in a sample of working Australians: Assessing the contribution to health inequalities](#)

⁷ TNS (2014) [State of workplace mental health in Australia](#). Beyond Blue

⁸ Black Dog Institute (2021) Modern work: How changes we are making to work are impacting Australians' mental health

⁹ Mental Health Coordinating Council (MHCC). [Trauma-informed care and practice organisational toolkit](#)

¹⁰ Black Dog (2021) Modern work: How changes to the way we work are impacting Australian's mental health

¹¹ <https://humanrights.gov.au/our-work/sex-discrimination/publications/respectwork-sexual-harassment-national-inquiry-report-2020>

Although female workforce participation has steadily increased, women are more likely to work part-time and there is still a gender pay gap of 13.4%. Evidence suggests that the COVID-19 pandemic has disproportionately disadvantaged women who report they are now significantly more burned out than their male counterparts.¹² The pandemic also coincided with the onset or escalation of violence and abuse against women¹³ and there is emerging evidence that fewer women than men will regain employment during recovery from the pandemic.¹⁴

3.3 Young workers

Unlike physical chronic health conditions, psychological injury disproportionately impacts the young.¹⁵ Half of reported psychological health problems start before 14 years of age and three quarters before age 25. Young workers are vulnerable to hazardous work conditions and any shifts in the nature of work. Rates of suicide in this group continue to be of concern, with suicide being the leading cause of death in young people across Australia.¹⁶

Young workers have a unique risk profile in that they are often employed as temporary or seasonal workers and are therefore more likely to feel pressured and avoid asking questions or raising concerns potentially due to fears of a hostile response. Lack of experience, combined with developmental and generational factors, can increase their likelihood of being injured at work. Young people have also experienced greater psychological health distress and job losses during the COVID-19 pandemic.¹⁷

3.4 Health care workers

Since 2018, health and welfare support workers in Queensland have been identified as the occupations with the highest number of mental disorder claims.¹⁸ Globally and in Australia, the COVID-19 pandemic has placed extreme pressures on the health care workforce (particularly frontline workers). High rates of psychological injuries (depression, anxiety, PTSD, phobia, obsessive-compulsive symptoms and somatisation symptoms) have been reported.¹⁹ Frontline healthcare workers have demonstrated a higher prevalence of anxiety than those in the second line and nurses are identified as a key occupation to gain the most from supporting their psychological wellbeing.²⁰

3.5 Emergency service workers

First responders play an important role in protecting and serving the community; however, due to the nature of their duties they are often exposed to traumatic, life-threatening incidents.

Several studies have increased awareness regarding the impact on psychological health from acute and cumulative trauma exposure experienced by many first responders and the importance of supporting their psychological health and wellbeing.

Beyond Blue findings following the survey of over 20,000 current and former police and emergency service workers were publicly released in *Answering the Call – Beyond Blue's National Mental*

¹² McKinsey (2022) *Women in the workplace 2021*

¹³ [The prevalence of domestic violence among women during the COVID-19 pandemic | Australian Institute of Criminology \(aic.gov.au\)](https://aic.gov.au)

¹⁴ International Labour Organisation (2021). Building forward fairer: Women's rights to work and at work at the core of the Covid-19 recovery

¹⁵ Productivity Commission (2020) Inquiry Report Mental Health Volume 2 No. 95, 30 June 2020 Canberra

¹⁶ Australian Institute of Health and Welfare. [Australia's youth: Mental Illness](#) Accessed Feb 2022

¹⁷ Australian Institute of Health and Welfare. [Australia's youth: Mental Illness](#) Accessed Feb 2022

¹⁸ Office of Industrial Relations (2018). [Profile: work-related mental disorders – Queensland](#)

¹⁹ Hao et al, (2021) Prevalence and risk factors of mental health problems among healthcare workers during the covid-19 pandemic: A systematic review and meta-analysis.

²⁰ De Kock, J.H., (2021) A rapid review of the impact of Covid-19 on the mental health of healthcare workers: implications for supporting psychological well-being. BMC Public Health

*Health and Wellbeing Study of Police and Emergency Services.*²¹ Beyond Blue's national study found substantially higher rates of psychological distress, psychological conditions and suicidal thinking and planning among police and emergency service workers than among the general population, with one-in-three employees experiencing high or very high psychological distress. Similar findings regarding the risk of cumulative trauma were also found by the Commonwealth Senate Education and Employment References Committee in its report, *The people behind 000: mental health of our first responders.*²²

3.6 Workers in small business

Small businesses are the foundation of the Queensland economy and are a priority area in the *Queensland COVID-19 Economic Recovery Plan*. Small businesses and sole traders have different needs from those of larger organisations. They commonly have limited time, financial resources and expertise to focus on psychological health at work. However, these employers often have close relationships with their employees due to the size of their business and report concerns about their workers' financial and mental and physical wellbeing.

3.7 Rural and remote workers

Those who work in rural or remote locations have experienced increased psychological health and WHS risks. They are more likely to work long hours and have extended commutes or operate as fly-in-fly-out (FIFO) or drive-in-drive-out (DIDO) workers disrupting the home-work life balance. They are more likely to undertake work activities alone and in locations where travel, communication and accessing work health and safety and psychological health help is difficult and often more expensive.²³ The recognition of the psychological health risks for these groups is reflected in the guidance provided by OIR, Western Australian and Northern Territory regulators and Comcare. Of note is the concern for the psychological health of agricultural workers who also often experience financial stress, a known risk factor.²⁴

4. The impact of poor psychological health

4.1 Workers' compensation claims for psychological injury

Workers' compensation data indicates that Queensland is experiencing a growth in workers' compensation claims for psychological injuries. Psychological injury claims make up only 2.7% of all accepted claims but represent 9.1% of total statutory payments (\$118.6 million for 2020–21) with average finalised lost-time claim costs more than double that of physical claims (\$55,402 for 2020–21) and trending upwards. Overall, there was a 78.2% increase in accepted psychological claims in the last five years (2016–17 to 2020–21 from 1081 to 1926 claims) with increases also being seen in the number of claims lodged (see image 1 below). It is anticipated this trend will continue into this financial year with an expected 9.5% increase in claims lodged.

In addition, psychological claims that arise with or following a physical injury (secondary psychological injuries) are also increasing, almost tripling in the last 10 years (from 780 to 2150 claims expected for 2021–22). For example, if prolonged a musculoskeletal injury to a worker's back may lead to a secondary psychological injury.

²¹ Beyond Blue. [Answering the Call \(Final Report\)](#). Accessed Feb 2022

²² Commonwealth Senate Education and Employment References Committee (2019). [The people behind 000: mental health of our first responders](#).

²³ See for example Wright LK, et al. 2021, [Workforce safety in the remote health sector of Australia: a scoping review](#) BMJ 2021;11:e051345.

²⁴ Brew et al. (2016) The health and wellbeing of Australian farmers: a longitudinal cohort study BMC Public Health 16:988

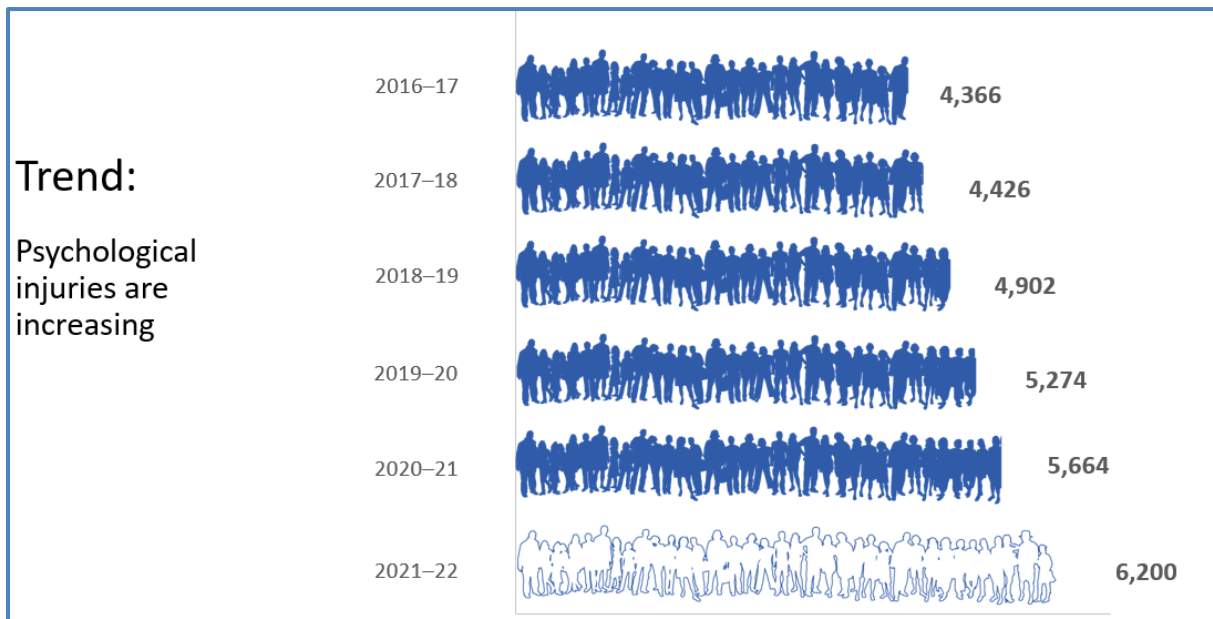


Image 1: Number of psychological injury claims lodged by year in Queensland

The industries contributing most to the increase in psychological injury claims in recent years are health care and social assistance (up 12.7%), public administration and safety (up 33.1%) and education and training (up 20%). Combined, these industries represent almost 60% of work-related psychological injuries lodged across the scheme.

Psychological injury claims are by their nature more complex to determine and manage and consistently result in substantially longer claim durations than claims for physical injuries. In the Queensland scheme, psychological claims:

- take five times longer to decide (around 32.3 working days) than physical injuries (8.2 days);
- result in workers being off work three times longer (154 workdays lost) than for physical claims (48 days lost);
- are less likely to achieve a successful return to work (around 80% of workers return to work compared to 94% for all injuries); and
- have high rejection rates (over 50% are rejected compared to less than 4% for physical injuries).

As a consequence of the high rejection rate and the complex nature of psychological injuries, there is a significant flow-on effect to dispute resolution processes in the scheme. Psychological injuries comprise over 30% of disputes (e.g., reviews of insurer decisions by the Workers' Compensation Regulator).

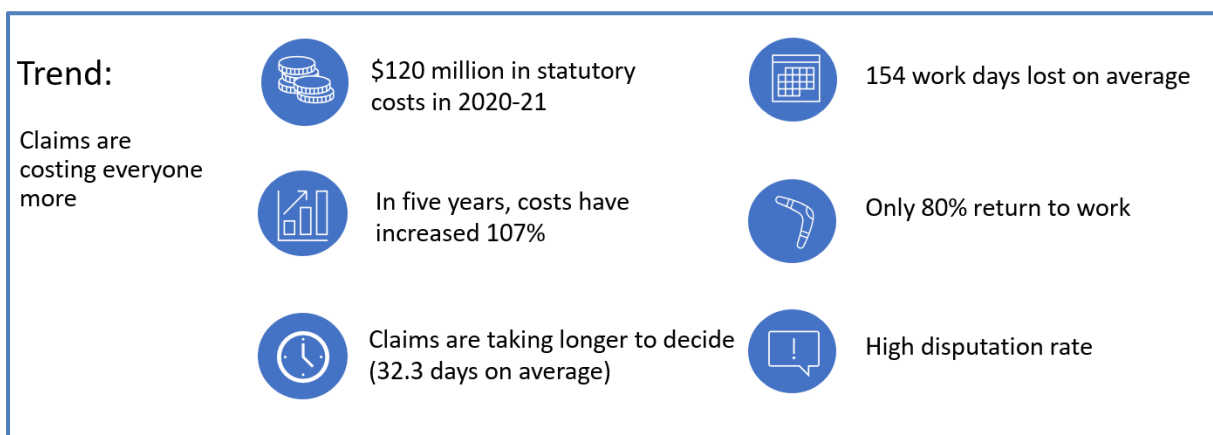


Image 2: Key statistics relating to claims for psychological injury in Queensland

4.1 Comparison with other jurisdictions

The rise in claim numbers and costs associated with psychological injuries is not specific to Queensland. National data collected by Safe Work Australia²⁵ on accepted workers' compensation claims over the last 20 years shows a sustained increase in the claims for work-related injuries attributed to psychological injuries. From 2000–2018, the number of claims for psychological injuries increased by 51% and by 2018 they accounted for 68% of all disease-related claims. By comparison, the number of claims for most other disease types decreased over the same period. Research also states that nationally, recovery from psychological injuries is taking longer (and resulting in greater long-term incapacity) and there has been a steady increase in costs associated with these claims.

In terms of specific jurisdictions, data released by WorkSafe Victoria²⁶ states the percentage of injured workers on weekly benefits for mental injury claims continues to rise (22% in 2020–21 up from 18.8% two years earlier) and secondary psychological injuries pose a large risk to the scheme. Further, psychological injury claims in this jurisdiction currently account for 13.1% of new claims in 2020–21, but this is expected to grow to almost a third of all claims over the next decade.²⁷ New South Wales²⁸ has reported similar findings with psychological injury claims increasing by 53% over the period 2014–15 to 2018–19. This compares to only a 3.5% increase over the same period for physical injuries.

4.3 The indirect costs of poor psychological health

Workers' compensation and incident data do not represent the full extent of the economic and social burden of work-related psychological health concerns. Accepted workers' compensation claim numbers and costs, along with incident reports to WHSQ are lag indicators and although they provide a picture that can inform future interventions, they are considered underestimations of actual occurrences of work-related psychological injuries.

There are a number of reasons that individuals do not apply for compensation or report to WHSQ which can contribute to underreporting including:

- the stigma around mental illness;²⁹
- poor self-awareness to changes in psychological health (including individual variability as no two workers will have the same underlying personal or work factors or experiences and susceptibility);³⁰
- poor awareness of common psychosocial hazards and risks;
- vulnerable workers who may be unaware of their rights or hesitant to pursue help due to being in precarious employment arrangements;
- perceived difficulty in navigating the workers' compensation scheme and regulator processes when experiencing a psychological injury;
- latency periods between exposure to psychosocial hazards at work and development of a work-related condition vary, with some conditions developing in response to a single incident (such as bullying or work-related violence) and others developing more slowly following cumulative exposure to a combination of hazards; and
- variability in employer understanding of how to manage work-related psychological injuries, particularly in small business.

²⁵ Safe Work Australia. (2021). Australian workers' compensation statistics, 2018–19

²⁶ WorkSafe Victoria (2021). 2020–2021 WorkSafe Annual report

²⁷ WorkSafe Victoria (2021). [New strategy to boost mental health at work - WorkSafe](#)

²⁸ NSW Government (2020). [Psychological Health Code of Practice](#)

²⁹ National Academies of Sciences, 2016 Ending Discrimination Against People with Mental and Substance Use Disorders Engineering, Medicine, 2016, [nap.edu](#).

³⁰ Productivity Commission 2020 Inquiry Report Mental Health Volume 2 No. 95, 30 June 2020 Canberra

A report in 2015 by Safe Work Australia highlighted there are considerable societal costs of work-related injuries beyond the direct cost of a workers' compensation claim. When factors such as lost productivity, loss of income and quality of life are considered, the majority (95%) of costs of work-related injury and disease is borne by individuals and society (77% for workers, 18% by the community) and only 5% by employers.³¹

The Black Dog institute states that psychological injury is the leading cause of absence and long-term incapacity at work in Australia³² with untreated conditions costing Australian businesses approximately \$10.9 billion per year in absenteeism, presenteeism and compensation claims³³ and where one-in-five workers has reported missing work due to psychological injury.³⁴ Turnover costs from depression were found to be the greatest cost that is shouldered by employers³⁵, while burnout, a particularly topical issue during the COVID-19 pandemic, is estimated to cost \$14.81 billion per year.

4.4 Return on investment for work-related psychological health

While the indirect costs of poor psychological health are sizeable, the return on investment (ROI) for employers is very strong for work-related mental initiatives. A 2014 study of mental wellbeing interventions in the workplace found a return of \$2.30 for every dollar invested.³⁶ Additionally, the ROI for psychological return to work programs is \$3.90 for small-medium businesses and \$3.74 for large employers for every dollar invested.³⁷ Wellness at work initiatives that focus on behaviour changes at the individual, organisational and community levels demonstrate consistently high ROI, increased productivity, lower attrition, and cost savings of 50% on the overall health expenditure.³⁸

5. How OIR is supporting mentally healthy workplaces

Work-related psychological health continues to be a significant and growing issue facing the health and safety of Queensland workers. Consistent with the *Australian Work Health and Safety (WHS) Strategy 2012–2022*, OIR identifies work-related psychological health as a priority area,³⁹ noting stress and other work-related psychosocial hazards are leading contributors to the burden of work-related disease and injury.⁴⁰ Unfortunately, psychosocial work hazards are common issues affecting the working population and increase the risks of work-related mental disorders.⁴¹

OIR collaborates and works with industry and government to raise the understanding of psychosocial hazards including specific hazards such as work-related stress, bullying, violence and aggression, fatigue and sexual harassment, and the effects these hazards have on workers' psychological health. Recognition and understanding of work-related psychological health are growing nationally and internationally.

OIR harnesses contemporary and strategic regulatory approaches to raise maturity across all sectors and industries. In doing so, OIR uses an integrated model across a spectrum of intervention.

³¹ Safe Work Australia, 2015, [The Cost of Work-related Injury and illness for Australian Employers, Workers and the Community: 2012–13](#), Canberra

³² Black Dog [Workplace mental health](#)

³³ PwC. (2014) [Creating a mentally healthy workplace: Return on investment analysis](#).

³⁴ TNS (2014) [State of workplace mental health](#)

³⁵ LaMontagne et al (2010) Estimating the economic benefits of eliminating job strain as a risk factor for depression.

³⁶ PwC. (2014) [Creating a mentally healthy workplace: A return on investment](#)

³⁷ Safe Work NSW (2017) [Mentally healthy workplaces in NSW: A return on investment study](#)

³⁸ World Economic Forum (2021) [Time to act: Investing in addressing social determinants to improve health](#)

³⁹ Safe Work Australia [Australian Work Health and Safety Strategy 2012–2022](#)

⁴⁰ La Montagne, A.D. (2007). Protecting and promoting mental health in the workplace: Developing a systems approach to job stress. *Health Promotion Journal of Australia*

⁴¹ Van der Molen, H.F. et al (2020). Work-related psychosocial risk factors for stress-related mental disorders: An updated systematic review and meta-analysis. *BMJ Open*

5.1 An integrated approach for mentally healthy workplaces

OIR adopts an integrated approach to understanding and improving psychological health in workplaces. As it oversees both WHS and workers' compensation regulation in Queensland, OIR develops, supports and implements interventions aimed at health promotion and good work design and the prevention of injury, through to intervening early at the first sign of injury, and supporting recovery following a psychological injury.



6. Promoting psychological health and preventing injury

Image 3: Integrated Mental Health Model

6.1 Helping industry to comply with their psychological health and safety duties

OIR supports a range of collaborative initiatives to understand which employer-initiated interventions can improve and protect the psychological health of their employees and can be generalised across different industries. OIR has a key role in guiding such interventions, which is a core feature of strategy to prevent people with mild or moderate psychological health issues from deteriorating to severe or complex psychological health clinical levels requiring health services.

6.2 Legislation for psychosocial hazards

OIR is currently drafting a Code of Practice *Managing the risks of work-related psychosocial hazards* (the Psychosocial Hazards Code), developed in consultation with experts from employer and worker representative organisations and academics. An approved code of practice is a practical guide to achieving the standards of health, safety and welfare required under the WHS Act and is enforceable under the legislation. Codes of practice apply to anyone who has a duty of care in the circumstances described in the code.

The Psychosocial Hazards Code will be the second of its nature in Australia, however, the Queensland code is expected to be more comprehensive in scope and—most significantly—enforceable. The Psychosocial Hazards Code will be the first of its kind in terms of enforceability. Under section 26A of the WHS Act, duty holders must comply with an approved code of practice or follow another method, such as a technical or industry standard, if it provides an equivalent or higher standard of WHS than the standard required in the code. This means the Psychosocial Hazards Code will set the minimum standard for managing risks to psychological health from psychosocial hazards unless an equal to or higher standard or WHS is met. Failure to meet this threshold can result in compliance action from the Regulator.

Queensland's Psychosocial Hazard Code will have a focus on applying the hierarchy of controls to work-related psychosocial hazards. This ensures higher order control measures are implemented in the first instance, unless it is not reasonably practicable to do so, rather than an opportunity to rely predominantly on 'lighter touch' methods such as administrative documents. The code will also emphasise the risk to worker psychological health from exposure to a combination of psychosocial hazards where the exposure is frequent, prolonged or severe. This includes exposure to event-based psychosocial hazards such as violence and aggression, bullying or sexual harassment and cumulative psychosocial hazards such as high job demands or work conflict.

Among the serious forms of harassment that can occur in workplaces, sexual harassment has been seen to significantly affect an individual's psychological health and can have a devastating impact on their overall wellbeing. OIR is also analysing the regulatory powers in place for addressing sexual harassment as a WHS concern, including within the existing legislation, and

pending Psychosocial Hazards Code. OIR's focus is to ensure duty holders are proactively using appropriate control measures to minimise the risk of sexual harassment at work. The purpose of this regulatory gap investigation is to ensure the framework, as it applies to sexual harassment at work, is robust and sufficient to address the nature of this workplace problem. Recommendations from this analysis are expected to address any regulatory gaps in the space of WHS, including considering the development of a unique code of practice.

6.3 Prevention of secondary psychological injuries

Given the high correlation between musculoskeletal diseases (MSD) and secondary psychological injuries, OIR invests in a number of initiatives aimed at targeting hazardous manual tasks and slips, trips and falls. These activities and services not only assist to reduce the likelihood of secondary psychological claims, they also address the heavy physical demands of work to support timely and sustained return to work outcomes.

Key initiatives include:

- **PERforM program** – This program seeks to build industry capability to prevent MSDs. It uses a risk management approach that targets the physical risk factors in hazardous manual tasks, but also includes recognition of the impact of psychosocial risk factors on claims for MSD, and the assessment of work organisation. The PERforM content also promotes the People at Work resources.
- **MSD Response** – This initiative leverages inspector interactions with workplaces to encourage higher order controls with the aim of preventing MSD injury.
- **MSD Prevention in Construction industry working party** – This working party has a strong focus on driving industry improvements to preventing MSDs in this sector. Psychosocial hazards are considered as part of this work.

These prevention initiatives are complemented by timely and evidence-based interventions by workers' compensation insurers to workers at risk of developing a secondary psychological injury. For example, WorkCover Queensland has a tailored care and support approach to claims management which was developed in partnership with Monash University researchers.

The approach identifies specific risk factors that may delay the recovery from injury or impact on a successful return to work and supports an early intervention approach to claims. Risk factors include "worker coping" which can be a precursor to poorer outcomes and lead to secondary psychological injuries.

6.4 People at work online psychosocial risk assessment tool

People at work is a nationally significant multi-year project led by OIR that provides insights into industry experiences of psychosocial risk management. People at Work is the first jointly funded initiative between all Australian work health and safety regulators, led and owned by Queensland.

People at Work has grown from a research project, underpinned by over 10 years of research with leading academics, to an innovative digital tool that is freely available to all organisations in Australia, with access to:

- the People at Work survey, a digital psychosocial risk assessment tool;
- automated and tailored reporting; a summary and comprehensive report outline workplaces' unique risk profile highlighting psychosocial hazards that might be causing harm and allowing risk control plans to be tailored to specific needs;
- resources to implement and evaluate the five step People at Work process including a suite of eight learning modules; and

- organisational benchmarking for comparison of risk profile against other Australian organisations.

Since its launch in February 2021, over 10,000 respondents have completed the People at Work survey by 136 organisations.

WHS Regulators can access the leading indicator data which may over time provide insights and opportunities to target and tailor resources for industries and provide research opportunities to meet emerging issues such as sexual harassment.

6.5 Mentally healthy workplaces toolkit

The Mentally Healthy Workplaces Toolkit provides clear, practical compliance information for employers and managers to systematically manage work-related psychosocial hazards and risks. The toolkit contains a series of resources and tools for effective psychosocial hazards management, good work design and effective leadership and work practices.

6.6 Mentally healthy workplaces workshops

OIR provides practical face-to-face group or online workshops on Mentally Healthy Workplaces. This training is targeted at managers, supervisors and specialists (typically WHS, human resources, injury management and wellbeing professionals) as key influencers for change as organisational leaders and senior decision makers. At evaluation, attendees have generally indicated they were extremely satisfied and intended to take appropriate compliance actions. Follow up participant surveys confirmed most had downloaded and subsequently used the toolkit.

6.7 Mental Health Week and Mental Health Forums

OIR hosts key events in mental health week and across Safe Work Month as well as presenting at national conferences to raise awareness and provide information on mentally healthy workplaces and other relevant topics using high-quality speakers and masterclass presentations.

6.8 Psychological health needs assessment survey

OIR conducted a psychological health needs assessment survey in 2019 completed by 1041 Queensland workers across 18 industries. The survey provided insight into the factors motivating organisations as well as the perceived barriers to managing psychological health and safety.

Organisations overall indicated readiness and commitment for addressing psychological health and safety, acknowledging the necessity to do so as a work-related concern. Organisations were motivated by the need to fulfil legal obligations but perceived competing priorities and a lack of expertise or specialist support as barriers to success.

Training for managers and supervisors was identified as the most helpful resource to better address psychological health and safety followed by a structured program to work with assessments, interventions, progress reports and incentives. OIR is using Queensland's industry research to tailor programs and interventions.

7. Intervening early and supporting recovery

In recognising that psychological injuries have a profound effect on a worker's life both at home and work, the workers' compensation scheme has responded in recent years to provide a more person-centred approach and ensure workers with these injuries are given the appropriate support by the scheme. This has been by way of a number of regulatory and administrative measures.

7.1 Free and early treatment and support for workers with psychological injuries

Queensland's workers compensation scheme supports all workers with psychological injuries by providing immediate access to early intervention psychological treatment and support as soon as a worker lodges their claim and until claim determination. Services available include general practitioner appointments, counselling or psychology sessions, psychiatry appointments, medication relating to the condition and mediation services.

Prior to 30 October 2019, the WCR Act only allowed payments to be made to injured workers where they had an accepted workers' compensation claim. This meant that workers with psychological injury had to satisfy the insurer that they are a worker, their injury is work-related, and their injury did not arise due to reasonable management action taken in a reasonable way in order to receive any support from the scheme. Due to the complexity of these claims, they can take longer to decide, and workers had to wait a significant period of time (approximately seven weeks on average) before being able to access compensation benefits if their claim is accepted.

To reduce the severity, duration, return to work outcomes and recurrence of psychological injuries, the Queensland Government amended the WCR Act from 30 October 2019 so that insurers must take all reasonable steps to provide reasonable services to support workers with a psychological injury during claim determination on a without prejudice basis, excluding hospitalisation costs.

This provides a flexible and person-centred approach which best meets the worker's unique needs. In order to access these support services a worker simply needs to submit a valid application with a work capacity certificate diagnosing that the worker has a work-related psychiatric or psychological injury.

7.2 Presumptive laws for first responders with post-traumatic stress disorder

National reviews into the psychological health of first responders (the 2018 Beyond Blue survey and the 2019 Senate Committee Inquiry) noted an increased risk of experiencing conditions such as PTSD and suggested presumptive laws may have a positive impact on their claims experience. Presumptive legislation reverses the onus of proof which means a worker's injury (i.e., PTSD) is automatically presumed to meet the legislative requirements for being a work-related injury, unless there is evidence to the contrary (e.g., their injury was caused by non-work-related stressors).

In July 2019, the Minister for Industrial Relations established a stakeholder reference group (the group) to develop an action plan on how to improve the workers' compensation experience and psychological health outcomes for first responders to build on the reviews. Presumptive workers' compensation laws were identified as an option the Government could consider to overcome barriers to access compensation such as difficulties in proving the legislative test for 'injury' from cumulative exposure to trauma, the fear and stigma about seeking treatment, and the impact of a workers' compensation claim on how they may be perceived in the workplace.

On 20 May 2021, presumptive workers' compensation laws for first responders and eligible employees diagnosed with PTSD commenced in Queensland (via the Workers' Compensation and Other Legislation Amendment Bill 2020). The presumption applies to workers or relevant volunteers who are first responders responding to time-critical, often life-threatening incidents (e.g., police officers, paramedics, firefighters) and eligible employees in certain first responder departments who experience repeated or extreme exposure to graphic details of traumatic incidents.

The new pathway means these workers will not need to prove their PTSD was caused by work. Due to the nature of the work they do, first responders and eligible employees with diagnosed PTSD will be considered to have a work-related injury unless there is evidence to the contrary.

Importantly the new laws in practice prevents the need to repeatedly discuss the incident that caused their PTSD or recount past traumatic incidents they have endured throughout their careers.

7.3 Action plan for improving the claims experience of first responders

As noted above and in recognising presumptive legislation would only seek to address the barriers to entry to the scheme commonly cited by first responders, the group also developed an Action Plan using a systems approach for improving a first responder's experience across the whole claims process (pre-injury to post injury). The Action Plan sets out practical initiatives which can be implemented by employers, insurers and Government across five key areas for improvement:

1. increasing access to and awareness of workers' compensation and entitlements;
2. reducing barriers to entry and providing immediate access to support including consideration of presumptive legislation;
3. increasing collaboration between stakeholders and clearly defining expectations;
4. embedding best practice claims management including a code of practice and increasing the capability of rehabilitation and return to work coordinators; and
5. improving rehabilitation and return to work opportunities.

The Action Plan is complemented by a suite of initiatives by WorkCover Queensland aimed at improving the claims experience of injured workers. This includes:

- streamlining the approach to claims for psychological injuries arising from trauma;
- increasing the support available for claims officers, such as specialised claim clinics with external providers, resilience sessions for leaders and teams, as well as other forms of coaching and one on one support;
- expansion of the providers able to offer psychological injury services and simplification of fee schedules where possible and appropriate; and
- facilitation of telehealth to improve accessibility and availability issues, particularly amid the COVID-19 pandemic.

Work is continuing to deliver the initiatives under the Action Plan.

7.4 Free and confidential support by the Workers' Psychological Support Service

The Workers' Psychological Support Service (WPSS) commenced as a pilot program in 2018 to provide an independent first point of expert support for psychologically injured Queensland workers, connecting them with and assisting them to navigate community support services. This model fills an identified service gap for psychologically injured workers and represents an innovative approach that is a Queensland and Australian first.

The WPSS is available to all Queensland workers who have a work-related psychological injury, lodged a statutory claim, or have commenced common-law action under the Queensland workers' compensation scheme for their injury. Since 2018, the WPSS had assisted over 1800 workers from a variety of industries and occupations.

The key objective of WPSS is to support workers and improve their experience throughout the different points of engagement with the workers' compensation scheme, to minimise the psychosocial impacts of their work-related psychological injuries. The service is not a crisis line; rather, it connects clients with an established community and other independent support services (as opposed to workplace interventions) that they may not have otherwise been aware of.

The WPSS is promoted to all stakeholders and agencies across Government to empower workers to access the service independently. With consent, clients may also be referred to the service through insurers, Workers' Compensation Regulatory Services, employers, unions and treating medical or allied health professionals.

A recent evaluation of the service found the WPSS was successful in meeting its purpose and service deliverables, provided useful and timely support to workers throughout the workers' compensation process, and remains in demand.

7.5 Five yearly review of Queensland's workers' compensation scheme

To ensure the scheme remains responsive to emerging issues and contemporary approaches to injury management, the Act requires the Minister with responsibility for workers' compensation to ensure a review of the operation of the workers' compensation scheme is completed at least once in every five-year period. The third review of the scheme is required to be completed by mid-2023 and provides a mechanism for ongoing continual improvement for issues such as best practice management of psychological injuries in the scheme.

8. Collaborating to achieve mentally healthy workplaces

Multiple Queensland and Commonwealth authorities have a role in regulating work-related psychological health matters. These authorities include, for example, those regulating WHS, electrical and rail safety, workers' compensation, criminal acts (e.g., assaults, bullying and stalking at work), industrial relations and human rights matters. Other public and private organisations generate data, research, and advice to help inform related policy reforms.

There is a significant investment in work-related psychological health research and programs occurring across Australia. Notable examples include the National Mental Health Commission and National Workplace Initiative research, programs, campaigns and resources, with other research partnerships between Government, academics, industry, unions and non-government groups conducted on priority topics, and ongoing national and Queensland partnerships with industry, unions, non-government groups, such as Mates in Construction and advocates and media.

The degree of complexity for workplace psychological health issues requires ongoing co-regulation and collaboration to adapt to rapidly emerging insights. OIR participates nationally across Heads of Workplace Safety Authorities (HWSA), Heads of Workers' Compensation Authorities, Safe Work Australia and other jurisdictional initiatives to promote consistent WHS laws and ensure the enforcement of relevant legislation. Queensland currently chairs two HWSA national forums: Psychological Health Community of Practice HWSA and the People at Work digital platform for psychosocial risk assessment.