

5 April 2019

Mental Health Inquiry  
Productivity Commission  
GPO BOX 1428  
CANBERRA CITY, ACT 2601

Dear Sir/Madam

**RE: Submission to the Productivity Commission Issues Paper relating to The Social and Economic Benefits of Improving Mental Health**

Thank you for the opportunity to contribute to the Productivity Commission's inquiry into the role of mental health in supporting social and economic participation, and enhancing productivity and economic growth. EML is pleased to be able to share its insights relative to the experiences it has encountered within the personal injury sector, and the various innovations it has implemented to support mental health within workplaces.

EML is Australia's leading injury claims manager, with more than 100 years of experience supporting injured workers and employers to receive high-quality, sustainable rehabilitation and employment pathways. We have particular experience working in Australian statutory injury compensation schemes, with a 2,000-strong team caring for more than 65,000 personal injury claims across Australia annually.

EML recognises work-related mental health conditions have become a major concern in Australian workplaces and have a negative impact on individual employees, as well as entire organisations, culturally and financially. EML aspires to create mentally healthy environments for all employees, and as a Mutual, reinvests a significant proportion of its profits annually to programs and innovations to support our employer members to create safer workplaces through its *Members Benefits Program*.

Mental health challenges are prominent across the personal injury arena. Our experiences have enabled us to assess the mental health support functions that exist within personal injury practices – and contribute to developing and improving them.

This submission draws upon a range of activities that EML has either led or collaborated on to support mental health initiatives. EML has worked very closely with industry experts, education and research bodies, employers, unions and community groups to create innovative and purposeful pathways for improving mental health. We believe our focus on and investment in such initiatives demonstrates our genuine commitment to supporting and maintaining positive mental health outcomes for our employees, as well as providing mental health support to our broader community as they continue to participate in, or return to work.

We welcome any opportunities for further engagement.

If you would like any further information, please do not hesitate to contact Simon Bailey, General Manager, Growth and Strategy

Yours sincerely

Mark Coyne  
Chief Executive

# HEALTH CARE

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## SPECIFIC HEALTH CONCERNS

**Q: Should there be any changes to mental illness prevention and early intervention by healthcare providers? If so what changes do you propose and to what extent would this reduce the prevalence and/or severity of mental illness? What is the supporting evidence and what would be some of the other benefits and costs?**

As a national claims manager working across state and federal workers' compensation schemes – as well as life, disability, accident and health insurance – EML has a range of experiences and insights into how physical injuries, often simple, can manifest into long term mental illness. We have seen that healthcare providers can play an important role in the early identification and intervention of mental illness. Our experience has identified that those with a primary physical injury are at a heightened risk of experiencing symptoms of depression, anxiety and chronic pain leading to ongoing workplace absenteeism – which has a financial impact on both the workplace and the individual. These individuals often display certain psychosocial factors, such as a heightened perceived disability or catastrophisation that can delay their recovery and in turn can lead to secondary psychological diagnoses.

Healthcare providers who are treating those with a physical injury or illness are in an ideal position to identify those at risk of mental illness. In some cases, healthcare professionals may be sufficiently skilled to identify those demonstrating signs of mental illness. Others may find benefits in using screening tools that help identify risk factors that predispose individuals to developing psychological distress secondary to a major injury. One such tool, well known in the injury rehabilitation space, is the Orebro Musculoskeletal Pain Questionnaire (OMPQ).<sup>1</sup> The OMPQ was originally designed to identify individuals at risk of delayed recovery in lower back injuries, but has since been validated in a wide variety of physical injuries. It identifies psychosocial risk factors that can delay recovery and return to work and may lead to secondary psychological issues.

### **Work Injury Screening and Early Intervention (WISE)**

In collaboration with NSW Health, the University of Sydney and icare, EML undertook a Work Injury Screening and Early Intervention (WISE) study of 144 NSW Health employees from 212 hospitals between 1 January 2014 and 30 June 2016. WISE screened employees with a work-related physical injury to identify psycho-social flags that may delay their recovery, with the aim of reducing the risk of self-perpetuating absence and further detrimental impact on their health.

WISE embraced a holistic approach for those in the intervention group incorporating the tools outlined below.

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<sup>1</sup> Hockings RL, McAuley JH, Maher CG. A systematic review of the predictive ability of the Orebro Musculoskeletal Pain Questionnaire. Spine 2008 Jul 1;33(15): E494-500

TOOL	DESCRIPTION
A <b>screening questionnaire</b> (shortened Orebro Musculoskeletal Pain Screening Questionnaire)	The screening allows identification of those at risk of developing pain-related disability and long-term work absence. The questionnaire investigates pain levels, self-perceived function, distress, return to work expectancy and fear-avoidance beliefs.
An <b>independent medical consultant</b>	The independent medical assessment is an expert second opinion designed to assure the worker and the rehabilitation team that there is no serious pathology and that an early return to work at an appropriate capacity is the best way to manage the injury. If there is ongoing physiotherapy the EML Case Manager books an independent physiotherapy assessment towards the end of the current Physiotherapy Management Plan to provide guidance regarding the content and necessity of ongoing treatment.
An <b>independent physiotherapy consultant</b>	This service is designed to ensure the diagnosis and treatment received were appropriate.
A <b>psychologist</b> to address the mindset of the worker	Early psychological assessment and up to six treatment sessions with a specified psychologist engaged by the project based on known pain management skills. The EML Case Manager books an independent medical assessment for around four weeks from claim notification, which is much earlier than usual under the WorkCover guidelines.

This approach considered the physical, social, psychosocial and emotional needs of the worker. It required identification and management of factors that increased the risk of developing long-term disability, including the development of psychological conditions such as depression. A shortened Orebro Musculoskeletal Pain Screening Questionnaire was used to estimate risk for developing pain-related disability and long-term work absence. The questionnaire investigated pain levels, self-perceived function, distress, return to work expectancy and fear-avoidance beliefs.

Participating hospitals were used as *intervention* or *control* groups to maintain blinding of screen results for the control group. Employees with soft tissue injuries who took more than 5 days off their usual duties were screened over the telephone by specially trained claims teams at EML. Those who scored  $\geq 50$  were deemed to be at high risk.

The following protocols were followed for high risk workers depending on whether they were part of the intervention group or the control group:

- **Intervention hospital** - the Return to Work Coordinator and EML Case Manager were notified and the Return to Work Coordinator offered the intervention protocol to the worker. Those who declined were excluded from the trial and their claim was managed in the usual way.
- **Control hospital** - the Return to Work Coordinator and the EML Case Manager remained blinded to their status and the claim was managed in the usual way.

Outcomes from the program were positive, with results including<sup>2</sup>:

- 20% reduction in average days lost to total incapacity;

<sup>2</sup> Nicholas, M. Preventing disabling chronic pain by engaging psychologists in the acute phase. InPsych: The Bulletin of the Australian Psychological Society Ltd, 08/2016, 38(4)

- 20% reduction in average days lost to partial capacity;
- 100% sustained return to pre-injury duties;
- 20% reduction in claims costs (weekly benefits, medical and rehabilitation);
- Reduced long-term disability and chronic pain for workers;
- At 18 months, the average cost of claims was \$15,723 for the intervention group and \$20,148 for the control group; and
- The average number of days lost for the high-risk intervention group was 29 days, compared with 53 days for the control group.

Those who attended the psychology sessions reported reduced emotional distress (DASS – depression anxiety and stress score), reduced disability (BPI – brief pain inventory), reduced anxiety (PCS – pain catastrophising scale), and improved confidence in performing tasks despite residual pain (PSEQ – pain self-efficacy questionnaire).

This scientifically valid study resulted in meaningful improvements for workers in returning to 'good' work along with premium reductions and a proven protocol that can be used extensively in future. The WISE protocol has been implemented across NSW Health as a standard program and other government agencies have adopted this protocol. We have also commenced embedding the WISE protocol within other large employers' claims management processes to realise the benefits associated with early identification and intervention through screening.

## HEALTH WORKFORCE AND INFORMAL CARERS

**Q: What changes should be made to how informal carers are supported (other than financially) to carry out their role?**

EML recognises the important role informal carers play in supporting people with a disability, physical injury or mental illness. Historically, benefit regimes within social insurance schemes have typically only been available to the injured or entitled person, therefore limiting the provision of support to family members or carers as part of an individual's recovery. In 2016, EML commissioned an assessment of our organisational customer centricity by external consultant Strativity. From a customer-centred perspective, the assessment reinforced that personal injury management is often narrowly focused on the injured person.

The assessment identified an unarguable link between family support and the rehabilitation of the injured person. It also showed that an integrated and comprehensive package of support for the family ecosystem would deliver direct value and benefit to an injured person's recovery and return to work.

While there is a great deal of research on an injured person's support needs, few research papers focus on the impact of a workplace injury on families. A small Australian study conducted by Kosny et al. (2018)<sup>3</sup> sought to better understand both the impact of compensable injuries on the family, as well as the role that families play after an injury, throughout the compensation process, and during return to work. The study found that families play a significant role in supporting injured persons going through the compensation process, but they are not formally acknowledged in policies or procedures.

Kosny et al. 2018 highlights that the support needs of family members are linked with economic and non-economic costs of injury. It makes the point that much of the work undertaken by 'families' is invisible, therefore in recognition of the contribution that family members make (including the cost savings that insurance companies gain from the informal, unpaid care), they argue that compensation authorities should develop programs of support for family members.

To gain a better understanding of the support informal carers require, EML – in collaboration with the Social Policy Research Centre at the University of New South Wales – has initiated research activities that will examine the needs of families of injured persons. The research will help gain a better understanding of the challenges informal carers face, what circumstances prompt assistance and when and how to offer the assistance.

The key objectives of the research are to identify:

- How families are impacted and the support needs they require following a serious psychological or physical injury including coping strategies and resources;
- Best practice methods for engaging the families in the claims management, recovery and return to work process; and
- Best practice and most appropriate instruments for systematically assessing/identifying the needs of the family.

The findings of the study will be used to conduct a pilot across a small number of EML teams initially where the learnings will be adapted and tailored for a longer-term, enterprise wide implementation.

The study is anticipated to conclude in late 2019. EML can share preliminary research findings with the Productivity Commission, should they be of interest.

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<sup>3</sup> Kosny, A., New nam, S., & Collie, A. (2018). Family matters: compensable injury and the effect on family. *Disability and Rehabilitation*, 40(8), 935-944.

# SKILLS ACQUISITION, EMPLOYMENT AND HEALTHY WORKPLACES

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## MENTALLY HEALTHY WORKPLACES

**Q: What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces? What are some of the advantages and disadvantages of the interventions; how would these be distributed between employers, workers and the wider community; and what evidence exists to support your views?**

### **Employee Care Program (ECP)**

As a personal injury claims manager across multiple social insurance schemes, EML's staff are exposed to several challenging interactions on a daily basis that can affect their mental health and well-being. These include difficult conversations with injured persons, employers, stakeholders, aggressive or abusive language and behaviour and threatening situations, including suicide, self-harm and harm to others.

The safety and protection of our employees is a vital and critical priority at EML, and while the severity of exposing factors is highly dependent on the nature of portfolio being managed, careful consideration is given to ensure our people are not placed at risk. At EML, preventative protocols and support measures such as the Employee Care Program (ECP) have been implemented to ensure we maintain a mentally healthy workplace.

The ECP<sup>4</sup> was developed to support staff to safely and confidently manage and de-escalate aggressive and threatening behaviour from emergency service workers threatening self-harm following critical incidents being reported for psychological stress and traumatic exposure. At the time, staff turnover was on the rise due to job-related stress, as was internal psychological claims in frequency and duration.

The program comprises of:

- Case Manager and Leader training: Managing Suicidal Ideation / Blue Card Critical Incident Response, Managing Challenging Conversation, Self-care and Awareness Training (for Leaders), Motivational interviewing skills training
- Promoting customer care: High risk flags and protocols for claims with aggressive/self-harming behaviour and Specialist support for high risk claims
- Case Manager support: resilience building and support from Employee Care Representatives (Mental Health First Aid accredited)

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<sup>4</sup> **Winner:** Best Work Health and Safety Training Program (across all industries) 2015 National Safety Council Awards

The following table highlights the benefits the ECP program delivered.

ECP BENEFITS	
EML	CUSTOMERS
Reduction in staff turnover due to job related stress	Improved capability due to higher emotional resilience
Reduction in personal leave	Improved duty of care towards the needs of customers
Lower number of psychological injury claims	More holistic and sustainable claims management approach
Lower number of open claims and days lost per claim	Improved customer experience

The ECP has elements that can be extracted and modified to suit other employees and workplaces. With the appropriate modification and tailoring, it could meet specific customer needs across a range of other businesses and industries.

EML believes it is important to continue advocating the importance of mental health in the workplace, and to continue collaborating with the National Safety Council Australia (NSCA) to offer the program’s insights to the broader community.

**RESILIENCE AT WORK (RAW)**

EML is at the forefront of leading research into workplace injury prevention and management, and proudly contributes funding towards research topics that help drive innovation around people risk and claims management. In close collaboration with the University of New South Wales, EML has contributed funding to the Resilience at Work (RAW) research topic in an effort to support their Fire and Rescue NSW (FRNSW) employer members enhance resilience among high risk workers who are frequently exposed to stressful environments and potentially traumatic events.

RAW is an online mindfulness program incorporating online exercises with podcasts to reduce stress, anxiety and the impact of the workplace trauma and incidents. It is designed to determine the efficacy of online programs in improving injured persons’ psychological resilience to stressors in the workplace.

The study was conducted across 24 Primary Fire and Rescue and Hazmat stations within NSW, with 143 active full-time firefighters enrolling in the training. 12 stations were assigned to the control program and 12 stations were assigned to the six session RAW Mindfulness program.

Results were based on pre, post and six-month questionnaires that measured the change in adaptive and bounce-back resilience as primary outcomes, and resilience resources, acceptance and mindfulness skills as secondary outcomes. The results were positive with participant’s resilience and psychological flexibility increasing over the duration of the program and remaining high after six months. On average, participants increased their overall resilience score by 1.5 with an average decrease of -1.8 in psychological inflexibility and experiential avoidance.

Overall the results highlighted that a short-term, online program was effective in increasing participant’s resilience and psychological flexibility, and that further research would need to be conducted to understand the effects that a longer-term program would have on participants.

**Q: Are employers pursuing the potential gains from increased investment in workplace mental health which have been identified in past studies? If so, which employers are doing this and how? If not, why are the potential gains not being pursued by employers?**

EML partners with a significant number of its members across Australia to support mental health among employees, and we see evidence of them taking actions in workplaces to improve mental health. However, action taken can be dependent upon the organisation's level of knowledge regarding mental health, incidence of psychological injury and access to funds. Funding access can be particularly challenging in government organisations where there is greater scrutiny of spending and less flexibility within budgets.

EML understands managers play a key role in determining the occupational outcomes of workers who become unwell, and in some cases, those managers can affect the process which leads to workers becoming unwell. Managers are best placed to understand workplace issues and job requirements, and can implement adjustments to working conditions for employees. However, many managers are not equipped with the skills and knowledge to support their employee with a mental illness in their recovery and pathway back to work. EML has collaborated with its partners to develop the role of managers in managing mental health in the workplace.

### **NSW Health**

In 2012, NSW Health identified that the role of the manager in the practice of psychological injury prevention and return to work process can significantly impact workers' compensation portfolio performance. Our businesses worked collaboratively to design and deliver psychological injury prevention and management training across NSW for frontline managers and supervisors. A state-wide education program was designed, aiming to increase awareness and improve the capability of frontline unit managers and supervisors to proactively manage and prevent workplace psychological injuries.

The NSW Health Training Program evolved into a three-phased educational program from 2012 to 2014. In 2014, EML and another insurer partnered to deliver the third phase of the program including delivery of Leadership Capability Training, and Managing Psychological Injuries Training to more than 1700 NSW Health Managers across the state.

### **Fire and Rescue NSW**

EML and Fire and Rescue NSW jointly sponsored the Black Dog Institute and the University of NSW's Workplace Mental Health Research Team in the development of the 'RESPECT Manager Mental Health Training Program' (RESPECT). The training is delivered to small groups of managers over a four-hour session with the following key objectives:

- To identify the characteristics and impact of common mental health issues in the workplace;
- To define the roles and responsibilities of managers in the recognition and management of mental health issues;
- To support effective communication and management skills.

RESPECT training is interactive with group discussions and case studies. It is delivered by a clinical psychologist or a consultant psychiatrist.

The effectiveness of RESPECT was utilised in a clinical study with Fire and Rescue New South Wales and the findings of the study are published in *The Lancet Psychiatry* (Issue 2017; 4: 850-58)<sup>5</sup>. The study consisted of a cluster randomised controlled trial over a six-month period. The primary outcome was the change in rate of sickness absence from six months before the RESPECT training compared with the six months after the RESPECT training. This study was registered with the Australian New Zealand Clinical Trials Registry (ACTRN126130011565774).

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<sup>5</sup> Milligan-Saville, JS., Tan, L., Gayed, A., Barnes, C., Madan, I., Dobson, M., Bryant, RA., Christiansen, H., Mykletun, A., Harvey, SB. (2017). Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial. *Lancet Psychiatry* 2017, 4:850-58



The study showed at six months following the implementation, there were significantly reduced rates of work-related sick leave among Fire and Rescue New South Wales employees, but not standard sick leave. In an intervention group the mean rate of work-related sick leave decreased by 18% corresponding to 6.45 hours per employee per six months. In the control group, the work related sick leave increased by 10%. The study further demonstrated a reduction of employees taking standard sick leave six-months post the implementation of RESPECT.

Cost-benefit analysis based on the generalised estimating equation model suggests a return on investment of \$9.98 for each dollar spent on RESPECT training. Managers who received RESPECT training reported improved confidence in communicating and contacting employees suffering from a mental illness.

This is the first study to show that training managers about mental health can have a direct effect in improving occupational outcomes for employees. It is also the first time a dollar figure on the value of manager mental health training has been able to be calculated.

Following this clinical study, NSW Fire and Rescue have been implementing RESPECT training across all their state branches.

Currently, the Black Dog Institute in collaboration with the NSW Government is offering free mental health training for managers of small to medium sized business.

**Q: What role do industry associations, professional groups, governments and other parties currently play in supporting small business and other employers to make their workplaces mentally healthy? What more should they do?**

EML is Australia's personal injury specialist extending nationally across several personal injury schemes. Our entire organisation is focused on delivering our corporate purpose: ***we help people get their lives back***. Our national footprint enables us to regularly partner with various professional groups, government and industry associations. Our focus is to work with industry bodies and employers to maximise our strengths to improve the outcomes for injured persons, including those experiencing mental health challenges.

Partnering with industry associations, peak bodies, professional groups and insurance agencies is important in supporting employers, particularly small businesses, to make their workplaces mentally healthy with awareness, education and open communication forums that promote mental health and create safe workplace cultures. We support employers with the tools and knowledge to implement best practice in 'what to do' and 'how to do' in dealing with mental health issues in the workplace and with their employees.

At EML, we recognise the significant impact of mental health injuries, and the importance of assisting in their prevention and rehabilitation. EML has sponsored and contributed to the development of a number of innovative initiatives that promote awareness and assist in the management of mental health issues.

Some of the groups that EML has worked closely with include:

- **Researchers** – University of New South Wales (UNSW), University of Sydney, Monash University, University of South Australia
- **Industry experts** – Phoenix Australia, Black Dog Institute, Beyond Blue
- **Employers** - Fire and Rescue New South Wales, NSW Health
- **Industry Partners** – Victorian Chamber of Commerce and Industry (VCCI), Victorian Trade Halls Council (VTHC), Australian Hotels Association (AHA) New South Wales, Clubs New South Wales
- **Community Partners** - Western Bulldogs

Some of our key activities and initiatives are:

**NSW Health and University of Sydney – Work Injury Screening and Early Intervention (WISE) study**

The WISE protocol assists in the early identification of psychosocial issues that lead to a prolonged absence from work and increase the risk of disability. The protocol applies rehabilitation strategies to improve the health outcomes of those at risk of a delayed recovery due to psychosocial factors. NSW Health has implemented WISE across all their agencies to promote the bio-psychosocial approach and as a result has realised the benefits of early intervention to enhance recovery.

**Victorian Trades Hall Council (VTHC) – Young Workers Program**

The Young Workers Program aims to improve young workers' capacity to identify and resolve issues of safety, and to create awareness associated with workplace safety and rights. The program has developed informative resources and materials to promote young worker safety in the workplace.

**Victorian Chamber of Commerce and Industry (VCCI) – Employer Training Program**

In September 2016, EML collaborated with VCCI to jointly run this program which centres around employers understanding the safety of young workers. The program supports business by providing access to a range of tools and initiatives to educate employers in preventing workplace injuries including the protection of mental health.

### **Australian Council of Trade Unions (ACTU) – Mental Health Peer Led Education Program**

EML is collaborating with ACTU to develop a joint education program focusing on the development of mentally health workplaces through targeting the mental health needs of ACTU members. The program is aimed at ‘while collar’ workers and will deliver a range of evidence informed, peer led education aimed at identifying mental health issues, reducing mental health stigma, promoting access to care and facilitating a supportive workplace.

### **University of New South Wales (UNSW), Phoenix Australia and Black Dog Institute – Post Traumatic Stress Disorder (PTSD) Emergency Services Expert Guidelines**

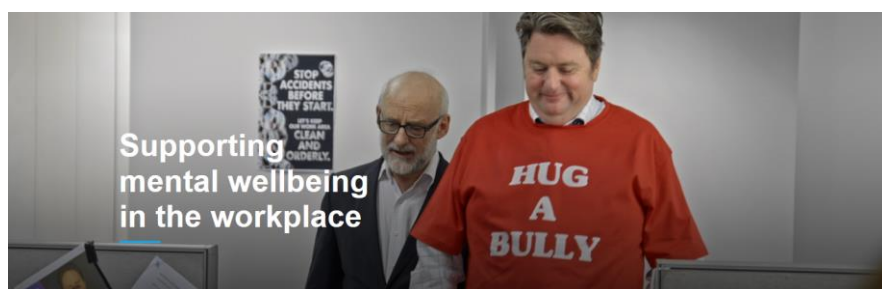
As a claims manager providing workers’ compensation insurance services across a range of industries nationally, including those with increased exposure to psychological stress and trauma, EML funded the development of ‘The Expert Guidelines’. In 2012, EML engaged Associate Professor Sam Harvey to chair a panel of nine of Australia’s leading experts in PTSD. The resulting guidelines, published in 2015, are a world first for the diagnosis, treatment and management of emergency service workers with PTSD. Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers forms the basis from which to source evidence-based, best practice treatment for workers and engage emergency service employers in proactive return to work pathways.

### **Unions Australian Capital Territory (UnionsACT) – Gendered Violence Reduction Program**

EML is backing the UnionsACT program to reduce gendered violence in the workplace. The focus of the program is to raise awareness of women’s rights and safety at work, campaign awareness of sexism in the workplace, and reform gendered and occupational violence policies throughout the ACT. The partnership builds on UnionsACT similar existing activities and this campaign is funded for two years.

### **EML ‘(Mis)behave with Dave’ Educational Vignettes**

Recognising the serious issue of mental illness in the workplace for its members, EML commissioned the ‘(Mis)behave with Dave’ vignette series through its Members Benefits Program. Each vignette uses humour and expertise to break down the barriers to discussing mental health and to deliver the serious message of promoting mental wellbeing and preventing illness from occurring in the first place. Employers can use the videos as education and training material, and as a way to start the conversation about mental wellbeing at their workplace. The series of (Mis)Behave with Dave can be found here: <https://www.inappropriatecorp.com.au/>



## Q: Are existing worker's compensation schemes adequate to deal with mental health problems in the workplace?

Workers' compensation insurance is a no-fault system and our experience indicates that a predisposition to mental illness can increase a person's likelihood to suffer a work-related mental health condition which then requires a liability decision to be made about the relationship between the injury and the workplace.

Workers' compensation insurance schemes are designed to address workplace injury and where a psychological stress event manifests, then workers' compensation insurance schemes are focused on treatment first. We consider that treatment of mental health is a whole person approach and may stem from a combination of factors, not just the work-related circumstances. As workers' compensation insurance schemes are designed to respond and address the workplace injury only, they are limited in their ability to manage the entire mental health issue at hand.

While discussing and positively contributing to mental health is becoming more socially acceptable, mental health treatment does not appear to be progressing sufficiently to allow people to consistently recover when faced with a mental health diagnosis. There is still a barrier within the worker's compensation sector to openly discussing mental health in the workplace because of the inert and private nature of the health issue, and generally not an overt culture in Australian society to talk about mental health.

As more employers are coming to terms with managing mental health in the workplace, identifying this in the workplace is a significant factor to appropriately managing and addressing it. Mental health conditions are often not prominent amongst employees as the mental health capacity of individuals to adequately perform their role is unknown. In some instances, where the risk of psychological trauma is high within a workplace, e.g. emergency services workers, programs have been developed to support their staff, as mentioned earlier in the submission. However, many employers particularly at senior levels have not received the requisite training or education to help them proficiently identify and manage mental health issues in their workplace.

As noted above, workers' insurance schemes ultimately need to attribute a liability decision to a workplace injury to ensure sustainability and affordability of these schemes for employers. Where a mental health condition results in a person no longer working, this typically precipitates into a worker's insurance claim where a nexus with the workplace has to be demonstrated for compensation to be payable. It may be worthwhile considering integrating the financial management of mental health for an individual in a holistic sense rather than the current process where the workplace insurer is required to provide treatment first, and then investigate causation of the alleged injury with the workplace. A wider community program that looks at mental health holistically and enables a process which is focused on the person and less adversarial should be considered, whereby the ongoing financial affairs of a worker can be managed between the workplace insurance program and personal programs, including private life and disability insurance or any government safety net scheme.

Our experience with psychological injuries associated with the workplace is that these injuries often result in extended periods of work absence with adverse implications for the person and workplace. These injuries can also result in poorer employment outcomes, where current return to work opportunities may not always be readily available with all employers. Employers will also consider the risk of further safety concerns for the individual and other employees as the injured worker is re-integrated into a workplace, as well as the impact this may have on the person, co-workers and the employer's stakeholders. In the case of emergency services for example, the stakeholders include people in the community who rely on the support of emergency service workers.

There is further opportunity to expand the support recovery network for people with a mental health condition. Currently, only the work-related aspects of claims are assessed and covered by workers' insurance schemes. The inherent challenge with this is that within the scope of their remit, schemes often cannot take a holistic approach to address other factors that may impede or support recovery (e.g. social networks, impact of non-work-related conditions, etc.). While these are considered in the psychosocial profiling of a claim, it is limited to the management of the claim.

**Q: How could worker's compensation arrangements, including insurance premiums, be made more reflective of the mental-health risk profile of workplaces?**

A broad societal approach spanning family, social, workplace and public networks will be the most effective way to fundamentally de-stigmatise mental illness and improve the management of mental health issues. Stressors exist across the spectrum of a person's life, and workplaces are just one part of this spectrum, so we see a wider societal approach as the most effective way to improve mental health support.

However, when looking specifically at workplaces, we know that early identification and preventative measures can significantly reduce the risk of mental health issues among employees. What would be very useful for employers is a community standard for understanding and working with mental health that can be used universally by employers in identifying and managing mental health in the workplace. We have seen specialist programs developed for higher risk professions such as emergency services personnel outlined earlier in this submission. This standard could be designed to provide a set of key tools to assist smaller employers who are not resourced to manage wellness programs at the same level as larger employers which tend to address mental health through funded wellness programs and similar initiatives.

The stigma of mental health or mental illness can and should be managed better. Many employers, including EML, now consider a person's "resilience" in considering the mental health impacts of the workplace as part of employee care programs we refer to earlier in this submission. These programs look at risk factors in the person's current resilience enabling the person to make an assessment (and seek proactive support) as a starting point rather than being reactive to a declared mental illness once it has been determined by the employer to have become apparent in the workplace following a situational trigger. These programs provide opportunity for early management strategies including self-management by the person with a support network available for them including workplace care representatives and also other specialist personnel they can reach out to as part of this early management in a confidential environment.

Workplace practices can make a significant difference in managing the risk of mental health issues. However, if workplace practices are to be considered across the spectrum of employers of all sizes, to work effectively, in our opinion these practices must be grounded in a wider community approach or standards to managing a person's resilience. We comment further on this wider community approach below.

EML believes the starting point for the employer is to identify employee well-being risk factors in the workplace. These may arise in business as usual in terms of the following:

- Workplace roles and customer interactions – some roles involve conflict or other human performance pressures;
- Job specification and selection criteria – this is challenging for employers as skills shortages exist in many areas in the Australian employment market; and
- Organisational change – understanding its impacts on the wellness of the organisation.

Mature Work Health & Safety (WHS) Programs assist in identifying key risk factors in the workplace. These risk factors may include workplace roles and stakeholder interactions which have a propensity to create high mental health impacts on people. A well socialised and collaborative WHS program will help the employer understand the risks to wellness in its business. It provides a framework for implementing any wider societal program on resilience.

A good example of a program supporting employees is the EML Employee Care Program under the wider EML Your Safety Program, which identifies risk factors in specific client interactions and provides training, support and escalations for difficult and stressful client interactions. It also supports our case managers with mental health first aid following the engagement of the blue card self-harm protocol under the Program. Other public facing organisations have similar programs which minimise the risk of ongoing harm and manage any critical incidents by de-briefing and supporting employees to minimise the residual impacts to them.

Educating organisational leaders in employee resilience and identifying signs where a person is not resilient has been something EML has implemented for its employees. This approach empowers the team leader to identify risks and to explore these with the team member concerned without labelling the person with a

mental health issue. Some measures we have taken include rotating the employee to a less demanding portfolio while they are less resilient due to personal circumstances, taking leave or modifying their working hours. This has assisted in reducing the front-line risk of employees taking sick leave because the job when combined with their personal circumstances becomes too much for the person to cope with. Further work is required in this space by employers generally to consistently provide a supported environment for employees – when they are resilient and when they are not so resilient.

Basic preventative leadership practices work towards minimising the risk of working life demands on a person's well-being and identifying when people appear to be less resilient, including the prompt consideration of situational triggers. The following strategies help employers minimise the risk of a mental health claim and corresponding premium costs associated with the claim:

- Identification of workplace risks to mental resilience as part of its overall wellness program;
- Identification of how the workplace responds to people who are not resilient;
- Early intervention for identified persons at risk and strategies that enable a person to cope whilst working in the workplace; and
- Pre-claim supports for the person that go beyond Employee Assistance Programs rather than provision of care after lodgement of a workers' insurance claim.

It would be open to workers' insurance schemes to reward employers who operate wellness programs for mental health which meet core standards through a premium discount or rebate. Rewarding employers for risk prevention is something which remains the domain of workers' insurers. A collective approach on this would be sensible but in our opinion it must integrate with the wider societal approach outlined in the previous paragraphs otherwise there is a risk that it becomes labelled as a "workplace issue" rather than the employer being a stakeholder in the wider societal program that can be examined across the community with the ultimate goal of better supporting people at different levels of mental resilience across the community. In our opinion, integrating the societal program with the employer WHS obligation is a good starting point to gain employer engagement.