



Mind and body are strongly correlated. (fizkes/Adobe)

The Australian model of workers' compensation provides all employers with a national statutory obligation to provide injury insurance for their employees; however, the insurance schemes vary on a state-by-state basis. This is a common legal setting in Australia.

As a federation of states, there are nationally binding obligations that are applied differently by each state. This results in differential outcomes for employees depending on which state they work in. As a result, it is better to be an injured worker in Victoria than it is in other states, due to the fact that the Victorian government has strong regulatory powers and processes — and they enforce them. In many other states, the regulation of the insurance industry is non-existent. Some governments self-insure, including the federal government and the Australian Capital Territory (ACT).

The legal position in Australia means that an injured worker must make a workers' compensation claim for either a physical or a psychological injury — this is probably the first point in which the system is flawed, as it doesn't readily allow for the natural inclusion of physiological and psychological therapies to facilitate recovery. It is still based on the 'disconnect' of mind and body, despite the fact that research clearly shows that they are strongly correlated.

Recovery can only be facilitated when we address both the physical and the psychological, because our physical injuries carry a psychological component, and psychological injuries can give rise to neurological and inflammatory physical issues. To date, there has been no change to the categorisation of injuries, despite this awareness. The system has some major faults that cause more harm to injured workers.

As a psychologist, I have supported injured workers for over a decade, and I have spent a lot of time writing reports to support access to care for injured workers, as well as fighting with insurance companies for access to support for the injured worker. The system is supposed to be supportive of the injured worker; in terms of getting a claim approved, especially for psychological injuries, it is one of the simplest systems in the world. However, once the insurance company gets involved it creates more problem. Why? Because the system disenfranchises the injured worker.

Insurance companies compound the problem

Research (<https://onlinelibrary.wiley.com/doi/abs/10.1002/ajim.10356>) highlights how injured workers experience significantly more negative outcomes once they start interacting with an insurance company. Most insurance companies require the injured worker to 'prove' liability, rather than the employer to 'disprove' liability. In this way, a person who is already suffering from a mental health condition is expected to advocate for themselves, and in most

cases, they are expected to do this without an advocate.

Injured workers are generally not able to utilise the services of a lawyer to support them in making a claim until liability has been denied. In this way, many insurance companies almost set the injured worker up to fail. Without support, it is very difficult for an injured worker to have the cognitive functioning to complete all the paperwork required to submit a claim. When their application is denied liability, something that often happens in the case of psychological injury claims, that has a significant impact on their recovery.

It is essential that the injured worker is afforded validation. There are two types of validation: action validation (legal investigation) and recognition validation (acknowledgement of the impact). Insurance companies focus purely on the action validation when assessing a claim; they never offer the injured worker any recognition validation, something that is essential to managing the psychological response, so undergoing the process of an insurance claim results in the injured worker feeling invalidated, creating a bigger problem by leading the injured worker down a negative narrative loop that results in a bigger traumatic injury.

This scenario is made much worse when the insurance company obtains evidence to deny the claim from the person who was responsible for the injury — it's an irrational process and it usually places the employee and employer in direct conflict about action validation. In Australia, there is no independence to the assessment. Rather, this is completed by administrative personnel.

The purpose of an investigation is to provide an impartial overview of the facts for a third party to assess liability. At no point is the investigator meant to make a judgement about the liability. Yet, in the absence of any investigation, an insurance claims assessor will take the easiest path to deny liability. They sit as judge, jury and executioner over the livelihood of an injured worker, and they do it utilising a framework that is designed to save the insurance company as much money as possible.

The insurance industry is one of the *most* profitable business sectors, and they like to keep it that way. It's almost a type of insider trading that employees of an insurance company are assessing liability of the claims against itself. It just doesn't seem ethical.

Recovery at work

The process of making a claim for an injury in Australia is very straightforward and simple, but the disenfranchisement that occurs once the claim is accepted is something that needs to change. Australia is unique in its recognition of bullying and harassment in the workplace; however, the system ensures that the injured worker is not likely to recover quickly, especially in the case of a psychosocial injury.

In organisations where the employee is well supported and shown empathy when they have been injured, they recover quicker. This is especially true in large organisations where the employee may be able to be accommodated in a different work area. Ideally, insurers should pay new employers for six months to support an injured worker to recover. The essential key here is to promote 'recovery at work' by providing injured workers with purpose and meaning to their working life, something that our current system doesn't do.

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