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Workers’ compensation and mental health: examining the mental health impacts of involvement in the Victorian Work Cover system from the perspective of long-term injured workers

Report prepared for Creative Ministries Network

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Workers compensation and mental health:
examining the mental health impacts of involvement in the Victorian WorkCover system
from the perspective of long-term injured workers.

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This report is dedicated to the memory of Eleanor Anna Gwinnell, 1903-2006.

At the age of 17, Eleanor was told to clean a brick-making machine in the colliery where she worked. The machine was running at the time. Eleanor lost her hand and forearm in the ensuing accident. The colliery owner drove her to the hospital in the next valley in his car. It was the first time she had been in a motor vehicle. She received compensation for her injury and with the support of her family, her colleagues and community, went on to live a productive and valued life.

It also recognises the courage and generosity of the injured workers who told their stories as part of the project, and acknowledges their commitment to improving workplace health and safety.
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1.0 Executive summary

Project background and aim

The Creative Ministries Network (CMN) provides support to people affected by workplace injury and work-related death. Over the last fifteen years CMN has undertaken a number of projects examining the relationship between work and suicide. These earlier studies highlighted a gap in the research into work injury and compensation in relation to workers’ mental health. Existing research tends to concentrate on examining the health and/or return-to-work outcomes of compensation processes rather than considering the impact of the process itself on workers’ health and recovery. Existing research has also largely been epidemiological and/or focusing on particular industry settings, injury types or points in the process from injury through compensation, rehabilitation and return to work. Very little work has been undertaken which is able to generate a detailed understanding of compensation systems from the perspectives of injured workers.

The project is intended to continue CMN’s commitment to develop a better understanding of the role played by work injury in mental health and suicidality by understanding the ways in which the Victorian WorkCover system impacts on the mental health of workers with long-term injuries. The ‘system’ referred to throughout this report is that of Victorian WorkCover, constituted by legislation and administered by the Victorian WorkCover Authority. The system has defined roles for private insurers, employers, trade unions, a range of health providers, workers and injured workers.

The project aimed to explore long-term injured workers’ experiences and perceptions of their mental health as they progressed through the Victorian WorkCover process. The purpose of the project was to assist in understanding these factors in order to identify how workers might be better supported, and to identify changes that compensation authorities, employers and unions can make to reduce mental distress amongst injured workers. As a project based on workers’ accounts of their experiences, it aimed to provide a narrative basis for the development of supportive policy and practice to reduce mental distress amongst people who are clients of the WorkCover system.

The concepts of ‘natural justice’ and ‘procedural fairness’ frame much of government decision-making in Australia. Procedural fairness concerns the procedures used by a decision-maker, rather than the outcomes reached. It requires that a fair and transparent process is used in decision-making. By extension the argument is that where procedural fairness is applied to decision-making, the decision-maker will reach a fair and correct decision. ‘Natural justice’ is a similar concept, often applied to administrative decision-making in a court of law. These concepts are usefully applied to the workers’

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1 ‘Mental health’ in this report refers to the workers’ self-described experience of their own mental, emotional and psychological well-being. This definition of ‘mental health’ draws on the notion of a ‘lived experience’ knowledge base and is consistent with the conceptualisation of mental health, ill-health, distress found in the literature on mental health recovery.
accounts of the compensation system and help to highlight the ways in which the system is currently failing injured workers who seek a just and fair outcome for their claim.

**Project methodology**

The project was a qualitative study based on fifteen in-depth interviews with people who had been injured at work and who had been off work for at least six months. The workers who took part in the study were recruited with the assistance of their trade unions, using an advertisement that was distributed via the unions’ regular communication channels. Workers were asked to tell their story of injury and recovery with a particular focus on how they felt and the factors that affected them, both positively and negatively. They were also asked what could or should be changed to support workers’ recovery and improve their experience of the WorkCover system.

The workers who took part in the study came from a variety of industry sectors (education, textile and clothing manufacturing and meat industries) and different occupational categories (professional, trade/technical and manual). They included people whose primary injury was physical and those whose primary injury was psychosocial.

The data from the interviews was analysed thematically to identify the workers’ ‘lived experience’ of the Victorian WorkCover system and its impact on their mental health and recovery. ‘Recovery’ was conceptualized in terms derived from the mental health consumer movement, and relating to the personal journey from illness/injury to being able to lead a satisfying, hopeful and contributing life with or without ongoing effects of illness/injury. The findings were considered in relation to relevant literature and the current policy environment. Recommendations were developed on the basis of the findings and discussion and endorsed by the Project Steering Committee.

**Findings**

The project found that workers’ contact with the Victorian WorkCover system had a largely negative impact on their mental health. One worker in the study had had a positive experience, and this data was analysed to identify the particular aspects of her experience that were beneficial to her mental health and recovery. The possibilities for a positive experience are considered later in this section.

In relation to the negative impacts, workers identified a number of features of their interactions with the insurers’ personnel as problematic. In the first place, there were procedural and administrative issues that had a negative impact on the workers. The length of the process, waiting and delays between stages or steps were identified in the majority of workers’ accounts, as was human error and mistakes made by WorkCover case managers.

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2 ‘Workers’ is used throughout this report to describe the 15 people who had been injured at work and who took part in this study.
who were handling their claim. Combined, these aspects left workers feeling frustrated and disregarded. Workers also struggled with the requirements of the process, particularly at a time when the experience of being injured in the workplace was affecting their ability to function.

The impact of what workers saw as a complex and often inefficient process combined with an apparent lack of interpersonal skills on the part of WorkCover case managers in relation to interactions with workers who were ill or injured. Being treated disrespectfully, dismissively or without humanity was common in the majority of workers’ accounts.

There were specific points in the process that appeared to have the potential for particular impact on workers’ mental health. These were: at the beginning of the claim when workers were at their most anxious about whether their claim would be accepted; attending insurers’ doctors for medical assessment and medical panels; and difficulties with returning to work. Workers associated these aspects of the process with uncertainty and anxiety and a lack of control and/or choice over the outcomes of decisions and the processes each of these steps generated.

Workers also identified problematic interactions with their workplace. These included a lack of support following their injury and for some, being cut off from contact with colleagues and other associates. Poor work practices were commonly reported, including in relation to what caused the original injury, the workplace responsibilities in relation to the management of their claim and in relation to ensuring the workplace was made safe for the worker to return to work. Workers reported a lack of accountability for workplace safety that appeared to be systemic, leading to them feeling that WorkCover is there to protect employers’ interests and reputations at the expense of workers’ health and safety.

The final set of interactions that workers talked about were those with healthcare providers. Here, interactions were generally more positive, and most workers talked about a valued healthcare professional(s) whom they trusted and who assisted them recover. Support included treatment and therapies, but also assistance with managing their WorkCover claim in some cases and emotional support in others. In the workers’ accounts, recovery is associated with actions that workers identify and undertake for themselves, and not with the actions and events that the WorkCover system requires or provides for them. In contrast, WorkCover system requirements and events are seen to contribute to non-recovery and to worsening mental health.

The findings include an interpretation, based on the workers’ accounts, of how being on WorkCover impacted on their mental health. Their accounts presented a consistent picture across industry settings, occupational categories and injury types of an unfair and unjust system where workers had little control over the decisions that impacted them. There were few opportunities to build trust with other actors in the system, and the injustice and lack of control eroded the trust they had in others, in themselves and in their view of their
world. These impacts culminated in the loss of their identity, or sense of self as a valued and competent worker and its replacement with the devalued ‘WorkCover claimant’ identity.

In the first place, workers experienced the system as unfair and unjust. They believed it prioritised the interests of employers over their interests, and failed to remedy the situation that had caused them injury in the first place. Throughout the process, workers felt that they had very little control or agency. This included the circumstances of their injury and their attempts to seek redress through the compensation system. System inefficiencies, errors and the complex requirements of the system itself combined to create a sense of being trapped in a game, where winning and disproving the worker’s version of events was the main aim. Workers were not prepared for the evidentiary and adversarial nature of the process, and this took a toll on their sense of trust, as did the poor interpersonal treatment they received from WorkCover personnel and, for some, their employers. Being treated as a fake, a fraud or a bludger was particularly demeaning for people who had regarded themselves as good workers, and who had long work histories that demonstrated this. Without an adequate explanation for why the injury had happened, there was a tendency for workers to feel as if they were to blame for their injury and that, in failing to recover, they had become a problem to their workplaces. These impacts accumulated in an experience of loss of a valued identity and its replacement or reconstitution with a devalued and dehumanised ‘WorkCover claimant’ identity.

The majority of workers also identified positive aspects of the system, in particular the provision of income and financial assistance that they would not have otherwise had. Support to retrain and find other work was also valued where it was successful. The capabilities of insurers’ case managers and the return-to-work co-ordinators also made a difference. Where these individuals were skilled both technically and interpersonally, able to show empathy and humanity, the injured workers reported a better experience and one that enhanced their mental health and recovery.

Workers also identified elements of their experience as helpful in terms of managing the process and therefore contributing to better mental health and recovery. Support, including independent technical support to assist them navigate the system – a kind of personal advocate – was highly valued. Emotional support was also important; having someone who believed the workers’ version of events without question, someone who could see the workers’ desire to return to work and could hold onto the good worker identity with the individual. It was less important where this came from (union, family, friends, GP and psychologist were all mentioned) than it was for the worker to have access to this combination of technical and emotional support in one or more support people. One aspect of the technical support that was particularly useful was access to information and advice that was accessible, timely and that workers’ believed was prepared in their interests.

In addition to these elements, analysis of the data provided by the story of the one worker who had had a positive experience highlighted the importance of an outcome in the workplace that the worker considered to be fair. This worker’s experience had been good because the person who was the source of her injury had been removed from the workplace.
and the worker was able to return to her original place of work. The failure however, to achieve a fair remedy was a consistent and significant theme for the majority of workers. The one worker with a positive experience had also had excellent support from her union and her GP, and as a result, had felt like she had had some control over the things that were happening while she was on WorkCover.

Workers were asked to identify aspects of the system and their experience that they thought could or should change to improve the experiences of workers with complex and/or injuries. The theme of learning after the fact was common, with workers expressing the belief that if they knew now what they had not known when they made their claim, they would have made many different decisions and/or approached things differently. This points to the importance of having reliable and timely information and advice. Likewise, workers highlighted the need to have a supporter in the process who understood what the WorkCover experience was like and could assist the worker navigate the system: trained peer support was deemed to be an appropriate model for this. Workers identified a number of procedural changes, including inefficiencies and other aspects of the system that were particularly demeaning and related to the evidentiary and adversarial nature of the process. Rather than being treated like a fake or fraud from the outset, workers suggested that being believed would have made a significant difference to their experience. Lastly, a requirement for an independent investigation of the circumstances leading to a psychosocial injury that had required medical attention was raised. The question of workplace investigations was broader, including the need for more information about the purpose and function of workplace investigations and their relationship to the compensation process.

Key strengths of this study were construction of the sample, the in-depth interview design and the analysis of data from a lived experience perspective. The research design around an unstructured narrative interview worked well in eliciting the stories the workers wanted to tell about their experience of injury and compensation.

The main limitation of the study relates to the requirement that participants were all long-term injured workers with claims histories and periods of absence from work of at least six months. Moreover, because the study deliberately recruited workers who self-selected and were willing to talk about the mental health impacts of being on workers compensation, it was perhaps more likely to recruit people who had acquired a secondary mental health injury following the primary injury in the workplace. The recruitment of long term claimants with complex and prolonged recoveries was a deliberate strategy aimed at highlighting the impact of the system on workers’ mental health. As such, it was effective in doing this but the study does not provide a representative account of the system experienced by all injured workers. To encourage a balanced account, each worker was asked explicitly about positive experiences within the system and the ways in which they had been supported. In the findings, negative experiences still by far outweighed the positive ones.
**Recommendations**

This report makes the following recommendations to the Creative Ministries Network Board.

1. Seek funding for a pilot project to develop, trial and evaluate an intervention that utilises peer support workers in assisting injured workers’ recovery for life and work.

2. Develop a course outline, drawing on workers’ lived experience knowledge, for the professional development of WorkCover insurance case managers aimed at improving their ability to deal with traumatised and ill clients that respects injured workers needs for validation, procedural fairness, justice and dignity.

3. Use the report as the basis for policy analysis to identify policy and system implications and as a precursor to developing an advocacy plan following on from this work.

4. Ensure that injured workers and/or their representatives are included in future relevant research reference groups and policy development processes.

5. Seek opportunities to undertake further research in relation to the relationship between workers’ compensation and suicidality.

6. Develop and undertake a program of advocacy with timelines and processes for influence, aimed at achieving the following outcomes:

   a. Advocate to the Minister for WorkCover to take the necessary steps to ensure that workers’ interests are directly represented on the VWA Board.

   b. Advocate to the Minister for WorkCover to review and strengthen the linkage between legislation governing injured workers return to work (compensation) and the need to ensure injured workers return to workplaces where the cause of their injury has been remedied (occupational health and safety).

   c. Advocate to the Victorian WorkCover Authority (VWA) to ensure that return-to-work protocols for injured workers include a WorkSafe inspectors’ report for injured workers on the remediation of the causes of the worker’s injury, including in cases of primary psychosocial injury.

   d. Advocate to the VWA to incorporate opportunities for representatives of injured workers to be included in policy development processes.

   e. Advocate to the VWA to offer professional development for WorkCover insurance case managers, as outlined above.

7. Develop a dissemination strategy for this report to assist with the recommendations above.
2.0 Introduction

2.1 Background

The Creative Ministries Network (CMN) carried out one of the first Australian studies using coronial data on work factors in suicide. The research identified that, of the 109 suicides where work was recorded as a factor in the suicide, 34 of the cases were people who had a work injury (Bottomley, Dalziel et al 2002). Of these 34 people, 44% were recorded as having a primary mental health injury, and the remainder, a physical injury (ibid). While much previous research had studied occupational factors and work stress in suicide, this study identified the place of work injury and the injury experience as a factor in suicide. CMN’s most recent study examined data from the Victorian WorkCover Authority to identify cases where there were compensation claims for work-related suicide (Bottomley and Neith 2010). The study compared the WorkCover statistics with suicide reports in the Victorian coronial database and concluded that both systems were inadequate for the purposes of developing policy or improving systems of care for people whose mental health was compromised as a result of sustaining an injury at work.

These studies highlighted the neglect of research into work injury and on the work injury experience and mental health. Research on the impacts of work injury does exist, including on the effects of the compensation experience. This tends to concentrate on examining the health and/or return-to-work outcomes of compensation processes however, rather than the impact of the process itself on workers’ health and recovery. Where work has been carried out, it has largely been epidemiological and/or focused on particular industry settings, injury types or points in the process from injury through compensation, rehabilitation and return to work. Very little work has been undertaken which is able to generate a ‘nuanced understanding’ of workers’ experiences of compensation systems (Kilgour, Kosny et al. 2013).

This project is intended to continue CMN’s commitment to developing a better understanding of the role played by work injury in suicide by understanding the ways in which the Victorian WorkCover system impacts on the mental health of workers with long-term injuries. The ‘system’ referred to throughout this report is that of Victorian WorkCover, constituted by legislation and administered by the Victorian WorkCover Authority. The system has defined roles for private insurers, employers, trade unions, a range of health providers, workers and injured workers.

The concepts of ‘natural justice’ and ‘procedural fairness’ frame much of government decision-making in Australia. Procedural fairness concerns the procedures used

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3 ‘Mental health’ in this report refers to the workers’ self-described experience of their own mental, emotional and psychological well-being. This definition of ‘mental health’ draws on the notion of a ‘lived experience’ knowledge base and is consistent with the conceptualisation of mental health, ill-health, distress found in the literature on mental health recovery.
by a decision-maker, rather than the outcomes reached. It requires that a fair and transparent process is used in decision-making. By extension the argument is that where procedural fairness is applied to decision-making, the decision-maker will reach a fair and correct decision. ‘Natural justice’ is a similar concept, often applied to administrative decision-making in a court of law. These concepts are usefully applied to the workers’ accounts of the compensation system and help to highlight the ways in which the system is currently failing injured workers who seek a just and fair outcome for their claim.

2.2 Aim

The project aimed to explore long-term injured workers’ experiences and perceptions of their mental health as they progressed through the Victorian WorkCover process. The purpose of the project was to assist in understanding these factors in order to identify how workers might be better supported, and to identify changes that compensation authorities, employers and unions can make to reduce mental distress amongst injured workers. Specifically it sought to address the impact that involvement in the WorkCover process has on the mental health of injured workers, including their sense of self and broader social roles, and to understand the meanings that workers derive from their experiences. As a project based on workers’ stories of their experiences, it aimed to provide a narrative basis for the development of supportive policy and practice to reduce mental distress amongst people who are clients of the WorkCover system.

2.3 Literature review

Relationship between the claims experience and health outcomes

People with compensable injuries have poorer outcomes than people with similar non-compensable injuries, but it is not clear why this is the case (Elbers, Cuijpers et al. 2013; Gabbe 2013). A recent study investigated the experiences of 120 people with blunt trauma injuries, including people with compensable and non-compensable injuries (Gabbe 2013). Gabbe identified a number of aspects of the compensation process that claimants regarded as negative, including: poor communication between the claims administrator/case manager and claimant; lack of trust; lack of a single point of contact and/or changes in personnel; difficult processes and paperwork; assessment processes; delays in assessment and treatment post-approval of claim and lack of compassion from the claims administrator and the feeling that they did not care about the injured person (ibid). For people with a serious injury, the feeling of not being trusted by the claims administrator emerged as a key factor in their decision to engage a lawyer to assist with their claim. This was also identified as something that impeded their recovery. These findings are supported in Elbers’ study (Elbers, Cuijpers et al. 2013). This identified an association between the number of independent medical assessments and greater health care utilisation post-injury. Common law claims and involvement in legal disputes were also significant factors in increased health.
utilisation (ibid). Other recent work investigating the relationship between stressful claims experiences and long-term recovery outcomes for people who were Transport Accident Commission and WorkCover claimants found a strong association between stressful claims and poorer long term recovery (Grant 2013). This study identified specific sources of stress in the claims process including: trying to understand what was required for the claim; the amount of time taken; the number of medical assessments; the amount of compensation received; being listened to and being treated with dignity and respect (ibid). Negative attitudes of health practitioners and friends, family and colleagues were also identified as important, but by fewer claimants.

These studies are useful in identifying the aspects of compensation processes that appear to have an impact on health outcomes and recovery. None of the studies however, reports specifically in relation to workers’ compensation processes. Elbers’ study related specifically to TAC clients. Gabbe’s study related largely to TAC claimants, and she noted that WorkCover clients had been more suspicious about getting involved in the study than their TAC counterparts (Gabbe 2013). Whilst Grant’s study involved claimants in both systems (TAC = 257; WorkCover = 82) the data was not analysed separately and so specific conclusions about the WorkCover system cannot be drawn. This means that aspects of the claimant experience that are specific to the context of each scheme are not taken into account e.g. workplace culture and perceptions of the scheme/claimants in the community. Moreover, in the TAC system, the vast majority of claims are for a primary physical injury resulting from trauma (hence acquired in a sudden and acute manner) and findings cannot necessarily be applied to the experiences of those people with a primary psychosocial injury or those with a chronic physical injury.

Workers’ experiences of injury compensation schemes

In general, research on the effects of compensation has concentrated on health outcomes or has been applied to specific injury types and/or industry sectors and occupational categories. With notable exceptions, including the work outlined in the preceding paragraphs, very little research has paid attention to the effects of the compensation process on workers’ health, particularly research that examines workers’ experiences and perceptions directly.

There is a body of literature that explores injured workers’ experiences of workers’ compensation schemes. Research has been undertaken in different jurisdictions within Australia (Roberts-Yates 2003; Calvey and Jansz 2005; Sager and James 2005; Wall, Morrissey et al. 2011) and in overseas settings where there are similar system characteristics (Strunin and Boden 2004; Kirsh, Slack et al 2012; Beardwood, Kirsh et al 2005; Lippel 2007; Wagner, Wesssel et al. 2011). A recent systematic literature review identified 13 medium/high quality articles that investigated the perceptions and experiences of 843 injured workers within the workers’ compensation process across jurisdictions (Kilgour, Kosny et al. 2013). Kilgour’s study focused on the interactions between injured workers and insurers, and found that the majority of these were negative, with considerable psychosocial
consequences for the workers. She notes that positive interactions were less frequently reported, and included understanding and supportive communication and service delivery efficiency (ibid). She concludes that involvement in compensation systems contributes to poorer outcomes for injured workers, and suggests that the interactions between claimants and insurers were typified by ‘cyclical and pathogenic relationships which influence the development of secondary injury in the form of psychosocial consequences instead of fostering recovery of injured workers’ (ibid). Her findings in relation to the mental health consequences of the workers’ compensation included: feeling afraid and insecure; feeling stressed and mentally anguished by the process itself; low self-esteem associated with being on workers’ compensation and being unable to return to work; depression and suicidality and thoughts of harming self and/or others, particularly in relation to feeling that the negative stereotype of ‘malingering’ was being ascribed to them.

This body of literature also identifies specific characteristics of workers’ compensation schemes that workers identify as negative, including: poor claims administration (Wagner, Wessel et al. 2011); a hostile interpersonal environment (Beardwood, Kirsh et al. 2005; Sager and James 2005; Wagner, Wessel et al. 2011); lack of social support (Sager and James 2005; Lippel 2007; Wagner, Wessel et al. 2011); and stigmatization (Lippel 2007). There are family consequences of prolonged work injury, including a loss of valued social role within the family and negative well-being impacts for both the injured workers and their family members (Strunin and Boden 2004). One study of the Victorian WorkCover system notes the strength of workers’ perceptions of injustice and unfairness in the system and the linkage of this to adverse mental health outcomes (Wall, Morrissey et al. 2009). Kilgour concurs, and offers a psychological lens through which to understand the workers’ experience of injustice (Kilgour, Kosny et al. 2013:17). She suggests that individuals feel entitled to being treated respectfully, and where this does not happen, the poor treatment can compound other injustices e.g. work accidents and injuries and ‘become an injustice in itself’ (ibid). She notes that perception of injustice is also important because ‘it can present in psychological symptoms of lowered self-esteem, depression and self-derogation, as well as anger’ (ibid). She notes that the dependent relationships that characterize the claimant/agent experience are likely to make injured workers more vulnerable and reduce their resilience, with flow on impacts on their ability to participate in rehabilitation and other return-to-work activities.

Examining the Canadian situation, Eakin suggests that is important to explore the possibility that the systems that have been developed to compensate injured workers may, unintentionally, induce harmful effects on the workers they are designed to protect (Eakin, in Peterson and Mayhew 2005). She describes the concept of ‘iatrogenesis’, used largely in medical contexts, whereby the treatment or intervention recommended induces the adverse conditions it is intended to address. She notes that the presence of ‘institutional mistrust’ leads to ‘discourses of abuse’ in the policy and practice of return-to-work systems, and where social injury is added to existing physical injury with deleterious impacts on injured workers’ mental health (ibid: 159). The therapeutic and anti-therapeutic consequences of workers’ compensation systems are also identified in Lippel’s work (Lippel 1999; Lippel 2012). Cross-cutting system design, including the adversarial processes
employed in ‘no-fault’ systems, the use of medical and scientific evidence in determining compensability and the application and appropriateness of measures for promoting return-to-work all impact on workers’ dignity (Lippel 2012). She concludes that systems that succeed in reducing adversarial interactions and provide substantive protections are most likely to protect injured workers’ dignity during their recovery from injury (ibid.). Stigma and discrimination associated with being on workers’ compensation compounds physical injury and may cause psychosocial harm, and yet little is known about the sources, nature and consequences of stigma on the lives of injured workers (Kirsh, Slack et al 2012). Stereotyping (including self-stigma), unethical practices and maltreatment in compensation processes negatively affect the work, relationships and mental health of injured workers (ibid.).

Kilgour’s review calls for further examination of the psychosocial consequences of the issues that workers raise in relation to their experience of workers’ compensation, including specific investigation of primary mental health claims, in order to develop proactive programs to prevent or reduce the development of negative, secondary mental distress (Kilgour, Kosny et al. 2013:19). She also suggests that there is a need to investigate the prevalence of suicidality amongst workers’ compensation claimants with the aim of developing preventative interventions. This concern is backed up by the finding that around 30% of suicides where work factors were identified in the coronial findings were people who had been on workers compensation or had a work injury when they decided to kill themselves (Bottomley, Dalziel et al. 2002).

Workers compensation: the policy environment

The origins of the contemporary workers’ compensation system in Victoria lie with the introduction of the WorkCare scheme by the Cain government in 1984. Designed to address the escalating costs on employers of insurance premiums, it was one of a number of policies aimed at creating a more competitive environment for businesses. WorkCare had three components: prevention, rehabilitation and compensation. These reforms were to be delivered by two pieces of legislation: the Occupational Health and Safety Act covering prevention and the Accident Compensation Act covering rehabilitation services and compensation. The early operation of the scheme was associated with an increase in the number, duration and cost of claims, at least in part an outcome of an effective media campaign to publicise the scheme and encourage workers to use it (Stylianou 2013).

In 1992, under the Kennett government, the scheme was reformed with the aim of decreasing its costs and enhancing the competitiveness of Victorian industry (Stylianou 2013). The new scheme included a range of measures to prevent the over-compensation of workers with minor injuries and to place emphasis on returning to work, rather than compensation. The Accident Compensation (WorkCover) Act 1993 also removed the levy on employers who now had to purchase insurance directly from one of a selected panel of ‘Authorised Agents’. The intention of this semi-privatisation of the insurance component of the scheme was to create competition in relation to the cost of premiums and to make employers liable for injured workers’ compensation with their premium based on claims
performance rather than on a levy related to an assigned industry classification, as previously had been the case. For employers, this created a direct link between their workplace safety activities and their insurance premium. Once again, there was an effective media campaign, aimed at employers this time, which highlighted the cost-benefits and moral obligations of attending to workplace safety.

The contemporary arrangements are based on changes made in the 2000s which restored some of the rights of workers, and shifted the focus of the compensation system from claims administration to case management (Stylianou 2013). These changes signaled a new style of management for the claims system, aimed at improving stakeholder engagement in the prevention, rehabilitation and compensation aspects of the scheme and greater transparency and accountability back to those stakeholders (ibid). One of the changes of particular relevance to this study was the introduction of the capacity for employers to self-insure. In these cases, the employer is responsible for workplace safety and for the determination and management of workers’ compensation claims, should they be injured.

Stylianou suggests that the origins of the scheme were beset by fighting between vested interests, including doctors, insurers, trade unions, business leaders and employers, all of whom had preferences relating to the scheme as a whole and specific elements within it (Stylianou 2013). She suggests that the contestation and dispute amongst these vested interests continued for much of the nineteen eighties and nineties, with a ‘balance’ being achieved in the decade since 2000. What is also notable in her account is the impact of media campaigns relating to safety and compensation and how these have framed community perceptions of priorities in relation to safety and compensation, and in particular, negative and stigmatizing perceptions of workers who are injured and who claim compensation. Vigorous media attention accompanied the development of the scheme over its first two decades, also contributing to public perceptions of compensation claimants.

Stylianou’s conclusion that a balance has been achieved and that there is now widespread community acceptance of the shared responsibility for workplace safety is perhaps a function of the documentary analysis that was the primary basis for her work (Stylianou 2013). A recent study undertaken in Canada provides a critical lens through which to understand the return-to-work policy environment, and suggests the existence of a system logic and processes based on ‘a model of workers as rational, well and with financial resilience’ when the empirical data provided by workers themselves suggests that this is not the case (MacEachen, Kosny et al. 2010:360). The authors suggest that extended claims were linked to a policy environment that was not easily able to ‘accommodate conflict or power imbalances among [return to work] RTW parties and by social relations and processes that impeded communication’ (ibid: 350). MacEachen and her colleagues’ work is important in identifying the system-level issues that contribute to prolonged injury claims for some workers and the need for new solutions to RTW problems that can take account of system dynamics (MacEachen, Kosny et al. 2010). Their work highlights the importance of examining workers’ experiences as the subject of research because of the way that this uncovers the damaging effects of ‘mundane’ or banal process inefficiencies that accumulate to create a
‘toxic dose’ for some workers (ibid: 363). These findings echo a critique of the policy context in Australia, characterised by contestation between business and organised labour over the distribution of the costs of workplace injury (Purse 2005). Whilst a corporatist-rationalist administrative logic informs the practices associated with the workers’ compensation system in Australia, these are enacted through interpersonal relations that are characterised by systemic disrespect and humiliation of injured workers by insurance company officials (Parrish and Schofield 2005).

In 2009-2010, 640,700 people across Australia experienced a workplace injury, accounting for 5.3% of all workers (Safe Work Australia 2012). The estimated cost of workplace injury was $60.6 billion, or 4.5% of Australia’s GDP (ibid). Another recent report suggests that 74% of the cost of workplace injury is borne by the worker themselves, with employers bearing only 5% of the cost (Safe Work Australia 2012). Also of note is the increase in accepted claims for mental stress in Australia (Safe Work Australia 2013). The Safe Work report notes that mental stress claims are the most expensive form of workers’ compensation claim because they often involve a long period of time away from work. The report notes that mental stress claims are more likely to be made by women, and in particular, by school teachers. The increase in claims for mental stress has occurred at a time when claims for physical injuries, including fatalities, has been decreasing. Unfortunately, the report does not include data relating to claims where the primary injury was physical, and mental distress developed as a secondary component of the injury experience, including the compensation system experience.

The data presented above suggest that workplace safety remains an issue that needs to be considered from the perspective of the injured worker, and consideration needs to be given to how effectively current policy aimed at enhancing the competitiveness of Victorian industry also provides for safety and compensation for those workers who are injured.

2.4 Method

The project was designed to respond to the lack of research in this area that examines injured workers’ experiences and perceptions of workers compensation schemes. By using a qualitative methodology and drawing on in-depth interviews with injured workers, it was hoped that the research would produce depth and detail to inform future research that might examine the experiences of a broader sample of injured workers and others who play a role in the delivery of work health and safety and workers’ compensation. Furthermore, this type of study was deemed to be ethically appropriate for people who have experienced significant pain and stress from their circumstances.

Thus the project was designed as a qualitative study based on in-depth interviews with people who had been injured at work and had been off work for at least six months. Each worker had a WorkCover claim that had been accepted, including two people whose claim was accepted following a court case. The sample did not include injured workers who
may have unsuccessfully made a claim for compensation, nor those with long-term work-related injuries who made a decision not to use the WorkCover system. The workers in the study were asked to tell their story of injury and recovery with a particular focus on how they felt and the factors that affected them, both positively and negatively. They were also asked what could or should be changed to support workers’ recovery and improve their experience of the WorkCover system.

The project took place over a year and a half between 2012-13. It was initiated by CMN and undertaken by a small research team with experience in qualitative methods in applied health research and workplace health and safety. Four trade unions collaborated with CMN on the project. Three of these assisted with the recruitment of injured workers. The fourth was represented on the Project Steering Committee and provided feedback on the final report. The Committee oversaw the design and implementation of the project, and included representation from the participating unions, from the CMN Board and from the School of Health and Social Development at Deakin University. Wider representation (e.g. from employers or system representatives) was not sought because the project set out intentionally to explore the experiences of injured workers, as they described these for themselves, and the meanings they placed on these experiences. Providing an opportunity for workers to talk about their experience of the WorkCover system, and to listen to these experiences with respect and empathy were essential parts of the design and delivery of the project.

Ethics approval for the conduct of the project was sought and obtained from the Deakin University Human Research Ethics Committee (study number 2012-229). The project was funded in full by CMN.

The project also drew on the concept of ‘recovery’ as it is applied in relation to mental health to challenge the belief that mental illness is chronic and that the best that can be achieved for an individual with a diagnosed mental illness is symptom management and stability. The notion of recovery developed out of the ‘lived experience’ of people with severe mental ill-health whose personal experiences challenged the biomedical knowledge of what it meant to live with a mental health diagnosis. The lived experience knowledge base is central to the concept of recovery as it is currently applied in mental health research and practice. Lived experience is now regarded as a legitimate way of understanding the experience of mental ill-health and recovery, including the experience of the service systems that exist to support people in mental distress.

There are many perceptions and definitions of recovery in this context, but one of the most widely accepted is William Anthony’s (Anthony 1993). Anthony identifies recovery as “a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with

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4 The AEU representative on the Steering Committee suggested that school principals may fall into this category of injured workers who do not submit WorkCover claims because of the negative connotations associated with being a claimant.

5 One ‘white collar’ union and three representing workers in ‘blue collar’ workplaces.
limitations caused by the illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.” Thus, recovery does not relate to the absence of symptoms of ill-health, but is applied holistically to the person and their ability to live a life of value, purpose and meaning.

This report uses ‘recovery’ applied to the individual’s efforts to re-establish meaning and purpose following their injury, regardless of whether they are able to return to their original work. This is consistent with the way in which ‘mental health’ was used in the interviews and in this report: applied to the experiences of well-being and mental distress that workers’ defined for themselves and which they associated with their experience of the Victorian Workers’ Compensation system.

The project undertook a critical analysis of in-depth naturalistic interviews within a social constructionist framework to explore the meanings that injured workers create for themselves in relation to their experiences of injury and recovery. It was designed to understand the lived experience of injury and recovery within the context of the WorkCover system. A social constructionist framework was selected on the basis of three key features: a critical stance towards ‘taken-for-granted’ knowledge, where that knowledge is produced and sustained by social processes and where knowledge and social action go together (Burr 2003). In this framework, there are many possible forms for negotiated understandings of the world and each one invites a different kind of action from human beings – at the same time as excluding other possibilities (ibid: 5). These negotiated understandings, or discourses, give shape and substance to our daily lives, structure our social systems and practices and offer us positions and statuses within these (Willig 2001). The purpose of analysis is to ‘unpack’ the construction of taken-for-granted knowledge in order to give voice to alternate accounts that cannot be heard within the prevailing discourses (Foucault 1969). This approach is an appropriate and effective means of examining the meanings that workers attach to their experiences of being on workers’ compensation, and identifying possibilities for action that arise from this alternate understanding of the operation of the system.

Fifteen people who had been injured at work and who had been unable to work for at least six months were interviewed. The workers came from different industry sectors: education (9 workers); textile, clothing and footwear (2 workers); and the meat industry (4 workers). They had a variety of primary injuries that fell into two broad categories: physical (8) and psychosocial (7). The table in Appendix One to this report summarises these characteristics. Each of the workers with a primary physical injury had developed a secondary psychosocial injury that had contributed to the need to have time away from work. Often the psychosocial injury combined with physical pain to delay recovery further.

Workers were recruited with the assistance of their trade unions, using an advertisement that was distributed via the unions’ regular communication channels. A copy of the advertisement is included in Appendix two.
The interviews were conducted at a time and place that suited the worker. A topic guide was used to explain the project and the focus of the interview. Workers were asked to talk about their experiences of being on WorkCover, and how this had affected their mental health. They were asked to talk about positive and negative experiences. They were also asked about their ideas for change or improvement to the system to make things better for injured workers. The interviews were unstructured so that workers could talk about the things that were important to them. Questions were used as prompts, and to check that workers had nothing further to add on specific topics or aspects of their experience. All the interviews were recorded on a digital device and transcribed prior to analysis.

The project design allowed workers to bring a support person to the interview to assist those people who were from a non-English speaking background to participate in the study. The support person’s role was to assist the worker understand questions and to help with expression where necessary, rather than to act as an interpreter. Two workers were interviewed with a support person present: in one case, this was the worker’s union representative, and in the other, a family member. In each case, the support person made minimal interventions to assist the worker explain aspects of their story. The support person’s comments were included in the transcription and analysis. All but one of the interviews were conducted wholly in English. In this interview, the worker brought a support person who was fluent in her first language and who assisted with translation where necessary. In this case, only the English language statements were transcribed and included in the analysis.

Throughout the interview, the interviewer emphasised that the workers could share whatever aspects of their experience they wanted to, and that there were no right or wrong answers to questions. The interviewer actively affirmed the workers’ experiences and encouraged them to offer their own explanations for what helped and hindered their recovery. This style of supportive, empathic interviewing was part of the project’s overarching position that the simple acts of providing a ‘listening ear’ and ‘giving voice’ within dialogue-based research can be the source of a therapeutic experience (Lowes and Gill 2006; Peel, Parry et al. 2006). ‘Wounded story-tellers’ therefore have the opportunity to take emotive self-stories and find some degree of healing from articulating these through a narrative (Grinyer 2004; Lowes and Gill 2006). Features of talking therapies that ‘naturally’ or ‘unintentionally’ occur within a research interview include the creation of a linguistic representation for internalized narratives, and the experience of having traumatic events and injustices witnessed by an empathic other (Kaminer 2006).

Although the schedule was not developed to undertake interviews with workers from one sector first, in practice this is what happened. Interviews with the nine workers from the education sector were arranged and took place early in 2013. It took longer to recruit workers from the ‘blue collar’ sectors, and these were conducted once the education sector interviews had been completed.

After the interviews had been completed, analysed and draft findings developed, the workers who had taken part were invited to attend a focus group to discuss the findings
and make suggestions for the project recommendations. Three workers attended the focus group, held at the CMN offices in Prahran. Refinements were made to the findings following feedback from and consultation with these workers. The recommendations also reflect their input.

There were several stages in the analysis of the interview data and development of the project findings. The stages are described in sequence below. In practice however, the analysis of the transcripts from workers in the education sector was undertaken and completed as a group, prior to the completion of the interviews with the ‘blue collar’ workers. The description of the analytic process provides some commentary on the implications for this in terms of how it may have affected the findings.

The first step of the process was to prepare the transcripts for analysis. This involved removing all identifiers including names, places and other features that might enable identification. Once the transcripts were de-identified, a pseudonym was allocated to each worker to ensure anonymity. The names used in this report are all pseudonyms, and have been used to protect the privacy and confidentiality of the workers who took part in the project. Appendix one contains a table that provides worker characteristics, including industry sector, occupational type, nature of injury and current work status.

Once the transcripts were prepared for analysis, each was read in its entirety, in order to gain an understanding of the complete narrative and the workers’ account as a whole. Each account was read several times at this point in order to gain an understanding of how the worker saw their experiences and the meanings they placed on particular events. Once each account had been read a number of times, the content was explored in relation to three key domains: the workers’ experiences of being on WorkCover; what happened to their mental health post-injury; and what particular factors impacted on their mental health (both positively and negatively). Content was also examined in relation to workers’ ideas for improving the system.

The data in the transcripts was then coded thematically (Braun and Clarke 2006). Initial analysis applied coding categories to sections of text to enable the researcher to see patterns, similarities and tensions in and across the data. Whilst the coding frame was initially developed on the analysis of the education sector transcripts, it was tested against the new data derived from the interviews with ‘blue collar’ sector workers, and codes were added or modified to accommodate new experiences and understandings. The transcripts from the education sector interviews were then reviewed to ensure that no further coding or re-coding was required. The final coding frame contained 120 codes grouped conceptually into 16 thematic categories.

By counting how often codes were identified in the accounts, it was possible to check that the ideas given prominence in the analysis matched those that were prominent in the workers’ accounts. This round of thematic grouping provided the basis for the write up of findings, demonstrating the connections and relationships between the different parts of the workers’ experiences. The findings in this report try to capture the complexity of the
interconnections between experiences and the interplay between experiences and the workers’ beliefs and assumptions and the resultant impacts on their mental health.

Findings and analysis are discussed in the next chapter of this report. The effectiveness of the research design, and the workers’ experiences of taking part in the project are discussed in the discussion chapter of this report.

2.5 Differences between groups

The project was designed intentionally to work across industry sectors and injury types. Three sub-groupings were built into the design of the project:

- Industry sector (‘blue’ vs ‘white collar’)
- Nature of primary injury (physical vs psychosocial)
- Gender

Every effort was made to recruit a balance of male and female workers to take part in the project, but in the end only three men took part. The analysis included consideration of differences in the experiences of the men and women who took part in the study, although the size of the male sample limited what could be said about gender. Once completed, the analysis of this limited sample did not determine any obvious differences between the experiences of the men who took part and the women.

The analysis was able to take account of the experiences of workers in different industry settings and with different primary injuries. Of the nine workers from ‘white collar’ settings, seven had a primary psychosocial injury and two had a physical injury. All six of the workers from ‘blue collar’ settings had primary physical injuries, although each had also experienced mental distress following their injury that had contributed to their inability to return to work.

As well as analysing the data corpus as a whole, the researchers looked to see whether there were differences in workers’ experiences and perceptions of the WorkCover system and the meanings they placed on these across the industry sectors and injury types.

In the analysis, no clear differences emerged between the groups in relation to the workers’ experiences and perceptions of the WorkCover system. There were differences between individuals, but these were not patterned in relation to industry sector or injury type. The mental health impacts described in the findings, the effects of particular aspects of the WorkCover system and the explanations that workers offered for their deteriorating mental health were common across all groups.

The analysis against groups however, was useful in clarifying the distinction between the mental health impacts of being on WorkCover and the mental health impacts of sustaining a serious injury. Where the primary injury was psychosocial, the mental distress
that accompanied the workplace experience tended to blur into the mental distress that workers attributed to the WorkCover system. It was not always possible, for either researcher or worker, to tell the two apart. Workers with a primary physical injury also experienced mental distress in relation to their injury, particularly for those workers whose injury was catastrophic and involved the loss of part of their body. They also experienced mental distress associated with their WorkCover claim. With this group of workers, it was easier to distinguish the different aspects of their experiences to which they attributed mental distress. Most importantly, in terms of this project, there did not appear to be a clear difference in the manner of and extent to which they found the WorkCover system to be distressing: it was equally distressing for workers regardless of their original injury.

2.6 Reading the report

The remainder of the report is divided into three main sections:

- The findings
- Discussion of the findings
- Recommendations to the CMN Board.

The findings are presented in four major sections derived from the data analysis phase of the project:

- Interactions within the WorkCover system, focusing on the workers’ interactions with: ‘system’ personnel (including insurers’ case managers and return-to-work officers); managers and colleagues in their workplaces; and practitioners in healthcare settings. This section is identifies and describes the interactions that were predominant in the workers’ accounts, outlining their significance to the workers in relation to their experience of being injured and their recovery;
- How the WorkCover process impacted on workers’ mental health. This section presents an argument of how the process, as it currently operates, damages workers’ mental health, based on the workers’ lived experience of the system and the explanations they offered in their accounts for their deteriorating mental health;
- Positive aspects and experiences. This section describes the aspects of the system that had a beneficial impact on their mental health and recovery. It includes factors that the workers identified in their broader experience of injury and recovery, including information and support from others. It also discusses the experience of one worker for whom WorkCover was a positive experience;
- Workers ideas about what could or should change in order to better support workers’ recovery.

The discussion section draws on the feedback from and consultation with the workers who attended the focus group after the analysis had been completed. It reflects their idea and priorities for action. The discussion section considers the findings in the light of:
• existing knowledge about the mental health impacts of workplace injury compensation schemes (identified from the literature), particularly the knowledge derived from workers’ lived experience, and
• implications for policy and practice change to better support workers.

The discussion section also considers the effectiveness of the study design and conduct in addressing the aims of the project and identifies a range of possible weaknesses, as well as strengths. Finally, it identifies possibilities for further research, based on the findings from this project.

Finally, the report makes recommendations to the CMN Board. These recommendations have been endorsed by the Project Steering Committee.
3.0 Findings

3.1 Post-injury interactions with the system

The injured workers in this study identified three different sets of people with who interactions had an impact on their mental health: insurers and other personnel involved in the management of their claim (including return-to-work organisations); people in their workplace; and healthcare practitioners. The interactions that workers identified as having the greatest impact on their mental health were those with personnel from the employers’ insurers and people in the workplace, in particular managers. In general, interactions were described in association with negative mental health and well-being impacts. These are described in the following sections.

Interactions with return-to-work providers also featured, but without the same level of distress. These are explored in section c) ‘Points in the process’.

The remaining set of interactions with professionals were those with health care providers. Whilst these are not the focus of this study, they have been included because they were prevalent in workers’ accounts and because workers’ experiences of these interactions were different to those with other professionals. As such, the inclusion of interactions with healthcare providers helps to identify and highlight the characteristics of helpful and unhelpful interactions.

3.1.1 Interactions with the insurer

a) Procedural and administrative issues

The length of the process, waiting and delays

This theme was identified in 14 of the 15 accounts. Injured workers experienced waiting in two ways: the overall length of time the process took, and delays between the stages. Firstly, the process was perceived to be very long, something that was raised as a problem for people and a hindrance to their recovery:

[The worst bits were] first of all, long time and second thing is they not believe you. (Alek)

The second aspect related to what were experienced as unreasonable waiting periods between events and delays in actions being taken by the insurer:

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6 ‘Stages’ here refers to the sequential events in the WorkCover process that workers identified in their stories. It does not refer to the formal ‘stages’ identified by the insurance process.
Throughout the process, WorkCover always waited until the last possible minute. If they had 28 days to give you an answer, they would wait until the 28th day and then courier the answer over. (Ayan)

The injured workers appeared to have little sense of why delays were occurring, giving rise to a sense of system inefficiency:

I’d try and ring and just ring and ring or if I got through someone else would answer and the lady who was in charge of my case, “Oh no, she’s not here, I’ll get her to ring you back.” Two weeks later I still haven’t heard back from her and it’s just like well what’s going on. (Karen)

Sometimes I call them, I said, “Why didn’t you pay this bill? There is an overdue bill for [xxx] Hospital.” I called them and I said, “Why didn’t you pay this bill?” They said, “I didn’t receive it.” (Samuel)

Waiting at the start of the process was particularly anxiety provoking, as people waited to see if their claim would be accepted:

Not knowing whether WorkCover would approve my claim. I had a genuine injury but I had heard lots of stories of people who had worse injuries than me and their claims were rejected. So there was that worry. There was the worry of not having an income. (Ayan)

As well as long waits between stages, injured workers had to wait at appointments associated with claim requirements e.g. visits to the insurers’ doctor or medical panels. Waiting added to the sense that their time was unimportant and served to reinforce the unequal power dynamic between worker and insurer:

It’s more than cruel, and that happened every single time I went to one of those doctors, the same thing. You have to wait. (Miriam)

The length of time, waiting and delays had a negative impact on workers’ mental health. This included the prolongation of anxiety associated with waiting for the outcomes of decisions, uncertainty and/or anger and frustration:

And it was every single day I’m telling you ever single day I was frightened. Every single time over that time, say the first doctor I was sent to it actually was five months and two days, I know that still remember that, till I actually got confirmation that my WorkCover had been accepted. So for five months and two days, every time the phone rang, I was frightened. Every time I went to the letterbox, every time if I saw - even now if I - I was just the anxiety that it placed inside of me was - is actually quite immeasurable. (Miriam)

The experience of waiting for an action to be taken or a decision to be made where the individual felt they had no control over what was happening contributed significantly to the lack of control that characterized injured workers’ experiences of the WorkCover process. For injured workers, waiting and delays signified a lack of care for the person:
I felt it was really unfair, and yeah, mainly the powerlessness, you know, waiting for them to call. (Ayan)

It was before that just with the way the work cover department was handling my claim and how they would take so long to approve things and it just felt like they didn’t care. I was just a number. (Karen)

Waiting was ubiquitous for the majority of workers in this study. Participants noted the human and financial costs of this, including the toll taken by a prolonged ‘fight’ to get what they believed was due to them as part of their claim. Several people suggested that waiting and delays were tactics employed by insurers to reduce costs:

I’d gone to mediation and my case had been accepted by the lawyer at mediation that yes, there was a genuine issue here that WorkCover could relook at. They do nothing. That’s what they do. They wait for you then to move forward which, coupled having had long-term bullying and harassment in a workplace, you are in no state to go through this rigorous assessment. (Lynn)

The prolonged waits also had practical consequences that hindered people’s recovery journey. Delays in decisions being made meant that injured workers missed opportunities that were time-limited, setting them back in their efforts to return to some kind of work. For Lynn, a teacher, vacancies for jobs appeared towards the end of the school year. The delay in processing her claim meant that by the time agreement had been reached over her return-to-work status and freedom to apply for a compassionate transfer to another school, there were few vacancies left:

Instead of it being ten days it became ten weeks and then it was issued when all the jobs had gone. So it’s just all these inconsistencies and things that you fight non-stop to recover from. (Lynn)

Conversely, where the process could be expedited promptly, injured workers reported a positive benefit on their mental health. Where cases were able to progress speedily, people did not have long periods of anxiety and uncertainty. Anxiety was also reduced where they were told about decisions in person, rather than waiting for formal, written notification.

The good part about WorkSafe was they didn’t keep me waiting too long and they actually rang me before I got the letter saying that it had been accepted because you just wait and I don’t know you just feel sick thinking if it’s not going to be accepted but it was, so that was a good part. (Faye)

Human error

Human error emerged as an aspect of system administration and procedure, and was related to the theme of lack of professionalism, picked up in the next section on interpersonal relationships. Most of the injured workers interviewed had experienced
mistakes made by personnel in the WorkCover system, particularly the insurers’ case managers. These included failure to process claims for authorised expenses including transport and medication costs; ignoring specific instructions relating to workers’ health situation (e.g. inability to travel long distances, attend meetings in the city, preferences in relation to the gender of doctors performing assessments, preferences relating to phone contact); errors relating to medical reports; failure to organise translators for assessments, panels or other hearings; and, failure to check procedural stages had been completed in employer processes before proceeding to court hearing. Lynn’s comment (below) makes clear the impact of errors on a worker who is already in a vulnerable state:

*Well you’re shattered. You’re shattered and I think that’s something that gets to you is who are these people now who are running my life? They can’t even run it properly. (Lynn)*

Errors added to the frustration that injured workers felt towards a system that they did not believe to be working in their interests. The impacts on their mental health however, went beyond frustration and the added length of time that sorting out the errors took. For some, there was a public dimension to the error, where others were aware of the mistake and believed that the worker was at least partly responsible for getting things wrong. For an individual already vulnerable about their value as a worker, the public experience of the error added to their sense of incompetence. Errors with pay, which were common in the workers’ accounts, were an example of this:

*I had a bad experience with the WorkCover with my pay, Like, when they have some mistake around my pay, so sometime pay less or something like that, so [workplace manager] just coming to me and ask me. It’s happened for a few time and other workers to look at me, if I am an idiot or something like that. Yeah, so I didn’t feel comfortable because the bosses come to me very often. (Joyce)*

Mistakes also added to the self-doubt that workers’ felt, particularly where the errors related to authoritative statements about them that subsequently became something that the system relied on in relation to the worker’s claim. Joan provided a report used by the insurer in court to support their case to reject her claim, where she had never seen the doctor named in the report:

*Nothing I said was true even though I had a witness, even though they could’ve investigated what they said but it says, Based on the history you provided to [Dr Name]. I’ve never seen this guy, I never saw this guy. I saw that dickhead [second Dr Name] but I never saw that guy and he made this diagnosis. That’s what I was trying to find, that’s his report and yet that [insurer name] report, they’ve even mixed up. (Joan)*

For the injured workers, mistakes became another sign that the system does not care about them or worse still, people are trying to trick or pressure the worker into giving up and ceasing their claim. This was exacerbated when trying to sort out errors:

*I had a case manager who was unbelievably incompetent in terms of [procedural matters]. It was just hard. It was really hard. They make you feel like you’re a nuisance, that you don’t
Managing the process

As well as being lengthy, injured workers experienced the WorkCover process as burdensome, rule-bound and compliance focused. For fourteen of the workers, these aspects were factors in the deterioration of their mental health. Workers identified a number of different aspects as problematic: attendance at meetings, assessments and panels; and paperwork and the requirement to provide ‘evidence’ relating to the work-related nature of their injury:

*Look to be honest I was so busy, I was so busy. It’s not just flocking around when you’re on WorkCover, you’ve got all these appointments, you’ve got the psychologist appointment, you’ve got the GP appointment, you’ve got the – you seem to be flat out pretty much all the time.* (Deb)

*I’ve gone through periods of weeks and weeks where I’ve been cut off and there’s lots of phone calls and letters and it consumes your whole life.* (Ayan)

*It was almost like being near drowning kind of thing. It was like a day to day managing to keep my head above water.* (Kate)

*The worst part was I suppose being forced to go to meetings and I wasn’t even capable of driving and I had to drive and I was lucky I didn’t kill myself and someone else, so that was pretty awful.* (Faye)

The process also required a great deal of workers at a time when they were unwell and/or in a vulnerable mental state. The amount of paperwork and procedural requirements that needed to be followed added to the burden and pressure on individuals, and there appeared to be little or no recognition of workers’ vulnerability following a significant injury:

*They send you a big envelope. I can’t read and process. I don’t have anyone to ask.* (Miriam)

*It is horrific. And I’m sure if you’re in a normal state it’s certainly not but in the state you are actually in particularly after having had long term bullying and harassment.* (Lynn)

*I have to work myself up to feeling strong enough to be able to make a phone call or to challenge what I’ve got in paperwork or whatever.* (Deb)

Being overwhelmed and struggling to cope was exacerbated by not having a sense of what was happening, what the next stages in the process might be, or what options there were. Case managers’ inability to assist injured workers become fully informed about the nature of the process and the progress of their claim also affected trust at an interpersonal level and on the workers’ belief that the system was designed to assist them:
Yeah, because going through the whole process I had no idea what was going on and what will happen and what I could do, what I couldn’t do. (Karen)

This is like a conveyer belt and we’re on this process and it was just like the conveyer belt kept slipping or it was like, “No, you’re on the wrong belt, you should be over here.” It was just the way that they had worked it meant that I could never know exactly where I stood. They might know where I stood as far as they were concerned but I never knew where I was in their process. (Kate)

The not knowing. Nobody telling you anything. Not trusting anybody has been huge. It just, yeah, it’s just been a withdrawal from a lot of things because it’s just been all so scary for me. After I’ve had my six monthly whatever and I know that there’s usually a reason I’ve got to have this and they’re angling at something, this supposed maintenance report that’s got to be done, but I always know there is another motive. (Shirley)

These experiences contributed to the sense workers had of an impersonal system where there was little care or concern for their experience of injury and attempts at recovery:

For them to state all these things and then I had to justify my work ethics, why I’d taken this time off, why I felt sick, why everything. I had to justify that and yet they sat pretty and got their wage while I was sick at home and was like a vegetable. (Joan)

The sense that failure to comply would result in a loss of payments or a closure of the claim was also prevalent in workers’ accounts, and contributed to their anxiety about the situation they were in:

So you have to work really, really hard to do everything that they tell you to do, because they hold the carrot, they hold the power, and if you don’t abide by their rules and tick every single box you’re stuffed, and they know that. (Ayan)

It was virtually like a bit of blackmail, it will go against me if I didn’t attend the meetings. I did cancel a couple and they made it very clear that it could jeopardise my claim so I had no choice. (Faye)

Finally, the language of many communications served to reinforce workers’ sense of powerlessness and the belief, held by the majority of the injured workers in the study, that the system was not established to act in their interests:

Oh it’s all corporate speak. “If you don’t contact us then this may affect your ability to claim a payment.” What they don’t say is, “Well, actually it doesn’t matter if you don’t call us.” But it adds fear like, “Oh shit I’d better call them, what’s this about?” and then you call them and it turns out your case manager is gone for five days. It just seems like such an impersonal process. (Ayan)

I mean the other thing especially in that first year, you’re getting all these letters in legalese and I know now, and I could see it again, that I could read things and read it again and read it again and have no idea. I just couldn’t make sense of that kind of language and it’s like, I’m university educated and it’s like normally I can deal with that. But at that point I just had no
Evidence and who has the defining say

These experiences were cumulative for the injured workers, creating a sense of a system where the purpose of the rules was to protect the interests of the insurance company and the employer rather than to ensure procedural fairness and administer workplace justice in the form of compensation for injury. Difficulty in collecting acceptable evidence was a theme in nine of the accounts. Workers struggled with the need to produce evidence of the work-related nature of their injury:

I like working, I like having a routine, I like being independent and working for a living. I don’t like getting anything for free. I had to prove over and over again that I had a genuine injury.

(Ayan)

This was the case for workers with a primary physical injury (such as Alek and Ayan) and for those with a primary psychosocial injury

A major concern was the weight given to independent medical assessments over reports provided by workers’ ongoing clinicians, including their treating doctors, psychologists and psychiatrists. Again and again, workers talked about their surprise and dismay at how a brief assessment could carry more weight with the insurer than a report from a professional who knew them well:

Part of that medical examination was to get a report from my psychologist who’d been seeing me all the way through and my GP and any other stuff that I’d put in. It was like they wanted to collect all this information but in the end they just took the report from the man who didn’t look at me for 45 minutes over everything else. So it was just like that was the bit they wanted to hear. They didn’t really want to know about what anyone else had said.

(Kate)

Elsewhere, the insurer was selective about which reports they accepted, as Alek’s support person explained:

[Alek] would get four reports from [the insurer’s independent medical assessors] saying, it is work related. He does need this. He does need that. They would ignore all the positive ones and only go with the negative ones. (Eleanor, Alek’s support person)

For Ayan, and others, the experience of being ‘described’ a report based on a 45-minute appointment was a significant factor in her experience of lack of trust in the system:

These people that I see for 45 minutes or an hour. Not my treating practitioner, not my psychologist that I see every fortnight. They dismiss that. They accept the reports and all that. [...] They can listen to the claimant’s GP and their own specialists that they’re seeing, and believe them, because by saying, no, no, no, we want you to go and see our independent...
assessor, they're basically saying, well, we don’t believe what your doctor’s saying. Essentially we don’t believe you. (Ayan)

Where the diagnosis was contested, this became more complicated. It had taken Miriam a number of years to get an accurate diagnosis of a condition related to sustained stress in the workplace. The insurer however, overturned this hard-sought diagnosis on the basis of a report provided by a doctor with no specialization in the condition that Miriam had been diagnosed with:

And then of course [the insurer’s independent doctor] says I don’t have CFS [Chronic Fatigue Syndrome] and they believe him, even though I’ve got letters from all the proper specialists who deal with it in Victoria, who actually say I’m in the worst 10% of CFS. (Miriam)

In a system where the administrator of the claim has a vested interest in disproving the connection between work and injury and where the decision about the nature of the injury rests solely with the insurer, workers found their version of the truth brought into question again and again. The experience of having their explanation questioned was one of the most damaging experiences for people, impacting on their sense of self and their trust in the system to deliver a fair outcome for them:

So yes, to have my integrity questioned like that was really offensive, but again that sense of powerlessness, I couldn’t do anything about it. I had to do what they told me to do. (Ayan)

How I describe it is building a paper trail of perception. If you’ve got the paper that’s your evidence regardless of the veracity of what’s actually in the pieces of paper I think that’s what the game is and I think that’s the game that they are allowed to play and I think the regions are involved in it as well, highly involved and heavily involved. (Lynn)

Each rejection of the evidence the worker provided added to their sense of being disbelieved in relation to their experience what had happened and what had caused their injury. This was the same across industry settings and across injury types, making it not only one of the most damaging, but also the most ubiquitous, experiences. Some of the workers learned to protect themselves in the contest over ‘evidence’ but often late in the process when much damage had already been done:

When I went they said, ‘Where’s the evidence? Have you got it in writing?’ But I said, ‘But the person told me this.’ I didn’t know that every time I spoke to a person, which I was incapable of, that I should have the tape recorder on and tape every conversation that we had. (Miriam)

Limited options

The final procedural issue relates to what workers perceived to be limited options in relation to retraining and support for returning to work. The workers’ experiences of the return to work aspect of the process are dealt with in more detail in section c) ‘Points in the
process’. This section however, describes workers’ responses to the options presented to them, and the impact of limitations on their mental health. The lack of meaningful opportunities for work and study was prominent for eight of the workers in the study.

All workers who took part in the study were keen to return to work, and made efforts to find employment that was suitable and meaningful. Often, the nature of their injury meant that some retraining was required. Ayan, who moved from a skilled manufacturing role to administrative work in a different industry sector, suggested that with the right assistance she would have been able to remain in the sector she had originally worked in – and loved. The support offered by the insurer not only did not enable her to achieve this, but also required her to complete a range of procedural tasks that took up time she could have used differently. The irrelevance of the interventions were a cause of frustration to her:

*I found that because I was looking for a job and I was studying and I was doing proactive things to get myself back into the workforce, I felt that they were wasting my time.* (Ayan)

Karen, who had also been employed in a skilled manual role for an employer who was a self-insurer, found that the process was unable to offer her meaningful work. This had a bad impact on her mental health:

*Or once a week I’d just be sitting there and I’d just be ripping up the new speciality bits that they put up the next day. It’s a very demeaning job and when I would complain about it the WorkCover department they wouldn’t care. They just said, well, whatever duties they can find you, you have to do.* (Karen)

Workers expressed particular frustration with the limitations on course duration and cost that the insurer was prepared to fund. Kate, who had a university degree and worked in a professional role, described her experience of the vocational assessment process she had to undertake:

*There was such a narrow range of things that I could retrain for and they were basically like Certificate III TAFE, straight out of high school kind of things. And that again sent me into that spiral of despair and it’s like I will end up being in a menial job. It would have been like starting again.* (Kate)

Similarly for Will, who was also not offered meaningful alternatives:

*The only job they’ve ever offered me is factory work again, anything that’s manual labour, working at Maccas, working in fast food, supermarket stacking shelves. Anything that they can possibly give me that they don’t have to train me to do.* (Will)

For Samuel and Will, it was the constraints around cost of their preferred courses that impeded their retraining:
Yeah. What I did, last year I went back to my study. I called them, I said, can you pay my school fees? And they said no. So I stopped because my school fees were $5,000. I don’t have money to pay so I left the school. (Samuel)

In Will’s case, there appeared to be a significant difference in the insurer’s assessment of the cost of his preferred course and his own:

They turn around and try to make it like it was a seven-year course and then they weren’t going to pay for it and that [the insurer] doesn’t pay for you to be retrained and all this crap. So [...] I left there feeling absolutely shit. I left feeling that no matter what I do, they’re just going to put a block in front of me. [...] I’ve looked everything up. It’s only a year course. 12 months course, 72 hours of face-time and the rest of it is at home [studying] online. (Will)

Finally, Shirley did not feel that she was ready, psychologically, to return to paid employment and had wanted to undertake some voluntary work as part of her return to work plan. She found however, that this was not possible as part of her claim.

b) Interpersonal interactions and relationships: insurers’ personnel

The quality of interpersonal interactions was a theme in 12 of the accounts. This included poor communications and relationships that the workers did not feel to be in their interests or beneficial to their recovery. Communications with insurers’ personnel largely took place on the phone and were characterized by rudeness and insensitivity, lack of knowledge and/or unhelpfulness:

[The insurer] sucked my blood from my body. They not believe just on phone. Same like now, you front of me, you see me how I am a human or person and same my case manager, they very rude person. Even they can’t talk to you very nicely. Same like you are a slave. They thinking, “Oh he make some excuse, he not injured.” (Alek)

I didn’t know I’d been cut off, because [the salary payment] automatically goes into my bank, and I went to go shopping one day and I had no money in the bank. Checked my letterbox, you know, and...that’s it. You know, that’s a really impersonal thing to do. They could have just given me a quick call, “Oh Ayan, you forgot to tick the box. Do you want to just fax it through again?” No they don’t do it that way. So they don’t operate in the best interests of claimants. (Ayan)

Workers experienced insurance company staff as unprofessional, inefficient and/or lacking the knowledge that they needed to do their jobs. In particular, workers wanted a service where they felt that the nature of their injury and their experience as an injured person had been understood, but this was generally not forthcoming:

Yeah but it kind of struck me more and more going through the Work Cover process, it actually wasn’t that you’re dealing with a professional body that is governed by people who understand trauma and they know what they’re doing. You’re really dealing with an
Communication was perceived to be more about the claims process than the workers’ health and recovery. Workers reported how their specific needs were overlooked or disregarded resulting in further delays and the perpetuation of an adversarial dynamic between the injured worker and their case manager:

> I’ve got this maintenance meeting to happen very soon. It was to happen today at 12 o’clock. I had it put back to the end of March for a reason that I only realised a couple of months ago it’s going to be at [address in Melbourne] which I didn’t have any idea was that. But I knew I wouldn’t be able to manage that and it’s documented that I [can’t travel into the city]. So I contacted [name] who is my current case manager thinking that she might be able to help me. And it was a straight out no. (Shirley)

Staff turnover and frequent changes of case manager were also difficult for workers to deal with:

> I don’t know how many case managers since I’ve got the injury. Now I’ve got four or five from [insurance company]. They just bring one and they stay with me for four months, or however many months. They kick them out and I get another guy here like that. (Samuel)

> And another thing too, now I’ve got a new case manager. I sent an email to someone who I always send it to, this [name] whatever her name is, and all I got was this curt email back, [name] is your case manager I’ve passed it onto him. And I’m thinking since when, who the hell is [name], don’t know him from a bar of soap. (Faye)

The poor quality of communication and interpersonal relationships impacted on workers’ mental health and recovery in a number of ways. Combined with the cumulative experiences of having multiple case managers, workers felt de-humanised and ‘pushed around’ by the process:

> Not interested and they don’t have a need to know, “How is my client?” (Samuel)

> Well it de-humanises you. You’re a non-person, you’re a number, you’re a policy number, and when you’ve been on the books for as long as I have, you’re a nuisance policy number. (Deb)

> You’ve got to be a horrible person [to be a case manager]. You’ve got to have no heart. I mean to treat someone the way that they treated me especially. You know, okay, a young kid, amputation. Let’s actually be a little bit friendly to this kid. I can imagine what he’d be going through, it wouldn’t be nice. But that never entered their head. It was just like, “Huh, twenty year old kid. Amputation. Ah, he’s young, He’ll get over it. Harden up. Back to work.” And that’s their mentality. (Will)

The sense that case managers did not have workers’ interest at heart contributed to the workers’ sense of powerlessness and hopelessness. As a result, workers were not able to build trust with individual case managers, nor a sense of trust of the process. In turn, this
impacted adversely on their sense of being in a process that was moving forward. Changes of case manager were also associated with a step back in the progress of their recovery:

My case managers kept changing and I wasn’t being told so it was just like I would contact them and say, “What are we doing?” And, “No I’m not your case manager anymore, so and so is.” So it was like again the rug being pulled out. (Kate)

Where people were able to build a relationship with a case manager however, or where they had a case manager who they felt showed care, concern or was knowledgeable, the experience was more positive:

It was the way they approach you as a person, the way they listen. They had excellent listening skills. They could empathise with what you were going through, they were professional but they were actually able to address you as an individual who had concerns, not just a bludger who is on the books who needs something to do. (Deb)

I think it was the second year or third year of I was on WorkCover and I got a fantastic case worker called [name], she’d been a nurse. She was medically trained, a bit of a difference. She was the only one [who had any medical training]. She was speaking to me and she said you have chronic fatigue syndrome, this is what I want you to do, because you’re not getting covered for that. So I want you to go to your GP your specialist and I want him to write this to this criteria, because you should be claiming for that as well. (Miriam)

Likewise, where a case manager was able to communicate in a way that allowed the worker to feel like they had some control over the relationship, the experience was much better. For one worker, the flexibility and responsiveness one of her case managers was able to offer was effective in building a good working relationship:

They do say that they are there to help you. They’re there to help you in a system that really doesn’t have much flexibility. The good ones, as I said, have been great, they’ve been able to negotiate on my behalf. I’ve been able to negotiate with them. (Deb)

The difficulty of communicating with someone who is in a vulnerable position, particularly in relation to their mental health, is revealed by the following quote, and highlights the importance of case managers’ skills, knowledge and customer orientation:

I don’t know how other people can be assisted to not feel isolated without them feeling that, for instance, if WorkCover rings that they’re interfering. There’s been days when it’s been nice to talk to WorkCover because I’ve had a particularly isolated day where I’ve been down and suddenly there’s been a voice on the phone that I recognised who I knew was there to help me. As I said, that’s one of the three that I’ve had who has been really good. With the others you just dread it and you don’t want to talk. (Deb)
c) Points in the process

There were three points in the process that workers described as being critical to their experience of WorkCover. These were: establishing the claim (raised in 13 of the accounts); insurers doctors and medical panels (12 stories); and returning to work (13 stories). Workplace investigations were raised in four of the interviews. This topic is discussed later in the section on interactions with the employer.

Establishing the claim

Workers’ experiences of WorkCover were characterized from the start by anxiety, uncertainty and a sense that making a claim for compensation was an avenue of last resort. The accounts reflect that people only made a claim because they felt they had no alternative, when they were unable to work and/or when their sick leave had run out. This applied to workers with catastrophic injuries, those with escalating chronic injury and those with primary and secondary psychosocial injuries:

[I applied for WorkCover when] I felt I couldn’t hold it back anymore, I couldn’t cope anymore with what was happening and everything, I thought I need time off. So I applied. I didn’t do it straight away because I was hoping I’d get better, but I didn’t so I applied and then it was rejected and that’s what made it worse, not being able to have time to recover and not being able to go back, I couldn’t face them. I’d had enough. I couldn’t face them anymore. (Joan)

So I finished all my 40 hour sick leave. Then the family doctor ask me whether I want to claim WorkCover. So after that I went back to work and asked the employer for the form and they send to my home. (Joyce)

Well I had planned to use up all my sick leave, that’s what I had planned to do and then see how I was. Financially I couldn’t have gone on longer than two terms, I just couldn’t have and so I don’t know what would’ve happened then. It was only really the psychologist and my doctor and my family that pushed me into making a claim. (Heather)

As the quotes above indicate, workers often only made a claim when they were encouraged to do so by a third party, particularly their GP.

Workers associated their reluctance to claim with the negative perceptions of what it means to be a WorkCover claimant, and the stigma attached to the claimant status. One way of interpreting this is to see making a claim as an admission of failure, particularly for those workers who reported experiencing bullying and stress in their workplaces:

We got a new business manager and she began to bully me and that’s when I had the breakdown and that’s when I claimed WorkCover. My doctors asked me earlier to go on WorkCover and I kept saying no because of the stigma that’s attached with well WorkCover, WorkSafe. But anyway in the end I had no choice, I broke down and I couldn’t work. (Faye)
Because I've got a good work ethic and I think like I said that stigma that goes with WorkCover. (Faye)

Probably my doctor more than anything else because she knew the type of person that I was and she could see the type of person that I had become. That support was important to me as well. When I first went to her she was like “Don’t go on WorkCover because you’re never going to win. I’ve had a few people and they just don’t – their claims aren’t accepted.” (Heather)

As a result of the negative perception, the beginning of the workers’ recovery journeys was often marked by anxiety and stress, on top of existing injury or illness:

Now that was November the 15th. It wasn’t until the middle of January that I decided to put in a WorkCover claim because of the stigma and also the fact that once I did, [manager’s name] would read it and that was frightening for me because she was a person who whenever you had a conversation with her and you might have disagreed about something, she would defend, defend, defend and then pick, pick, pick. (Heather)

And it wasn’t until June or July where I actually went to see a doctor about [stress-related condition] and she said to me this is a WorkCover case, I’m like frightened, terrified, scared of causing trouble. (Miriam)

Workers’ early experiences also reflect the nature of the process as one that is adversarial and more focused on the proof or disproof of nature of injury than on the workers’ health, recovery and return to an appropriate and suitable working life:

That was [the insurer] that was on the phone trying to figure out when I would be back to work. So there was no care at all that I okay, this guy’s just amputated two fingers and it’s not something that heals like a scratch. It’s a little bit worse. So from the very start, as I said, there was not a good relationship with them and they have not been helpful at all. (Will)

I think that’s what insurance people do, everyone’s saying to me, “The first letter they always reject people’s claims,” and I think, “But why, why do they think that’s normal to reject someone’s claim after being interviewed, everything out there for them to read and yet they reject your claim.” (Joan)

Workers also talked about a range of procedural and administrative problems that occurred in the establishment of their claim. Seen retrospectively, these characterize the broader experience of the process as one beset by error and inefficiency, uncertainty and lack of information:

And then of course, the WorkCover people, they picked holes in all of this procedure because they said, “What’s going on? You’ve pulled out the [date in] October and the WorkCover claim comes in January because of the school holidays. And no, we’re not going to pay it”. (Emily)

This went on for probably four weeks and I thought I’m in big strife here emotionally and this is being caused by the workplace, by two particular people in the workplace being the
leadership so I put in a WorkCover claim. That was then rejected on the basis of I hadn’t filled in the front box, I’m sure you’ve heard this, appropriately. There was a technicality. (Lynn)

Then 20 weeks after I send the form I got the first appointment with the WorkCover doctor and then the week after they accept my claim. Yeah, they back pay my sick leave. (Joyce)

These aspects of claim establishment initiate a dynamic where workers have little control over the progress and direction of their claim. This dynamic, as mentioned previously, often extends for the duration of their claim, and the powerlessness and hopelessness that this dynamic brings to the worker position is one of the key negative impacts on their mental health.

When a claim is rejected, the impact on the worker may be devastating. For Joan, rejection of her claim meant rejection of her version of events, her ‘truth’. Whilst not all claims will be accepted, this indicates the importance of how to deliver rejection messages and the opportunity this provides to case managers to act in a humane and supportive way that recognises the worker’s experience and feelings:

I think his report and then also the report from the two people [in the workplace whom Joan had identified as causing her stress] as it just broke me and they rejected my WorkCover claim and I just went downhill from then. I found it hard to cope anyway, but that was the worst part of it. Then I just couldn’t function, I wasn’t eating, I wasn’t sleeping, I couldn’t understand why they would say all these things about me and reading the psychiatrist report from their side, from [the insurer’s] side, was devastating and him not even mentioning my witness. No one mentioned my witness was with me when these things happened and these things were said to me, no one mentioned that in report. Then I just got very sick, I ended up in hospital and my whole family’s life turned upside down. (Joan)

The opportunities for workers to have a different experience however, are also there in the establishment. When a claim is established quickly, with a degree of humanity in the procedural aspects, then workers report a very different experience. Faye’s account illustrates this well. Faye made a claim following an extended period of stress associated with an unmanageable workload. At the time of her claim, she was highly anxious and verging on being suicidal. When she finally made her claim, the anxiety of waiting was relieved when the insurers case manager promptly rang her to tell her the claim had been accepted. This human contact, and not having to wait to receive a letter:

The good part about WorkSafe was they didn’t keep me waiting too long and they actually rang me before I got the letter saying that it had been accepted because you just wait and I don’t know you just feel sick thinking if it’s not going to be accepted but it was, so that was a good part. (Faye)

Heather’s comments also illustrate the importance, in terms of health and recovery, of claim acceptance:

I can remember talking to the psychologist about it saying I was anxious about it because I was dead certain they were going to knock it back. Then all of a sudden it wasn’t knocked
back. That was quite a relief because it validated my feelings, it was a relief to have that but just that - and because I didn’t want to do it either. I kept saying “If this doesn’t go through I don’t know what I’m going to do.” I was really panicky and at my wits end about what would happen if the WorkCover claim didn’t go through. (Heather)

Insurers’ doctors and medical reports

Issues relating to interactions with the insurers’ doctors were significant in 12 of the workers’ stories. There was a range of ways in which this part of the process was damaging to workers’ well-being and recovery. These included inefficiency and errors and treatment that workers experienced as rude and inhumane.

In relation to inefficiency a number of the workers found it difficult to travel any distance owing to their injuries and/or state of illness. Their needs in relation to arrangements for attending appointments were not always catered for with appointments being arranged in locations or at times that made it difficult for them to attend. Joyce had asked for an interpreter but when she arrived at the appointment she found that the interpreter had not been organised:

The latest time they send me to the WorkCover doctor but they didn’t provide me the interpreter, so yeah. Actually it took me three hours to get there and then can’t do anything because no interpreter. (Joyce)

At least two workers reported receiving copies of their medical report with errors in it, including the report referring to another person, or having the wrong doctor’s name in it:

[Reading from the doctor’s report], “The worker was interviewed alone. There was a casual mild agitation. Affect was tearful, angry, depressed without loss of emotional control. There was fair range of affect. She conveyed a strong sense of affiliation with the school and dislike of change in her environment. Speech production was normal. Thought tempo was normal. Thought content was described above. There were no delusions or bizarre thoughts. She was not suicidal.” [Then] there was somebody else’s name [in the letter]. Anyway this guy was just really something. (Joan)

Workers experienced these inefficiencies in the medical assessment process as indication of how little ‘the system’ cared about them or had their interests at heart. The anger and disappointment Joan experienced was similar to Alek’s experience of an insurer’s doctor who changed his mind after he had written his initial report when he saw the employer’s report relating to the injury, leaving Alek to doubt the doctor’s independence:

They send you to different, different doctor [...]. First time I see [WorkCover appointed doctor], 2008, he say about myself, “Oh, he injured in a workplace”. After two week or three week after, he change his mind. He said, “No, he not injured in a workplace”. (Alek)
Alek suggests that the insurer will send the injured worker to multiple doctors until they get a report that suits their purposes (ie to reject the claim). Other workers highlighted the delays between attending the assessment and getting a report, a situation that was particularly concerning for those people whose claim was not yet established or had been closed, given the impact this could have on the workers’ ability to access treatment:

It’s months down the track before I actually see the independent medical examiner, and then another month before the insurance company receives the report, and then they make the decision. So it seems to draw out the process unnecessarily, the use of independent assessors. (Ayan)

In relation to mental health, the quality of the interaction between the doctor and the injured worker was more concerning. Doctors who showed little or no empathy, understanding or compassion towards the worker contributed to the workers’ sense of being fraudulent in their claim and unimportant in the compensation process. This negative experience applied to the quality of the interaction when the worker visited the doctor, and the experience of receiving a highly technical report that presented a description of them in the professionalised language of the medical profession, serving to diminish the workers’ sense of control over their own description of their experience – in Joan’s words, a lack of control over ‘my truth’. Poor treatment related to impoverished interpersonal skills:

What was really, really intimidating was the psychiatrists. That was really – that’s why I was so thrown by this other business here, going to see another one. [...] He had socks and sandals on – he just basically treated me like shit. [...] So, yeah it was just a negative experience, just the way he treated me, the way he spoke, but it was all designed I thought probably to make it a negative experience for me. He didn’t listen to what I said, you know, just – yeah, it was bad, really bad. (Emily).

A shitbag, a snooty bastard who didn’t take, I think he couldn’t give a rat’s arse. He’s getting a big cheque at the end of the year from [the insurer] and he had to sit down and in half an hour he decided, “That’s what she is, she doesn’t cope with this.” I don’t cope, Jesus Christ if you were put in that position how would you cope? “Oh she’s like this and she doesn’t like change,” or something, I can’t remember, well who does like change? It is so long winded and such a lot of bullshit that this man wrote. (Joan)

Poor treatment also related to perceived lack of compassion or understanding of the workers’ mental health situation:

And at one point [in the medical panel assessment] I was putting my hand here and they said “what are you doing that for?” and I said “to calm myself, for comfort” but it was just like a question from here, one from there and then finally one of them walked me out to the door and let me loose in the centre of Melbourne. And I thought, without actually being suicidal just by being blinded by everything, I could have walked under a tram quite easily. I was bleary eyed and red faced and crying and walking up towards Victoria Market (Kate)

It also related to the nature of the medical encounter and its inadequacy for explaining a complex situation involving workplace dynamics and structural relations:
One thing I have to say, WorkCover or WorkSafe I don’t know who it is we deal with, send you to a psychiatrist and that is a total waste of time. I was in the middle of a breakdown, couldn’t remember anything, terrified of going there and you’ve got 50 minutes to try and explain your situation. And he starts off from childhood so I’m 58 years old and I’ve got to explain my whole life from birth right up to – yeah. And I just got to the school bit and the interview was over, so what a waste of time. (Faye)

In the medical encounter, the workers experienced little control and a considerable degree of coercion:

They’ve sent me to awful doctors. They sent me to a psychiatrist once who asked such personal questions that I felt didn’t relate to the injury at all, asked me personal questions about my sex life today, 20 years ago, relationships. I was told by WorkCover that I had to answer every question, because they wanted to get a full story of my life. That was very… I felt that was really invasive. [...] You feel violated. Yeah. Especially that first horrible psychiatrist. I actually cried for a couple of days, and I wouldn’t figure out why I was so upset, and I realised that I was forced…I had no choice but to tell this horrible man really personal stuff about my life, and stuff that… the information that I really believe has no bearing on my workplace injury. (Ayan)

I went [to the appointed doctor], he comes out. I’m there, Miriam X, so I go in. He did not give me one piece of eye contact. He did not let me yeah didn’t let me speak. Now the first thing he did was he’s got his computer screen, he scrolls down pages and pages with yellow and black Richmond stripes. Have you got all that? Oh, oh I can’t really read and process. Every time he asked me a question he’d cut me off and answer my question for me and I came out of there and I rang straight up to [the insurer], and I said he didn’t listen to me. He treated me like I was a non-person, I feel humiliated. (Miriam)

Errors and poor treatment have a dual impact both on the workers’ mental health and on their trust in the system. The perceived lack of independence left workers feeling marginalised and unprotected:

If WorkCover make appointment with some doctor, neurosurgeon or psychiatrist, psychologist or something, they knows some good doctor also. But the WorkCover independent doctor, they say independent. I say, no, that’s not independent. I say that’s for WorkCover. (Alek)

Finally, for Kate, the negative impact was so significant that it was a major factor in her decision to cease pursuing her claim:

But yeah then eventually I got my first medical examination and had to come down to Melbourne for that and to me they are one of the – or they have the potential to be one of the worst aspects of Work Cover because to me, already being traumatised and seeking connection and seeking someone to understand me, to have a psychiatrist who should be the understanding ones and all of that and to have him not give me any eye contact, not give me any response and then usher me out the door, was again more scary. And then it could be a month later that you finally find out what he thought of you. I only had two of those and one
Returning to work

Thirteen of the workers talked about return to work as an aspect of the process that impacted on their mental health and sense of self-efficacy. Whilst this was not as overwhelmingly negative as workers’ experiences of their relationship with insurers’ case managers and doctors, their accounts suggest that this is still an area with potential for process improvement. Return-to-work processes that may be adequate for workers who may be able to return to their previous role and employer are not necessarily adequate for workers who may not be able to return to previous roles or employers, particularly in relation to those workers with serious and/or catastrophic injuries. For some, the nature of their injury meant that they would need to retrain and enter a different occupation and possibly industry setting. For others, the nature of their injury meant that it was impossible to return to their original place of work on the basis that little or nothing had changed in the workplace to make it safe for them to do so.

Each of the workers was keen to return to some form of meaningful employment. The point at which a long-term injured worker was ready to return however, is not clear. At times, this was negotiated, and the worker had some control and some sense that they had options to step up, and then step back if things did not work. Such negotiation did not always happen, with some workers left feeling pushed before they were ready. Workers’ own anxieties about being away from the workplace combine with employers’ and employees’ attitudes to ‘WorkCover claimants’, making returning to work a potential mental health (and practical) minefield. Stigma was a recurrent theme in the interviews. The fear of being labeled impacted on workers both before they returned to work, potentially delaying their recovery, and once they were back in the workplace, impacting on their ability to make their return a safe experience:

*I suppose people might say that WorkCover’s got a stigma attached to it and I might have felt that when I went back into the school. I think that’s what I said to the psychologist when he said, “What things are utmost in your head?” What are you worried about most?” and I said “I’m really worried about going back into the school with a WorkCover stigma attached to it, I’m really worried about that”. (Emily)*

*Very difficult [to return to work] because I feel sad and uncomfortable when other people still working when I have to left the work place early. And the company managers pay more attention to me; because they’re saying that they need to look after me if something happen at work. (Joyce)*
3.1.2 Interactions with the workplace

a) Lack of support

Eleven of the workers talked about the lack of support from people in their workplace as a factor in the deterioration of their mental health. The eleven workers included Emily, the only worker in this study who had had a generally positive experience of being on workers’ compensation. Workers associated lack of support with their line manager and senior staff in the organisation as well as their immediate colleagues and workmates. Lack of support was felt both in terms of administrative processes, and in the emotional dimensions of sustaining a workplace injury

In the first instance, workers did not get the support from their line managers that they anticipated in relation to claim establishment and administration. For workers who did not see themselves as the problem, nor as responsible for their injury, receiving little assistance from the workplace that had been the cause and context for their injury was hard to come to terms with:

But, anyway when I put in my application [the CEO] did say straight out, “I will support you in your recovery and your WorkCover.” Unfortunately when it came to the reality of it, he did not support me, except for the fact that he forwarded the form and accepted the fact that yes, work was responsible for what had happened to me, except for when he created his own story to the effect that [the worker was responsible for her own injury], which is one of the first things you learn. (Deb)

Kate, whose psychosocial injury followed an issue with a client that was not adequately resolved, was put in the position of having her CEO appoint himself her return-to-work officer. She saw the CEO as a significant part of what caused her distress and inability to work, leading to an intolerable situation and one in which it was not possible for her to feel safe. Lack of administrative support from the workplace is also reflected in errors with people’s pay in particular. Faye, who had a stress injury related to work-overload, cited the lack of support in the lead up to her injury and following it as the most significant factor in her inability to recover:

And now they’ve got three people doing my job so that goes to show. I think that hurt the most, the lack of support from work. (Faye)

Added to the lack of procedural/administrative support was a reported lack of emotional support and caring contact with colleagues. Workers’ accounts about being cut off from their workmates had immediate negative consequences for their mental health, and contributed to increasing self-doubt about their value as workers and people. The hurt caused by lack of contact with people that they had previously enjoyed close working relationships with was a recurrent theme in their accounts:
If I wanted anything or I wanted to follow up on anything I always had to contact them, they never contacted me. When I was dismissed I didn’t even get a card. I had been there for 14 years, the service users actually made me a card and the staff signed it – I never got it. (Deb)

The first stuff was about how the workplace actually handled things at the time and the first one that struck me was that the CEO had appointed himself as the return to work officer and what they immediately did was cut my communication with all the other staff members. I didn’t know at the time but they told them not to contact me. (Kate)

A second element of being out of contact, including being deliberately placed out of contact by the management (as indicated in the quotes above), is hearing the accounts of their injury and absence that were promulgated in the workplace during the workers’ absences:

Only two people came to see me, because they had been told that I’d cracked the shits and I was refusing to go back to school. (Miriam)

Yeah, they’re assuming the worst of me and that it was deliberate and whatnot and that I was cutting fingers off the gloves because, you know, I’m a vandal, yet I was actually amputating fingers. So it just builds up. Little nit picking things from people and, you know work not giving a shit about me and I’m meant to be one of their employees and you would think that they would, you know, at least give me a phone call. You know, the boss would give me a phone call asking how I was or at least, you know, send some bloody flowers. (Will)

Other workers reported the ways in which they were recast as the cause of a workplace problem, rather than being seen as a victim of a workplace event that had injured them. Workers spoke with anguish about this reconstructed identity, the loss of a valued sense of self, and their struggle to hold onto a self-image that was validating and meaningful for them. What their accounts indicate is that the process of reconstruction happened in the workplace during their absence, and/or as the next paragraph indicates, when they returned. It was not something they were directly involved in or had control over: it was something that was done to them.

The recasting or reconstruction of the injured worker as the problem continued into the return-to-work phase for those people who had gone back to work. Here, workers told of the shift from being a valued worker and colleague to someone who was treated with suspicion, derision or was demeaned. Joyce felt saddened by her colleagues’ lack of understanding of the impact of her injury and their sense that it was now better for her because she was relieved of a full time workload:

And also I feel that if I work slowly or I can’t get the job done well, the company, I don’t feel good. Because when I leave the company early some people saying, oh good on you, so they feel that this is good that I can leave the work early. (Joyce)

Karen, an apprentice butcher with a long work history in various roles in the same company, returned to work to be given the most menial tasks attaching cut price labels to stock on a daily schedule where she had almost minute by minute surveillance from her boss. She felt
mistrusted and undervalued, and put their reluctance to retrain her down to the suspicion other workers now had of her:

I know they could have retrained me in the office, but I also know that the girls in the office had gone to the store manager and said no, we don’t want her in there because they were too scared I would take their jobs. (Karen)

The shift in how the workers were seen and treated by their bosses and colleagues had significant negative consequences for their mental health.

The combination of lack of practical support, being cut off from contact and being recast from victim to problem was compounded by the perceived lack of humanity, care and compassion from colleagues. When bosses failed to inquire about their health and well-being post-injury – particularly with traumatic physical injuries like amputations – workers began to significantly doubt their worth and value:

Just even having someone ring me every now and then saying, “How are you going, is there anything we could do”. So it makes me upset. (Karen)

Samuel, who had experienced a partial amputation, spent three months in hospital following his injury. During that time, his immediate line manager, with whom he had enjoyed a good relationship, did not contact him once. Samuel came to believe that the reason his boss had not contacted him after his injury was because he, Samuel, was in some way to blame for his injury and had made a problem for his workplace:

I feel bad. Not once. I feel bad, I feel guilty […] because even my own manager who I used to work with and I get an injury and he didn’t even come to see me to see how I am. (Samuel)

Conversely, workers with stress and bullying related injuries talked about the ‘false contact’ from their abusers, which they saw as designed to cover up or detract from the abusive behaviours that had caused the workers’ injuries:

I didn’t get any phone calls that night from anybody. That’s how it was, all the time I was away, I didn’t get any phone calls [from the principal]. She didn’t ask me how I was, but she’d send me some little, you know, supportive thing. (Emily)

The lack of concern extended to some examples of inhumane treatment on the part of workplace decision-makers that are, on the face it, hard to comprehend:

In the end, beginning of last year I had to have another surgery on my knee and when I came back they decided, “No, we’re got no more work for you, off you go.” So even that day that really upset me that day because also I was escorted to my locker to get all my stuff. I was escorted out of the store. I had been there nearly five years and to be treated like that. (Karen)

I was in hospital and I got a phone call from the nurse that actually had helped me out that day. She wanted to come to the hospital and visit me with OH&S representative. So he was
going to make me do that incident report when I was in a hospital bed. But, yeah, they’ve had no contact. (Will)

For Will the injustice was compounded by being officially described as having deliberately caused his own injury:

As I said, WorkCover have fronted up. They’ve seen nothing wrong with the machine and then their doctor is stating negligence on my behalf and that I’d done it because I was bored. I suppose there’s no case for them and they’re going “What, this kid’s just a psycho”. You know, “He’s sick of working and wanted to quit with $10,000.00 so cut his fingers off”. It doesn’t enter your head. I mean you’d have to be pretty sick and twisted to want to mutilate yourself like that. (Will)

b) Poor work practices

In twelve cases, the workers’ stories also reflected poor workplace practices around safety leading up to their injuries and around fixing the problem for their safe return to work. In the first place, workers identified their managers and/or employers as deficient in providing safe working conditions:

Yeah, it was the heavy industrial iron, weighs about four kilos, and my boss was pressuring me to…and I told her “look, it’s hurting” and she didn’t listen to me, and I was using both arms and…yeah, so I thought it was just muscular and I’d be right in a couple of days. (Ayan)

It started off with work overload, I was doing 10½ days without pay just normal salary. I kept begging to get extra help and they wouldn’t give me help. We got a new business manager and she began to bully me and that’s when I had the breakdown and that’s when I claimed WorkCover. (Faye)

Yeah, even if they had done a proper grievance procedure and conflict resolution, it might never have even gotten to having to be a WorkCover thing. (Kate)

In Will’s case, he had asked not to be placed on the band saw which eventually injured him, a piece of machinery that he had not been trained to use. Nevertheless, he was directed to work there, indicating that workers who wish to remain employed lack the control they need to keep themselves safe:

If they had of actually gone “Okay, this kid’s afraid of it”. Because I told them twice I was afraid of the band saw and I did not want to be on it. (Will)

The lack of attention to safety and worker well-being contributed to their sense of being under-valued, an expendable and replaceable resource. Workers identified how their own action contributed to their lack of safety: the desire to be ‘good workers’ meant that they had overlooked their own safety or delayed acting to remedy unsafe situations. This points
to a cultural dimension around workplace safety as something that comes second to efficiency and getting the job done:

No law, no English, nothing and I keep going working but just I did that good thing. Same day when I injured myself, go to the office and I report my supervisor, Kathy, and she also seemed like keep going for something and I keep going working, working. Why? No understand law. (Alek)

But it’s good sometimes here in Australia people are thinking Australia is good with safety, but me as someone who worked for seven and a half years, I don’t see any safety, no safety. I see the risk. People are getting injured day and night, because at the same company we’ve got two shifts and you will not leave one day without someone who hurt himself, and that’s why I wonder myself, sometimes I say to myself, “Why are people talking about work safety and there’s a lot of people suffering?” (Samuel)

Wasn’t just me, there were a lot of people at school that suffered from this but because I work with [the principal, whom the worker identified as a bully] much more closely being the [job role], it was just such a difficult time for me. It was a build up for me, I denied it, I’m just reading my notes, I denied it for almost two years what was happening to me and kept – I might cry here, sorry. (Heather)

Heather’s emotion as she recounted her experience is indicative of the lasting impact and negative consequence of working in an environment where workers’ safety is not valued and is even actively ignored.

The second dimension to this theme relates to poor practice in remediying the unsafe situation in the workplace. This was common to the majority of workers’ stories, and contributed significantly to their sense of injustice, as well as prolonging their feelings of physical, psychological and emotional unsafety. In each of the accounts, poor practice or vested interests on the part of the employer and/or managers led to a lack of remedy for the unsafe situation in the workplace. This included instances where workers reported that the damaged or faulty machinery that they were injured by was repaired prior to WorkSafe inspections taking place. For those who had experienced a psychosocial injury, they repeatedly found that no discernible action was taken in the workplace in relation to the individual they saw as the perpetrator of their injury, or if changes were made (e.g. to workload), they were made too late for the injured worker to benefit from:

If there is any good way for the work safety to go through the company, checking what’s wrong, what’s good, or better. The machine which cut my hand, I turned it off, you know, and I take off the guard, and the machine turned itself on. That should be automatic so that the machine will stop itself. But they didn’t do it. And finally when I had the big accident, the machine now, it’s already been fixed [immediately after the accident]. (Samuel)

The thing that really upset me more than anything else that was I had to do all these things, I had to, they accepted the claim I had to go through seeing her and going to my doctor and going to the psychologist and feeling pretty shit most of the time, not sleeping, all that stuff
like depression, very bad depression, and here’s [the principal who was a bully] at work and no-one’s saying anything to her. (Heather)

And then when I got to my old workplace they hadn’t done anything for months, they hadn’t done anything to rectify any of the problems, the bullying, nothing, the workload. (Faye)

In particular, workplace practices in relation to investigating the injury were seen to be deficient and not in the workers’ interests, contributing to their sense that their health and safety were not as important as protecting the status quo in the workplace:

This man did nothing he had his nose up in the air, him and this other lady that was with him they did nothing. He was supposed to interview staff, he was supposed to get to the bottom of it and he did nothing. (Joan)

And I think had the Department or the region had enough balls to go in and just have a look it would have been obvious to them right from day one. They only had to take a few people from the [workplace] behind closed doors that had no stake in anything and just “Nah, nah, nah, nah”. (Lynn)

As a number of the workers pointed out, this failure to determine the real cause of the problem and remedy it properly means that the injured worker bears not only the scars of their injury, but find themselves made into the problem, the thing that needs to be fixed:

Yeah fixing the problem, the problem is there and yet they’re trying to fix me. I felt if you fixed there in the first place there’d be nothing wrong with me. No it’s crazy what it’s done. (Faye)

You’re the bit that needs to be fixed so it’s absolutely hideous and that “you’re the bit that needs to be fixed” it’s almost like you feel like you’re fighting to keep your head above water because you know that’s not true. (Lynn)

This is doubly dangerous to workers’ health, because it not only fails to remedy the injuring situation but contributes to the re-assignment of their identity from ‘good worker’ to ‘workplace problem’. Will, who lost two fingers, found himself recast as a bored young man who deliberately caused his injury to get out of having to work for a living:

Yeah, after my injury I went to hit the emergency stop button to retrieve what was left of my fingers and the machine didn’t stop, so it was a faulty machine. After I’d been taken to hospital, the supervisor sent a maintenance man to fix the band saw before WorkSafe actually got there. So their reports are stating that there was nothing wrong with the saw and it was all me, it was all my neglect and then obviously [the insurers’] doctors stating that I was bored at work and just put my hand through the machine anyway because I felt like I needed some time off or something. (Will)

The final dimension to poor workplace practice relates to return-to-work situations that were badly handled, leading to compounding injury in relation to deterioration in mental health and ability to function. This was illustrated well in the stories of Karen and
Shirley, both of whom had physical injuries that should have allowed for rehabilitation and return to meaningful work. At the time of writing, neither were in work, nor did they appear hopeful of finding meaningful work in the near future:

So I think that’s one of the reasons why I wasn’t retrained, and they did retrain me doing some cash pickups and stuff and they wanted me to do some night shifts but the store manager said to me he wanted me to - if I wanted these extra shifts, to earn more money, he wanted me to forego my penalty rates for working after 6 o’clock at night. So if I wanted that work I had to forego my penalty rates. I said no. (Karen)

No, no. It was a physical injury and I have to- I’m a perfectionist and I like to be on top of what I do and it was putting me behind. And I couldn’t come back to work and stuff was happening that I had no control over. That I was finding I was just losing the control that I had and I was finding that I was becoming more and more distressed as a result of that. The fact is I knew I was overloaded. Totally overloaded and not coping with it. (Shirley)

Each account reflects the extent to which the workers have internalized the failure to successfully return to work. This may reflect the vulnerable psychological and emotional state workers are in when they have been on WorkCover for many months. This vulnerability was common to most of the workers who took part in this study.

c) Accountability

Issues relating to accountability for workers’ health and safety featured in twelve of the workers’ accounts. Workers stories reflect a failure of accountability in individual interactions and systemically. This compounding and pervasive failure had significant negative impacts on their mental health and well-being. Workers did not distinguish the specific accountabilities of WorkSafe from those of WorkCover, often using names interchangeably. The lack of accountability for worker safety however, remained a strong theme in the workers’ accounts and something that they felt impacted negatively on their mental health and impeded their recovery.

In the first place, workers described a lack of checks and balances in the systems that are designed to provide safe work places. In those settings where workers had experienced a physical injury, the failure related to inadequate mechanisms for independent checking of workplace safety and clearly demonstrated worker’s concerns that the current system leaves too much to employers with insufficient external scrutiny:

A lot of risk in Australia. The company won’t comply with work safety or the government needs to comply with work safety to see in a year how many people are getting injured in the company. They can count, if they reach more numbers they should investigate the company and why this was going through. If they leave them [to account for safety without scrutiny], the company will say, “Oh, yeah, I’ve got to make my money”, and push you out and they send you home, “Come back tomorrow” and then they’ll get rid of you and they’ll get another guy. (Samuel)
And I request again for WorkSafe people, please not for two, three month after you visit some company and just for half hour or everything is all right. No, no, not all right, no. Make some system. This is Australia. WorkSafe own security camera. Just for WorkCover, this company. Nobody touch this, what’s it called, footage or something. (Alek)

In those settings where workers had experienced a psychosocial injury, workers accounts also suggest that there are inadequate mechanisms for independently scrutinizing workplaces where psychosocial injuries have taken place, including those workplaces where there appears to be serial injury occurring:

No-one said “Oh, here’s a WorkCover claim for bullying. Maybe we should investigate what has gone on here?” Nobody. (Heather)

The department did nothing. That’s another thing that angers me. The department did nothing leading up to this whole staff being injured for a long time. (Joan)

Whilst workers may have been unclear about the specific responsibilities of different players in the system, including employers, they were aware that the failure involved multiple players who all had a responsibility to protect them, and that in each case, the systems in place to ensure safety and a return to safety after injury had failed them as individual injured workers:

I think WorkCover or WorkSafe’s responsibilities if the problem is there and they’ve recognised the problem they need to fix it, do something about it. Don’t let this woman bully people, don’t let the principal and the system go along with it. I don’t know how they’re going to fix it but, yeah. (Faye)

A final aspect of the failure of systemic accountability relates to the vested interest in returning workers to work as soon as possible (noted elsewhere in this report). Whilst it is clearly in workers’ interests to resume meaningful work, this needs to happen at a time and pace that does not overwhelm or re-injure them. There was a recurrent theme in the accounts of being pushed too quickly and not having sufficient control over the decision of when to return:

[The employer was] just as bad. They are just as bad. They were doing the same thing trying to get me back to work as soon as possible. They screwed up my pay from the start. I’ve never been paid right. So they were just like [the insurer] and just screwed me around for two years. (Will)

Since employers and insurers have a specific interest in returning workers to work as soon as possible to reduce the financial cost of claims that falls on them, questions arise about the vested nature of interests in returning to work, suggesting that this is another point in the system where there is a failure of accountability in relation to the health and safety of the injured worker. In Samuel’s case, the pressure to return him to work led to threatening behaviour on the part of his employer:
Actually, sometimes the other doctors said, “This guy, yeah, no, he’s all right. No, he can go back to work.” What the company shouldn’t do, they call me and say, “Okay, you have to go back to work otherwise we can stop your payment.” (Samuel)

Workers’ accounts also identified failure of individual accountability on the part of employers. Such individual failure can only occur because the systemic checks and balances that are in place to ensure safety appear not to be working for some workers. In some cases, the individual failure related to poor work practices, including claim administration on the part of employers. Some aspects of poor work practice in relation to safety were documented in the preceding section of this report. In addition, workers’ accounts reflect poor, self-interested or even corrupt practice in relation to the establishment and administration of people’s claims post-injury, impacting on workers in practical ways and on their well-being and sense of being cared for:

First of all, what happened earlier is that Alek actually had a number of injuries at first at work. What would happen is work would take him off to their doctor. Their doctor would give a certificate. The company would take him back and keep him working. No-one ever told him about putting in claim forms. There was nothing ever established as claims anywhere in that process. So that happens first. Then what became the most serious injury, the back injury, occurred. I mean, like some of them were 15 stitches in his arm or something but they’re minor. (Eleanor, Alek’s support person)

So, I approached my CEO and told him that I really had no choice because the injury was not getting any better and he was willing to – it was interesting actually, because these other people, he had made an arbitrary choice not to support them in their WorkCover claims, he had made that choice. I mean what an arsehole, an absolute bastard of an act; he had chosen not to recognise, he had not even sent their forms in to WorkCover. (Deb)

Initially I was faxing [the doctor’s certificates] to my employer, and it’s my employer’s job to pass it on to the insurance company. My employer failed to do that. No-one told me, mind you – and four weeks later I find out I hadn’t been paid. [The insurer] didn’t even contact me that time because they felt it was failure on my part to even provide a certificate, even though it was my employer’s fault for not passing it on, so after that point I was faxing it directly to the insurance company. (Ayan)

These quotes indicate the critical importance of the information that is provided to workers about their rights within the system and the available mechanisms and supports for them to realise these rights and protections.

The burden of these failures of accountability falls once again on workers’ health and well-being. Being made into the problem (as identified in the previous section) and feeling like there is no care built into the system is damaging for workers who are struggling with a sense of lost skill, relationship and identity coming from their injury experience. The workers’ accounts gave a pervasive sense of an inhumane system that reduces people to expendable cost elements:
It was really hard because I just felt like they were more interested in the company, just trying to - I just basically felt like they were trying to get rid of me the whole time. [...] No, I just feel like with work being self-insured that they feel they can make up their own rules and go their own way and just do what they want. (Karen)

It is about butt covering. It’s about letting you go through probably the worst experience in my life I’ve ever had as long as they can maintain the perception of their status quo regardless of knowing what those people are doing to staff, how they’re just living high on the whole of not doing anything. I don’t think the department or the region actually cared. Yeah, they did not care. (Lynn)

3.1.3 Interactions with the healthcare system

Interactions with the ‘treating’ healthcare system were generally positive and helpful. Workers reported that their treating healthcare providers offered support and useful interventions in relation to their recovery and rehabilitation. Workers’ accounts suggest that this is an area where individuals have, or are able to gain some control over what happens to them, so that they can shape support and intervention to meet their recovery needs in ways that align with their versions of their injury and illness. Certain situations however, were treated as problematic. These included the determination of the cause of the illness and its relationship with work and getting a diagnosis that was acceptable to the worker in terms of how they understood themselves and their situation. These were both areas in which workers’ accounts reflected the need to ‘fight’ for outcomes and meanings that were acceptable to them. These themes are explored in this section, along with the values and meanings that workers attached to healthcare in relation to their broader experience of workplace injury and the WorkCover process.

a) Healthcare and treatment

Healthcare and treatment featured in fourteen of the workers’ accounts, with some contested elements in the majority of these. Contestation featured in relation to the cause of the injury and whether it was linked to the work and workplace. Workers struggled to come to terms with diagnoses and decisions about their bodies that were at variance with their own understanding of what had happened and what this meant in terms of their health. Alek’s experience of having scans that clearly revealed the extent of his back injury, and finding that these were not sufficient to ‘prove’ the work-related cause, contributed significantly to the deterioration in his well-being:

Australia have a very good technology. I mention [name of radio-imaging company]. If somebody injured in workplace, an MRI don’t lie or CT scan and WorkCover or company not

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7 These interactions exclude those insurer’s doctors and medical panels (addressed earlier in this section of the report), where the purpose of the interaction related to assessment rather than treatment or intervention.
In a number of cases, diagnosing the nature of the workers’ injuries was not clear cut or was made more complex by the experience of psychosocial distress. In these cases, the difficulty of securing a diagnosis that workers felt both reflected their injury and associated impairments and would be accepted in the medical assessments arranged by the insurers was also highlighted in the accounts:

Eventually I was sent off – because I had three independent medicals for the back and leg injury and they all said the same thing, that between three and six months I would be okay. No one had seen me when I get cold and I can’t walk, I have to physically pick up my leg to move it because it locks in so hard it will not move and it is so painful, my husband has seen it, I think my sister in law might have seen it once, but none of these specialist have. (Deb)

I went in there he actually told me to touch the floor, twist and he wrote in - I’ve got his report, there’s nothing wrong, that’s all he did I was in there for five minutes, there’s nothing wrong with her, she’s fine to go back to school. (Miriam)

As these comments show, doctors, particularly those making assessments on behalf of the insurer, do not live in the workers’ bodies and thus cannot experience the full extent of the impact of the injury on the workers’ ability to function. Whilst this is a feature of the diagnostic process within the medical model, when experienced within a compensation system that is adversarial and evidentiary, and where workers stand to gain or lose based on the outcome, diagnoses took on particular meanings for workers. Having a diagnosis that does not make sense in terms of individual experience came to feel like an assault on the workers’ right to assign meaning to events. This was particularly the case in relation to secondary psychosocial consequences that flow from the original injury and/or the experience of the compensation system. Samuel’s experience highlights this clearly:

Actually, my lawyers are [name]. I fill out my application and they offer me $56,000, the company offered me $56,000 and they rejected insomnia. And I refused because insomnia is a part of the injury because if I didn’t have this injury I should get the normal where I used to do, and I used to sleep normally but right now I’m not sleeping properly, I’ve got nightmares, I take too many painkillers, too many, a lot of them. I take more than 17 medicines, day and night. (Samuel)

Contestation within the evidentiary system requires that workers, already weakened by the injury and its flow on effects, had to fight to be heard in relation to their version of events and the meanings they attached to them. The constant need to fight for a voice, having one’s decision-making called into account acted as an assault on the workers’ well-being:

At conciliation, they say, “No, why you not see a doctor”, for example, “close to your house?” WorkSafe means help with injured people. Not make worse the injured people life. (Alek)

The following quotes illustrate the variety of ways in which workers’ preferences for care and interventions that work for them are questioned and contested:
You can work hard there and you’re still getting pain and you don’t know where the pain’s coming from. You can go home and you will get a sore back, and there’s no claim for your back because it’s happened at home and the company says, “Oh, yeah, that’s only happening at home” and that is part of the company way, you know. (Samuel)

So I went along to [psychiatrist’s name], but I refused medication so I don’t take medication. It’s just been a long process as a result of that, but it’s being able to work with both of these individuals that’s actually helped me to get even to where I am now. I get different things from either of them and they work from different places. But WorkCover were not happy about [me having both doctors]. (Shirley)

I ended up seeing another psychiatrist, because they disputed my claim to see a psychologist once a fortnight [...] the whole practice there had to write report after report justifying why I was seeing a psychologists. In the end WorkCover agreed that it was pain management. I think they were concerned that, because I had a psychological claim that they had rejected, they thought I may be using psychological services to treat that part. (Ayan)

In the majority of accounts however, healthcare appeared as a positive, something that helped workers in their recovery, once the worker was able to find the right practitioner or the intervention that worked for them, and once WorkCover had agreed to cover it. General Practitioners and psychologists in particular appeared as helpers and allies. Their help went beyond the medical and therapeutic interventions, and included practical assistance dealing with WorkCover paperwork, and an important role in listening to and validating their patients’ experiences of their injury, ill-health and recovery journey. These positive aspects are all evident in the quotes below:

No, and it took me a long time to realise that because I did feel at fault a lot “Maybe I should’ve done that better or maybe...” The psychologist was fantastic and my doctor was great too, they were both very understanding. Probably my doctor more than anything else because she knew the type of person that I was and she could see the type of person that I had become. That support was important to me as well. (Heather)

I did, I had a lot of confidence in him. He was good value and my GP is a wonderful man too. So, you know, we just started to talk it through and he said to me “Emily, you’ve got to realise that you’re never going to get – you don’t...” no “You’re never going to get approval from this woman and you don’t need it anyway” which didn’t mean a lot to me at the time but when I got back to school, that was a really positive thing (Emily)

I’m still having counselling with that same psychologist, the end date is actually August of this year at this point in time, so I sort of had a goal to try and really improve my self-respect, my self-image, all that stuff that’s gone; my confidence, which is shattered, I have to rebuild all these things so my counsellor has been helping me with that even before I had the independent psych assessment. ( Deb)

Several of the workers explicitly mentioned the role of trust in the practitioner-patient relationship, something that appeared to be lacking in the relationships with employers and
Mental health impacts on workers involved in the Victorian WorkCover system: project report

Workers told how the good support they got from a trusted healthcare practitioner assisted them to rekindle trust in themselves, an important part of their recovery:

*I was validated and believed, she was the first doctor so why was it that an independent doctor in the superannuation process two of them, knew exactly what was wrong with me and yet I’d been sent to a hundred doctors in the WorkCover process, who all said that I was a nutcase.* (Miriam)

*That has helped a lot. Just being able to sit down and talk to somebody and get some stuff out as well. It was learning not to just hold everything in and bottle it up. You know, let it out. That helped a lot. So I’m definitely in a better place now than what I was, you know, a year and a half ago.* (Will)

This role of validation was particularly important in relation to supporting recovery in a system that at best, failed to recognise the validity of workers’ experiences when these were different from prevailing opinions, and at worst, actively contested them and, by extension, the workers’ sense of their own validity.

**b) Recovery and non-recovery**

Recovery was a significant theme in all of the workers’ accounts: what supported their recovery and what impeded it. Workers talked of their recovery from their injury and from the experience of being on WorkCover for an extended period. For some, the two were bound up together. For others, they remained distinct and of varying importance.

WorkCover emerged as a neutral agent at best, and at worst a contributing factor to their inability to recover. Where WorkCover did play a positive role in individual recovery, this was confined to financial provision in relation to income and/or treatment. WorkCover played no part in the delivery of workplace justice outcomes that workers sought, reclamation of a valued identity or the sense of a hopeful future, all of which appeared as significant in the meanings that workers placed on their recovery.

Recovery occurred where workers were able to get a diagnosis that made sense in terms of their understanding of their injury and illness, and thus were able to access effective treatments and other interventions that they felt helped in their return to work. Sometimes, the WorkCover system played a part in this, in terms of funding treatments. More frequently, recovery was associated with things the workers undertook for themselves:

*That was after I had self-funded on the computer course. Doing the computer course actually helped my confidence because it showed me that I could still learn, it showed me I still had a brain.* (Deb)

*And then somebody told me no I don’t have to keep with that psychologist, I can get another GP and another psychologist and so that was the starting point when I got a new GP and a new psychologist and I could start to make some progress for myself.* (Kate)
In the workers’ accounts, recovery often occurred at a point when the worker took back control and acted in their own best interests, regardless of what the system was recommending or requiring them to do. Ayan explained the feelings of powerlessness that she experienced prior to taking things into her own hands and organizing her own training:

*The powerlessness and the waiting for them to make decisions, which…their decisions which will affect my ability to keep a roof over my head, and my ability to get back to work. They had their life in my hands, that’s how I…my life in their hands, that’s how I saw it. And they didn’t care. That was the worst part, that this nameless, faceless…one nameless, faceless corporation had such power over a person’s life. (Ayan)*

The support they got to do this, particularly from their GPs and psychologists, and in some cases their union, was important. This suggests that valued support was not just about the technical interventions that a doctor, therapist or lawyer could provide but was also about having someone who believed in the worker’s version of events and who could remain alongside to assist them in the ‘fight’ for what was fair and right:

*First of all, why I want to suicide, I want to suicide. I meet with [union organiser], for example, and I explain all my problem to [name], my Union, and she said, “Don’t worry, I fight for you” and I little bit spark of hope. (Alek)*

*Yeah, and my GP, right up until when the psych said, “Nil capacity to work,” my GP was still putting on my certificates, “Retraining and re-employment.” My GP has faith in the fact that given the opportunity it will happen, and I guess that’s good. (Deb)*

Workers associated regaining a sense of hope as an important part of their recovery. They did not associate this with coming from actions within the WorkCover system, but from actions they undertook on their own, or in collaboration with one of their supporters:

*I just think hoping that one day I can just go and get some sort of job and work because WorkCover can retrain me. I’m now looking at having to do courses myself, online courses, but even still what I want to do they’re going to take two years to do and yeah, so just hoping that one day I get through this and can do something. (Karen)*

*I in one way I had to drive it myself. Because Work Cover were being no help whatsoever and I just recognised fairly quickly that if I just did what they wanted me to do, I could quite easily end up living in a caravan park with nothing or end up in a real menial job and bored out of my brain because that’s the level of retraining that they would offer. So I kind of realised they weren’t on my side in that way. (Kate)*

An important dimension of hope related to the role that health professional played in validating the workers’ account (as mentioned in the previous section). This helped workers develop and retain a version of events that did not require the individual to accept the blame for their situation and helped them resist the ‘problematic worker’ identity:

*It was only until this had been going on for almost 12 months and they weren’t paying my bills and my psychiatrist said “I can’t believe how you’ve coped with this”, and I said “what do
you mean?” She said “your case in particular, we’ve never seen anything like it, we’ve never seen anyone have their payments refused over and over again and then just cut off”, and I’ve just said “I don’t know, I’ve never been through this so I just sort of got through it”. (Ayan)

Achieving a fair outcome also emerged as an important factor in workers’ descriptions of what enabled or supported their recovery. When they talked about what enabled them to keep moving forward and to hold onto the idea of a life with hope, motifs such as ‘winning the fight’, ‘not being defeated’ and ‘not giving up’ emerged, where WorkCover was clearly their adversary:

*Yes it got too hard, but in my own passive way I’m still fighting for my rights. I have to work myself up to feeling strong enough to be able to make a phone call or to challenge what I’ve got in paperwork or whatever.* (Deb)

In these cases, recovery meant getting over the impacts of the system, not just the injury. Recovering from the injury was generally seen as more straightforward, and just a matter of getting the diagnosis and treatment right. Although not entirely free of impact on mental health, the need to recover from the injury was far less problematic than the need to recover from the damage workers experienced at the hands of the system:

*The other thing was I spent a hell of a lot of time at these counselling sessions talking about the shitty WorkCover people. So I wasn’t working on getting better, so that was a stress too.* (Ayan)

*Slowly, slowly [the insurer] make a lot of excuse and I was at home trying to work. Can’t eat, can’t sleep and slowly, slowly my injury become very worse. I don’t want my life means kill myself. Even when I talk about that, make me inside…* (Alek)

Workers found resilience within themselves that surprised them. This was a source of hope and enabled the workers to keep going, keep fighting and keep acting in their own interests, with or without support. The workers’ sense of justice and right were also important in keeping them going despite or in spite of everything that the WorkCover system appeared to throw at them:

*It grinds you down. You know, it consumes you and it grinds you down, and you get to the point sometimes where you just think, “This is my whole life. I’m stuck in a WorkCover hell and things are never going to get better.” And for a long time they didn’t.* (Ayan)

*In many ways I look back at what I’ve been through and I think “Wow I am resilient”. I kind of look back and “gee I got through all of that.”* (Kate)

Not all workers however, were able to recover. In the workers’ accounts, people’s inability to recover appeared to be associated with a loss of valued and meaningful identity and the inability to reclaim or construct a new identity and/or being broken by the system or both. Inability to recover was associated with a loss of hope and powerlessness, brought about by the unremitting actions of the system to disprove their version of events and/or deny them the assistance they believed they needed and thought was theirs by right:
Well, it started with my self-confidence starting to disappear and feelings of uselessness. So, you get no confidence, you feel useless. After that the hopelessness kicks in. It is like a mourning process, you go through all those steps, you fight it, and then you get a point where you sort of accept it, but that acceptance is a numb acceptance, it’s that hopelessness, helplessness acceptance; it’s not a natural acceptance. [...] It’s very hard to see hope – in fact, I can’t see hope. That’s one of the things I am still working on to get hope back. Everyone is trying very hard for me to get hope back – it’s not happening, it’s just not there. (Deb)

You know the other side of me that wants the truth to be always, says ‘Yeah stick up, don’t let them get you’, but then after what I’ve been through it stops me from saying that. (Joan)

Dealing with the people that you’re dealing with and in the state that you’re in it’s like it starts to blow your mind as to who’s there to help you and to help you through a situation where you know you’re in the right. You just know you are but then what happens is you begin to doubt “Oh, am I this? Am I that?” and it becomes such an arduous situation to get through that you almost end up on what these people are unconsciously telling you you are and if you’re in a fragile emotion state I’d imagine you just swallow it up and that’s it that and I can absolutely understand how they never go back to work. (Lynn)

Where workers associated the failure of the system to fix the problems in the workplace with a lack of workplace justice, recovery was compromised. This was the same for people who had ‘won’ their various legal battles with WorkCover, those who had ‘lost’, those who had been able to return to work and those who had not been able to. This variation suggests that achieving an outcome that workers consider to be fair is an important systemic requirement to create a supportive environment for individual recovery. Where workers did not consider the outcomes to be fair in relation to what happened in the workplace and/or in the WorkCover system, their ability to re-enter and remain in work was compromised:

It makes you mistrust people, yeah mistrust people, mistrust the system. And I don’t want revenge but they’ve got away scot free that’s what I’m angry about. (Faye)

Maybe if there had have been some sort of outcome for me that I saw that something happened to [the principal], well not something happened but she got help or whatever or that it was acknowledged that she was the problem and this is why I was like this then I might have been able to move on a bit. I still feel it’s still there, it is still there. (Heather)

At the time of writing, Heather was contemplating leaving work altogether, and Faye had not regained the positive meaning she had associated with working prior to her injury. Joan remained unable to work. The lack of voice and acknowledgement, combined with being redefined, remained paramount in the disabling experience of the WorkCover system that was common to all but one of the injured workers who took part in this study:

I’ve got a whole book here of all the stuff that [the principal] did to me and she doesn’t know any of that. There was never an opportunity for me to like a victim statement I suppose. It is, it’s a bit like a victim statement. There was never an opportunity - I need a tissue, for me to
say “[Name of principal] this is what you did to me and this is how you made me feel and regardless of whether it was right or wrong this is what you did.” (Heather)

The accounts also identified some of the ways in which the system encourages non-recovery. These include the emphasis on incapacity and inability to function as the basis for establishing and continuing a claim:

It was like well they will naturally come to a finish at this time unless you want to go through another medical examination to prove that you’re unwell and I think that was the other thing that I had a gut feeling about, that the more I argued for being unwell, the more I would convince myself that I was. So there was a point and it’s like a point that you get over and it’s like you’re starting to go up the hill again out of the ditch and it’s like from that point on I have to consider myself as I’m in recovery. And so if I go to another medical examination at that point, it will throw me back to the bottom of the ditch. (Kate)

The contestation of workers’ versions of events, the requirements around evidence and the difficulties of proving evidence that would be accepted were also experienced by the workers as attacks on their identity and trustworthiness, with consequent impacts on their sense of self and their well-being:

I think it’s making it worse because I’ve been feeling I have to fight so hard to do these things that I think should be done anyway. (Karen)

The minute you write a WorkCover claim you’re out on your own and I think if you’re not made of stern stuff even though mentally you’re not there I can see how that would break, I can understand how it would break you and you would never go back. I can see how you would never go back to work because just the fight to get that compassionate transfer which I felt was bleeding obvious. (Lynn)

These systemic barriers to recovery contribute to the impression that some workers, including those who return to work, may be returning with undiagnosed post-traumatic stress disorder occasioned by the combination of their original injury compounded by the experience of the system itself.

3.2 Workers’ experiences of deteriorating mental health

This section of the report offers an interpretation, based on the workers’ accounts, of how being on WorkCover affects their mental health. In their accounts, workers described how they felt and offered explanations for the deterioration in their mental health, including the impacts the WorkCover process had had on them. Workers’ accounts presented a consistent picture of an unfair and unjust system where they had little control over or agency in the decisions that impacted them. There were few opportunities to build trust with other parties in the system, and the injustice and lack of control eroded the trust they had in others, in themselves and in their view of their world. These impacts culminated in
the loss of their identity, or sense of self as a valued and competent worker and its replacement with the devalued ‘WorkCover claimant’ identity.

An overview of the some of the ways the workers felt whilst they were on WorkCover is provided in Appendix Five of this report. In some cases, the workers’ experiences were an outcome of the combination of the injury and the treatment they received in the system and in others, purely an affect of being in the system.

Workers’ descriptions of how they felt are summarized below. The names for each concept category reflect the researchers’ interpretation of the workers’ words. These conceptual interpretations are not distinct experiences, and are different ways of understanding the range of factors that may contribute to workers deteriorating mental health. At the same time, they appear to accumulate, so that the loss of identity of ‘being a good worker’ and therefore a good person appears to these workers to be the result of their experiences of injustice and unfairness, etc. The sections that follow relate to this summary:

Injustice and unfairness
- being disrespected and treated unfairly (8 stories)

Lack of control and agency
- being blamed or made into the problem (7 stories)
- feeling helpless or powerless (7 stories)

Loss of trust
- being scrutinised and feeling afraid (9 stories)
- feeling alone (10 stories)

Loss of identity
- being dehumanised (14 stories)
- feeling invisible or unimportant (8 stories)
- being treated like a fake or a fraud (7 stories)

3.2.1 Injustice and unfairness

This theme, apparent in all of the accounts, covers injustice and unfairness at number of points in the workers’ journeys from injury to recovery. At various points on this trajectory, opportunities for justice to be done were identified in the workers’ accounts. In the majority of cases, the opportunity was forgone, leaving the worker with a sense of having been treated unfairly and/or having their rights denied. The major opportunities for justice to be enacted included: the workplace response to the workers’ injuries; the WorkCover system’s response in the way that the worker was treated; and the broader system response to returning the workplace to safety and addressing the perceived ‘wrong’ that caused the injury in the first place. Tied up with the notion of justice and fairness is the notion of the workers’ rights: the right to be safe in the first place, and then, once injured, the right to be heard, believed and restored in value and dignity. Injustice and unfairness
manifested in the workers’ experiences of being treated poorly, being unable to get due recompense and in the failure to fix the problems in the workplace that caused the injury. When there was a failure of justice, workers’ responses included feelings of anger and rage, helplessness and hopelessness.

There were three main conditions, or ways in which justice/injustice played out. The first unfair condition related to the unfairness of having been a good worker, and then getting treated poorly, dismissively or being made into the problem once injured. Alek saw himself as a good worker who had served the company beyond requirements, and their response to his injury was an assault to his sense of fairness:

*What I did for company, that thing also make me very upset. With low money, for nothing, I did a lot of— that mean I give my soul for my company and company not response to me. (Alek)*

Poor treatment could come from the employer, the WorkCover system and often from both. At the core of this experience was the denial of what the worker understood to be the cause of their injury, ie the workplace, and therefore the failure of the system to provide appropriate compensation for the worker. This meant the worker had to fight for something they believed they were due, or that was their right. The fight often threatened to overwhelm them, even with support, resulting in feelings of despair and helplessness.

The second unfair condition occurred when the situation in the workplace that led to the workers’ injuries did not get resolved satisfactorily, meaning that there was no come back on the employer. In the cases where the workers’ injuries were psychosocial in nature, perpetrators of bullying behaviour appeared not to be reprimanded. Where the worker collapsed under a huge workload, this was only re-organised after the fact. In the cases where the workers’ injuries were physical, employers fixed broken machines or slowed production down in time for WorkSafe inspections, only to speed them up once the inspection had been completed. This left workers feeling like their safety and well-being was unimportant, and by extension, that they were less important than the interests of maintaining the status quo and/or turning a profit. Many of the workers responded to this with anger. Their anger at the lack of fairness and justice was a significant factor in keeping workers going in their ‘fight’ against the system, and their fight to see justice done. It was also a factor in their inability to recover:

*My saving grace to start with was anger because I wasn’t going to let the bastards get me now, but they certainly managed in the long run, so I had to, once again, come to terms with that anger that I so personalised, particularly against two individuals to just realise that in the long run that it wasn’t going to change so I just had to accept the way they were and do the fighting the best I could against those personalities. (Deb)*

The third condition was the procedural unfairness that workers experienced. Putting someone who had been injured at work and was ill and weakened by their experience through the rigours of a WorkCover claim appeared unfair and unjust to the workers. The administrative burdens of the process, the requirement to prove over and again the nature
and cause of the injury and the efforts that workers had to make to ensure that they get what was due, even after conciliation agreements and court rulings, all appeared unfair and impeded their recovery. Alek still found that he had to fight to get what had been agreed in a common law claim:

_After settlement [in the common law claim], they do same like that, “Oh we not pay for this kind of medication” and what do you do? I can’t do nothing because honestly, I do not think about this and that make me more depressed._ (Alek)

For Lynn, the inequity in a process that pitted individual worker against the combined interests of the employer and insurance company was highlighted when she went to court to defend her claim. Whilst her anger at the injustice she had experienced drove her to follow her case through to the end, the cost on her socially, financially and emotionally was considerable. Likewise for Joan, who also won her case in court, winning did not feel like a victory.

_Three possibilities emerge in relation getting just and fair outcomes for injured workers. The first, which arose in one account only, is that justice can be done. Emily had been bullied by the principal in her school. One outcome of her decision to make a WorkCover claim was that there was recognition that the principal had bullied Emily (and other staff). As a result, the principal was moved to another school and Emily, once well, was able to return to the school that she loved. The removal of the principal signaled a validation of Emily’s experiences as the injured party. For Emily, it laid blame where it needed to be laid, and was thus a just and fair outcome in her eyes._

_I felt vindicated and I knew that everyone at school knew that [my claim] had been accepted and it was real._ (Emily)

Emily’s experience of the WorkCover process was largely good, in part at least because it had enabled her to take the time off from work that she needed in order to get well and, in her eyes, had delivered a just outcome in the workplace.

_The second possibility is that the broader system will do nothing to remedy the injuring situation and the workers’ sense of injustice, but will not make it worse. Heather and Faye had both experienced stress at work due to significant and sustained workloads placed on them by senior staff who were not prepared to acknowledge the level of overwork. Both were able to return to work in other workplaces, but neither had recovered to the extent that Emily had. Each woman spoke about the unfairness of not requiring anything of the senior manager whom each saw as being responsible for her injury:_

_And this is months later, we’d gone back to have a meeting and the principal had done nothing about my return to work in better conditions. They asked me if I wanted to work and I said yes but not under the same conditions, and nothing was done. And that’s where I think [the system] fails us. There doesn’t appear to be any repercussions for the school. They got off scot free. The business manager is still there, I’m not. She’s intimidating other people but nothing will get done until someone else has a breakdown so it’s a shame. And in the_
culminated in a court case which she won in something of a pyrrhic victory, typifies this: the process itself was just a game to disprove and discredit the individual worker.

the purpose of WorkCover was to protect the interests of the employers at all costs, whereas the WorkCover system became a further assault on their dignity and worth as workers and the dismissive and inhumane treatment that workers experienced at the hands of parties in the WorkCover system became a further assault on their dignity and worth as workers and as people. The procedural unfairness mentioned earlier added to the workers’ sense that the purpose of WorkCover was to protect the interests of the employers at all costs, where the process itself was just a game to disprove and discredit the individual worker. Joan’s experience, which extended over two years with no income and no payments and culminated in a court case which she won in something of a pyrrhic victory, typifies this:

Both women were equivocal about their experience of WorkCover: it had provided them with healthcare and an income, but had not supported their recovery. For this to occur a just outcome would have been required:

[Being on WorkCover] hasn’t made it worse but they really haven’t done anything to help me resolve my issues. I’ve done all the work to help to try and resolve my issues. I’ve done a lot of work but they haven’t. They haven’t said “Right, this is obviously a problem. Let’s see what we can do to fix this up.” (Heather)

The third possibility, and the most common one in the workers’ accounts, was that the WorkCover experience exacerbated the problem of unfairness and injustice the workers associated with their injury, regardless of whether they had returned to work or not. Workers associated a rejection of their claims with the denial of their integrity and truthfulness, an experience that was particularly damaging to their sense of self and capacity for trust:

It got worse because I couldn’t understand why they would reject my claim that it was honest, I was being honest, I had a witness who was saying, ‘Yes look this is what happened and these things’, even my witness said in her letter to independent interview, that things at the school have been very bad for a while and even that wasn’t considered. So I just fell apart, I just couldn’t cope, I didn’t know what to do So I just fell apart, I just couldn’t cope, I didn’t know what to do. (Joan)

The dismissive and inhumane treatment that workers experienced at the hands of parties in the WorkCover system became a further assault on their dignity and worth as workers and as people. The procedural unfairness mentioned earlier added to the workers’ sense that the purpose of WorkCover was to protect the interests of the employers at all costs, where the process itself was just a game to disprove and discredit the individual worker. Joan’s experience, which extended over two years with no income and no payments and culminated in a court case which she won in something of a pyrrhic victory, typifies this:

They’ve made me fight for the truth and the truth was out there in front of them and yet they rejected the truth and took another road to basically make me not put in a claim. (Joan)

I’m thinking, “Why, I worked, I’m doing the right f’ing thing, I’ve done nothing wrong, why should I have to resort to tricks to get what I deserve, I should’ve been given a WorkCover claim.” Simple, I would’ve got better, would’ve seen a psychologist, I would’ve built up my strength, I would’ve gone back again and I would have a job now and not living on disability
payments because I can’t go back, I can’t even go past the school, I can’t even go into the front, let alone the front gate, forget it. (Joan)

Underpinning this theme was the workers’ need to see justice to be done in order for them to fully recover. Joan’s words explain how this desire for justice was a part of feeling like she was in a safe and trustworthy world:

You know the other side of me that wants the truth to be always, says “Yeah stick up, don’t let them get you,” but then after what I’ve been through it stops me from saying that. Yet I know that’s the right thing to do, I know that it’s wrong and they shouldn’t get away with it, that you’re telling the truth. I see it all the time in life and it just gets me so angry that it still continues, people who are in the right are always suffering because the minority are bastards. (Joan)

The failure of the system to deliver perceived justice limited its capacity to support recovery. Workers’ beliefs about the purpose of WorkCover reflected this: that it was part of the system that would keep them safe, and that it would compensate them for what they had lost. The workers’ accounts reflect that the system was unable to do this in ways that were meaningful for them, as injured workers: the ‘justice’ the system was able to deliver was not a justice that workers sought. Samuel’s reflection on his experience of the lack of justice delivered by the legal frameworks for workplace safety in Australia is a stark commentary on the failure of the system to deliver what feels like a fair outcome to the injured workers. In his account, he compares his sense of powerlessness brought about by a system that does not deliver what he considers to be a fair outcome with what might have happened in his country of birth. Here, he said, had he been injured because of workplace negligence, he would have been able to take direct (and violent) action against the managers and the company, and this would have been understood as an act of retribution to the wrong done to him. Samuel was not suggesting that this was a better way of dealing with workplace injury and was a strong supporter of the legislative frameworks for workplace safety in Australia. His point related to the adverse impact on his mental health of being caught in a system that was not delivering a just or fair outcome, and in which he felt powerless and unable act for himself.

I feel bad. I feel sad, but if I was in Africa or in south Sudan and I get injured in the company, the company sacked me, sent me home, I can go back to my house, I take my gun and I shoot all the managers in the company and burn the company because I feel sad, because I’m the one who gets angry. They sacked me. I don’t have a job, I don’t have income. [But here in Australia] I [can’t] do anything. (Samuel)

3.2.2 Lack of control and agency

The theme of agency and lack of agency, apparent in all the workers’ accounts, covers the workers’ experiences of powerlessness in the WorkCover process and its effects on their mental health, as well as the ways in which workers sought to retain or take up agency and what this meant in terms of their recovery. Workers’ lack of agency acted at a
practical level, applying to the decisions that impacted on them in the WorkCover process. It also acted at a symbolic level where it applied to their account and identity and how those were colonised by the WorkCover process, with adverse effects for the workers’ mental health.

In the first place, workers had been powerless to prevent their injury in the workplace. Where workers had tried to draw attention to the conditions that injured them and tried to gain remedy for an unsafe situation, this was a material powerlessness: despite their efforts, they had not been able to create safe working situations for themselves:

_"I used to support whatever happened in the company, I see it’s bad. I used to tell my manager, I’d say, “The dangerous things are not good, we should change the system” and how we change the system is to go through to the supervisor. We’re getting pressure from him to do the work properly, we give people pressure to do the work properly and how are we going to work properly? He tells us to turn on the speed. There is no limit from the company. But when I see that, I went to talk to the guy who is in charge of the work safety in the company and I tell him, I said, “Look, a lot of people are getting injuries. What are you going to do?” and he said, “Oh, come on. Yeah, that’s right, yeah.” And nothing back. So I keep quiet. (Samuel)"

This was particularly distressing for people who saw themselves as ‘good, honest workers’ who had ‘done right’ by the employer for a long time. Even deciding to make a WorkCover claim was not consistent with their view of themselves as ‘good, honest workers’. Making a claim was seen as a non-choice by those with catastrophic physical injuries and as a last resort by those who had tolerated poor conditions at work for as long as they could before they broke and could no longer continue to work.

In the second place, workers were powerless as decision-makers in the WorkCover process. They saw the procedural nature of the process as a set of requirements that they had to follow in order to get the income and reimbursements they felt they were entitled to, however burdensome or distasteful. This applied to doctors’ appointments and medical panels, the demands of case managers, the form filling, certificates and other documentation. It also applied to the lack of choice they had over things that they saw as critical to their recovery: therapies that were rejected despite the workers’ belief that they were helping, and disputes over when and how to return to work. Workers did not associate these aspects of the process with supporting their recovery, but were a test or series of hurdles that they had to comply with in order to retain their legitimacy as claimants:

_"I felt it was really unfair, and yeah, mainly the powerlessness, you know, waiting for them to call. Receiving correspondence from them was always a high anxiety time for me, and in fact I’ve developed a…it sounds silly – I have a phobia about my letterbox, because I worried, because the news was always bad, “You need another doctor’s appointment”, “We want to interview you again. Can you answer these questions?” I found that really stressful, and it got to the point where I wouldn’t check my mailbox. (Ayan)"

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The least control I had was when they knock [the claim] back. That's their end game. The fact that you even get back on the phone is like, “Oh okay, I’ll find your file” or “Someone else is your new case manager” or, “That file’s got to be retrieved from so-and-so or wherever-whatever” and then asking for a review and then having it automatically being sent to mediators. (Lynn)

The sense of having no choice but having to comply was strong, as was the feeling that the process was arbitrary and did not have the workers’ interests at heart. This meant that not only did workers feel like they had no control over what would happen next, but there was high chance that outcomes would go against them.

In the third place, the workers lost control over the account of their injury and over their identity as a ‘good, honest worker’. This appears to the workers to be an insidious and ubiquitous part of the evidentiary, adversarial nature of the process, enacted through the doctors’ reports and medical panels, the scrutiny and documentary requirements and the increasingly legalized contexts in which interactions occur. Despite the large amount of information collected and generated about the worker, the individual had few rights in relation to access to this information about themselves:

_i would never be able to have access to all this personal information, which I think is wrong – there must be legislation about that, that I’m not allowed to access all this stuff about myself? I think it’s wrong, because then it would help me understand what they’re basing their decision on as well, and it would give me… I could dispute it as well – “well this psychiatrist said this about me, well actually that’s not true”. So again, it’s keeping power away from you. (Ayan)_

Workers saw these aspects of the process as an assault on their integrity and the veracity of their account, and experienced the WorkCover process as a relentless battle to legitimate an alternative version in a process where workers are only able to exercise agency in relation to fighting back:

_So yes, to have my integrity questioned like that was really offensive, but again that sense of powerlessness, I couldn’t do anything about it. I had to do what they told me to do. (Ayan)_

Workers associated the experience and feeling of powerlessness with a set of assumptions about what it means to be a good worker. The workers’ accounts suggest that when they embarked on the WorkCover journey, they believe that because they have been a ‘good, honest worker’, the system would look after them as a return for their commitment and workplace achievement. In this framing, agency and control would not be relevant because the system would be favourably disposed towards workers’ health and safety and equally protective of their interests as it would be of the employers’. What happened however, is quite different. Workers quickly came to understand that the system did not act in their interests, that it saw them as the problem and did everything it could to disprove their case. This required the individual worker to act against the system to protect their own rights. In the accounts, this tension between the belief that ‘good, honest workers’ would be cared for by the system and the system as being in opposition to their interests played out in
the meanings that workers attached to experiences where they were agentic and able to exercise control. These were seen as turning points in their recovery journeys, where the worker made a decision or took an action that helped them get closer to returning to a valued work role:

I went to Slater & Gordon when they were...yeah, were refusing to pay for the psychology sessions. Yeah, I just got jack of it, and afterwards I thought...Because I spoke to them initially, then I went and met them, and I felt great afterwards, and I felt like ‘okay never again – I’m not going to let the insurance company push me around’. (Ayan)

Another set of experiences were those within the process, where the worker ‘fought back’ or ‘fought’ to defend their reputation or their rights. At these points, the meanings workers gave to their actions reflect their intention not to be beaten or beaten down by the system:

Because every time I think about the failure and, look, I can’t do this. I look at my hand and go “well, where would I have been if I’d let defeat get me”. Well, I probably wouldn’t have my fingers. I would probably still be in hand therapy trying to sort it out. I’d probably still be a very depressed person. I could not even be here. I could be doped up or whatnot. Just the realisation of okay, these things happen, life goes on. You know, you’ve got to do something while you can and okay this has altered my life forever. I mean being that it’s across two knuckles and it’s a reattachment, arthritis is going to be fun when I’m older. The strength just comes from knowing that my life got altered by negligence by them, by [the insurer], by the company, by all that. The strength just comes with I’ve got to do something and I’m going to show everyone that’s ever doubted me and especially [the insurer] and [the company] that I am better than all of them. And that I’m a very strong-willed person and they can’t break me. (Will)

The shift from powerlessness to feeling empowered and taking action was associated with starting to do things to aid own recovery, even if at personal financial cost. This included asking for a different response or set of arrangements in relation to the administration of their claim and getting support to progress their claim. Deb pointed out that when she explained to her new case manager that pushing her back to work too quickly was having a deleterious impact on her health, her case manager backed down:

This is why, with the new case worker, when she started pushing, I told her exactly how she made me feel. I told her she had me in tears, I told her she had me walking around the room in circles. I have a right to tell them how they make me feel; they need to know how they make me feel, not because I’m weak but because I have a right to be recognised as a person not as a number, and I think that has helped her be a better worker for me. (Deb)

In the end, Kate decided that she could not go through another medical panel even if this meant that her claim would come to an end:

I only had two of those and one medical panel and from then on I just refused to do them because I could feel myself moving forward and I knew that I would move back at least six months in my progress if ever I had to go through something like that again. (Kate)
Both women made these decisions in the interests of their recovery in the immediate term. For Kate, this meant looking to the future rather than back at what she believed was right and appropriate compensation for a person injured at work. One way of understanding this is to see her actions as reflecting a shift away from the set of beliefs about workplace justice and rights where ‘good, honest workers’ are protected because they are hardworking and honest. At the time of interview, Kate was struggling to articulate what this set of beliefs had been replaced by, but she was able to talk about the personal and professional ways in which her life was transforming, and along with it, her beliefs and assumptions about herself as a person of value. She attributed this largely to actions she had undertaken on her own behalf and at her own cost. Likewise, Ayan attributed her successful return to work in a new industry sector and type of work to the actions she had undertaken to access training and to find herself a job, outside of the supports and services offered by WorkCover.

The second way in which workers exercised control was by fighting back to assert what they believed was their rightful compensation. Many of the workers described a point reached where they decided they could no longer stand being pushed around any longer. This became the point at which they decided to fight back:

_I went to [lawyer] when they were refusing to pay for the psychology sessions. I just got jack of it, and I felt great afterwards, and I felt like, okay never again, I’m not going to let the insurance company push me around_. (Ayan)

Lynn, and Joan had successfully taken their cases to court, and Miriam and Alek had successfully pursued common law claims.

_Yeah, it’s their decision that you’re challenging even though when you’ve gone to mediation the lawyer at mediation has said, “Have a look. They’re thinking that you won’t go the next step because that’s just too harrowing”, and I thought “No, I will”_. (Lynn)

In each case, this had required the worker to act with agency and make the decision to continue at each stage. Whilst this can be seen as taking back control, the workers did not talk about this as an empowering and liberating process but as a fight and a battle, where the victory at the end was hollow, or just represented a new phase of the war. Although each worker felt vindicated, the cost of taking back control was very great at an emotional, personal, social and professional level:

_[I was] mad as in angry and furious and then determined to fight through your own mental health issues to come through the other end [...]. That’s the best therapy you can give yourself_. (Lynn)

Of the two, only Lynn had returned to work, and in a very much more junior role in a town distant from her home. Both workers appeared to hold onto the beliefs and assumptions about the rights of workers to safety and compensation: their fight was not only a fight for themselves, but a fight for workers’ rights and for truth and justice. This was described as a hard fight, and it was clear that their view of the world as a place in which ‘good, honest
workers’ would be fairly treated had not been restored nor replaced with an alternative that offered a vision of a hopeful or safe future.

3.2.3 Loss of trust

Loss of trust encompasses workers’ experiences of not being believed and of being questioned and asked to prove and justify their case. In an environment where people’s versions of events were called into question, and where evidence was required to determine a single ‘truth’, workers were more likely to experience certain actions and statements on the part of others as ‘lies’. This added to the charged atmosphere around truth/lies, being believed/not believed and being a liar/being truthful. Lack of trust increased the longer the worker remained in the WorkCover process, undermining their faith in the system, in themselves and, in some cases, in the world around them. Loss of trust was connected to the self-belief the workers held that they were ‘good, honest workers’. For ‘good, honest workers’, to be questioned and asked to present a case was tantamount to not being believed, to being called a liar and was experienced as an assault on their integrity and self-respect. There were however, possibilities for workers to slowly regain a sense of trust but not necessarily in what they had previously relied on. At the time the interviews for this study took place, only four of the workers had been able to do this.

The experience of not being believed emerged early in the process of making a WorkCover claim. The accounts indicate that individuals went quickly from being ‘good, honest workers’ to potential claimants anxiously awaiting the outcome of their claim. Claim acceptance/rejection was the first point within the process at which the workers’ version of events could be called into question. Even the administrative step of making a claim was recast in terms of truth/non-truth, acceptance/non-acceptance of the workers’ account. Workers’ reluctance to make a claim was at least in part because of the negative view of claimants which they ascribed to a view ‘at large’ in the Victorian community and in Victorian workplaces. This suggests that the low trust value for the system and for the WorkCover claimant identity precedes workers’ application for compensation:

> I mean the person that the injury happens to, they know the truth, they know what happened because they experienced it. There’s, you know, two sides to each story, but one side is the right side and the person that it happened to is going to tell you the right side. And when you tell someone the right side of the story, you tell them exactly what happened minute by minute, piece by piece and you tell them. Basically, you can feel each nerve being severed and what nerve was what and they still sit there and call you a bullshit artist. That’s one thing that they really need to stop doing and that’s not just with me, that’d be with anyone who has had an accident. (Will)

The dichotomous construction of two possibilities (worker telling the truth vs worker lying) then coloured or shaped workers’ experiences at every step of the process. In the workers’ eyes, if their version of events relating to the injury or to their healthcare requirements and needs within the process was not believed, then the only possible reason could be because the worker was lying, untrustworthy and a fake or a fraud. Not being believed came to feel
like an assault on the good, honest worker identity. Workers were not able to see the process as an impartial, evidentiary means of determining a claim: for them, it was always personal and when their claim or some aspect of it was rejected, not only were they rejected, but so was their version of events, their truth, their way of seeing the world. When this happened again and again, workers came to doubt not just the system but themselves and the way they saw the world. In the end, for some, nothing could be trusted any more.

There were three ways in particular by which the loss of trust happened. The first was the experience of not being believed. Workers interpreted the need to produce evidence as a lack of trust in their account, made worse when the often extensive evidence they were able to produce for the process was dismissed in favour of statements provided by ‘experts’ and/or employers:

> It seems to me that they’re looking for someone else who can provide them with a different answer, so they can then say “Well actually, Ayan’s GP is lying and so is her psychologist, because we’ve found an expert who says…” (Ayan)

This was linked to an underlying assumption that the worker-as-WorkCover claimant was lying or out to rort the system, and built on the negative image of WorkCover claimants held more broadly. The workers felt that the mistrust extended beyond the WorkCover system to include their social relationships and relationships in the community more broadly:

> And a lot of people… I haven’t told many people. They think ‘WorkCover claim?” There’s that popular misconception of… even the public, the general public, some of them think that too, ‘oh you’re on worker’s compo’. You know, people make jokes about it. (Ayan)

> I’m using far too much language and I’m just trying to justify myself now, doesn’t matter, every aspect of my life I feel yeah. Whether I’m ringing up about the telephone the car the electricity, I feel like no one believes me. (Miriam)

In the end, workers started to doubt themselves. This appeared to be linked to not being believed, interpreted as being a liar. In the view of only one ‘truth’ being legitimate, if WorkCover is right, then the worker must be wrong, making their account into a lie:

> Nothing I said was true even though I had a witness, even though they could’ve investigated what they said but not only this, it says, after all that was said it says, “Based on the history you provided to Dr [name], Dr [name] diagnoses Ms. Joan…” (Joan)

The experience of not being believed had significant impacts on workers’ mental health. Alek had attempted suicide once, and Miriam had struggled to hold onto a way of seeing herself and the world that was meaningful and safe:

> Oh it makes you feel it makes you feel invalidated, it makes you feel like you’re lying, it makes you feel desperate, it makes you feel hopeless, helpless, every adjective of that kind that you could possibly think of [...] It just keeps destroying you, because it’s like you’re bashing your head on a brick wall when you know 100% without a shadow of a doubt that you’re telling the absolutely truth. (Miriam)
The second way in which trust was diminished was being having to justify one’s self repeatedly:

They made me feel powerless, completely powerless. When I say “they made me”, I mean it’s up to me how I feel, but I felt that they made me feel like I wasn’t being honest with them. Speaking to them on the phone they were really impersonal, they asked the same questions over and over again. That sense that I had to keep proving myself to them made me doubt myself at times. (Ayan)

Being asked repeatedly to justify one’s position was very difficult for the individual who saw themselves as a good, honest worker. Telling a painful truth to a stranger (many times, in independent medical assessments and panels, to case managers, in court) was difficult, but discovering through reports and decisions that their account had not been believed took a great toll on workers’ mental health:

I had to justify who I was, what sort of a person I was and my work ethics to strangers so they could believe me. (Joan, who had been admitted to hospital feeling suicidal) (Joan)

They think [my accident] was due to boredom and I guess WorkSafe ate their shit up. […] Oh yeah. It’s basically saying “Yeah, well you don’t even know who I am, let alone what I look like and you’re saying that I’m a psycho”. You know, thanks, that makes me feel real great. (Will)

For the workers this experience took on a feeling more akin to a criminal trial, where they were under the spot light, ‘guilty until proven innocent’ in Ayan’s words. Joan’s statement makes clear how the process made her feel:

I’m the bad person, I’m the liar which to me killed me, me lying, no I couldn’t do that and for them to lie about me. (Joan)

Workers did not see WorkCover as an objective legalistic process where evidence and rational argument replaced personal or individual views evaluated by an impartial, independent party. Joan, who won her court case to establish a claim after a two year battle, wondered whether it was worth it. At the time of interview, she was contemplating permanent disability or retirement, so affected by the experience of the process that she could not imagine working ever again:

They don’t think that but that’s how I’ve felt many times, was it worth it, was it worth what my family went through trying to prove that I told the truth? I don’t know if that’s what I was trying to do, at first I wasn’t, at first I was just going along with the process. I just thought, “I need time to get better, I need time to get better.” (Joan)

Her loss of trust and sense of safety in herself and in the world was complete, so even though she had been offered work in a different industry sector with an employer she liked
and had worked well with before, she could take no pleasure in the work nor cope with sustained employment.

A further aspect of the requirement to justify one’s self was apparent in five stories where the worker had offered information about themselves to find that it was used as part of an argument to reject their claim. In particular, this related to previous psychiatric histories and to events in the workplace. This further diminished workers’ trust and sense of safety. As Heather pointed out, she felt she had been punished for being ‘good’ and offering as much information that she could. Shirley had been open with the doctor the insurer had required her to visit for an independent psychiatric assessment. She had told him about her mental distress from twenty or thirty years previously, only to find that this was used as evidence to suggest that her current distress was not related to what had happened in her workplace:

_They were trying to prove that the post-natal depression that I’d had (more than twenty years ‘earlier) was associated with this. I was bringing up three little kids, back at uni full-time, A plusses all the way through for years, and I’ve worked for twenty years. (Shirley)_

The third way in which trust was diminished related to perceiving others’ actions and interactions as lies. In a system where workers experience the requirements to ‘prove’ their case as an attack on their integrity and trustworthiness, others’ input came to feel like lies when it did not correspond to workers’ own versions. In this way, the requirements of the system set workers against employers and against insurers: lies appeared everywhere and the trust value in interactions decreased. In the workers’ stories, employers lied to protect their reputations and/or their business interests. In this environment, workers came to see some of the administrative errors made by both employers and insurers’ personnel as lies.

The experience of not being believed can be seen even more clearly when contrasted with the experience of being believed, something that five of the workers’ talked about in their stories. This included the experience of being seen by the case managers as a ‘genuine case’ and keen to get back to work, finding healthcare practitioners who accepted the worker’s account, having a say in conciliation hearings and winning in court:

_They’ve warmed towards me now that they’ve realised that I wanted to return to work and we could wind up the claim, and they’re thrilled that I’m working. (Ayan)_

_I was validated and believed, she was the first doctor so why was it that an independent doctor in the superannuation process two of them, knew exactly what was wrong with me and yet I’d been sent to a hundred doctors in the WorkCover process, who all said that I was a nutcase. (Miriam)_

_[My colleagues] believed me. I’d worked with them and they said, ‘Lynn, we’ve seen it, we’ve seen it. We watched what they did. We watched the way they operated with you. We watched the cruelty and the way they went about it. We saw it. We saw it’, and so they were there. (Lynn)_
In each case, the worker felt empowered and restored by the act of being acknowledged and by their words being trusted as a possible version of events.

In addition to the experience of being believed, the stories of a small group of the workers in this study represented signs that trust could be restored. In their stories, Emily, Will, Ayan and Kate all mentioned how, in some way, their trust in themselves, in others and in the world was beginning to repair. For Emily, whose trust had been less damaged in the first place, this was related to the school council’s support for her version of events. For Ayan, this began when she saw that her WorkCover case manager accepted as genuine her attempts to retrain at her own cost in an effort to get back to work. For Kate, this related to rebuilding her life and retraining, again at her own cost, in a field that was both her new employment and her therapy for coming to terms with the distress she had experienced in her workplace and through the WorkCover process. For Will, it was related to the support he had received from family and friends, and the work he had done in an anger management course. This had allowed him to direct his anger quite specifically at his employer and the insurer, both of whom he felt had let him down, and envisage a new and hopeful life for himself working to prevent workplace injury from happening to others.

### 3.2.4 Loss of identity

Identity was a central theme in all the workers’ stories. In each case, the worker saw themselves as committed and hard-working. Many had had long years of service with their employer and expressed a love of their work and industry sector. Many felt they had gone beyond what was required of them, and were amongst the most valued workers:

> What I see for myself, because in the same company I’ve done a lot of jobs, I used to be a labourer, packing, I used to be working the computer, I do the strap-up, pick up the boxes and I used to be a leading hand, I used to be a knife hand, I used to be a butcher. I’ve done a lot of things. And I used to be a QI, the quality insurance officer, and finally I was a supervisor. (Samuel)

Workers expressed the assumption that ‘good, honest workers’ would be treated fairly in return and cared for should they be injured at work. Alek suggested that it was like working in his own company, with the expectation that the company would look after him in return for the heavy workload he carried for them. The WorkCover system, for Alek, was a back-up:

> I was work in a company that seem like it’s my own company. Very honestly, very heavy and tough work and tough jobs and when you’re injured, the company [will] also look after you and yourself and if company not look after you, you apply for [compensation]. (Alek)

When the employer failed to meet this expectation, workers were shocked and unable to comprehend the situation they found themselves in:

> How does a teacher who’s done 30 years service end up in a Supreme Court? (Lynn)
The change from being a valued worker to being a workplace problem was instantaneous, related to the moment the worker submitted a WorkCover claim. Alek lost his status as ‘magic man’ and everything else that went with it:

I was magic man. I’m not magic man anymore and I survived this and I worked 12 hour day. Now, I even can’t work one hour, two hour and I say why? I can’t play with my family and I was best on the court in a basketball. A lot of thing. Exercise, sports, work, other activity same like a friends gathering. I say now my feelings seem like I want to alone, nobody touch me, nobody talk to me and that’s a life? No. (Alek)

For Ayan, the loss of valued identity was more insidious, and happened over a period of time through her interactions with the WorkCover system:

To have your integrity questioned over a long period of time, and having to deal with people that don’t know you from a bar of soap but have the assumption that, you know, that my behaviour should be questioned over and over again, yeah, that really bothered me, because I try to be a good person, I try to lead a good life, I try to do the right thing. (Ayan, self-professed liker of work, who had worked since age 15)

Heather’s years of hard work appeared to count for nothing in terms of investigating the workplace situation that had led up to her making a claim:

Twenty-five years I’ve worked for the department and I’ve been through lots of crap and I’ve managed all that time and for some reason “This person has now put in a claim for workplace stress, let’s go and find out why.” That was really never investigated and that’s the part that I don’t like, that nothing happened. (Heather)

For these workers, their employment had provided a valued identity associated with activity that they found meaningful, as well as an income and a workplace community. Their injury and subsequent involvement in WorkCover threatened to bring a permanent loss of these aspects of work, and each worker was keen to return to work. Their inability to recover completely and quickly was a surprise to each, as was finding that their loyalty, commitment and authenticity of their claim were all called into question.

The processes of questioning of the workers’ cases within the system and the requirement to produce evidence that would be tested against other evidence sat at the centre of the perceived assault on the ‘good, honest worker’ identity that workers’ experienced. Seeing how they were labelled and described in doctors’ and panel reports and investigation statements and court documents was shocking and hurtful to the workers. Faye’s comments also show the distance between what is important to the individual going through the experience of workplace injury and the assessment of the individual by a medical ‘expert’:

He said I was crying sort of inappropriately, I thought I was in the middle of a breakdown I’m going to cry, I didn’t want to be there I was scared to be there, I was scared of what he
thought of me. And he did the report and he says ‘she’s polite, she dresses well’, big deal what’s that got to do with what happened. (Faye)

Joan found it particularly hard to read in court statements what she regarded as a rewriting of her past good relationships with the senior staff in the school she worked in:

They wrote comments about me that were unfounded and untrue and that really hurt after working there for twenty four years. I knew it wasn’t true but it just broke my heart to think that these same people were saying how indispensable I am. (Joan)

Faye’s comment also makes clear (as does Heather’s comment earlier in this section) how the process focuses on the individual with the injury rather than the workplace situation or dynamic in which the injury was able to occur. This is the beginning of the way in which the injured worker is made into the problem and assigned a problematised worker identity:

Like it was my problem. That I’m the one with this huge problem and I’d crack anyway, you know, I’m a faker and I’m crap. (Emily)

Being questioned and having one’s evidence questioned repeatedly took a toll on workers’ sense of self, on their ability to hold onto a valued identity for themselves. Ayan described the impact of having her integrity questioned over the period of time she was involved in the WorkCover system. She was very clear that a large part of what fed her self-doubt was her feeling that she was in opposition to the agency she thought was there to help her return to work. Here the world appears to reflect back the negative self-image and changed identity of the ‘WorkCover claimant’:

And the worry of – in my case – trying to retrain, and I would spend… I’d get up at eight in the morning and I’d spend all day long on the computer looking for a job. I had a return to work specialist, and I had her for five months – she’s awesome, but she couldn’t get me a job. So I felt unemployable for the first time in my life, and I’ve always been able to get a job. And my confidence – I don’t have a lot of confidence to begin with – what little confidence you had just evaporates because here you are trying to get work and you don’t have the insurance company on your side... yeah, confidence, just what little you had just disappears. (Ayan)

The loss of a workplace community in which the worker felt they belonged and had a valued place and role was an outcome of both the injury and the compounding damage they experienced in the WorkCover process. The result of this compounding sense of loss and damage was that returning to work did not necessarily restore the worker to a valued self-defined identity. This was linked to dissatisfaction with workplace arrangements (e.g. Faye) and loss of a community and standing within that community (e.g. Lynn). It also occurred where the workplace was unable or unwilling to provide the worker with meaningful work (e.g. Deb and Karen) at a time when the workers were able to engage with work. The deterioration that occurred for workers after unsuccessful return to work then limited the possibilities further, to the point where the worker struggled to imagine returning to work (e.g. Deb, Karen and Shirley). It is possible to put this failure to restore the worker to a valued identity in both material and symbolic senses down to the nature of the
original injury and the individual’s inability to recuperate. For workers however, it was a failure on the part of the WorkCover system:

- And there’s nothing I can do about it, because I’m so much sicker from like when I was first sick. I was physically very unwell, but my I was still Miriam. [...] But from that WorkCover process, and it just kept making me relapse all the time. (Miriam)

- I think there’s just a lot of anger there. I’m just so pissed off with losing what I love doing, wasting my time in the garment industry and being poorly paid, then injuring myself, and then having to deal with the insurance company – I’m really angry. (Ayan)

- [The insurer] just reinforced my lack of self-worth and my hopelessness, my uselessness; feeling useless is an awful thing. (Deb)

- Personally I feel I’ve lost my self-worth. I just feel right now because of the injury and then everything else afterwards I’m just destined to be just stuck at home. (Karen)

Without a strong sense of a valued work identity, or in the process of having it challenged, the injured workers have to resist being ascribed with a new identity: that of the ‘WorkCover claimant’:

- So it’s even more than...It’s not just that you become your injury, but you become a WorkCover claimant. That’s all you are. A WorkCover claimant. [...] Someone who is at the mercy of the insurance companies. You feel reduced to you’re just a WorkCover claimant, malingerer. It’s like you’re being marked with a brush, with a cover. (Ayan)

The ‘WorkCover claimant’ was not a valued identity, as the workers’ stories made clear in relation to their reluctance to go on WorkCover in the first place. It was also reflected in their view of ‘claimants’ and the general opinions they reported in their stories of ‘claimants’ held by the community at large and by personnel in the WorkCover system itself. Workers described the ‘WorkCover claimant’ identity as disempowered and with few choices in relation to the system and to their return to work:

- You haven’t got choices, you have to go to the school that puts up their hand and says they’ll take you. And you don’t want to complain, you can see what’s happening, they might be doing the wrong thing, no breaks. I wasn’t supposed to be on the counter and first week there I’m up at the counter but you can’t complain to WorkCover because you feel like you’ve already got a bad name as a complainer. (Faye)

Kate faced and resisted the temptation to move onto a disability pension, because she realised that it would mean the loss of an identity that she valued and that gave her certain privileges and pleasures:

- It would be giving up on a kind of lifestyle. It would probably be giving up on my friendships because those friends would dwindle away if I can’t go out and have coffee with them. There’s all those kind of bits and pieces that are also giving up if I were going to take that path. So yeah I’d be giving up an identity in a way. (Kate)
Kate went on to explain that in the end she decided not to pursue her claim any longer since this meant she would have to continue to identify herself with incapacity and lack of progress, rather than noticing the small gains she was making. For Kate, remaining on WorkCover was an impediment to her recovery despite the material compensation it provided her with:

[I felt] negative and victimish. Yeah it is, it’s identifying yourself as a victim again and again. For me the whole recovery process has been about noting “I can do this that I couldn’t do two weeks ago, is that good” it’s like noticing the tiny little improvements. (Kate)

For Lynn, the ‘WorkCover claimant’ identity was associated with a broken spirit, where the damage had been the deliberate intention of the system:

It’s just outrageous because it’s almost like [the insurer is] happy for you to go back to work because they think they’re putting so much pressure on you and they’re being so brutal that you’ll fall apart and then that’s “Oh, see, see. It is her [that is the problem]”. (Lynn)

The workers’ stories reflected how hard individuals fought to resist the ‘claimant’ identity and to continue to see themselves as people of integrity with genuine claims for compensation for injury at work. Lynn used her anger at the injustice that she experienced, both in her workplace and at the hands of the system, to resist:

So, I guess, whether I felt it or not that was going to happen, that was my determination that I was not going to allow my experience to end my working life. (Lynn)

Others found and drew on their resilience compared to friends and colleagues they knew who had not been able to keep going:

I’ve got three ex-workmates who have all been through the WorkCover system and I’m the one who has hung on with my fingernails to my rights and not being just dismissed as a person who needs help. The others all just, for want of a better term, gave up because it got too hard. (Deb)

Ayan, Kate and Will focused on what they had done for themselves to retrain and recreate themselves as workers in different occupations and industries:

As soon as this happened, I knew straight away “Okay, there goes my fingers, so there goes my hand and the way it used to be for my life”. I thought at that point, because I’m a guitar player and musician as well, I thought “Well that’s thrown out the window. That’s completely gone”. And then also, “Well there goes my job too”. (Will)

As Will’s statement indicates, being able to rebuild a valued and sustaining identity meant acknowledging what has been lost materially and symbolically and moving on from it. Will and Kate were both able to achieve this with the support of family, friends, new and old, and (in Will’s case) his trade union. Each found support to embark on a process of reflection on
loss to find hope in the future. Others were not so lucky, and remained with no options other than the ‘WorkCover claimant’ identity:

Because you’re actually ripped of your pride your dignity it’s that validation thing all the time, no one believes me. But you’re left like that. Every second of every day. And you feel like people are looking at you now. (Miriam)

3.3 Workers’ experiences of supporting mental health

Eleven of the workers spoke about positive aspects or experiences of the system. The first part of this section provides an overview of positive aspects identified by the workers. The second part considers what made a difference between good and bad experiences. As well as themes that emerged from the interviews as a whole, it focuses on one worker, Emily, whose experience had been largely positive and affirming. A second worker, Joyce, had also had a largely positive experience. Although Joyce said she was depressed and sad, she put this down to her failure to recover from her injury and inability to resume her previous work duties and the associated loss and grief. Her experience with WorkCover had been generally good. It is Emily’s case however, which remains the most informative in relation to what made the difference between the positive and negative experiences, because it had been a contentious and protracted case but where Emily had recovered and returned to work and a workplace that she was happy with.

3.3.1 What workers identified as positive

In the first place, workers expressed gratitude for the existence of a system that had provided them with income and financial assistance with medical and other expenses related to their injury:

I was surprised that it was accepted because it’s workplace stress, it’s hard to prove. I didn’t really have to prove it, it was just accepted and that surprised me because I wasn’t expecting that. I think I was more expecting they’re going to say “No, you’ve got to do this, we don’t believe you, you prove it” and all that sort of stuff. In a way that was probably a good thing. (Faye)

They support me in the way that they also want me to get recover, so I can go back to work. So encourage me and give me opportunity to get recover. […] So I think that’s good thing that they pay money for me to go to a doctor or they pay me when I off work. Yeah, compared to my home country [name], so maybe we don’t have that system. (Joyce)

For some, this had enabled them to take the time off they needed to and to maintain financial commitments e.g. rent or mortgage payments, and to access treatment and support:
I guess the positives are that I’ve had some small amount of salary coming in which I wouldn’t have been coming in and that’s taken [my husband] off my back to some degree. (Shirley)

The focus on return to work and the support provided to retrain and re-enter the workplace was also seen as helpful for workers, despite problems with return-to-work processes outlined elsewhere in this report. For workers who had been through a conciliation process, this was generally regarded as supportive and validating. With two exceptions that can be put down to the particular conciliator/hearing, workers appreciated the opportunity to put their case forward, to be heard and acknowledged and to be part of a process of negotiating an outcome:

[Conciliation] was probably the first time that I felt I’d been given the chance to say what...like it was a real two-way thing. (Emily)

In the second place, workers identified individual case managers and/or return-to-work officers who had been helpful and supportive:

It was the way they approach you as a person, the way they listen; they had excellent listening skills. They could empathise with what you were going through, they were professional but they were actually able to address you as an individual who had concerns, not just a bludger who is on the books who needs something to do. I’m just not good at busy work, it’s not me. They contacted me all the time to see how I was going without being pushy. They were gentle in their approach. They were interested in what you were doing in trying to assist yourself, such as when I self-funded on courses. (Deb)

What appeared to be important in these cases was the individual’s ability to listen and acknowledge the workers’ experiences as authentic, including the circumstances of their injury and their desire to return to work. Care and concern for the individual was also generally associated with this kind of listening and acknowledgement. Workers also appreciated personnel with whom they could negotiate how and when they would process aspects of their claim and associated treatment and support.

Two features emerge from these aspects. Firstly, the value workers place on getting recognition and acknowledgement of their experiences. Secondly, the importance of getting an outcome that the worker deemed to be in their recovery and return-to-work interests. This related to immediate outcomes e.g. having a claim accepted promptly, interim outcomes at various stages in the process and the long-term outcome of an established claim being successfully resolved and the worker returned to work and a workplace in which they felt well and safe.
3.3.2 What made the difference between good and bad experiences

Access to information and advice

In the first place, workers required but did not always have access to helpful, timely information and advice from people they could trust. As noted elsewhere, not knowing their rights, not understanding the process and being unclear about the implications of particular decisions and actions (theirs and others) all characterised the workers’ experiences and added to their sense of lacking control and agency. Where workers were able to access good information and advice, they were able to act with greater confidence in ways that they believed were in their own interests. In turn, this contributed to their recovery and well-being:

You feel powerless [without] someone who supports you in your WorkCover claim. I think I waited a year after my claim and I decided to go to [a lawyer]. Just having them on my side, and they’re going to help me with...I didn’t know that I could apply for a total disability impairment claim, through my superannuation fund. I knew nothing about that. And they haven’t done anything with regard to my claim directly, like as far as my payments go, but just knowing that they’re there for me has made a huge difference. (Ayan)

Where the information came from appeared to be less important than the fact of having what appeared to be reliable and useful information from a trusted source ie someone who had the workers’ interests at heart. For Ayan this was her lawyer, for Emily it was her union organiser, for Kate it was the WorkCover appointed psychologist, for Will it was a family member who was also working his way through a claim and for Karen it was a friend who was a nurse and had had a long claim of her own:

The only reason now I think because I’ve gotten through and gone to conciliation and started fighting in the last six months is because I’ve got another friend who is a nurse or was a nurse, has been on work cover for 10 years and she ran some of the work cover departments in hospitals. So I tell her what’s going on and she’d say, no, no, this should be happening and you should be doing this. (Karen)

Once a worker had access to information and advice, they were more likely to feel empowered and confident in making decisions and taking actions to assist the progress of their claim in ways that supported their recovery.

Being supported through the process

Secondly, and connected to the provision of information and advice, was the support that workers needed and received. Again, what mattered most was that the worker had someone that they felt they could turn to and who would be there for them, rather than having someone in a particular role or position providing specific support:

I had someone on my side. I had someone supporting me. (Ayan)
Having support was an important component of being able to progress a claim:

The Australian Education Union was marvelous. Without them I couldn’t have done what I did. I could not of done what I did. I had a branch representative who went above and beyond and was by my side the whole time even to the point where even at the second Court case he came, he was there in the morning. He said, “I’m going to be there. You’re not going through this alone”

For some workers, it was part of what enabled them to get through the experience of being injured and making a WorkCover claim:

First of all, why I want to suicide, I want to suicide. I meet with [name of union official], for example, and I explain all my problem to [name], my union, and she said, “Don’t worry, I fight for you” and I little bit spark of hope. (Alek)

The union, but when you’re like that your brain’s not taking things in, all I could do was think of all the things they’ve said about me, trying to discredit me and then reading what the psychiatrist said. All I could think of was not eating, I couldn’t sleep, I couldn’t think, if it wasn’t for the union and what they did for me I wouldn’t have gone through this. I would never have pushed on knowing what I went through I would never push on. (Joan)

The support provided included practical assistance with the administration of the claim, including support provided by helpful personnel within the WorkCover system, and practical assistance with other requirements stemming from the claim. This included lifts to appointments, assisting with completing forms and helping people stay in touch with their colleagues:

Probably the staff, teachers and all the support staff they were all supportive; they were fantastic. When I was off and I couldn’t drive one of the girls offered to drive all the way up here from [town], pick me up, take me to a pub in [town] to catch up with the staff and then bring me home again. (Faye)

Emotional support was also important, and came from a variety of people including those in professional and personal relationships with the injured worker:

The only support I have really [is my husband] who every now and then I just cry all over. There is my counsellor who has been on-board for quite some time now, who I didn’t really fight to get back after they stopped him the first time, because I only had the first 12 sessions and after that it was stopped, and he had been able to get me through the initial...it’s the long-term that’s dragging me right back down. I have a friend [who] used to work, she had a back injury and they got rid of her really, really, really quickly with very little support and I’m still in contact with her. (Deb)

What emerged as most important from the workers stories was the need to be supported somewhere by someone in ways that were both practical and emotional in focus. Where a
worker felt that they were supported and not alone in the process, they felt less oppressed by the system, more empowered and more able to attend to their own recovery:

Q  So before [in relation to being bullied], you felt powerless but in fact the [WorkCover] process gave you back a sense of...
A  Well I had these people supporting me. (Emily)

Emily’s experience: feeling in control and getting a fair outcome

Whilst Emily talked about the impact on her health and well-being of being bullied at work, she was clear that the WorkCover experience, with the exception of the visit to the independent psychiatrist, had been positive and affirming for her. Emily’s case had been protracted and messy because she made her claim some time after she originally became unable to work. It was initially contested, but she ended up establishing a legitimate claim and seeing the perpetrator of the bullying removed from the school she worked at. This meant that not only was Emily’s claim upheld, but she was able to return to work feeling safe in her previous role at her previous workplace.

Emily made clear in her account that she had had excellent support from a specific union official who had guided her through the process, accompanied her to hearings, represented her in meetings and advised her in relation to her rights, what could and should happen and assisted her make decisions about the progress of her case that she felt were in her interests and that she could cope with, in terms of her state of health. The union’s actions extended to the examination of the circumstances in the workplace that had led to Emily’s injury, and in the end, the school leadership supported Emily over the other staff member, who was consequently moved to another school.

In telling her story, Emily emphasised the support she received as well as her sense of having a say and having control over the process she was engaged in. This was not common to the other stories, in which a lack of control and having little say were more predominant. Secondly, it was significant that she got a workplace outcome that she deemed fair and just. One of the things that workers found hardest to come to terms with, and which impeded their recovery significantly regardless of the nature of their injury or sector they worked in, was the lack of ‘come back’ for the employer and/or manager in relation to the unsafe conditions that had caused the injury in the first place. Workers struggled to understand how return-to-work required them to move to a new place of work or take up employment in a new sector when little or nothing appeared to be done to remedy the injuring conditions or discipline and/or educate the perpetrators. Emily identified the backing she received from the school leadership, the authorizing body for decisions in relation to staffing, as significant in what made her experience of WorkCover successful.
3.4 Workers’ ideas about what could/should change

Workers were asked about what could or should change to improve their experience, post-injury, of the WorkCover system. Their responses fell into two broad categories: things that they would do differently themselves, and things that they would like others to do differently or to change.

Learning after the fact was a strong theme, apparent in almost all the workers’ stories. Each worker identified things that they would do differently, or advise another worker on, based on what they had learned from their experience of having an extended WorkCover claim. A move was evident in this, from the naivety of the position of the ‘good, honest worker’ who believed that the system would protect them to a more informed and critical position with an understanding of how to use the WorkCover system more effectively and less painfully:

And I was upfront with them about my WorkCover status, because I reckon you should be upfront with people. I think what I’d change with the insurance company too is I’d keep some things to myself, because the other thing that I found really difficult is that complete invasion of your privacy. (Ayan)

Workers were asked whether they would put a WorkCover claim in or handle their injury differently, on the basis of the retrospective knowledge they had gained of the system. There were two sets of responses: those who said they would go on WorkCover (for some, because they had no choice) but act differently and those who said that they would not. The two workers who had been to court over their claim and won were both in the group who said they would not venture down the WorkCover path again. For these workers, the damage that protracted battles within the system had done to their well-being and recovery outweighed the financial support that WorkCover delivered, in particular the disempowerment and anger and frustration they were left with:

I’d say, I’d tell him to go to see his doctor. After he’s seen his doctor I would tell him, “Don’t go to WorkCover because they don’t seem to help with work cover. I’d say one of two things: go to lawyers or go to the church to help with the worker. (Samuel)

In terms of what they had learned, workers suggested that their attempts to resolve matters in the workplace and/or to hold out for as long as possible before making a claim (including using up sick leave and managing their health outside of WorkCover) had been counter-productive in the long run:

I would do it differently in that I would walk in straight into the office, the school office and ask for the form that initiates WorkCover straight away, like I – and then I’d go across to the GP, we’d do it like that from the beginning, I wouldn’t do it the messy, messy way that I did it. (Emily)

This applied largely to those workers with psychosocial injuries, but was also true of those workers with physical injuries whose initial return-to-work had been mishandled, or where
the physical injury was bound up with bullying and/or stress in the workplace (hence resulting in long-term WorkCover claims). Establishing a claim more promptly and naming the psychosocial factors impacting on their health were both identified as things that workers would do differently. Likewise they identified not hesitating to get assistance with the procedural aspects of the process, including union support and legal advice:

_I would have been more firm, because there was this fear that if I said, “No you can’t do that”, they’re going to cut me off, because they [laughs] just kept cutting me off, so I would have gone to [lawyer], I would have gotten legal assistance from them upfront._ (Ayan)

Workers also expressed a desire to be involved in activities that might prevent others going through what they had been through. This included wanting to get involved in workplace safety activities and supporting other injured workers. A number of workers talked about friends and colleagues who had been injured and to whom they provided informal support, based on their own experiences. For a number of the workers in this study, the desire to make a positive difference to the experience of workers who are injured was the reason why they had chosen to take part in the project.

In relation to other parties in the WorkCover system, workers first and foremost wanted to be treated with greater respect and care:

_The way that [the insurers] actually treat people. They’ve got to treat people like human beings. Not like slaves, not like animals – we’re human beings, we all have rights._ (Will)

They wanted the start point to be that they were telling their truth about their injury and their desire to return to work, rather than the start point being that they were trying to rip the system off, as it appeared to them. Respectful treatment would include acknowledgement of the pain and suffering associated with their injury:

_No flowers, no card. No, “Gee we’re going to miss you.” Just, “Here’s your hat, what’s your hurry? Close the door from the outside and don’t come back.”_ (Deb)

_What hurts the most is that the people that you have worked loyally for all those years don’t even send a letter of acknowledgement that maybe you were right and we’re terribly sorry that you were put through this situation. Is there anything we can do for you? Anything that would have acknowledged that I was actually right would have helped and it wouldn’t have left me, I think, quite bitter about the Department._ (Lynn)

Workers talked about this as if it could be treated as a separate component of the experience and could be acknowledged in a way that such recognition did not equate to an admission of blame. They wanted some sign of care and concern from the workplace post injury, and again on resolution of claim. They also identified a need for more sympathetic treatment from insurers’ case managers, including having their version of events ‘heard’ and validated, again separate from the processes to establish or disprove the basis for the claim:
Several workers suggested that the insurers’ case managers appeared to show very little awareness of what it meant to sustain a workplace injury (as a ‘good, honest worker’) and lacked basic knowledge of pain and trauma, and that this impaired their ability to provide the workers with respectful and caring service:

Some of the insurance companies are sort of coming to the realisation that if they manage their clients with compassion and understanding and help them, assist them more, and also if they understood more about pain and how that affects a person psychologically then it would be better for everyone, because then you can get people returning to work, the claims will be smaller. But until the insurance companies take that on board and see the value in that, and the value is at the end of the day it’ll be better for their bottom lines. (Ayan)

Workers also identified some procedural changes that would have made a great deal of difference to their experience. The first of these related to the length of time for processing aspects of their claims. The use of multiple independent assessments rather than accepting treating practitioners’ reports and drawing out administrative processes to the last minute rather than processing paperwork promptly were both identified as points in the process were change could be made that would improve the workers’ experiences. The provision of information in plain language was also identified as an area for improvement:

I think the insurance companies should be more up-front. I think their wording in their letters should be more clear. (Ayan)

The inability to understand the process, their options and the implications of decisions at specific points has been identified elsewhere in this report as one of the factors that workers experienced as disempowering and impacting negatively on their well-being. The second procedural area that workers identified related to the investigation of the workplace circumstances that led to the injury. In relation to injuries where there had been WorkSafe involvement, workers suggested that there was room for more independent, extensive and timely investigation, including collecting more evidence from workers in relation to health and safety in the workplace setting:

And I request again for WorkSafe people, please not for two, three month after you visit some company and just for half hour or everything is all right. (Alek)

[The insurers] need to take things seriously and they need to talk to more people perhaps and see what the atmosphere is like in the workplace and if there’s evidence that there is a bad atmosphere, there is a bad negative, there’s a poisonous situation in this place, you take people’s claims seriously and not put them through what we went through, you can’t do that to people. (Joan)

For those workers who had sustained a psychosocial injury, the lack of independent investigation outside of the processes relating to their claim was seen as a problem. It also...
appeared as an opportunity to improve health and safety through the introduction of mandatory, independent investigation for any psychosocial injury where the worker had sought medical attention. The final area related to the lack of an effective complaints mechanism. Whilst the ability to make a complaint via the Victorian Ombudsman was noted, it was felt that this was ineffective because the Ombuds lacked powers to act on the basis of complaints received.

Lastly, workers identified the need for independent support through the process, separate from the procedural and legal support they were able to access through their unions and/or lawyers. The informal support that workers provided to other injured workers, and that was provided to them by friends and family who had had similar experiences was highly valued because it provided people with fore-knowledge of what might happen next, the kinds of options that faced them and what each might be like:

Someone who knows the process and says well this is what’s going to happen and if this happens then you can go and do this or you can do this, or if this doesn’t happen you can do this. Someone who can tell you the process I think which I never got. (Karen)

[The insurer’s] doing what they’re doing, but if someone had of said from the start and actually explained it to me and given me a clear outline of what happened or what can happen, it would have been a little bit different I think. [...] It would have to be somebody that’s been through it and that I know personally. Like, for instance, if [family member] could have … someone who had actually been through insurers with [an injury]. (Will)

Emotional support, information about their rights, discussion of options and possibilities and informal system navigation focused on recovery and return to work, other than through serendipitous arrangements, were lacking. Workers suggested that, along with the formal advocacy that could be provided by lawyers and unions, some kind of informal navigator and advocate would have made their of the WorkCover process easier, and perhaps assisted them in their recovery.
4.0 Discussion

The analysis of long-term injured workers’ stories undertaken in this project reinforces findings from other studies of this group of workers that report the largely negative experiences of compensation systems on the mental health of workers with long-term injury (esp Wall, Morrisey et al. 2009; Kirsh, Slack et al 2012; Kilgour, Kosny et al. 2013). The findings were consistent across the various cohorts of workers: those with primary psychosocial and physical injuries; and those in ‘white collar’ and ‘blue collar’ settings. This suggests that the negative experiences and mental health consequences are associated with engagement in the workers’ compensation system rather than being defined by injury type or industry/occupational setting.

The workers’ stories identify problems in their interactions with insurers and with employers that are systemic. Interactions with insurers are characterised by administrative and procedural requirements that workers find burdensome and confusing, exacerbated by a lack of easily accessible, timely and comprehensive information about process and rights that would aid them in their decision-making in relation to their claim. Frequent errors in process combine with poor interpersonal relationships between injured workers and insurers’ case managers add to the workers’ sense that their injury and interests are not as important as the employers’ interests. Added to this is a pervasive experience of being unsupported by the employer, whom workers hold responsible for their injury. This is further compounded by a perceived lack of accountability by the employer for workplace safety and in relation to the workers’ rehabilitation and compensation. For the injured workers, it is also the system that fails to bring employers to account for their poor workplace safety and for their lack of support in rehabilitating and compensating the worker. The result of this is that the worker comes to perceive her/himself as the problem: in getting injured in the first place, and then in failing to recover quickly.

The sense of injustice and unfairness pervades every aspect of the workers’ stories: they lack the information they need; support is hard to come by and they often feel isolated and on their own; they have to fight for many things that they believe are rightfully theirs; there is no come-back on the employer whose lack of attention to safety caused their injury, or who may directly be the perpetrator of the harm; the workplace is not made safe for them and they cannot return to that workplace, that job or to work at all. When they have contact with system agents, interactions appear to be based on a presumption that the worker is a bludger or fraud, interactions are adversarial and the burden of proof remains with the worker, needing to be framed in terms of medical and scientific evidence standards that are not meaningful in terms of workers’ experiences of their injury and health status. The medical assessments that workers attend, far from being therapeutic or beneficial, serve to humiliate and wound workers further.

Understood through the experiences of these long term injured workers, the system is replete with things that are ‘done to’ them and signify their experience of lack of agency within the compensation process. Although legal processes were able to deliver outcomes that were financially favourable to the workers, these did not equate to a sense of justice.
having been done because, for them, those who were responsible for the lack of safety in the workplace had not been called to account and the workplace remained unsafe. Workers were able to exercise agency where they felt heard and where they saw systemic actions being taken as a consequence of what they had said: this was not an automatic consequence of legal process. This suggests that workers need more than a favourable outcome from an administrative, financial and/or legal process to feel empowered and safe, and that perceived justice for the workplace safety context relating to the original injury, and to its compensation are both required.

The sense of injustice and unfairness, linked to lack of control and agency, was reinforced by a breakdown in trust in relationships with employers and a failure to build trust with insurers’ personnel. This lack of trust in interpersonal relationships combined with the workers’ belief that the system did not protect their interests appears to result in workers believing they are continuously objects of a system with low trust value. Perhaps as a consequence, workers reinterpreted evidentiary requirements (e.g. medical assessments and panels, as mentioned above) and administrative errors as tactical devices to trick them out of what was rightfully theirs, and as a mechanism to deny their rights and reinforce their disempowered status. The lack of trust was further implicated in the workers’ belief that because nothing was done to address the unsafe situation in the workplace, the injured worker was the problem for being injured in the first place, and the system actions were designed to correct the ‘wrongness’ of the worker rather than the unsafe situation in the workplace.

The workers’ experiences do not reflect a clear delineation between the aspects of the system that come under each of the two Acts that underpin occupational health and safety and worker compensation in Victoria. The themes of injustice and unfairness, lack of agency and trust and loss of valued identity are applied and re-applied in relation to the original injury and everything that follows. This suggests that for workers, it is not a linear process of injury – compensation – rehabilitation – safe return to work, but a less clear journey through injury and associated health deterioration and then interactions with the compensation system and recovery. Interactions with the system become part of the workers’ fluctuations in health and recovery, where recovery cannot be achieved without a return to a safe workplace. Actions to remedy the unsafe workplace and actions to compensate the worker for their injury are inextricably tied for the worker. Past and present blur as workers define actions in the compensation system in light of their beliefs and assumptions about workers and workplace safety and their interpretations of what happened to them previously. As their recovery draws out, their beliefs and assumptions are challenged and change, generally with adverse consequences for their sense of who they are in the world and of the safety of the world around them.

In drawing attention to the inter-related nature of the lived experience of the workplace safety and compensation systems, this is not to say that workers could not distinguish between the mental health impacts of the original work-related injury and of being on workers’ compensation. They could, and did, but in terms of their experience, to concentrate on only one aspect is an over-simplification and an artefact of the research
process. The argument presented across the workers’ stories says that if the workplace had been safe, they would not have been injured. If the WorkCover system had been more recovery oriented in its design, and less focused on efficiency and return-to-work narrowly understood, they would have felt more supported in their recovery and perhaps have been able to return to work or return more quickly. In other words, their failure to recover and return to work is a function of systemic failure to return the workplace to safety combined with (adding insult to injury) being treated as if they were the problem by the WorkCover system, fakers and frauds, rather than legitimate victims of a workplace injustice worthy of support. This point reinforces the conclusion that Bonnie Kirsh and her colleagues reached: ‘injured workers reported that depression was not a cause but rather a primary outcome of having to endure stigmatizing attitudes, exclusion and maltreatment.’ (Kirsh, Slack et al 2012: 152).

This study concurs with the notion of ‘toxic dose’ provided by MacEachen and her colleagues (MacEachen, Kosny et al 2010). This ‘toxic dose’ results from a faulty policy logic based on assumptions of a fully functioning, well-resourced worker able to communicate and negotiate openly and honestly with other parties in a compensation system where power is equally shared and there are no conflicting interests (ibid: 360). Procedural and administrative issues that appear mundane accumulate in an insidious way, and where communication is incomplete or ineffective (the ‘broken telephone’) (ibid: 360). MacEachen goes on to suggest that these system problems combine to produce a “toxic dose” that leaves the worker with more damage than was caused by the initial injury’ (ibid: 361). In particular, the current study has been able to demonstrate the role played by unequal power relations within the workers’ compensation system. The relationship between power and control and health and well-being outcomes has been documented elsewhere (Marmot 2004). This framework is particularly helpful for understanding how the power dynamics that exist in systems can impact on health and well-being, and for identifying opportunities to improve. Marmot argues that systems that promote and increase social contact between stake-holders will also bring about improved health (ibid). The workers’ stories in this study indicate that social contact needs to be grounded in human dignity and justice in order to bring about improved health: dehumanising and unfair contact has the adverse effect on health.

MacEachen and colleagues’ work is also helpful in providing a broader context for understanding workers’ negative experiences of their managers and employers. Whilst this is not to discount the often unfair, inhumane and disrespectful treatment that workers reported receiving from their principals and/or managers, it draws attention to the wider regulatory and business environments that principals and business owners and managers operate in. In this way, it is possible to see workers’ experiences as a system-wide failure to administer the existing protections that the WorkCover system offers, and part of a culture of turning away from injured workers.

One way of reading the workers’ stories is to see them describing a process of inscription and reinscription of identity (Mills 1997; Burr 2003). In their stories, there is a shift from the worker occupying a position of relative power, agency and health to one
where they occupy a disempowered, unhealthy position (Burr 2003). The worker moves from holding an identity that they, their colleagues, their employers and the community at large values (ie ‘good, honest worker’) through the experience of being injured and being inscribed with an injured worker identity. As the compensation process extends, and the injured worker fails to recover, they move more and more towards becoming a ‘WorkCover claimant’. This is an identity with little power and agency in the system and little value in the community more broadly. The stigma associated with being a long-term WorkCover recipient appears to remain strong.

In her work in the Canadian context, Eakin describes how the ‘discourse of abuse’ produces and is produced by the policies and practices of the workers’ compensation in that jurisdiction (Eakin, in Peterson and Mayhew 2005). She notes that discourse ‘is “out there” in public consciousness, the media, and organizational arrangements, and “inside” the subjectively lived experience of individual persons’ (ibid: 162). In relation to the return to work system, the discourse of abuse ‘refers to the pervasive, institutionally-embedded expectation that participants in the work injury compensation and support system will violate, misuse, fail to comply with or otherwise “abuse” its requirements and entitlements’, including exaggerating their disability and suffering to claim benefits that they are not entitled to (ibid: 162-3). She identifies the particular practices through which this effect is produced, including the administrative and evidentiary requirements that add up to a kind of surveillance of the injured worker. She notes that employers participate in this discourse particularly in relation to the perpetuation of the notion that injured workers exaggerate and fake the impacts of their injury. It is very hard for workers to resist the attack on their moral identity and escape the suffering associated with ‘constant imputations of dishonesty’ leaving workers feeling discredited and stigmatised (Ibid: 167).

Discourses are always partial, local, contingent and historical. The current study suggests that the findings in Eakin’s work are also found in the Victorian context, giving weight to her hypothesis that the way compensation systems are designed matters in terms of their therapeutic and anti-therapeutic effects (Eakin in Peterson and Mayhew 2005; Lippel 2012). The current study demonstrates how the process of de-inscription and re-inscription occurs through each interaction that forms part of the Victorian compensation system: e.g. the need to produce ‘evidence’ understood within a biomedical framework; access to treatments deemed ‘valid’; readiness for work based on assessments that are not easily able to understand the psychosocial dimensions of injury, pain and distress. Workers who fail to recover quickly and completely become a burden on the system, and a reminder that attention to workplace safety is not complete. If Stylianou’s assessment of the current WorkCover arrangements is correct, and there is now the belief that a balance has been achieved, then workers who do not recover become an uncomfortable reminder that the system still fails some people (Stylianou 2013). The ‘WorkCover claimant’ has to be abhorred to protect the system against seeing its own failure.

Taking a view from the lived experience perspective means that the mental health impacts of WorkCover need to be understood in the context of the workers’ experience of their injury and their understandings of the relationships between employers and
employees in relation to safety. What is clear is that whilst these workers may be, and feel, compensated for their injury in financial terms, they do not feel supported in their recovery and do not feel that their safety has been attended to. At the end of the process they may have returned to work, but a sense of safety and well-being has been damaged or irreplaceably lost. Drawing on the understanding of recovery from the consumer movement in mental health, one interpretation suggests that the WorkCover system does not in fact support recovery in terms of the whole person. It attends to damage to the body and mind of the worker (notwithstanding the damage it also causes), but it does not address the need for justice, trust and hope that are also essential aspects of workers’ recovery and return to safety. If the system could be reconfigured to do less damage to the workers’ sense of self, and better support recovery of the whole person, it might be possible to improve their experience of the workers’ compensation system.

The aspects of the system that workers identified as positive and/or supportive support this understanding of the system failures. Financial assistance in the form of income and payment for treatments was appreciated, but only assisted workers’ recovery when it was combined with the achievement of a just and fair outcome in relation to the workplace safety situation in which the worker had been injured in the first place. Those case managers and other personnel who treated workers with respect and empathy, particularly those who were able to find ways of acknowledging the workers’ experiences, were seen as supportive and beneficial actors in relation to the workers’ claims. These aspects draw attention to the centrality of and connection between justice and treating the worker in a humane and dignified manner in terms of supporting recovery, and the need to be able to do this regardless of whatever legal processes may be in train to determine the legitimacy of all or parts of a worker’s claim.

The importance that workers attached to access to timely and comprehensive information, and to having support (someone on their side) in the process also point to ways in which fairness and agency can be achieved within the system. A system which appears to align decision-making power so heavily with the interests of one party, especially where that party is arguably already the more powerful, will not be able to support recovery and well-being for individual workers, who find themselves without the knowledge and support they need to exercise their rights. Some consideration is needed in relation to the type of information and support that workers need, how they access these and/or who provides them to them is warranted. Whilst workers were able to access assistance with the technical aspects of the process e.g. through their union or through legal representation, they seemed particularly ill-prepared for the emotional experience of the system. Peer support, which forms a part of some compensation systems (e.g. Canada) is one possibility (MacEachen, Kosny et al. 2006). Peer support is well-developed in the mental health sectors in a range of countries including Australia. In these systems it ‘encompasses a personal understanding of the frustrations experienced with the mental health system and serves to reframe recovery as making sense of what has happened and moving on, rather than identifying and eradicating symptoms and dysfunction (Repper et al. 2013). As such, it provides a potentially helpful framework for supporting the recovery of ‘doubly-damaged’ workers whose initial injury is compounded by the damage they incur through their interactions with the
compensation system. A study of extended-claim injured workers experiences of peer support groups in Canada identified four dimensions that these groups were able to impact positively on: the experience of being misunderstood by system providers, the need for advocates, social support and help with procedural and administrative complexities (MacEachen, Kosny et al. 2006). The same study cautions against over-reliance on peer support at the expense of examining the structural and social issues that also impact on poor recovery outcomes (ibid: 162).

Finally, the workers’ stories offer an understanding of the injustice and unfairness that, in their experiences, is at the core of the WorkCover system. The definition of justice in the context of workplace safety and compensation that can be developed from their stories offer is helpful. A just system would be one that delivered a fair outcome to workers who were injured in the workplace, not simply the provision of compensation for their injury. A fair outcome requires remedial action to be taken in relation to the situation that led to the worker’s injury. Finally, the impact of the remedial action must not fall solely on the injured worker, and others with responsibilities for the situation that led to the injury must also experience the consequences. This has implications for the way that workplace incidents are investigated, particularly in the case of psychosocial injury where there is currently no requirement for investigation even where the worker has sought medical attention for their injury.

**Strengths and limitations**

Key strengths of this study were construction of the sample, the in-depth interview design and the analysis of data from a lived experience perspective. The sampling approach ensured a mixture of injury types, industry sectors and occupational categories. This was helpful in understanding that there are common experiences and system dynamics across injury types and industry settings. The report notes however, that only one participant came from a workplace where the employer was a self-insurer. There appear to be particular dynamics associated with the employer’s dual, and potentially conflicting role in relation to workplace safety and workers’ compensation, but the inclusion of a single individual in this circumstance did not provide a substantial enough basis for specific analysis. The research design around an unstructured narrative interview worked well in eliciting the stories the workers wanted to tell about their experience of injury and compensation. A number of the participants commented on the researcher’s skill in listening empathically and acknowledging the workers’ pain and suffering. Effective research design and skilled interviewing provided the study with rich data that allowed a complex analysis of the interplay between various factors impacting on workers’ mental health, and the interplay between the effects of original injury, the workplace context and dynamics and the compensation system context and dynamics. The analytical approach enabled an examination of the compensation experience from the injured workers’ perspectives, including the theorising they offered in their accounts.
Prior to considering the limitations of this study, it is worth noting that workers were asked about their experience of participating in the interviews. In general, workers took part in the study because they had had a bad experience and wanted to be part of something that could make a contribution to improving the system so that others would not have to go through what they had been through. Many of the workers had prepared for the interview by reviewing the documentation they had relating to their claim, and notes they had kept of their experiences. For some of these workers telling their story to an empathic listener gave them a sense of control over their account and allowed them to see their resilience and persistence and/or how far they had come in their recovery journey. One worker acknowledged that for her, the interview was another experience of telling her story to a stranger, something that she had said to herself that she would not do again. She added that the interview had however, felt different because she had felt in control of the arrangements for the interview, what she said and how she told her story.

A limitation of the study relates to the requirement that participants were all long-term injured workers with claims histories and periods of absence from work of at least six months. Evidence suggests that the longer an individual is involved in a compensation scheme, the more likely they are to experience adverse health outcomes (Gabbe 2013). Moreover, because the study deliberately recruited workers who self-selected and were willing to talk about the mental health impacts of being on workers compensation, it was perhaps more likely to recruit people who had acquired a secondary mental health injury following the primary injury in the workplace. The recruitment of long term claimants with complex and prolonged recoveries was a deliberate strategy aimed at highlighting the impact of the system on workers’ mental health. As such, it was effective in doing this but the study does not provide a representative account of the system experienced by all injured workers. In recognition of this, and that this had been noted as a limitation in other studies where interviews were conducted with injured workers, each worker was asked explicitly about positive experiences within the system and the ways in which they had been supported. In the findings, negative experiences still by far outweighed the positive ones. As Kilgour notes, regardless of the potential bias in this sample group, it is still worth examining their experiences because of the length of time they spend in the system and the cost incurred to them and to system itself (Kilgour, Kosny et al. 2013). Additionally, they are well placed to identify weaknesses in the system and offer suggestions for priorities for improvement that might mean that workers with serious and complex injuries can be better supported to recover.

Recommendations for further research

The findings from this study suggest two areas for further research. The first draws on workers’ lived experiences and relates to examining what supports their recovery, including interactions with the WorkCover system and others, and deliberately targeting workers with serious physical and psychosocial injuries but who have recovered. This could identify what was different in the workers’ experiences and how they understand their experience. The second relates to the issue of workplace injury and suicidality, and
examination of the role played by WorkCover. Little is known about the prevalence and incidence of workplace injury and compensation factors in the cases of people who have committed suicide. For of the workers in this study reported having contemplated suicide (including one who was hospitalized), and a fifth had attempted suicide. Another two suggested that they had come close to feeling suicidal, but had identified personal characteristics that prevented them from becoming suicidal (‘bloody tough’, ‘very resilient’ and ‘value my family too much’). Investigation of the experiences of workers identify as being deeply distressed to the point where they have come close to, contemplated and/or attempted suicide whilst on WorkCover is definitely warranted to better understand the tipping points and resilience factors. Such research would assist in identifying what might be put in place to prevent the deterioration in their mental health to the point where they no longer want to live.
5.0 Recommendations to the Creative Ministries Network Board

This report makes the following recommendations to the Creative Ministries Network Board.

1. Seek funding for a pilot project to develop, trial and evaluate an intervention that utilises peer support workers in assisting injured workers’ recovery for life and work.

2. Develop a course outline, drawing on workers’ lived experience knowledge, for the professional development of WorkCover insurance case managers aimed at improving their ability to deal with traumatised and ill clients that respects injured workers needs for validation, procedural fairness, justice and dignity.

3. Use the report as the basis for policy analysis to identify policy and system implications and as a precursor to developing an advocacy plan following on from this work.

4. Ensure that injured workers and/or their representatives are included in future relevant research reference groups and policy development processes.

5. Seek opportunities to undertake further research in relation to the relationship between workers’ compensation and suicidality.

6. Develop and undertake a program of advocacy with timelines and processes for influence, aimed at achieving the following outcomes:

   f. Advocate to the Minister for WorkCover to take the necessary steps to ensure that workers’ interests are directly represented on the VWA Board.

   g. Advocate to the Minister for WorkCover to review and strengthen the linkage between legislation governing injured workers return to work (compensation) and the need to ensure injured workers return to workplaces where the cause of their injury has been remedied (occupational health and safety).

   h. Advocate to the Victorian WorkCover Authority (VWA) to ensure that return-to-work protocols for injured workers include a WorkSafe inspectors’ report for injured workers on the remediation of the causes of the worker’s injury, including in cases of primary psychosocial injury.

   i. Advocate to the VWA to incorporate opportunities for representatives of injured workers to be included in policy development processes.

   j. Advocate to the VWA to offer professional development for WorkCover insurance case managers, as outlined above.

7. Develop a dissemination strategy for this report to assist with the recommendations above.
Bibliography


## Appendices

### Appendix one: worker characteristics

<table>
<thead>
<tr>
<th>Worker</th>
<th>Industry sector</th>
<th>Occ type</th>
<th>Primary injury</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alek</td>
<td>Meat: abattoir</td>
<td>Manual</td>
<td>Physical</td>
<td>Unable to work at present</td>
</tr>
<tr>
<td>Deb</td>
<td>Education: disability</td>
<td>Teacher</td>
<td>Physical</td>
<td>Unable to work: disability pension</td>
</tr>
<tr>
<td>Emily</td>
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<td>Teacher</td>
<td>Psychosocial</td>
<td>Returned to original position</td>
</tr>
<tr>
<td>Faye</td>
<td>Education: primary</td>
<td>Admin</td>
<td>Psychosocial</td>
<td>Working in similar role for new employer</td>
</tr>
<tr>
<td>Heather</td>
<td>Education: secondary</td>
<td>Admin</td>
<td>Psychosocial</td>
<td>Initial RTW unsuccessful. Currently unable to work</td>
</tr>
<tr>
<td>Joan</td>
<td>Education: primary</td>
<td>Admin</td>
<td>Psychosocial</td>
<td>Unable to work: disability pension</td>
</tr>
<tr>
<td>Joyce</td>
<td>TCF: clothing production</td>
<td>Manual</td>
<td>Physical</td>
<td>Working part-time in previous role</td>
</tr>
<tr>
<td>Karen</td>
<td>Meat: retail</td>
<td>Manual</td>
<td>Physical</td>
<td>Unable to work at present: seeking retraining</td>
</tr>
<tr>
<td>Kate</td>
<td>Education: disability</td>
<td>Teacher</td>
<td>Psychosocial</td>
<td>Completing retraining, beginning new work</td>
</tr>
<tr>
<td>Lynn</td>
<td>Education: secondary</td>
<td>Teacher</td>
<td>Psychosocial</td>
<td>Working in junior role with new employer</td>
</tr>
<tr>
<td>Miriam</td>
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</tr>
<tr>
<td>Samuel</td>
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<td>Unable to work at present</td>
</tr>
<tr>
<td>Shirley</td>
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</tr>
<tr>
<td>Will</td>
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<td>Physical</td>
<td>Unable to work at present</td>
</tr>
</tbody>
</table>
Appendix two: participant recruitment material

Mental health impacts of involvement in the Victorian workers' compensation system

Have you been injured at work, or got a work-related illness? Have you spent at least six months away from work on WorkCover - even if you are back at work now? Are you aged over 18?

If you are, we would like to hear your story about your contact with the WorkCover system in Victoria, and how it has affected your mental health.

We are interested in physical work injuries and work-related illness, including psychological injuries and illness, like stress.

Creative Ministries Network is working in partnership with a number of trade unions on this project, including the Australian Education Union, the Textile, the Clothing and Footwear Union of Australia and the Australasian Meat Industry Employees Union. We want to know about your experience of being on WorkCover and how it affects your mental health. We are interested in good and bad experiences, and your ideas about what needs to change to make the WorkCover experience better for injured workers.

We will use our findings to help unions, employers and others in the WorkCover system work out the changes they need to make to support injured workers better.

If you want to know more, or would like to take part, please contact:

- Gwynnyth Evans on 9662 3766
- our researcher Sarah Pollock on 0407 505 597 or spollock345@gmail.com
Appendix three: interview topic guide

Preliminaries

• Introductions
• Check understanding of project and purpose of interview
• Check for and sign consent form
• Explain interview process: only talk about what you want to, stop if you need a break, stop when you’ve had enough, interviewer might check if you’re OK

Topic

I’m interested in hearing about your experience of being on workers’ compensation, right from the time you were injured/ill up to now. Most of all, I’m interested in how it has affected you, how you feel and the impact it’s had on your mental health and well-being.

(Check with respondent which language they prefer to use: mental health, well-being, feelings about self etc)

There are three parts to this. I’m interested in how you felt at different stages in the process, what you felt you mental health was like, and how it changed. I’m interested in what caused this for you, what it was in the system that made you feel like this. And the third thing is about what could have helped you to have a better experience, or what should be changed to make the system better for injured workers.

(Recap three main aspects: feelings/impacts, what happened to cause this, changes and improvements)

You can start where you want to start. You can start with now, and how are you feeling now? Or you could go right back to the beginning, or any part of the process that was really significant...

Prompts (to be used if required)

• Tell me about the most significant or memorable thing that happened
• Were there things that surprised you or that you didn’t expect?
• Who were the helpful and unhelpful people, and in what way?
• When did you feel most/least in control, and what was this like?
• How much has this had an impact on you? What other parts of your life, other people?
• Are you glad you made a claim, or looking back, do you wish you had managed your injury in a different way (e.g. going on sick leave and managing your recovery yourself)?
Closing

So, just before we finish, I just wonder what it’s been like talking to me this morning, and how you’re feeling now?

Is there anything else you want to tell me, or anything really significant that you want to make sure I’ve understood?

• Acknowledge their experiences
• Thank them for their time and generosity
• Offering them the thank you gift and check for travel or other reimbursements
• Explain next steps and invite them to focus group: obtain extra signature on consent form if necessary
• Check they’re OK and goodbye
Appendix Four: Workers’ descriptions of their mental health

1. Injustice and unfairness

Being treated disrespectfully or unfairly (8 stories)

It almost went to conciliation that first time, because they stopped my payments, and twice more because they refused to pay for my medical and life expenses. They don’t tell you. They don’t ring you up. They send you an official letter after they’ve actually stopped paying you. They don’t sort of give you warning or anything. If you fail to tick a box… it’s like they’re punishing you constantly [laughs]. (Ayan)

Or once a week I’d just be sitting there and I’d just be ripping up the new speciality bits that they put up the next day. It’s a very demeaning job and when I would complain about it the WorkCover department they wouldn’t care, they just said well, whatever duties they can find you, you have to do. (Karen)

I’ve got this maintenance meeting to happen very soon. It was to happen today at 12 o’clock. I’ve had it put back to the end of March [because] it’s going to [in the city and] I knew I wouldn’t be able to manage that and it’s documented that I don’t. So I contacted [my case manager] thinking that she might be able to help me. And it was a straight out no. (Shirley, who has developed agoraphobia as a result of her workplace injury and cannot travel into town)

2. Lack of control and agency

Being blamed or made into the problem (7 stories)

Like it was “my” problem. That I’m the one with this huge problem and I’d crack anyway, you know, I’m a faker and I’m crap. (Emily)

I didn’t know what I was doing, I just wanted them to believe what I’d been through and that I wasn’t the awful person who did all these things and yet you’re making me, I’m the victim but I’m being made to be the problem and I’m in the wrong, I’m in the wrong.

Just some of their reports from their independent medical examinations that they send me to stating that my injury was one of my own neglect and that I had deliberately done the injury to myself. (Will)

Being helpless or disempowered (7 stories)

And it’s the kind of process I think I was aware the whole way through that that victim word, it’s like the longer you stay with WorkCover and if you do decide to keep going through those things, it’s like you identify yourself more and more as a victim. (Kate)
I was completely helpless, as I said before I lost every core value, ever belief in every the medical system, the teachers, everything everyone that was supposed to help me they didn’t. (Miriam)

You know, I’m just another spoke on a wheel to them. The wheel is going to keep turning regardless of me being there or not and I understand that. So that’s the thing. It call comes down to people and the power. (Will)

3. **Loss of trust**

**Being alone (10 stories)**

It’s not hard to pick up a phone and go to hospital or send some flowers from [the company]. If they had of done that, then I would have maybe gone, you know, “Nice company. I respect these guys. I’ll work for them again”. Nothing. (Will)

Not one person rings you, drops around, wants to know. You’re almost like [your colleagues have] been told they’re not to go near you. So you’re instantly isolated, instantly by simply daring to take this step from people you’ve actually worked with and closely worked with for 15 years. I found that quite striking and quite difficult and I think you’re quite let down by that experience of that happening.

But I can actually talk to somebody and feel okay about talking to somebody. I don’t even talk to [my husband] about it anymore. Because it just hits too many sides. I just don’t talk to any person I know about it because people don’t understand.

**Being scrutinised and afraid (9 stories)**

Oh, yes, yes and when company’s—what’s it called, from company I stop, for example. I stuck with WorkCover. WorkCover knows everything. Neurosurgeon reports, psychiatrists, psychologist, blah, blah, blah and they ignore you and what you’re feeling. (Alek)

Yeah. Well I was doing this course. That was the other thing that was stressful – I was doing this course but I had to keep it from them because I was worried. I didn’t know how that would affect my...it got to the point where I thought if I coughed or sneezed [laughs] it would be the wrong thing, I’m doing the wrong thing and I get cut off. You get kind of paranoid. (Ayan)

Very difficult because I feel sad and uncomfortable when other people still working when I have to left the work place early. And the company managers pay more attention to me, because they’re saying that they need to look after me if something happen at work. (Joyce)

4. **Loss of identity**

**Being dehumanised (14 stories)**
The WorkCover process needs a shake up because they need to deal with each individual as an individual, not a number on a page, and I recognise their job, and I recognise how hard it is for them, I respect the hard work they have to do but too many of them aren’t human. Maybe they’re not human because it’s too hard for them to be human or even humane. (Deb)

WorkCover also sucked my blood from my body. They not believe just on phone. Same like now, you front of me. You see me how kind I am a human or person and same my case manager they very rude person. Even they can’t talk to you very nicely. Same like you him or her slave. They thinking some like that and someone thinking, “Oh, he make some excuse, he not injure”. (Alek)

Even [the independent doctor’s] questions were indifferent, ambiguous, it wasn’t about what happened to me and what was done to me, it was more like him trying to turn my words around and asking questions that were, “Yeah okay I can’t sleep, yeah I’m not sleeping, what else do you want to say?”

**Being invisible or unimportant (8 stories)**

This is another thing through the system that just – it just pulls the rug out from under you and reinforces, “You’re not a person. You don’t exist to this workplace.” I made appointments with the manager at a time that I knew service users wouldn’t be there. I arrived – this happened three times – she wasn’t there. (Deb)

I was angry [about what the WC doctor had said in his report] and that’s why I wrote a letter of complaint; I didn’t get a response. (Faye)

But all the time that I was there, and that was 2009 to 2011, like I was still doing some work [at a different workplace as part of my return to work plan] as well as doing my course and all the other bits, no body from the work place or from Work Cover at all ever checked on my progress. It was just like I was shunted out the door. (Kate)

**Being treated like a fake or a fraud (7 stories)**

[When I was teaching] everything I did was for other people and I just had this enormous love for other people, and they just went ‘pew’, and then suddenly me who would actually get in to trouble for being too honest, is being sent through this whole process where every second of every day you’re being judged and being treated like a liar. (Miriam)

A psychosocial injury that can’t be seen is not given the legitimacy that it so rightly deserves when blind Freddy can see the condition you’re in and the fact that you actually have to see someone once a week or you will go insane and I can remember being at one point suicidal.

And not just a claimant, but a malingerer. Yeah, that’s a hard one too, and so you start to doubt yourself, and then that’s where the embarrassment stems from as well. You stop seeing your friends because...yeah, for a number of reasons, but in the back of your mind you think ‘do they think that I’m faking it?’ (Ayan)