



**Royal Commission into
Victoria's Mental Health System**

WITNESS STATEMENT OF COLIN RADFORD

I, Colin Radford, Chief Executive Officer of the Victorian WorkCover Authority, of 1 Malop Street, Geelong, say as follows:

Background

- 1 Over my 25 year career working in and with the Victorian Public sector, I have held many senior roles including:
 - (a) CEO of the Victorian Management Insurance Authority (**VMIA**) (2016 – 2019), where I oversaw a major cultural and strategic transformation;
 - (b) an executive at the Victorian WorkCover Authority (**WorkSafe**¹) (2001 – 2002) and the Transport Accident Commission (**TAC**) (2002 -2006);
 - (c) senior roles within Ministerial offices, advising three Victorian Premiers and as Chief of Staff to a Cabinet Minister (1991 – 1992) (1999 – 2001) (2007 – 2008);
 - (d) seven years as a Partner at Deloitte (2008 - 2015), leading the Victorian Government practice and serving as the National Public Sector Leader for Financial Advisory Services.
- 2 I am a Graduate of Columbia Business School (New York) (2018) and the Australian Institute of Company Directors (2017), a Williamson Fellow (2006), an IPAA Victoria Fellow.
- 3 In 2019, I was named Australia's CEO Diversity Champion by the Australian Human Resources Institute.
- 4 Attached to this statement and marked '**CR-1**' is a copy of my current curriculum vitae.

Role and responsibilities

- 5 I was appointed Chief Executive of WorkSafe in November 2019 by the Governor-in-Council.
- 6 The position of Chief Executive of WorkSafe is created by virtue of section 498 of the *Workplace Injury Rehabilitation and Compensation Act 2013* (Vic) (**WIRC Act**), but it is not a statutory office.

¹ WorkSafe Victoria is the trading name for the Victorian WorkCover Authority.

7 I report through WorkSafe's Board to the Minister for Workplace Safety and the Assistant Treasurer.

8 As the Chief Executive, I am responsible for:

- (a) Managing and controlling the affairs of WorkSafe in accordance with policies set by the WorkSafe Board and the Victorian Government, and within the relevant legislation including the WIRC Act and the *Occupational Health and Safety Act 2004* (Vic) (**OHS Act**);
- (b) Leading a workforce of approximately 1400 employees;
- (c) Leading the implementation of strategic initiatives to reduce the incidence, severity and cost to the community of work related injury and disease;
- (d) Providing high level strategic, financial and risk management advice to the Board and the Victorian Government on a broad range of issues relating to WorkSafe's operations, functions and objectives;
- (e) Representing the State's interests on matters of workplace safety and workers compensation as required;
- (f) Ensuring WorkSafe's statutory functions, as set in the following Acts of the Victorian Parliament, are met:
 - (1) the OHS Act, which provides a framework to protect the health, safety and welfare of employees and other people in the workplace, including by creating principles of health and safety protection. WorkSafe's key statutory functions under the OHS Act are to monitor and enforce compliance with the Act and associated regulations, make recommendations to the Minister about the Act, regulations and compliance codes, promote public awareness about OHS issues, and publish OHS statistics;
 - (2) the WIRC Act, which provides for workers compensation and the rehabilitation of injured workers. WorkSafe's key statutory functions under the WIRC Act are to receive and assess claims for compensation, pay compensation to persons entitled to compensation under the WIRC Act or *Accident Compensation Act 1985* (Vic), promote effective occupational rehabilitation of injured workers and their early return to work, provide insurance in accordance with the WIRC Act, including by collecting premiums and ensuring the compensation scheme is competitive and fully-funded;
- (g) In addition to the WIRC Act and OHS Act, WorkSafe is responsible for administering the following further Acts:

- (1) *Accident Compensation Act 1985* (Vic) – provides for workers compensation and the rehabilitation of injured workers for claims made prior to 1 July 2014. It has been replaced by the WIRC Act;
 - (2) *Dangerous Goods Act 1985* (Vic) – provides a framework for the control of explosives and other dangerous goods in Victoria;
 - (3) *Equipment (Public Safety) Act 1994* (Vic) – provides a framework for the control of high-risk equipment used in non-work-related situations;
 - (4) *Workers Compensation Act 1958* (Vic) – provided the framework for workers compensation prior to 1985. It has been replaced by the WIRC Act.
- 9 The obligations created by these Acts are vested in WorkSafe, rather than the role of the Chief Executive specifically.
- 10 WorkSafe is the regulator of Victoria's occupational health and safety (**OHS**) laws and administrator of Victoria's workers compensation scheme. WorkSafe's overall responsibilities include:
- (a) monitoring and enforcing Victoria's OHS laws;
 - (b) helping to prevent work-related deaths, injuries and disease;
 - (c) providing adequate and just workplace injury insurance;
 - (d) assisting injured workers back into the workforce; and
 - (e) managing Victoria's workers compensation scheme.

Capacity

- 11 I am giving evidence on behalf of WorkSafe and I am authorised to do so.

The role of WorkSafe in relation to workplace health and safety in Victoria's mental health services

WorkSafe's role in relation to workplace health and safety

- 12 WorkSafe's core purpose is to reduce harm and deliver better outcomes for injured workers, including workers in Victoria's mental health services. WorkSafe does not collect data about workplaces using the phrase 'mental health services', but collects and identifies data based on an individual worker's occupation (for example, nurse or social worker), the predominant activity of their workplace, and the industry classification (for example, Public Administration and Safety, Education and Training, and Health Care and Social Assistance). When referring to 'mental health services' in the context of

OHS, WorkSafe is accordingly considering workplaces which fit into the categories outlined above.

- 13 WorkSafe has statutory functions to monitor and enforce compliance with OHS legislation across all Victorian workplaces. The relevant legislation and regulations are as follows:

- (a) the OHS Act;
- (b) the *Occupational Health and Safety Regulations 2017* (Vic) (**OHS Regulations**);
- (c) the *Equipment (Public Safety) Act 1994* (Vic);
- (d) the *Equipment (Public Safety) Regulations 2017* (Vic);
- (e) the *Dangerous Goods (Storage and Handling) Regulations 2012* (Vic);
- (f) the *Dangerous Goods (Transport by Road or Rail) Regulations 2018* (Vic);
- (g) the *Dangerous Goods (Explosives) Regulations 2011* (Vic);
- (h) the *Dangerous Goods (HCDG) Regulations 2016* (Vic).

- 14 The principles of health and safety protection are set out in section 4 of the OHS Act and provide:

- (a) The importance of health and safety requires that employees, other persons at work and members of the public be given the highest level of protection against risks to their health and safety that is reasonably practicable in the circumstances.
- (b) Persons who control or manage matters that give rise or may give rise to risks to health or safety are responsible for eliminating or reducing those risks so far as is reasonably practicable.
- (c) Employers and self-employed persons should be proactive, and take all reasonably practicable measures, to ensure health and safety at workplaces and in the conduct of undertakings.
- (d) Employers and employees should exchange information and ideas about risks to health and safety and measures that can be taken to eliminate or reduce those risks.
- (e) Employees are entitled, and should be encouraged, to be represented in relation to health and safety issues.

- 15 Section 20 of the OHS Act is titled 'the concept of ensuring health and safety'. Section 20 provides that a duty imposed on a person (by Part 3 of the OHS Act or the OHS

Regulations) to ensure, so far as is reasonably practicable, health and safety requires the person—

- (a) to eliminate risks to health and safety so far as is reasonably practicable; and
- (b) if it is not reasonably practicable to eliminate risks to health and safety, to reduce those risks so far as is reasonably practicable.

16 The OHS Act provides that in determining what is (or was at a particular time) reasonably practicable in relation to ensuring health and safety, regard must be had to the following matters²:

- (a) the likelihood of the hazard or risk concerned eventuating;
- (b) the degree of harm that would result if the hazard or risk eventuated;
- (c) what the person concerned knows, or ought reasonably to know, about the hazard or risk and any ways of eliminating or reducing the hazard or risk;
- (d) the availability and suitability of ways to eliminate or reduce the hazard or risk;
- (e) the cost of eliminating or reducing the hazard or risk.

17 WorkSafe is also responsible for:

- (a) promoting education and training to eliminate or reduce OHS risks;
- (b) implementing strategies that improve OHS; and
- (c) providing incentives to prevent workplace injuries, illness and fatalities.

18 In addition to its roles in relation to the OHS Act and OHS Regulations as outlined above, WorkSafe also has a role after an injury has taken place. This includes:

- (a) ensuring controls in place in the workplace are reviewed to mitigate the risk of further injury;
- (b) supporting an injured worker through a safe and sustainable return to work pursuant to the WIRC Act; and
- (c) enforcing the employer's obligation to engage in a return to work process (RTW)³.

² Section 20 of the OHS Act.

³ See Part 4 of the WIRC Act.

Application to mental health

- 19 WorkSafe understands that the Royal Commission is interested in WorkSafe's role in OHS as it relates to mental health or injury, in addition to the health and safety of employees working within the mental health services sector.
- 20 Section 5 of the OHS Act defines health to include psychological health, meaning that an employer's statutory obligations under the OHS laws, and WorkSafe's duties and responsibilities outlined in the paragraphs above, apply to psychological health in the workplace.
- 21 WorkSafe addresses eliminating or reducing risks to employees' mental health through the general duties, listed in paragraphs 14 to 16 above in the OHS Act for employers to provide a safe working environment.
- 22 Monitoring of compliance with the general duties from a mental health perspective is led by WorkSafe's dedicated Psychosocial Inspectorate. The Psychosocial Inspectorate is a team within WorkSafe's broader Inspectorate group which focuses on monitoring and enforcing compliance with the OHS Act in relation to psychosocial hazards; being work stressors or occupational hazards that may affect the psychological wellbeing of workers.
- 23 The Psychosocial Inspectorate makes enquiries with workplaces to ensure they have systems of work in place to prevent, report and respond to inappropriate behaviours; and to ensure employers follow these systems of work if an allegation is raised. The role of the Psychosocial Inspectorate is detailed further in paragraphs 47 to 49 below.
- 24 As part of its obligations to monitor and enforce compliance with the OHS Act and OHS Regulations, WorkSafe has educational responsibilities. Specifically, it is responsible for disseminating information about duties and obligations arising under the OHS Act and OHS Regulations, to assist with regulatory compliance, and therefore to ensure the health and safety of all Victorian employees in all industries. These materials are referred to as guidance material throughout this statement.

WorkSafe guidance on Mental Health in the workplace

- 25 WorkSafe has published guidance material on a range of issues to assist employers to meet their duties under the OHS Act and to assist them to implement safe systems of work. This includes guidance in relation to mental health issues, and to issues that specifically impact mental health services.

- 26 Guidance material is prepared by WorkSafe, in consultation with stakeholders, often in collaboration with experts in the relevant field and drawing on relevant research, and is published on WorkSafe's website.
- 27 Guidance material assists employers in complying with their duties and forms part of the 'state of knowledge' of the employer about OHS, which is relevant in determining whether the employer has done everything reasonably practicable to ensure the workplace is safe and without risks to health when complying with their duties under the OHS Act.
- 28 Relevant guidance published by WorkSafe in relation to mental injuries includes:
- (a) **Mental health: Safety basics webpage** (last updated 20 March 2020)⁴ provides information on legal duties, causes of workplace mental injury and creating a mentally healthy workplace.
 - (b) **A suite of guidance on bullying in the workplace**⁵, which includes guidance on how to prevent and respond to workplace bullying;
 - (c) **Fatigue prevention in the workplace: your health and safety guide** (June 2017)⁶: provides guidance for both employers and employees around fatigue as a health and safety issue in the workplace, which has been linked to mental injury;
 - (d) **Work-related gendered violence including sexual harassment** (March 2020)⁷: intended to help employers prevent and respond to work-related gendered violence;
 - (e) **Addressing family violence in the workplace** (last updated 4 November 2019)⁸: provides guidance for employers to understand how family violence can affect the workplace, explain employers' duties and help employers respond.
 - (f) **A suite of guidance on work-related stress**⁹, which includes information for employers as well as employees, with separate guides provided for the private and public sectors; and
 - (g) the **WorkWell Toolkit**¹⁰, which includes tailored tools and information relating to work-related violence and aggression.

⁴ <https://www.worksafe.vic.gov.au/mental-health-safety-basics>

⁵ <https://www.worksafe.vic.gov.au/bullying-workplace>

⁶ <https://content.api.worksafe.vic.gov.au/sites/default/files/2019-07/ISBN-Fatigue-prevention-in-the-workplace-guide-2019-07.pdf>

⁷ <https://content.api.worksafe.vic.gov.au/sites/default/files/2020-03/ISBN-Work-related-gendered-violence-including-sexual-harassment-2020-03.pdf>

⁸ *Addressing family violence in the workplace*, WorkSafe Victoria, November 2019,

<<https://www.worksafe.vic.gov.au/addressing-family-violence-workplace>>

⁹ <https://www.worksafe.vic.gov.au/work-related-stress>

- 29 WorkSafe has published a range of guidance material aimed specifically at work-related violence in the health sector. Work-related violence is identified as a key risk area for health workers, including in mental health services.¹¹
- 30 **Preventing and responding to work-related violence**¹²: This guide is aimed at employers and outlines employer and employee responsibilities, along with guidance on how to implement processes to manage the risks of work-related violence. It contains sections explaining:
- (a) how to identify hazards and assess risks;
 - (b) how to control risks and review risk control measures; and
 - (c) how to respond to work-related violence before, during and after an incident.
- 31 There is also guidance to support the development of work-related violence prevention policies, and a guide to choose risk control measures for different work-related situations. This information and guidance represents arrangements that WorkSafe considers essential to the employer being able to provide and maintain a safe and healthy work environment for their employees.
- 32 **Occupational violence and aggression incident investigation tool**¹³: This tool is intended to be used by Health and Safety Representatives to assist with the investigation of incidents. The tool prompts the user to consider the factors relevant to the incident, whether they could be eliminated or controlled, and whether there were any controls that could be implemented to prevent and manage work-related violence. This tool can be used together with incident reporting systems used by individual workplaces to facilitate effective investigations, and considerations of steps that can be taken to prevent further incidents. The process prompted by the tool is one of the approaches WorkSafe considers important to prevent and respond to harmful incidents.
- 33 **Occupational violence information sheet**¹⁴: Published in May 2011, this information sheet advises employers how to protect employees from occupational violence. It explains common sources of risk for occupational violence; consultation responsibilities; how to assess or address the work environment to prevent occupational violence; and how to respond appropriately to risks of occupational violence. Importantly it contains a list of systems recommended to be implemented to reduce or eliminate risks, and ends

¹⁰ As outlined further in paragraphs 54, 64 and 90 above.

¹¹ As outlined in paragraph 53.

¹² Available at <https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Preventing-and-responding-to-work-related-violence-2015-03.pdf>

¹³ Tool available at: <https://content.api.worksafe.vic.gov.au/sites/default/files/2018-08/ISBN-WorkSafe-OVA-incident-investigation-tool.pdf>

¹⁴ Available at <https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Occupational-violence-2011-05.pdf>

with a risk assessment checklist to prompt employers to consider what additional measures may need to be implemented to better protect workers.

- 34 **Prevention and management of violence and aggression in health services¹⁵**: The second edition of this guide was published in June 2017, having been developed and updated with assistance from professionals, organisations and associations within the health services industry¹⁶. The guide focuses on health service employers and provides guidance on how to identify hazards and risks related to work-related violence, implement appropriate control measures, and respond to and learn from incidents.
- 35 **Occupational violence and aggression against healthcare workers brochure¹⁷**: Released in conjunction with the “It’s Never OK” campaign,¹⁸ this brochure contains key messages from the campaign including information about how managers and employers can support and promote a workplace culture where violence and aggression against healthcare workers is never tolerated.

Mentally healthy workplaces

Structures, conditions and programs needed for a mentally healthy workplace

- 36 Work is a big part of our daily lives and can help to prevent mental ill-health by giving us a feeling of purpose and a sense of contribution.
- 37 The evidence of the health benefits of work is compelling. The health benefits of work are recognised by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of the Royal Australasian College of Physicians through their Health Benefits of Good Work initiative, of which WorkSafe is a signatory.
- 38 The Australian and New Zealand consensus statement on the Health Benefits of Work published by the AFOEM outlines that for most individuals, working improves general health and wellbeing and reduces psychological distress¹⁹.
- 39 In order for a workplace to be mentally healthy, a multifaceted and tailored approach is needed. A mentally healthy workplace has measures in place to:

¹⁵ Available at <https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Prevention-and-management-of-violence-and-aggression-health-services-2017-06.pdf>

¹⁶ The full list of contributors to both versions is available at page 4 of the guide to Prevention and management of violence and aggression in health services.

¹⁷ Available at: <https://content.api.worksafe.vic.gov.au/sites/default/files/2019-09/ISBN-Occupational-violence-and-aggression-against-healthcare-workers-brochure-2019-09.pdf>

¹⁸ The “It’s Never OK” campaign is further outlined in paragraphs 93 and 146 to 151.

¹⁹ Page 7, *Position Statement: Realising the Health Benefits of Work*, Australasian Faculty of Occupational & Environmental Medicine and the Royal Australasian College of Physicians, October 2011
<https://www.racp.edu.au/docs/default-source/default-document-library/afodem-pos-aus-nz-con-health-benefits-work-pack.pdf?sfvrsn=0>.

- (a) prevent harm by identifying risks to mental health (see paragraph 41);
- (b) provide benefits and help workers with mental illness to stay at or return to work;
- (c) manage harm from an early stage where mental harm does occur, and prevent further harm from occurring; and
- (d) support recovery from mental injury, including by planning for RTW. This includes obtaining relevant information about the injured worker's capacity for work, considering reasonable workplace support, aids or modifications to assist in a return to work, and assessing and proposing suitable alternative duties for the worker to RTW having regard to the recommendations of their Treating Health Practitioners (**THPs**).

40 There are a number of work-related factors within the control of employers that can impact on mental health and safety, and which can contribute to a physical or mental injury if they are not managed. They are also known as psychosocial hazards when they increase the risk of work-related stress which may result in an injury. Psychosocial hazards include:

- (a) low job control;
- (b) high or low job demands;
- (c) poor support;
- (d) poor organisational change management;
- (e) poor organisational justice;
- (f) low recognition and reward;
- (g) low role clarity;
- (h) poor workplace relationships;
- (i) poor environmental conditions,
- (j) remote and isolated work; and
- (k) violent or traumatic events.

41 In order to be mentally healthy, a workplace must accordingly have measures in place to identify psychosocial hazards and deal with them appropriately. This requires a culture where employees feel valued and included, have reasonable workloads, clear role expectations and reporting structures, and there is reward and recognition for good work. In order to address these measures and structures, WorkSafe has published a range of guidance, and runs programs as identified at paragraphs 63 to 64.

- 42 A mentally healthy workplace requires leaders who demonstrate commitment to mental health in the workplace and manage workplace relationships respectfully.
- 43 In my own leadership experience, the most important aspect of a mentally healthy workplace is that every employee feels valued and included. Employees who feel equally valued for who they are, as for what they do, will generally contribute to a positive and inclusive workplace culture. Respecting and celebrating diversity in all of its forms, including diversity of thought, and recognising and addressing intersectionality in eliminating discrimination and promoting inclusiveness are also critical. Leaders who are prepared to show their own vulnerability and admit that they too feel uncertain at times, will generally contribute to a culture where employees feel psychologically safe to speak up and seek assistance and support if they are experiencing mental health issues or behaviours that may contribute to a mental injury. This environment fosters conditions that promote good mental health in the workplace.
- 44 Good work design also enables employees to be engaged in work that is healthy, safe and productive and includes consulting with employees on matters that affect their mental health at work. Examples of good work design include ensuring safe work schedules through providing suitable rest breaks, designing shifts to minimise fatigue, providing for appropriate fatigue recovery and providing sufficient notice of schedule or shift changes.

Mentally healthy workplaces in Victoria and WorkSafe's data regarding same

- 45 The primary source of WorkSafe's data regarding mental health in Victorian workplaces is via its compliance and enforcement activities and workers compensation claims. Whilst this is important data to inform WorkSafe's activities, particularly in relation to prevention and supporting injured workers through the workers compensation scheme, there are limitations. Collecting data which determines how widespread mentally healthy workplaces are in Victoria is difficult given that:
- (a) As at the current date, there is no agreed, mandated or measurable definition of a 'mentally healthy workplace';
 - (b) WorkSafe's Inspectorate is unable to visit every Victorian workplace to determine its compliance with its general duties, in particular as they relate to mental health; and
 - (c) The absence of claims in relation to mental injuries, or the absence of adverse compliance outcomes in relation to employers, is not necessarily conclusive evidence of a mentally healthy workplace. This is especially true for mental injuries due to issues of underreporting.

- 46 However, WorkSafe does collect data through its Inspectorate, which monitors and enforces compliance with the OHS Act.
- 47 WorkSafe's dedicated Psychosocial Inspectorate focuses on ensuring that employers provide, so far as reasonably practicable, a working environment that is free from risks to psychological health and safety by preventing inappropriate behaviours, and responding to them through their systems of work. A Psychosocial Inspector will focus on a number of key hazards relevant to psychological health and safety including workplace bullying, sexual harassment, employee to employee work-related violence, as well as the organisational work-factors outlined at paragraph 40.
- 48 WorkSafe's dedicated Psychosocial Inspectorate made 5,736 visits to workplaces and issued 1,301 notices for non-compliance from 1 January 2015 to 29 February 2020.
- 49 Notices are issued to employers where they do not have a system of work relating to inappropriate work behaviour (i.e. not having policies and procedures to enable the workplace to prevent and respond to inappropriate behaviours), or for not providing information and training to employees as to inappropriate behaviour.
- 50 Based on data collected²⁰, WorkSafe estimates that mental injury claims are expected to increase by at least 34 percent by 2030, compared with 12 percent for physical injuries.
- 51 It is clear from this data that mental injury has and will continue to have a growing impact on WorkSafe's role as a health and safety regulator, the workers compensation scheme, the productivity of businesses, as well as on individuals and their families.
- 52 Risks to mental health are present in almost every workplace and employees are often exposed to a combination of psychosocial hazards.
- 53 However, claims data collected by WorkSafe indicates that there are some priority groups that are over-represented in mental injury claims or at a higher risk which include the following:
- (a) Priority industries:
 - (1) Health care and social assistance, which includes nurses, doctors, aged care assistants and paramedics;
 - (2) public administration and safety, which includes police officers, correctional officers and fire fighters; and

²⁰ Productivity Commission Mental Health Inquiry, *Whole of Victorian Government Submission*, P 11
https://www.pc.gov.au/_data/assets/pdf_file/0015/241341/sub483-mental-health.pdf.

- (3) education and training, which includes teachers, instructors and educational support staff;
 - (b) Employer segments: Government, industries in transition and small business; and
 - (c) Employee segments: Young employees, ageing employees and frontline employees.
- 54 WorkSafe's WorkWell program is delivered by WorkSafe in collaboration with the Department of Health and Human Services (**DHHS**), and aims to help employers create mentally healthy workplaces.
- 55 The WorkWell program is described in further detail in paragraph 64 below. The WorkWell program baseline report was received in June 2019, and measures the program against 13 key performance indicators and will set a benchmark to assess change over time. A key finding of the baseline report was the consistent difference in how employers and employees rated their workplaces. This was seen across many measures²¹; with employers generally more positive about the state of workplace mental health compared with employees. Addressing this discrepancy in perception requires commitment and readiness to change on the part of employers, and awareness and knowledge of mental health risk factors and the ability to identify issues when they are present. This baseline data has identified an opportunity for improvement in these areas, with a high proportion of employers reporting they were not confident in identifying or addressing important mental health risk factors.

Comparison between Victoria and other jurisdictions

- 56 For the reasons outlined at paragraph 45 above, it is difficult for WorkSafe to measure the mental healthiness of Victorian workplaces to enable a comparison against other jurisdictions.
- 57 One point of comparison that is able to be made is the incidence of mental injury or mental stress claims, noting this measurement is for individual claims or workforce statistics rather than data provided at the 'workplace' level.
- 58 The Safe Work Australia Comparative Performance Monitoring Report²² found that in 2017-2018, the Australian Government (as an employer) had the highest proportion of mental stress claims (11.8 per cent) in 2017–18, followed by Victoria (9.6 per cent) and New South Wales (9.5 per cent). The Northern Territory recorded the lowest proportion

²¹ Section 7, OHS Act.

²² The Safe Work Australia Comparative Performance Monitoring Report 21st Edition – January 2020, p 20; <https://www.safeworkaustralia.gov.au/doc/comparative-performance-monitoring-report-21st-edition-part-1>.

of mental stress claims in the same year (3.0 per cent), followed by Western Australia (3.1 per cent).

WorkSafe's role in working with employers to ensure Victorian workplaces are mentally healthy workplaces

- 59 As identified in paragraphs 12 to 18 above, WorkSafe has a key statutory function to provide information, education and awareness around mental health and how employers can implement effective controls. This includes developing guidance material as outlined in paragraphs 25 to 35 above, and as is further explored throughout this statement.
- 60 WorkSafe is working with employers to encourage a preventative approach to mental health. This means creating safer workplaces, reducing harm to those who are suffering with a mental injury and facilitating recovery and a safe return to work following a mental injury.
- 61 To improve workplaces from an individual claim perspective, WorkSafe is working to improve the workers compensation process in respect of mental injury claims, to minimise the risk of further mental harm for injured workers who submit a claim and support recovery and return to work. These activities are outlined in greater detail in paragraphs 72 to 83 below.
- 62 Finally, WorkSafe also focuses on activities to ensure that employers comply with the OHS Act as it applies to mental health.

WorkSafe's fulfilment of this role

- 63 WorkSafe works with employers to ensure Victorian workplaces are mentally healthy through the following distinct initiatives, each of which are explained in further detail below:
- (a) Operational Programs;
 - (1) WorkWell;
 - (2) Mental Wellbeing Collaboration;
 - (3) Psychological Health Programs; and
 - (b) Dedicated Psychosocial Inspectorate.

Operational Programs

- 64 WorkSafe has dedicated program areas that have a focus on mental health. The key program areas are as follows.

- (a) **WorkWell:** WorkWell is a \$50 million program which is delivered by WorkSafe in partnership with the DHHS. The three key elements of WorkWell are:

Toolkit	An online hub which links employers with relevant research, tools and information, to support them in building a mentally healthy workplace. The Toolkit allows employers to take a questionnaire, be offered tailored suggestions with steps to promote mental health and prevent mental injury in the workplace. Launched in July 2018, the WorkWell toolkit had more than 5,400 registered users as at March 2020.
Learning networks	These networks are bringing different Victorian workplaces together to collaborate on practical initiatives that create positive workplace cultures. Six organisations commenced in early 2020 to chair networks across a range of industries.
Mental Health Improvement Fund	This fund aims to promote mental health and wellbeing and prevent mental injury and illness among vulnerable employees. Grants totalling more than \$25 million have been awarded to 25 organisations to fund specific programs proposed by each recipient to improve mental health in the workplace. ²³

- (b) **Mental Wellbeing Collaboration:** WorkSafe is a member of the Victorian Workplace Mental Wellbeing Collaboration with VicHealth and SuperFriend (the **Collaboration**). Through the Collaboration, the organisations work together to help workplaces create positive and supportive work cultures and environments by focusing on organisational leadership and encouraging workplaces to implement positive mental wellbeing strategies. Its activities include encouraging engagement with Victorian workplaces and leaders by hosting events such as leadership breakfasts and masterclass sessions, commissioning

²³ Information about recipients of the grants from the Mental Health Improvement Fund is available at https://www.workwell.vic.gov.au/fund?utm_kxconfid=ut7hwev6q&qclid=EAlaIqObChMlIcu727_26AIVyxErCh3XRAe5EAAYASAAEgJLJvD_BwE.

research, and developing practical resources for employers to use which are hosted on an online resource centre²⁴.

- (c) **Psychological Health Programs:** WorkSafe's Psychological Health Programs team develops a range of operational programs to deliver on WorkSafe's function to educate and raise awareness as well as provide strategic direction for the Inspectorate to solve specific issues in particular priority industry groups that are over-represented in mental injury claims data (these groups are identified in paragraph 53 above). Some of the key programs of the Psychological Health Programs team are as follows:

Targeted Government Program	<p>Designed to strengthen the government sector agenda through targeted engagement with senior leadership of priority employers targeted in response to their workers compensation claim rate. The program focuses on health and safety and RTW performance across both physical and mental injuries.</p> <p>The program's overall success will be demonstrated by senior leaders exhibiting safety leadership, flowing through to improved health and safety and RTW performance.</p>
Gendered Violence Program	<p>Addressing gendered violence including sexual harassment is a priority for the Victorian Government. This program responds to the increasing community expectation that gendered violence including sexual harassment is understood and addressed in workplaces. WorkSafe has recently developed specific guidance related to gendered violence including sexual harassment²⁵.</p> <p>The program also involves a suite of projects to improve WorkSafe's data collection, provide training for WorkSafe's advisors and inspectors, develop health and safety representative training, research employer perceptions, and</p>

²⁴ The Victorian Workplace Mental Wellbeing Collaboration's website provides an online resource centre, case study profiles and project updates at www.leadingwellvic.com.au.

²⁵ Available on WorkSafe's website at <https://www.worksafe.vic.gov.au/resources/work-related-gendered-violence-sexual-harassment>.

	develop an education and awareness campaign.
Compliance and enforcement program	<p>This program aims to:</p> <ul style="list-style-type: none"> • Inform and educate employers about their obligations to provide and maintain a work environment that is safe and without risks to psychological health; • Educate employers about how to apply a risk management approach to identifying and addressing work-related factors that may lead to psychological hazards in the design and management of work; • Educate employers about the controls available to manage the psychological hazards; • Increase duty holder compliance with the general duties in the OHS Act. <p>The program will pilot approaches with Healthcare and Social Assistance, Education and Training, and Public Administration and Safety.</p>

Dedicated Psychosocial Inspectorate

65 WorkSafe has a specialist Psychosocial Inspectorate team which focuses on addressing psychosocial hazards in workplaces, which was described in paragraphs 47 and 48 above.

Steps taken by WorkSafe to ensure that psychological safety is as important as physical safety

Legislation

66 As identified in paragraphs 12 to 18 above, the OHS Act contains protections aimed at keeping Victorian workplaces safe, and applies to protect the physical and psychological health of employees equally.

67 In terms of policy and legislation, WorkSafe has sought to emphasise the importance of mental health in Victorian workplaces through the development of several suites of guidance documents that provide information to duty holders about their obligations under the OHS Act, as referenced in paragraphs 25 to 35. WorkSafe, in conjunction

with Safe Work Australia, is also looking into the development of psychological regulations in response to the 2018 Independent Review of the model Work Health and Safety Laws, which was conducted by Marie Boland, an independent expert appointed by Safe Work Australia.

- 68 WorkSafe actively investigates and prosecutes breaches of employers' duties pursuant to the OHS Act, as set out at paragraphs 14 to 15 above, as they relate to the mental health of workers. This includes through the activities of the Psychosocial Inspectorate.²⁶ In the 2018-2019 financial year, WorkSafe conducted 151 prosecutions with an 89% success rate, five of which involved a psychological hazard.²⁷
- 69 The maximum penalties for breaches in the OHS Act are the same for breaches relating to physical and psychological safety. These maximum penalties include:
- (a) For breaches of general duties under the OHS Act:
 - (1) For employers: a maximum term of imprisonment of up to 5 years, or 1800 penalty units (approx. \$300,000) for individuals; and 9000 penalty units (approx. \$1.5m) for body corporates;
 - (2) For employees: up to 1800 penalty units (approx. \$300,000).
 - (b) For breaches of the duty not to recklessly endanger persons at a workplace:
 - (1) For individual employers: a maximum term of imprisonment of up to 5 years, or 1800 penalty units (approx. \$300,000);
 - (2) For body corporate employers: a fine not exceeding 20 000 penalty units (over \$3 million).

Compensation

- 70 The WIRC Act applies to both physical and mental injuries or diseases in the same way.²⁸
- 71 However, it is clear that workers with a mental injury are having challenging experiences in the compensation and recovery system which was designed and established primarily to deal with physical injuries.
- 72 In order to better support injured workers return to health and return to safe work, WorkSafe is running the following pilots and programs to improve how mental injury is

²⁶ As detailed in paragraphs 22, 23, 47, and 48.

²⁷ *Annual Report 2018-2019*, WorkSafe, October 2011, <https://content.api.worksafe.vic.gov.au/sites/default/files/2019-10/ISBN-WorkSafe-annual-report-2019.pdf>, page 23.

²⁸ Section 3 of the Act defines *injury* as including any physical or mental injury, and *disease* as including any physical or mental ailment, disorder, defect or morbid condition.

identified and managed through the workers compensation system, both currently and into the future.

Claims process transformation

73 WorkSafe intends to redefine the recovery experience of injured workers by transforming the way injured workers are supported to include:

- (a) A 'My WorkSafe' online portal for injured workers, employers and treating health professionals.
- (b) Recovery plans to guide workers treatment, recovery and return to work.
- (c) Recovery pathways to ensure that WorkSafe is guiding best practice treatment from the right health practitioner, at the right time, in the right way.
- (d) Building the capability of claims managers to work in an empathic way, supported by enhanced data and analytics.

74 To achieve this, WorkSafe:

- (a) Is in the process of commencing work with a dedicated team at Gallagher Bassett (one of the agents appointed by WorkSafe to carry out the day-to-day management and service delivery of claims and payments) (**Agents**)²⁹ to validate WorkSafe's proposed new ways of working. This includes how claims are triaged and managed, what technologies are used, and how and when injured workers and employers are communicated with. Guiding injured workers and their treaters to the right information at the right time lets them focus on their recovery, wellbeing and return to safe work. WorkSafe wants to understand what different workers need and want from WorkSafe during recovery as well as how WorkSafe can best support each of them. The lessons from this initiative will help WorkSafe define and develop future processes.
- (b) Launched a project in March 2020 to assist injured workers facing barriers to RTW including many with either primary or secondary mental injuries. WorkSafe uses analytics to identify the workers most at risk, then deploys a multi-disciplinary team including clinicians, RTW inspectors, claims managers and the employer, who centre their efforts around the worker's needs and work collaboratively to expedite recovery and return to work.

75 Further work to inform and develop future claims processes is underway including the following:

²⁹ WorkSafe's Agents are appointed pursuant to section 501 of the *Workers Injury Rehabilitation and Compensation Act 2013* (Vic).

- (a) **Mental Health Intervention:** WorkSafe wants to understand and explore the problems workers and their employers face when returning to work following a compensable workplace mental injury, in order to develop interventions at the individual, team or organisational level to improve the timeliness and proportion of workers commencing and sustaining RTW with their pre injury employer. The program involves interviewing injured workers, their employers and other stakeholders involved in the rehabilitation process such as Independent Medical Examiner (IME) reviews and their THPs to try to understand the overall experience, pain points and what can be done to improve the RTW process.
- (b) **Assisted Lodgement:** WorkSafe undertook research to understand how to reduce the barriers that vulnerable cohorts face when making a claim for workers compensation. These cohorts include individuals experiencing a mental health injury or individuals from the culturally and linguistically diverse (CALD) community. WorkSafe identified that people experiencing these vulnerabilities would benefit from a service to assist them to make a claim. WorkSafe explored many ways assistance could be offered and a face to face service proved to have the least amount of barriers to engagement. The next step is to use the assisted lodgement service blueprint to create a pilot aimed at understanding the interactions between the injured worker and the WorkSafe assistant.
- (c) **Immediate Response - Recovery Assistance Program:** WorkSafe is working closely with its Agents in the engagement and delivery of the Recovery Assistance Program. The Recovery Assistance Program involves enhancing the service offerings available to workers to assist workers' recovery after a mental health injury. This is being done by identifying additional support services that may assist recovery and which may be offered by WorkSafe in the future; including support coordination, functional occupational therapy assessments, psychosocial support and alcohol and other drug services.
- (d) **Use of technology:** WorkSafe is investigating how better technology can transform the compensation claims and recovery processes, including through the initiatives outlined at paragraphs 73 and 74 above.

Pilots

- 76 In addition to the above, WorkSafe has established a number of proposed pilots and intends to partner with community service providers to assess the needs of a cohort of injured workers, and tailor and coordinate access to services aimed at improving the client outcome and helping them to reintegrate into the community. The purpose of these pilot programs is to test, in the medium term, the use of support coordination services for injured workers with complex needs. The pilots will focus on the long tail claim population, being individuals who have remained on compensation for an

extended period. For those workers in the long tail claim population with mental injuries, the complexity of their mental injury claim is often entrenched and magnified by long duration of involvement with the workers compensation scheme.

- 77 WorkSafe has also been involved with the Provisional Payments Pilot, which is administered by the Department of Justice and Community Safety (**DJCS**) from a fund provided by the Victorian Government. The Provisional Payments Pilot commenced on 17 June 2019 and provides provisional payments of medical and like expenses for emergency services workers with mental injury claims while their compensation claim is being determined. The Provisional Payments Pilot responds to the higher rates of work-related trauma and suicide reported by emergency services workers (compared to other workers) and aims to ensure early access to mental health services³⁰.
- 78 The Victorian Government has committed to introducing a provisional payments scheme for mental health claims for all Victorian workers into legislation administered by WorkSafe. Further details regarding the Provisional Payments Pilot are contained in paragraphs 118 to 128 below.
- 79 **Facilitated Discussions:** WorkSafe uses Facilitated Discussions, a mediation service designed to support RTW on claims where interpersonal conflict is identified as a barrier. People with a mental injury receive further support with an expanded version of a facilitated discussion, including accredited mediation as part of this service³¹.
- 80 **Secondary Mental Injury:** In 2018, WorkSafe commenced a program of work to define secondary mental injury and determine its drivers. A secondary mental injury is an injury, potentially compensable under the WorkCover workers compensation scheme, which arises from a primary injury which is compensable. For example, a worker may suffer a physical injury at work, the pain from which results in a depressive disorder which may be a secondary mental injury. The primary aim of the secondary mental injury program is to improve RTW and recovery outcomes for workers with mental injury claims. This is intended to be achieved by using appropriate clinical expertise through Clinical Panel Psychologists, and improving the capability of Agent staff members responsible for managing the claims to identify issues earlier in the claim.

³⁰ The Pilot is available to employees and volunteers of Victoria Police, Ambulance Victoria, Country Fire Authority, Victoria State Emergency Services and Metropolitan Fire Brigade; the Emergency Services Telecommunication Authority employees; public sector nurses, child protections staff, corrections staff, youth justice officers and forest firefighters.

³¹ Further details of the program are available at http://www1.worksafe.vic.gov.au/vwa/claimsmanual/Documents/Chapter_5/facilitated-discussion-brochure.pdf.

- 81 The Victorian Ombudsman released her report into the management of complex workers compensation claims in December 2019.³² The Report made a number of recommendations to WorkSafe, WorkSafe accepted all recommendations and is working progressively towards the implementation of those recommendations by the end of 2020.
- 82 This includes re-examining the focus on improving services to injured workers with complex needs, which may include workers with mental injury claims, as well as WorkSafe's oversight of decision-making by its Agents and the service provided by IMEs. WorkSafe's review includes working to improve the quality of IME reviews and opinions, strengthened quality review processes, delivery of IME training and implementation of additional time allocations for workers with complex needs.
- 83 As part of WorkSafe's technological transformation, WorkSafe is in the process of enhancing its data and analytics capability with the introduction of a new algorithmic process in relation to mental injury claims. This process helps to identify concurrent and consequential mental injuries during a claim. This is underpinned by a text-mining framework that tags all available text fields utilised by WorkSafe and Agent personnel during the process of entering the claim details into WorkSafe's internal claims management software. The tagging process identifies relevant psychosocial hazards and mechanisms, mental health diagnoses and mental health related drugs and psychotherapies. This process has allowed WorkSafe to fill in the analytical gaps and develop a more holistic view of an injured worker's mental health. As a result, WorkSafe has been able to better identify when there is a mental injury component to a physical injury claim, as well as identify lead indicators for the onset of consequential mental injury. This work is in its infancy in terms of determining possible uses and further developing analyses, but is intended to be implemented by the end of 2020 and has the potential to assist WorkSafe to ensure that injured workers receive the right treatment and/or services at the right time and that WorkSafe has the ability to intervene before a worker's mental health deteriorates.

Support and advisory

WorkSafe Advisory Service

- 84 WorkSafe's Advisory Service provides information, advice and assistance to the Victorian community including employers and injured workers.
- 85 The advisors triage phone calls, issue Summary of Events packs which collect specific information relating to an incident and then refer the matter to WorkSafe's Inspectorate,

³² Report available at <https://assets.ombudsman.vic.gov.au/assets/Reports/Parliamentary-Reports/1-PDF-Report-Files/WorkSafe-2-final-report.PDF?mtime=20191216121840>

which includes the Psychosocial Inspectorate where relevant, for their consideration. Some queries are also referred to other agencies. For example, some incidents and queries relating to sexual harassment may be referred to Victoria Police, the Victorian Equal Opportunity and Human Rights Commission, or the Fair Work Commission depending on the circumstances. Where a matter is referred by WorkSafe, WorkSafe will also consider the matter to determine whether part, or all, of the question falls within its jurisdiction and depending on the circumstances, whether any investigation or other action is required.

- 86 On average, calls to the Advisory Service related to mental health represent almost 16% of the occupational health and safety calls answered. Of the occupational health and safety calls related to mental health, around 60% are attributed to the health care and social assistance industry and 83% relate to bullying.

Non-statutory guidance

- 87 WorkSafe has developed a range of guidance material to provide duty holders with more detailed information on how to eliminate or reduce risks to psychological health and safety in the workplace, as referenced in paragraphs 25 to 35 above. Specific issues and behaviours that are addressed include bullying; fatigue; work-related violence; gendered violence including sexual harassment; stress; and family violence.³³
- 88 WorkSafe is currently reviewing its suite of mental health guidance to ensure it includes updated and consistent information and definitions. In line with the Victorian Government's position to adopt all recommendations of the Royal Commission into Victoria's Mental Health System, WorkSafe will adopt any recommendations and make any changes necessary to achieve improved mental health outcomes in Victorian workplaces.
- 89 WorkSafe is also developing guidance on a hierarchy of controls that is tailored to psychosocial hazards (including as explained in paragraph 40 above) and aims to provide more clarity on how duty holders can provide a workplace that is safe and without risks to psychological health. It will also support the WorkSafe Inspectorate to build capability to address these prevalent hazards, and a state of knowledge to rely on when issuing notices for non-compliance with the OHS Act.
- 90 The WorkWell Toolkit is a voluntary online tool that was released in July 2018 and is further explained in paragraph 64 above. It uses a step by step approach to help employers to promote mental health and prevent mental injury in the workplace through access to tailored tools and information. Victorian workplaces can access practical

³³ Guidance material linked in paragraphs 25 to 35.

resources such as case studies, policy examples, videos, tip sheets and templates covering work-related factors that impact workplace mental health.

Understanding the roles of psychologists in RTW research

- 91 WorkSafe engaged the Social Research Centre, a subsidiary of Australian National University, to conduct research on behalf of WorkSafe, using an online survey with psychologists practising in Victoria from 15 June 2017 to 4 July 2017. The questionnaire was drafted by WorkSafe and facilitated by the Social Research Centre. The Australian Psychological Society (APS) supported WorkSafe through distributing the survey invitations to their membership base in Victoria. A total of 270 surveys were completed.
- 92 The vast majority (86%) of respondents indicated that they believed, to some extent at least, that returning to work was beneficial for their clients' recovery. Despite the confidence in returning to work being part of a suite of recovery tools, many psychologist respondents conceded that they did not feel well equipped to support their clients' return to work and did not start talking about return to work until well after their first consultation. While many respondents explained that they regularly talked about the individual nature of their clients' injury, the relationship with their workplace was often overlooked.

Public awareness campaigns

- 93 WorkSafe considers part of its role is to raise public awareness of mental injury. To that end, WorkSafe has run a number of mental health focussed public awareness campaigns, including the following in 2018-19:

Occupational violence and aggression in healthcare campaign - It's Never OK	Developed in partnership with DHHS, this campaign reminds the community that it's never ok to commit acts of violence or aggression against healthcare workers, while also encouraging and empowering workers to report incidents. Given that health care workers are over-represented in mental injury claims, this was an important cohort to focus on. ³⁴
Young workers	The health and safety of young workers is an issue of significant public interest and a strategic priority area for WorkSafe. From 2011 to 2016, more than 16,000 young workers in Victoria were injured on the job. This campaign aims to empower young workers by encouraging them to take action

³⁴ See also paragraph 52.

	and speak up if they feel unsafe as well as educate employers on their responsibilities. Given young workers are over-represented in mental injury claims, this was again an important segment to highlight. ³⁵
Hearts and Minds (concluded)	The Hearts and Minds campaign was a multi-phased attitudinal change campaign designed to shape and change community social norms on safety and prevention in relation to both mental and physical injury risks. It aimed to broaden the community's understanding of what a workplace culture of health, safety and wellbeing looks like to ensure positive, proactive prevention is front and centre in Victorian workplaces. This included for instance impacts of bullying, and the impact of employee engagement on the amount of sick leave taken by employees.
CALD workers	Language and cultural barriers may prevent workers who are not proficient in English to access and understand information about workplace health and safety, including mental injury. Targeted advice and support is offered in nine languages to create a basic understanding of workplace health and safety, including rights, obligations, and hazards to mental health, to a highly vulnerable cohort.
Health and Safety Month	In October 2019, Health and Safety Month featured a full program of events around Victoria. More than 80 seminars covered a range of topics including on occupational violence, workplace bullying and preventing mental injury.
Health Benefits of Safe Work	WorkSafe supported the adoption of the AFOEM and RACGP Health Benefits of Safe Work initiative (as referenced in paragraph 37 above) through producing support resources including presentations and webinars that were tailored to support practitioners treating workers with a mental injury. A strong focus of this work was a focus on what a worker can do rather than what they cannot do.

³⁵ See paragraph 52.

Best practice examples of workplaces in Victoria that actively promote the positive mental health of their workers

- 94 As identified in paragraphs 39 to 41 above, WorkSafe can identify some of the best practice examples of structures and controls utilised in workplaces in Victoria to promote the mental health of workers. This includes ensuring that there are mechanisms in place to identify risks to mental health, manage harm from an early stage, and support recovery. Further, in a mentally healthy workplace:
- (a) mental health is everyone's responsibility;
 - (b) mental health is considered in every way that the workplace does business;
 - (c) everyone contributes to a culture where people feel safe and supported to talk about mental health;
 - (d) mental health support is tailored for individuals and teams; and
 - (e) everyone can see that supporting worker mental health is a priority.³⁶
- 95 WorkSafe's WorkWell program currently has 25 Mental Health Improvement Fund Projects and 6 WorkWell Learning Networks in operation, as explained in paragraph 64 above. These projects are developing the evidence base to inform how workplaces can promote positive mental health and prevent mental illness and injury. The WorkWell Improvement Fund targets funding to Victorian workers identified at greatest risk of mental injury including younger workers, ageing workers, frontline workers and workers in industries in transition.
- 96 Best practice examples are also highlighted in the case studies and resources developed by the WorkWell Mental Health Improvement Fund Projects. One example of a funding recipient is the Arts Wellbeing Collective, an Arts Centre Melbourne initiative comprising a consortium of arts and cultural organisations. The Arts Wellbeing Collective promotes positive mental health and wellbeing in the arts by providing resources and services, including workshops and presentations, and improving support networks within and between arts organisations, including the Arts Centre Melbourne.³⁷
- 97 Another WorkWell funding recipient is the Perinatal Workplace Wellbeing Program (PWWP), a pilot program established by the Centre of Perinatal Excellence (a not-for-profit organisation devoted to reducing the impacts of mental health problems in pre and postnatal periods), and Transitioning Well (an organisation specialising in supporting management, and employees, to navigate transitions including parental leave). The

³⁶ <https://www.worksafe.vic.gov.au/mental-health-safety-basics>

³⁷ The Arts Wellbeing Collective's WorkWell video case study is available at <https://www.workwell.vic.gov.au/workwell-mhif-recipient-arts-wellbeing-collective>

PWWP is designed to support mental health and wellbeing of expectant and new parents in Victorian workplaces by creating organisational change to provide working environments through workplace training, assessment and support packages³⁸. Delivery of the PWWP has commenced at a number of significant employers including Bunnings, Target, Multiplex and ProBuild.

Mental injury support services

Holistic treatment and support for clients who rely on services from registered providers across different disciplines

- 98 WorkSafe relies on a number of frameworks and systems to ensure holistic treatment and support for workers utilising services across different disciplines, including:
 - (a) The Clinical Framework;
 - (b) Health Benefits of Safe Work concepts;
 - (c) Early Intervention Trauma Initiative; and
 - (d) Fostering relationships with peak bodies for different disciplines.
- 99 WorkSafe provides a range of supports and services to assist in a person's recovery, and is responsible for the development and implementation of medical treatment policies and associated fees that provide guidance to THPs in the treatment of injured workers. When developing or updating policies WorkSafe ensures that key stakeholders are involved and that policies are aligned to best practice treatment.
- 100 WorkSafe is committed to ensuring that injured workers receive necessary treatment and support. WorkSafe will pay the reasonable costs of medical and like services directly related to a worker's injury or illness to assist the worker to achieve a safe, sustainable RTW.
- 101 An injured worker's THPs assist WorkSafe to identify what medical and like services the injured worker requires. The THP can refer a worker to an allied health service and is responsible for monitoring the outcomes of the service or treatment. WorkSafe's Agents review these referrals to ensure that the services provided are consistent with the worker's injury.
- 102 WorkSafe will pay for the reasonable costs of treatment and services from a medical practitioner, or registered allied health service providers including psychologists and Accredited Mental Health Social Workers.

³⁸ Further information available at <https://www.workwell.vic.gov.au/workwell-mhif-recipient-PWWP>

- 103 WorkSafe's Agents play a role in assisting with the holistic management of claims, given that they carry out the day-to-day administration of claims and payments. WorkSafe's Agents:
- (a) ensure the worker is informed of their entitlements and answer any questions they have;
 - (b) assist with the management of the injury by approving reasonable, necessary and appropriate treatment in consultation with THPs; and
 - (c) consult with THPs to assess what duties the worker can carry out while recovering and support the injured worker's sustainable return to work.
- 104 When supporting healthcare professionals in the treatment of an injury, WorkSafe uses The Clinical Framework for the Delivery of Health Services (the **Clinical Framework**) as a set of guiding principles³⁹. The Clinical Framework is a joint collaboration between the TAC and WorkSafe intended to support healthcare workers to deliver the right care at the right time for individuals with a compensable injury. The Clinical Framework is supported by a number of peak bodies and associations including the Australian Psychological Society. The five principles of the Clinical Framework are:
- (a) Measure and demonstrate the effectiveness of treatment;
 - (b) Adopt a biopsychosocial approach, which requires consideration of biological, psychological and social determinants of health during the assessment and treatment of the injured person;
 - (c) Empower the injured person to manage their injury;
 - (d) Implement goals focused on optimising function, participation and return to work; and
 - (e) Base treatment on best available research evidence.
- 105 In addition, as mentioned in paragraphs 37 and 93 above, WorkSafe supports the concept of Health Benefits of Safe Work (**HBoSW**) which focuses treaters on looking at what a worker can do not what they cannot do. It also sets expectations with employers of a healthy, safe and supportive environment for workers after a mental injury, in order to promote the benefits of RTW as a way to heal the person. This aligns with the principles of holistic treatment, which look to treat the whole person rather than considering an injury in isolation.

³⁹ Available at <https://content.api.worksafe.vic.gov.au/sites/default/files/2018-06/ISBN-Clinical-framework-for-the-delivery-of-health-services-2012-06.pdf>

- 106 In order to support THPs to adopt the principles of the Clinical Framework and the HBoSW concept, WorkSafe:
- (a) operates the WorkSafe Clinical Panel;
 - (b) has introduced an Early Intervention Trauma Initiative;
 - (c) supports the Stepped Care model for mental health treatment.
- 107 The WorkSafe Clinical Panel consists of practising clinicians across a range of disciplines including Occupational Medicine, Psychiatry and Psychology. Clinicians on the panel contact treating practitioners and undertake peer to peer discussions to facilitate adoption of the Clinical Framework and HBoSW. More recently and in the period since 2016, this has included an increased focus on early support around mental injury in response to an increase in mental injury claims. This increased focus has driven the appointment of additional clinical psychologists to the Clinical Panel.
- 108 The increased focus on early support has also resulted in the establishment of the Early Intervention Trauma Initiative which WorkSafe is currently undertaking with WorkSafe Agent Gallagher Bassett and Victoria Police. This initiative involves Clinical Panel psychologists contacting THPs to provide early support with the implementation of evidence-based treatment for trauma related claims. Practitioners treating workers with mental injuries have communicated with WorkSafe their welcome of the additional support provided by the Clinical Panel psychologists to assist with managing mental injuries, prescribing appropriate treatment, and making recommendations as to RTW.
- 109 WorkSafe supports the Stepped Care model for mental health treatment, which aims to ensure injured workers receive the right intervention at the right time. The Stepped Care model is based on allowing injured workers to access an intervention that is most appropriate for their needs at any point in their recovery journey, from those with low intensity needs to those with severe, acute mental health conditions.
- 110 By establishing and fostering strong relationships with the peak bodies that govern mental health practitioners, research and guidance can be obtained which enables WorkSafe to better understand best practice care in mental health care and emerging treatments. WorkSafe has relationships with the Australian Psychological Society, Australian Association of Social Work, Occupational Therapy Australia, the Royal Australian and New Zealand College of Psychiatry and the Royal Australian College of General Practice, amongst others.
- 111 This allows WorkSafe to remain informed of changes or updates for provider groups and also to utilise two way consultation when developing new services or amending the service offerings from provider groups. Additionally, WorkSafe is able to have treating

policies endorsed by the relevant peak bodies, with WorkSafe's key messages around the policy communicated directly from the peak body to the relevant provider group. For example, WorkSafe consulted with the Australian Association of Social Workers (AASW) in the development and implementation of an updated social work policy, as outlined in the following paragraph. The AASW provided their members with information as to the update and WorkSafe's registration and approval process.

112 Over the last 18 months WorkSafe has introduced a number of new mental health treatment policies and is testing a new service model. This includes:

- (a) development of a policy for the outpatient utilisation of repetitive transcranial magnetic stimulation, which is an emerging treatment for the management of treatment resistant depression⁴⁰;
- (b) creation of an Accredited Mental Health Social Work (AMHSW) services to allow workers to receive services provided by an approved AMHSW provider. This policy recognises the AMHSW skill set and engages accredited mental health social workers in order to increase access to skilled mental health professions for injured workers⁴¹.
- (c) commencement of a 24 month pilot (due to end in May 2021) to test the provision of mental health community services which aim to offer an alternative to inpatient treatment for those in need of acute mental health management.
- (d) collaboration with the Australian Psychological Society to pilot a new service model for psychologists with expertise in the management of RTW and the WorkCover scheme with the aim of improving outcomes for injured workers.

113 To support the holistic treatment and support of injured workers, in June 2017, WorkSafe introduced a policy to cover the costs for 6 psychology sessions for any worker with a physical injury claim⁴². These sessions are paid for without the need for an IME to determine liability for psychological services. The intention of this policy was to ensure that workers were able to access treatment to look after their psychological needs quickly and without having to wait for an IME appointment which can often take some time. Fast tracking access to these services was also aimed at reducing the risk of a secondary mental injury developing by fast tracking access to these services. WorkSafe has observed this policy has been successful in reducing the waiting time experienced by workers with physical injuries in accessing psychology services, which may assist with reducing the risk of a secondary mental injury occurring.

⁴⁰ Available at <https://www.worksafe.vic.gov.au/repetitive-transcranial-magnetic-stimulation-policy>

⁴¹ Available at <https://www.worksafe.vic.gov.au/social-work-and-accredited-mental-health-social-work-services-policy>

⁴² Available at <https://www.worksafe.vic.gov.au/psychology-services-policy>

WorkSafe's determination of the payment rates for services offered by each professional discipline

- 114 WorkSafe rates are intended to reflect the reasonable cost of providing services aligned to clinical best practice and ensuring the availability of services for injured workers. In determining rates for professional services, WorkSafe undertakes the following key activities:
- (a) consultation and research with providers and peak bodies to understand key cost drivers of particular service types and current best practice service models;
 - (b) benchmarking of fees against other funding bodies to ensure injured workers are not priced out of the market for a particular service;⁴³
 - (c) building fees based on a bottom-up costing approach, where appropriate, to ensure that fees are sufficient to cover direct costs, reasonable overheads and a reasonable profit margin for the provider; and
 - (d) annual indexation with a cyclical review process.

The impact of differences of payment rates across professional disciplines on access to treatment and support

- 115 WorkSafe sets payment rates that are applicable for all professionals working in the relevant discipline. In developing fee structures, funding models and commercial arrangements for health services, WorkSafe's primary goal is to incentivise better outcomes for injured workers and to discourage low value services and overservicing. Better outcomes for injured workers are reliant on access to the right services, which are evidence based and provided by competent practitioners.
- 116 As noted in paragraph 114 above, WorkSafe has a process in place to develop and review its fees for all individual disciplines to reflect the reasonable cost of services aligned to clinical best practice and to ensure the availability of services to injured workers. This process involves engagement with representatives of professional disciplines and independent investigation of reasonable costs associated with those services which includes benchmarking of fees against comparable funding bodies and bottom up cost estimation of fees for each individual discipline.
- 117 There may be practitioners who are resistant to accepting the payment rates set by WorkSafe and wish to charge higher rates, which may impact on a worker's access to treatment and support from a specific provider. To minimise the risk that access to treatment is impacted in this manner, WorkSafe continually monitors services to ensure

⁴³ Including the State Insurance Regulatory Authority NSW, WorkCover Queensland, National Disability Insurance Agency, TAC, Medicare Benefits Schedule and Private Health Funds.

that there are sufficient numbers of quality providers to meet the demand for treatment of injured workers. WorkSafe reviews fees on a cyclical basis and prioritises fee reviews where it receives evidence, anecdotally through its Agents or through its relationships with peak service provider bodies, that market pressure presents a risk that injured workers will be unable to access a particular service. When reviewing fees, WorkSafe revisits some or all of the steps outlined at paragraph 114 as may be appropriate in the context.

The Provisional Payments Pilot in relation to provisional treatment for mental injury claims

- 118 On 12 September 2018, the Victorian Government committed to introducing a twelve-month pilot to provide provisional payments for medical and like expenses to emergency workers and volunteers suffering from mental injuries. The Provisional Payments Pilot was rolled out on 17 June 2019.
- 119 The Provisional Payments Pilot responds to the higher rates of work-related trauma and suicide reported by emergency workers, including firefighters, paramedics and police officers. The Provisional Payments Pilot enables eligible emergency workers to access payments for medical treatment and services while their compensation claim is being determined.
- 120 The Provisional Payments Pilot is being administered by Victorian Government employers and agencies for emergency workers. A fund has been established by the DJCS to provide funding for the Pilot.
- 121 Under the Provisional Payments Pilot, a worker's reasonable medical and like expenses will be paid up until the claim is determined, and for an extended period (up to a total 13 continuous weeks) if their claim is rejected. Where the claim is accepted, WorkSafe will commence paying the reasonable medical and like expenses. The following emergency workers are eligible under the Provisional Payments Pilot:
- (a) employees and volunteers of Victoria Police, Ambulance Victoria, Country Fire Authority, Victoria State Emergency Services and Metropolitan Fire Brigade;
 - (b) Emergency Services Telecommunication Authority employees; and
 - (c) public sector nurses, child protection staff, corrections staff, youth justice officers and forest firefighters.
- 122 Reasonable medical treatment and services payable under the Provisional Payments Pilot may include: visits to a General Practitioner, the cost of prescription medication and visits to a mental health professional such as a psychologist or psychiatrist if

referred by a GP. As at 10 March 2020, 101 emergency workers had opted into the Provisional Payments Pilot.

- 123 The Provisional Payments Pilot is being evaluated by the DJCS with support from WorkSafe, which will provide important lessons for the development of the legislative provisional payments scheme. The final evaluation report is due in mid-2020.
- 124 Currently, an injured worker must lodge their workers compensation claim with their employer (unless authorised to lodge directly with WorkCover). Once the employer receives the claim, they have 10 days to pass the claim on to their insurer. Once the insurer receives the claim they have 28 days to make a determination.
- 125 Under the current WorkCover Scheme, workers do not receive any compensation while their claim is being determined. The 10 days provided to employers to submit the claim with the insurer combined with the insurers maximum 28 day determination period, results in workers potentially waiting up to 38 days for support or treatment before their claim is accepted. It is during this 38 day period that, under the Provisional Payments Pilot, emergency workers and volunteers no longer have to wait, but can access services.
- 126 The provisional payments model recognises the importance of early intervention in addressing mental health injuries by enabling a worker to access funded treatment and services while their claim is being determined. As the final evaluation report (referred to in paragraph 123 above) has not yet been finalised, it is too early to say whether the Provisional Payments Pilot has supported quicker recovery.
- 127 The Victorian Government has committed to introducing provisional payments for mental health claims to every Victorian worker within two years. In this regard, WorkSafe has seen that access to early intervention treatment has been linked to better outcomes for workers, as outlined in paragraphs 106 to 109.
- 128 WorkSafe has been working with the DJCS to develop policy options to introduce a provisional payments model for all Victorian workers. A preferred policy option has not yet been formally determined, but a consultation paper has been shared with a broad group of stakeholders. Consideration of the Productivity Commission's recommendations in the Draft Report into Mental Health will form part of this work.

Mental health workforce safety and wellbeing

Major safety challenges

Safety challenges the mental health workforce faces

- 129 The major safety challenge that the mental health workforce currently faces is work-related violence and aggression. The resulting impacts for WorkSafe are claims for stress and vicarious trauma. Work-related violence contributes to both mental and physical injuries in this sector.
- 130 WorkSafe has sought to address this challenge since 2004 by working to develop and implement a series of projects in partnership with key stakeholders, including the Australian Nursing and Midwifery Federation, Health and Community Services Union, DHHS, employer groups and peak bodies, such as Metro and Regional Health Service OHS Executive network and employers.
- 131 This prevention-led approach to addressing work-related violence has involved foundational research, the development of industry-specific guidance and case studies, strategic inspector visits, public awareness campaigns and other programs which are detailed below.
- 132 **Strategic inspections:** WorkSafe has conducted strategic inspections focussed on preventing and managing work-related violence in health services. Since 2015, there have been annual targets of 2000 strategic visits, which have been met in all subsequent reporting years. These visits have focussed on high risks areas within health services, including mental health units and community mental health services. High risk areas are identified by assessing the number of claims, services requests, and other data. Inspections focus on the employer duties in relation to preventing work-related violence, for example identifying safe systems of work and work-related violence reporting procedures. Additionally, during these visits, inspectors ensure that appropriate resources are available to employees following traumatic events in order to mitigate the effects of stress on wellbeing. This includes identifying employee assistance programs and supervisor support. WorkSafe's Health Strategy team has noted that the inspections have highlighted the hazards of work-related violence and hazardous manual handling, both of which have been targeted for updated guidance to help employers reduce these risks in the workplace.
- 133 **Guidance:** WorkSafe has recently updated its targeted guidance for preventing and managing work-related violence in health care settings, as referenced in paragraphs 29 to 35.⁴⁴ This provides guidance to duty holders on workplace design, policies and

⁴⁴ All relevant guidance material is referenced in paragraphs 25 to 35.

procedures and training and education to eliminate or reduce the occurrence of work-related violence, which is seen as a significant work-related stressor and impediment to the wellbeing of health care employees.

- 134 **Public Awareness:** As outlined in paragraph 93 above, the “It’s Never OK” campaign was launched in 2017 to create awareness of work-related violence against health services employees, which is seen as a significant risk to the wellbeing and level of work-related stress experienced by health services employees. The campaign is further detailed in paragraphs 146 to 152 below.
- 135 In 2015, the then Finance Minister Robin Scott MP formed the Public Sector Occupational Health and Safety Leadership Group (**LG**) and the Public Sector Occupational Health and Safety Improvement Interdepartmental Committee (**OHS IDC**) as part of the Government’s commitment to making OHS a priority within the Victorian Public Sector and the broader community. The purpose of these forums was to lead the way and improve the health and safety of Victorian government employees and associated agencies. Accordingly, it was agreed that mental health across government should be the key focus of their work. WorkSafe chairs and provides the secretariat for the IDC, and has an important role in guiding its work.
- 136 The OHS IDC produced two guides, each of which address wellbeing and work-related stress:
- (a) Mitigating occupational violence and aggression through the built environment – a resource guide for architects and designers⁴⁵; and
 - (b) Occupational violence and aggression (**OVA**) guide for the Victorian Public Service (which contains a framework for preventing and managing OVA, guidance to assist in implementing the framework, as well as eleven additional resources)⁴⁶.

Other programs

- 137 WorkSafe and DHHS have developed targeted resources for the health and aged care sectors in consultation with stakeholders to support employers to prevent and manage work-related violence and mental injuries. These resources are available on the WorkSafe and DHHS websites and in the WorkWell Toolkit, and are detailed further in paragraph 28⁴⁷.

⁴⁵ Available at <https://www.cfecfw.asn.au/wp-content/uploads/2019/10/Mitigating-occupational-violence-and-aggression-through-the-built-environment.pdf>

⁴⁶ Available at <https://www.cfecfw.asn.au/wp-content/uploads/2019/10/Occupational-violence-and-aggression-OVA-guide.pdf>

⁴⁷ Links to all guidance material are available in the footnotes to paragraph 28.

- 138 WorkSafe recently developed a Healthcare and Social Assistance Industry Strategy 2020-23 to enable it to achieve maximum impact in preventing workplace injuries in this sector. Over the next three years, WorkSafe will focus on hazardous manual handling, work-related violence and fatigue within the settings of hospitals, residential care and home-based care.
- 139 WorkSafe is also participating in the Sexual Harassment Interdepartmental Committee led by DJCS that aims to combat work-related violence, sexual harassment and gendered violence in the workplace.

Innovative approaches

Safewards

- 140 One current example of an innovative approach is the Safewards collaboration between DHHS and the VMIA⁴⁸. Originating in the UK and implemented internationally, the Safewards model aims to reduce conflict and containment within mental health services.
- 141 The model attempts to identify and address the causes of behaviours in staff and patients that may result in harm, such as violence, self-harm or absconding and reduce the likelihood of this occurring.
- 142 Piloted across 7 Victorian mental health services and subsequently expanded to two Emergency Department trial sites, the program aims to reduce and, where possible, eliminate the use of restrictive interventions by implementing an evidenced based model of care.
- 143 The pilot was evaluated by the Centre for Psychiatric Nursing, University of Melbourne⁴⁹, which found that Safewards was associated with reduced seclusion events overall, and had a highly favourable impact in terms of staff and consumer perceptions of increased safety and more positive inpatient environments.
- 144 In October 2016, the VMIA in partnership with the Office of the Chief Mental Health Nurse committed to a 4 year program to consolidate the implementation of Safewards in the trial sites and to expand its implementation to all public mental health services across Victoria.
- 145 Further trialling in emergency departments, and acute medical or surgical inpatient units is currently being implemented and is expected to conclude in December 2020 with a

⁴⁸ Further information available at <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/safewards>

⁴⁹ Evaluation available at <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/safewards/evaluation>

further evaluation report by Melbourne University.⁵⁰ I am not aware of any unintended consequences arising from Safewards.

"It's Never OK"

- 146 An example of WorkSafe's direct activities is the "It's Never OK" media campaign, which has already been described in paragraph 93 above. WorkSafe launched "It's Never OK" in partnership with DHHS and Ambulance Victoria in 2017 to address occupational violence in the healthcare sector, including mental health services. The campaign is ongoing with its fourth burst undertaken in March 2020 and fifth burst currently in planning.
- 147 The campaign was developed in response to reports that up to 95% of healthcare workers had experienced verbal or physical assault in the workplace⁵¹. It recognises that such incidents can be a significant contributor to adverse mental health outcomes.
- 148 The campaign focuses on creating mass awareness of occupational violence, change workplace culture, attitudes and behaviours to reporting and preventing.
- 149 The campaign targets employers, employees and the general public and aims to:
- (a) increase awareness of occupational violence and aggression in the healthcare sector.
 - (b) re-inforce that occupational violence and aggression is not 'part of the job' for healthcare workers;
 - (c) drive long term action by encouraging:
 - (1) community members to stop the behaviour;
 - (2) healthcare workers to report the behaviour;
 - (3) employers to prevent the behaviour; and
 - (d) increase community perception that the behaviour is unacceptable.
- 150 Guidance for both healthcare workers and healthcare management has also been developed in partnership with health services, along with a range of other materials to support the campaign, such as case studies, brochures and posters, all of which are available on the WorkSafe website⁵².

⁵⁰ Further information available at <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/safewards/safewards-in-emergency-departments>

⁵¹ Victorian Office of the Auditor General, Occupational Violence Against Healthcare Workers, 2016.

⁵² See the WorkSafe website, including <https://www.worksafe.vic.gov.au/resources/occupational-violence-and-aggression-against-healthcare-workers-brochure>; <https://www.worksafe.vic.gov.au/itsneverok>.

- 151 The outcomes of the “It’s Never OK” campaign were measured by WorkSafe using an online survey of respondents who had seen the campaign, to capture awareness and understanding of key metrics prior to, during and after the campaign. The outcomes included:
- (a) increased awareness of work-related violence in health services;
 - (b) an increase in work-related violence incident reporting between 2016 and 2019 with peaks during the campaign bursts (a 91% increase in reporting verbal incidents and a 10% increase of reporting physical incidents);
 - (c) a significant increase in the belief that work-related violence can be prevented in the workplace;
 - (d) increase commitment among senior leadership;
 - (e) a significant decrease in the belief that work-related violence is an unavoidable part of the job for health care workers.
- 152 An unintended consequence of this campaign is that it has been reported anecdotally by DHHS to WorkSafe that there is some concern from mental health consumers that the campaign paints them in a negative light. WorkSafe has tried to address this concern by focussing on reporting unacceptable behaviour, regardless of whether it comes from a patient, family member or general member of public. It does not specifically address patient on employee violence.

Ways that the oversight of the safety of the mental health workforce could be improved

- 153 WorkSafe is currently undertaking a range of initiatives to improve the oversight of the health services sector, including the following programs.
- 154 **LEAP:** LEAP is a new, systems based approach to compliance and enforcement for large employers in healthcare and social assistance services. A team of inspectors with diverse skill sets conduct assessments of systems used by employers to control key hazards, including work-related violence and aggression, manual handling and mental health (e.g. stress, fatigue and bullying). The assessment aims to identify strengths and weaknesses in the design and implementation of the systems used by employers.
- 155 **Guidance refresh:** WorkSafe has an ongoing program to update and refresh all existing guidance, with healthcare guidance identified as a priority. The program focuses on making guidance material more relevant to current systems of work and more accessible (i.e. through changes in language and display methods, e.g. HTML

rather than PDF). WorkSafe has updated four healthcare guidance documents, including the development of a mental health safety basics page⁵³.

- 156 **Inspector training and dedicated Psychosocial Inspectorate:** WorkSafe is training all inspectors in mental health inspections, and has established a dedicated Psychosocial Inspectorate which has been offered more significant training to achieve a higher level of knowledge. As a result, every inspector should be capable of identifying mental health risks in the workplace and of having conversations with employers about their obligations in regards to prevention and reporting.
- 157 **Dedicated Intelligence Function:** The dedicated intelligence management function uses data collected by WorkSafe to help identify areas of risk or where regulatory action is needed.
- 158 In addition to the initiatives already in progress as outlined above, WorkSafe could work to improve its oversight of the mental health workforce by exploring the viability of implementing some or all of the following potential activities:
- (a) Seek to improve the collection of claims data to more readily and definitively differentiate between the mental health workforce and the health sector as a whole, as data is currently collected based on the worker's occupation, workplace and industry classification, which does not always make the distinction apparent.⁵⁴
 - (b) Seek to improving its understanding of the prevalence of hazards and risks that are specific to the mental health workforce, which may be achieved through research, establishing a stakeholder working group, or developing other targeted projects.
 - (c) Undertaking or commissioning research to seek to understand which interventions are effective at controlling risks and preventing injuries within the mental health workforce specifically.
 - (d) Incorporating mandatory reporting of occupational health and safety metrics, including key metrics such as incidents and injuries as they relate to mental health, into WorkSafe's annual reports. This would assist to provide greater general transparency, awareness and public oversight.
 - (e) Consider encouraging a greater focus on building leadership in the mental health industry and supporting education of leaders. For example, a program of focussed engagement with professional bodies, or industry forums to facilitate

⁵³ Available at <https://www.worksafe.vic.gov.au/mental-health-safety-basics>

⁵⁴ As outlined in paragraph **Error! Reference source not found..**

information sharing and raise awareness about health and safety challenges within the mental health workforce and discussing best practice approaches could be beneficial. Through this engagement WorkSafe could gain greater understanding of challenges in the mental health workforce and encourage leaders in the industry to make changes to control OHS hazards and risks. Preliminary work would need to be undertaken to determine the most productive and useful manner of approaching this type of engagement, and whether it would be best led by WorkSafe or the industry.

159 Information gathered through these initiatives could potentially be used to:

- (a) Develop guidance materials to provide information about specific hazards and risks in the mental health workforce.
- (b) Increase employers' capability in preventing hazards and risks within the mental health workforce, including through embedding Safe Design principles across work systems, equipment and work environments in the sector.⁵⁵
- (c) Inform planning of targeted inspection programs to assess compliance in these workplaces in relation to hazards and risks in the mental health workforce, and subsequent enforcement measures where appropriate. This would complement the existing focus on the health sector as outlined in paragraphs **Error! Reference source not found.** and **Error! Reference source not found.**

Minimisation of the occurrence of harmful incidents

160 As the health and safety regulator in Victoria, WorkSafe provides guidance to organisations on how they can minimise the occurrence of harmful incidents, and protect the health and safety of employees and members of the public when they do occur.

161 While it is difficult to comment on the arrangements of individual employers and their adequacy, there are arrangements that can be implemented by mental health services to minimise the occurrence of harmful incidents and to respond to the needs of staff when they do occur: for example, the approach used in the Safewards case study outlined in paragraphs 140 to 145 above.

162 The structures required to ensure a mentally healthy workplace, as detailed in paragraphs 39 to 42 above, are important to minimise the occurrence of harmful incidents. Measures critical to protect prevent harm include:

- (a) having appropriate risk assessment tools to identify risks to mental health;

⁵⁵ See <https://www.worksafe.vic.gov.au/safe-design-safety-basics> for more information about Safe Design.

- (b) provide benefits and help workers with mental illness to stay at or return to work;
- (c) manage harm from an early stage where mental harm does occur; and
- (d) having mechanisms to support workers recovery from mental harm.

163 As outlined in paragraph 129, the major safety challenge facing the mental health service is work-related violence, which can result in stress, vicarious trauma, and mental injuries.

164 WorkSafe has published a range of guidance material aimed at work-related violence in the health sector, which contains practical support for employers to prevent the occurrence of harmful incidents sector and to respond to the needs of employees when they do occur. These materials are outlined in detail in paragraphs 25 to 35, and set out some of the arrangements that WorkSafe would expect to see implemented in workplaces to ensure employers are fulfilling their duties under the OHS Act.

Resources, tools and other supports WorkSafe Victoria has available to support staff safety in mental health services

165 WorkSafe provides a number of resources, tools and other supports to employers (including healthcare and mental health services) to provide healthy and safe workplaces.

166 Healthcare and other social assistance services, including mental health services, face particular psychosocial challenges compared to other sectors which can negatively impact the psychological health of employees.

167 There are an increasing number of resources, tools and supports specifically relating to these psychosocial factors, including stress, bullying, fatigue, occupational violence, family violence and gendered violence, including sexual harassment. These resources are outlined in detail in paragraphs 28 to 35.

168 In addition to publishing guidance material, WorkSafe has launched a range of public safety awareness campaigns to eliminate and prevent work-related violence in the workplace. The “It’s Never OK” campaign, as outlined in paragraphs 146 to 151 above, was a particularly significant public campaign which continues to be successful.

The safety and wellbeing implications of having more staff working in community-based settings and greater use of digital technologies to provide mental health services

169 WorkSafe treats wellbeing as an aspect of a worker’s health and safety, and I will therefore use the term ‘health and safety’ in the paragraphs below rather than safety

and wellbeing. Each scenario⁵⁶ (as posed by the Commission) will have implications for the health and safety of staff, and the control measures required by employers to mitigate risks in the workplace.

- 170 Risks and control measures will vary between employers due to differing workplace circumstances and services delivered. It is the responsibility of the employer to assess the impact of changes to service delivery on the health and safety of all staff.

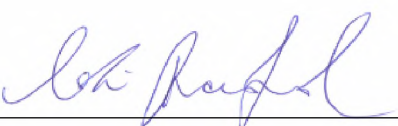
More staff in community-based settings

- 171 WorkSafe has not undertaken any specific research regarding the health and safety implications of community-based settings for mental health services. The health and safety implications of having more staff working in community-based settings depends on the type of services being increased, the support given to employees to perform services, and control measures implemented to reduce the risk of incidents.
- 172 Having more staff working in community-based settings may impact health and safety in the following ways:
- (a) increased risk to health and safety as the employer has less control over community-based workplaces;
 - (b) treating clients with complex issues in community-based settings, such as clients with drug and alcohol abuse issues, may increase the risk of work-related violence and aggression;
 - (c) working in smaller teams with less opportunity to debrief or access experienced/senior mental health professionals may increase the incidence of cumulative trauma.
- 173 Conversely, based on WorkSafe's experience, increasing the staff working in community-based settings may improve the health and safety of staff in the following ways:
- (a) staff may have a more manageable workload and sustainable job demands leading to improved mental health outcomes;
 - (b) staff can work with patients one-on-one without disruption or having to manage multiple patients compared to inpatient facilities.

⁵⁶ Namely having more staff working community based settings and greater use of digital technologies by staff to provide mental health services.

Greater use of digital technology in mental health services

- 174 WorkSafe has not undertaken any specific research into the use of digital technology in mental health services.
- 175 The implications of greater use of digital technology would depend on the services provided, individual workplace circumstances and digital technology used. WorkSafe anticipates that greater use of some types of digital technologies by staff to provide mental health services may improve health and safety by:
- (a) reducing face-to-face contact with patients, thereby limiting the risk of physical violence;
 - (b) increasing staff's ability to conference with other clinicians and health care providers.
- 176 It is also important to note that the duties on imposed employers under the OHS Act include a duty to consult employees about any proposed changes that may affect the health and safety of employees. It is therefore expected that employees, as the frontline staff most familiar with the current ways of working and any requirements to implement the changes proposed, would have a role in determining the health and safety implications of these scenarios, and would be particularly well placed to provide insight into what implications may arise.

sign here ► 

print name Colin Radford

date 26 August 2020



**Royal Commission into
Victoria's Mental Health System**

ATTACHMENT CR-1

This is the attachment marked '**CR-1**' referred to in the witness statement of Colin Radford dated 26 August 2020.

COLIN RADFORD

Colin was appointed Chief Executive of WorkSafe Victoria in November 2019. WorkSafe is Victoria's workplace health and safety regulator and workers compensation insurer. A statutory authority, reporting to the Minister for Workplace Safety and the Assistant Treasurer, WorkSafe's statutory obligations are covered in the following Acts of the Victorian Parliament:

- *Occupational Health and Safety Act 2004* – health, safety and welfare in the workplace
- *Workplace Injury Rehabilitation and Compensation Act 2013* workers compensation and the rehabilitation of injured workers
- *Accident Compensation Act 1985* – workers compensation and the rehabilitation of injured workers
- *Dangerous Goods Act 1985* – explosives and other dangerous goods
- *Equipment (Public Safety) Act 1994* – high-risk equipment used in non-work-related situations
- *Workers Compensation Act 1958* – workers compensation prior to 1985

Previous roles include CEO of the Victorian Management Insurance Authority (VMIA). The VMIA is the Victorian Government's insurer and risk advisor – and the largest public insurer in the Southern Hemisphere.

Whilst at the VMIA, Colin led a major cultural and strategic transformation, shifting the organisation from an inward looking monopoly insurer to a client focussed, purpose driven government asset.

Colin has served on the Executive Leadership Teams of WorkSafe Victoria and the Transport Accident Commission and brings a comprehensive knowledge and extensive experience in harm prevention and long-tail statutory insurance. He recently retired as a Director of the TAC Board.

He has also held senior roles in Ministerial offices, advising three Victorian Premiers and as Chief of Staff to a Cabinet Minister (Finance).

Colin has strong commercial acumen and private sector business experience, having spent seven years as a Partner at Deloitte, where he led the Victorian Government practice and was the National Public Sector Leader for Financial Advisory Services.

A Graduate of Columbia Business School, New York, and the Australian Institute of Company Directors (Order of Merit), Colin is a Williamson Fellow (Leadership Victoria) and the Chairman of Kids Under Cover.

A trusted advisor to senior government and private sector leaders, Colin is a regular presenter at Victorian and national industry conferences and forums including, IPAA, CEDA, ANZIIF and ANZSOG.



Contact

T (03) 9889 3749
M +61 410 518 106
E cradford@hn.ozemail.com.au

Attributes

- Respected public sector leader
- Exceptional communicator
- Stakeholder engagement
- Cultural change
- Extensive experience in statutory insurance
- Commercial acumen and business leadership

Directorships & affiliations

- Chair, Kids Under Cover
- Fellow, Williamson Community Leadership Program (2006)
- Graduate (Order of Merit), Australian Institute of Company Directors
- Graduate (Advanced Management Program), Columbia Business School, New York.

Previous Employment History

July 2016 – November 2019: CEO, Victorian Managed Insurance Authority

- Executive Leadership of the Victorian Government's insurer and risk advisor.
- Approximately 200 employees.
- \$3 billion balance sheet with annual revenues in excess of \$660 million.
- Insuring public assets in excess of \$208 billion across 4600 clients, making VMIA the largest public insurer in the Southern Hemisphere.

Feb 2015 – June 2016: Head of Consulting, ShineWing Australia

- Responsible for the sourcing, delivery and oversight of strategic consulting services across the public and private sectors.
- Lead Partner, International Engagement and Asia Pursuits
- Lead Partner, Government Services.

Jan 2008 – Jan 2015: Lead Partner, Victorian Government, Deloitte

- Leadership of Deloitte's public sector practice in Victoria.
- Lead Client Service Partner for the Victorian Government, the largest client of the Deloitte Melbourne Office and now the largest nationally.
- Development and leadership of the firm's Financial Advisory Services government sector strategy.
- Provision of advisory services to government clients across a range of competencies and service areas.
- Quality assurance on projects and services delivered to government clients.
- Lead Partner, Deloitte Access Economics (Melbourne).

Jan 2007 – Jan 2008: Chief of Staff, Office of the Minister for Finance

Jun 2002 – Feb 2007: Executive General Manager, Transport Accident Commission

Mar 2001 – June 2002: Director, Public Affairs, WorkSafe Victoria

Oct 1999 – Mar 2001: Senior Advisor, Office of the Premier

Feb 1996 – Oct 1999: Senior Advisor, Office of the Opposition Leader

Dec 1994 – Feb 1996: Assistant Secretary, Media, Entertainment and Arts Alliance

Oct 1992 – Dec 1994: Industrial Officer, Media Alliance

Aug 1991 - Oct 1992: Media Advisor, Minister for Labour and Minister for School Education

Jul 1987 - Aug 1991: Senior Journalist, ABC Melbourne

Jul 1986 - Jul 1987: Journalist, Southern Cross Television (Gippsland)

Sep 1984 - Jul 1986: Cadet Journalist, Latrobe Valley Express