FILLING the DARK SPOT:

fifteen injured workers shine a light on the workers compensation system to improve it for others

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Foreword

For most of us, work holds the promise of being a valued member of society and the opportunity to get ahead in life. So when something goes wrong, particularly for those who take pride in their work, the journey can be, in the words of one of those interviewed in this report, 'shattering'.

This report describes a harrowing journey for fifteen long-term injured workers. The worker's identity as a valued 'employee' is deconstructed, then reassigned to become a person 'failing to recover', and finally a 'WorkCover claimant'. One of those interviewed for this report simply gave up on the system to avoid feeling like a terminal victim.

This report is about restoring a sense of humanity to the person who has been injured. One interviewee described her pain as a 'dark spot' that needed to be 'filled'. How can workplace health and safety, compensation, rehabilitation, and work communities fill this dark spot and restore a sense of wholeness to those wounded by a work injury?

This is the urgent question that faces our legislators, employers, WorkCover administrators and insurers, rehabilitation providers and work communities. This study demonstrates how a range of very complex and confusing systemic and attitudinal factors bear down on the lives of these workers. Sadly, the trajectory of this burden can lead to mental illness.

These experienced harms are a subset of two competing political economies. One says that state administered systems can provide 'the solution', and the other says that 'freeing' the individual to survive in a competitive environment is the best way to regulate human affairs. In a way the system in Victoria dovetails these two economic visions by providing a state administered system, which has then privatised its insurance risk to create a largely competitive environment that ultimately isolates injured workers. By 'freeing' them from dependence upon the state, the workers compensation system leaves individual injured workers to negotiate their recovery in a profit-motivated and adversarial environment. Paradoxically, long-term injured workers have to keep proving they are sick to ensure access to the resources that may assist their recovery to a new possibility for their life.

This is counter to the vision for political economy outlined in the Uniting Church in Australia document, 'An Economy of Life: Re-Imagining Human Progress for a Flourishing World', where it reminds us that the original meaning of economy was 'rules of the home'. Like any good home these rules should foster 'a system of cooperation, justice and equity which is characterised by love and marked by generosity.' This is what allows people to flourish out of adversity, but is not what this report has found to be the experience of those most harmed by their work. There is a need therefore for a legislative review of the rules of the workers compensation 'house' and we commend this report to policy makers for their reflection.

This report calls for the workers compensation system - from employers, insurers, legislators and administrators - to treat people who make claims with dignity and assume their honesty from the outset. The report calls for avenues of mutual support to be afforded to people seeking such compensation and rehabilitation that is needed to rebuild shattered lives.

This type of peer support may assist these vulnerable people to demystify a complex system and simply help each other out during a highly traumatic time.

Antony McMullen
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Executive summary

The Creative Ministries Network (CMN) provides support to people affected by workplace injury and work-related death. Over the last fifteen years CMN has undertaken a number of projects examining the relationship between work and suicide. These earlier studies highlighted a gap in the research into work injury and compensation in relation to workers' mental health.[1]

Existing research has concentrated on examining the health and/or return-to-work outcomes of compensation processes rather than considering the impact of the process itself on workers' health and recovery. The research has also largely been epidemiological and/or focused on particular industry settings, injury types or points in the process from injury through compensation, rehabilitation and return to work. Very little work has been undertaken on compensation systems[2] from the perspectives of injured workers.

This study is intended to continue CMN's commitment to develop a better understanding of the role played by work injury in mental health and suicidality by understanding the ways in which the Victorian WorkCover system impacts on the mental health of workers with long-term injuries. The purpose was to identify how workers might be better supported after an injury, and identify changes that compensation authorities, employers and unions can make to reduce mental distress amongst injured workers who are clients of the WorkCover system.

Workers who took part in the study noted a number of positives in the current WorkCover system:

- The existence of a system that had provided workers with income and financial assistance with medical and other expenses related to their injury.
- The focus on return to work and the support provided to retrain and re-enter the workplace was seen as helpful.
- The capabilities of insurers' case managers and the return-to-work co-ordinators made a difference. Where these individuals were skilled both technically and interpersonally, able to show empathy and humanity, the injured workers reported a better experience and one that enhanced their mental health and recovery.
- Largely positive interactions with healthcare providers.

From the perspective of the workers interviewed, the study also revealed a number of problems associated with Victoria's WorkCover system:

- Overall, workers experienced the system as unfair and unjust, believed it prioritised the interests of employers and failed to remedy the situation that had caused them injury in the first place.
- The majority of workers reported being treated disrespectfully, dismissively or without humanity by the system.
- Workers reported inefficiencies, errors and the complex requirements of the system combined to create a sense of being trapped in a game, where winning and disproving the worker's version of events was the main aim.
- Workers were not prepared for the evidentiary and adversarial nature of the process. This took a toll on their sense of trust, as did the poor interpersonal treatment they received from WorkCover personnel and, for some, their own employers.
- Overall, workers struggled with the requirements of the process, especially at a time when the experience of being injured in the workplace affected their ability to function. The accumulation of these impacts left workers feeling devalued and dehumanised.

Specific points in the process that appeared to have the potential for particular impact on workers' mental health were:

- At the beginning, when workers were at their most anxious about whether their claim would be accepted.
- Attending insurers' doctors for medical assessment and medical panels.
- Returning to work.

Workers identified several elements of their experience as helpful in terms of managing the process and contributing to better mental health and recovery. The most valued was support they had received to engage with the process. One aspect of this is technical support, independent advice to assist them to navigate the system. But workers also stressed the importance of emotional support, someone who believed their version of events without question, someone who could see the workers' desire to return to work and could hold onto the good worker identity of the individual.

It was less important where this came from (union, family, friends, GP and psychologist were all mentioned). What was seen as vital was the person who provided the support understood what the WorkCover experience was like and could assist the worker to navigate it.

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This finding highlights the important issue of how the system might better utilise trained peer support workers to assist injured workers, a topic CMN is particularly keen to engage with WorkCover on.[3]

The project makes the following recommendations:

Recommendation 1

Funding is sought for a pilot project to develop, trial and evaluate an intervention that utilises trained peer support workers in assisting injured workers' recovery for life and work.

Recommendation 2

A course outline be developed, drawing on workers' lived experience knowledge, for the professional development of WorkCover insurance case managers aimed at improving their ability to deal with traumatised and ill clients.

Recommendation 3

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

Recommendation 4

Further research is undertaken in relation to workers' lived experience and what supports their recovery, including interactions with the WorkCover system. This research would deliberately target workers with serious physical and psychosocial injuries but who have recovered. This research could identify what was different in the workers' experience and how they understand their experience.

The policy context

According to Safe Work Australia, 2009–2010, 640,700 people across Australia experienced a workplace injury in 2009, accounting for 5.3% of all workers.[3] The estimated cost of workplace injury was $60.6 billion, or 4.5% of Australia's GDP.

Also of note is the increase in accepted claims for mental stress in Australia. Safe Work Australia[4] notes that mental stress claims are the most expensive form of workers' compensation claim because they often involve long periods away from work. The increase in claims for mental stress has occurred at a time when claims for physical injuries, including fatalities, have been decreasing.

The origins of the contemporary workers' compensation system in Victoria lie with the introduction of the WorkCare scheme by the Cain government in 1984. It was designed to address the escalating costs on employers of insurance premiums and create a more competitive environment for businesses. WorkCare had three components: prevention, rehabilitation and compensation. These reforms were delivered by two pieces of legislation, the Occupational Health and Safety Act 2004 covering prevention and the Accident Compensation Act 1985, covering rehabilitation services and compensation. The early operation of the scheme was associated with an increase in the number, duration and cost of claims, at least in part an outcome of an effective media campaign to publicise the scheme and encourage workers to use it.

In 1992, under the Kennett government, the scheme was reformed to decrease costs and enhance industry competitiveness. Measures were introduced to try and prevent the over-compensation of workers with minor injuries and place emphasis on returning to work, rather than compensation. The Accident Compensation (WorkCover) Act 1993 also removed the levy on employers who now had to purchase insurance directly from one of a selected panel of 'Authorised Agents'.

The intention of this semi-privatisation of the insurance component of the scheme was to create competition in relation to the cost of premiums and make employers liable for injured workers' compensation with their premium based on claims performance rather than on a levy related to an assigned industry classification, as previously had been the case. For employers, this created a direct link between their workplace safety activities and their insurance premium. Once again, there was an effective media campaign, aimed at employers this time, which highlighted the cost-benefits and moral obligations of attending to workplace safety.

Changes made in the 2000s restored some of the rights of workers and shifted the focus of the compensation system from claims administration to case management. These changes aimed at improving stakeholder engagement in the prevention, rehabilitation and compensation aspects of the scheme and greater transparency and accountability back to those stakeholders. One of the changes of particular relevance to this study was the introduction of the capacity for employers to self-insure. In these cases, the employer is responsible for workplace safety and for the determination and management of workers' compensation claims, should they be injured.

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Study methodology

The study was a qualitative exercise based on in-depth interviews with fifteen people who had been injured at work and who had been off work for at least six months. The project took place over a year and a half between 2012–13 and had ethics approval from Deakin University.

Each worker interviewed had a WorkCover claim that had been accepted, including two people whose claim was accepted following a court case. The sample did not include injured workers who may have unsuccessfully made a claim for compensation, nor those with long-term work-related injuries who made a decision not to use the WorkCover system.

The workers came from different industry sectors:

- **Education** (9 workers)
- **Textile, clothing and footwear** (2 workers)
- **Meat industry** (4 workers)

Of the nine workers from 'white collar' settings, seven had a primary psychosocial injury and two had a physical injury. All six of the workers from 'blue collar' settings had primary physical injuries, although each had also experienced mental distress following their injury that had contributed to their inability to return to work.

Every effort was made to recruit a balance of male and female workers to take part in the project, but in the end only three men took part. Once completed, the analysis of this limited sample did not determine any obvious differences between the experiences of the men who took part and the women.

The workers who took part in the study were recruited with the assistance of their trade unions, using an advertisement that was distributed via the unions' regular communication channels.

The workers were asked to tell their story of injury and recovery with a particular focus on how they felt and the factors that affected them, both positively and negatively. They were also asked what could or should be changed to better support workers' recovery and improve their experience of the WorkCover system.

The characteristics of these workers interviewed are set out in more detail in Appendix 1.

'Recovery' and lived experience

By using a qualitative methodology and drawing on in-depth interviews with injured workers, it was hoped the study would produce depth and detail to inform future research on the experiences of a broader sample of injured workers and others who play a role in the delivery of work health and safety and workers' compensation.

The report uses 'recovery' as it applied to the individual's efforts to re-establish meaning and purpose following their injury, regardless of whether they are able to return to their original work. This drew on the concept of 'recovery' that has arisen as in relation to mental health to challenge the belief that mental illness is chronic and that the best that can be achieved for an individual with a diagnosed mental illness is symptom management and stability.

There are many perceptions and definitions of recovery in this context, but one of the most widely accepted is William Anthony's[5]. Anthony identifies recovery as "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness." Thus, recovery does not relate to the absence of symptoms of ill-health, but is applied holistically to the person and their ability to live a life of value, purpose and meaning.

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

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

The analysis against groups however, was useful in clarifying the distinction between the mental health impacts of being on WorkCover and the mental health impacts of sustaining a serious injury. Where the primary injury was psychosocial, the mental distress that accompanied the workplace experience tended to blur into the mental distress that workers attributed to the WorkCover system. It was not always possible, for either researcher or worker, to tell the two apart.

Workers with a primary physical injury also experienced mental distress in relation to their injury, particularly for those workers whose injury was catastrophic and involved the loss of part of their body. They also experienced mental distress associated with their WorkCover claim. With this group of workers, it was easier to distinguish the different aspects of their experiences to which they attributed mental distress. Most importantly, in terms of this project, there did not appear to be a clear difference in the manner of and extent to which they found the WorkCover system to be distressing: it was equally distressing for workers regardless of their original injury.

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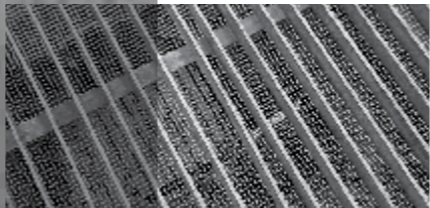
Findings relating to workers' experience of the Work Cover system.

Findings

Post-injury interactions with the WorkCover system

The first set of findings relate to workers' experience of the Work Cover system. Injured workers identified two dimensions to this as having an impact on their mental health:

■ The mechanics of the process adopted by WorkCover to manage their claim

■ Interactions with WorkCover personnel involved in the management of their claim.

Whilst healthcare providers were not the focus of this study, they have also been included because they were prevalent in workers' accounts and because workers' experiences of these interactions were different to those with other professionals.

1 The mechanics of the WorkCover process

a) The length of the process, waiting and delays

This theme was identified in 14 of the 15 accounts. Injured workers experienced waiting in two ways.

Firstly, the overall length of time the process took was perceived by workers to be very long. This was raised as a problem for people and a hindrance to their recovery.

Second was unreasonable waiting periods between the individual 'stages'. This refers to the sequential events in the WorkCover process that workers identify in their stories. It does not refer to the 'formal' stages identified by the insurance process. The injured workers appeared to have little sense of why delays were occurring, giving rise to a sense of system inefficiency:

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

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

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

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

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

The experience of waiting for an action to be taken or a decision to be made where the individual felt they had no control over what was happening, contributed significantly to the lack of control that characterized injured workers' experiences of the WorkCover process.

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

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

b) Human error

Human error emerged as a major issue. Most of the injured workers interviewed had experienced mistakes made by personnel in the WorkCover system, particularly by the insurers' case managers. These included:

■ Failure to process claims for authorised expenses, including transport and medication costs.

■ Ignoring specific instructions relating to workers' health situation (e.g. inability to travel long distances, attend meetings in the city, preferences in relation to the gender of doctors performing assessments, preferences relating to phone contact).

■ Errors relating to medical reports.

■ Failure to organise translators for assessments, panels or other hearings.

■ Failure to check procedural stages had been completed in employer processes before proceeding to a court hearing.

Mistakes added to the self-doubt workers' felt, particularly where the errors related to authoritative statements about them that subsequently became something the system relied on in relation to the worker's claim.

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

Joan provided a report used by the insurer in court to support their case to reject her claim, where she had never seen the doctor named in the report:

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

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

> *I had a case manager who was unbelievably incompetent in terms of [procedural matters]. It was just hard. It was really hard. They make you feel like you're a nuisance, that you don't have a right to be on the phone, that your concerns are irrelevant and you're just being annoying.*
> **(Lynn – education, psychosocial injury)**

c) Managing the process

In addition to being lengthy, injured workers experienced the WorkCover process as burdensome, rule-bound and compliance focused. For fourteen of the workers, these aspects were factors in the deterioration of their mental health. This related to attendance at meetings, assessments and panels, as well as the paperwork and the requirement to provide 'evidence' relating to the work-related nature of their injury.

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

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

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

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

Being overwhelmed and struggling to cope was exacerbated by not having a sense of what was happening, what the next stages in the process might be, or what options there were. Case managers' inability to assist injured workers to become fully informed about the nature of the process and the progress of their claim affected the workers' belief the system was designed to assist them.

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

> *For that, I feel bad, I feel sad, but I cannot do anything because I have to follow the rule* **(Samuel – meat industry, physical injury)**

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

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

> *I mean the other thing especially in that first year, you're getting all these letters in legalese and I know now, and I could see it again, that I could read things and read it again and read it again and have no idea. I just couldn't make sense of that kind of language and it's like, I'm university educated and it's like normally I can deal with that. But at that point I just had no way of ordering all of that information. And it was important information to be able to order.* **(Kate – education, psychosocial injury)**

d) Evidence and who has the defining say

Difficulty in collecting acceptable evidence was a theme in nine of the accounts. Workers struggled with the need to produce evidence of the work-related nature of their injury. This was the case for workers, regardless of whether they had a primary physical or psychosocial injury.

A major concern was the weight given to independent medical assessments over reports provided by workers' ongoing clinicians, including their treating doctors, psychologists and psychiatrists.

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

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

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

In a system where the administrator of the claim has a vested interest in disproving the connection between work and injury and where the decision about the nature of the injury rests solely with the insurer, workers found their version of the truth brought into question again and again. This was one of the most damaging experiences for people, impacting on their sense of self and their trust in the system to deliver a fair outcome. Each rejection of the evidence the worker provided added to their sense of being disbelieved. This was the same across industry settings and injury types, making it not only one of the most damaging, but also the most ubiquitous, experiences.

> *So yes, to have my integrity questioned like that was really offensive, but again that sense of powerlessness, I couldn't do anything about it. I had to do what they told me to do.* **(Ayan – clothing production, physical injury)**

e) Limited options

The final procedural issue relates to what workers perceived to be limited options in relation to retraining and support for returning to work.

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

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

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

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

The process required a great deal of workers at a time when they were unwell and/or in a vulnerable mental state.

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2 Interactions with WorkCover personnel involved in the management of their claim

The quality of interpersonal interactions was a theme in 12 of the accounts.

Workers experienced insurance company staff as unprofessional, inefficient and/or lacking the knowledge that they needed to do their jobs. In particular, workers wanted a service where they felt that the nature of their injury and their experience as an injured person had been understood, but this was generally not forthcoming. Communications with insurers' personnel largely took place on the phone and were characterized by rudeness and insensitivity, lack of knowledge and/or unhelpfulness:

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

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

> Yeah but it kind of struck me more and more going through the WorkCover process, it actually wasn't that you're dealing with a professional body that is governed by people who understand trauma and they know what they're doing. You're really dealing with an insurance agency. [...] That's why they'll switch case managers and it's like they're trying not to have to pay you out.
> **(Miriam – education, psychosocial injury)**

Communication was perceived to be more about the claims process than the workers' health and recovery. Workers reported how their specific needs were overlooked or disregarded resulting in further delays and the perpetuation of an adversarial dynamic between the injured worker and their case manager.

Staff turnover and frequent changes of case manager were also difficult for workers to deal with. The poor quality of communication and interpersonal relationships impacted on workers' mental health and recovery in a number of ways. Combined with the cumulative experiences of having multiple case managers, workers felt de-humanised and 'pushed around' by the process:

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

That said, changes in case manager was sometimes a positive experience.

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

3 Interactions with the health care system

Interactions with the 'treating' healthcare system were generally positive and helpful.[6]

Workers reported that their treating healthcare providers offered support and useful interventions in relation to their recovery and rehabilitation. Workers' accounts suggest that this is an area where individuals have, or are able to gain some control over what happens to them, so that they can shape support and intervention to meet their recovery needs in ways that align with their own versions of their injury and illness.

General Practitioners and psychologists in particular appeared as helpers and allies. Their help went beyond the medical and therapeutic interventions, and included practical assistance dealing with WorkCover paperwork, and an important role in listening to and validating their patients' experiences of their injury, ill-health and recovery journey.

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

Several of the workers explicitly mentioned the role of trust in the practitioner-patient relationship, something that appeared to be lacking in relationships with employers and insurers. Workers told how the good support they got from a trusted healthcare practitioner assisted them to rekindle trust in themselves, an important part of their recovery:

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

Certain situations however, were treated as problematic, particularly the determination of the cause of the illness and its relationship with work and getting a diagnosis that was acceptable to the worker in terms of how they understood themselves and their situation.

Healthcare and treatment featured in fourteen of the workers' accounts, with some contested elements in the majority of these. Contestation featured in relation to the cause of the injury and whether it was linked to the work and workplace. Workers struggled to come to terms with diagnoses and decisions about their bodies that were at variance with their own understanding of what had happened and what this meant in terms of their health.

Alek's experience of having scans that clearly revealed the extent of his back injury, and finding that these were not sufficient to 'prove' the work-related cause, contributed significantly to the deterioration in his well-being:

> Australia have a very good technology. I mention [name of radio-imaging company]. If somebody injured in workplace, an MRI don't lie or CT scan and WorkCover or company not believe that and that's the thing also make injured person very, what's it called, badly and that's why the injured person try for kill themself or something else.
> **(Alek – meat industry, physical injury)**

Often workers are dealing with two sets of medical diagnosis, that which forms part of their treatment and that which forms part of the compensation process. Doctors, particularly those making assessments on behalf of the insurer, do not live in the workers' bodies and thus cannot experience the full extent of the impact of the injury on the workers' ability to function. Whilst this is a feature of the diagnostic process within the medical model, when experienced within a compensation system that is adversarial and evidentiary, and where workers stand to gain or lose based on the outcome, diagnoses took on particular meanings for workers.

Having a diagnosis that does not make sense in terms of individual experience came to feel like an assault on the workers' right to assign meaning to events. This was particularly the case in relation to secondary psychosocial consequences that flow from the original injury and/or the experience of the compensation system.

Several of the workers explicitly mentioned the role of trust in the practitioner-patient relationship

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Identifying critical points in the WorkCover process
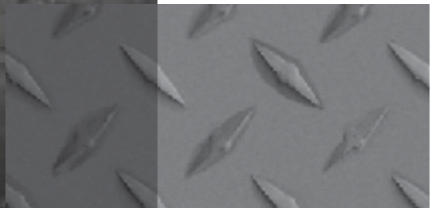
Points in the process that workers described as being critical to their experience of WorkCover.

Identifying critical points in the WorkCover process

There were three points in the process that workers described as being critical to their experience of WorkCover. These were:

1 Establishing the claim

This was raised in 13 of the accounts.

Workers' experiences of WorkCover were characterized from the start by anxiety, uncertainty and a sense that making a claim for compensation was an avenue of last resort. This applied to workers with catastrophic injuries, those with escalating chronic injury and those with primary and secondary psychosocial injuries:

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

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

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

Workers' early experiences also reflect the nature of the process as one that is adversarial and more focused on the proof or disproof of nature of injury than on the workers' health, recovery and return to an appropriate and suitable working life. These aspects of claim establishment initiate a dynamic where workers have little control over the progress and direction of their claim, which often extends for the duration of the process. The powerlessness and hopelessness that this dynamic brings to the worker's position is one of the key negative impacts on their mental health.

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

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

When a claim is established quickly, with a degree of humanity in the procedural aspects, then workers report a very different experience. Faye made a claim following an extended period of stress associated with an unmanageable workload. At the time of her claim, she was highly anxious and verging on being suicidal. When she finally made her claim, the anxiety of waiting was relieved when the insurer's case manager promptly rang her to tell her the claim had been accepted. This human contact, and not having to wait to receive a letter was a positive experience:

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

2 Insurers' doctors and medical reports

Issues relating to interactions with the insurers' doctors were significant in 12 of the workers' stories.

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

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

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

In relation to mental health, the quality of the interaction between the doctor and the injured worker was more concerning. Doctors who showed little or no empathy, understanding or compassion towards the worker contributed to the workers' sense of being fraudulent in their claim and unimportant in the compensation process.

The quality of the interaction between worker and doctor due to the latter's poor interpersonal skills, was a factor. Workers also talked about the experience of receiving a highly technical report that presented a description of them in the professionalised language of the medical profession, serving to diminish the workers' sense of control over their own description of their experience.

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

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

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

3 Interactions with the workplace and returning to work

Thirteen of the workers talked about return to work as an aspect of the process that impacted on their mental health and sense of self-efficacy.

Return-to-work processes that are adequate for workers who may be able to return to their previous role and employer are not necessarily adequate for workers who may not be able to return to previous roles or employers, particularly if they have a serious and/or catastrophic injuries. For some, the nature of their injury meant they would need to retrain and enter a different occupation and possibly industry setting. For others, the nature of their injury meant that it was impossible to return to their original place of work on the basis that little or nothing had changed in the workplace to make it safe for them to do so.

All the workers were keen to return to some form of meaningful employment. The point at which a long-term injured worker was ready to return however, is not clear. At times, this was negotiated, and the worker had some control and some sense that they had options to step up, and then step back if things did not work. Other workers felt pushed before they were ready.

Workers' own anxieties about being away from the workplace combine with employers' and employees' attitudes to 'WorkCover claimants', making returning to work a potential mental health (and practical) minefield. Stigma was a recurrent theme in the interviews. The fear of being labelled impacted on workers both before they returned to work, potentially delaying their recovery, and once they were back in the workplace, impacting on their ability to make their return a safe experience.

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

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

Lack of emotional support and caring contact with colleagues was also an issue. Workers' accounts about being cut off from their workmates had immediate negative consequences for their mental health, and contributed to increasing self-doubt about their value as workers and people. The hurt caused by lack of contact with people that they had previously enjoyed close working relationships with was a recurrent theme in their accounts:

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

Other workers reported the ways in which they were recast as the cause of a workplace problem, rather than being seen as a victim of a workplace event that had injured them. Workers spoke with anguish about this reconstructed identity, the loss of a valued sense of self, and their struggle to hold onto a self-image that was validating and meaningful for them. The combination of lack of practical support, being cut off from contact and being recast from victim to problem was compounded by the perceived lack of humanity, care and compassion from colleagues.

> Just even having someone ring me every now and then saying, "How are you going, is there anything we could do". So it makes me upset. **(Karen – meat industry, physical injury)**

a) Poor work practices

In twelve cases, the workers' stories reflected poor workplace practices around safety leading up to their injuries and fixing the problem for their safe return to work. Workers identified their managers and/or employers as deficient in providing safe working conditions. The lack of attention to safety and worker well-being contributed to workers' sense of being under-valued, an expendable and replaceable resource.

> Yeah, it was the heavy industrial iron, weighs about four kilos, and my boss was pressuring me to...and I told her "look, it's hurting" and she didn't listen to me, and I was using both arms and...yeah, so I thought it was just muscular and I'd be right in a couple of days. **(Ayan – clothing production, physical injury)**

The second dimension to this theme relates to poor practice in remedying the unsafe situation in the workplace. This was common to the majority of workers' stories, and contributed significantly to their sense of injustice, as well as prolonging their feelings of physical, psychological and emotional unsafety. In each of the accounts, poor practice or vested interests on the part of the employer and/or managers led to a lack of remedy for the unsafe situation in the workplace.

> And then when I got to my old workplace they hadn't done anything for months, they hadn't done anything to rectify any of the problems, the bullying, nothing, the workload. **(Faye – education, psychosocial injury)**

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

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

Each account reflects the extent to which the workers have internalized the failure to successfully return to work. This vulnerability was common to most of the workers who took part in this study.

b) Accountability

Issues relating to accountability for workers' health and safety featured in twelve of the workers' accounts.

Workers did not distinguish the specific accountabilities of WorkSafe from those of WorkCover, often using names interchangeably. The lack of accountability for worker safety however, remained a strong theme in the workers' accounts and something that they felt impacted negatively on their mental health and impeded their recovery.

Workers described a lack of checks and balances in the systems that are designed to provide safe work places. In those settings where workers had experienced a psychosocial injury, workers accounts also suggest that there are inadequate mechanisms for independently scrutinizing workplaces where psychosocial injuries have taken place, including those workplaces where there appears to be serial injury occurring.

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

> Actually, sometimes the other doctors said, "This guy, yeah, no, he's all right. No, he can go back to work. "What the company shouldn't do, they call me and say, "Okay, you have to go back to work otherwise we can stop your payment." **(Samuel – meat industry, physical injury)**

Workers' accounts also identified failure of individual accountability on the part of employers. Workers' accounts reflect poor, self-interested or even corrupt practice in relation to the establishment and administration of people's claims post-injury, impacting on workers in practical ways and on their well-being and sense of being cared for:

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

Workers' accounts about being cut off from their workmates had immediate negative consequences for their mental health, and contributed to increasing self-doubt

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Workers' experience of workplace injury and mental health
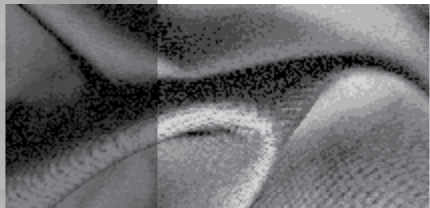
The following section examines the various aspects of how workers experience their mental health in the wake of a workplace injury and engagement with the WorkCover process.

Workers' experience of workplace injury and mental health

The following section examines the various aspects of how workers experience their mental health in the wake of a workplace injury and engagement with the WorkCover process.

1 How workers experience deteriorating mental health

In their accounts, workers described how they felt and offered explanations for the deterioration in their mental health, including the impacts the WorkCover process had on them.

Workers' accounts presented a consistent picture of an unfair and unjust system where they had little control over or agency in the decisions that impacted them. There were few opportunities to build trust with other parties in the system, and the injustice and lack of control eroded the trust they had in others, in themselves and in their view of their world. These impacts culminated in the loss of their identity, or sense of self as a valued and competent worker and its replacement with the devalued 'WorkCover claimant' identity.

Workers' descriptions of how they felt are summarized below. The names for each concept category reflect the researchers' interpretation of the workers' words. These conceptual interpretations are not distinct experiences, and are different ways of understanding the range of factors that may contribute to workers deteriorating mental health.

a) Injustice and fairness

This theme, apparent in all of the accounts, covers injustice and unfairness at a number of points in the workers' journeys from injury to recovery. At various points on this trajectory, opportunities for justice to be done were identified in the workers' accounts. In the majority of cases, the opportunity was forgone, leaving the worker with a sense of having been treated unfairly and/or having their rights denied.

The major opportunities for justice to be enacted included:

- The workplace response to the workers' injuries.
- The WorkCover system's response and the way that the worker was treated.
- The broader system response to returning the workplace to safety and addressing the perceived 'wrong' that caused the injury in the first place.

Tied up with the notion of justice and fairness is the notion of the workers' rights: the right to be safe in the first place, and then, once injured, the right to be heard, believed and restored in value and dignity. Injustice and unfairness manifested in the workers' experiences of being treated poorly, being unable to get due recompense and in the failure to fix the problems in the workplace that caused the injury. When there was a failure of justice, workers' responses included feelings of anger and rage, helplessness and hopelessness.

There were three main conditions, or ways in which justice/injustice played out.

The first, related to the unfairness of having been a good worker, and getting treated poorly, dismissively or being made into the problem once injured.

Alek saw himself as a good worker who had served the company beyond requirements. Their response to his injury was an assault to his sense of fairness. Poor treatment could come from the employer, the WorkCover system and often from both. At the core of this experience was the denial of what the worker understood to be the cause of their injury, i.e., the workplace, and therefore the failure of the system to provide appropriate compensation for the worker.

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

The second occurred when the situation in the workplace that led to the workers' injuries did not get resolved satisfactorily, meaning that there was no come back on the employer.

In the cases where the workers' injuries were psychosocial in nature, perpetrators of bullying behaviour appeared not to be reprimanded. Where the worker collapsed under a huge workload, this was only re-organised after the fact. In the cases where the workers' injuries were physical, employers fixed broken machines or slowed production down in time for WorkSafe inspections, only to speed them up once the inspection had been completed. This left workers feeling like their safety and well-being was unimportant, and by extension, that they were less important than the interests of maintaining the status quo and/or turning a profit.

Many of the workers responded to this with anger. Their anger at the lack of fairness and justice was a significant factor in keeping workers going in their 'fight' against the system, and their fight to see justice done. It was also a factor in their inability to recover:

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

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

Three possibilities emerge in relation getting just and fair outcomes for injured workers.

The first, which arose in one account only, is that justice can be done.

The second possibility is that the broader system will do nothing to remedy the injuring situation and the workers' sense of injustice, but will not make it worse.

The third possibility, most common in workers' accounts, was that the WorkCover experience exacerbated the problem of unfairness and injustice the workers associated with their injury, regardless of whether they had returned to work or not.

Workers associated a rejection of their claims with the denial of their integrity and truthfulness, an experience that was particularly damaging to their sense of self and capacity for trust. The failure of the system to deliver perceived justice is a major limit on its capacity to support recovery.

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

b) Lack of control and agency

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

In the first place, workers had been powerless to prevent their injury in the workplace. Where workers had tried to draw attention to the conditions that injured them and tried to gain remedy for an unsafe situation, this was a material powerlessness. Despite their efforts, they had not been able to create safe working situations for themselves. This was particularly distressing for people who saw themselves as 'good, honest workers' who had 'done right' by the employer for a long time.

In the second place, workers were powerless as decision-makers in the WorkCover process. They saw the procedural nature of the process as a set of requirements they had to follow in order to get the income and reimbursements they felt they were entitled to, however burdensome or distasteful. This applied to doctors' appointments and medical panels, the demands of case managers, the form filling, certificates and other documentation. It also applied to the lack of choice they had over things that they saw as critical to their recovery, such as therapies that were rejected despite the workers' belief they were helping, and disputes over when and how to return to work.

In the third place, the workers lost control over the account of their injury and over their identity as a 'good, honest worker'. This appears to the workers to be an insidious and ubiquitous part of the evidentiary, adversarial nature of the

process, enacted through the doctors' reports and medical panels, the scrutiny and documentary requirements and the increasingly legalized contexts in which interactions occur. Despite the large amount of information collected and generated about the worker, the individual had few rights in relation to access to this information about themselves:

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

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

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

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

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

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

> *I went to [lawyer] when they were refusing to pay for the psychology sessions. I just got jack of it, and I felt great afterwards, and I felt like, okay never again, I'm not going to let the insurance company push me around.*
> **(Ayan – clothing production, physical injury)**

c) Loss of trust

Loss of trust encompasses workers' experiences of not being believed and of being questioned and asked to prove and justify their case. This added to the charged atmosphere around truth/lies, being believed/not believed and being a liar/being truthful. Lack of trust increased the longer the worker remained in the WorkCover process, undermining their faith in the system, in themselves and, in some cases, in the world around them. Loss of trust was connected to the self-belief the workers held that they were 'good, honest workers'. There were however, possibilities for workers to slowly regain a sense of trust but not necessarily in what they had previously relied on. At the time the interviews for this study took place, only four of the workers had been able to do this.

There were three ways in which the loss of trust happened.

The first was the experience of not being believed. Workers interpreted the need to produce evidence as a lack of trust in their account, made worse when the often extensive evidence they were able to produce for the process was dismissed in favour of statements provided by 'experts' and/or employers. This was linked to an underlying assumption that the worker-as-WorkCover claimant was lying or out to rort the system. The workers felt that the mistrust extended beyond the WorkCover system to include their social relationships and relationships in the community more broadly:

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

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

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

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

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

> *Oh it makes you feel it makes you feel invalidated, it makes you feel like you're lying, it makes you feel desperate, it makes you feel hopeless, helpless, every adjective of that kind that you could possibly think of […] It just keeps destroying you, because it's like you're bashing your head on a brick wall when you know 100% without a shadow of a doubt that you're telling the absolutely truth.* **(Miriam – education, psychosocial injury)**

The second way in which trust was diminished was being made to repeatedly justify one's self. This was very difficult for individuals who saw themselves as good, honest workers. Telling a painful truth to a stranger (many times, in independent medical assessments and panels, to case managers, in court) was difficult, but discovering through reports and decisions that their account had not been believed took a great toll on workers' mental health:

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

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

Workers did not see WorkCover as an objective legalistic process where evidence and rational argument replaced personal or individual views evaluated by an impartial, independent party. Joan, who won her court case to establish a claim after a two-year battle, wondered whether it was worth it. At the time of interview, she was contemplating permanent disability or retirement, so affected was she by the experience of the process that she could not imagine working ever again. Her loss of trust and sense of safety in herself and in the world was complete, so even though she had been offered work in a different industry sector with an employer she liked and had worked well with before, she could take no pleasure in the work nor cope with sustained employment.

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

A further aspect of the requirement to justify one's self was apparent in stories where the worker offered personal information only to find it used as part of an argument to reject their claim. In particular, this related to previous psychiatric histories and to events in the workplace. This further diminished workers' trust and sense of safety.

Shirley had been open with the doctor the insurer had required her to visit for an independent psychiatric assessment. She had told him about her mental distress from twenty or thirty years previously, only to find that this was used as evidence to suggest that her current distress was not related to what had happened in her workplace:

> *They were trying to prove that the post-natal depression that I'd had (more than twenty years 'earlier) was associated with this. I was bringing up three little kids, back at uni full-time, A plusses all the way through for years, and I've worked for twenty years.* **(Shirley – education, physical injury)**

The third way in which trust was diminished related to perceiving others' actions and interactions as lies. In a system where workers experience the requirements to 'prove' their case as an attack on their integrity and trustworthiness, others' input came to feel like lies when it did not correspond to workers' own versions. In this way, the requirements of the system set workers against employers and insurers.

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

> They've warmed towards me now that they've realised that I wanted to return to work and we could wind up the claim, and they're thrilled that I'm working. **(Ayan – clothing production, physical injury)**

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

In both cases, the worker felt empowered and restored by the act of being acknowledged and by their words being trusted as a possible version of events. The stories of four workers in the study showed trust could be restored.

For Emily, whose trust had been less damaged in the first place, this was related to the school council's support for her version of events.

For Ayan, this began when she saw that her WorkCover case manager accepted as genuine her attempts to retrain at her own cost in an effort to get back to work.

For Kate, this related to rebuilding her life and retraining, again at her own cost, in a field that was both her new employment and her therapy for coming to terms with the distress she had experienced in her workplace and through the WorkCover process.

For Will, it was related to the support he had received from family and friends, and the work he had done in an anger management course. This had allowed him to direct his anger quite specifically at his employer and the insurer, both of whom he felt had let him down, and envisage a new and hopeful life for himself working to prevent workplace injury from happening to others.

d) Loss of identity

Identity was a central theme in all the workers' stories.

Workers' viewed themselves as committed and hard working. Many had had long years of service with their employer and expressed a love of their work and industry sector. Workers expressed the assumption that 'good, honest workers' would be treated fairly in return and cared for should they be injured at work.

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

Being questioned and having one's evidence questioned repeatedly took a toll on workers' sense of self, on their ability to hold onto a valued identity for themselves.

Ayan described the impact of having her integrity questioned over the period of time she was involved in the WorkCover system. She was very clear that a large part of what fed her self-doubt was her feeling that she was in opposition to the agency she thought was there to help her return to work. Here the world appears to reflect back the negative self-image and changed identity of the 'WorkCover claimant':

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

Workers' viewed themselves as committed and hard working. Many had had long years of service with their employer and expressed a love of their work and industry sector.

The loss of a workplace community in which the worker felt they belonged and had a valued place and role was an outcome of both the injury and the compounding damage they experienced in the WorkCover process. The result of this compounding sense of loss and damage was that returning to work did not necessarily restore the worker to a valued self-defined identity.

The deterioration that occurred for workers after unsuccessful return to work then limited the possibilities further, to the point where the worker struggled to imagine returning to work. It is possible to put this failure to restore the worker to a valued identity in both material and symbolic senses down to the nature of the original injury and the individual's inability to recuperate. For workers however, it was a failure on the part of the WorkCover system:

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

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

Kate explained that in the end she decided not to pursue her claim any longer since this meant she would have to continue to identify herself with incapacity and lack of progress, rather than noticing the small gains she was making. For Kate, remaining on WorkCover was an impediment to her recovery despite the material compensation it provided her with:

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

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2 Workers' mental health – what was positive and helped

Eleven of the workers interviewed as part of the study spoke about positive aspects or experiences of the system.

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

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

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

This enabled some to take the time off they needed to and to maintain financial commitments e.g. rent or mortgage payments, and to access treatment and support:

> *I guess the positives are that I've had some small amount of salary coming in which I wouldn't have been coming in and that's taken [my husband] off my back to some degree.* **(Shirley – education, physical injury)**

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

> *[Conciliation] was probably the first time that I felt I'd been given the chance to say what...like it was a real two-way thing.* **(Emily – education, psychosocial injury)**

Workers also identified individual case managers and/or return-to-work officers who had been helpful and supportive:

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

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

The positive aspects of the process aside, overall, WorkCover emerged as, at best, a neutral agent, and at worst, a contributing factor to workers' inability to recover.

The positive role was usually confined to financial provision in relation to income and/or treatment. WorkCover played very little part in the delivery of workplace justice outcomes that workers sought, reclamation of a valued identity or the sense of a hopeful future, all of which appeared as significant in the meanings that workers placed on their recovery.

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

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

> *And then somebody told me no I don't have to keep with that psychologist, I can get another GP and another psychologist and so that was the starting point when I got a new GP and a new psychologist and I could start to make some progress for myself.* **(Kate – education, physical injury)**

In the workers' accounts, recovery often occurred at a point when the worker took back control and acted in their own best interests, regardless of what the system recommended or required them to do. Ayan explained the feelings of powerlessness that she experienced prior to taking things into her own hands and organizing her own training:

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

The support workers got to take back some control from GPs, psychologists and unions, was important. This suggests that valued support was not just about the technical interventions but having someone who believed in the worker's version of events and who could remain alongside to assist them in the 'fight' for what was fair and right:

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

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

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

> *In many ways I look back at what I've been through and I think "Wow I am resilient". I kind of look back and "gee I got through all of that."* **(Kate – education, psychosocial injury)**

Not all workers however, were able to recover. In the workers' accounts, people's inability to recover appeared to be associated with a loss of valued and meaningful identity and the inability to reclaim or construct a new identity and/or being broken by the system or both. Inability to recover was associated with a loss of hope and powerlessness, brought about by the unremitting actions of the system to disprove their version of events and/or deny them the assistance they believed they needed and thought was theirs by right:

> *Well, it started with my self-confidence starting to disappear and feelings of uselessness. So, you get no confidence, you feel useless. After that the hopelessness kicks in. It is like a mourning process, you go through all those steps, you fight it, and then you get a point where you sort of accept it, but that acceptance is a numb acceptance, it's that hopelessness, helplessness acceptance; it's not a natural acceptance.[...] It's very hard to see hope – in fact, I still can't see hope. That's one of the things I am still working on is to get hope back. Everyone is trying very hard for me to get hope back – it's not happening, it's just not there.* **(Deb – education, physical injury)**

What appeared to be important in these cases was the individual's ability to listen and acknowledge the workers' experiences as authentic

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3   What made the difference between a good or bad experience?

Workers' interviews threw up two major factors that made the difference between a good and bad experience in relation to interaction with WorkCover.

a) Access to information and advice

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

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

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

b) Being supported throughout the process

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

> *I had someone on my side. I had someone supporting me.*
> **(Ayan – clothing production, physical injury)**

Support was an important component of being able to progress a claim. For some workers, it was part of what enabled them to get through the experience of being injured and making a WorkCover claim:

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

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

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

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

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

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

4   What workers think should change about the WorkCover system?

Workers were asked what could or should change to improve their experience, post-injury, of the WorkCover system.

Learning after the fact was a theme apparent in almost all the workers' stories. Each worker identified things that they would do differently, or advise another worker on, based on what they had learned from their experience of having an extended WorkCover claim.

Some said they would go on WorkCover (for some, because they had no choice) but act differently and others who said they would not. The two workers who had been to court over their claim and won were both in the group who said they would not venture down the WorkCover path again. For these workers, the damage that protracted battles within the system had done to their well-being and recovery outweighed the financial support that WorkCover delivered.

> *I'd say, I'd tell him to go to see his doctor. After he's seen his doctor I would tell him, "Don't go to WorkCover because they don't seem to help with work cover. I'd say one of two things: go to lawyers or go to the church to help with the worker.* **(Samuel – meat industry, physical injury)**

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

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

> *I would have been more firm, because there was this fear that if I said, "No you can't do that", they're going to cut me off, because they [laughs] just kept cutting me off, so I would have gone to [lawyer], I would have gotten legal assistance from them upfront.* **(Ayan – clothing production, physical injury)**

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

In relation to other parties in the WorkCover system, workers first and foremost wanted to be treated with greater respect and care. They wanted the starting point to be that they were telling their truth about their injury and their desire to return to work, rather than that they were trying to rip the system off.

> *The way that [the insurers] actually treat people. They've got to treat people like human beings. Not like slaves, not like animals – we're human beings, we all have rights.* **(Will – meat industry, physical injury)**

Workers talked about this as if it could be treated as a separate component of the experience and could be acknowledged in a way that such recognition did not equate to an admission of blame. They wanted some sign of care and concern from the workplace post injury, and again on the resolution of the claim. They also identified a need for more sympathetic treatment from insurers' case managers, including having their version of events 'heard' and validated, again separate from the processes to establish or disprove the basis for the claim:

> *I think [the cause of my depression was] the whole process with just the way it's handled with no acknowledgement and the way I was treated at work and when I left and after as well, like this last year with them not acknowledging anything.* **(Karen – meat industry, retail)**

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Several workers suggested that the insurers' case managers appeared to show very little awareness of what it meant to sustain a workplace injury (as a 'good, honest worker') and lacked basic knowledge of pain and trauma. The workers believed this impaired case managers' ability to provide the workers with respectful and caring service:

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

Workers also identified some procedural changes that would have made a great deal of difference to their experience. These included:

- Reducing the length of time for processing aspects of their claims and not drawing out administrative processes to the last minute.
- The use of multiple independent assessments rather than accepting treating practitioners' reports.
- The provision of information in plain language was also identified as an area for improvement.
- In relation to injuries where there had been WorkSafe involvement, workers suggested there was room for more independent, extensive and timely investigation, including collecting more evidence from workers in relation to health and safety in the workplace setting.
- For those workers who had sustained a psychosocial injury, the lack of independent investigation outside of the processes relating to their claim was seen as a problem. It also appeared as an opportunity to improve health and safety through the introduction of mandatory, independent investigation for any psychosocial injury where the worker had sought medical attention.
- The lack of an effective complaints mechanism. Whilst the ability to make a complaint via the Victorian Ombudsman was noted, it was felt that this was ineffective because the Ombudsman lacked powers to act on the basis of complaints received.

Lastly, as has been evident throughout this report, workers identified the need for independent support separate from the procedural and legal support they were able to access through their unions and/or lawyers.

The informal support that workers provided to other injured workers, and that was provided to them by friends and family who had had similar experiences was highly valued. This provided people with foreknowledge of what might happen next, the kinds of options that faced them and what each might be like. Workers suggested that, along with the formal advocacy provided by lawyers and unions, some kind of informal navigator and advocate would have made their experience of the WorkCover process easier, and perhaps assisted them in their recovery.

> *I think insurance companies should be more up-front. I think their wording in their letters should be more clear.*
> **(Ayan – clothing production, physical injury)**

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

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

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

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

Discussion

Analysis of workers' stories reinforces findings from other studies about the largely negative experiences of compensation systems on the mental health of workers with long-term injury.

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Discussion

The analysis of workers' stories undertaken in this project reinforces findings from other studies about the largely negative experiences of compensation systems on the mental health of workers with long-term injury. Briefly summarised, these issues are:

a) Systematic problems in interactions with insurers

Interactions with insurers are characterised by administrative and procedural requirements workers find burdensome and confusing. This is exacerbated by a lack of easily accessible, timely and comprehensive information about process and rights that would aid workers in their decision-making in relation to their claim. Frequent errors in process combine with poor interpersonal relationships between injured workers and insurers' case managers to add to the workers' sense that their injury and interests are not as important as the employers' interests.

b) Unsupportive employers

The study identified a pervasive experience of being unsupported by the employer, whom workers hold responsible for their injury. This is further compounded by a perceived lack of accountability by the employer for workplace safety and in relation to the workers' rehabilitation and compensation. The result of this is that the worker comes to perceive her/himself as the problem: in getting injured in the first place, and then in failing to recover quickly.

c) A pervasive sense of injustice and unfairness

This is evident in every aspect of the workers' stories and includes:
- Lack of information.
- Workers feeling isolated and on their own.
- Workers having to fight for many things that they believe are rightfully theirs.
- Lack of recourse on the employer whose lack of attention to safety caused their injury, or who may directly be the perpetrator of the harm.
- Workplaces not made safe for them upon their return or being unable to return to that workplace.
- Contact with system agents being based on a presumption that the worker is a 'bludger' or fraud, interactions are adversarial and the burden of proof remains with the worker.
- Dominance of medical and scientific evidence standards that are not meaningful in terms of workers' experiences of their injury and health status. Medical assessments that serve to humiliate and wound workers further, rather than that act as therapeutic or beneficial.

d) Lack of agency

The system is replete with things that are 'done to' workers and signify their experience of lack of agency within the compensation process. Although legal processes were able to deliver outcomes that were financially favourable to the workers, these did not equate to a sense of justice having been done because, for them, those who were responsible for the lack of safety in the workplace had not been called to account and the workplace remained unsafe.

Workers were able to exercise agency where they felt heard and where they saw systemic actions being taken as a consequence of what they had said. This was not an automatic consequence of legal process. This suggests workers need more than a favourable administrative, financial and/or legal outcome to feel empowered and safe.

The sense of injustice and unfairness, linked to lack of control and agency, was reinforced by a breakdown in trust in relationships with employers and a failure to build trust with insurers' personnel. This lack of trust in interpersonal relationships combined with the workers' belief that the system did not protect their interests appears to result in workers believing they are continuously objects of a system.

Perhaps as a consequence, workers reinterpreted evidentiary requirements (e.g. medical assessments and panels, as mentioned above) and administrative errors as tactical devices to trick them out of what was rightfully theirs, and as a mechanism to deny their rights and reinforce their disempowered status. The lack of trust was further implicated in the workers' belief that because nothing was done to address the unsafe workplace situation, the injured worker was the

problem for being injured in the first place, and the system actions were designed to correct the 'wrongness' of the worker rather than the unsafe situation in the workplace.

The workers' experiences do not reflect a clear delineation between the aspects of the system that come under each of the two Acts that underpin occupational health and safety and worker compensation in Victoria. This suggests that for workers, it is not a linear process of injury – compensation – rehabilitation – safe return to work, but a less clear journey through injury and associated health deterioration and then interactions with the compensation system and recovery.

Interactions with the system become part of the workers' fluctuations in health and recovery. Actions to remedy the unsafe workplace and actions to compensate the worker for their injury are inextricably tied for the worker. Past and present blur as workers define actions in the compensation system in light of their beliefs and assumptions about workers and workplace safety and their interpretations of what happened to them previously. As their recovery draws out, their beliefs and assumptions are challenged and change, generally with adverse consequences for their sense of who they are in the world and of the safety of the world around them.

In drawing attention to the inter-related nature of the lived experience of the workplace safety and compensation systems, this is not to say that workers could not distinguish between the mental health impacts of the original work-related injury and of being on workers' compensation. They could, and did, but in terms of their experience, to concentrate on only one aspect is an over-simplification and an artefact of the research process.

The argument presented across the workers' stories says that if the workplace had been safe, they would not have been injured. If the WorkCover system had been more recovery oriented in its design, and less focused on efficiency and return-to-work narrowly understood, they would have felt more supported in their recovery and perhaps have been able to return to work or return more quickly. In other words, their failure to recover and return to work is a function of systemic failure to return the workplace to safety combined with (adding insult to injury) being treated as if they were the problem by the WorkCover system, fakers and frauds, rather than legitimate victims of a workplace injustice worthy of support.

One way of reading the workers' stories is to see them describing a process of profound redefinition of their identity. The process of being injured shifts the workers' identity from one that they, their colleagues, their employers and the community at large value ('good, honest worker') and replaces it with an injured worker identity. As the compensation process extends, and the injured worker fails to recover, they move more and more towards becoming a 'WorkCover claimant'. This is an identity with little power and agency in the system and little value in the community more broadly. The stigma associated with being a long-term WorkCover recipient appears to remain strong.

Taking a view from the lived experience perspective means that the mental health impacts of WorkCover need to be understood in the context of the workers' experience of their injury and their understandings of the relationships between employers and employees in relation to safety.

What is clear is that whilst these workers may be, and feel, compensated for their injury in financial terms, they do not feel supported in their recovery and do not feel that their safety has been attended to. At the end of the process they may have returned to work, but a sense of safety and well-being has been damaged or irreplaceably lost.

Drawing on the understanding of recovery from the consumer movement in mental health, one interpretation suggests that the WorkCover system does not in fact support recovery in terms of the whole person. It attends to damage to the body and mind of the worker (notwithstanding the damage it also causes), but it does not address the need for justice, trust and hope that are also essential aspects of workers' recovery and return to safety.

If the system could be reconfigured to do less damage to the workers' sense of self, and better support recovery of the whole person, it might be possible to improve their experience of the workers' compensation system.

The issues raised here also relate to an area CMN has particular interest in, workplace injury and suicidality as it relates to the WorkCover system.

Little is known about the prevalence and incidence of workplace injury and compensation factors in the cases of people who have committed suicide. Four of the workers in this study reported having contemplated suicide (including one who was hospitalized), and a fifth had attempted suicide. Another two suggested that they had come close to feeling suicidal, but had identified personal characteristics that prevented them from becoming suicidal ('bloody tough', 'very resilient' and 'value my family too much').

Investigation of the experiences of workers identify as being deeply distressed to the point where they have come close to, contemplated and/or attempted suicide whilst on WorkCover is definitely warranted to better understand the tipping points and resilience factors. Such research would assist in identifying what might be put in place to prevent the deterioration in their mental health to the point where they no longer want to live.

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Filling the dark spot: fifteen injured workers shine a light on the workers compensation system to improve it for others **35**

Peer support – a way forward

The importance that workers attached to access to timely and comprehensive information, and to having support (someone on their side) in the process also point to ways in which fairness and agency can be achieved within the system.

A system which appears to align decision-making power so heavily with the interests of one party, especially where that party is arguably already the more powerful, will not be able to support recovery and well-being for individual workers, who find themselves without the knowledge and support they need to exercise their rights.

Some consideration is needed in relation to the type of information and support that workers need, how they access these and who provides them. Whilst workers were able to access assistance with the technical aspects of the process e.g. through their union or legal representation, they seemed particularly ill-prepared for the emotional experience of the system. Peer support, which forms a part of some compensation systems, as is the case in Canada, is one possibility CMN would like to explore with WorkCover.[7]

Peer support is well-developed in the mental health sectors in a range of countries including Australia. In these systems it "encompasses a personal understanding of the frustrations experienced with the mental health system and serves to reframe recovery as making sense of what has happened and moving on, rather than identifying and eradicating symptoms and dysfunction."[8]

As such, it provides a potentially helpful framework for supporting the recovery of 'doubly-damaged' workers whose initial injury is compounded by the damage they incur through their interactions with the compensation system.

While it cautions against over-reliance on peer support at the expense of examining the structural and social issues that also impact on poor recovery outcomes, a study of extended-claim injured workers experiences of peer support groups in Canada identified four dimensions these groups were able to impact positively on:

■ The experience of being misunderstood by system providers.

■ The need for advocates.

■ Social support.

■ Help with procedural and administrative complexities.[9]

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Appendix 1: Worker characteristics

Worker	Industry sector	Occ type	Primary injury	Current status
Alek	Meat: abattoir	Manual	Physical	Unable to work at present
Ayan	TCF: clothing production	Manual	Physical	Retrained and working in new sector & occupation
Deb	Education: disability	Teacher	Physical	Unable to work: disability pension
Emily	Education: primary	Teacher	Psychosocial	Returned to original position
Faye	Education: primary	Admin	Psychosocial	Working in similar role for new employer
Heather	Education: secondary	Admin	Psychosocial	Initial RTW unsuccessful. Currently unable to work
Joan	Education: primary	Admin	Psychosocial	Unable to work: disability pension
Joyce	TCF: clothing production	Manual	Physical	Working part-time in previous role
Karen	Meat: retail	Manual	Physical	Unable to work at present: seeking retraining
Kate	Education: disability	Teacher	Psychosocial	Completing retraining, beginning new work
Lynn	Education: secondary	Teacher	Psychosocial	Working in junior role with new employer
Miriam	Education: primary	Teacher	Psychosocial	Unable to work: disability pension
Samuel	Meat: abattoir	Manual	Physical	Unable to work at present
Shirley	Education: pre-school	Teacher	Physical	Unable to work at present
Will	Meat: abattoir	Manual	Physical	Unable to work at present

Endnotes

1 Mental health' in this report refers to the workers' self-described experience of their own mental, emotional and psychological well-being. This definition of 'mental health' draws on the notion of a 'lived experience' knowledge base and is consistent with the conceptualisation of mental health, ill-health, distress found in the literature on mental health recovery.

2 The 'system' referred to throughout this report is that of Victorian WorkCover, constituted by legislation and administered by the Victorian WorkCover Authority. The system has defined roles for private insurers, employers, trade unions, health providers, workers and injured workers.

3 Safe Work Australia (2012) The cost of work-related injury and illness for Australian employees, workers and community: 2008-09, Canberra, Commonwealth of Australia

4 Safe Work Australia (2013) The incidence of accepted workers' compensation claims for mental stress in Australia, Canberra, Commonwealth of Australia

5 Anthony, W. (1993). "Recovery from mental illness: The guiding vision of the mental health service system in the 1990's." Psychosocial Rehabilitation Journal 16(4): 11-23

6 These interactions exclude those insurer's doctors and medical panels (addressed earlier in this section of the report), where the purpose of the interaction related to assessment rather than treatment or intervention.

7 MacEachen, E., Kosny, A. and S. Ferrier (2007). Unexpected barriers in return to work: lessons learned from injured worker peer support groups. Work 29: 155-164.

8 Repper, J., Aldridge, B., Gilfoyle, S., Gillard, S., Perkins, R. and Rennison, J. (2013). Peer support workers: theory and practice. Centre for Mental Health and Mental Health Network NHS Confederation, London.

9 MacEachen, E., Kosny, A. and S. Ferrier (2007), op cit.