

TRANSCRIPT

LEGISLATIVE COUNCIL ECONOMY AND INFRASTRUCTURE COMMITTEE

Inquiry into the Workplace Injury Rehabilitation and Compensation Amendment (WorkCover Scheme Modernisation) Bill 2023

Melbourne – Wednesday 13 December 2023

MEMBERS

Georgie Purcell – Chair

David Davis – Deputy Chair

John Berger

Katherine Copsey

David Ettershank

Bev McArthur

Tom McIntosh

Evan Mulholland

Sonja Terpstra

PARTICIPATING MEMBERS

Gaelle Broad

Georgie Crozier

Michael Galea

Renee Heath

Sarah Mansfield

Rachel Payne

WITNESSES

Sam, and

Nicole (*via videoconference*), Injured Workers Support Network.

The CHAIR: I declare open the Legislative Council Economy and Infrastructure Committee's public hearing for the Inquiry into the Workplace Injury Rehabilitation and Compensation Amendment (WorkCover Scheme Modernisation) Bill 2023. Please ensure that mobile phones have been switched to silent and that background noise is minimised.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands we are gathered on today, and pay my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee.

Before we commence I will get committee members to introduce themselves, going around the room and then up onto the screen, starting with Mr Ettershank.

David ETTERS Hank: David Ettershank, Western Metropolitan Region.

Gaëlle BROAD: Hi, I am Gaëlle Broad, Member for Northern Victoria.

David DAVIS: David Davis.

The CHAIR: Georgie Purcell, Northern Victoria.

Michael GALEA: Michael Galea, South-Eastern Metropolitan Region.

John BERGER: John Berger, Southern Metro.

The CHAIR: And we will go Sarah, Renee, Sonja.

Sarah MANSFIELD: Sarah Mansfield, Western Victoria Region.

Renee HEATH: Renee Heath, Eastern Victoria Region.

Sonja TERPSTRA: Sonja Terpstra, North-Eastern Metro.

The CHAIR: All evidence taken is protected by parliamentary privilege as provided by the *Constitution Act 1975* and further subject to the provisions of the Legislative Council standing orders. Therefore the information you provide during this hearing is protected by law. You are protected against any action for what you say during this hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of Parliament.

All evidence is being recorded. You will be provided with a proof version of the transcript following the hearing, and transcripts will ultimately be made public and posted on the committee's website.

I have had a discussion with the committee members today and also with the witnesses about not including full names. For the Hansard record, can you just state the name you are appearing under today and any organisation you are a part of.

SAM: Sam is my name, and I am here as part of the Injured Workers Support Network.

The CHAIR: Wonderful. And Nicole?

NICOLE: Nicole, as part of the Injured Workers Support Network as well.

The CHAIR: Wonderful, and while we troubleshoot the other witness, we welcome your opening comments but ask that they are kept to around 10 minutes collectively so we have plenty of time for questions and discussions.

SAM: Thank you, everybody, for your time today. As I said, I am Sam. I am here as part of the Injured Workers Support Network. The Injured Workers Support Network is an organisation that provides peer support and a social space, as well as advocating to improve the experience of workers on WorkCover, and we are supported in our activities by the Victorian Trades Hall Council.

Before I start, I would just like to note that, yes, I am using my first name. I am not naming the organisation that is responsible for my injury. That is because I am concerned that if I were named, I may be subject to retribution, so I wish to remain anonymous. Thank you very much for that.

The first point I want to talk about today is that the proposed Bill does not address the fundamental problems with the scheme. It simply removes the costs of return-to-work failures from the scheme's books and puts them onto social safety nets and other insurance schemes. I work in the public sector. I was on a one-year contract when I was moved to a new role in mid-2020 with one day's notice, at which point they effectively tripled my work. After a bit over a year in that role – 14 months – of extreme workload without reprieve, despite constantly raising the issue of my workload and asking for help but being ignored, I suffered a mental injury due to burnout. That was 2½ years ago.

I attempted to return to work last year. Unfortunately, I was given incorrect information by my employer and the occupational rehabilitation provider assigned by my insurer, which resulted in my return to the same employer and the same job, doing exactly the same work. It was a failed attempt because my injury was exacerbated by the workplace having done nothing to address the issues that led to my injury. My workplace was not compelled to make any changes to their processes and procedures to ensure that the factors that led to my injury were resolved before they expected me to return to the same job. If I had had a physical injury – say, I had lost a limb at a faulty machine – if that was the case and they wanted me to return to the same job doing exactly the same thing, they would have had to fix the machine.

These proposed laws show just how little knowledge we have on fixing systems of work, which is where the problems lie when it comes to mental injuries caused by stress and burnout. The claims from mental injuries are coming disproportionately from the public sector. In the 2023 People Matter survey public servants reported the top two causes of stress were workload and time pressures. Those issues can lead to mental injuries that would not be compensated under these new proposed laws. The proposed changes are at odds with the employer's duty under the OH&S Act to provide me with a psychologically safe and healthy workplace. The new Victorian psychological health regulations were promised over two years ago. Victoria was the first jurisdiction to commit to those regulations but is now the only one yet to implement them. Removing mental health claims caused by stress or burnout does nothing to reduce injuries or improve return to work.

The mismanagement of my initial attempt to return to work has severely impacted my recovery and has delayed my return to work by nearly a year and a half. Had I entered a system that provided me with someone to advocate for my needs as the injured worker, I believe I would have been able to return safely to the workplace by now. If these laws were in effect when I was injured due to stress and burnout through no fault of my own, I would not have been eligible for WorkCover. It would have had a major effect on my life, particularly financially of course. My partner and I had been saving to buy a house, a major life goal we had been working towards for a very long time. If I had been injured and these proposed laws were in effect, I would not have been supported on WorkCover and any money we had saved for a deposit would have simply gone to just surviving. This injury has been one of the hardest things I have had to go through in my life, and I shudder to think how hard it would have been had my injury not been covered by WorkCover. Thanks.

The CHAIR: Thank you, Sam. Nicole, did you have any opening comments?

NICOLE: Yes. Thank you. I would endorse and second a lot of the more general comments that Sam has made, so I will not repeat those. But some of the later ones – I would have found myself in exactly the same position if I was not covered under the current WorkCover system, and I would have been greatly impacted financially and also, you know, from a social perspective, being in a professional role, really not knowing what

my profession and career would be on an ongoing basis. I would have been in a much worse position on both of those levels.

I will tell you a little bit about my background and how I arrived here. The same as Sam, I would prefer not to mention the organisation that I was with, but it is within the public sector, in a human resources role. I have 20-plus years HR generalist experience at all levels of the business, so a very seasoned practitioner. I am used to working under pressure with very high volumes of workload. My injury of adjustment disorder and now generalised anxiety disorder stems from a period of over two years at work when I was managing different projects and then more complex work in terms of case management work, dealing with some very complex performance management, bullying and harassment cases and dealing with people managers and giving advice around those. As you can appreciate, they can get very complex and emotive, and in an HR role you can tend to take on a lot of, you know, that emotion and stress of the people managers.

I have been on stress leave now for 2½ years and, as Sam has talked about, the proposed system of 13 weeks paid entitlement, in my view, is not sufficient time or support. Talking from my lived experience, in that first 13 weeks or 14 weeks – whatever you want to call it, the time line – I was really spinning my wheels and just trying to work out what was actually going on. Again, in my situation I took a month's annual leave first and then I took a month's sick leave, because I was actually trying to get back to work. At the end of that block of two months leave was when I realised that I was really unwell, and that is when I decided to put in the WorkCover claim, which was a really big decision for me personally. Working in HR there is a perception, I will say, around people on WorkCover, but I knew that I was really unwell and I needed to get help.

What I am saying is that within that first 13 weeks I would say that I was in a state of trauma, just trying to get some stability in day-to-day functioning. It really was not until about the five- or six-month mark, both in terms of me psychologically being able to have the capacity to access it but also there are waiting lists to engage with psychologists or psychiatrists or even find a good GP that you have a trusted rapport with. For me that was six months after my initial injury. Again, you know, in my instance, if it was the 13 weeks, I – using Sam's words – shudder to think of where I would be without the psychological support that I have now. Critically, my injury would not be covered under the proposed changes. I had an initial independent medical examination to initiate what we call the impairment process, which was late last year. The initial psychiatrist deemed me to have 0 per cent workplace injury, 10 per cent attributed to pre-existing anxiety and 15 per cent to perimenopause. I take that to be discriminatory, because I am a woman of a certain age, and that forced me into an adversarial position of having to put in a dispute around that and take it to a medical panel, which was incredibly stressful. And even though, as I said, I have an HR background and know exactly how these processes work, it took me four or five months to actually get well, again from the anxiety induced from the process. The medical panel – so a panel of two psychiatrists – deemed me to have 25 per cent whole-person impairment from my work-related injury, so they basically overturned the initial assessment. But the point I am making is that there are people like me that have to go through processes like this, and they make you sicker. You are dealing with other stress and sickness and really a whole distrust of the actual process and having to fight, I guess, for the truth and integrity of your illness. Even though I had my medical practitioners saying that that was not the case, it really gets diverted by this insurer-supported medical assessment.

So what I would like to see is a system that looks at the whole person and treats them with respect and engages with them and treats them with fairness. My lived experience is that I do not have any trust in the relationships with my case manager or the WorkCover system. That is not me as a person; I am someone that builds relationships. I get most of my advice on how to navigate this system from friends that I have worked with in the HR space, and that really concerns me for our community as a whole, and that is why I am here advocating today. It is not so much for me; it is actually advocating for our community, because if I did not have the skills that I do to try and navigate this, and sometimes it has not been pretty – or a lot of the time it has not been pretty – I really worry about other people that have not been able to navigate it as effectively as I have and having that support within the system.

The last point I will make for this committee, and we all recognise that it is not a new thing, is that the use of technology is really changing the way that we work, and it has done for many, many years. Our minds are switched on a lot more with technology – with emails, with telephone calls – so we are potentially working longer hours. We are always thinking about work potentially. That is the nature, for me, of my lived experience, and I am sure for a lot of other people in the community that is where it can lead to – mental health and anxiety claims. And as I said, 13 weeks is not enough for some people to actually get well and potentially change the

course of their future, through no fault of their own. I will never practise again as a full-time HR generalist because I have zero stress tolerance. So I have recently been approved for a diploma in counselling, and I do volunteer work, and I am looking to navigate potentially taking on a part-time role next week, and by part-time I mean one day per week. The point I want to make, and you can all hear, is that it has taken me 2½ years to get to that space. But what I was saying before, just to close that point, is with the workplace changing and technology changes, the government is putting a lot of money into mental health with mental health hubs opening up across Victoria, which is fantastic, and family and carer-led programs – fantastic. So for me, what we need to do when we look at the WorkCover system is that that is in a similar vein, if that makes sense.

The CHAIR: Thanks, Nicole. Thanks for sharing.

NICOLE: Thank you.

The CHAIR: I really appreciate you both being here today. We are still trying to troubleshoot Michael, so what we will do is we will go to questions from committee members. We are a little bit short on time for questions, but I think it was really important that we heard your full opening remarks because they were very, very useful. The way that we will begin is just by one question each again, and then if we have time, we will go around the room. Just for witnesses, if you can try and keep your answers as succinct as possible, we can often get through more, but completely understand you have got a lot of information to share with us.

I will commence. Something that is apparent to me through this Bill is that there is this general sense I guess from the community and especially from injured workers that invisible illnesses and mental injuries are not considered as seriously as physical ones and ones that you can see. As someone who is experiencing that, can you please explain to us how that further impacts the struggle that you are going through and what the result of this passing in its current form would be?

NICOLE: Yes. Sorry, you said the impact?

The CHAIR: Yes. I think just hearing your perspective about how it feels for your injury to be seen as – I do not want to put words in the government's mouth – not as important.

NICOLE: I understand. Look, I will give you two and make it succinct. When I was first injured, I did not tell my parents until very late in the picture. I did not tell my closest friends because of the perception around being on WorkCover. I felt quite isolated and scared, which is not what we want for people, and that is really around the perception of being on WorkCover. So there is that isolation.

The whole way through my workplace injury you do get people saying, when I may mention something, 'Oh, you look calm' or, 'You look fine.' Well, what goes on underneath is I am not fine because, as you said, Georgie, you cannot see stress intolerance unless you are someone that spends 24/7 with me. So people do make those comments and I find them very judgemental, and depending on the day that I am having, they can actually be quite impactful and not helpful.

The CHAIR: Thanks, Nicole. Sam?

SAM: I would agree. Anything to add? I agree that basically it is a very isolating process. I quickly worked out there were people you can tell about the injury and then people who just do not understand. Some of my closest friends were just like, 'Just get on with it. What are you doing? Pull your socks up, get on with it.' I would not have been on WorkCover for 2½ years if I could have just pulled up my socks and got on with it.

I hopefully will be returning to work next year, but I too will not be going into the role that I was in. It has been found through examinations that I will not be able to because I have generalised anxiety disorder as well. I will not be able to do a senior project officer role anymore. Whoops, I should not have said that. But I will be going into support roles in the future, and I think I will hopefully be able to handle that, but I have had to disclose. I have decided to disclose my injury to my new employer that I am hopefully going to be starting with next year, and I am lucky that this employer is really understanding. But that is a big risk that I took. Initially, apparently when people do disclose their injury, they will often say – because mine actually resulted in a physical injury, so I have had a mental injury, but it has actually manifested in a compressed rib cage and I have chronic pain. So I told the new people I am hoping to work for about my physical limitations, but then I have later disclosed

my mental injury. Because of that stigma around it, I was like, 'Am I safe to tell this person?' I was and I am really lucky, but that is not the case for everybody.

The CHAIR: Thanks, Sam. Mr Galea.

Michael GALEA: Thank you, Chair. And thank you for sharing your stories with us today – really appreciate it. I am wondering if either of you went through the IME process with independent medical examiners and how you found that. Were they responsive to what your situation was? Did you feel like you were listened to? Did you have any issues?

NICOLE: I have probably, off the top of my head, had around five or six IMEs through the insurer-based process, and I have also had two IMEs when I was actually employed – I have been terminated. The way that I would answer that question is that for the IMEs that I did on an employer basis I found that person to be much more – I could have a conversation with them. It was just like going in and having a general conversation. They were actually interested to hear about my experience, they showed care and they asked questions. I found that report to be exactly what I said. I agreed with the report basically, and I found it to be factual. Comparatively, with IME reports, particularly when you get further into the time frame, they are trying to get you off the system, because it all comes down to dollars. That is where my perimenopause claim came in. I currently have an IME that I have just had around the 130-week mark where the psychiatrist is basically disagreeing with my treating psychiatrist in terms of what her assessment is. It gets very complex, and you feel like you are fighting untruths. And if psychiatrists are not respecting my psychiatrist's view, then where does that leave us as a fair and respectful system?

Michael GALEA: Thank you. And Sam?

SAM: I would just add that the person that is assigned as a case manager to your case when you are first injured is a representative of the insurance agency that your organisation has an insurance policy with, so it comes down to the bottom line. They are incentivised to try to get us off the system, which comes down to money. The reforms that are being proposed are budget measures. They are not actually injured worker measures. A scheme that spends less money fighting injured workers and puts more time and energy into helping them will get better outcomes.

The CHAIR: Thank you. Thanks, Sam.

NICOLE: Georgie, sorry, could I just add very, very quickly, because it is relevant for the committee – and this is around the whole system – that when I had that experience of the perimenopause determination and it being zero work related, I did put in a complaint to WorkCover and also to my insurer, and basically those emails got answered within 20 minutes to say, 'There's nothing to see here. It's not discrimination, even though your treating medical practitioners say otherwise.' It is relevant for the committee to understand that these things are happening, so I just wanted to add that.

The CHAIR: Thanks, Nicole. And thank you, Mr Galea. We will go to Mr Ettershank.

David ETTERS HANK: Thank you. We have heard a lot from the government on the potential role of Return to Work Victoria, which of course is not in the Bill, so it is a bit of a mystery as to what and when. We have, however, also heard a lot about the first 13 weeks, or your initial exposure to the WorkCover system. Nicole, you talked about navigators. I am interested in your thoughts and your experience in terms of what that initial exposure to the WorkCover system was like and whether you agree with the importance, whether it is 13 or 26 weeks or whatever, of what you experience at the beginning of your claim process.

SAM: I was the same as Nicole – I did not want to go onto WorkCover. I was very concerned about my career moving forward and how that might impact me. So I was injured, I had a breakdown. Two weeks later I got myself back to work, which was far too early. I had not put in a claim at that point, but when I returned to work I was determined to be there, because work is really important to me. It is a really important part of my life, you know? So I really pushed hard to get back, and then two days after I returned I started to get a pain in my right side. Then over the course of five weeks it got to the point where it was so chronic my back was spasming and it was taking my breath away, and I could not function. In this period of time I consulted with the union, the CPSU. I tried to get someone to tell me it would be okay to put in a claim. In the end I just realised, like Nicole did, that I actually had to for my health because I was not going to be able to work. I only had a

limited amount of sick pay. Mind you, I had 588 hours of overtime that I had worked in that period of time leading to my injury that I would never have been able to take anyway because of the VPS level I was at. Time in lieu is not available for that particular level, which I believe the CPSU is trying to negotiate a change with in the new VPS agreement. But anyway, if it was just 13 weeks – I was the same as Nicole, I could barely function. I was lucky that I had access to a psychologist reasonably quickly, and that psychologist helped me understand that I was injured. It took me a really long time to even just admit that I had an injury. I did not use the word ‘injury’ for a really long time. And what was the outcome at 13 weeks? I take 13 weeks off, just take a rest, then return to the same workplace in exactly the same situation? And then all the burden of defence is then put on me.

David ETTERS HANK: It is your fault.

SAM: That is right; it was my fault. I mean, okay, the People Matter survey comes back every year and we get dreadful results in the public service, quite frankly. Each year, as we heard before, time pressures and workload are a big deal. When the organisation receives that information they say, ‘Oh, we have got some problems here.’ Well, workload comes down to ‘You’d better manage your time better’. And then, ‘Oh, wellbeing’s not looking really good. Oh, let’s do a wellbeing webinar – that you need to attend in your lunchtime.’ So I think if I had had to return within 13 weeks, I would have had a complete and utter breakdown, which I already had had. I would not have been standing. I do not know what I would have done. And the experience then dealing with – it was very difficult to navigate the system, and I think that a Return to Work Victoria would be great. It would be wonderful if Return to Work Victoria was centred around the injured worker and returning them to work. I felt that, as Nicole said, it was very adversarial. I have never felt like there is actually someone advocating for me and my safety in the workplace.

David ETTERS HANK: Yes, okay. Thank you.

NICOLE: I would agree with that, Sam, all of that, and just add on: when I told my GP that I was putting in a WorkCover claim, she threw up her hands and said, ‘Oh, no!’ I was so anxious from that conversation, number one. So you have to be, to be honest, sometimes quite strong to go down this process, but as Sam said, you know that you are so unwell that you actually cannot go back to work. The other point is, as Sam said, there is a lot of – well, from my lived experience – grief around what you are leaving behind and not knowing where you are going to. The other point, to your question, is with the return to work, yes, I was given return to work plans from my previous employer around the three- or four-month mark, but again, it is a timing thing. One, they came across as perfunctory. You know, simply because they were required to do so. And those return-to-work plans stopped after the 12-month mark, so if there was a trusted person – you know, a centrepiece person – that I could have those conversations with, perhaps it might have been a little bit different.

David ETTERS HANK: Thank you.

The CHAIR: Thank you. Thanks, Mr Ettershank. Just in the interests of time, we have about 15 minutes and a number more members to get through with their questions, so if we try and keep them succinct, that would be great. Moving to you, Dr Heath.

Renee HEATH: Thank you, and thank you both, Sam and Nicole, for coming and talking to us today. It sounds like both of your experiences with WorkCover have not been very positive, and I am sorry about that. Is there anything that could have been done or which was not done that could have assisted you in getting back to work more quickly?

SAM: I really think having someone assigned to you as an advocate. Say, hypothetically speaking, Return to Work Victoria did that and they assigned someone to guide you through this very opaque system, that would be great. I feel like the system is intentionally opaque because it is about the bottom line. I think that would have been great if I had had someone just to advise, because you realise probably too late that the case manager is there as a representative of your organisation’s insurer. So yes, an advocate.

NICOLE: I would agree. There are a thousand things that I think could be done differently, in terms of your question, but one thing, to give you an idea, is that it starts as soon as the claim is accepted. You know, in the call that I got to accept my claim, I was told by the insurer, by the person ringing me, yes, it has been diagnosed as adjustment disorder, which means that basically you cannot cope with things that other people may be able to cope with, in terms of your workload, which I was affronted by. The other thing that they referred to was a

conversation that they had had with my manager implying that there was a performance issue, which there was not, but you can appreciate how that conversation lands for an injured worker. So it all starts there very early on, like, day one.

SAM: I would also just add getting prompt treatment would be great, but we know how difficult it is to find a psychologist or a psychiatrist at the moment, and then feeling like you are collaborating around your return to work. I also received bog standard return to work forms because they had to do it, it was their legal obligation, but every time that came through I was extremely stressed out, and I was like, 'Do I have to sign this thing?' I am not returning to work, what is going on? It was very stressful, and then take into account that I was not operating with all my faculties at that time. My frontal lobe is freaked out, my lid has been flipped, and it is still not back on completely. So imagine trying to navigate that without all of your faculties.

Renee HEATH: Thank you.

The CHAIR: Thank you. Thanks, Dr Heath. We will now move to Ms Terpstra.

Sonja TERPSTRA: Thanks, Chair. And thanks, Nicole and Sam. Michael, I know you cannot speak to us but thank you for appearing. Just a question, I guess, to either of you, Nicole or Sam. I think one of the things we are hearing is that there are a lot of mental injury claims that are occurring in the teaching profession and the public service but also in policing. From your perspective, what do you think would have really assisted in your return-to-work journey? Do you think that – and I have heard you say this – it would have been good to have an advocate there for you to work with you? I think that is one of the things that Return to Work Victoria is potentially looking at – to have someone who acts like a case manager but talks to all the relevant people who might help you with your recovery. If you could give me the top three things that you think would have actually made a difference in your return to work, what would they have been?

NICOLE: The one you have mentioned in terms of return to work, in terms of having something independent. So when we talk about return to work, that could be potentially occupational therapists as well, because we do not all have the ability to return to our current employer. It could be looking at a new career, so the return-to-work person or occupational therapist may create the space to start thinking about those things, and that is a timing thing. The other thing that could have worked is from an employer perspective. I was employed for two years whilst I was injured, which is a long duration of time. But, as I said, the conversations – and I can understand how this happens – become very perfunctory. You are not included in Christmas parties, and you are not allowed to go and have lunches with your teams because your employer is worried that something that is said might exacerbate your injury. So you lose all of those personal connections.

Sonja TERPSTRA: Just on that point, though, what do you think the employer needs to do? What you are describing is a sense of isolation and being cut off.

NICOLE: Correct.

Sonja TERPSTRA: So then what should they do?

NICOLE: What they should do is actually keep in touch with you on a personal basis. What I mean by that is I had someone in my team with a physical injury. They got a card from the team. They got phone calls and they got emails from the team. They got a gift from the team – and I am not saying I wanted a gift.

Sonja TERPSTRA: It is that connection.

NICOLE: Correct. It is the connection. It is the connection and personal relationships that you lose.

Sonja TERPSTRA: And that leads to you feeling isolated and then cut off.

NICOLE: Yes, absolutely.

SAM: I was just going to jump off the back of that, Nicole saying that it is basically relationships. There needs to be trust in this process. I am a trusting person, and I have slowly had my trust eroded in the system. Actually I realise as I look back that the occupational rehabilitation provider pushed me to return to work. I was not actually medically supported, but that was what was decided would happen. Now as I look back, after I returned to work I was then told about alternatives. I could have gone into a new part of their processes called

new employer services. I was not told about that prior to my 52 weeks and returning to work. I would have made a very different decision about what I was going to do had I known that. I should never have returned to the same workplace. Eventually after eight months it was found to not be – they did another assessment, and then ‘No, it’s not supported.’ I guess about what should be done –

Sonja TERPSTRA: Just on that –

The CHAIR: Sorry –

Sonja TERPSTRA: because I know we are short of time –

The CHAIR: Yes. We have got –

Sonja TERPSTRA: Just one last thing, please –

The CHAIR: Okay.

Sonja TERPSTRA: because I have been waiting patiently. Just on reasonable adjustments, did either of you have any discussions with your employer about reasonable adjustments so that you could get back to work?

SAM: Yes. It is part of the return-to-work planning. It is a section in your certificate of capacity that you do monthly with your GP, and then you have a discussion with the employer. That was all said – ‘Oh, yep, everything is fine. Now I will return to work on 5 hours at the very start.’ I got to 15 – unable to continue. Every day I went into work online I was fine. My workload was fine because I was the injured worker, and they were very, very careful about what they did with regard to me. But I would enter meetings where people would say, ‘Oh, sorry I’m late. I had to go to the toilet. I’ve had back-to-back meetings all day.’ There was evidence of workload issues continuing to be there, and so – I have completely forgotten the question.

Sonja TERPSTRA: It was just about reasonable adjustments. That is fine. You have answered it.

SAM: So, yes, the return-to-work coordinator was telling me that there had been changes made, and I did not see evidence of that.

Sonja TERPSTRA: All right. Thanks, Chair.

The CHAIR: Thanks, Ms Terpstra. We have 5 minutes left, and I just want to remind people of time because we do have people leaving soon after 12 and we do not want to lose quorum. But if witnesses have anything else they want to provide to the committee, you can do so afterwards, and members can also submit questions on notice if you are happy to take them.

SAM: Yes.

The CHAIR: We will go to Dr Mansfield.

Sarah MANSFIELD: Thank you for appearing today and sharing your stories. We have heard from yourselves and others that the process itself is often a cause of secondary injury; even just the initial claim – putting in a claim is really difficult. If we, through reviewing this legislation, could change anything about that initial claim process to make it easier for injured workers, particularly with a mental injury, what would it be?

SAM: I think they need to update the forms. It is clearly an injury system that was set up for physical injuries, and they have picked it up and they have put it onto mental injuries. There needs to be reform absolutely 100 per cent tailoring the process to people who have suffered mental injuries, factoring in that they are not going to be firing on all cylinders. So I think that, yes, the process needs to be changed, but I think having a human being that you build a trusting relationship with that you know is actually there to advocate for you and that is independent of your employer – so Return to Work Victoria, hopefully – they could help you negotiate that difficult pathway through the claim. Because, you know, Nicole is an HR specialist and she had trouble navigating the system for herself, having probably seen it in other areas. That person would hopefully help you get access to treaters, and then they can be that – you have just got one point of contact, you know.

NICOLE: Or –

SAM: Sorry, carry on.

NICOLE: No, I was going to say, just to finish that off, Sam, because we are both on the same page, one trusted contact. And to answer your question, the fact that I and a lot of other people only have communications via email with our case managers indicates to us that it is not currently a trusted relationship, and that is a problem with people getting well and getting back to work.

SAM: And the trust has broken down in your relationship with your employer, so potentially someone advocating on your behalf – maybe Return to Work Victoria should also look at having a role working with employers to actually address the issues that have led to injuries. That is the thing – when you have got a physical hazard, you can clearly see it, everybody can. There is a puddle of water: wipe it up, now we no longer have a slip hazard – ‘Oh, but there’s excessive workload and time pressures et cetera.’ We are really bad at understanding our systems of work and how they are causing injuries to our workers. Getting Return to Work Victoria to work with employers might actually help, and that would make their employee feel probably more happy to return to their original employer.

Right now they have got a triage system: the insurers and the rehabilitation providers are incentivised to have you return to the same employer with the same job. The next best option is same employer, different job. Then the next one down is same job, different employer et cetera, et cetera. And I am assuming that these parties are receiving – when you look at how to process WorkCover claims online for people who are in the roles of the case managers, it says: ‘Do X, Y and Z and then submit your invoice.’ Do not read those things if you are an injured worker, they are really disheartening.

The CHAIR: Thanks, Sam. Thanks Dr Mansfield. Last, with Ms Broad.

Gaelle BROAD: Thank you. Thank you very much, sincerely, for appearing today and sharing your stories. You mentioned a shortage of seeing some mental health services. Can you expand on your experience of what it has been like trying to access support services on your journeys?

NICOLE: Look, I did not necessarily have an existing relationship with a GP. I did see someone – so as I said, I was injured for 2 ½ years, so I had a connection with a GP, but as I said, I found that relationship a little combative and not supportive, so after 12 months I looked for another GP. First of all is looking for a GP, which does not happen overnight. As we know, that system is in crisis at the moment, and you are looking for someone that you can actually have a conversation with, which is not easy. Finding psychologists – I waited six or seven months on a waitlist to actually get in and see a psychologist, again someone that could help me in the mental health/anxiety space. Seeing a psychiatrist – I was facing waitlists of eight to 12 months to get in and see someone. I just lucked upon someone coming back from parental leave that was rebuilding her list. That is my experience.

Gaelle BROAD: Sam, do you want to share?

SAM: No, I think Nicole has – I guess what I would say is that I completely echo the idea around how you need to have that trusted relationship, particularly with your GP, because the GP is the one that everybody listens to in the end. I just happened to go to a GP near me a month before the injury, and he actually told me, ‘You need to stop working this hard, and you need to take a break.’ I actually did take a break – two days before a weekend – and then that was the Monday morning that I had my breakdown. I had had no time off in 14 months. But I guess, yes, it is hard. I wonder if Return to Work Victoria would be able to facilitate that process as well. That would be – yes.

NICOLE: The only thing I would add, and I am very mindful of time – I just wanted to close on this sentence, which is, as a couple of questions ago, on suggestions, the role of return to work is not just to do the functional role but also potentially every single person has a level of anxiety, as we know. Is it functioning anxiety? Some anxiety is good, and then there are some people, like me, where it has come off the top and I cannot get the lid back on. I am working on that. But part of the role is normalising and accepting that anxiety is normal and some people actually have a problem with anxiety, so how do we support them to get back into functioning anxiety and making that not so hidden?

The CHAIR: Thanks, Nicole. Thank you, Sam and also Dom, for coming along. That is all that we have time for today. Because of the technical difficulties and a somewhat later start, please do feel free to provide

anything else you want to share to the committee, and then members also may provide you some more questions that they did not get to ask you today, if you are comfortable answering those.

I just want to say thank you so much for coming along and speaking to us and sharing your story, because I know that it is not always easy. But it provides really, really valuable information to us on the committee, hearing from people with lived experience, so thank you so much.

Witnesses withdrew.