THE UNIVERSITY OF MELBOURNE

The Future of Work Lab

INTERN REPORTS 2022

Jamie Ling

Master of Social Policy

Exploring return-to-work policies and processes for employees who have experienced mental ill-health: Australian challenges, gaps, and opportunities for improvement

This report has been written for The Future of Work Lab by

Jamie Ling
Master of Social Policy
jamie_ling@hotmail.com

ABOUT THE INTERNSHIP

The Future of Work Lab hosts talented Master's student interns who lead projects across a range of future of work issues. The interns produce policy reports covering pressing and timely topics in this area. Our interns are trained in advanced analytical, research and report-writing skills as well as collaboration, teamwork and interpersonal skills.

Jamie Ling is an intern at the Future of Work Lab. Her background is in social work and human services and has worked across several sectors, including working with victim/survivors of sexual assault and family violence, asylum seekers in offshore detention, and kinship carers. She is currently working in the mental health field.

Jamie is interested in the value of lived experience in the policy process, innovative practices in social policy and service design, the value of community and democracy, and questioning the status quo. Jamie's project with the Future of Work Lab is seeking to explore the current context and practices for return-to-work processes for people who have experienced mental health challenges, and explore possible recommendations.

TABLE OF CONTENTS

Abbreviations ——— 4

Definitions ——— 5

Executive summary ——— 6

Introduction ——— 8

- The state of mental health and wellbeing in Australian workplaces
- Why a sustainable and effective return-to-work is important

Section 1 – The Australian context – current policy landscape ——— 11

- Legislative context & employer obligations
- Current national programs and initiatives

Section 2 – Key issues ——— 13

- Government & wider systems
- Employer & individual level

Section 3 – Evidence – what works? ——— 16

- Government policies, wider systemic level, and international case studies
- Employer & individual level – specific programs and services

Section 4 – Recommendations ——— 17

- Governmental policy & legislation & wider systems level
  - Research
  - Data collection
  - Implementation of return-to-work programs and policies
  - Regulatory mechanisms
- Employer level
  - Co-designing policies
  - Training & education
  - Support

Conclusion ——— 19

Appendix and Notes ——— 21

References ——— 25

ABBREVIATIONS

RTW: Return-to-work

MIH: Mental ill-health

AIHW: Australian Institute of Health and Welfare

NWI: National Workplace Initiative

OECD: Organisation for Economic Co-operation and Development

DEFINITIONS

Mental ill-health & psychological/mental injury

Psychological or mental injury is a term used in the worker's compensation system and refers to 'a range of cognitive, emotional, and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave, and interact with others' (Safe Work Australia, 2014). Psychological injury may include such disorders as depression, anxiety, or post-traumatic stress disorder (Safe Work Australia, 2014). This is also known as work-related mental health conditions (Safe Work Australia, 2021). Mental ill-health (MIH) is a broader term encompassing both mental illness, such as depression and anxiety, and mental health concerns (MacEachen et al., 2020). These terms are both used in this report as the return-to-work (RTW) policies and processes for work-related and non-work-related MIH experienced by employees will be examined, since causation is not a criterion for the scope of this report.

EXECUTIVE SUMMARY

Mental health and wellbeing in the workplace are significant issues in Australia, given that most workers will experience a mental health condition in their lifetime (SuperFriend, 2021). With additional impacts from the changing world of work including the COVID-19 pandemic increasing work from home, increased automation, and technology, and the increase of mental ill-health (MIH) in general, this seems a crucial time to investigate supports for employee mental health in the workplace. This report will explore the policies and processes of return-to-work (RTW) for employees who have experienced MIH in the workplace, both work-related and non-work-related. Specifically, this is the situation where an employee takes time off work to recover from MIH, so they can RTW at some point in the future.

This report found some key issues relating to the RTW processes and policies at systemic as well as on an employer and individual level:

- Multiple issues with the current compensation system for work-related MIH
- Lack of data collection for employees who are engaging in the RTW process and not participating in the compensation system
- Lack of integration between employment and mental health services, despite their interconnected nature
- Research on effective RTW processes not being translated into practice within the workplace
- Lack of support, capacity, and resources of employers to effectively undertake RTW processes with employees
- Sweeping guidelines inadequate for a diverse environment of workplaces consisting of different industries, roles, and contexts

Following exploration of the issues and gaps found, this report also discusses the following solutions and recommendations for an improved pathway forward in the RTW space:

- Shifting responsibility to both government and employers, for supporting employees who are on sick leave due to MIH
- Reducing barriers to accessing support through the compensation system
- Increasing capacity and knowledge of employers to implement effective RTW policies and processes
- Increasing support for employers to implement evidence-based interventions for the RTW process through external service providers

- Employers taking an integrated approach to the RTW process, incorporating factors such as organisational culture into planning
- Increasing the current knowledge of RTW journeys for employees, to further understand the issues and trends, and how they can be addressed

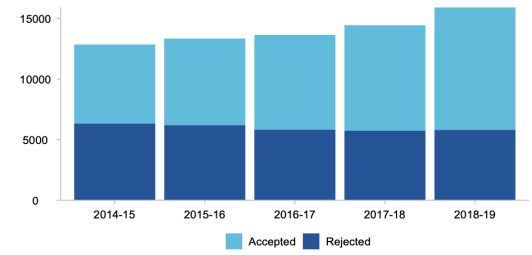
This report aims to provide a spotlight on the current gaps within the Australian context and provide suggestions for growth and innovation on both policy and programmatic levels, for employees to RTW in a safe and sustainable manner.

INTRODUCTION

THE STATE OF MENTAL HEALTH AND WELLBEING IN AUSTRALIAN WORKPLACES

Mental health and wellbeing have become increasingly critical issues to address particularly within the workplace. Almost half of the sixteen million Australians aged 16 to 85 years old having experienced a mental disorder at some point in their life (Australian Bureau of Statistics [ABS], 2007). Black Dog Institute (2021) has also found that mental health symptoms have gradually increased over the last decade. Given that the adult population spends around a third of their life at work, the workplace is a key environment for mental health intervention (WorkSafe Victoria, 2021a).

The impact of the workplace and employment on mental health has become an important focus for government, employers, and the Australian community. A survey undertaken by SuperFriend (2021) found that almost a quarter of Australian workers believe that they have a mental health condition that their workplace caused or made worse (SuperFriend, 2021). Across Australia, rates of workplace injury claims relating to mental health have also been increasing over time, as Figure 2 illustrates below.



[a] Includes all states, territories and Comcare.
Source: Data provided by state and territory workers compensation agencies and Comcare.

Figure 1. Mental health claims have been increasing over time (Productivity Commission [PC], 2020)

Work-related mental stress is also the second most common cause of workplace compensation claims in Australia (Brijnath et al, 2014), with the average time taken off work to recover from a mental injury also increasing by 86% between 2000 and 2017 (Black Dog Institute, 2021). Mental disorders are also the leading cause of long-term sickness absence and work incapacity in many countries (Johnston et al., 2019). This type of information illustrates the significant role the workplace plays in relation to an individual's mental health.

Furthermore, the nature of work itself has significantly shifted over the last few decades which has also impacted mental health in the workplace. This is due to technological innovation, changes to the Australian workforce, and increases in job complexity (Black Dog Institute, 2021). The 'fourth industrial revolution' has led to increased digitisation of work, artificial intelligence and automation, leading people to fear losing their jobs, or having to pivot and learn new skills (Black Dog Institute, 2021). Accordingly, Australian workers have also reported worrying more about the long-term future of their jobs (Black Dog Institute, 2021).

The COVID-19 pandemic has also affected the workplace, with more than 40% of Australians working from home in 2021 (ABS, 2021). Working from home can influence an employee's mental health by creating a sense of isolation, having additional pressures to balance family and work life, and blurring work boundaries (PC, 2020). While the impact of COVID-19 has placed workplace mental health

directly into the spotlight, there remains gaps within the RTW sphere for employees who experience MIH.

This research report will explore the current Australian policy context of RTW for employees who have experienced MIH. The scope will include both work-related and non-work-related MIH, and the research covers common mental disorders such as depression, anxiety, and/or both. MIH is defined as including both mental illness and mental health concerns such as distress or burnout (MacEachen et al., 2020). The RTW process is defined by the resumption of work for employees who are absent from their usual workplace for the purposes of recovery from MIH (Lagerveld & Houtman, 2020). This process has commonly been measured using indicators such as worker productivity, reduced absenteeism, and time until RTW for the employee (Sampson, 2015). This report will focus on exploring the Australian RTW policy levers in place, as well as issues and best practice for the RTW process on an individual and organisational level, and policy and governmental level. Recommendations will be made according to the gaps identified and will signal a pathway forward in improving the RTW space.

WHY A SUSTAINABLE AND EFFECTIVE RETURN-TO-WORK IS IMPORTANT

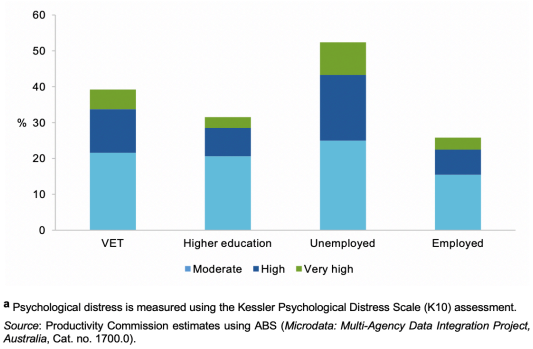
The strong relationship between an employee's mental health and the workplace is important to understand on an individual, employer, and societal level. Sustained employment has been found to have multiple psychosocial benefits for employees, such as provision of structure, routine, social support, and a sense of meaning and purpose (The University of Melbourne, 2012). A loss of employment has also been found to be associated with a decline in mental health (LaMontagne et al., 2014). However, work can still be stressful, so the focus should be on what constitutes 'good work' as this is the type of work that can produce the aforementioned benefits (Royal Australasian College of Physicians (RACP), 2011). 'Good work' is described as having elements such as good job and work design, worker engagement, and procedural justice and relational fairness in the work environment (RACP, 2011). This concept of 'good work' illustrates that there can be many aspects of work that can impact an employee's mental health, and the RTW process.

There are also major financial costs associated with MIH in the workplace, with absenteeism and presenteeism calculated to be around $17 billion in Australia each year (WorkSafe Victoria, 2021b). Figure 4 below shows that absenteeism, where employees have taken time off work due to mental illness, was calculated to cost up to $10 billion (PC, 2020). Additionally, each year 40% of Australians have reported that they have left a job due to the poor mental health environment (WorkSafe Victoria, 2021b).

Source: Appendix H.

Figure 2. Lost productivity due to MIH (PC, 2020).

This negative impact of job loss can be seen in Figure 5 below, which shows the increased level of psychological distress experienced by people who are unemployed (PC, 2020). This illustrates that there are both extensive social and economic costs associated with a poor RTW process for employees experiencing MIH.



[a] Psychological distress is measured using the Kessler Psychological Distress Scale (K10) assessment.
Source: Productivity Commission estimates using ABS (*Microdata: Multi-Agency Data Integration Project, Australia*, Cat. no. 1700.0).

Figure 3. Levels of psychological distress experienced by different means of economic participation (PC, 2020).

International research also shows that there is a strong link between mental health compensation claims, long term absence from work, and high rates of disability pensioning (Brijnath et al., 2014). In Australia, psychological health conditions are the fastest growing cause of disability and are also the most common medical conditions of the Disability Support Payment (DSP) claimed through Centrelink (AIHW, 2020a; Safe Work Australia & Superfriend, 2021). Furthermore, 80% of people stay on the DSP for at least five years, suggesting that once individuals enter the welfare system, this is often sustained (AIHW, 2020a). This data further outlines the importance of supporting employees before they leave the labour force, if possible, through an effective RTW process.

As the issue of workplace mental health is complex, the information presented in this report will be analysed using the lens of social inclusion and human rights. The definition of social inclusion varies however in the context of employment. The definition by the United Nations Educational, Scientific and Cultural Organization (UNESCO) is as follows:

'Inclusive society is defined as a society for all. In which every individual has an active role to play. Such a society is based on fundamental values of equity, equality, social justice, and human rights and freedom, as well as on the principles of tolerance and embracing diversity.' (Australian Human Rights Commission [AHRC], 2013)

This definition states that sustained participation in employment, such as effective RTW for individuals experiencing MIH, is fundamental to a socially inclusive society. Being able to participate in society without discrimination is not only ideal but is a basic human right, and Australia should strive towards this principle (AHRC, 2013). This report also views the concept of recovery from MIH as improving wellbeing rather than just symptom reduction in an individual's life (Harvey et al., 2014). Understanding recovery in this way is vital to understanding occupational functioning, which is essential in exploring and analysing elements of an effective, holistic, and integrated RTW process.

The methodology used for this research report includes Australian and international literature, grey literature, research reports as well as the voice of lived experience sourced from online forums discussing the RTW process. This research approach was used with the aim to present a holistic and comprehensive

understanding of the RTW process for employees with MIH to provide a nuanced view on Australia's policies and processes.

SECTION 1 - THE AUSTRALIAN CONTEXT – CURRENT POLICY LANDSCAPE

1.1 LEGISLATIVE CONTEXT & EMPLOYER OBLIGATIONS

There are multiple pieces of legislation in Australia that refer to components of the RTW process for employees who experience MIH. Understanding the legal framework supports the understanding of employer responsibilities in relation to RTW for employees, and contextualises the associated issues, and is discussed in the following section.

A. Work Health & Safety Act 2011 - Employers have a legal responsibility to keep employees safe while working, as well as support recovery for injuries incurred while at work (SafeWork, 2019). Guidance material provided by the federal body Safe Work Australia states that employers have a duty to ensure, within reason, that workers are not exposed to psychological health and safety risks arising from the business (Safe Work Australia, 2019a). The guide also states that this duty also covers managing and minimising risks as much as possible, however, it clearly states that it does not cover non-work-related psychological injuries (Safe Work Australia, 2019a).

B. Workplace compensation and injury legislation – The legislature varies across the different states and territories in Australia, including the RTW arrangements (AIHW, 2020b). However, all the associated laws rely on the employee proving that their injury was work related for them to be eligible for compensation (AIHW, 2020b). Research suggests that these compensation systems are highly complex, and the various issues will be discussed later in the report.

C. Disability Discrimination Act 1992 – Employers are legally required to make reasonable adjustments to the workplace or the role, for employees who have a disability, unless it causes unjustifiable hardship to the employer or organisation, or an adjustment that would unfairly disadvantage other employees (Australian Human Rights Commission, 2014).

D. Fair Work Act 2009 – Includes protection for employees who have experienced MIH from 'adverse actions' from employers, including dismissal, injuring the employee and altering the employee's position to the employees' prejudice (AHRC, 2010).

As discussed, although there are legislative frameworks that underpin and support elements of a successful RTW process, there is no specific legal imperative for employers to support their employees to RTW following a period of non-work-related MIH (SafeWork, 2019). Although the legislative frameworks have been designed to protect employees from harm and to prevent unjust practices, systematic enforcement of these regulations may not be occurring.

1.2 CURRENT NATIONAL PROGRAMS & INITIATIVES

The federal authority Safe Work Australia has developed a National Return to Work Strategy, with action areas focused on supporting workers, employers, and other stakeholders,

building, and translating evidence, and building positive workplace culture (Safe Work Australia, 2019b). However, this strategy does not have a specific focus on mental health, and the action areas lack specificity. The Victorian organisation WorkSafe are the only state authority who cover 13 weeks of provisional liability to employees while waiting for their mental injury claim to be processed (Safe Work Australia, 2019b). However, these systems operate under the requirement that the experience of MIH must prove to be work-related, for any support to be provided through the compensation system.

Looking more broadly at other federal entities, the National Mental Health Commission (NMHC) have developed the Mentally Healthy Workplace Alliance, consisting of a consortium of stakeholders to 'promote and create mentally healthy workplaces' (Mentally Healthy Workplace Alliance, 2022). The Alliance has created resources such as the HeadsUp website (headsup.org.au), and the Blueprint for Mentally Healthy Workplaces (Mentally Healthy Workplace Alliance, 2022). The Alliance also established the National Workplace Initiative (NWI), aimed at ensuring a nationally consistent approach to workplace mental health. The University of Melbourne, funded by Beyond Blue, developed a website informed by research undertaken to develop best practice RTW guidelines (Reavley et al., 2012). There is extensive information available on this website, however, it does not provide specific actions for individual industries, workplace contexts and roles.

While they have extensive information, these initiatives focus on broad principles and prevention, and do not provide industry-specific information or implementation support. The Organisation for Economic Cooperation and Development (OECD) supports this view as illustrated in a report about mental health and work, which suggested that Australia lacks clear definition about what each stakeholder needs to do, to integrate employment and mental health (Arends et al., 2014). A literature review conducted by Iles et al. (2020) also suggested that rather than receiving high level guidance, organisations need clear RTW strategies or programs to implement for employees with MIH.

Exploring sick leave provisions as a support mechanism, the federal allowance stipulated by the Fair Work Ombudsman states that employee's yearly entitlement is based on their ordinary hours of work (Fair Work Ombudsman, 2022a). This is 10 days for full-time employees, and pro-rata for part-time employees (Fair Work Ombudsman, 2022a). When employees are absent from work for longer than this, they are only protected from dismissal if they are away for less than 3 months consecutively or in total in the last 12 months (Fair Work Ombudsman, 2022b). Given that mental illness is the leading cause of long-term sickness among Australian workers (Petrie et al, 2017), and mental health conditions are known to be associated with recurrent sickness absence as recovery timeframes are difficult to predict, 10 days does not seem enough (Prang et al., 2016). Employees on a casual contract are additionally disadvantaged as they receive zero sick leave provisions, with impacts illustrated by lived experience feedback as part of the Secure Work Pilot Scheme Public Consultation (Victorian State Government, 2021):

"I was forced to leave my job when I was unable to take sick leave due to mental health issues. My workplace was not understanding about my need to take sick days for therapy and psychiatry appointments as my illness was invisible.' (Casual worker - Jess).

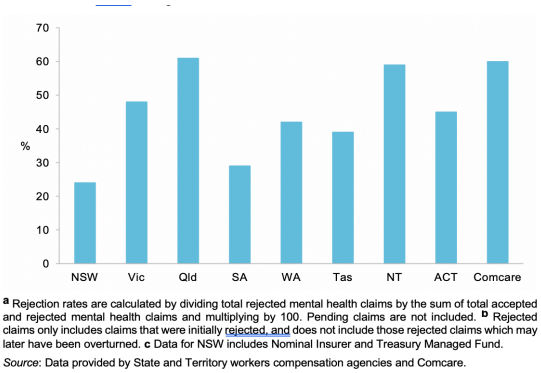
Another program that has been found to potentially support employees in the RTW process is the Work Assist Program, which is available to people who are at risk of losing their job due to illness, injury, or disability, to help them stay in their current job or find a more suitable job within the same employer (Department of Social Services, 2021). However, eligibility for this program involves several criteria, including registration with, and sustained support from, a Disability Employment Service, which may not be appropriate to all employees' needs (Department of Social Services, 2021).

Overall, there are no evident systemic structures in place specifically to support RTW for employees after experiencing non-work-related MIH. The available material emphasises suggestions of best practice, but little related to practical support and implementation. This suggests a gap in RTW processes for employees who are unable to access the compensation pathway, or their experience of MIH is not explicitly work-related.

SECTION 2 – KEY ISSUES

2.1 GOVERNMENT & WIDER SYSTEMS

One of the major barriers for the current compensation system for employees is that they must prove that have experienced a work-related mental injury (AIHW, 2020b). Figure 5 below shows the rejection rate of all mental-health related compensation claims across Australia, with some states showing rates as high as 60%, compared to 18% for non-mental health-related claims (PC, 2020). This data indicates the difficulty in assessing mental health claims as being work-related.



[a] Rejection rates are calculated by dividing total rejected mental health claims by the sum of total accepted and rejected mental health claims and multiplying by 100. Pending claims are not included. [b] Rejected claims only includes claims that were initially rejected, and does not include those rejected claims which may later have been overturned. c Data for NSW includes Nominal Insurer and Treasury Managed Fund.

Source: Data provided by State and Territory workers compensation agencies and Comcare.

Figure 4. Rejection rates for mental health-related compensation claims (PC, 2020).

Issues relating to delays due to bureaucracy have also been reported, which potentially further impacts the mental health of employees seeking support through the compensation system (Brijnath et al., 2014). Furthermore, research has also found that the claims assessment process can be adversarial, with feedback from a first responder employee indicating that:

'…the process of seeking support and compensation is sometimes more stressful and damaging that the original event' (Kyron et al. 2021).

Such system complexity appears to negate any benefits employees may gain from going through the compensation claims process.

Although there is a surplus of information for employees who enter the compensation system, there is a lack of statistical data involving employees who do not make a compensation claim, but still engage in the RTW process. Claim submission rates may not

reflect the true incidence of psychological injury in the workplace, demonstrating that the true picture of MIH in the workplace remains to be known (Wyatt et al., 2017). A lack of understanding about this particular group and their experiences restrict insight into the depth of the issue, and consequently, what may be effective in the RTW process.

Australia has national policies on the intention to bridge mental health and work, however there is a lack of implementation in the integration of services and programs (OECD, 2021). This lack of specificity leaves employers unsure of their responsibility regarding employers on sick leave, and thus there is a gap created between the workplace and other support services (OECD, 2021). Additionally, mental health services provided to Australian employees experiencing MIH do not focus on RTW processes as part of their treatment (Wyatt et al., 2017).

Finally, it has also been suggested that although research and evidence on best practice for RTW processes exists, translating this into practice has been challenging (Reavley et al., 2012). Evidence of implementation in practice is difficult to assess, as there is scarce research relating to program evaluation. Despite this, some programs are being trialled, such as The Crossing, a residential rehabilitation centre planned by assorted trades unions in Victoria, to improve the retention of employee's jobs who are affected by addiction (Mental Health Victoria, 2022). Such examples of innovation show promise for the investment in RTW programs aimed at keeping employees in work.

2.2 EMPLOYER & INDIVIDUAL LEVEL

Given that the likelihood of an employee being supported to RTW for non-work-related MIH is linked to their employer, it is important to understand the employers' attitude regarding the provision of support for employees. A study conducted by The Department of Small Jobs and Business (2018) found that 41% of employers surveyed believed that supporting people with a health condition is not their focus. The study also found that only 30% of employers used RTW processes (Department of Jobs and Small Business, 2018).

Source: Diversity Council of Australia (sub. 70).

Figure 5. Why organisations are not taking action on mental health in the workplace (PC, 2020).

Other aspects of a workplace can negatively impact an effective RTW process for employees experiencing MIH (The University of Melbourne, 2012). Data from the most recent RTW survey undertaken by Safe Work Australia (2021) comparing physical and mental health claims illustrate the disparities and key issues faced by employees who experience work-related MIH. The report shows that workers who experienced mental illness were:

- Significantly less likely to have been contacted by their supervisor or someone else from their work about their recovery.
- More likely to report needing support to navigate system of compensation claim than other injury types.

- More likely to report that they thought they would be treated differently by people at work when putting in a claim, that their supervisor thought they were exaggerating or faking their illness, fears of being fired for submitting a claim, and that their employer discouraged them from doing so.
- Significantly more likely to have found interactions with their RTW coordinator stressful than any other group (Safe Work Australia, 2021).

This information is also supported by anecdotal evidence found on lived experience forums, with employees discussing similar concerns, as illustrated by the following quotes:

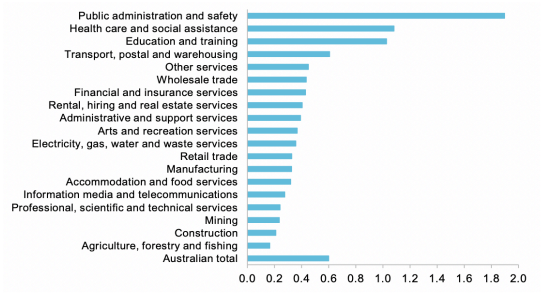
'I'm too scared to take a sick day because it's been overheard by my friend if I take a sick day, I will lose my job.' (SANE Australia, 2016).

'You disclose, you don't get offered work.' (SANE Australia, 2016).

'…but the one time I remember saying was depressed, ended up with lots of unpaid time off and got sacked basically.' (SANE Australia, 2021).

This suggests that although there is a surplus of information and guidance material produced by government bodies and other workplace mental health stakeholders, translating this into practice has proven difficult, and the consequences can be negative upon employees.

Employers also differ according to the industry, job roles, and the environment and context in which they operate. Figure 6 below shows the incident rates for claims caused by mental stress, with wide variances among different industries (PC, 2020).



[a] Serious claims are those that resulted in a least a week's absence from work. Data for 2017-18 is provisional. [b] Public administration and safety includes police services, investigation and security, fire protection and other emergency services, correctional and detention services, regulatory services, border control and other public order and safety services.

Source: Safe Work Australia's National Data-Set for Compensation-based Statistics.

Figure 6. Incident rates of serious accepted claims caused by mental stress, by industry (PC, 2020).

In Victoria, WorkSafe recognises this in their Mental Health Strategy 2021 to 2024 and emphasise the high-risk nature of roles such as government and frontline workers, given that they account for 26% of all mental injury compensation claims (WorkSafe Victoria, 2021b). Lived experience forums describe inconsistent experiences across different industries and roles, shown by the below quote:

'I have had really mixed experiences. My mental health really went downhill around the same time I was in the construction industry and unfortunately at the time it wasn't a workplace where being open about lived experience was a safe decision.' (SANE Australia, 2021).

The variance in workplaces further indicates the importance of bespoke RTW processes and policies.

Individual psychological factors of employees also impact RTW outcomes, and these include placing pressure on themselves to perform at work once returned, and self-stigma (Anderson et al., 2012). Other symptoms such as negative thinking was also found to be impacted and

produced by, the RTW process (Anderson, 2012), with lived experience forums confirming the bidirectional nature of MIH in the workplace:

'I unfortunately became quite stressed due to performance anxiety which led to an increase in my anxiety, that then fuelled the onset of depression. There were often times where it was hard to take myself off to work.' (SANE Australia, 2021).

With high levels of stigma causing difficulty in disclosure of MIH for employees, combined with a complex and often lengthy compensation process, RTW is problematic for many employees unless these issues are addressed.

SECTION 3 - EVIDENCE – WHAT WORKS?

3.1 GOVERNMENT POLICIES, WIDER SYSTEMIC LEVEL, AND INTERNATIONAL CASE STUDIES

Firstly, evidence suggests that changing the incentives and liabilities for employers can be a powerful driver of behaviour (Davies et al., 2017). For example, in the Netherlands, the government increased the responsibility for the employers to provide a longer period of statutory sick pay (Davies et al., 2017). This then increases responsibility for employers to provide a mentally healthy workplace, as well as supporting employees to RTW sooner and in a sustainable manner. Due to this increase in responsibility, employers have a greater incentive to develop evidence-based interventions, which is supported by a surge in research in countries such as the Netherlands (de Vries et al., 2018).

Another policy pathway for employees accessing support to RTW is the removal of the burden of proof for claiming compensation for high-risk roles. Innovative work in Canada has seen the introduction of presumptive legislation for Post-Traumatic Stress Disorder (PTSD) for first responders, passing the burden of proof onto employers to prove that the PTSD is not work related (Anderson et al., 2019). Initial outcomes are positive, showing reduced stigma associated with claims, and greater access to compensation for first responders affected by PTSD (Anderson et al., 2019). The Productivity Commission has also supported this variation, by calculating that the provision of treatment through workers compensation scheme for all mental health claims regardless of liability, is affordable for employers for up to 6 months (PC, 2020).

Opportunities for learnings for Australia can be derived from programs and policies implemented in Denmark, the Netherlands, Sweden, and Austria, and themes include:

- Integration of employment and mental health services,
- Placing more responsibility on employers to support employees on sick leave through legislation, increased statutory sickness provisions, and
- Mandatory RTW plans for employees who are on extended sick leave (OECD, 2021).

(**See Appendix A**)

3.2 EMPLOYER & INDIVIDUAL LEVEL – SPECIFIC PROGRAMS AND SERVICES

Work-related interventions have been identified in the literature as one of the most effective methods for employees returning to work after experiencing MIH (OECD 2021; Pomaki et al., 2010; Joyce et al, 2016; Lagerveld et al., 2012).

These interventions typically combine both clinical treatment with workplace measures and have provided outcomes such as reduced work absence and improved quality of work of employees (Pomaki, 2010). Such findings also support the understanding that a reduction in MIH symptoms does not align with improved occupational performance, and that an integrated approach is essential for a successful RTW (Prang et al., 2016; Johnston et al., 2019; Harvey et al., 2014).

Another important feature of an effective RTW process is the use of work accommodations (Safe Work Australia, 2019a; Bastien et al., 2019; Pomaki et al., 2010). Work accommodations can include flexible working practices, job task modifications, work environment change, and job change, among others (Reavley et al., 2012; Bastien et al., 2019). Research also shows that understanding the predictors of sickness absence, such as older age, severity of mental health condition, and lower socio-economic status is also important in developing effective RTW interventions and reducing sickness absence (de Vries et al., 2018). Given the diversity of these factors, it follows that research into best practices underlines the importance of adapting the RTW intervention to the needs of the employee (Anderson et al., 2014). This evidence is also supported by anecdotal data from people with lived experience, quoting:

'There is no vocational assistance that can be usefully offered without recognising the barriers' (SANE Australia, 2016).

An integrated approach to a sustainable RTW for employees experiencing MIH also considers the work environment in which they are returning, such as the organisational culture, any psychological risks, and the working conditions (LaMontagne et al., 2014). Qualitative research found that supervisors who acknowledged the contribution of work-related factors on the MIH of employees was an important part of the RTW process (Scharf et al., 2020). This implies that an effective RTW process must be individualised to both employee and the workplace.

Several studies have also emphasised the importance of the relational aspect of the RTW process, suggesting that employer and collegial support is highly effective (Anderson et al., 2014). Other positive relational factors include the employer being treated with respect, feeling supported, and feeling seen by all professionals involved in the process (Anderson et al., 2014). The positive impact upon employees for their RTW journey when provided with support from their employer is also echoed by lived experience:

'When I had a friend suddenly die last year, I took a week off for my mental health - it was not just supported but encouraged by the leaders in our school. …. I really am in a great environment though to be able to do that…' (SANE Australia, 2021).

This type of data illustrates the importance of effective support provided by employers and their key role in facilitating the RTW process for employees experiencing MIH.

SECTION 4 - RECOMMENDATIONS

4.1 GOVERNMENTAL POLICY & LEGISLATION

RESEARCH

1. The Department of Health, in partnership with the NWI, to provide funding for research specifically exploring the RTW processes for employees who have experienced MIH, focusing on those who do not access the compensation system. The NWI's link with the Mentally Healthy Workplace Alliance will ensure reach across different industries to obtain a representative view. This research should also include understanding employer's attitudes, and their capacity to support employees in their RTW process.

2. Further research should be funded to build the evidence base for work-related interventions, conducted by a strategic partnership between the NHMC and a university with specialist knowledge of workplace mental health.

DATA COLLECTION

3. The Department of Health to implement the systematic collection of data on employees who have experienced MIH at work and have taken time off work, and the associated outcomes. The NWI to lead the collection of deidentified data via employers to capture trends and identify issues. Collection of data is viable using a standardised survey with responsibility held by the human resource department in each workplace and consent obtained from employees.

4. The National Workplace Initiative to develop and implement a benchmarked audit tool to support employers to assess their workplace mental health literacy, including their policies on RTW following MIH. This audit tool would assess aspects of the workplace such as prevalence of MIH with indicators such as number of employees on sick leave for MIH, number of days of sick leave, number of employees who have completed Mental Health First Aid, Employee Assistance Program awareness, uptake and usage, and presence, quality and utilisation of policies relating to RTW for MIH. Standardisation and government funding and implementation for this audit tool would ensure it is accessible for all employers.

IMPLEMENTATION OF RETURN-TO-WORK PROGRAMS AND POLICIES

5. The National Workplace Initiative to develop and maintain a central repository of effective service providers that provide practical implementation support and capacity building for employers to better support employees who are experiencing MIH and are engaging in the RTW process. This repository should be informed by a rating system based on the independent evaluation of these service providers by the NWI, including assessing if the service provided is evidence-based.

6. State and territory governments to include in their budgets an investment of $4 million each year towards service providers who provide implementation support for employers, as mentioned above. This will be contracted out with oversight of government to ensure effective service delivery and accountability of service providers.

7. Federal budget to allocate additional funding of up to $1 million to the NWI for the development of industry specific mentors and coordination of communities of practice nationwide, to enable the sharing of best practice and provision of peer support to all employers regarding RTW processes and policies.

REGULATORY MECHANISMS

8. Federal government to introduce a legal mandate for a co-pay system for employers and social security payments to provide sick leave payments of up to 2 years to employees. This should be based on obligations for both the employer and the employee to create a RTW plan together within the first 6 weeks of sickness absence, with sanctions applied should this not be adhered to by either party.

4.2 EMPLOYER LEVEL

CO-DESIGNING POLICIES

9. Employers to co-design mental health policies specifically addressing RTW processes, with all stakeholders in the workplace, including employees and implementation service providers.

10. Co-design an individualised risk assessment and RTW recovery plan with employees, for employees who are returning to work after experiencing MIH. Support from implementation service providers as mentioned above would be valuable in co-designing these plans. Risk assessment with employees would include job related factors such as job demands and control, bullying in the workplace, as well as individual factors pertinent to the workplace for the employee, such as mental and physical health.

TRAINING & EDUCATION

11. Provide systematic Mental Health First Aid training for all employees to reduce stigma and increase mental health awareness, to support the implementation of work accommodations for employees who experience MIH.

12. Conduct a mental health literacy audit of the organisation to understand gaps in knowledge, to improve the psychological safety of the workplace for employees undertaking the RTW process. This audit tool would be developed by NWI as described above, with support

SUPPORT

13. Join or create a community of practice within industry to share examples of best practice and provide support to each other to increase effectiveness of RTW policies for their employees. To increase accessibility, these communities would offer options for in-person, online, and hybrid methods of connection.

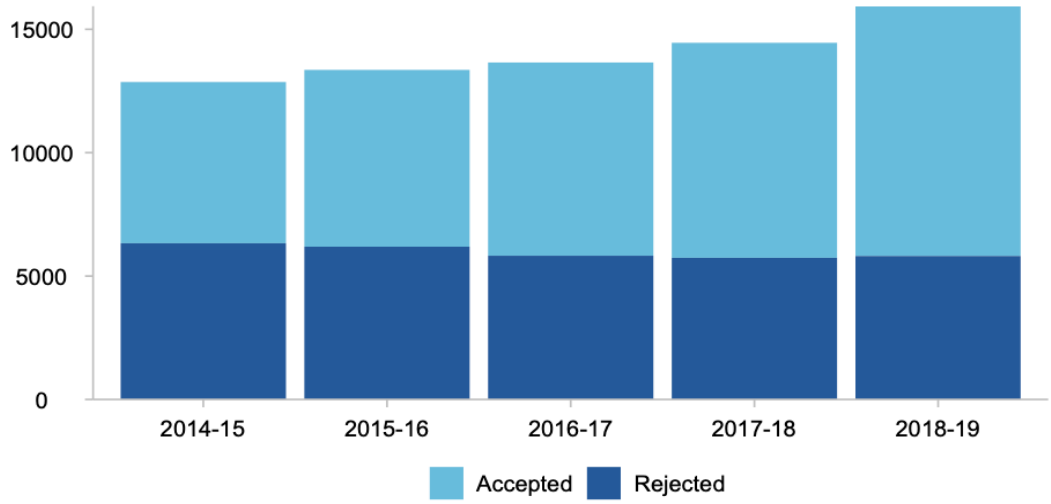
14. Co-design a peer support program with employees and other stakeholders specifically for employees who have engaged in RTW processes due to experiencing MIH. Infrastructure to support a peer support program such as the use of a technology platform should be sourced via credible implementation service providers, as per the recommendation above.

CONCLUSION

There are numerous issues inherent in the current policies and processes regarding RTW for employees who experience MIH. The compensation system, which only provides support for employees who have proven to have work-related MIH, is fraught with difficulties. The extent of responsibility for an effective RTW for employees who experience non-work-related MIH remains unclear for both employers and government, with guidelines of best practice provided but no mandates, legally or otherwise. This ambiguity is linked to a lack of integration between employment and mental health services, where employees often ‘slip through the cracks,’ as demonstrated by anecdotal evidence from people with lived experience. Evidence has shown that an

effective RTW approach needs to be evidence-based, person and workplace centred, and codesigned by all stakeholders, and acknowledges and addresses the intrinsic complexity in this process. Implementation of effective RTW policies and processes is also a key success factor for employers attempting to support their employees to RTW. Overall, there are key opportunities for change on a systemic and programmatic level that the Australian government could consider, to improve workforce participation overall via a safe and sustainable RTW for employees experiencing MIH.

APPENDIX



[a] Includes all states, territories and Comcare.

Source: Data provided by state and territory workers compensation agencies and Comcare.

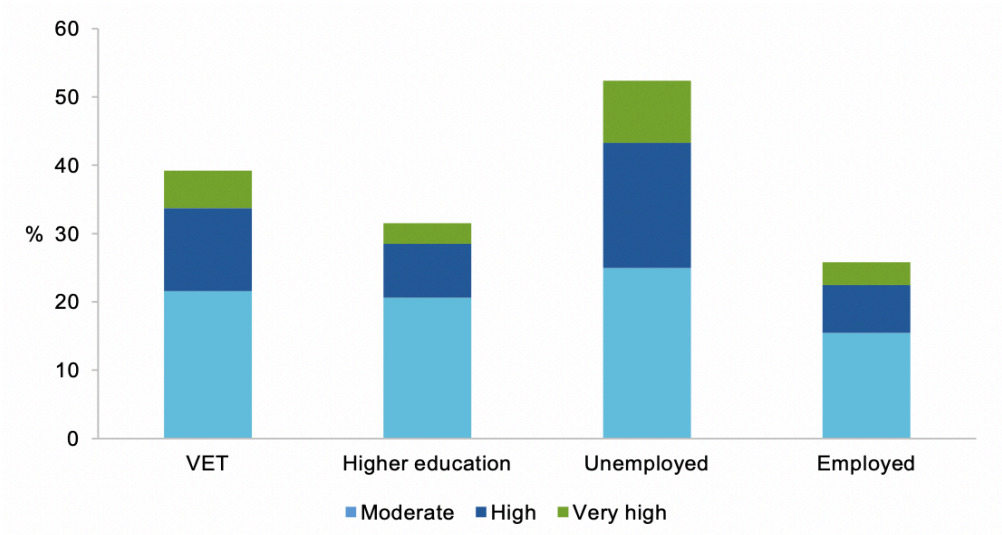
Figure 1: Mental health claims have been increasing over time

Source: Productivity Commission [PC], 2020

Source: Appendix H.

Figure 2: Lost productivity due to MIH

Source: PC, 2020



a Psychological distress is measured using the Kessler Psychological Distress Scale (K10) assessment.

Source: Productivity Commission estimates using ABS (*Microdata: Multi-Agency Data Integration Project, Australia*, Cat. no. 1700.0).

Figure 3: Levels of psychological distress experienced by different means of economic participation

Source: PC, 2020

a Rejection rates are calculated by dividing total rejected mental health claims by the sum of total accepted and rejected mental health claims and multiplying by 100. Pending claims are not included. **b** Rejected claims only includes claims that were initially rejected, and does not include those rejected claims which may later have been overturned. **c** Data for NSW includes Nominal Insurer and Treasury Managed Fund.

Source: Data provided by State and Territory workers compensation agencies and Comcare.

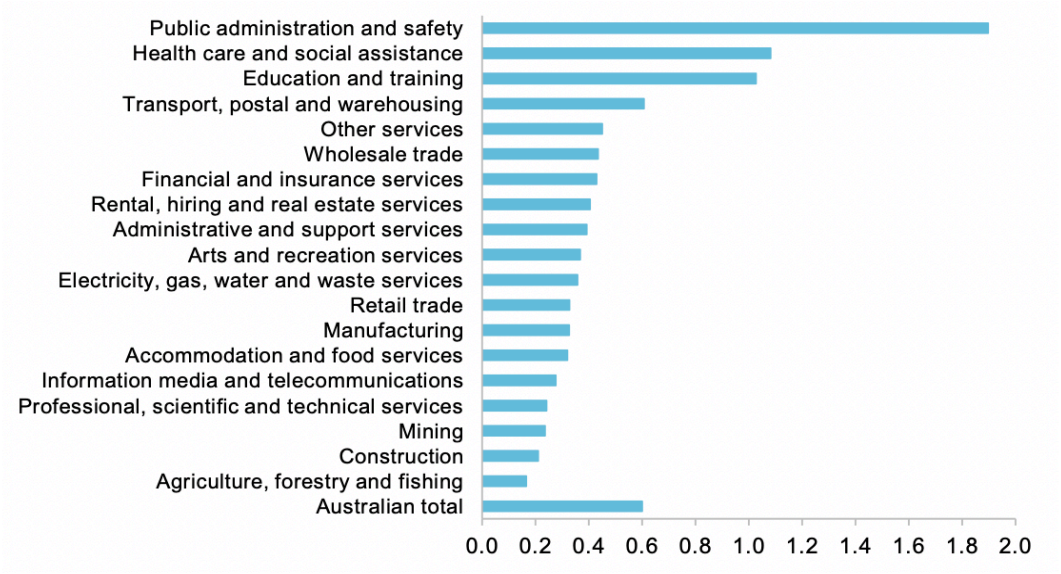
Figure 4: Rejection rates for mental health-related compensation claims

Source: PC, 2020

Source: Diversity Council of Australia (sub. 70).

Figure 5: *Why organisations are not taking action on mental health in the workplace*

Source: PC, 2020



[a] Serious claims are those that resulted in a least a week's absence from work. Data for 2017-18 is provisional. [b] Public administration and safety includes police services, investigation and security, fire protection and other emergency services, correctional and detention services, regulatory services, border control and other public order and safety services.

Source: Safe Work Australia's National Data-Set for Compensation-based Statistics.

Figure 6: *Incident rates of serious accepted claims caused by mental stress, by industry*

Source: PC, 2020

CASE STUDIES

Austria – the WIETZ model
• A staged approach to RTW by enabling fewer working hours (reduction of 25-50%) for a certain amount of time but also equal pay, which would be compensated through social insurance (Cenik et al., 2019). • A program named fit2work, consisting of counselling services for employees who have been sick for more than 40 days (OECD, 2015).

Case studies – Further information about the RTW policies and process for Austria, The Netherlands and Denmark.

The Netherlands
• Development of treatment guidelines for GPs, psychologists, and occupational physicians to better coordinate treatment for employees on sick leave due to MIH (Arends et al., 2014) • Proven to be effective in improving RTW outcomes (Arends et al., 2014) • Organisations are legally mandated to be responsible for coordinating sickness management as the law states that employers must consult an occupational physician (ibid.). • Employers are also obligated by law to provide payment of at least 70% of wages for 2 years to their employees on sick leave (OECD, 2021).

Demark – the IBBIS model
• Integration of support from case managers in the social protection system, employment consultants and health care professionals to support individuals experiencing MIH to RTW after prolonged sick leave (OECD, 2021) • Evaluation of the model found that 'integration of healthcare and vocational rehabilitation yields a higher proportion in work at 12-month follow-up and some health benefits compared with service as usual at 6-month follow-up (Hoff et al., 2022).

REFERENCES

Anderson, G., Lippel, K., Stoliker, B., Di Nota, P., Dragatsi, H., & Vaughan, A. (2019). *Worker's Compensation presumptive legislation for public safety personnel: Stakeholder Consultation and Validation Workshop Report.* Justice Institute of British Columbia. https://www.researchgate.net/publication/335404390_Worker's_Compensation_presumptive_legislation_for_public_safety_personnel_Stakeholder_Consultation_and_Validation_Workshop_Report

Andersen MF, Nielsen KM, Brinkmann S. (2012). Meta-synthesis of qualitative research on return to work among employees with common mental disorders. *Scandinavian Journal of Work Environmental Health, 38(2),* 93-104. https://doi.org/10.5271/sjweh.3257

Andersen, M. F., Nielsen, K., & Brinkmann, S. (2014). How do workers with common mental disorders experience a multidisciplinary return-to-work intervention? A qualitative study. *Journal of Occupational Rehabilitation, 24(4),* 709–724. https://doi.org/10.1007/s10926-014-9498-5

Arends, I., Baer, N., Miranda, V. Prinz, C. & Singh, S. (2014), *Mental Health and Work: Achieving Well-integrated Policies and Service Delivery,* (OECD Social, Employment and Migration Working Papers No. 161). https://doi.org/10.1787/5jxsvvn6pq6g-en

Aust B, Helverskov T, Nielsen MB, Bjorner JB, Rugulies R, Nielsen K, Sørensen OH, Grundtvig G, Andersen MF, Hansen JV, Buchardt HL, Nielsen L, Lund TL, Andersen I, Andersen MH, Clausen AS, Heinesen E, Mortensen OS, Ektor-Andersen J, Ørbæk P, Winzor G, Bültmann U, Poulsen OM. (2012). The Danish national return-to-work program--aims, content, and design of the process and effect evaluation. *Scandinavian Journal of Work, Environment & Health, 38(2),* 120-33. https://doi.org/10.5271/sjweh.3272

Australian Bureau of Statistics. (2007). *National Survey of Mental Health and Wellbeing: Summary of Results.* https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release

Australian Human Rights Commission. (2010). *Workers with mental illness: A practical guide for managers.* https://humanrights.gov.au/our-work/appendix-knowing-law#fn23

Australian Human Rights Commission. (2013). *Social inclusion and human rights in Australia.* https://humanrights.gov.au/about/news/speeches/social-inclusion-and-human-rights-australia#fn1

Australian Human Rights Commission. (2014). *Disability discrimination.* https://humanrights.gov.au/sites/default/files/GPGB_disability_discrimination.pdf

Australian Institute of Health and Welfare. (2020a). *People with disability in Australia.* https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/income-and-finance/income-support

Australian Institute of Health and Welfare. (2020b). *Workers' compensation.* https://www.aihw.gov.au/reports/australias-health/workers-compensation

Australian Institute of Health and Welfare. (2021). *Employment and unemployment*. https://www.aihw.gov.au/reports/australias-welfare/employment-trends

Bastien MF, Corbière M. (2019). Return-to-work following depression: What work accommodations do employers and human resources directors put in place? *Journal of Occupational Rehabilitation, 29(2),* 423-432. https://doi.org/10.1007/s10926-018-9801

Black Dog Institute. (2021). *Modern work: how changes to the way we work are impacting Australians' mental health.* [White Paper]. https://www.blackdoginstitute.org.au/wp-content/uploads/2021/10/modern_work.pdf

Brämberg, E.B., Jensen, I & Kwak, L. (2020). Nationwide

implementation of a national policy for evidence-based rehabilitation with focus on facilitating return to work: a survey of perceived use, facilitators, and barriers. *Disability and Rehabilitation, 42(2),* 219-227, https://doiorg/10.1080/09638288.2018.1496151

Brijnath B, Mazza D, Singh N, Kosny A, Ruseckaite R, Collie A. (2014). Mental health claims management and return to work: Qualitative insights from Melbourne, Australia. *Journal of Occupational Rehabilitation, 24(4),* 766-76. https://doi.org/10.1007/s10926-014-9506-9

Cenik, F., Mähr, B., Palma, S., Keilani, M., Nowotny, T., & Crevenna, R. (2019). Role of physical medicine for cancer rehabilitation and return to work under the premise of the "Wiedereingliederungsteilzeitgesetz". *Wiener klinische Wochenschrift, 131(19-20),* 455–461. https://doi.org/10.1007/s00508-019-1504-7

Davies B, Dromey J, McNeil C, Snelling C and Thorley C. (2017) *Working well: A plan to reduce long-term sickness absence,* Institute for Public Policy Research. https://www.ippr.org/files/publications/pdf/working-well-feb2017.pdf

Department of Jobs and Small Business. (2018). *Employer Mobilisation Final research report – a study of people involved in the hiring and management of staff and or development of staff policies and initiatives in the public, private and not for profit sectors.* Collaborative Partnership for Improving Work Participation. https://www.comcare.gov.au/about/forms-publications/documents/publications/research/employer-mobilisation-research-report.pdf

Department of Social Services. (2021). *Disability Employment Services – Work Assist Guidelines V 1.3.* https://www.dss.gov.au/sites/default/files/documents/06_2021/des-work-assist-guidelines-v13.pdf

de Vries H, Fishta A, Weikert B, Rodriguez Sanchez A, Wegewitz U. (2018). Determinants of sickness absence and return to work among employees with common mental disorders: A scoping review. *Journal of Occupational Rehabilitation, 28(3)*, 393-417. https://doi.org/10.1007/s10926-017-9730-1

Fair Work Ombudsman. (2022a). *Paid sick and carer's leave.* https://www.fairwork.gov.au/leave/sick-and-carers-leave/paid-sick-and-carers-leave

Fair Work Ombudsman. (2022b). *Long periods of sick leave.* https://www.fairwork.gov.au/leave/sick-and-carers-leave/long-periods-of-sick-leave

Harvey, S. B., Joyce, S, Tan, L, Johnson A, Nguyen H, Modini, M, Gorth, M. (2014*). Developing a mentally healthy workplace: a review of the literature,* National Mental Health Commission. https://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace_final-november-2014.pdf?sfvrsn=8

Hoff, A., Poulsen, R. M., Fisker, J., Hjorthøj, C., Rosenberg, N., Nordentoft, M., Bojesen, A. B., & Eplov, L. F. (2022). Integrating vocational rehabilitation and mental healthcare to improve the return-to-work process for people on sick leave with depression or anxiety: results from a three-arm, parallel randomised trial. *Occupational and Environmental Medicine, 79(2),* 134–142. https://doi.org/10.1136/oemed-2021-107894

Iles R, Hogan C, Craig A & Collie A. (2020). *Work-connected interventions for people with mental health conditions: A literature review.* Insurance Work and Health Group, Monash University: Melbourne, Australia. https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/895803/Work-connected-interventions-for-people-with-psychological-injuries.pdf

Johnston DA, Harvey SB, Glozier N, Calvo RA, Christensen H, & Deady M. (2019). The relationship between depression symptoms, absenteeism and presenteeism. *Journal of Affective Disorders, 1(256),* 536-540. https://doi.org/10.1016/j.jad.2019.06.041

Joyce S, Modini M, Christensen H, Mykletun A, Bryant R, Mitchell PB, & Harvey SB. (2016). Workplace interventions for common mental disorders: a systematic meta-review. *Psychological Medicine, 46(4),* 683-97. https://doi.org/10.1017/S0033291715002408

Kyron, M.J., Rikkers, W., O'Brien, P., Bartlett, J., & Lawrence, D. (2021). Experiences of police and emergency services employees with workers' compensation claims for mental health issues. *Journal of Occupational Rehabilitation, 31,* 197–206. https://doi.org/10.1007/s10926-020-09909-8

Lagerveld SE, Blonk RW, Brenninkmeijer V, Wijngaards-de Meij L, & Schaufeli WB. (2012). Work-focused treatment of common mental disorders and return to work: a comparative outcome study. *Journal of Occupational Health Psychology, 17(2)*, 220-34. https://doi.org/10.1037/a0027049

Lagerveld, S. & Houtman, I. (2020). *Return to work after sick leave due to mental health problems.* https://oshwiki.eu/wiki/Return_to_Work_after_sick_leave_due_to_mental_health_problems

LaMontagne, A.D., Martin, A., Page, K.M., Reavel, N.J., Noblet, A.J., Milner, A.J., Keegal. T. Smith, P.M. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry 14,* 131. https://doi.org/10.1186/1471-244X-14-131

MacEachen, E., McDonald, E., Neiterman, E. McKNight, E., Malachowski, C., Crouch, M., Varatharajan, S., Dali, M & Giau, E. (2020). Return to work for mental ill-health: A scoping review exploring the impact and role of return-to-work coordinators. *Journal of Occupational Rehabilitation, 30,* 455–465. https://doi.org/10.1007/s10926-020-09873-3

Mental Health Victoria. (2022). *The Crossing: Vic unions' bid for AOD worker rehab facility*. https://www.mhvic.org.au/news/features/507-the-crossing-vic-unions-bid-for-aod-worker-rehab-facility

Mentally Healthy Workplace Alliance. (2022). *The Mentally Healthy Workplace Alliance.* https://mentallyhealthyworkplacealliance.org.au/

National Mental Health Commission. (2022). *National Workplace Initiative.* https://www.mentalhealthcommission.gov.au/projects/mentally-healthy-work/national-workplace-initiative

Organisation for Economic Cooperation and Development. (2021), *Fitter Minds, Fitter Jobs: From Awareness to Change in Integrated Mental Health, Skills and Work Policies, Mental Health, and Work*. https://doi.org/10.1787/a0815d0f-en

Petrie, K., Joyce, S., Tan, L., Henderson, M., Johnson, A., Nguyen, H., Modini, M., Groth, M., Glozier, N., & Harvey, S. (2017). A framework to create more mentally healthy workplaces: A viewpoint. *Australian & New Zealand Journal of Psychiatry, 52* (1). https://doi.org/10.1177/0004867417726174

Productivity Commission. (2020). *Mental Health – inquiry report.* https://www.pc.gov.au/inquiries/completed/mental-health/report

Prang KH, Bohensky M, Smith P, & Collie A. (2016). Return to work outcomes for workers with mental health conditions: A retrospective cohort study. *Injury,* 47(1), 257-65. https://doi.org/10.1016/j.injury.2015.09.011

Reavley, N.J., Ross, A., Killackey, E.J. & Jorm, A.F. (2012). Development of guidelines to assist organisations to support employees returning to work after an episode of anxiety, depression, or a related disorder: a Delphi consensus study with Australian professionals and consumers. *BMC Psychiatry, 12, 135.* https://doi.org/10.1186/1471-244X-12-135

Royal Australasian College of Physicians. (2011). *Health benefits of Good Work.* https://www.racp.edu.au/docs/default-source/advocacy-library/pa-what-is-good-work.pdf?sfvrsn=beab321a_4

Safe Work Australia & SuperFriend. (2021). *Taking action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector.* https://www.safeworkaustralia.gov.au/system/files/documents/1902/taking-action-framework-2018.pdf

Safe Work Australia. (2014). *Fact sheet - Worker's compensation legislation and psychological injury.* https://www.safeworkaustralia.gov.au/system/files/documents/1702/wc-psychological-injury-fact-sheet.docx

SafeWork Australia. (2019a). *Work-related psychological health and safety – a systematic approach to meeting your duties.* https://www.safeworkaustralia.gov.au/system/files/documents/1911/work-related_psychological_health_and_safety_a_systematic_approach_to_meeting_your_duties.pdf

Safe Work Australia. (2019b). *National Return to Work Strategy 2020-2030.* https://www.safeworkaustralia.gov.au/system/files/documents/1909/national_return_to_work_strategy_2020-2030.pdf

Safe Work Australia. (2022). *2021 National Return to Work Survey Report.* https://www.safeworkaustralia.gov.au/sites/default/files/2022-02/2021%20National%20Return%20to%20Work%20Survey%20Report.pdf

Sampson, A. (2015). *Interventions to improve return to work outcomes in individuals with mental health conditions.* Institute for Safety, Compensation and Recovery Research. https://research.iscrr.com.au/__data/assets/pdf_file/0004/321169/Interventions-to-improve-RTW-outcomes.pdf

SANE Australia. (2016). *Lived Experience Forum – Career chat – returning to work.* https://saneforums.org/t5/Special-Events/Career-Chat-Returning-to-work-Friday-5-Aug-10am-AEST/m-p/94039

SANE Australia. (2021). *Lived Experience Forum – Employment and mental health.* https://saneforums.org/t5/Special-Events/Topic-Tuesday-Employment-and-Mental-Health-Tues-8th-June-7-00-8/m-p/1050038

Scharf J, Angerer P, Müting G, & Loerbroks A. (2020). Return to work after common mental disorders: A qualitative study exploring the expectations of the involved stakeholders. *International Journal of Environmental Research and Public Health, 17(18),* 6635. https://doi.org/10.3390/ijerph17186635

Stergiopoulos, E., Cimo, A., Cheng, C., Bonato, S. & Dewa, C.S. (2011). Interventions to improve work outcomes in work-related PTSD: A systematic review. *BMC Public Health, 11,* 838. https://doi.org/10.1186/1471-2458-11-838

SuperFriend. (2021). *Indicators of a Thriving Workplace – National Report 2021.* https://itw2021.superfriend.com.au/#

The University of Melbourne. (2012) *Helping Australian employees successfully return to work following depression, anxiety, or a related mental health problem.* https://returntowork.workplace-mentalhealth.net.au/wp-content/uploads/Return-to-Work-All-Topics.pdf

Victorian State Government. (2021). *Secure Work Pilot Scheme.* https://engage.vic.gov.au/secure-work-pilot-scheme

WorkSafe Victoria. (2021a). *New strategy to boost mental health at work.* https://www.worksafe.vic.gov.au/news/2021-11/new-strategy-boost-mental-health-work

WorkSafe Victoria. (2021b). *WorkSafe Mental Health Strategy 2021 – 2024.* https://content.api.worksafe.vic.gov.au/sites/default/files/2021-11/ISBN-Mental-health-strategy-2021-2024-2021-11.pdf

Wyatt M, Cotton P, Lane T. (2017). *Return to work in psychological injury claims – Analysis of the Return-to-Work Survey results.* Safe Work Australia. https://www.safeworkaustralia.gov.au/system/files/documents/1711/return-to-work-in-psychological-injury-claims.pdf