Mental disorder claims by industry

Health care and social assistance 23%  
Public safety and administration 17%

Education and training 13%  
Retail trade 8%

Transport, postal and warehousing 7%  
Accommodation and food services 7%

Note: statistics reflect highest industry percentages of all mental disorder claims in QLD.

Mental disorder claims – injury type  

<table>
<thead>
<tr>
<th>Injury Type</th>
<th>% of Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety/stress disorder</td>
<td>45%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>19%</td>
</tr>
<tr>
<td>Anxiety/depression combined</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
</tr>
</tbody>
</table>

Mental disorder claims – the costs

Mental disorder claims represented 4.7% of statutory claim lodgement and 10% of all common law claim lodgement in 2014-15.

$52 million total claim payments for 2014-15.

Mental disorders result in lost productivity costs of $10.9 billion nationally each year.

Source:
Queensland accepted workers compensation claims from 2009-10 to March quarter 2015.

Mental Health at Work Action Plan

1. Build leadership capability.  
2. Develop practical, evidence based tools.  
3. Raise the profile of the importance of mentally healthy workplaces.  
4. Engage industry to respond to psychosocial hazards.

Mental disorder claims

Typically $53,000 in claim payments, and 34 weeks off work

All other claims

Typically $16,000 in claim payments, and 10 weeks off work

Mental disorder claims – cause of injury

Work pressure 38%  
Workplace bullying 23%  
Exposure to a traumatic event 13%  
Other mental stress factors 6%  
Exposure to workplace violence 21%

Note: Percentages refer to highest causes of mental disorder claims.
<table>
<thead>
<tr>
<th>Action Areas</th>
<th>National strategic outcomes</th>
<th>What we will deliver in 2016-2020</th>
</tr>
</thead>
</table>
| **Healthy and safe by design**       | • Work, work processes and systems of work are designed and managed to eliminate or minimise hazards and risks.                                                                                                                                 | • Continue to raise awareness and understanding of the good work design practices that can eliminate or minimise psychosocial hazards and workplace factors that impact on psychological health and safety.  
• Share and promote up-to-date research, tools and resources that assist industry to create mentally healthy workplaces. |
| **Supply chains and networks**       | • Supply chain and network participants understand their cumulative impact and actively improve the health and safety of the supply chain.  
• Industry leaders champion work health and safety in supply chains and networks.                                                                                                                                 | • Identify and engage supply chain and network participants to promote mental health at work and good work design.                                                                                                             |
| **Health and safety capabilities**    | • Everyone in a workplace has the work health and safety capabilities they require.  
• Those providing work health and safety education, training and advice have the appropriate capabilities.  
• Inspectors and other staff of work health and safety regulators have the work health and safety capabilities to effectively perform their role. | • Build the capacity of workplace supervisors and managers to create and sustain mentally healthy workplaces through good work design.                                                                                         |
| **Leadership and culture**           | • Communities and their leaders drive improved work health and safety.  
• Organisational leaders foster a culture of consultation and collaboration which actively improves work health and safety.  
• Health and safety is given priority in all work processes and decisions.                                                                                                                                 | • Actively engage senior business leaders in driving cultural change by developing their skills to actively identify, assess and manage psychosocial hazards and workplace factors that impact on psychological health and safety and reduce stigma and discrimination. |
| **Research and evaluation**           | • Research and evaluation are targeted to provide the evidence to prioritise and progress areas of national interest.  
• Evidence is translated to assist practical application.  
• The results of research and evaluation are disseminated and implemented.                                                                                                                                 | • Deliver practical initiatives, resources and tools that are based on evidence (industry trends and research), good work design and tailored to industry needs.                                                           |
| **Government**                       | • Governments exemplify good work health and safety.                                                                                                                                                                       | • Contribute to the whole of government health, safety and wellbeing strategy to enhance and promote mentally healthy workplaces in the public sector.                                                                     |
| **Responsive and effective regulatory framework** | • Legislation, policies and regulatory practice are reviewed and monitored to ensure they are responsive and effective.  
• Relationships between regulators and all who have a stake in work health and safety are effective, constructive, transparent and accountable.                                                                 | • Continue to improve Queensland’s regulatory framework and response to align with national and international trends and research.  
• Promote and maintain a partnership approach with departmental, whole of government and non-government stakeholders to achieve a shared commitment to meeting the defined national strategic outcomes. |