

Your worker lodged a claim for a mental injury. What's next?

Employer resource



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When your worker makes a claim for a mental injury, it can be confusing to know what happens next.

Here we explain the claim determination process, how you'll be involved and what to expect.

Step 1: Gathering the information

WorkCover will gather information from your worker, their doctor and you as their employer.

At the start, we look at the information we have about the claim to figure out if there are gaps.

Next, we'll talk to your worker, and sometimes their doctor, to understand what caused their mental injury. Then, we'll give you a summary of the claim.

Step 2: Your response

We will ask you to respond, and we'll outline what information we need from you as the employer.

We usually ask questions about your worker's role and events that may have led to their injury.

We might also ask for relevant policy and procedure documents from your workplace.

We'll give you a timeframe to provide your response, usually a few days.

It's important to stick to this timeframe because legislation says we need to decide claims within 20 business days of lodgement.

Accessing early mental health support

Recovery can start sooner when a worker can access treatment early.

WorkCover pays for workers to receive treatment for a mental injury before the claim is decided. This might include sessions with a counsellor, psychologist, psychiatrist or GP.

If the claim is denied, WorkCover won't continue to pay for the worker's mental health treatment. The worker doesn't have to pay these costs back and it won't affect your premium calculation.

Search '**early mental health support**' on our website to find out more.



Reasonable management action exclusion

A worker is not eligible for compensation if their injury was caused by management action, if it was reasonable and carried out in a reasonable way.

This might be performance or discipline-related, or include things like team changes, leave approvals, or promotions. Find out more about **reasonable management action on our website**.

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Step 3: If there's a dispute

Sometimes there's a dispute about the circumstances around the claim or what caused your worker's injury.

It's important to be objective in your response and stick to the facts, because WorkCover makes decisions based on the evidence.

Keep in mind your worker will also see your response when we send it to them and ask if they want to provide further information.

We will be transparent with the information we receive from both you and your worker, so that the process is fair for everyone involved.

Step 4: Making a claim decision

Every claim is different, but all claims need to meet certain criteria to be accepted. WorkCover looks at every claim to decide if it fits into the rules and guidelines.

This means we can't accept claims if:

- Medical information shows the worker doesn't have an injury, even though they might feel stressed.
- A doctor has said work is not a significant contributing factor to the injury.
- There is not enough information to support a worker's version of events.

There's a time limit for making a claim too, usually six months from when they first saw a doctor for the injury.

Step 5: Claim decision and review options

Whatever happens, we'll let both you and your worker know about the claim decision, and keep you updated along the way.

If we accept the claim and you disagree, you can ask us to give you written reasons for our decision within 20 business days.

If you still disagree, you can ask for an independent review of the decision. Search '**independent review**' on our website.



WorkCover is here to help

If you have any questions, you can find your claim contact on WorkCover Connect and reach them directly. Or you can call one of our team on **1300 362 128**.

worksafe.qld.gov.au

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