
From: Tim Noonan
Sent: Monday, 26 September 2022 5:54 PM
To: Law
Cc: Tina Higgins; Adam Dent; SIRA Ministerial Unit; SIRA CE Office; Carly Dunlop; Tim Noonan
Subject: Standing Committee on Law and Justice - 2022 Review of the workers compensation scheme - SIRA's answers to pre hearing questions
Attachments: 5 SIRA - Answers to pre-hearing questions - Tab 8.1. - Question 8 - % claims - reasonably excused - ss 4, 9A or 11A.pdf; 6 SIRA - Answers to pre-hearing questions - Tab 8.2. - Question 8 - Percentage claims - factual investigator is engaged by the insurer.pdf; 7 SIRA - Answers to pre-hearing questions - Tab 8.3 - Question 8 - Percentage claims - Independent Medical Examination.pdf; 1 SIRA - Answers to pre-hearing questions (1).pdf; 2 SIRA - Answers to pre-hearing questions - Tab 1.1. - Question 1 - psychological injury by year.pdf; 3 SIRA - Answers to pre-hearing questions - Tab 1.2. - Question 1 - psychological illness by industry and by insurer.pdf; 4 SIRA - Answers to pre-hearing questions - Tab 1.3. - Question 1 - RTW rates for primary psychological claims by industry type.pdf

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Good evening

2022 Review of the workers compensation scheme - SIRA's answers to pre hearing questions

Please find attached SIRA's answers to the Committee's pre-hearing questions. SIRA does not object to the answers being published.

There are seven documents attached to this email.

Please contact me if you have any issues opening the attached documents.

Kind regards

Tim

Tim Noonan
Manager | Public Accountability
State Insurance Regulatory Authority

www.sira.nsw.gov.au

Working days Monday to Friday



**State Insurance
Regulatory Authority**



Standing Committee on Law and Justice - 2022 Review of the Workers Compensation Scheme – SIRA’s answers to pre-hearing questions

1. Do you have any further data/insight into the breakdown of psychological claims by type of ill-health (for example, depression/anxiety, PTSD), and this breakdown by insurer and industry.

Answer

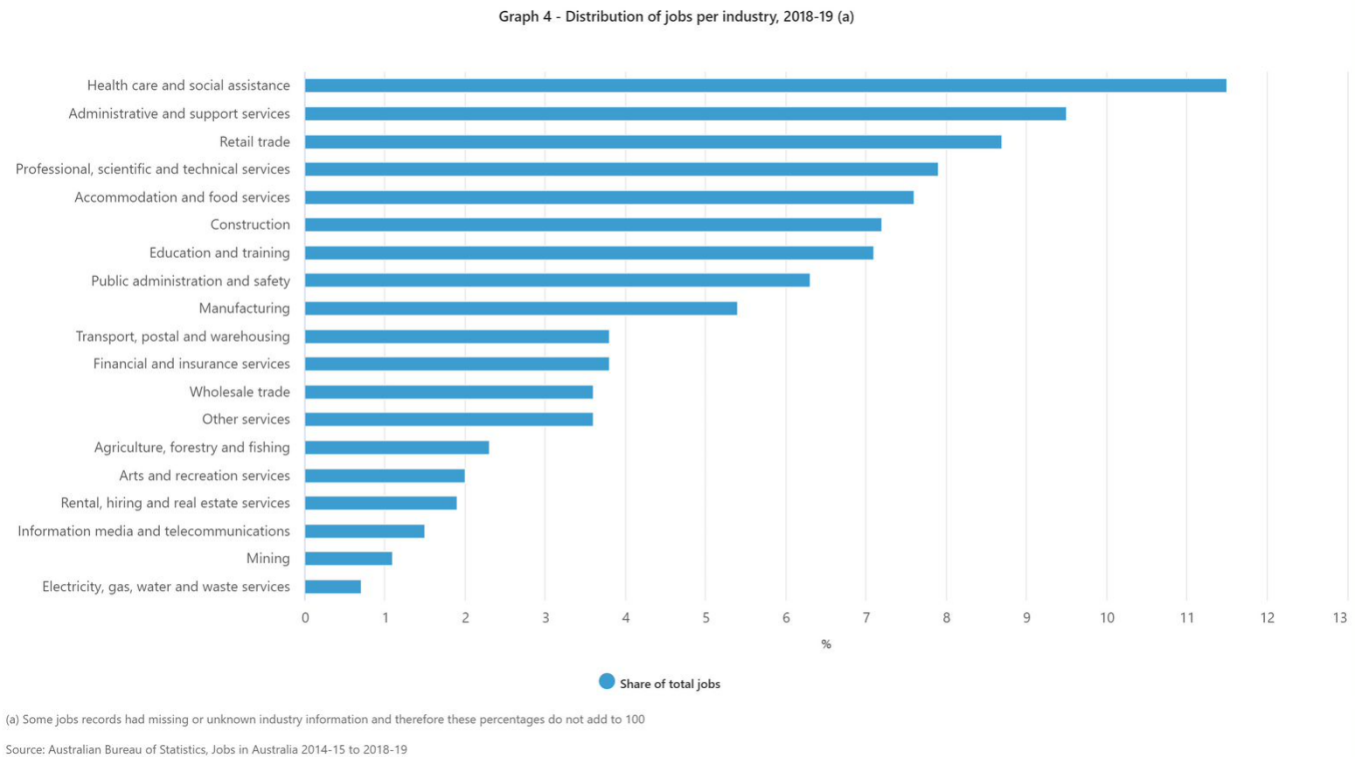
Refer to data provided in the attached tabs 1.1, 1.2 and 1.3:

Tab 1.1. - Question 1 - psychological injury by year

Tab 1.2. - Question 1 - psychological illness by industry and by insurer

Tab 1.3. – Question 1 - RTW rates for primary psychological claims by industry type and financial year

- Previous data shows that 24% of the total psychological claims reported in the last 5 years (33,445) was for Health Care and Social Assistance industry.
- Top 5 industries¹ contribute to 70% of the total psychological claims reported in the last 5 years.
- ‘The health care and social assistance sector is Australia’s largest industry, employing over half a million people in New South Wales. It is also our fastest growing industry, due to an ageing and growing population, and increasing demand for childcare, and home and community-based care¹.



Note HealthCare and Social Assistance industry data shows more than 7438 psychological time lost injury claims over past 5 years. This sector showed a RTW performance of 31.3% (third top RTW performance in NSW behind Education and Training sector (48.94%) and Transport and, Postal and Warehousing (31.3%) - see Tab 1.3.

¹ [Health Care and Social Assistance Sector Plan](#)

2. Given the shortage of available psychologists, what impediments exist to SIRA changing the requirements so as to allow the services of provisional psychologists to be utilised, provided appropriate safeguards are in place?

Answer

To permit provisional psychologists to provide services in the workers compensation scheme, SIRA would need to amend the *Workers Compensation Guideline for Approval of Treating Allied Health Practitioners*.

Any changes to these guidelines would require consultation with:

Australian Health Practitioner Regulation Agency (AHPRA)
the Psychology Board of Australia; and
the mental health workforce.

SIRA plans to review mental health workforce issues and will consider whether there is a role for provisional psychologists.

If any changes are made to the guidelines, SIRA need to work with AHPRA to ensure registration standards are adhered to, and adequate training is in place. SIRA already works with AHPRA to verify health practitioners providing care under the personal injury schemes are registered. These safeguards ensure clients receive the best care possible.

Action SIRA is taking to improve the management of psychological injuries includes:

In December 2020 SIRA published Standard of Practice 33: Managing psychological injury claims (SoP33), with reference to the co-designed Taking Action framework, A Best Practice Framework for the Management of Psychological Claims. SoP 33 sets expectations for insurers about the way they manage psychological injury claims.

SoP 33. requires insurers to reduce adversarial approaches and refer for supports e.g., rehabilitation providers to support the process, and to ensure psychological risks in the workplace are managed as part of the RTW planning process.

December 2021 SIRA published SoP 34 (Return to work - early intervention) with a focus on return to work (RTW) via early and ongoing screening, to enable identification and action on risks of poor RTW and health outcomes, along with the requirement to engage in person centred planning and enabling a supportive relationship between the employer and the worker.

In May 2022 SIRA established a dedicated return to work inspectorate. The inspectorate will seek to improve workers' recovery and return to work outcomes through education initiatives and, when necessary, enforcement action targeted at employers.

In 2019 SIRA undertook targeted engagements with 20 large employers in the Community Services sector (a subset of the health and social assistance sector) to build capability to improve return to work.

SIRA invested in the development and implementation of GP Clinical guideline for the diagnosis and management of work-related psychological injuries. These guidelines assist GPs with the diagnosis and management of work-related psychological injuries.

SIRA invested in research and engagement with key stakeholders via the Psychological Injury Mapping Project which includes the review of evidence. This resulted in the SIRA Mental health recovery and support action plan which has recently been refreshed to focus on psychological injury claims. Priority initiatives under this plan include:

- Insurer practice reviews

- building resources, tools, and education materials for employers to assist people to return work
- funding a research fellowship at the Black Dog Institute for 2 years to focus on return to work for people with a psychological injury. This initiative will identify the barriers to recovery and help workplaces manage successful return to work for people with a psychological injury

3. With reference to the number of claims for psychological injuries from workers in the health sector, especially emergency services, what is being done to counter/better provide for the needs of these workers? What, if any, prevention measures have been implemented?

Answer

With a focus on prevention, SIRA has worked closely with Safework NSW on their Health Care and Social Assistance: work health and safety sector plan, recovery at work support and the at risk workers strategy 2018-2022,

SIRA supports the NSW Mentally Healthy Workplaces Strategy 2018-2022 and has worked across government and industry to better understand the issues and opportunities through grants programs. Under this program of work SIRA has developed a Recovery at work toolkit, established a lived experience reference group, and co-designed tools to better support managers and workers to recover at work.

Resources developed include the COVID-19 recovery@work toolkit. The toolkit is an evidence-informed digital resource designed to help workplaces maintain positive mental health

Recovery Boost Program offers \$50,000 grants to individuals and organisations who come up with innovative ways to improve mental health recovery at work.

4. Please outline the steps that have been taken to limit the number of independent medical examinations required of a claimant.

Answer

Use of IMEs in workers compensation

An independent medical examination (IME) is an assessment conducted by an appropriately qualified and experienced medical practitioner to help resolve an issue in injury or claims management. IMEs can be an effective strategy when used judiciously and where a worker is fully informed of the reasons for the IME and supported through the process.

An insurer may direct a worker who has given notice of an injury or is receiving weekly payments of compensation to attend an IME (section 119 of the *Workplace Injury Management and Workers Compensation Act 1998*). Workers can also be asked to attend an IME at the request of their own legal representative. Matters in dispute before the Personal Injury Commission may also involve a referral to a medical assessor for an assessment.

IMEs can happen at multiple points in a claim including to assist in determining initial liability; determining the need for treatment; to inform capacity for work questions and to assess a worker's degree of permanent impairment (for access to permanent impairment compensation, thresholds for benefits and work injury damages).

IMEs and psychological injuries

Generally, when a worker participates in an IME for a physical injury, they undergo a medical examination or assessment for diagnosis purposes or to assess the extent of injury e.g., a range of motion assessment. This is less likely to aggravate or retraumatise the worker. However, in psychological injuries, the worker generally has to re-narrate the circumstances of their injury and describe the impact on their lives. The focus of the IME is on the worker's response to the injury – for example, can they socialise; impact on personal relationships; ability to self-care, etc. Repeated re-telling of the events leading to a psychological injury may cause distress and/or retraumatise a worker.

Managing the utilisation of IMEs – operational considerations

Part 7 of the *Workers Compensation Guidelines* (Guidelines) specifies the requirements for arranging independent medical examinations. Insurers must consider whether the requirement to attend an IME is reasonable in the circumstances.

Standard of Practice 33: Managing psychological injury claims applies to all claims from March 2021 and sets SIRA's expectations on the management of psychological injury claims. The Standard requires insurers to manage claims with empathy and a strong focus on early treatment, tailored communication, timely recovery and return to work and in a manner likely to minimise conflict and delay.

Standard of Practice 32: Managing claims during the COVID-19 pandemic applies to all claims from 26 June 2020 and requires insurers to adopt a flexible and adaptable approach to claims management during the pandemic. Specifically, it requires insurers to consider the need for an IME and whether the necessary information can be obtained from the worker's doctor or specialist.

Part 9 of the *Workers Compensation Regulation 2016* restricts the number of medical reports that can be admitted in any proceedings before the Commission.

5. Are you of the view that the number of claims for psychological injuries will continue to increase, despite measures being put in place to address it? What would it take to reduce the number of psychological claims?

Answer

Claims for psychological injuries represented 8% of new claims in 2020-21, compared with 5% a decade ago. This trend is also evident in other workers compensation jurisdictions. For people with a psychological injury delayed return to work is highest amongst frontline workers, employees of smaller businesses, and regional workers.

The growth of claims potentially reflects a reduction in stigma, and increased knowledge and awareness of mental health in workplaces. It also reflects societal trends such as greater reporting of mental illness. There are other external factors such as the pandemic, which has also seen an increase in psychological distress in workers.

SIRA is focusing on better management of workplace psychological injuries, so that people receive early and appropriate support when needed to return to work.

SIRA has adopted a multi-faceted approach to improve the prevention and management of workplace psychological injuries. The approach has involved enhancing our regulatory frameworks and lifting the bar on insurer, employer, and health provider practices. This encompasses:

- ensuring best practice insurer claims management through evidenced based guidance (Guidance Note 2.3) and expectations setting (Standard of Practice 33 and 34)

regulatory monitoring of insurer compliance
investing in research and evidence and knowledge translation
building health provider capability (GP clinical guidelines for work related mental health conditions, Values-based health care (VHBC) approach to psychological injury)
targeting high risk employers through SIRA's Return to Work Inspectorate
engaging with and supporting workers through the recovery@work reference group (which includes members with lived experience). The group collaborates and co-designs project relating to mental health and recovery.

SIRA will be actively monitoring the health outcomes of people with psychological injuries through claims data and the independent benchmark studies. The target is for people with psychological injuries to meet their pre-injury health and become independent of the scheme sooner than ever before.

6. What limitations exist in the legislative structure surrounding the assessment of whole person impairment and work injury damages in relation to the increasing incidence of psychological as opposed to physical injuries? What obstacles are there in relation to removing whole personal impairment in relation to psychological injuries?

Answer

The legislation provides a threshold for access to lump sum payments and ongoing benefits. The same threshold of 15 per cent whole person impairment applies for work injury damages claims for both physical and psychological injuries. Different threshold levels apply for access to a whole person impairment lump sum payment of 15 per cent for psychological injuries and greater than 10 per cent for physical injuries.

There are some special provisions for psychological injury in the workers compensation legislation. These include:

No compensation is payable for permanent impairment that results from a secondary psychological injury.

No compensation is payable for permanent impairment from a primary psychological injury unless the degree of permanent impairment resulting from the primary psychological injury is at least 15%.

If a worker receives a primary psychological injury and a physical injury, arising out of the same incident, the worker is only entitled to receive compensation in respect of impairment resulting from one of those injuries

The degree of permanent impairment that results from the primary psychological injury is to be assessed separately from the degree of permanent impairment that results from the physical injury.

The worker is entitled to receive compensation for impairment resulting from whichever injury results in the greater amount of compensation being payable and is not entitled to receive compensation impairment resulting from the other injury.

7. Please outline the options, if any, explored by SIRA to facilitate the reaching of settlements between injured workers and insurers.

Answer

Justice McDougall's 2021 review of the workers compensation scheme recommended that the legislature consider expanding access to commutations, subject to the approval of the

Personal Injury Commission. Commutations offer an alternative path for workers to exit the scheme.

A commutation is an agreement between a worker and their employer/insurer to finalise their entitlement to weekly and medical payments under the workers compensation legislation in a single lump-sum payment. Commutations are intended to be voluntary and non-adversarial.

SIRA included a regulation making power to expand commutations in the State Insurance and Care Legislation Amendment Bill 2022, however the Bill was amended in the Legislative Assembly to remove this provision.

SIRA is currently undertaking consultation with stakeholders seeking options to broaden access to commutations via the Act. As part of the broader review of the legislation, SIRA will consider the role of work injury damages or other potential options for injured workers to exit the scheme.

It should be noted settlements are a small proportion of exits as most workers exit the scheme because they recover from their injuries and return to work.

8. Please provide the following data:

- % of claims for psychological injury that have a specialist trained in managing psychological claims allocated to the file within eight weeks of the claim being lodged
- % of claims for psychological injury that are 'reasonably excused' compared to physical injuries
- % of claims where liability under sections 4, 9A or 11A are issued for psychological injuries v physical injuries
- % of claims for psychological injury where a factual investigator is engaged by the insurer compared to physical injuries
- % of claims where an independent medical examination is arranged before liability is accepted compared to claims for physical injuries.

Answer

- (a) SIRA does not hold data to enable SIRA to identify insurer case managers with specialist training in psychological injury.

Refer to data provided in the attached tab 8.1, 8.2 and 8.3:

- (b) Tab 8.1. - Question 8 - with answers on the percentage of claims for psychological injury that are 'reasonably excused' compared to physical injuries, and the percentage claims under ss 4, 9A or 11A that are issued for psychological injuries v physical injuries
- (c) Tab 8.2 - Question 8 - Percentage claims - factual investigator is engaged by the insurer
- (d) Tab 8.3 - Question 8 - Percentage claims - Independent Medical Examination

Number and percentage of active primary psychological claims categorised as having post-traumatic stress disorder (PTSD), anxiety, stress disorder and/or depression (ASDD) or other psychological illness group (OTH) by industry and by insurer

Reporting Financial Year	Insurer Type	Total claims Primary psych	Total claims PTSD	Total claims ASDD	Total claims OTH
2012-2013	- Nominal insurer	5358	290 (5%)	2831 (53%)	2237 (42%)
	- Self insurer	870	36 (4%)	406 (47%)	428 (49%)
	- Specialised insurer	495	45 (9%)	275 (56%)	175 (35%)
	- TMF	6689	338 (5%)	1816 (27%)	4535 (68%)
	Total	13,412	709 (5%)	5328 (40%)	7375 (55%)
2013-2014	- Nominal insurer	4739	257 (5%)	2807 (59%)	1675 (35%)
	- Self insurer	783	62 (8%)	393 (50%)	328 (42%)
	- Specialised insurer	526	48 (9%)	353 (67%)	125 (24%)
	- TMF	5901	363 (6%)	1742 (30%)	3796 (64%)
	Total	11,949	730 (6%)	5295 (44%)	5924 (50%)
2014-2015	- Nominal insurer	4218	264 (6%)	2626 (62%)	1328 (31%)
	- Self insurer	747	64 (9%)	445 (60%)	238 (32%)
	- Specialised insurer	522	49 (9%)	375 (72%)	98 (19%)
	- TMF	5483	445 (8%)	1741 (32%)	3297 (60%)
	Total	10,970	822 (7%)	5187 (47%)	4961 (45%)
2015-2016	- Nominal insurer	4001	271 (7%)	2577 (64%)	1153 (29%)
	- Self insurer	751	72 (10%)	447 (60%)	232 (31%)
	- Specialised insurer	473	46 (10%)	346 (73%)	81 (17%)
	- TMF	5562	560 (10%)	1998 (36%)	3004 (54%)
	Total	10,787	949 (9%)	5368 (50%)	4470 (41%)
2016-2017	- Nominal insurer	4406	304 (7%)	2819 (64%)	1283 (29%)
	- Self insurer	854	89 (10%)	583 (68%)	182 (21%)
	- Specialised insurer	518	43 (8%)	378 (73%)	97 (19%)
	- TMF	6032	709 (12%)	2421 (40%)	2902 (48%)
	Total	11,810	1145 (10%)	6201 (53%)	4464 (38%)
2017-2018	- Nominal insurer	4874	351 (7%)	3147 (65%)	1376 (28%)
	- Self insurer	905	90 (10%)	599 (66%)	216 (24%)
	- Specialised insurer	563	39 (7%)	408 (72%)	116 (21%)
	- TMF	6352	911 (14%)	2686 (42%)	2755 (43%)
	Total	12,694	1391 (11%)	6840 (54%)	4463 (35%)
2018-2019	- Nominal insurer	5873	378 (6%)	3775 (64%)	1720 (29%)
	- Self insurer	952	89 (9%)	650 (68%)	213 (22%)
	- Specialised insurer	676	48 (7%)	507 (75%)	121 (18%)
	- TMF	7393	1198 (16%)	3212 (43%)	2983 (40%)
	Total	14,894	1713 (12%)	8144 (55%)	5037 (34%)
2019-2020	- Nominal insurer	7643	516 (7%)	5044 (66%)	2083 (27%)
	- Self insurer	1022	90 (9%)	726 (71%)	206 (20%)
	- Specialised insurer	801	51 (6%)	604 (75%)	146 (18%)
	- TMF	8385	1495 (18%)	3681 (44%)	3209 (38%)
	Total	17,851	2152 (12%)	10055 (56%)	5644 (32%)
2020-2021	- Nominal insurer	9177	661 (7%)	5966 (65%)	2550 (28%)
	- Self insurer	1099	93 (8%)	784 (71%)	222 (20%)
	- Specialised insurer	957	47 (5%)	719 (75%)	191 (20%)
	- TMF	9439	1648 (17%)	4201 (45%)	3590 (38%)
	Total	20,672	2449 (12%)	11670 (56%)	6553 (32%)
2021-2022	- Nominal insurer	9540	714 (7%)	6187 (65%)	2639 (28%)
	- Self insurer	1198	100 (8%)	877 (73%)	221 (18%)
	- Specialised insurer	1005	54 (5%)	753 (75%)	198 (20%)
	- TMF	10837	2519 (23%)	4528 (42%)	3790 (35%)
	Total	22,580	3387 (15%)	12345 (55%)	6848 (30%)

Source: SAS claim files as at 30 June 2022

SIRA's answer to Question 1

Number and percentage of active primary psychological claims categorised as having post-traumatic stress disorder (PTSD), anxiety, stress disorder and/or depression (ASDD) or other psychological illness group (OTH) by industry and by insurer

INDUSTRY	Nature of psych injury	FY 2012/2013		FY 2013/2014		FY 2014/2015		FY 2015/2016		FY 2016/2017		FY 2017/2018		FY 2018/2019		FY 2019/2020		FY 2020/2021		FY 2021/2022	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
A: Agriculture, Forestry and Fishing	Total primary psych - PTSD	4	9%	7	18%	7	18%	4	10%	2	5%	4	7%	5	8%	9	12%	9	9%	10	9%
	Total primary psych - ASDD	23	53%	21	54%	21	55%	25	61%	29	69%	38	64%	39	62%	51	68%	67	70%	73	65%
	Total primary psych - OTH	16	37%	11	28%	10	26%	12	29%	11	26%	17	25%	19	30%	15	20%	20	21%	30	27%
	Total primary psych	43		39		38		41		42		59		63		75		96		113	
B: Mining	Total primary psych - PTSD	8	12%	19	22%	15	16%	14	16%	10	11%	10	10%	13	12%	16	12%	17	10%	18	11%
	Total primary psych - ASDD	39	59%	51	60%	63	69%	65	74%	73	77%	74	76%	78	72%	90	68%	120	71%	110	65%
	Total primary psych - OTH	19	29%	15	18%	13	14%	9	10%	12	13%	14	14%	18	17%	26	20%	33	19%	40	24%
	Total primary psych	66		85		91		88		95		98		109		132		170		168	
C: Manufacturing	Total primary psych - PTSD	37	7%	27	6%	33	8%	32	7%	37	8%	36	8%	36	7%	35	5%	54	6%	55	6%
	Total primary psych - ASDD	272	52%	283	59%	254	59%	289	64%	305	66%	302	67%	364	68%	473	69%	592	66%	620	66%
	Total primary psych - OTH	219	41%	172	36%	146	34%	133	29%	121	26%	116	26%	139	26%	180	26%	251	28%	268	28%
	Total primary psych	528		482		433		454		463		454		539		688		897		943	
D: Electricity, Gas, Water and Waste Services	Total primary psych - PTSD	5	6%	3	4%	5	8%	6	11%	7	10%	10	13%	9	9%	18	15%	16	14%	15	13%
	Total primary psych - ASDD	42	53%	43	63%	41	65%	32	56%	47	67%	51	65%	67	68%	79	68%	73	63%	78	65%
	Total primary psych - OTH	33	41%	22	32%	17	27%	19	33%	16	23%	17	22%	22	22%	20	17%	27	23%	27	23%
	Total primary psych	80		68		63		57		70		78		98		117		116		120	
E: Construction	Total primary psych - PTSD	16	6%	17	7%	19	9%	21	10%	24	10%	23	9%	29	9%	49	10%	70	11%	84	12%
	Total primary psych - ASDD	132	50%	138	56%	119	57%	129	62%	145	63%	157	60%	205	62%	311	63%	345	57%	391	57%
	Total primary psych - OTH	116	44%	90	37%	71	34%	58	28%	63	27%	82	31%	95	29%	135	27%	194	32%	213	31%
	Total primary psych	264		245		209		208		232		262		329		495		609		688	
F: Wholesale and Retail Trade	Total primary psych - PTSD	53	5%	43	5%	50	6%	47	6%	61	7%	62	7%	65	6%	77	6%	80	5%	87	6%
	Total primary psych - ASDD	513	52%	524	59%	532	66%	520	68%	553	65%	617	66%	728	67%	863	69%	1014	68%	1002	68%
	Total primary psych - OTH	430	43%	321	36%	228	28%	200	26%	233	28%	254	27%	291	27%	305	24%	385	27%	387	26%
	Total primary psych	996		888		810		767		847		933		1084		1245		1489		1476	
G: Transport and Storage	Total primary psych - PTSD	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Total primary psych - ASDD	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	Total primary psych - OTH	154	100%	113	100%	65	100%	40	100%	37	100%	26	100%	17	100%	13	100%	8	100%	7	100%
	Total primary psych	154		113		65		40		37		26		17		13		8		7	
H: Accommodation, Cafes and Restaurants	Total primary psych - PTSD	69	11%	62	12%	53	12%	38	10%	33	8%	37	9%	39	9%	40	7%	43	7%	50	9%
	Total primary psych - ASDD	285	47%	269	51%	237	52%	216	58%	220	54%	250	61%	268	59%	342	64%	356	61%	356	65%
	Total primary psych - OTH	256	42%	200	38%	165	36%	119	32%	154	38%	126	31%	144	32%	155	29%	182	31%	138	25%
	Total primary psych	610		531		455		373		407		413		451		537		581		544	
I: Transport, Postal and Warehousing	Total primary psych - PTSD	29	8%	59	14%	57	13%	66	14%	78	14%	96	17%	91	16%	100	15%	107	14%	114	14%
	Total primary psych - ASDD	196	53%	233	55%	260	58%	250	53%	321	60%	298	54%	319	56%	376	58%	448	59%	520	62%
	Total primary psych - OTH	145	39%	134	31%	130	29%	160	34%	139	26%	163	29%	161	28%	176	27%	200	26%	202	24%
	Total primary psych	370		426		447		476		538		557		571		652		755		836	
J: Information Media and Telecommunications	Total primary psych - PTSD	2	3%	3	4%	4	8%	4	8%	6	9%	6	7%	5	6%	7	7%	9	8%	10	9%
	Total primary psych - ASDD	53	80%	49	73%	37	76%	41	84%	45	70%	59	71%	58	69%	77	75%	81	72%	75	68%
	Total primary psych - OTH	11	17%	15	22%	8	16%	4	8%	13	20%	18	22%	21	25%	19	18%	22	20%	25	23%
	Total primary psych	66		67		49		49		64		83		84		103		112		110	
K: Financial and Insurance Services	Total primary psych - PTSD	9	3%	12	4%	10	4%	11	4%	14	5%	21	7%	21	6%	22	5%	29	5%	33	6%
	Total primary psych - ASDD	148	43%	162	51%	146	54%	155	59%	191	65%	212	66%	249	66%	296	63%	336	64%	325	62%
	Total primary psych - OTH	186	54%	144	45%	112	42%	97	37%	87	30%	87	27%	108	29%	149	32%	163	31%	163	31%
	Total primary psych	343		318		268		263		292		320		378		467		528		521	
L: Rental, Hiring and Real Estate Services	Total primary psych - PTSD	4	4%	2	2%	2	3%	3	4%	4	5%	6	5%	8	6%	9	5%	11	5%	11	4%
	Total primary psych - ASDD	69	72%	73	80%	57	78%	58	73%	62	71%	87	68%	101	70%	137	72%	158	68%	170	67%
	Total primary psych - OTH	23	24%	16	18%	14	19%	19	24%	21	24%	35	27%	35	24%	43	23%	63	27%	74	29%
	Total primary psych	96		91		73		80		87		128		144		189		232		255	
M: Professional, Scientific and Technical Services	Total primary psych - PTSD	10	5%	7	3%	8	3%	9	3%	16	5%	21	6%	19	4%	30	5%	42	6%	45	7%
	Total primary psych - ASDD	166	78%	179	81%	188	75%	207	78%	216	72%	256	72%	312	69%	424	70%	475	69%	443	66%
	Total primary psych - OTH	37	17%	36	16%	54	22%	51	19%	68	23%	81	23%	120	27%	152	25%	172	25%	185	27%
	Total primary psych	213		222		250		267		300		360		451		606		689		673	

INDUSTRY	Nature of psych injury	FY 2012/2013		FY 2013/2014		FY 2014/2015		FY 2015/2016		FY 2016/2017		FY 2017/2018		FY 2018/2019		FY 2019/2020		FY 2020/2021		FY 2021/2022	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
N: Administrative and Support Services	Total primary psych - PTSD	13	6%	7	4%	9	5%	14	7%	17	7%	22	8%	18	6%	24	6%	32	7%	30	7%
	Total primary psych - ASDD	155	77%	160	82%	128	76%	134	71%	167	72%	200	71%	218	69%	277	70%	296	69%	312	69%
	Total primary psych - OTH	34	17%	28	14%	32	19%	41	22%	49	21%	60	21%	78	25%	96	24%	99	23%	110	24%
	Total primary psych	202		195		169		189		233		282		314		397		427		452	
O: Public Administration and Safety	Total primary psych - PTSD	242	15%	263	15%	298	16%	389	18%	473	20%	630	23%	786	23%	959	24%	1076	22%	1877	31%
	Total primary psych - ASDD	1003	61%	1050	59%	1016	53%	1076	51%	1085	45%	1259	47%	1498	45%	1793	44%	2194	45%	2405	40%
	Total primary psych - OTH	410	25%	455	26%	594	31%	650	31%	830	35%	810	30%	1071	32%	1321	32%	1622	33%	1680	28%
	Total primary psych	1655		1768		1908		2115		2388		2699		3355		4073		4892		5962	
Pa: Education and Training	Total primary psych - PTSD	27	2%	27	2%	44	4%	61	5%	96	6%	107	6%	140	7%	220	9%	231	8%	246	8%
	Total primary psych - ASDD	652	49%	526	44%	555	50%	689	54%	1026	66%	1047	61%	1309	61%	1511	59%	1558	56%	1718	55%
	Total primary psych - OTH	654	49%	647	54%	516	46%	536	42%	424	27%	550	32%	680	32%	820	32%	998	36%	1155	37%
	Total primary psych	1333		1200		1115		1286		1546		1704		2129		2551		2787		3119	
Pb: Education	Total primary psych - PTSD		0%		0%		0%		0%		0%		0%		0%		0%		0%		0%
	Total primary psych - ASDD		0%		0%		0%		0%		0%		0%		0%		0%		0%		0%
	Total primary psych - OTH	983	100%	544	100%	336	100%	175	100%	159	100%	106	100%	72	100%	54	100%	31	100%	38	100%
	Total primary psych	983		544		336		175		159		106		72		54		31		38	
Qa: Health Care and Social Assistance	Total primary psych - PTSD	163	10%	152	10%	179	11%	212	13%	241	12%	283	12%	403	13%	502	13%	571	13%	654	13%
	Total primary psych - ASDD	1190	75%	1141	75%	1187	73%	1184	70%	1438	69%	1642	68%	2011	66%	2584	67%	3071	68%	3247	66%
	Total primary psych - OTH	230	15%	221	15%	251	16%	292	17%	410	20%	488	20%	649	21%	743	19%	898	20%	993	20%
	Total primary psych	1583		1514		1617		1688		2089		2413		3063		3829		4540		4894	
Qb: Health and Community Services	Total primary psych - PTSD		0%		0%		0%		0%		0%		0%		0%		0%		0%		0%
	Total primary psych - ASDD		0%		0%		0%		0%		0%		0%		0%		0%		0%		0%
	Total primary psych - OTH	713	100%	484	100%	289	100%	208	100%	144	100%	109	100%	82	100%	78	100%	56	100%	46	100%
	Total primary psych	713		484		289		208		144		109		82		78		56		46	
R: Arts and Recreation Services	Total primary psych - PTSD	7	10%	3	5%	5	8%	6	9%	11	12%	6	6%	13	12%	14	10%	19	13%	17	9%
	Total primary psych - ASDD	54	75%	52	79%	49	83%	47	72%	65	71%	70	74%	69	63%	102	74%	110	72%	133	73%
	Total primary psych - OTH	11	15%	11	17%	5	8%	12	18%	16	17%	19	20%	27	25%	21	15%	23	15%	33	18%
	Total primary psych	72		66		59		65		92		95		109		137		152		183	
S: Other Services	Total primary psych - PTSD	7	2%	12	4%	17	7%	10	5%	12	5%	16	5%	14	4%	20	5%	34	6%	37	7%
	Total primary psych - ASDD	254	85%	258	87%	208	80%	173	79%	198	78%	222	75%	243	72%	270	68%	377	69%	388	69%
	Total primary psych - OTH	37	12%	25	8%	36	14%	36	16%	44	17%	57	19%	81	24%	107	27%	136	25%	139	25%
	Total primary psych	298		295		261		219		254		295		338		397		547		564	
T: Missing	Total primary psych - PTSD											0	0%	0	0%	0	0%	0	0%	0	0%
	Total primary psych - ASDD											5	100%	9	82%	10	83%	3	43%	9	69%
	Total primary psych - OTH											0	0%	2	18%	2	17%	4	57%	4	31%
	Total primary psych	0		0		0		0		0		5		11		12		7		13	

Source: SAS claim files as at 30 June 2022

Tab 1.3 – Question 1 - RTW rates for primary psychological claims by industry type and financial year

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
RTW 4 weeks						
I. Transport, Postal and Warehousing	-	63%	47%	35%	48%	39%
P. Education & Training	57%	72%	63%	59%	60%	43%
Q. Health Care and Social Assistance	58%	55%	53%	53%	49%	46%
RTW 13 weeks						
I. Transport, Postal and Warehousing	-	63%	47%	35%	48%	39%
P. Education & Training	57%	72%	63%	59%	60%	43%
Q. Health Care and Social Assistance	58%	55%	53%	53%	49%	46%
RTW 16 weeks						
I. Transport, Postal and Warehousing	69%	70%	54%	38%	57%	53%
P. Education & Training	68%	73%	68%	67%	66%	52%
Q. Health Care and Social Assistance	65%	63%	62%	61%	57%	54%

**Incomplete year. Data as at 31 May 2022 Source: RTW Qlik app (DEIS RTW by Financial Year) as at 31 May 2022*

Number and percentage of active claims reported by FY with RE liability decision and where RE is injury not work related

Reporting Financial Year	Primary psychological injury claims			Physical injury claims		
	Total active claims	With RE liability decision	With RE decision not injury related	Total active claims	With RE liability decision	With RE decision not injury related
2012-2013	6137	1695 (28%)	310 (5.1%)	197360	7310 (4%)	1027 (0.5%)
2013-2014	6983	1983 (28%)	316 (4.5%)	180242	7908 (4%)	1081 (0.6%)
2014-2015	7276	2179 (30%)	356 (4.9%)	161438	6994 (4%)	995 (0.6%)
2015-2016	7844	1987 (25%)	383(4.9%)	153877	5936 (4%)	928 (0.6%)
2016-2017	11157	2034 (18%)	438 (3.9%)	194628	3516 (2%)	625 (0.3%)
2017-2018	10837	1594 (15%)	324 (3.0%)	153794	5528 (4%)	501 (0.3%)
2018-2019	13648	1786 (13%)	265 (1.9%)	171686	6356 (4%)	560 (0.3%)
2019-2020	16729	2162 (13%)	315 (1.9%)	175533	6950 (4%)	618 (0.4%)
2020-2021	19569	2609 (13%)	509 (2.6%)	180283	8945 (5%)	706 (0.4%)
2021-2022	21143	2394 (11%)	428 (2.0%)	185714	10970 (6%)	747 (0.4%)

Number and percentage of active claims reported by FY with factual investigation expense.

Reporting Financial Year	Primary psychological injury claims		Physical injury claims	
	Total active claims	Claims with factual investigation	Total active claims	Claims with factual investigation
2012-2013	6137	3764 (61%)	197360	33032 (17%)
2013-2014	6983	4315 (62%)	180242	29930 (17%)
2014-2015	7276	4750 (65%)	161438	26390 (16%)
2015-2016	7844	5091 (65%)	153877	25003 (16%)
2016-2017	11157	6929 (62%)	194628	31622 (16%)
2017-2018	10837	6695 (62%)	153794	21499 (14%)
2018-2019	13648	8046 (59%)	171686	21547 (13%)
2019-2020	16729	10089 (60%)	175533	20487 (12%)
2020-2021	19569	11920 (61%)	180283	20529 (11%)
2021-2022	21143	13243 (63%)	185714	20440 (11%)

List of payment classification codes used to identify factuals

PAY4LEV LABEL	PAYCODE	PAY5LEV LABEL
Insurer investigation expenses	IIN102	IIN102: Insurer - investigation
Other insurer investigation services	IIN104	IIN104: Psychological assessment
Insurer investigation expenses	IIN301	IIN301: Insurer - Surveillance Related Non-medical Investigation Expenses
Insurer investigation expenses	IIN302	IIN302: Insurer - Factual and Non-medical Investigation Expenses
Independent medical examiners - medical specialists	IMS001	IMS001: Examination and report- standard

Number and percentage of active claims reported by FY with with accepted liability and with IME arranged before liability is accepted

Reporting Financial Year	Primary psychological injury claims		Physical injury claims	
	Total claims with accepted liability	Claims with IME codes before liability is accepted	Total claims with accepted liability	Claims with IME codes before liability is accepted
2012-2013	3136	958 (31%)	148143	10143 (7%)
2013-2014	3982	1367 (34%)	132352	12034 (9%)
2014-2015	4254	1814 (43%)	110150	11774 (11%)
2015-2016	4851	2174 (45%)	101085	12054 (12%)
2016-2017	7354	2665 (36%)	119899	13308 (11%)
2017-2018	7367	2722 (37%)	99271	11583 (12%)
2018-2019	9148	2985 (33%)	96788	11468 (12%)
2019-2020	11792	3983 (34%)	100880	11183 (11%)
2020-2021	14107	5006 (35%)	115401	12472 (11%)
2021-2022	15980	5429 (34%)	121916	13071 (11%)

List of IME payment classification codes used for liability decisioning

IME Code	IME Description
IMS002	IMS002: Examination and report- standard with interpreter
IMS003	IMS003: Ear nose and throat examination and report
IMS0031	IMS0031
IMS004	IMS004: Examination and report - moderately complex
IMS005	IMS005: Examination and report- moderately complex with interpreter
IMS006	IMS006: Examination and report - complex
IMS007	IMS007: Examination and report - complex with interpreter
IMS008	IMS008: Examination and report- psychiatric
IMS031	IMS031: Ear nose and throat examination and report with interpreter
IMS081	IMS081: Examination and report - psychiatric with interpreter
IMS306	IMS306: Video examination and report - Complex Report including complex psychiatric
IMS308	IMS308: Video examination and report - psychiatric
IMS381	IMS381: Video examination conducted with the assistance of an interpreter and report - psychiatric