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## Inquiry into the 2022 Review of the Workers Compensation Scheme

Hearing: Thursday 8<sup>th</sup> September, 2022

Responses to Supplementary Questions – Prof Samuel Harvey



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Institute

## 1. How can workplaces be incentivised to reduce the risk of psychological injury?

Workplace mental health interventions can be effective in reducing the risk of psychological injuries in workers. However, there are also interventions used in workplaces settings that, while well-intentioned, are unlikely to be helpful. The World Health Organization's guidelines on Mental Health at Work (published on 28<sup>th</sup> September 2022), include recommendations for use of evidence-based strategies such as manager training.<sup>1</sup> One way to incentivise workplaces to reduce the risk of psychological injury could be through offering reduced insurance premiums in workers' compensation insurance policies to workplaces that have evidence-based strategies in place. Alternatively, a rebate scheme could be established to provide rebates to workplaces that have adopted evidence-based strategies to reduce the risk of psychological injury. The key challenge with such a scheme would be to ensure that it is only used to incentivise interventions that are known to work and not ineffective or non-evidence-based programs. SafeWork NSW has already worked with local experts to develop a list of evidence-based workplace interventions that could be updated and used to help define which interventions should be incentivised.<sup>2</sup>

## 2. What are the main factors that reduce the onset of PTSD?

The majority of people exposed to a traumatic event do not develop PTSD. Risk factors for developing PTSD after trauma exposure are diverse and include previous history of mental illness, traumatic childhood, differences in cognitive processing, and genetic factors.<sup>3</sup> The features of the traumatic event also influence the likelihood of developing PTSD. For example, rates of PTSD following violence or sexual assault are higher than rates of PTSD after natural disasters. In terms of workplace factors, a systematic review of occupational PTSD identified poor working conditions such as working extended hours and workplace stress as risk factors for developing PTSD following a traumatic event.<sup>4</sup>

Following trauma exposure, the post-trauma environment is also important. Low social support and ongoing stressors can contribute to the risk of PTSD developing.<sup>3</sup> Provision of social support may reduce the risk of onset, and access to evidence-based and timely mental health treatment for symptomatic individuals is likely to be helpful. While providing support is a good way to reduce the onset of PTSD, it is important to note that any interventions must provide the right type of support. As discussed in my in-person evidence, one type of support that used to be popular was psychological debriefing. However, concerns about the lack of research evidence supporting the use of psychological debriefing began to be raised in the late 1990s. A landmark systematic review and meta-analysis was published by the Cochrane Library in 2002.<sup>5</sup> This review found that psychological debriefing after a traumatic episode did

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<sup>1</sup> World Health Organization, (2022). Guidelines on mental health at work.

<https://www.who.int/publications/i/item/9789240053052>

<sup>2</sup> Glozier, N. (2017). Review of evidence of interventions to reduce mental-ill health in the workplace. NSW Government.

[https://www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0008/360449/SW09006-0518-418530-Review-of-Evidence-of-Interventions-to-Reduce-Mental...pdf](https://www.safework.nsw.gov.au/_data/assets/pdf_file/0008/360449/SW09006-0518-418530-Review-of-Evidence-of-Interventions-to-Reduce-Mental...pdf)

<sup>3</sup> Byrant, R. (2019). Post-traumatic stress disorder: A state-of-the-art review of evidence and challenges. *World Psychiatry*, 183.

<sup>4</sup> Lee, W., et al. (2020). Occupational post-traumatic stress disorder: An updated systematic review. *BMC Public Health*, 20.

<sup>5</sup> Rose S. C., et al. (2002). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochrane database of systematic reviews*, 2.

not prevent the onset of PTSD, depression or anxiety. In fact, some of the included trials reported an increased risk of PTSD amongst those who received debriefing, which was thought to be due to the debriefing process causing secondary traumatisation and getting in the way of usual coping.

The Australian PTSD guidelines provide information for the prevention and treatment of PTSD and are updated regularly.<sup>6</sup> However, more research is still needed to better understand how to reduce rates of PTSD in workers following a traumatic event, with a focus on high risk jobs such as emergency service workers. Black Dog Institute has begun research in this area. For example, working with Fire and Rescue NSW we have developed a version of workplace manager training that was able to reduce rates of workers compensation leave.<sup>7</sup> We have also been doing early work on different types of resilience training that we hope may, in the future, be able to reduce rates of PTSD.<sup>8,9</sup>

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<sup>6</sup> Phoenix Australia (2022). Australian PTSD Guidelines. <https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/>

<sup>7</sup> Milligan-Saville et al. (2017). Workplace mental health training for managers and its effect on sick leave in employees: A cluster randomised controlled trial. *The Lancet Psychiatry*, 4(11).

<sup>8</sup> Joyce et al. (2019). Resilience@Work mindfulness program: Results from a cluster randomized controlled trial with first responders. *Journal of Medical Internet Research*, 21(2).

<sup>9</sup> Wild et al. (2020). Pre-incident training to build resilience in first responders: Recommendations on what to and what not to do. *Interpersonal and Biological Processes*, 83(2).