

Australian mental health worker denounces state government's assault on WorkCover

Health Workers Rank-and-File Committee (Australia)
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The following interview is with an injured mental health worker who attended this month's meeting of the Health Workers Rank-and-File Committee (HWRFC) in Australia. The health worker, who must remain anonymous, sounded the alarm about the Victorian Labor government's cost-cutting reductions to entitlements in WorkCover, the state's compensation scheme.

Cynically titled the WorkCover Scheme Modernisation Act, Labor Premier Jacinta Allan's new system excludes those suffering mental health injuries because of work-related stress or burnout from compensation and entitles them to only 13 weeks "provisional payments," which would cover no more than scheduled costs of medical treatment.

Those "complex cases"—i.e., people who have been on WorkCover for 130 weeks—will now be assessed and unless deemed to have at least 21 percent "Whole Body Impairment" will receive no further compensation. The new "impairment" measure cannot be based on combined physical and mental injuries.

The cost-cutting WorkCover "modernisation" scheme was presented to parliament last November, followed by committee negotiations and endorsement by the upper house early this year. It became law on March 6 and took effect on March 31.

The claim areas targeted are in response to the rapid growth of mental health injury claims since COVID-19, totalling 16 percent of all WorkCover claims in Victoria in 2022–2023. Intensifying staffing shortages across Australian workplaces, including in healthcare, leading to stress, burnout and the proliferation of mental health injuries.

Labor's retrogressive measures could not have been developed without the collaboration of the Trades Hall Council, the state's peak union body. When the changes were first proposed in early 2023, the Trades Hall Council blocked with employers complaining about an increase in premiums and stating that WorkCover was "in need of reform." This opened the way for the government to modify the existing legislation.

Following parliamentary committee discussions, the government announced a "Return to Work Sub Committee," which the unions are now promoting. The sub-committee, however, is political window dressing: its function is purely advisory and to promote "occupational rehabilitation and early return to work of injured workers" and possible services for this.

While the HWRFC will publish further analysis of this oppressive social measure, the injured worker spoke last week with the *World Socialist Web Site* about the new scheme, its impact on mental health nurses, and how COVID-19 and short-staffing drastically worsened conditions for health care professionals.

Can you outline the conditions now facing mental healthworkers and the reasons for the increase in mental health WorkCover claims?

The main problem is stress because work has become a lot more intense. This is because of unprecedented demand and backlogs during COVID lockdowns, when people didn't get mental health care. These people are now coming forward seeking care, which means there's a huge demand for mental health care and a lot of unmet needs.

You might get six admissions on a shift, which is incredibly difficult to deal with, especially when you've already got eight or nine patients to look after. You need to keep an eye on the doctors and work with psychologists and allied health, so there's a lot going on and its incredibly demanding.

There are also problems with workplace bullying because management tries to meet demand by using sticks rather than carrots. This is stressful because you're working shift configurations that are fatiguing. You might work late, early, late, and early-shifts, and only get four hours sleep between shifts. You're exhausted and stressed, and the lack of sleep really affects you and the way you feel about life in general.

There are also issues with occupational violence and aggression, verbal, and sometimes physical abuse from patients. When I was working in the public system, every second shift there was a Code Grey, and you'd see a staff member punched or a hole kicked in a wall.

I was working at a major hospital in Melbourne and a patient picked up a chair with metal legs and was trying to smash the window above my head. I was so stressed my hands were shaking.

The point I'm making is that violence has become part of the culture. You go to work expecting a Code Grey, wondering what is going to happen that day and exhausted even before you arrive.

You've got unreasonable workloads and patients who are multiple disadvantaged. You might address one of their issues, but they might not have anywhere to live. It's like a rotating door; they get sent out and then come straight back. We might be able deal with their acute problems and clinical recovery but can't overcome their homelessness and the other problems.

The focus is always on just getting through the shift. It's literally a day-to-day proposition, which is why it's so mentally exhausting and why stress claims are increasing.

Can you explain some of the traumatic incidents that mental health professionals confront?

At my last job, a patient hanged himself off the door with his belt. The nurse couldn't get into the room because the body was wedged against that door. She managed to get in there and started CPR, but

unfortunately and despite her best efforts, he died.

She was badly traumatised by this and got her three free counselling sessions and, I think, took a few days off work. But then she came back and could barely function. She kept thinking that behind every slightly jammed door would have a body behind it.

The thing about trauma is that it doesn't go away quickly. The signs and symptoms of trauma might not surface for a little while but unless you get treatment, you don't get better.

How are staff shortages impacting in the hospitals?

This is causing immense problems because in psychiatric nursing you have to have experienced staff, people that can build rapport and trust to establish a good therapeutic relationship with the patient. But if the nurses have only just done one or two years of nursing, they might not know how to do that.

When we've got student nurses on placement, which we're supposed to supervise but we haven't got the staffing to do that. The student nurses may be doing blood pressures and simple things, which we let them do, but even is quite dangerous because they're working without duress alarms, and they're just walking into patients' rooms. They have no idea of the risks.

How has the situation been exacerbated by COVID?

People couldn't get care during COVID lockdowns and now, with COVID still ongoing, those that previously didn't get care are trying to get it now. There is unprecedented demand for everything. Everyone wants care. It is hard pressure on staff and on the hospitals. That is why stress is a major issue.

The Victorian Labor government's WorkCover "modernisation" is targeting mental health injuries. What impact will these cuts have in this situation?

If you're giving out medications, and you're working at high speed, you can make a mistake. You really don't want nurses who have got their own mental health injuries in the workplace unless they can manage them and are safe to be there. What you want is safe care, and you don't get safe care without safe work, which involves proper systems of work, which means you really need proper WorkCover and proper support.

People go to WorkCover as a last resort. No one wants to go there because it's stigmatising, but I see people coming to work with trauma. And the thing with trauma is that unless you get treatment, it won't get better. It'll probably get worse and that's going to affect patient care.

Labor's so-called reforms are regressive and discriminatory. If you have a mental health injury—and remember they won't accept stress and burnout—they'll only give you 13 weeks treatment. This is nothing because it can take years to get over trauma. Thirteen weeks is not enough if you're involved in a Code Blue where someone dies. That stays with you, you can remember it for decades.

The Labor government claims its measures are progressive because they will enable people to get back to work?

Yes, you want people to get back to work but not people who are ill. You want people at work who can actually do the job. If they're still ill, it affects patient care and the safety of the medical team.

Could you explain the situation facing essential services workers and the problems they're likely to encounter in their work?

I'm getting ambulance officers who've come in for treatment who have been sent out to multiple suicides. There was one ambulance officer who was sent out to deal with about 10 suicides. You'd think ambulance service management would be able to manage the risk and a note [would be] made on the system that an officer wasn't coping

after he'd been to about eight suicides. Instead of this, he went to deal with 10 suicides and had a breakdown. The problem is that the systems of work are not safe.

I've also had teachers come in with depression and anxiety. It's hard to disentangle cause and effect because teaching is incredibly difficult and that's why there are so many teacher vacancies. They may have witnessed extreme violence from parents or students and so they're not keen to go back.

One of the teachers I looked after had flashbacks every day. She was so traumatised she couldn't do anything. There was no way she could go back and so she just sat at home really.

How does this correlate with the government's posturing about the Royal Commission into mental health and wellbeing and its claims that it would support all the recommendations?

The Mental Health and Wellbeing Act talks about compassionate care, but I don't see how these changes to WorkCover are compassionate. They might talk about improving the mental health system, but it hasn't changed at all. In fact, the only thing we're talking about now is reducing seclusion and restraint. It requires a lot more resources. There are not enough beds, and not enough staff.

What has been the role of the unions?

Trades Hall and the relevant unions have just cooperated with the whole process, which is clearly unacceptable given that it comes into force on March 31. It's alarming.

Why aren't unions outside WorkSafe protesting? Why aren't we out there in force? We need to actively oppose this. Trades Hall was instrumental in getting the Labor government re-elected and is clearly working hand in glove with them. I think this is more than a betrayal. It is a complete undermining of terms and conditions of employment. This is really a sell-out.

Do you want to add anything else?

I just want to say that I think prevention is the most important aspect in all this and prevention hasn't really been considered. You really need to look at why people are being injured. If you want to reduce the number of people coming forward with mental health injuries, you need to look at why they're getting so stressed. Look at rosters and staffing and fatigue and workplace bullying. The main issue is prevention. The government doesn't even consider that.

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