



**WORK-RELATED
MENTAL DISORDERS PROFILE**

2015



KEY FACTS

Work-related mental disorders, each year on average:

6% of all workers comp claims are for mental disorders



\$23,600
typical compensation payment per claim



\$480 million
total claims payments



7820

Australians are compensated



14.8 weeks

typical time off work



39%

of mental disorder claims are caused by harassment, bullying or exposure to violence



90%

of mental disorder claims are attributed to mental stress

65% of mental disorder claims awarded to workers aged 40 and over



mental disorder claims awarded per 1 million hours worked

Prevention

You can change these statistics!

[Principles of Good Work Design](#)
[A work health and safety handbook](#)

[Preventing Psychological Injury under the Work Health and Safety Laws](#)

For prevention, better management and return to work advice see your local work health and safety regulator or workers' compensation authority.

WORK-RELATED MENTAL DISORDERS PROFILE

The Australian Work Health and Safety Strategy 2012–2022 identifies work-related mental disorders as a priority

The Australian Work Health and Safety Strategy 2012–2022 identifies a number of work-related disorders as national priorities. These diseases have been chosen based on the severity of consequences for workers, the number of workers estimated to be affected, and the existence of known prevention options. In addition to mental disorders, the Strategy identifies musculoskeletal disorders, cancers, asthma, contact dermatitis, and noise-induced hearing loss as priorities.

The purpose of this publication is to provide a concise and factual statistical profile of mental disorders as compensated by Australian workers' compensation schemes. It provides statistics on how many Australians are awarded a mental disorder claim each year to allow estimation of societal and system impacts. It also showcases other important statistics including claim rates and proportions to enable estimation of relative risks and prevalence among groups of workers. It is based on data of serious workers' compensation claims for the most recent five year period, i.e. 2008–09 to 2012–13, for which complete data sets are available unless otherwise stated. A serious claim is defined as an accepted workers' compensation claim which involves one or more weeks away from work and excludes fatalities and all injuries

experienced while travelling to and from work or while on a break away from the workplace.

Scope and limitations

This statistical profile is only representative of workers' compensation claims rather than representative of the full extent to which Australian workers may experience work-related mental conditions or mental disorders in general. Further, the information presented in this profile needs to be considered purely descriptive in nature. It does not establish causation or apportion responsibility to any party. It is important to note these limitations of the profile which only concerns data about individuals who were eligible to claim workers' compensation benefits, actually made claims and whose claims were accepted. Approximately 10 per cent of Australian workers are not eligible to claim workers' compensation¹ benefits as they are self-employed. Not all injured workers who are eligible to be compensated apply for workers' compensation² following a work-related injury or following a diagnosis with a work-related illness. This notion is important in considering trends over time as these may have been impacted not only by changes in the prevalence of work-related mental disorders but also by changes with respect to the compensability of mental disorders.



1. Australian Workers' Compensation Statistics 2012–13, Safe Work Australia, 2014.

2. Work-Related Injuries, Australia, Jul 2013 to Jun 2014, Australian Bureau of Statistics, Cat. No 6324.0.

Mental stress is the main cause of compensated work-related mental disorders

Australian workers' compensation systems recognise the development of a work-related mental condition as a potential outcome of experiencing mental stress in the course of employment. Figure 1 shows that between 2008–09 and 2012–13, on average, around 90 per cent of workers' compensation claims involving a mental condition were linked to types of mental stress, 5 per cent to a vehicle accident, 3 per cent to a physical assault and the remaining 2 per cent to a variety of other mechanisms.

The most common mechanisms among the types of mental stress are work pressure (32 per cent of mental disorder claims) and work-related harassment and/or bullying (24 per cent of mental disorder claims). The mental stress subcategory of work pressure captures instances of mental stress arising from work backlogs/ deadlines, organisational re-structures, interpersonal conflicts, disciplinary actions, performance counselling or promotion disappointment.

Figure 1: Proportion of workers' compensation claims involving a mental condition by mechanism of injury or disease, 2008–09 to 2012–13, combined. Excludes workers' compensation claims data where the mental stress subcategory was not known and coded as 'not stated'. Mechanism categories accounting for less than 2 per cent of mental disorder claims are not shown.

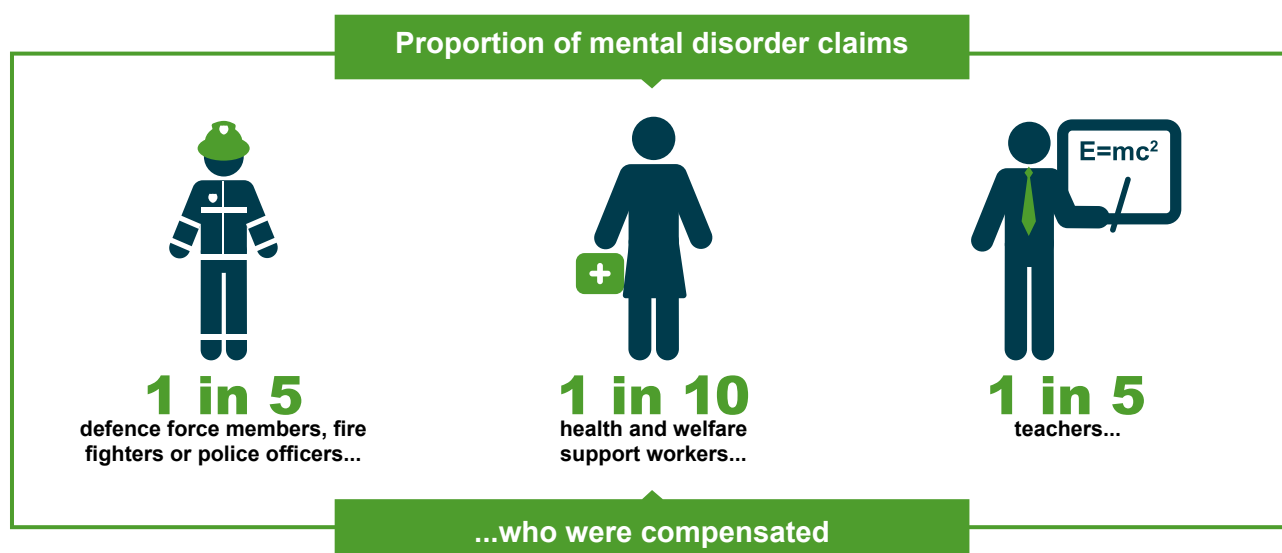
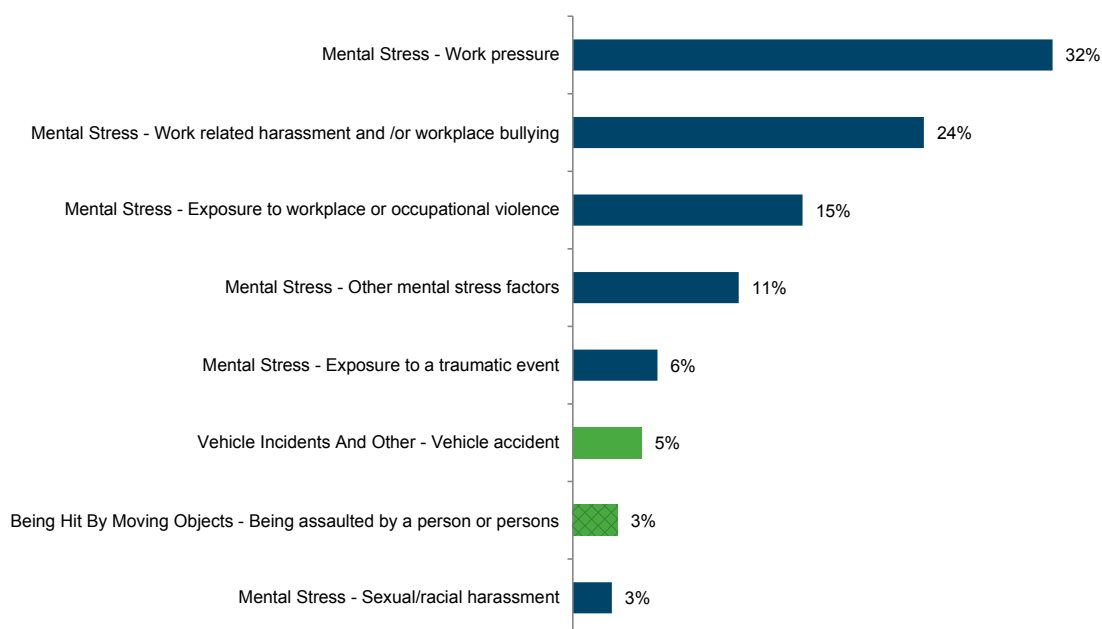
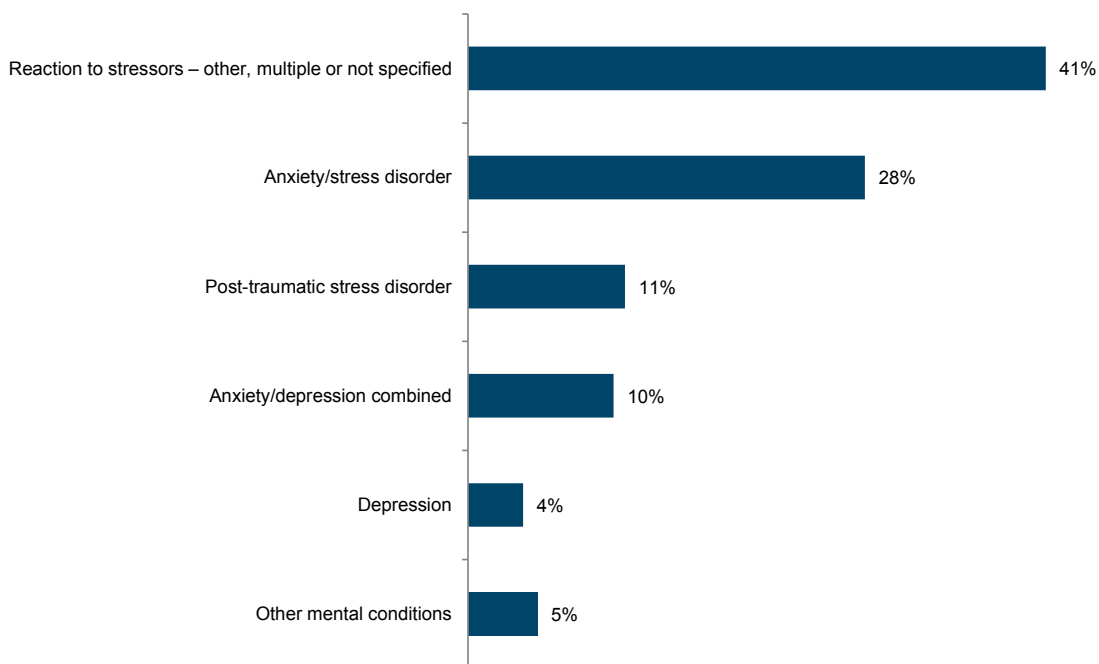


Figure 2 shows the type of mental disorders for which workers received compensation. The more common conditions included reaction to stressors (41 per cent), anxiety/stress disorders (28 per cent), and post-traumatic

stress disorder (11 per cent). Combined they accounted for on average about four out of five (81 per cent) mental disorder claims over the reference period.

Figure 2: Proportion of mental disorder claims by nature of injury or disease subcategory, 2008–09 to 2012–13, combined.



Each year around 7820 Australians are compensated for a work-related mental condition

Approximately 7820 employees receive workers' compensation each year as a result of experiencing a work-related mental condition, equating to around 6% of workers' compensation claims annually (Table 1). Taking into account the number of hours worked by Australian workers to ensure part-time workers are adequately considered, the table further shows that between 2008–09 and 2012–13, each year on average 0.5 mental disorder claims were awarded to employees per million hours worked (frequency rate). The table also shows that

on average over the reference period 0.8 mental disorder claims were awarded per 1000 workers (incidence rate).

Claims involving a mental condition are usually associated with an above average time off work and a higher than average claim benefit payment. Claims data show that the median time off work for a mental disorder claim (14.8 weeks) and median claim payment (\$23 600) was 2.8 and 2.7 times higher than the median time off work and median claim payment for all claims (5.3 weeks, \$8700).

Table 1: Selected five year averages for mental disorder claims and all claims 2008–09 to 2012–13, combined.

Average per year:	Number of claims	Proportion of claims	Frequency rate (number of claims per million hours worked)	Incidence rate (number of claims per 1000 workers)	Median claim payment	Median weeks off work
Mental disorder claims	7820	6%	0.5	0.8	\$23 600	14.8
All claims	123 320	100%	7.2	12.1	\$8700	5.3

About half of mental disorder claims are awarded to workers in ten occupation groups

Impacts of work-related injury or disease on society and systems can be gauged by examining a combination of indicators. This includes the number of workers' compensation claims per year, including frequency and incidence rates, as well as by examining compensation costs and time lost off work. Over the reference period, around half of mental disorder claims (3880 out of 7820

or 49 per cent of all mental disorder claims) were made by workers in 10 occupation groups (Table 2). These occupation groups rank high irrespective of whether ranked by the average number of claims per year, by number of claims per million hours worked (frequency rate) or by number of claims per 1000 workers (incidence rate).

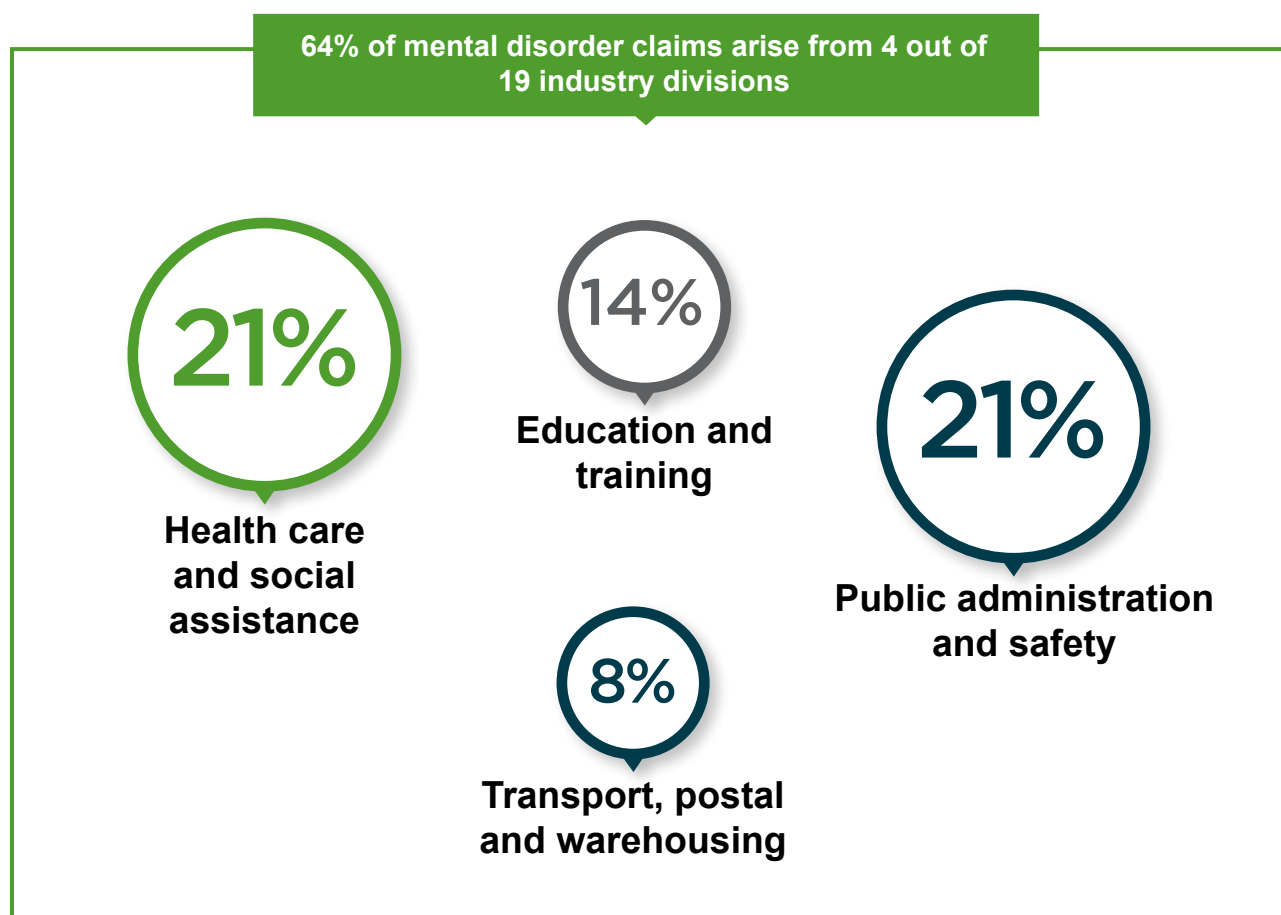


Table 2: Top 10 occupation groups by selected five year averages for mental disorder claims, 2008–09 to 2012–13, combined. The analysis was carried out at the minor group level (3-digit coding) of the Australian and New Zealand Standard Classification of Occupations as it provided sufficient detail without being increasingly restricted by statistical limitations at a higher level of breakdown.

Average per year:	Number of claims	Proportion of mental disorder claims	Proportion of mental disorder claims within occupation group	Frequency rate (number of claims per million hours worked)	Incidence rate (number of claims per 1000 workers)	Median claim payment	Median weeks off work
All Occupation groups	7820			0.5	0.8	\$23 600	14.8
Defence Force Members, Fire Fighters and Police*	690	9%	22%	5.8	10.5	\$65 200	45.6
School Teachers	640	8%	21%	1	1.8	\$23 100	12
Health and Welfare Support Workers**	460	6%	12%	2.8	4.3	\$20 100	14
Automobile, Bus and Rail Drivers	400	5%	26%	3.7	6.3	\$4 200	1.7
Personal Carers and Assistants	340	4%	6%	1.1	1.5	\$12 000	10
General Clerks	310	4%	19%	1.2	1.7	\$24 800	15.2
Midwifery and Nursing Professionals	300	4%	9%	0.8	1.1	\$18 400	11.3
Sales Assistants and Salespersons	260	3%	5%	0.3	0.4	\$13 400	14.2
Miscellaneous Clerical and Administrative Workers	250	3%	20%	1.4	2.2	\$35 900	20
Social and Welfare Professionals***	230	3%	20%	1.4	2.1	\$24 000	18

* Excludes WA police; excludes serving defence force members but includes civilian defence force personnel

** Includes welfare support workers; massage therapists; Indigenous health workers; enrolled, mothercraft nurses; diversional therapists; dental hygienists, technicians, therapists; ambulance officers, paramedics.

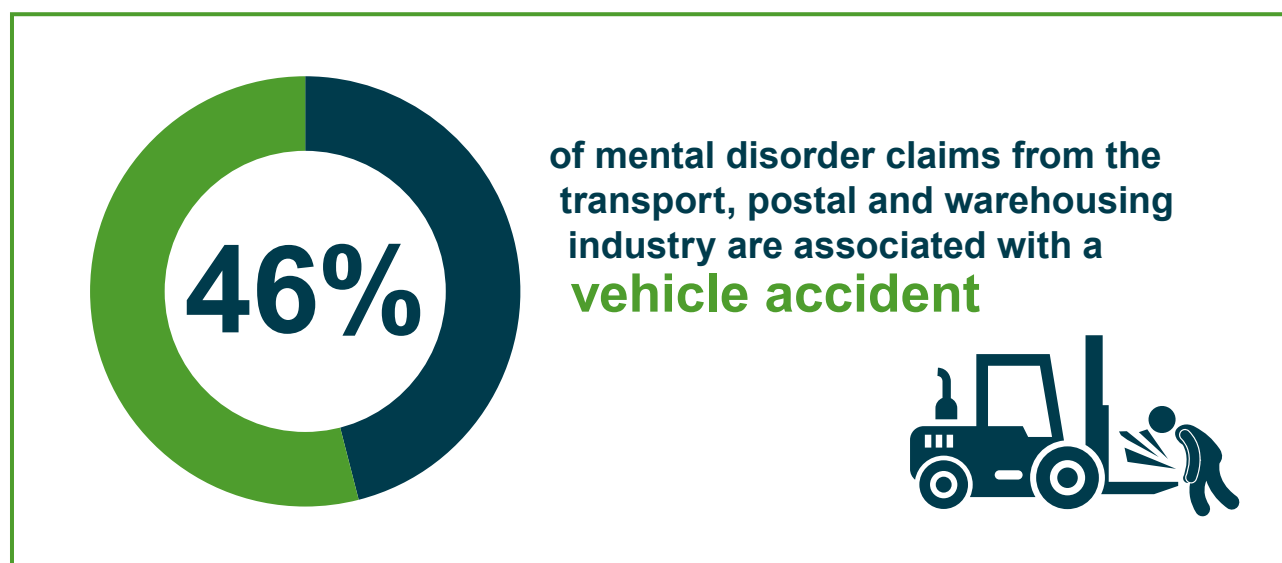
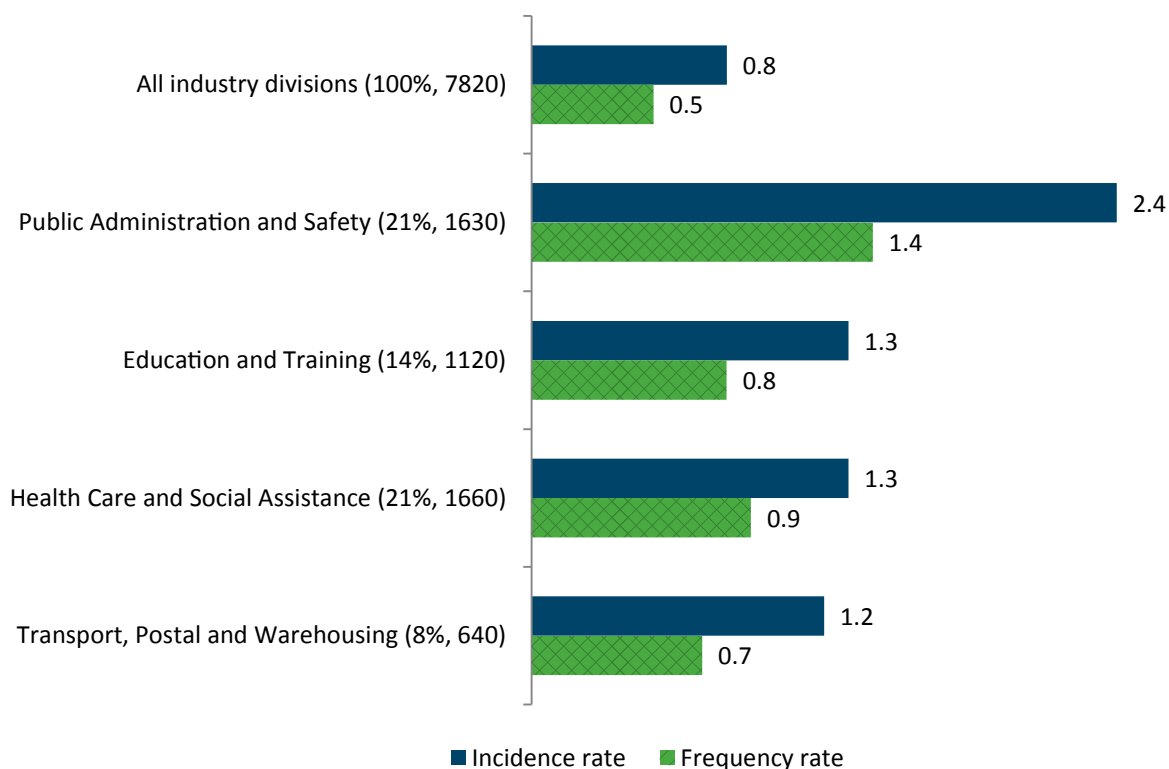
*** Includes counsellors not elsewhere classified; student counsellors; rehabilitation counsellors; family and marriage counsellors, drug and alcohol counsellors; and careers counsellors.

The nature of these ten occupation groups suggests that workers receiving compensation for a work-related mental condition tend to be those who have high-levels of interaction with other people, often rendering a service to the public and often doing their job in difficult and challenging circumstances.

The majority of employees compensated for a work-related mental disorder works in four industries

Over the five year reference period, four industry divisions showed the highest frequency (number of claims per million hours worked) and incidence rates (number of claims per 1000 workers) for serious claims involving a mental condition, accounting for almost two thirds (64 per cent) of such claims (Figure 3).

Figure 3: Top four industry divisions by incidence (number of claims per 1000 workers) and frequency rates (number of claims per million hours worked) for mental disorder claims including five-year average for proportion and number of claims, 2008–09 to 2012–13, combined.



Focussing on these four industry divisions, Table 3 shows these divisions broken down into industry classes. An industry class represents the fourth and finest level of breaking down an industry division according to the Australian and New Zealand Standard Industrial Classification. This data shows that almost three quarters (74 per cent) of claims made by employees in the four identified industry divisions were made by workers in public order and safety services (19 per cent), school

education (17 per cent), hospitals (11 per cent; excludes psychiatric hospitals), residential care services (9 per cent), other social assistance services (6 per cent), state government administration (6 per cent), and rail passenger transport (5 per cent). The rail passenger transport industry class showed the highest claim frequency rate (6.8 claims per million hours worked) followed by the public order and safety services industry class (3.5 claims per million hours worked).

Table 3: Identified top four industry divisions broken down into industry classes by selected five-year averages for mental disorder claims, 2008–09 to 2012–13, combined. Industry classes were included into this list if the average number of claims per year was greater than 250 and the frequency rate was above the average of 0.5 claims per millions hours worked for all industries.

Average per year:	Frequency rate (number of claims per million hours worked)	Number of claims	Proportion of claims
All mental disorder claims	0.5	7820	100%
Public Order and Safety Services*	3.5	950	19%
School Education	1.1	880	17%
Hospitals	0.9	550	11%
Residential Care Services	1.6	450	9%
Other Social Assistance Services	1.2	320	6%
State Government Administration	1.1	300	6%
Rail Passenger Transport	6.8	260	5%

*Includes police services but excludes WA Police

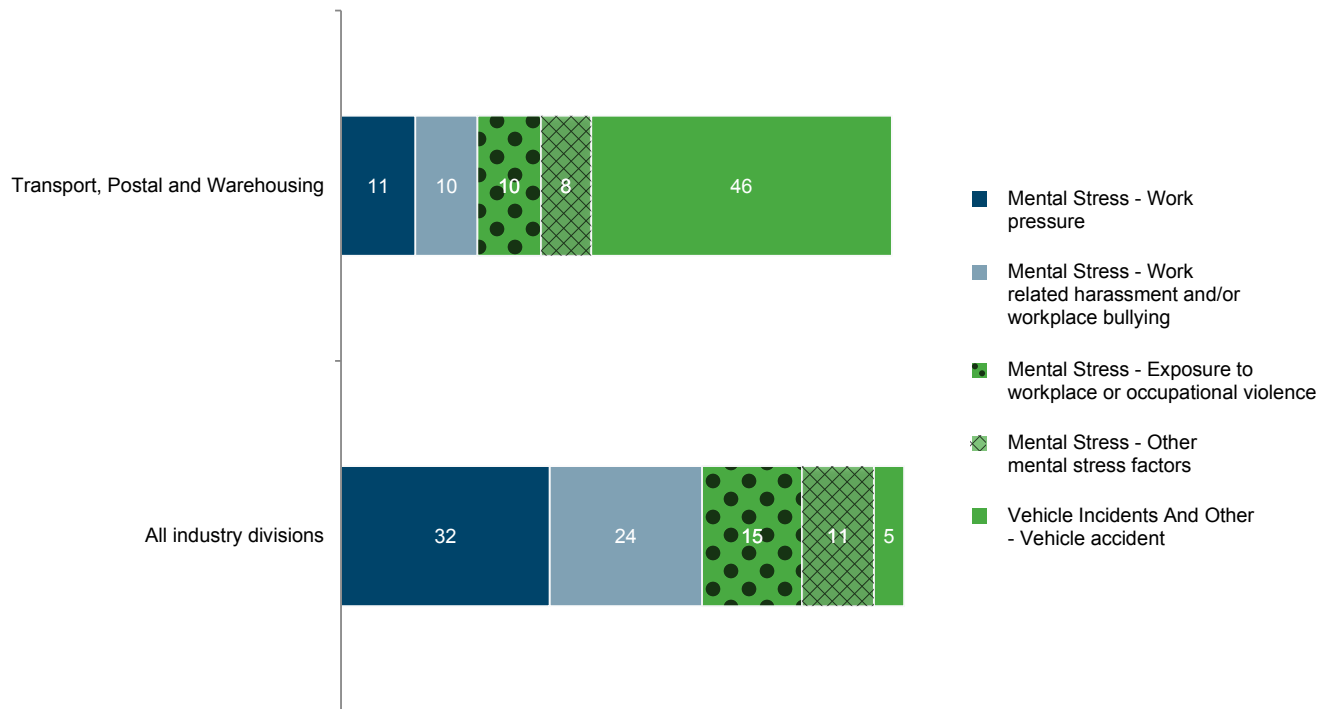
The recorded causes for work-related mental disorder claims show differences between some of the identified industry divisions

Analysis of claim data from the four identified industry divisions shows that the proportions of claims associated with specific injury or disease mechanisms differs for two of the divisions from the others and the pattern found across all industries (Figure 4). Almost half (46 per cent) of transport, postal and warehousing workers who were compensated for a mental condition were awarded the claim following a vehicle accident, compared with an average of 5 per cent across all industry divisions.

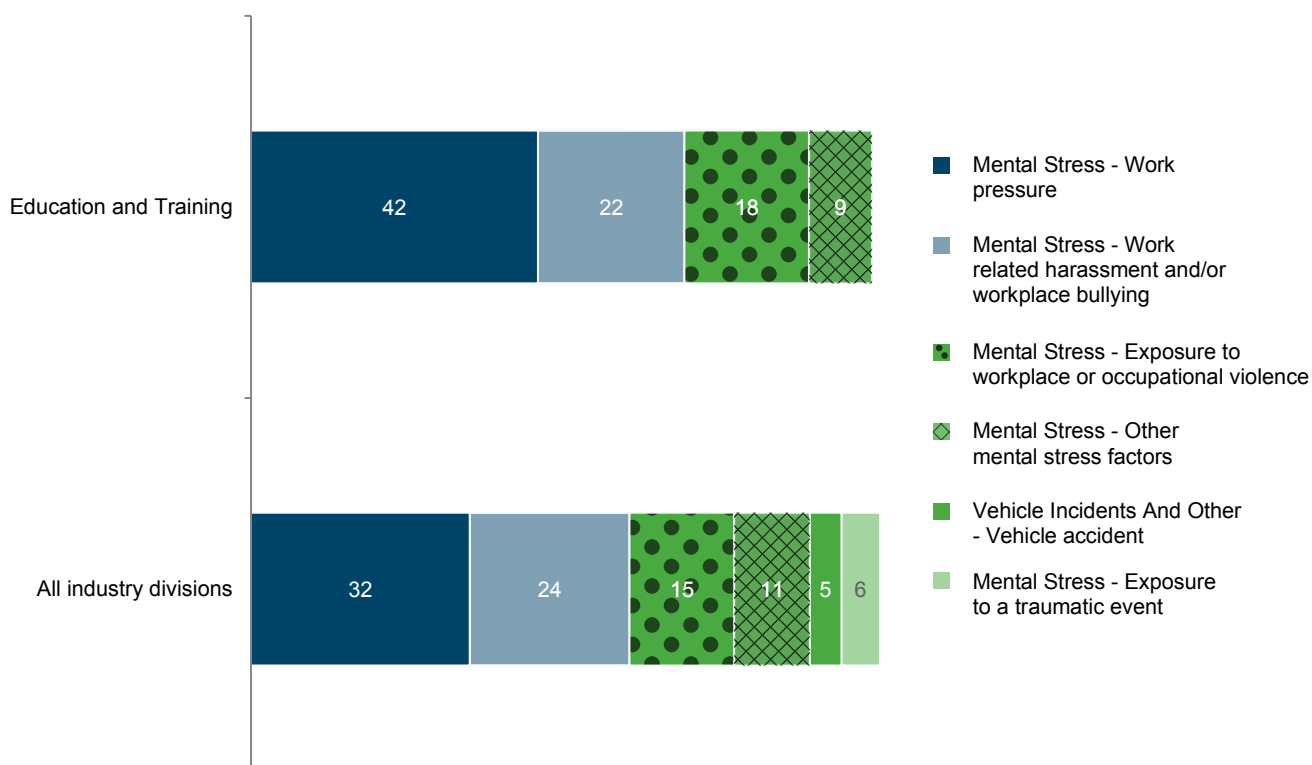
Similarly, employees in the education and training sector were relatively more likely to be compensated for a mental condition as the result of work pressure (45 per cent of claims compared to the average of 32 per cent). The public administration and safety and the health care and social assistance industry divisions showed average claim proportions similar to those observed for all industry divisions.

Figure 4: Proportions of serious workers' compensation claims involving a mental condition by mechanism of injury or disease by industry division, 2008–09 to 2012–13, combined. Excludes workers' compensation claims data where the mental stress subcategory was not known and coded as 'not stated'. Mechanism categories with less than 5 per cent of claims have been omitted from the chart; (a) transport, postal and warehousing; (b) education and training.

(a)



(b)



Female workers are relatively more likely to be awarded a work-related mental disorder claim compared with men

Between 2008–09 and 2012–13, each year on average about 4550 female employees received workers' compensation as a result of experiencing a work-related mental condition compared to about 3270 male workers. The mental disorder frequency (number of claims per

million hours worked) and incidence claim rates (number of claims per 1000 workers) for female workers were 2.3 and 1.5 times higher, respectively, than those recorded for males (Table 4).

Table 4: Average number of claims, percentage, as well as frequency (number of claims per million hours worked) and incidence rates (number of claims per 1000 workers) for serious claims involving a mental disorder by sex, 2008–09 to 2012–13, combined.

Average per year:	Number of claims	Proportion of claims	Frequency rate (number of claims per million hours worked)	Incidence rate (number of claims per 1000 workers)
Male	3270	42%	0.3	0.6
Female	4550	58%	0.7	0.9
Total	7820	100%	0.5	0.8

Around two-thirds of female workers awarded compensation for a mental disorder work in 18 occupation groups

The majority (66 per cent) of female employees who were compensated for a work-related mental condition worked in 18 occupation groups (Table 5). The top three occupation groups by claim numbers were school teachers (around 460 claims per year), health and welfare support workers (310) and personal assistants and carers (270). It should be noted that more women than men work in these occupation groups. The aim of Table 5 is to show what occupation groups the majority of female employees worked in who were awarded a claim for a work-related mental disorder irrespective of whether females were more likely compared with their male colleagues to experience a work-related mental condition.

Examining occupation groups at this level of detail reveals a more nuanced picture concerning mental disorder

claims awarded to female vis-à-vis male workers. Female and male numbers in many occupation groups are not balanced and this imbalance can affect the total number of claims by sex. For example, on average there were more female school teachers (460 cases per year) who were awarded compensation for a work-related mental disorder when compared to male teachers (180 cases). In contrast, the average number of claims per million hours worked (frequency rate) was the same for male and female teachers, suggesting that the higher proportion of claims awarded to females is determined by the larger number of females in this occupation group. The frequency rates provided for males and females in Table 5 provide an estimate for the relative likelihood for the sexes in being awarded a mental disorder claim for comparison.

Table 5: Average number of claims, percentage, as well as frequency (number of claims per million hours worked) and incidence rates (number of claims per 1000 workers) for serious claims involving a mental disorder by sex and occupation, 2008–09 to 2012–13, combined. The analysis was carried out at the minor group level (3-digit coding) of the Australian and New Zealand Standard Classification of Occupations as it provided sufficient detail without being increasingly restricted by statistical limitations at a higher level of breakdown.

	Female			Male		
	Number of claims	Proportion within occupation group	Frequency rate (number of claims per million hours worked)	Number of claims	Proportion within occupation group	Frequency rate (number of claims per million hours worked)
Average per year:						
All occupations	4550	58%	0.7	3270	42%	0.3
School Teachers	460	72%	1.0	180	28%	1.0
Health and Welfare Support Workers	310	67%	2.7	150	33%	3.0
Personal Carers and Assistants	270	80%	1.1	70	20%	1.1
Midwifery and Nursing Professionals	250	86%	0.8	40	14%	1.1
General Clerks	250	80%	1.1	60	20%	1.2
Defence Force Members, Fire Fighters and Police	210	31%	11.1	480	69%	4.8
Sales Assistants and Salespersons	190	74%	0.4	70	26%	0.2
Miscellaneous Clerical and Administrative Workers	180	72%	1.7	70	28%	0.9
Social and Welfare Professionals	170	73%	1.6	60	27%	1.1
Education Aides	90	87%	1.1	10	13%	1.7
Information and Organisation Professionals	90	63%	0.9	50	37%	0.4
Hospitality Workers	90	69%	0.5	40	31%	0.4
Education, Health and Welfare Services Managers	80	74%	1.0	30	26%	0.7
Receptionists	80	94%	0.3	10	6%	0.4
Financial and Insurance Clerks	80	79%	0.7	20	21%	0.3
Miscellaneous Labourers	80	41%	3.3	110	59%	0.7
Cleaners and Laundry Workers	80	70%	0.5	30	30%	0.3
Miscellaneous Hospitality, Retail and Service Managers	80	66%	0.8	40	34%	0.2

There are, however, occupation groups in which women are more likely to receive compensation for a work-related mental condition compared with men. Figure 5, below, specifically identifies occupation groups in which women are at least twice as likely compared to men to be compensated for a mental disorder. In identifying these groups two additional criteria have been applied to focus on those occupation groups which show a relatively large number of female mental disorder claims per year (50 or higher) and where the claim rate was equal to or higher than the average for females. Figure 5 shows that eight occupation groups meet these criteria. The figure displays occupation groups ranked by the claim frequency rate (number of claims per million hours worked). The top three occupation groups are (a) defence force members, fire fighters and police (excludes WA police), (b) prison and security officers, and (c) miscellaneous labourers. In these occupation groups females were 2.5, 3.4 and 4.7 times more likely than men, respectively, to be awarded compensation for a work-related mental disorder per million hours worked.



Figure 5: Claim frequency rates (number of claims per million hours worked) for occupation groups for which females show (a) at least double the mental disorder claim rate compared with males, (b) the average annual number of mental disorder claims made by females is 50 or higher, and (c) the frequency rate for mental disorder claims made by females is equal to or higher than the average female rate for all occupation groups, 2008–09 to 2012–13, combined. The analysis was carried out at the minor group level (3-digit coding) of the Australian and New Zealand Standard Classification of Occupations as it provided sufficient detail without being increasingly restricted by statistical limitations at a higher level of breakdown.

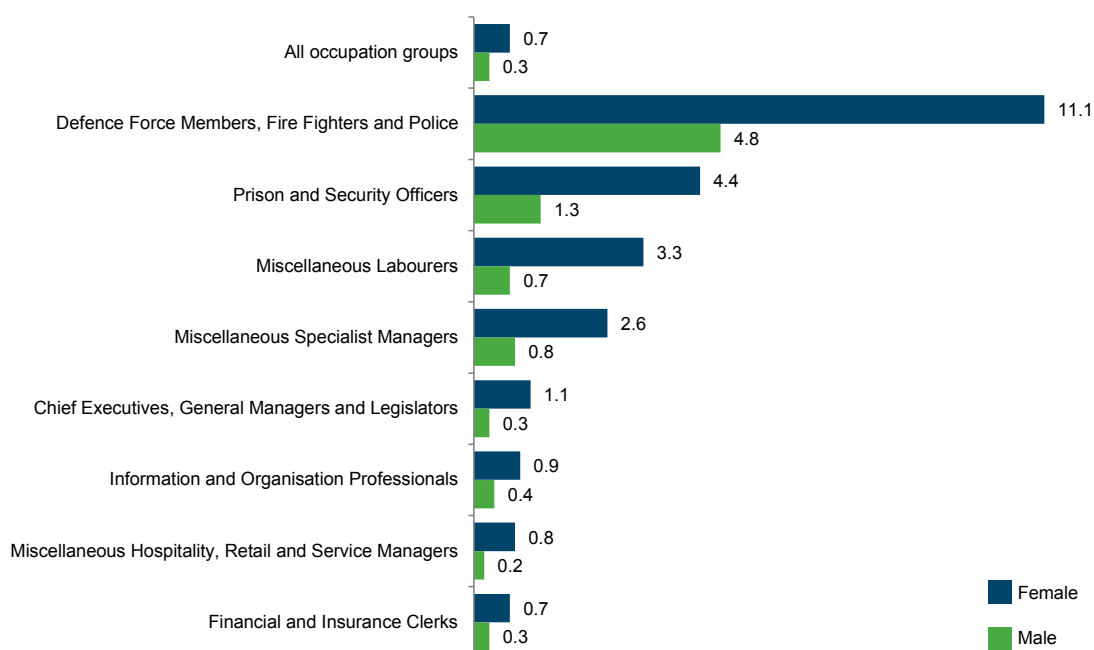


Figure 6 shows that, between 2008–09 and 2012–13 on average, men (14 per cent of mental disorder claims awarded to males) were relatively more likely to be compensated for post-traumatic stress disorder (PTSD) compared with women (9 per cent of mental disorder claims awarded to females). In contrast, female employees were relatively more prone to be compensated

for work-related anxiety/stress disorders compared with male employees (31 per cent of mental disorder claims compared with 25 per cent for claims of this type made by males). Across the other nature of injury or disease categories the differences between the sexes were marginal or absent.

Figure 6: Proportion of serious claims involving a mental condition by sex, 2008–09 to 2012–13, combined. Nature of injury or disease categories involving less than 4 per cent of mental disorder claims are not shown.

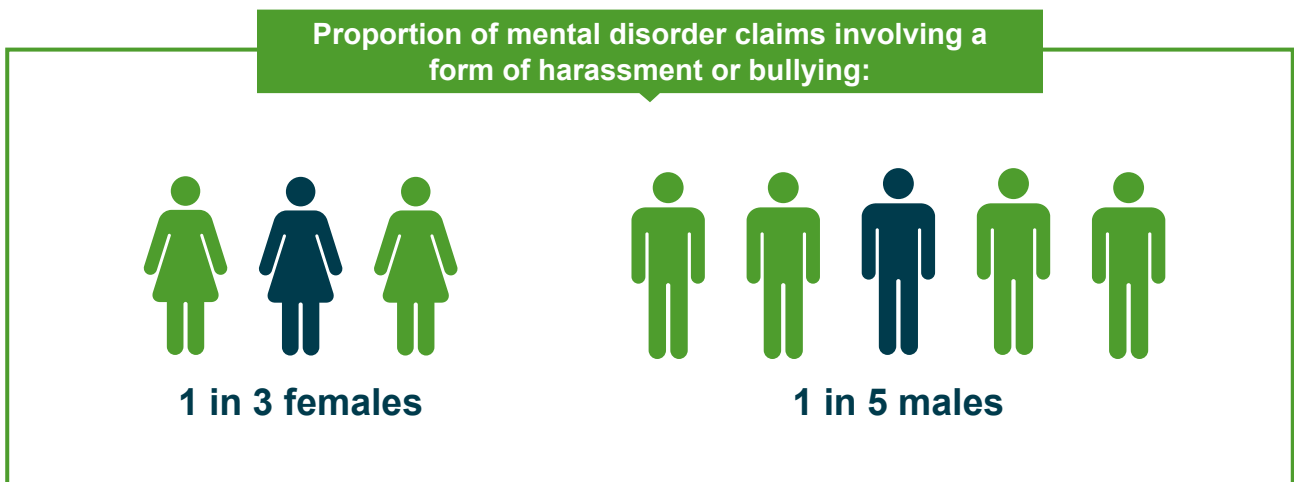
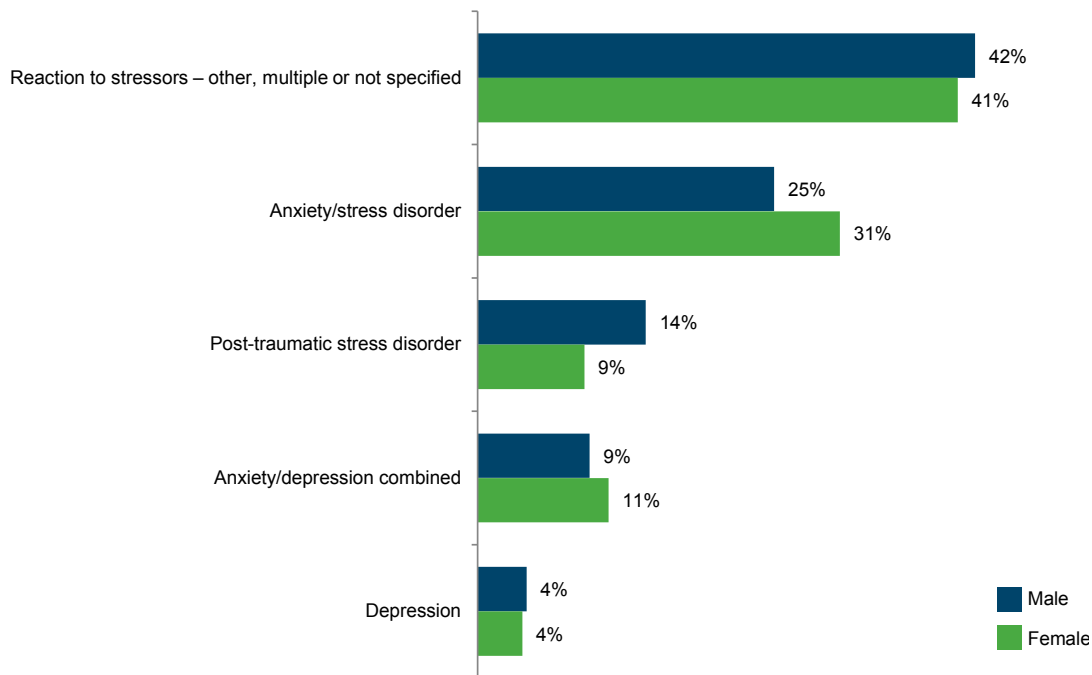
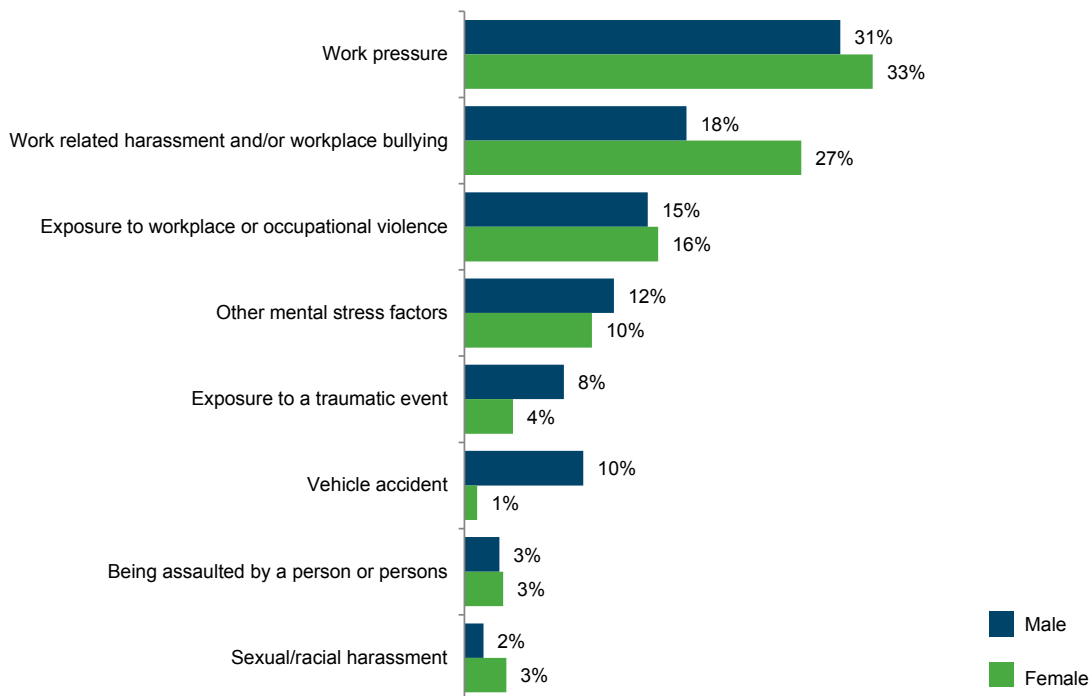


Figure 7 shows for the reference period the proportion of serious claims involving a mental disorder by sex and recorded main cause. Work pressure, harassment/ bullying and exposure to occupational or workplace violence accounted for the majority (71 per cent) of serious mental disorder claims.

Females (27 per cent) were relatively more likely compared to males to be compensated for work-related

harassment and/or workplace bullying compared to males (18 per cent). Males (10 per cent), in contrast, were about ten times as likely compared to females (1 per cent) to be compensated for a mental condition following a vehicle accident. Across the other mechanism of injury or disease categories the relative differences between males and females were less pronounced.

Figure 7: Proportion of serious mental disorder claims involving a mental condition by mechanism of injury or disease and by sex, 2008–09 to 2012–13, combined. Excludes workers’ compensation claims data where the mental stress subcategory was not known and coded as ‘not stated’. Mechanism of injury or disease categories involving less than 1 per cent of mental disorder claims are not shown.



Female

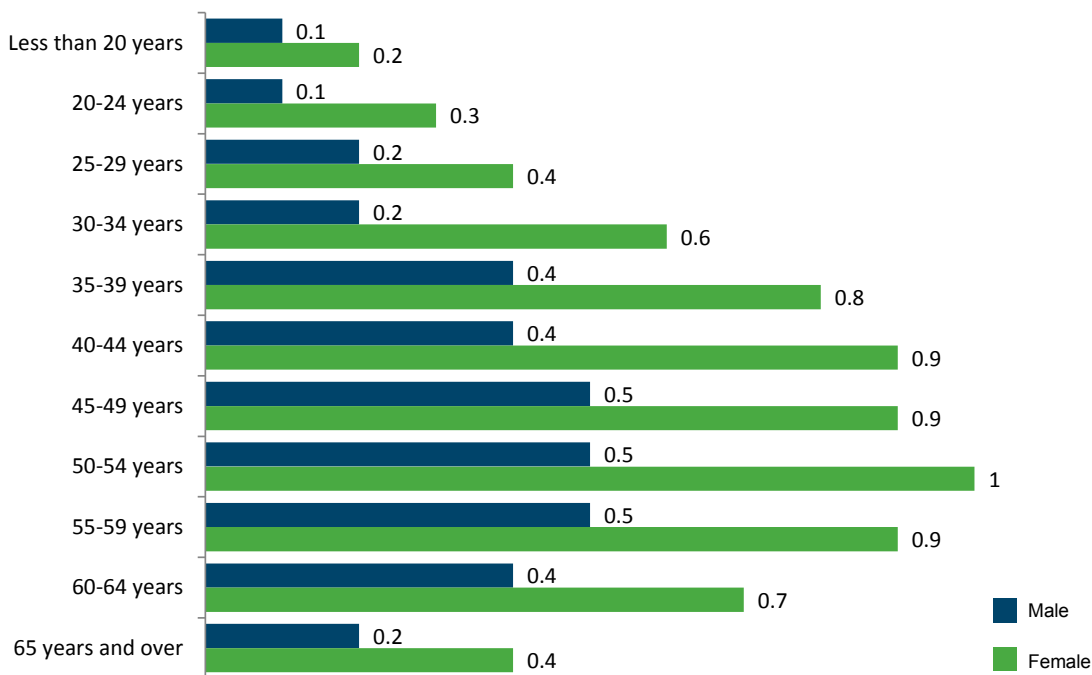
defence force members,
fire fighters, and police:
16 times higher than
average claim rate

Workers in their mid-career stage are more likely to be compensated for a work-related mental condition compared with other workers

Women aged between 35 and 59 and men aged between 35 and 64 were more likely to be compensated for a work-related mental condition when compared with women and men of other ages based on average sex-specific claim rates across all age groups (Figure 8). This finding

contrasts mental health data concerning the general population where younger people are more likely to be affected by a mental condition. The figure further shows that women recorded higher claims rates compared to men across all age groups.

Figure 8: Number of serious mental disorder claims per million hours worked (frequency rate) by age group, 2008–09 to 2012–13.



Mental disorder claims by younger workers (aged 24 and below) when compared to mental disorder claims by older workers (55+)



16% more likely to be for an anxiety/stress disorder

55% more likely to be as a result of exposure to workplace or occupational violence

74% more likely to be as a result of sexual/racial harassment

The type of work-related mental condition and their causes show correlation with age

Figure 9 shows the proportions of mental disorder claims by age group and by selected mental disorder subcategories. It shows that younger workers were relatively more likely to be compensated for anxiety/

stress disorders compared with older workers and that older workers were more likely to experience work-related reaction to stressors compared to younger workers.

Figure 9: Proportion of serious mental disorder claims by age group and selected nature of injury or disease subcategories, 2008–09 to 2012–13, combined.

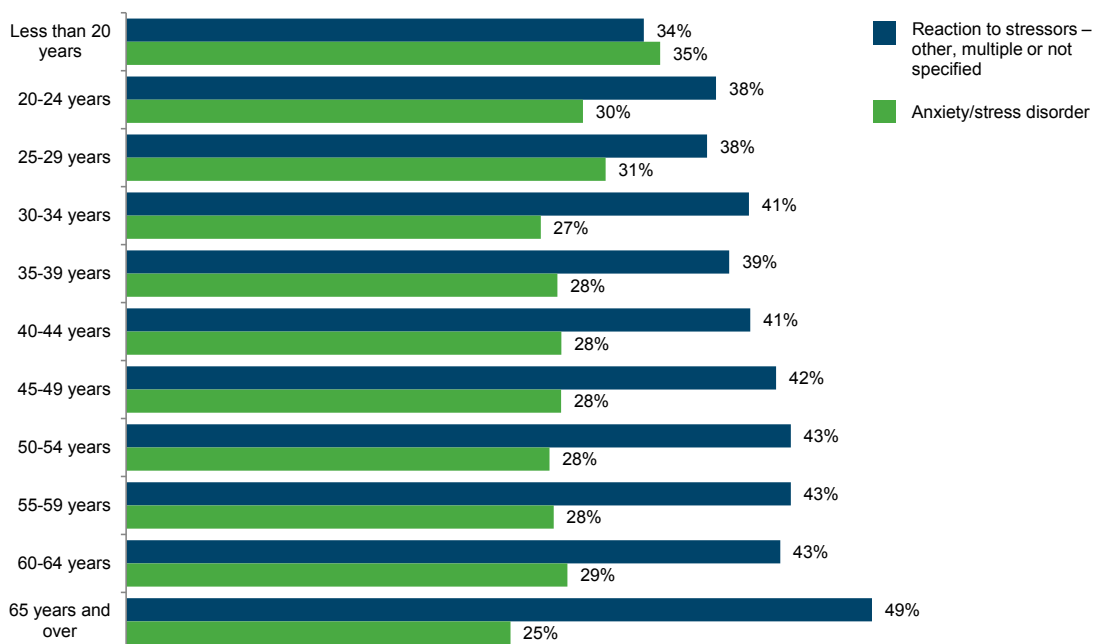
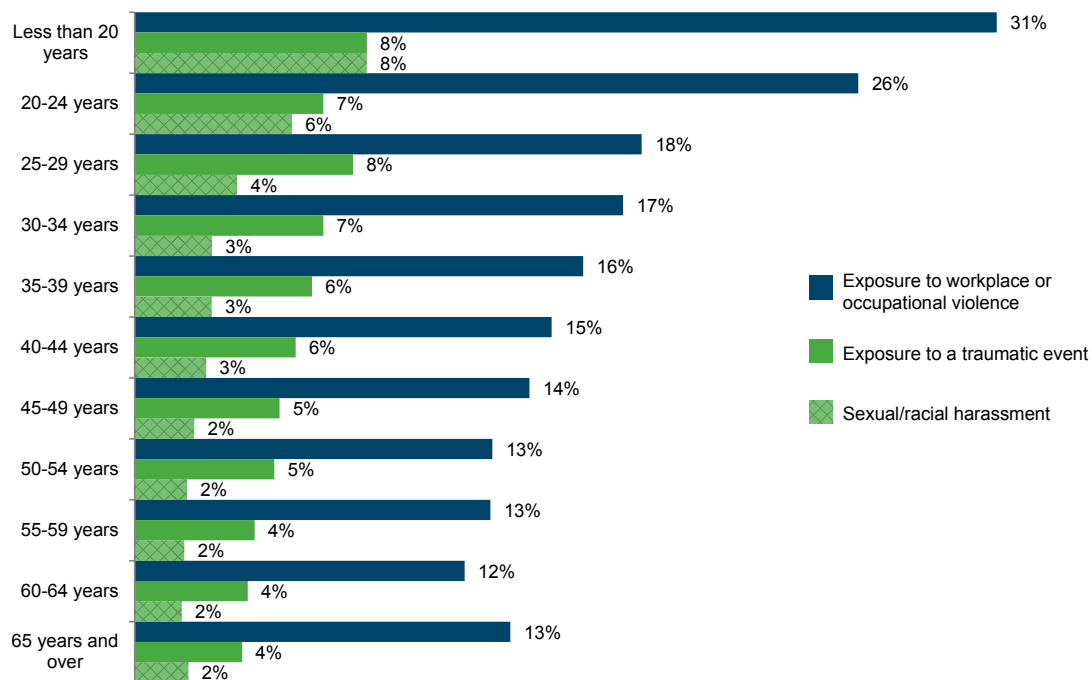
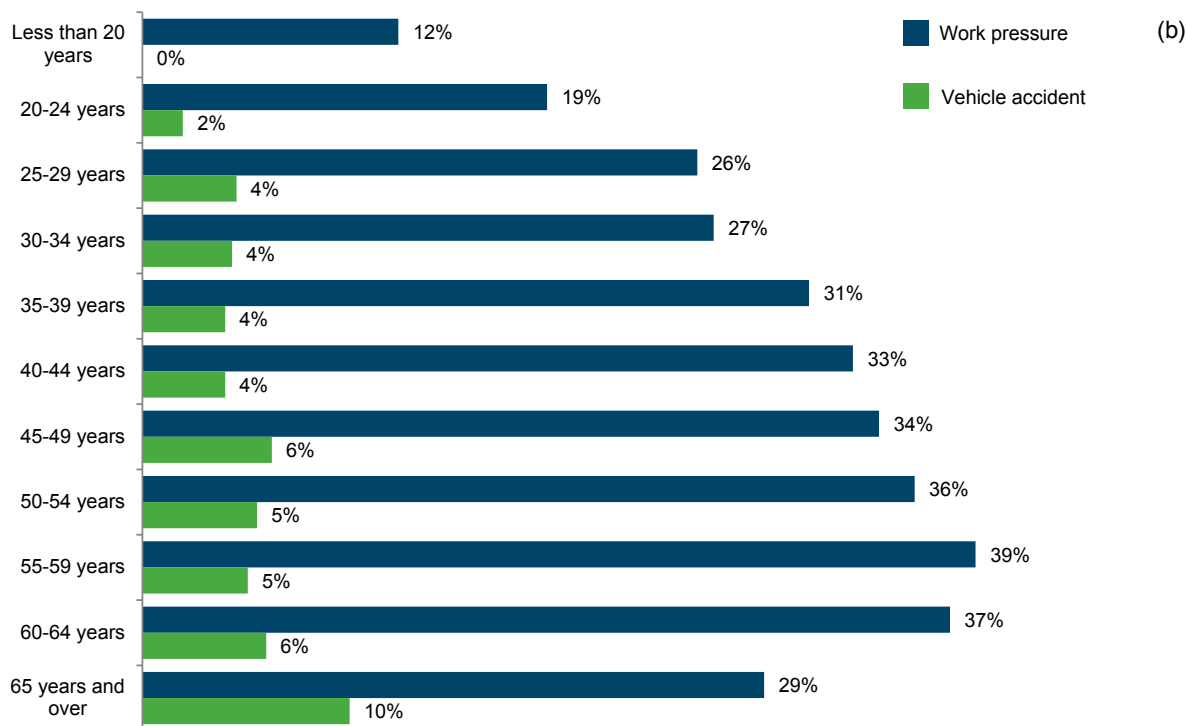


Figure 10 (a/b) shows the proportion of mental disorder claims by age group and selected main mechanism of injury or disease. It shows a correlation between some mechanisms and age. Work pressure and vehicle accidents were relatively more likely to affect older workers, while younger workers were relatively more likely to be compensated for a work-related mental condition as the result of exposure to violence, exposure to a traumatic event or sexual/racial harassment.

Figure 10 (a/b): Proportion of serious workers' compensation claims involving a mental condition by age and selected mechanism of injury or disease subcategory, 2008–09 to 2012–13, combined. Excludes workers' compensation claims data where the mental stress subcategory was not known and coded as 'not stated'. (a) work pressure and vehicle accident; (b) exposure to workplace or occupational violence, exposure to a traumatic event and sexual/racial harassments.

(a)



Mental disorder claim costs and rates may have started trending downwards after a prolonged period of growth

Between 2008–09 and 2012–13, the total average annual direct cost to workers' compensation schemes associated with mental disorder claims was \$481 million or around 11 per cent of total scheme payments. Figure 11 shows that total and typical payments associated

with mental disorder claims have shown a relatively continuous increase between 2000–01 and 2010–11. This upward trend appears to have reverted by 2011–12 and transformed into a decline.

Figure 11: Median annual individual workers' compensation payments and total annual payments for claims involving a mental condition, 2000–01 to 2012–13.



Between 2000–01 and 2012–13, the number of mental disorder claims per 100 million hours worked (frequency rate) and per 100 000 workers (incidence rate) showed up and downwards movements over time (Figure 12). In deviation from data shown above, frequency and incidence rates have been calculated on a per 100 million

hours (instead of million hours) and per 100 000 workers (instead of per 1000 workers) basis to take into account a lower number of mental disorder claims per year compared to considering combined number of claims data for a five year period.

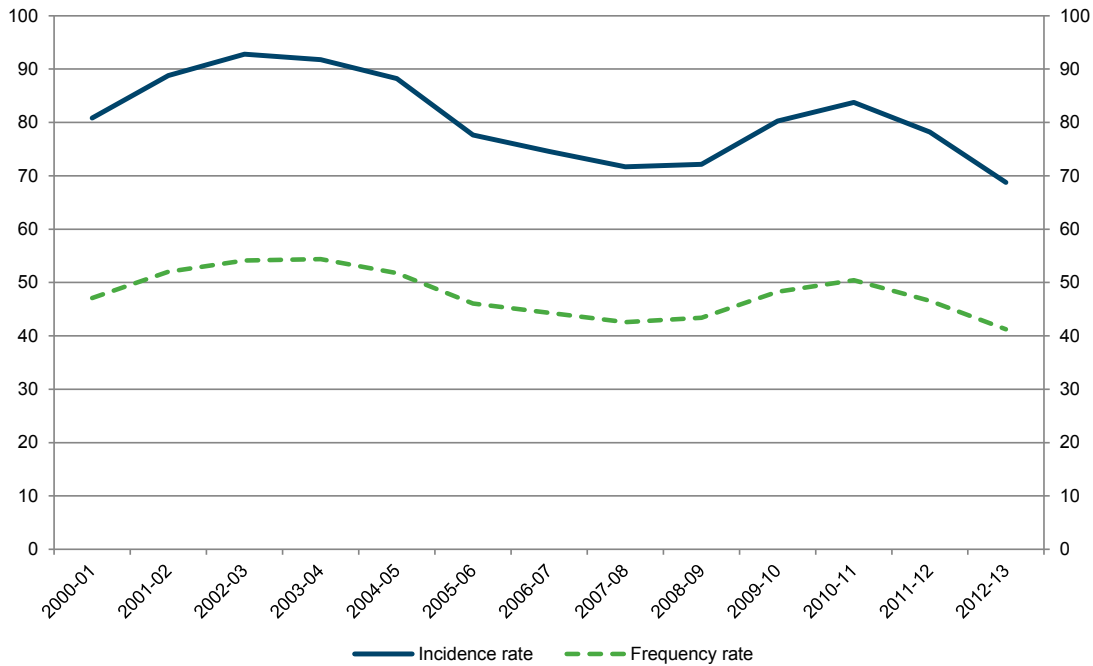
Older workers (55+) compared with younger workers (aged 24 and below):



128%

higher chance of being awarded a mental disorder claim as a result of work pressure

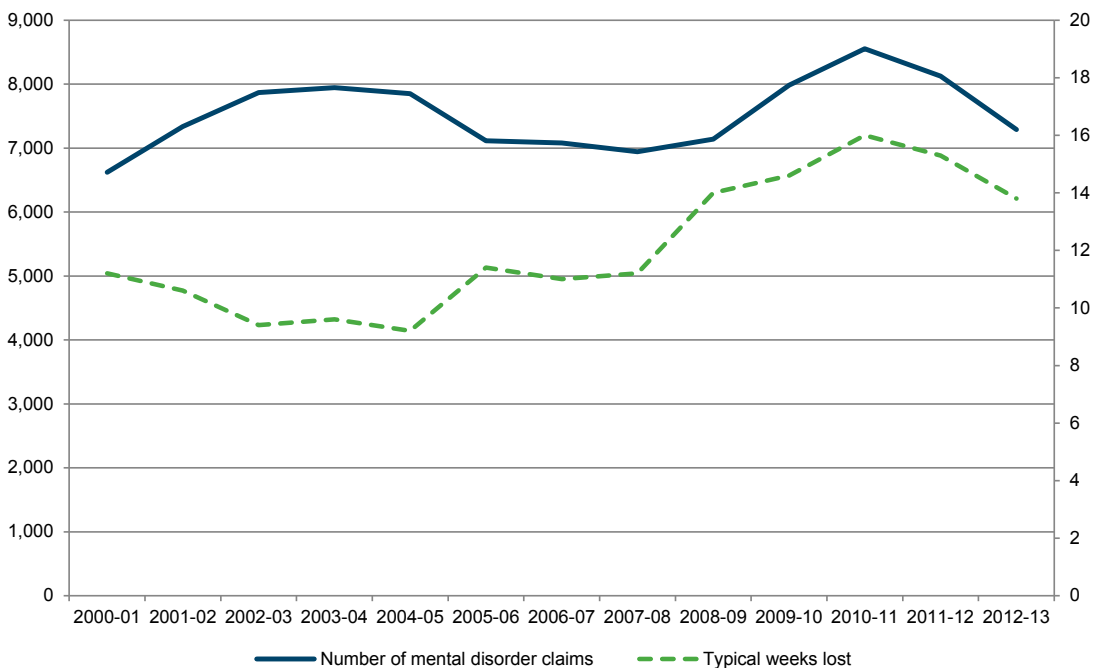
Figure 12: Incidence (number of claims per 100 000 workers) and frequency rates (number of claims per 100 million hours worked) associated with mental disorder claims, 2000–01 to 2012–13. Frequency and incidence rates have been calculated on per 100 million hours (instead of million hours) and per 100 000 workers (instead of per 1000 workers).



Similarly to mental disorder claim rates the number of claims has shown up and downward movements over time, with a possible start of a declining trend in 2010–11 (Figure 13). The typical length of time (median weeks)

off work associated with mental disorder claims shows a relatively steady upward trend between 2004–05 and 2010–11, which also appears to have changed trend in 2010–11.

Figure 13: Number of mental disorder claims and typical time off work associated with claims involving a mental condition, 2000–01 to 2012–13.



Further information

Australian Work Health and Safety Strategy 2012–2022:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/australian-work-health-and-safety-strategy-2012-2022>

General information about mentally healthy workplaces and resources:

<http://www.headsup.org.au/training-and-resources/mentally-healthy-workplace-alliance>

Guide for preventing and responding to workplace bullying:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/guide-workplace-bullying>

Preventing psychological injury under work health and safety laws fact sheet:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/preventing-psychological-injury-fact-sheet>

Safe Work Australia research about bullying and psychosocial work health and safety hazards:

<http://www.safeworkaustralia.gov.au/sites/swa/research/pages/research>

Psychosocial Health and Safety and Bullying in Australian Workplaces:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/psychosocial-health-and-safety-and-bullying-in-australian-workplaces>

The Australian Workplace Barometer - report on psychosocial safety climate and worker health in Australia:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/the-australian-workplace-barometer-report>

Information about improving mental health and overcoming mental health difficulties:

<https://www.mentalhealthonline.org.au/pages/about-us/mental-health-online/>

Explanatory Notes

Information about the data used in this profile and other information can be found here:

<http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/explanatory-notes-datasets>



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