



**Safe Work Australia – Data report**

# Psychological health and safety in the workplace

February 2024 | Our Data. Your Stories.



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**Psychosocial hazards are those that may cause psychological harm (whether or not it may also cause physical harm).<sup>1</sup> People who are exposed to psychosocial hazards at work are at greater risk of developing a work-related psychological injury, and poorer mental health outcomes.**



## 1 Background

While the model WHS laws have always dealt with both physical and psychological health and safety, a significant body of work has been progressed over the last few years to better support duty holders to comply with their WHS duties. This includes Safe Work Australia amending the model WHS Regulations to deal with psychosocial risks and publishing a model Code of Practice on *Managing psychosocial hazards at work*. Continuing to build the capability of PCBU, regulators and workers to ensure compliance with the duty to manage psychosocial hazards at work is a key target of the *Australian WHS Strategy 2023-2033*. One of the ways Safe Work Australia is taking action on this important target is by ensuring access to high quality data on psychosocial hazards to help inform our own policy work as well as activities by WHS regulators, worker and employer representatives, duty holders and workers.

Mental health conditions account for an increasing proportion of serious workers' compensation claims, and have garnered significant attention over recent years as awareness of their impact on individuals and workplaces has grown.

This report draws from three main data sources to examine characteristics and trends in the worker experience of psychosocial hazards and mental health conditions in Australian workplaces. These are Safe Work Australia's National Dataset for Compensation-based Statistics (NDS), People at Work (PAW) survey data and the National Return to Work (NRTW) survey. Each of these datasets measure the impact of exposure to psychosocial hazards at work in different ways, and in different subsets of the Australian population, so in combination the data enable unique insights to be identified and explored. This analysis is intended to further inform the public policy debate on how improvements in workplace psychological health and safety can be made. Detailed information about the strengths and limitations of each dataset is provided in Section 9 .

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<sup>1</sup> Model Work Health and Safety Regulations as at 1 August 2023

## 2 Introduction

In 2020-22, the ABS National Study of Mental Health and Wellbeing reported that



# 2 in 5

(42.9%) Australians had experienced a mental health condition at some point in their lifetime<sup>2</sup>

This was similar to the number of Australians who reported experiencing a mental health condition at some point in their lifetime in the 2007 study (45%)<sup>3</sup>. Women were more likely than men to have experienced an anxiety or affective disorder in the past 12 months, while men were much more likely to have experienced a substance use disorder. In the same period, Australians aged 16-24 were most likely to report having experienced an anxiety, affective or substance use disorder. While mental health conditions are disproportionately suffered by the unemployed, the impact on the labour force is significant and work-related stressors are a likely contributor to mental health conditions in this part of the population.

Currently, mental health conditions contribute a small but increasing proportion of work-related injuries and illnesses in Australia. In 2021-22p, mental health conditions accounted for 9% (11,700) of all serious claims<sup>4</sup> and 7% of all work-related injuries and illnesses<sup>5</sup>. This represented a 36.9% increase in claims since 2017-18, compared to an increase of 18.3% for all serious claims over the period. However, it is possible that destigmatisation and increased awareness of mental health conditions may have contributed to this rise in claims.

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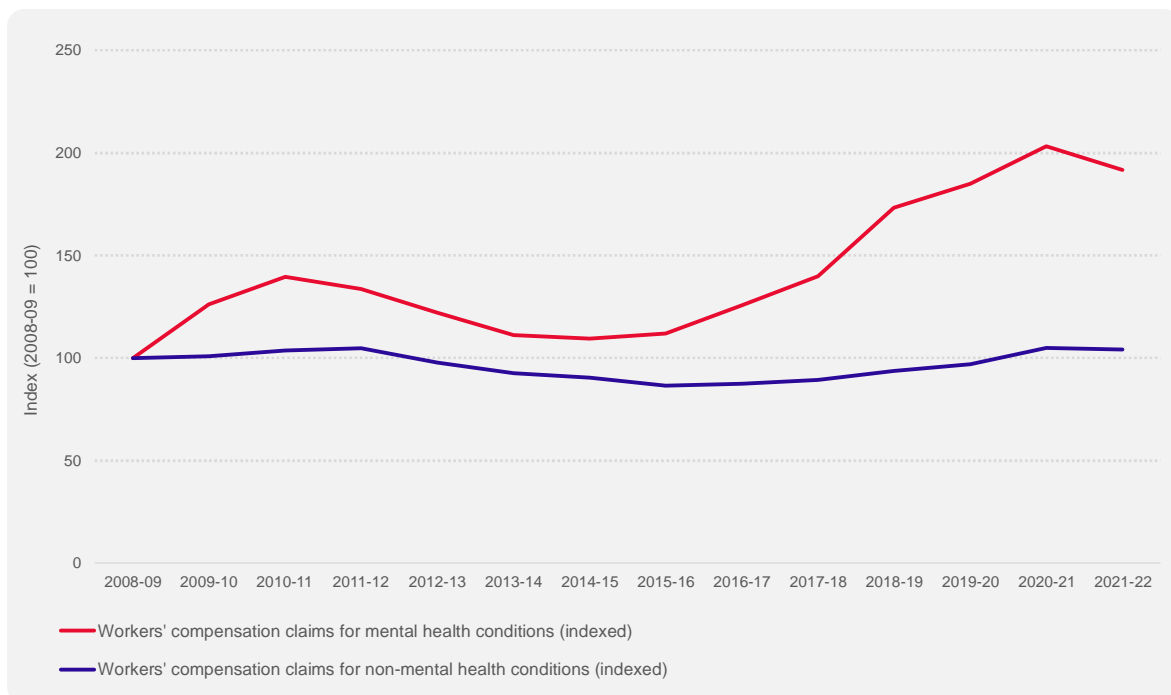
<sup>2</sup> Australian Bureau of Statistics (2020-2022), [National Study of Mental Health and Wellbeing](#)

<sup>3</sup> Australian Bureau of Statistics (2007), [National Survey of Mental Health and Wellbeing: Summary of Results](#)

<sup>4</sup> Serious claims are defined as accepted workers' compensation claims which have resulted in one or more working weeks lost (excluding fatalities and journey claims).

<sup>5</sup> Australian Bureau of Statistics (2021-22), [Work-related injuries](#). This figure includes all work-related injuries or diseases, irrespective of time lost or application for workers' compensation.

**Figure 1:** Indexed number of serious claims for mental health conditions and non-mental health conditions, NDS (2008-09 to 2021-22p).



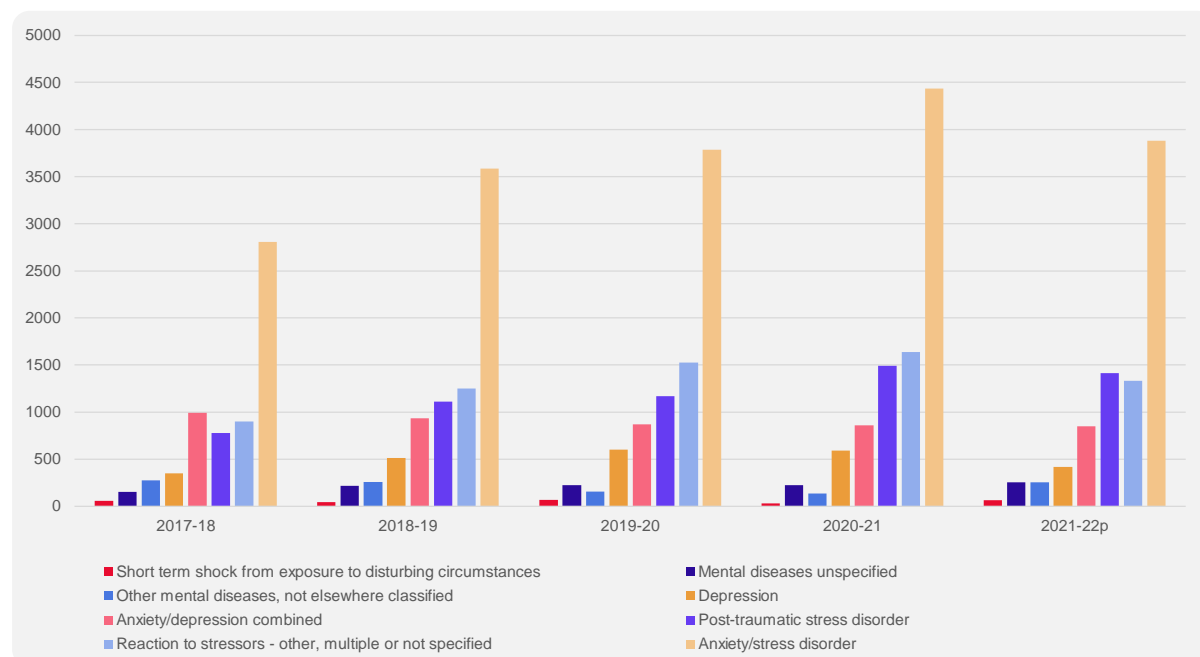
Source: Safe Work Australia National Dataset for Compensation-based Statistics.



The most common type of mental health condition claim in 2021-22p was anxiety/stress disorders (45.8%).<sup>6</sup>

<sup>6</sup> Excluding data from Victoria

**Figure 2:** Number of serious claims for mental health conditions, NDS (2017-18 to 2021-22p)<sup>7</sup>

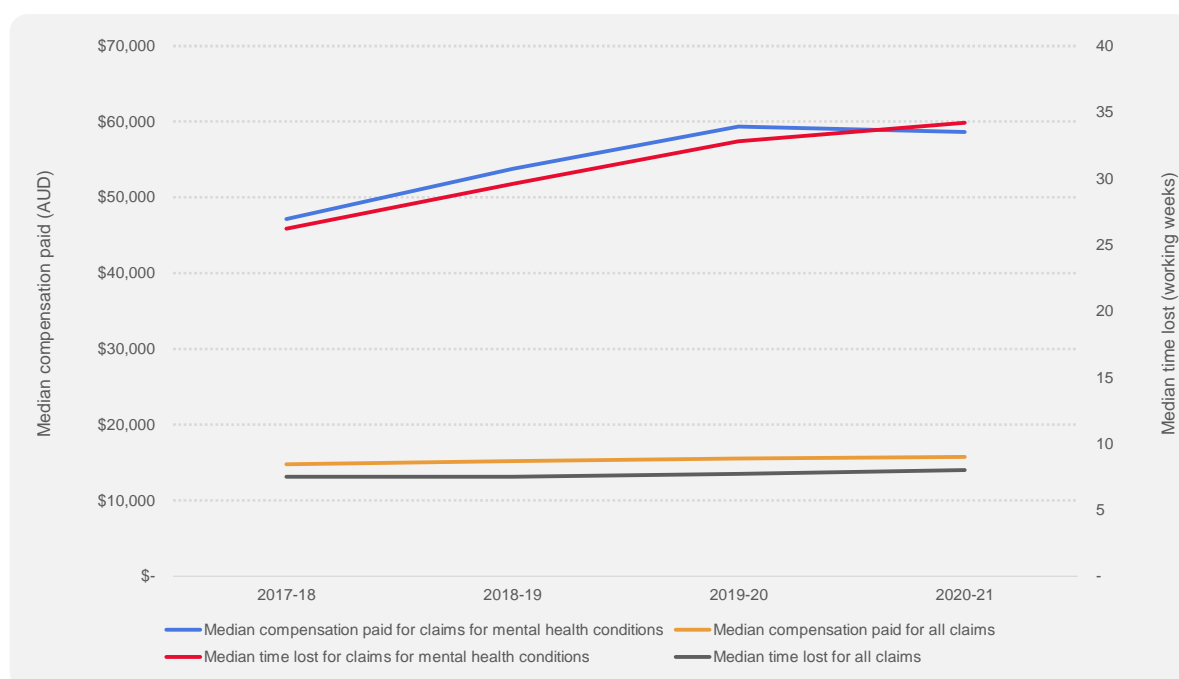


Source: Safe Work Australia National Dataset for Compensation-based Statistics.

Mental health conditions represent a significant personal impact as well as a financial cost for workplaces. In 2020-21, the median compensation paid for mental health conditions was \$58,615 per serious claim compared to \$15,743 per serious claim for all injuries and diseases. In addition, mental health conditions are associated with increased loss of productivity: over the same period, the median time lost for mental health conditions was 34.2 working weeks per serious claim compared to 8.0 working weeks per serious claim for all injuries and diseases.

<sup>7</sup> Excluding data from Victoria

**Figure 3:** Median time lost and compensation paid for mental health conditions and all injuries and diseases, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

Workers' compensation claims identify the *mechanism* as the action, exposure or event that **best** described the circumstances that resulted in the most serious injury or disease.<sup>8</sup> The onset of mental health conditions resulting in a claim may primarily be related to mental stress at work, or a physical injury or other incident. Between 2017-18 and 2021-22p, the majority of claims for mental health conditions identified the mechanism as mental stress (92%). Of the remaining 8% of claims, the main mechanisms identified were being assaulted by a person or persons (2.9%) and vehicle accidents (1.4%).



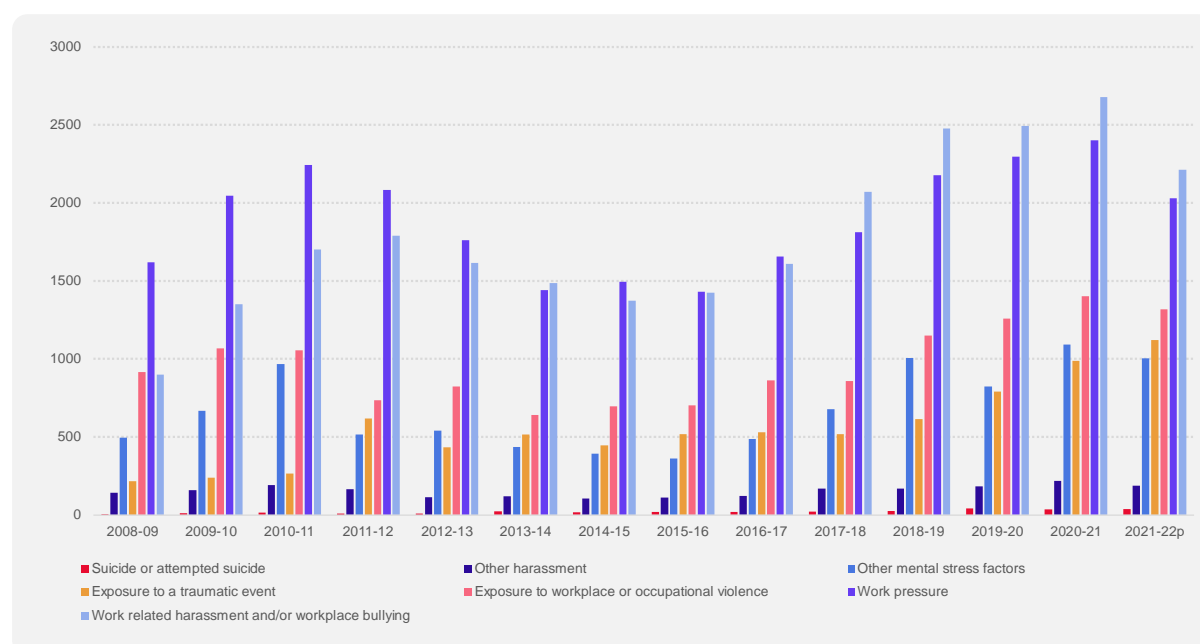
Of the approximately 10,000 serious mental stress claims in 2021-22p, the highest proportion were attributed to work related harassment and/or workplace bullying (27.5%), work pressure (25.2%) and exposure to workplace or occupational violence (16.4%).

After 2016-17, work related harassment and/or workplace bullying overtook work pressure as the main cause of mental stress claims. This represented a significant change, as work pressure had been the main cause of mental stress claims for over a decade prior.

<sup>8</sup> Safe Work Australia Type of Occurrence Classification System (TOOCS), 3<sup>rd</sup> Edition



**Figure 4:** Number of serious claims for mental health conditions with mechanism as mental stress, by subcategory of mental stress, NDS (2008-09 to 2021-22p)<sup>9</sup>



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

Between 2016-17 to 2020-21 inclusive, the median compensation paid and time lost were greatest for suicide or attempted suicide.

**Table 1:** Number of serious claims for mental health conditions with mechanism of mental stress, by subcategory<sup>10</sup>

Subcategory of mental stress	Number of serious Mental Health condition claims
Work related harassment and/or workplace bullying	2,213
Work pressure	2,030
Exposure to a traumatic event	1,121
Exposure to workplace or occupational violence	1,318
Other mental stress factors	1,003
Other harassment	187
Mental stress related to Novel Coronavirus (COVID-19)	145
<b>Total</b>	<b>10,918</b>

Source: Safe Work Australia National Dataset for Compensation-based Statistics (2021-22p).

<sup>9</sup>Victorian data only includes 1 digit level TOOCS coding for Mental Stress claims. All data for Mental stress subcategories exclude Victorian claims. Chart excludes Mental stress claims relating to Novel Coronavirus (COVID-19) due to low claim counts.

<sup>10</sup> Totals include mental stress claims where subcategories were not recorded or unknown. The sum of the rows may therefore not equal the total.

**Table 2:** Median compensation paid and time lost for mental stress subcategories<sup>11</sup>.

Subcategory of mental stress	Median compensation paid (AUD)	Median time lost (working weeks)
<b>Suicide or attempted suicide<sup>12</sup></b>	81,641	36.0
<b>Exposure to a traumatic event</b>	56,455	28.4
<b>Work pressure</b>	58,195	27.2
<b>Work related harassment and/or workplace bullying</b>	58,070	31.2
<b>Mental stress related to Novel Coronavirus (COVID-19)</b>	57,464	35.7
<b>Other mental stress factors</b>	98,803	57.6
<b>Other harassment</b>	46,117	27.0
<b>Exposure to workplace or occupational violence</b>	30,276	18.5
<b>All mental stress</b>	58,615	34.2

Source: Safe Work Australia National Dataset for Compensation-based Statistics (2021-22) <sup>13</sup>.

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<sup>11</sup>Totals include mental stress claims where subcategories were not recorded or unknown.

<sup>12</sup> Excludes fatality claims.

<sup>13</sup> Median time lost and compensation paid are not provided for preliminary data (2021-22) because claims from the preliminary year are likely to be open and claimants may accrue more time lost and compensation paid in future years.

### 3 Industry analysis



#### Health care and social assistance industry

had the highest number of serious claims for work-related mental health conditions than any other industry over the last five years.



#### Public administration and safety

had the greatest percentage increase in claim numbers between 2017-18 and 2021-22p

Workers' compensation claims data show that workers in the Health care and social assistance industry were more likely to have an accepted workers' compensation claim for mental health conditions than workers in any other industry over the last five years (Figure 5). The People at Work (PAW) Survey data show that these workers were exposed to psychological hazards such as high emotional demand, workplace bullying and work-related occupational violence. Public administration and safety and Education and training also accounted for a high proportion of accepted serious workers' compensation claims for mental health conditions. Between 2017-18 and 2021-22p, the greatest percentage increase in claim numbers occurred in the Public administration and safety industry.

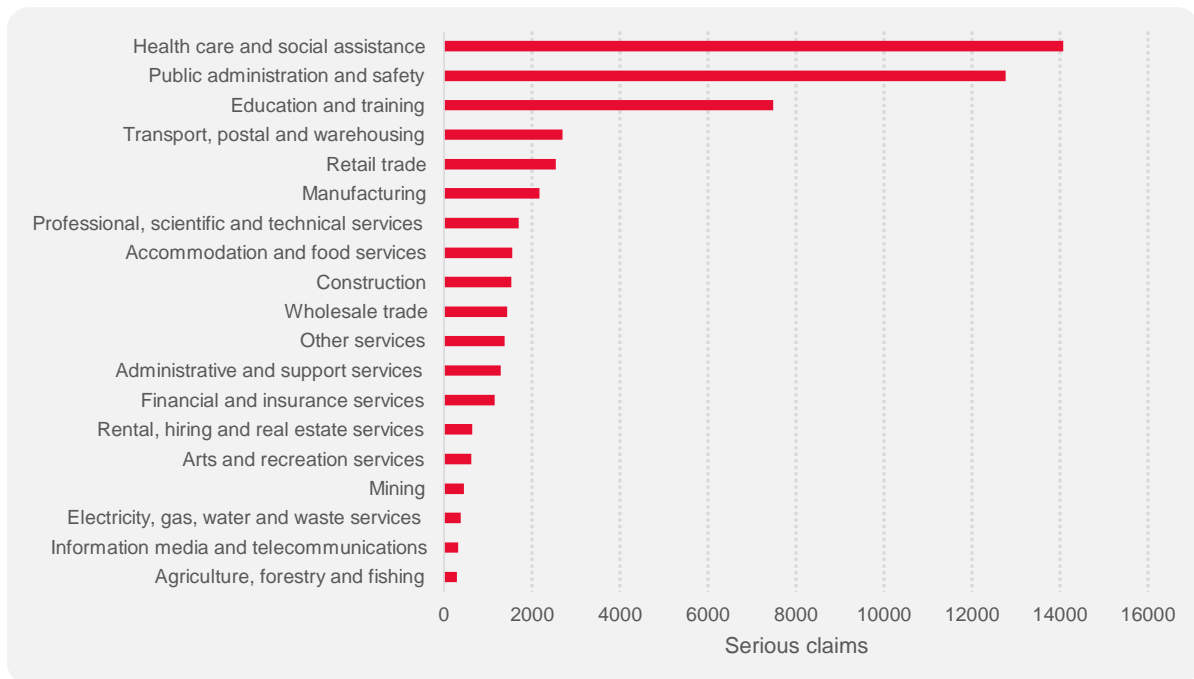
From the PAW data, a higher than average number of respondents in the Retail trade industry also suffer from high or very high levels of psychological distress; however, we do not see this industry feature prominently in the NDS mental health condition data. The cause of the high levels of psychological distress in this industry is unclear from the data collected in the PAW survey and may be a result of selection bias<sup>14</sup>; however, higher than average incidence of sexual harassment in this industry are noted in other national surveys.<sup>15</sup>

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<sup>14</sup> *People at Work* is an Australian psychosocial risk assessment survey where respondents self-select to participate as part of an organisation that is using the tool.

<sup>15</sup> Time for respect: Fifth national survey on sexual harassment in Australian workplaces, Australian Human Rights Commission 2022

**Figure 5:** Number of serious claims for mental health conditions by industry, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

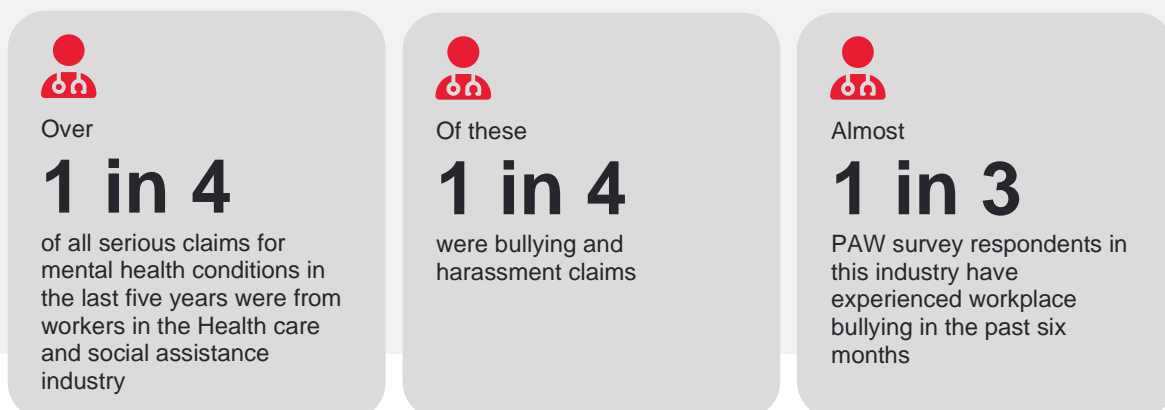
Table 3 shows the distribution of the subcategories of mental health claims across industries.

**Table 3:** Number of serious claims for mental stress subcategories by industry, NDS (2017-18 to 2021-22p)

	Exposure to a traumatic event	Exposure to workplace or occupational violence	Mental stress related to novel coronavirus (COVID-19)	Other mental stress factors	Other harassment	Suicide or attempted suicide	Work pressure	Work related harassment and/or workplace bullying	Grand total
Accommodation and food services	9%	27%	0%	7%	5%	1%	20%	32%	100%
Administrative and support services	7%	15%	1%	9%	5%	0%	25%	39%	100%
Agriculture, forestry and fishing	16%	9%	0%	11%	4%	0%	24%	36%	100%
Arts and recreation services	11%	10%	1%	10%	4%	0%	28%	36%	100%
Construction	14%	8%	0%	10%	4%	0%	27%	37%	100%
Education and training	4%	19%	1%	7%	2%	0%	38%	28%	100%
Electricity, gas, water and waste services	11%	7%	0%	10%	4%	0%	29%	38%	100%
Financial and insurance services	5%	9%	1%	15%	2%	0%	34%	33%	100%
Health care and social assistance	11%	20%	1%	9%	2%	0%	25%	31%	100%
Information media and telecommunications	5%	7%	1%	12%	2%	0%	30%	41%	100%
Manufacturing	5%	7%	0%	10%	3%	0%	27%	47%	100%
Mining	30%	5%	0%	10%	2%	0%	20%	33%	100%
Other services	7%	8%	1%	11%	4%	0%	30%	39%	100%
Professional, scientific and technical services	4%	7%	0%	9%	2%	0%	38%	38%	100%
Public administration and safety	15%	12%	1%	20%	1%	1%	27%	22%	100%
Rental, hiring and real estate services	7%	10%	0%	9%	3%	0%	31%	39%	100%
Retail trade	6%	20%	1%	9%	4%	0%	20%	41%	100%
Transport, postal and warehousing	22%	17%	0%	11%	3%	1%	16%	30%	100%
Wholesale trade	4%	8%	0%	9%	3%	0%	27%	48%	100%

Source: Safe Work Australia National Dataset for Compensation-based Statistics.

### 3.1. Health care and social assistance



The Health care and social assistance industry is the largest employing industry in Australia<sup>16</sup>. It encompasses services such as hospitals, ambulances, general and specialist medical care, pathology and diagnostic imaging, dental and allied health care, child care and aged and residential care. According to the 2021 ABS Census, Health professionals (including Medical practitioners and Midwifery and Nursing professionals) comprise 30% of the Health care and social assistance industry. In 2023, this occupation had the highest proportion of shortages of any Professional occupation in Australia.<sup>17</sup> Understanding the impact of work on mental health may also provide insights into drivers of key skills shortages, with the continuing shortage of Health professionals likely to exacerbate existing work-related psychosocial hazards experienced.

Workers in the Health care and social assistance industry accounted for 25.8% (14,079) of serious claims for mental health conditions between 2017-18 and 2021-22p, relative to workers in other industries. Workers in this industry also had high scores on the People at Work (PAW) survey for job burnout, sprains and strains, intention to take sick leave, intention to seek medical advice, intention to transfer jobs and intention to resign.

Workers in the Health care and social assistance industry also reported lower than average scores for including job control, praise and recognition, supervisor support, procedural justice, co-worker support and change consultation.

Health care and social assistance workers were more likely to report experiencing work-related harassment or bullying according to both workers' compensation claims (NDS) and PAW data. NDS data show that these workers accounted for the highest proportion of all serious claims for bullying (568 claims or 25.7% of bullying and harassment claims in 2021-22p). This was supported by PAW data, in which respondents in this industry were some of the most likely to experience workplace bullying (32.0%). Occupation-specific surveys also highlight this as a significant issue, with the Medical Training Survey reporting 1 in 3 medical trainees experiencing or witnessing bullying, harassment, discrimination or racism.<sup>18</sup>

Job demands in the Health care and social assistance industry were high according to the PAW survey. This aligns to other occupation-specific surveys such as the Medical Training Survey, which reports 48% of doctors in training had heavy or very heavy workloads.<sup>18</sup> NDS data showed that workers in this industry accounted for the second highest number of serious claims for work pressure (464 serious claims in 2021-22p).

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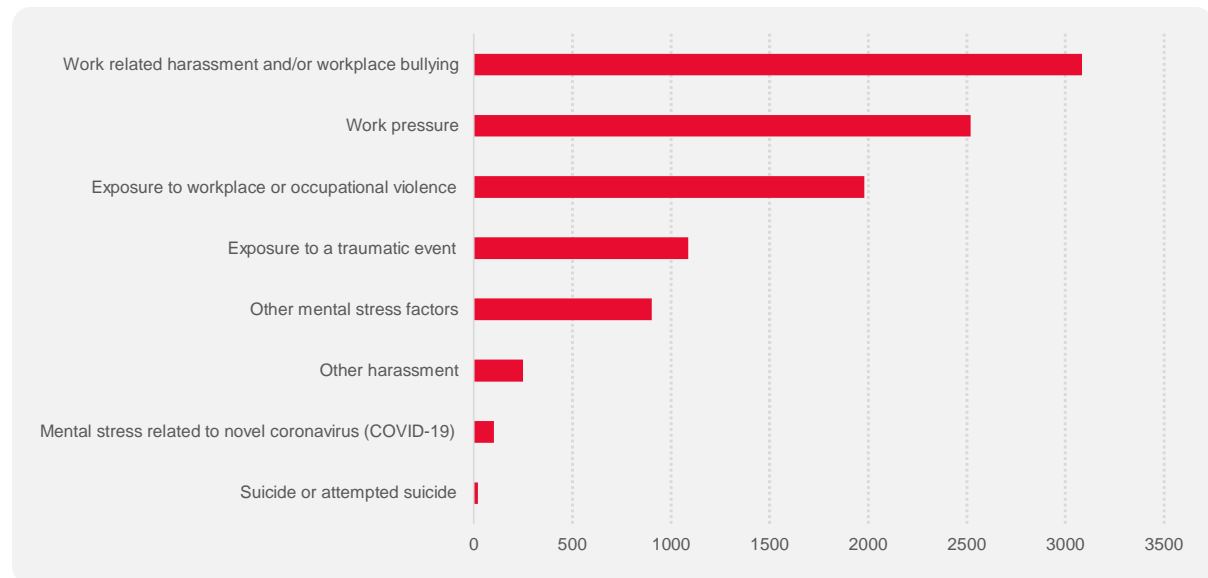
<sup>16</sup> Australian Bureau of Statistics, 2023. *Labour Force, Australia, Detailed*. Available at <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/latest-release#industry-occupation-and-sector>.

<sup>17</sup> Jobs and Skills Australia, 2023 Skills Priority List, Key Findings Report, <https://www.jobsandskills.gov.au/sites/default/files/2023-10/2023%20SPL%20Key%20Findings%20Report.pdf>

<sup>18</sup> AHPRA and Medical Board of Australia, 2023 Medical Training Survey, <https://medicaltrainingsurvey.gov.au/Download/2023/2023%20MTS%20Infographic%20High%20level%20snapshot.pdf>

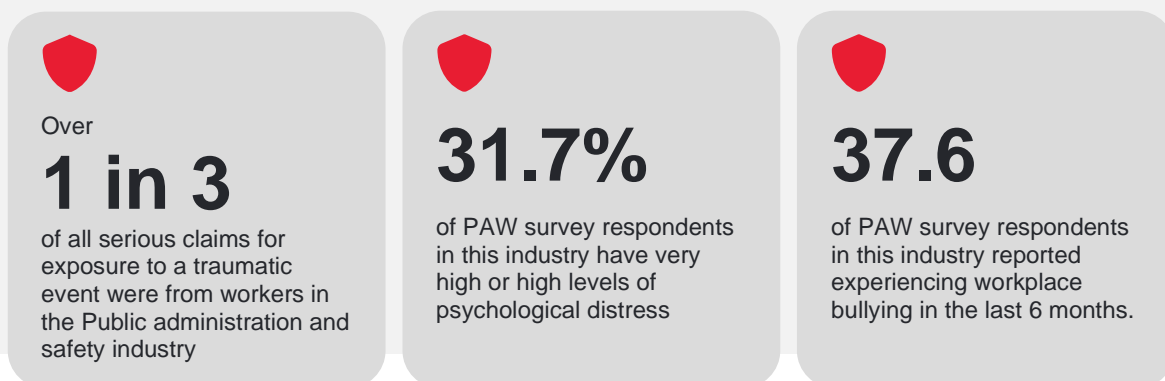
This industry also accounted for the highest number of claims for exposure to occupational violence (401 or 30.4% of all occupational violence claims). In the PAW survey, respondents in the Health care and social assistance industry were among the most likely to report that they had experienced work-related violence and aggression (18.4%).

**Figure 6:** Number of serious claims for mental health conditions in the Health care and social assistance industry, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

### 3.2. Public administration and safety



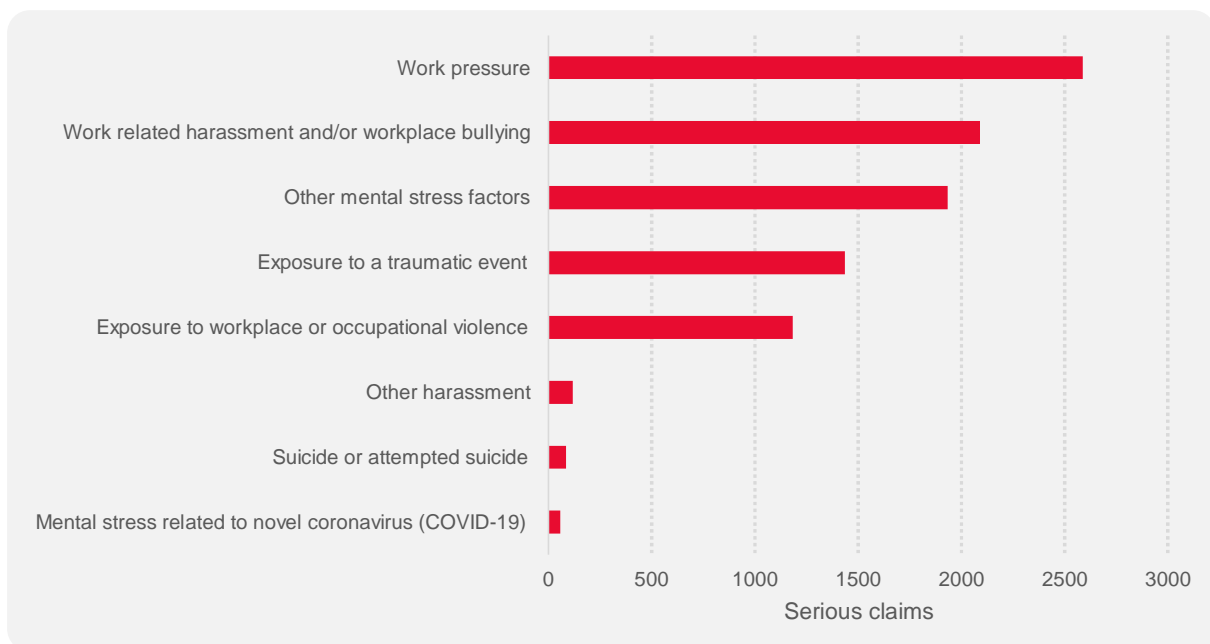
The Public administration and safety industry includes workers who provide police services, investigation and security services, fire protection and other emergency services and correctional and detention services. According to data from the 2021 ABS Census, approximately 20% of workers in this industry are Protective service workers (e.g., Defence Force Members, Fire Fighters, Police, Prison or Security Officers); while approximately half of the workers in this industry are comprised of Professionals, Clerical and Administrative workers. However, Protective service workers are over-represented in serious workers' compensation claims, and comprise approximately 70% of serious mental health claims in this industry. The People at Work (PAW) survey does not collect data on occupation.

Public administration and safety workers accounted for the second highest number of serious claims for mental health conditions between 2017-18 and 2021-22p (12,767 or 23.4%). They also accounted for 27.3% (555) of serious claims for work pressure and over 1 in 3 (36.4% or 408) of all serious claims for exposure to a traumatic event in 2021-22p. This correlates with People at Work (PAW) survey data which reports a higher than average percentage of respondents working in this industry having very high (12.6%) or high (19.1%) levels of psychological distress. These workers also recorded higher than average scores for job burnout, intention to take sick leave, intention to seek medical advice, intention to transfer jobs and intention to resign.

Experiences of workplace bullying and occupational violence also differed between workers' compensation and PAW data. Workers' compensation data showed that workers in the Public administration and safety industry accounted for 20.6% (456) of all claims for work-related bullying and harassment and 30.2% (398) of all claims for occupational violence. PAW data indicates that respondents who work in this industry were more likely than average to report experiencing workplace bullying (37.6%) or occupational violence (19.3%) in the last six months.

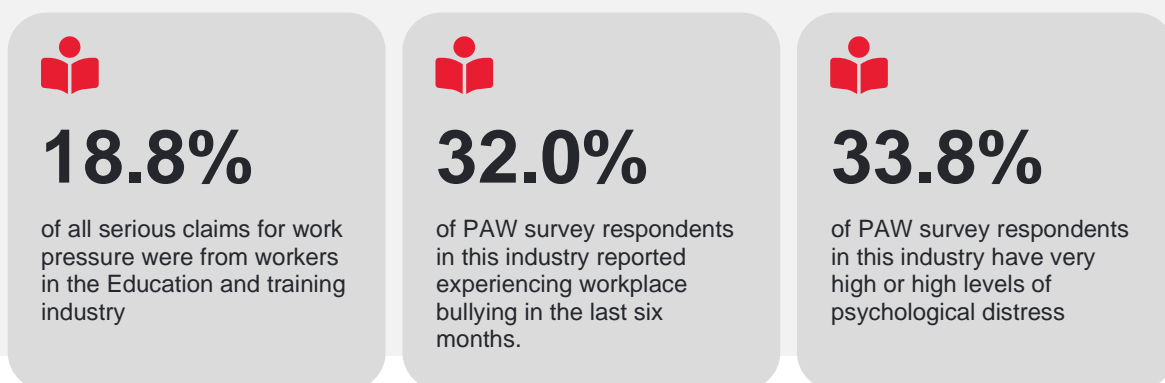


**Figure 7:** Number of serious claims for mental health conditions in the Public administration and safety industry, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

### 3.3. Education and training



The Education and training industry includes workers who are school and preschool teachers, technical college and university workers and a range of administrative and support workers.

Workers in the Education and training industry accounted for 7,479 (13.7%) of all serious claims for mental health conditions between 2017-18 and 2021-22p. A greater than average percentage of People at Work (PAW) survey respondents in this industry recorded very high (12.2%) or high (21.6%) levels of psychological distress. Workers also recorded higher than average scores for intention to seek medical advice and job burnout, but average scores for intention to take sick leave, sprains and strains, intention to transfer jobs and intention to resign.

Job demands in the Education and training industry were also relatively high, with workers accounting for 18.8% of all claims for work pressure. PAW respondents reported above average scores for most job demand fields, except group task conflict. Scores for job resources were average or below.

PAW and NDS data differed with respect to work-related bullying and harassment and occupational violence. NDS data indicated that a relatively high proportion of occupational violence (220 or 16.7%) and bullying and harassment (295 or 13.3%) claims were accounted for by workers in the Education and training industry. PAW survey data indicates that a higher than average number of respondents in this industry have experienced workplace bullying in the last six months (32.0%)

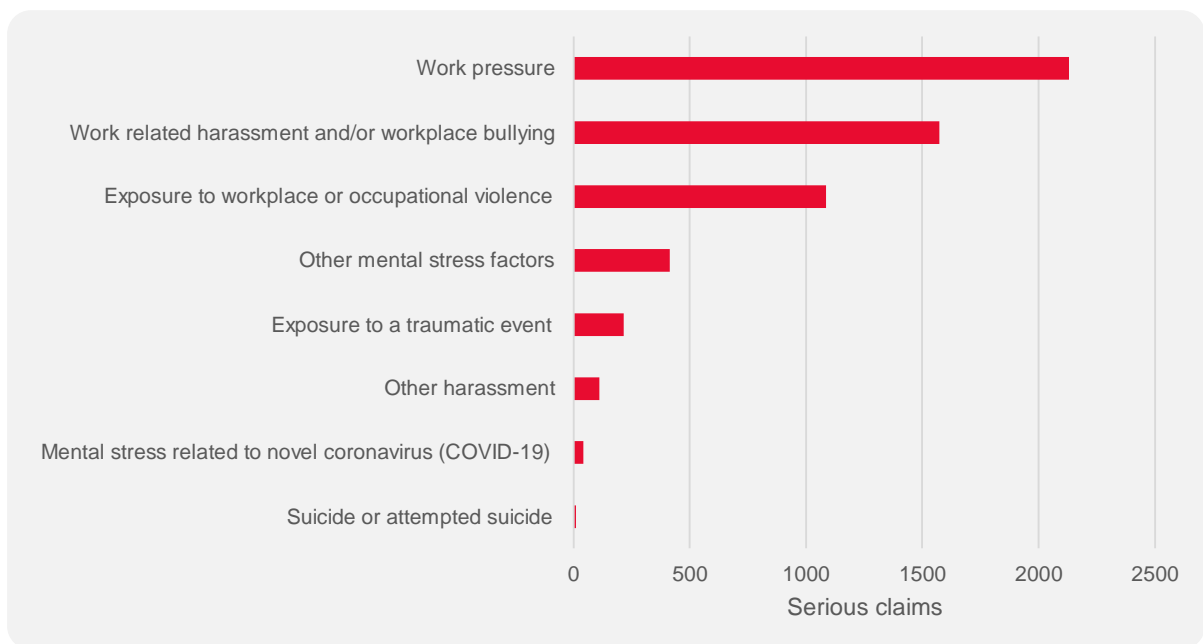
Understanding the impact of work on mental health may also provide insights into drivers of key skills shortages,<sup>19</sup> with survey data from the Australian Institute for Teaching and School Leadership finding that 25% of teachers intended to leave the profession before retirement and a further 34% were considering doing so. Of those, 60% cent said it was because teaching was affecting their wellbeing or mental health.<sup>20</sup> The continuing shortage of education professionals is likely to exacerbate existing work pressures experienced by workers in the Education and Training industry.

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<sup>19</sup> Jobs and Skills Australia, 2023 Skills Priority List, Key Findings Report, <https://www.jobsandskills.gov.au/sites/default/files/2023-10/2023%20SPL%20Key%20Findings%20Report.pdf>

<sup>20</sup> Australian Teacher Workforce Data: National Teacher Workforce Characteristics Report, Australian Institute for Teaching and School Leadership, December 2021. Accessed at: [https://www.aitsl.edu.au/docs/default-source/atwd/national-teacher-workforce-char-report.pdf?sfvrsn=9b7fa03c\\_4.pdf](https://www.aitsl.edu.au/docs/default-source/atwd/national-teacher-workforce-char-report.pdf?sfvrsn=9b7fa03c_4.pdf)

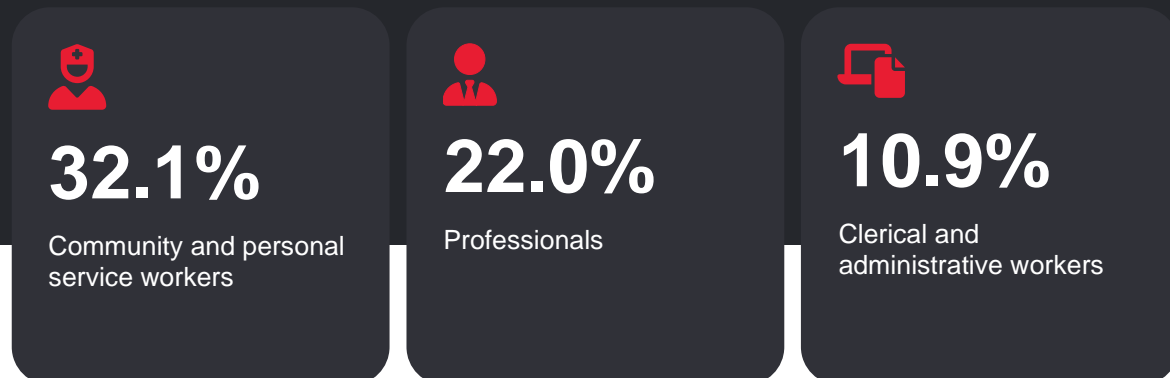
**Figure 8:** Number of serious claims for mental health conditions in the Education and training industry, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

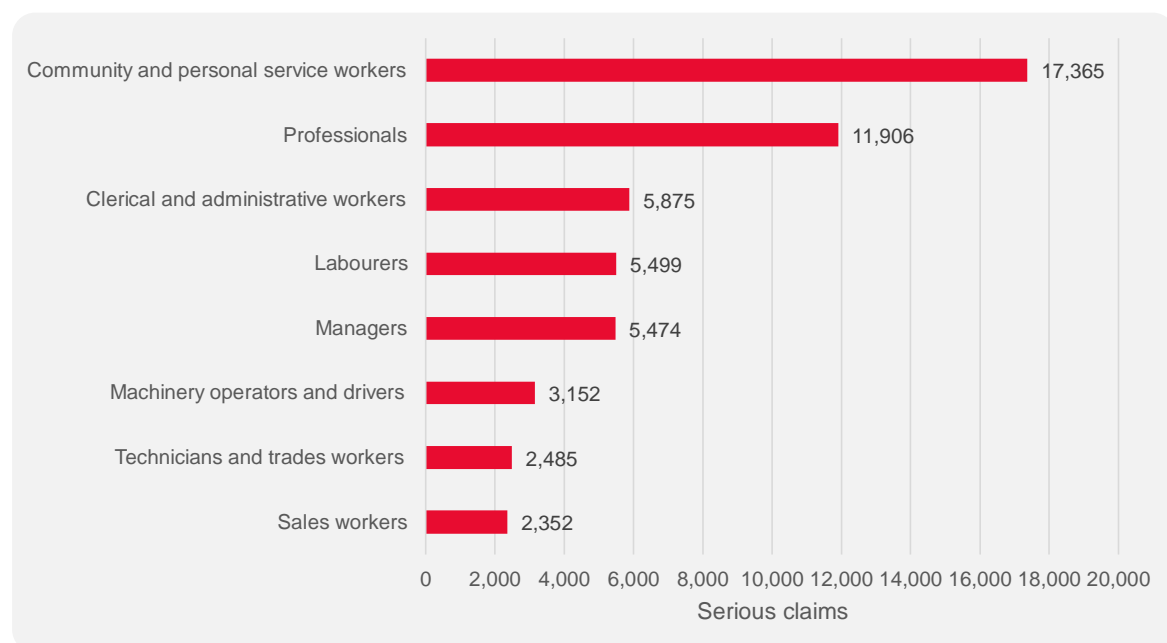
## 4 Occupation

The following occupations accounted for highest proportion of workers' compensation claims for mental health conditions between 2017-18 and 2021-22p:



Over the same period, the greatest increase in claims for mental health conditions was seen in Community and personal service workers, Labourers and Managers.

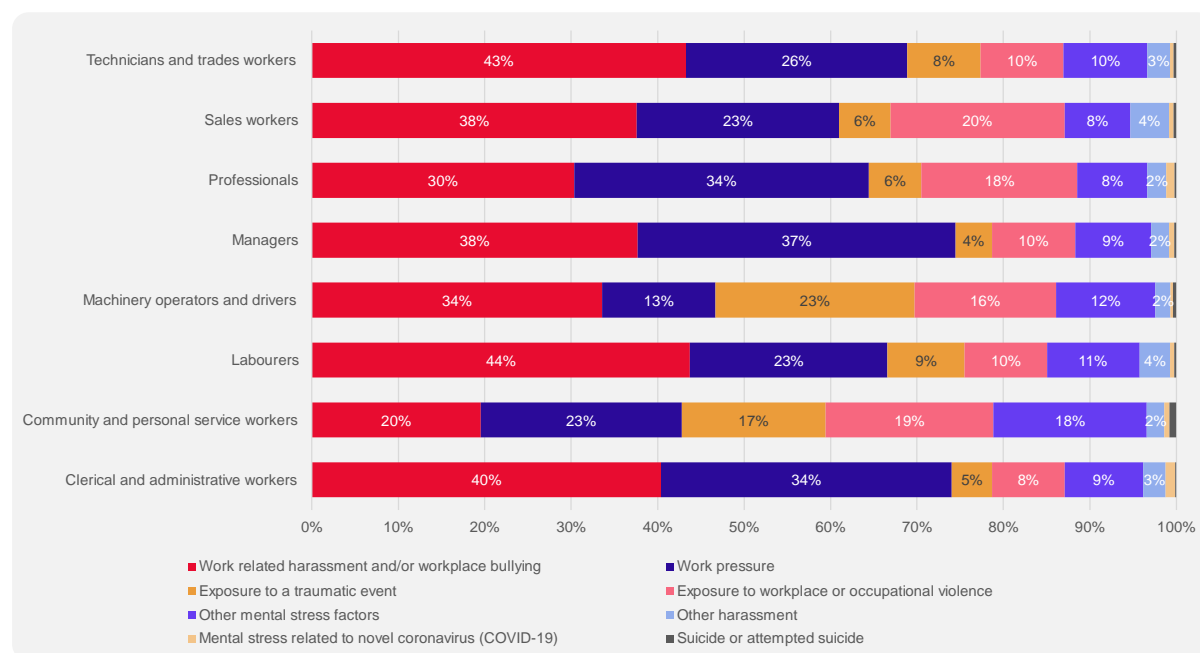
**Figure 9:** Number of serious claims for mental health conditions by occupation, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

In Community and personal service workers, work pressure (23.3%), exposure to workplace or occupational violence (19.5%) and work-related harassment or workplace bullying (19.5%) accounted for the highest proportion of mental stress claims. However, Figure 10 below shows the main mechanisms attributed to serious claims for mental health conditions varies significantly in different occupations. This highlights the different impacts that the working environment and job requirements can have on the experiences that workers have of work-related mental stress.

**Figure 10:** Percentage of serious claims for mental stress subcategories by occupation, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

**Table 4:** Number of serious claims for mental stress subcategories by occupation, NDS (2017-18 to 2021-22p)

Occupation	Work related harassment and/or workplace bullying	Work pressure	Exposure to a traumatic event	Exposure to workplace or occupational violence	Other mental stress factors	Other harassment	Mental stress related to COVID-19	Suicide or attempted suicide
Clerical and administrative workers	1,837	1,529	212	381	413	120	50	6
Community and personal service workers	2,468	2,940	2,098	2,459	2,241	258	72	103
Labourers	1,569	819	320	341	385	126	17	9
Machinery operators and drivers	653	256	448	319	224	34	5	8
Managers	1,398	1,361	157	357	325	78	22	9
Professionals	2,578	2,897	519	1,531	691	182	84	17
Sales workers	627	390	99	336	127	75	9	5
Technicians and trades workers	699	414	137	155	157	42	7	5
<b>Total</b>	<b>11,829</b>	<b>10,606</b>	<b>3,990</b>	<b>5,879</b>	<b>4,563</b>	<b>915</b>	<b>266</b>	<b>162</b>

Source: Safe Work Australia National Dataset for Compensation-based Statistics.

## 5 Gender

Between 2017-18 and 2021-22p



# 57.8%

of all serious claims were  
among women

Between 2017-18 and 2021-22p, over half of all serious claims for mental health conditions were among women (57.8%). This was broadly reflective of the broader population who have experienced a mental health condition in the past 12 months, which comprises 57.3% of women and 42.7% of men.<sup>21</sup> People at Work (PAW) survey data indicated that women had higher scores than men for outcomes of exposure to workplace psychosocial hazards including job burnout; sprains and strains; intention to take sick leave and intention to transfer jobs. Women also had higher than average rates of high or very high psychological distress.

When examining the differences in work-related psychological health between men and women, it is important to consider the differences in psychosocial hazards that are associated with the industries and occupations in which they work. According the 2021 ABS Census, the Health care and social assistance industry was comprised of 78% female workers, and similarly 71% of Community and personal service workers were female.

Given the exposure to psychosocial hazards and high number of claims for mental health conditions for female-dominated industries and occupations, it is unsurprising that we observe poor outcomes resulting from exposure to psychosocial hazards in females, including a higher number of serious claims for mental health conditions.

The most significant disparity in workplace experiences between men and women was claims for exposure to work-related bullying and harassment and occupational violence. Workers' compensation claims (NDS) data show that 31.1% of women with a mental stress claim had experienced work-related harassment and/or workplace bullying in 2021-22p compared to 22.6% of men, and 3.4% of women with a mental stress claim had experienced other harassment, which includes sexual and racial harassment, compared to 0.9% of men. These findings differed slightly to the PAW survey data, which reports that women were about as likely as men to report having never experienced work-related bullying. Work-related sexual harassment data are not currently collected in the PAW survey; however recent data from the ABS Personal Safety Survey indicates the estimated number of women who experience work-related sexual harassment is over 2.5 times the estimated number of men (332,400 women compared to 127,600 men).<sup>22</sup>

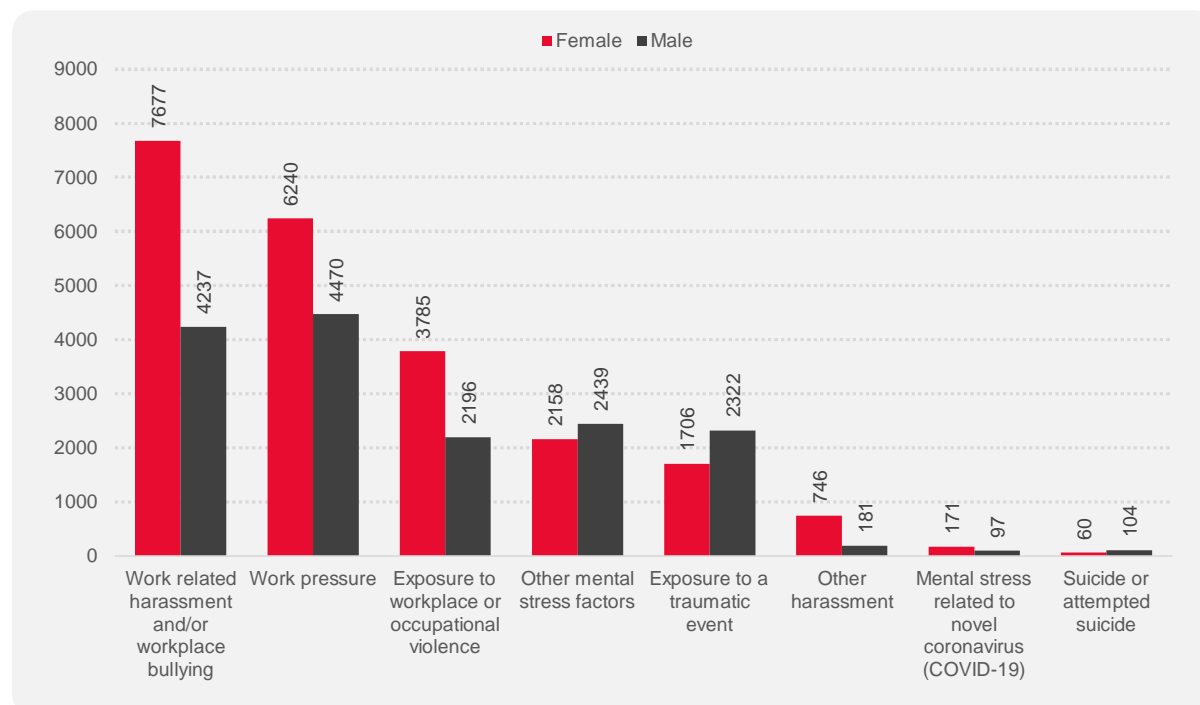
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<sup>21</sup> Australian Bureau of Statistics. *National Study of Mental Health and Wellbeing, 2020-2022*. Available at <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.

<sup>22</sup> Australian Bureau of Statistics (2021-22), Personal Safety, Australia, 2021-22. Available at <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/2021-22>

Data from the most recent National Survey on Sexual Harassment in the workplace<sup>23</sup> suggests that workers' compensation claims data vastly underrepresent the incidence of these work-related experiences, with 41% of women and 26% of men reporting that they had experienced workplace sexual harassment in the last five years. However, less than 1 in 5 people (18%) made a formal report or complaint about sexual harassment at work. Of those who had been sexually harassed in the workplace, 71% of women and 59% of men subsequently experienced negative mental health impacts.

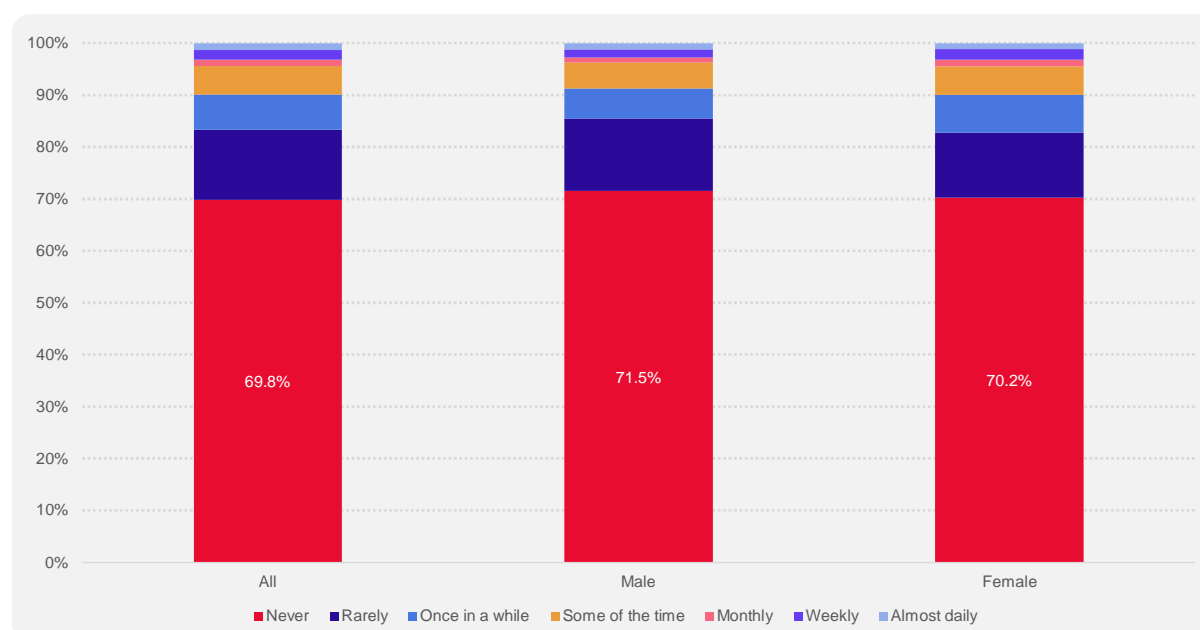
**Figure 11:** Number of claims for mental stress subcategories by sex, NDS (2017-18 to 2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

<sup>23</sup> Australian Human Rights Commission. *Time for respect: Fifth national survey on sexual harassment in Australian workplaces*, 2022. Available at [https://www.respectatwork.gov.au/sites/default/files/2022-11/2022.11.18\\_Time%20for%20Respect%202022%20%28Full%20Report%29.pdf](https://www.respectatwork.gov.au/sites/default/files/2022-11/2022.11.18_Time%20for%20Respect%202022%20%28Full%20Report%29.pdf)

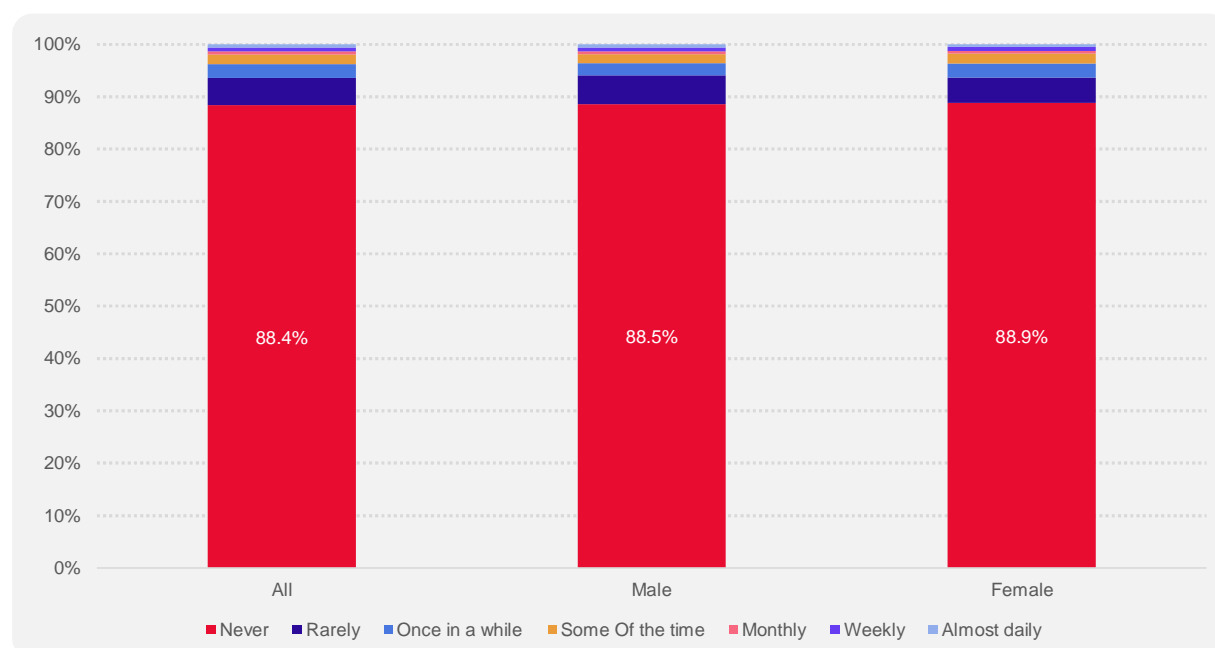
**Figure 12:** Experience of work-related bullying in the previous 6 months by sex, PAW (December 2022 to December 2023)



Source: People at Work Survey

In 2021-22p, women also accounted for the majority (59.0%) of accepted workers' compensation claims for occupational violence. In the PAW survey, men were about as likely to say that they had never experienced occupational violence compared to women (88.5% compared to 88.9%). Women reported sources of occupational violence as clients/customers and family/friend of clients/customers at higher rates than men; while men reported co-workers, supervisors, subordinates and members of the public at higher rates than women.

**Figure 13:** Experience of occupational violence in the previous 6 months by sex, PAW (December 2022 to December 2023)



Source: People at Work Survey



## 6 Age Group

There were no clear trends observed in psychosocial hazards experienced by age group in either the workers' compensation (NDS) or People at Work (PAW) survey data.

**Table 5:** Number of serious claims for mental health conditions by age group, NDS (2017-18 to 2021-22p)

Age group	2017-18	2018-19	2019-20	2020-21	2021-22p	% change (2017-18 to 2020-21)
<25yrs	367	462	506	524	505	43%
25-34yrs	1,348	1,676	1,941	2,124	1,990	58%
35-44yrs	2,098	2,553	2,678	2,840	2,757	35%
45-54yrs	2,773	3,356	3,428	3,924	3,518	42%
55-64yrs	1,770	2,252	2,450	2,647	2,587	50%
65yrs+	188	282	298	353	340	88%
<b>Total</b>	<b>8,544</b>	<b>10,581</b>	<b>11,301</b>	<b>12,412</b>	<b>11,697</b>	<b>45%</b>

Source: Safe Work Australia National Dataset for Compensation-based Statistics.

**Table 6:** Serious claims per hundred million hours worked\* for mental health conditions by age group, NDS (2017-18 to 2021-22p)

Age group	2017-18	2018-19	2019-20	2020-21	2021-22p	% change (2017-18 to 2020-21)
<25yrs	14.9	18.4	21.6	22.5	20.5	51%
25-34yrs	27.1	32.9	39	43.1	41	59%
35-44yrs	46.6	55.2	58.4	59.4	58	27%
45-54yrs	64.6	78	78.9	90.2	82.5	40%
55-64yrs	64.6	80.6	87.5	90.9	90.4	41%
65yrs+	35.5	49	51.3	57.9	56.5	63%
<b>All age groups</b>	<b>43.8</b>	<b>53.2</b>	<b>57.6</b>	<b>62.3</b>	<b>59.1</b>	<b>42%</b>

\* Note the claims frequency rate normally reported by Safe Work Australia is serious claims per million hours worked. Serious claims per one hundred million hours is reported here to facilitate comparisons between age groups and year on year change analysis.

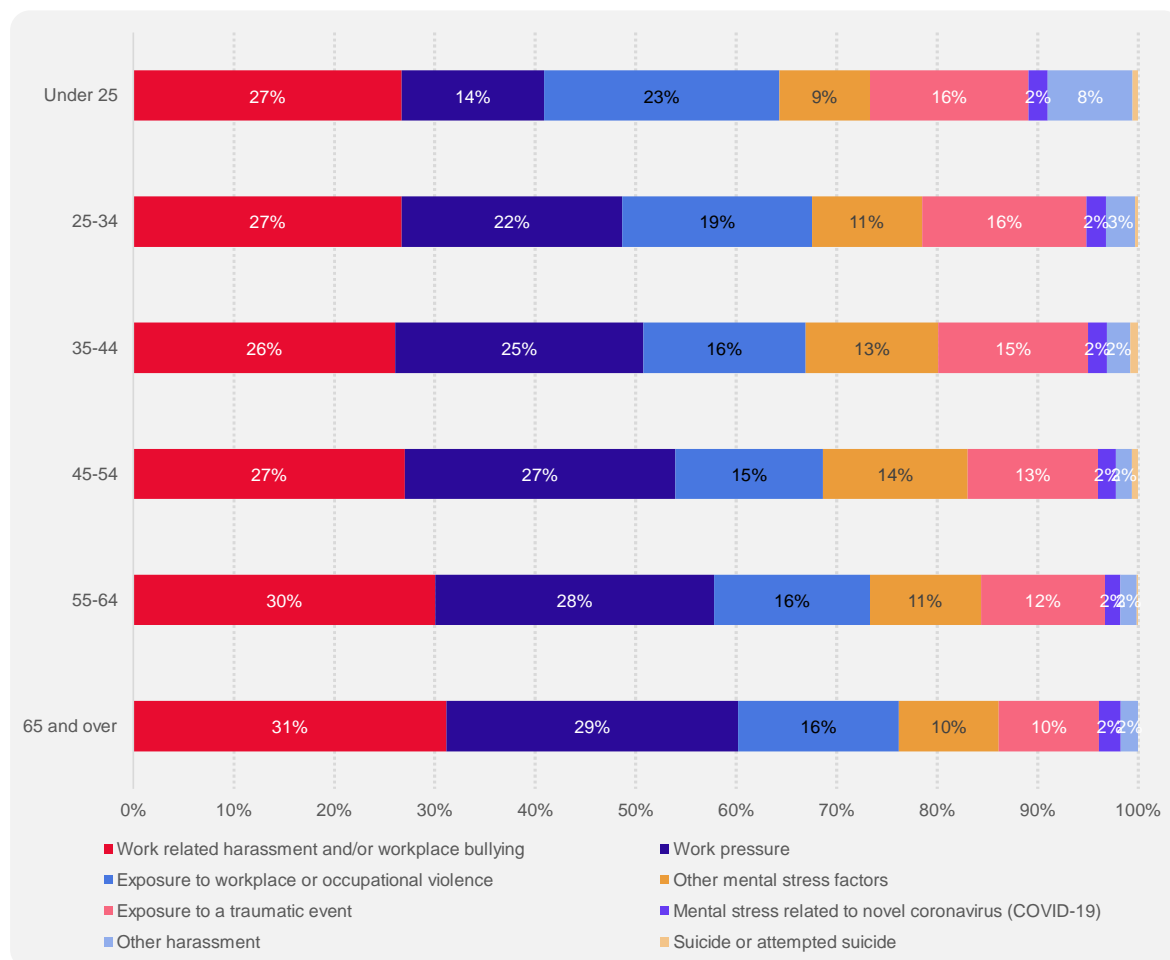
Source: Safe Work Australia National Dataset for Compensation-based Statistics.

Respondents aged 15-24 and 25-34 were most likely to report having very high or high levels of psychological distress in the PAW survey. Psychological distress was lower than average in the 45-54 and 55-64 age groups.

Job demands varied significantly across age groups. PAW data showed that respondents aged 45-54 had the highest scores for role overload, emotional demand, group relationship conflict and role conflict. This aligns with NDS data from 2017-18 to 2021-22p, where the highest proportion of serious claims for mental health conditions in workers aged 45-54 were for work pressure (29.4%) and work-related harassment and bullying (31.1%).

Job resources also varied across age groups, with workers aged 45-54 having the lowest score for praise and recognition and co-worker support. Workers aged 65-74 had equally low scores for praise and recognition and a low score for supervisor support. Workers aged 35-44 had the lowest score for procedural justice and change consultation.

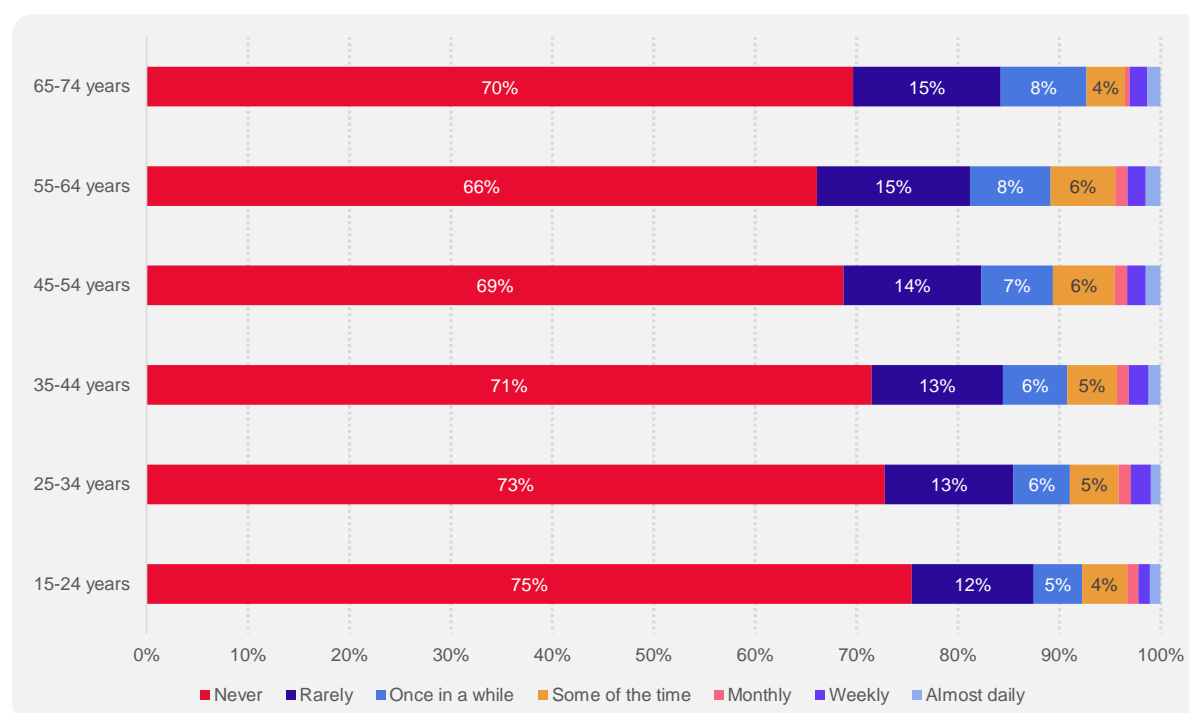
**Figure 14:** Percentage of claims for mental stress subcategories by age group, NDS (2021-22p)



Source: Safe Work Australia National Dataset for Compensation-based Statistics.

In 2021-22p, workers aged 65 and over accounted for the greatest percentage of serious claims for work-related harassment and/or workplace bullying in terms of workers' compensation claims, closely followed by workers aged 55-64. Younger workers accounted for the lowest. This was supported by PAW data, which highlighted that younger respondents were the least likely to have experienced workplace bullying in the last 6 months. The likelihood of having experienced workplace bullying in the last 6 months increased with age before decreasing slightly in the 65-74 age group.

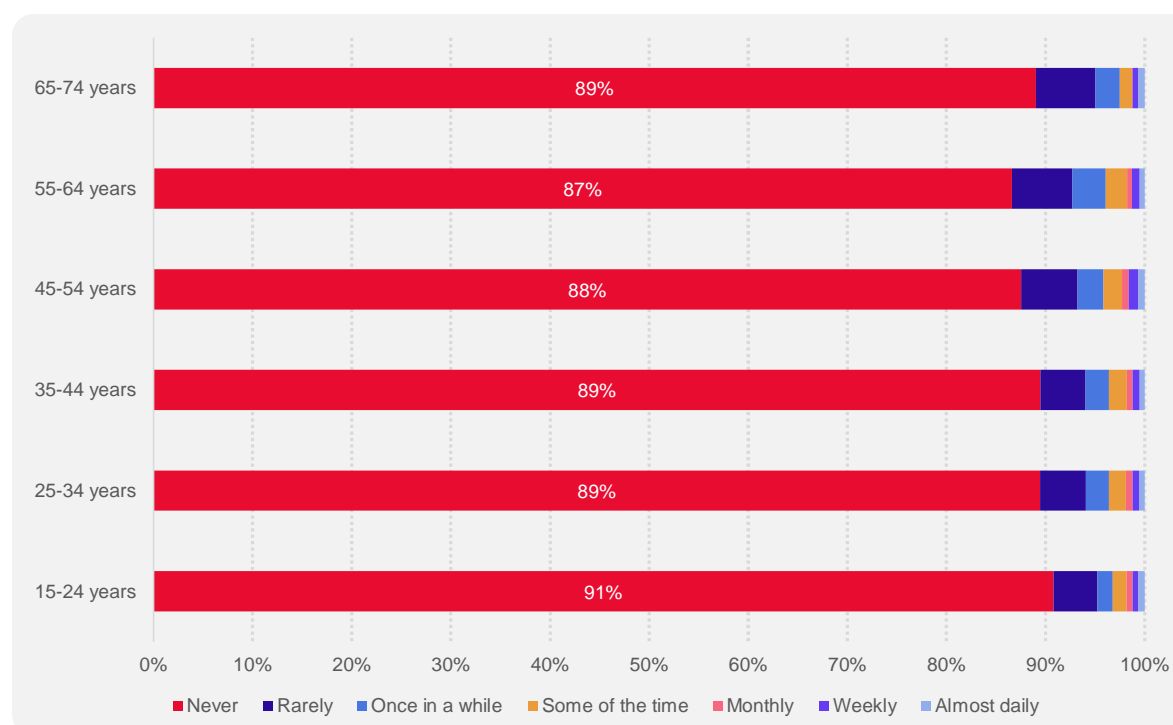
**Figure 15:** Experience of work-related bullying by age group, PAW (December 2022 to December 2023)



Source: People at Work Survey. Age categories have been excluded where they represent less than 1% of total response counts.

Workers aged 45-54 years accounted for the highest proportion of serious claims for occupational violence, closely followed by workers aged 35-44. This was supported by PAW data, which found that respondents aged 45-54 were the most likely to report having experienced work-related violence in the last 6 months (85.2%). However, workers aged 25-34 years were the most likely to report experiencing work-related violence almost daily (1.41%).

**Figure 16:** Experience of occupational violence by age group, PAW (December 2022 to December 2023)



Source: People at Work Survey. Age categories have been excluded where they represent less than 1% of total response counts.

## 7 Return to work outcomes

**Return to work outcomes were poorer for workers with claims for mental health conditions compared with those workers who had a workers' compensation claim for another reason.**



The return to work rate for people with mental health condition claims in 2021 was

**79.1%**

compared to 91.6% for all injuries.



**44.5%**

required additional time off

In 2021, people with mental health condition claims had a significantly lower return to work rate (79.1% compared to 91.6% for all injuries) and were more likely to require additional time off (44.5% compared to 24.5% for other injury types). They were also more likely to report multiple additional injury diagnoses than those with other injury types.

Workers who lodged a claim for a mental health condition were less likely to agree that they received support from and were treated fairly by their employers, and to report a sense of justice when obtaining compensation compared to those workers who made a claim for a different injury type. These workers were more likely to believe that they would be treated differently by people at work, that their supervisor thought they were exaggerating or faking their injury/illness, that they would be fired if they submitted a claim and that their employer discouraged them from putting in a claim. Further, they were more likely to report a difference of opinion to their compensation organisation on the nature and extent of injury experienced and the appropriateness of the compensation arrangement.

The process of returning to work was also assessed by workers with a mental health claim as more difficult compared with those with a claim for other reasons. In addition to having poorer access to medical care, these workers were less likely to report having received contact from their employer and RTW coordinator, and less likely to have a return to work plan. They were also more likely to have found interactions with their RTW coordinator and medical professionals stressful. For support, people with mental illness claims were most likely to turn to legal advice or a union and less likely to return to an employer/colleague or family/friends.

Once returned to work, people with mental illness claims were more likely to work fewer hours (55.3% compared to 58.6% for all injuries) and to perform different duties compared to duties performed prior to the injury (27.8% compared to 20.8% for all injuries). They were less likely to agree that they were able to perform/complete work tasks, remain at work, and deal with the physical demands of their work. These workers also had lower average scores for workability (6.5 compared to 7.7 for all injuries), a measure of how well a worker perceived they were able to do their job on the day they undertook the survey. However, there was no significant difference seen in work limitations.

## 8 Conclusion

This report uses data from the **National Dataset for Compensation-based Statistics**, **People at Work** survey and the **National Return to Work Survey** to explore the psychosocial hazards and outcomes experienced by Australian workers.

### Notable findings include:

- 💡 Mental health conditions accounted for 9% (11,700) of all serious workers' compensation claims and 7% of all work-related injuries and illnesses in 2020-21. This represented a 36.9% increase in claims since 2016-17, compared to an increase of 18.3% for all serious claims over the period.
- 💡 The most common mechanism attributed to claims for mental health conditions were work related harassment and/or workplace bullying (27.5%), work pressure (25.2%) and exposure to workplace or occupational violence (16.4%).
- 💡 The median time lost and compensation paid for mental health conditions were more than 4 times greater than that of all injuries and illnesses.
- 💡 Women were more likely than men to experience poor work-related psychological health outcomes. This is because they were exposed to more psychosocial hazards, including work pressure, work-related bullying and harassment, occupational violence and workplace sexual harassment than men.
- 💡 Workers in the Health care and social assistance, Public administration and safety and Education and training industries accounted for the highest number of serious claims for mental health conditions out of all industries.
- 💡 Occupations including Community and personal services workers, Professionals and Clerical and administrative workers accounted for the highest proportion of workers' compensation claims for mental health conditions.
- 💡 Over half of serious claims for mental health conditions were among women (58%), which is unsurprising given the high representation of female-dominated industries and occupations in mental health claims.
- 💡 Workers with claims for mental health conditions reported poorer return to work outcomes and were more likely to report stigma from colleagues and their employers.

## 9 About the data

### 9.1. National Dataset for Compensation-based Statistics

Safe Work Australia compiles national workers' compensation statistics using data obtained from workers' compensation authorities in each state, territory and the Commonwealth government. These data are collated into the National Data Set for Compensation-based Statistics (NDS), which is Safe Work Australia's primary source of information on work-related injuries and diseases. Further information about this dataset can be found in the explanatory notes<sup>24</sup>. The NDS categorises workers' compensation claims using the Type of Occurrence Classification System (TOOCS)<sup>25</sup>. The TOOCS is divided into four parts: Nature of injury/disease classification, Bodily location of injury/disease classification, Mechanism of incident classification and Agency of injury/disease classification. Note that classifications of mental health conditions used in the TOOCS do not necessarily reflect those used in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

When interpreting NDS data, it is important to consider that not all workers are eligible for workers' compensation may opt not to lodge a claim, and not all workers who are eligible may opt to lodge a claim. This is particularly relevant to mental health conditions, where social stigma and workplace culture may influence whether or not a worker is willing to lodge a claim. The experience of stigma may differ by industry, occupation or type of mental health condition. Moreover, the NDS data are coded under the principle that coders must select the most serious injury or disease sustained by the worker in the TOOCS. This means that where workplace incidents cause both physical and subsequent psychological harm to a worker, more often the physical injury is recorded because it occurs first. Additionally, the *mechanism* coded is the action, exposure or event that **best** describes the circumstances that resulted in the most serious injury or disease. Given the way psychosocial hazards combine and interact, this data may present a narrow view of the circumstances resulting in mental injury.

Note that 2020-21 NDS data are preliminary (denoted by 'p') and likely to rise as revisions occur in future years.

### 9.2. People at Work

People at Work (PAW) is a validated Australian psychosocial risk assessment survey, which assesses a number of the most common psychosocial hazards within a workplace. The aim of the survey is to allow organisations to identify, assess and control risks to psychological health at work.

The People at Work risk assessment survey tool has its theoretical foundations in the Job Demands-Resources model. Job demands refer to those events precipitated by the organisation's characteristics that create tension and are bothersome to workers. Job resources are aspects of the work environment that help workers to achieve work-related goals and reduce job demands. A list of job demands and resources used in the PAW survey can be found in the [glossary](#).

Limitations of the PAW survey must be considered when interpreting the data in this report. PAW uses a workplace-based approach to data collection, meaning that workers who responded to the survey were not drawn from the working population using a sampling technique designed to enable representative population estimates to be calculated. PAW data therefore does not necessarily provide a complete representation of psychosocial hazards and outcomes among Australian workers and the available data may be subject to bias. For example, organisations that choose to undertake the PAW survey may be more likely to prioritise improving psychological health in their workplace. For the period analysed in this report (13 December 2022 to 13 December 2023), there were 63,315

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<sup>24</sup> <https://www.safeworkaustralia.gov.au/resources-and-publications/statistical-reports/explanatory-notes-national-data-set-compensation-based-statistics-safe-work-australia>

<sup>25</sup> <https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-toocs-3rd-edition-may-2008>

respondents to the survey (approximately 0.5% total employed Australians). This sample size is too small to draw definite conclusions about population groups, particularly as the survey is skewed towards certain industries (e.g., Health care and social assistance). Moreover, the People at Work survey uses the Kessler Psychological Distress Scale (K10) to measure psychosocial distress. This scale measures the likelihood that the respondent has a mental health condition but cannot be used to diagnose specific mental health conditions such as anxiety or depression.

PAW survey data from 13 December 2022 to 13 December 2023 were used throughout this report. This report uses data supplied by [www.peopleatwork.gov.au](http://www.peopleatwork.gov.au). The views expressed are the responsibility of the author(s) and are not necessarily the views of the People at Work® funding and non-funding partners.

### 9.3. National Return to Work Survey

The Safe Work Australia National Return to Work Survey (NRTW)<sup>26</sup> measures outcomes of ill and injured workers receiving workers' compensation to better understand their experiences and factors that may influence their return to work. In 2021, the survey was conducted by the Social Research Centre. Workers must have been injured between 1 February 2019 and 31 January 2021 and have had at least one day away from work to be included in the survey. A total of 281,581 eligible claimants were included for the survey, with sampling stratification used to inform the final sample selections from this sample frame.

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<sup>26</sup> <https://www.safeworkaustralia.gov.au/doc/2021-national-return-work-survey-methodological-report>

## Glossary

<b>Psychosocial hazard</b>	<b>Factors at work that can harm mental health.</b>
Serious claim	An accepted workers' compensation claim that resulted in time lost of one working week or more (excluding fatality and journey claims).
Nature of injury/disease	The most serious injury or disease sustained or suffered by the worker.
Mechanism of incident	The action, exposure or event that best describes the circumstances that resulted in the most serious injury/disease.
Job demands	Those events precipitated by the organisation's characteristics that create tension and are bothersome to employees, including: <ol style="list-style-type: none"><li>1. Role overload</li><li>2. Role ambiguity</li><li>3. Role conflict</li><li>4. Cognitive demand</li><li>5. Emotional demand</li><li>6. Group task conflict</li><li>7. Group relationship conflict</li></ol>
Job resources	Aspects of the work environment that help employees to achieve work-related goals and reduce job demands, including: <ol style="list-style-type: none"><li>1. Job control</li><li>2. Supervisor support</li><li>3. Co-worker support</li><li>4. Praise and recognition</li><li>5. Procedural justice</li><li>6. Change consultation</li></ol>