

## Welcome

...to the third edition of our 2005 newsletter. In this issue we take a look at how to meet the Department's requirements when formulating a return to work plan and how to support people with a psychological/psychiatric injury. As well, we answer your questions about the process for WorkCover claims, profile the new Director of OHU and provide some useful web addresses. Please note that Clare Reardon has now replaced

Renee Dawson as Human Resource Consultant (Rehabilitation). We wish Renee all the best in her new job with Q Health. If you have any feedback or articles that you would like to contribute, please contact Clare on telephone 3235 4030 or at email Clare. REARDON@qed.qld.gov.au.



## What's New in Rehab?

### New Organisational Structure

Under the departmental restructure, Rehabilitation Consultant positions now form part of regional resourcing. Contact details will remain unchanged, with the exception of personnel in South Coast Region, who relocated to the Robina Office.

### Change to Legislation

An amendment to the *Workers' Compensation and Rehabilitation Act 2003* now makes it illegal for anyone to ask a worker for details of their workers' compensation history when deciding whether to employ, or deciding whether or not a worker should continue in their job.

### Latest Information on Asbestos

The processes for health and safety hazard reporting and for making a WorkCover claim in response to asbestos exposure have now been summarised in a flow chart. This resource is available online at <http://education.qld.gov.au/health/pdfs/healthsafety/asbestos-flow-chart.pdf>.

### WorkCover Claims Processing

WorkCover Queensland are consolidating their delivery of services to the greater Brisbane geographic area. All claims from within the Brisbane area will now be processed through WorkCover's Brisbane City office in Adelaide Street. This change does not affect claims processed in the rest of the state.

### New Fact Sheets Available

Two new fact sheets are available on the Creating Healthier workplaces website. These provide useful information on:

- Witness Statements— who is a witness, the interview, the witness statement and access to statements for WorkCover claims.
- Identifying Stress—what is it, common causes, impacts on the workplace, recognising the signs, responding to a troubled or distressed employee, impact of not taking action, supporting your employees and colleagues, and the Employee Assistance Service (EAS).

## Requirements of Return to Work Plans

The details of all maintain at work and return to work programs should be documented using Form CM09.

All return to work plans should include:

- Details of the employee undergoing rehabilitation, their supervisor, their treating medical practitioner and the workplace rehabilitation coordinator
- The goal of the return to work plan and the employee's overall rehabilitation goal
- Details of the hours the employee will be working each week
- Details of the duties the employee will be performing each week, including details of any restrictions to the employee's duties and any additional supports that will be provided to the employee during the week, such as additional allocations.



program that has been designed for the employee and that they support the program. The treating medical practitioner's signature is particularly important, as this confirms that the Department is not placing the employee at risk of re-injury as a result of the program.

An individual return to work plan should be no longer than one term in duration. Should a maintain at work or return to work program require extension beyond 1 term, further return to work plans need to be developed.

The employee should be monitored while undertaking the return to work plan to ensure that the duties and hours recorded in the plan are not aggravating their medical condition. Alterations should be made to the plan if this is the case. All alterations must be signed by the employee's treating medical practitioner.

Once the return to work plan has been completed this must be signed by all parties before the employee commences the return to work or maintain at work program. This confirms that the doctor, employee, supervisor and WPRC understand the

If the employee is claiming benefits from either WorkCover or QSuper then a copy of the return to work plan should also be sent to the relevant authority.



# Frequently Asked Questions



## Q.1 How long do I have to lodge a WorkCover claim?

WorkCover claims should be submitted as soon as possible following a work related injury or illness being sustained, and *within 20 business days of injury*. Where a late application is made, WorkCover can only pay a workers' compensation benefit for the 20 business days prior to the receipt of a valid application.

Work Cover applications can be lodged either directly to WorkCover or through your principal/manger. Submitting this application through your principal/manger can reduce delays in claim decisions and payments and ensures that all necessary paperwork, including the Employer's Report, are completed and forwarded to WorkCover together. This means that your claim can be responded to by WorkCover more quickly.

All applications for compensation must include a Workers' Compensation Medical Certificate and, if the injury has resulted in time off work, a Tax File Number Declaration.

## Q.2 What happens after a claim is lodged with WorkCover?

Once your application has been received by WorkCover, they will make a determination, usually within 14 days unless further information is required. This information may need to be provided by you, your employer, witnesses or independent doctors. More complex claims, such as stress, are likely to take longer for WorkCover to reach a decision.

Under new changes to the *Workers Compensation and Rehabilitation Act 2003*, WorkCover must determine psychological/psychiatric and fatal claims within 60 working days and all other claims within 40 working days.

If your claim is accepted, you will receive compensation benefits which may include reimbursement for reasonable medical expenses and wages, if you required time off work.

If your application is not accepted, you will be notified by mail, and have a right to seek a review of the decision with Q-COMP, the Queensland Workers' Compensation Regulatory Body.

## Psychological Support

Statistics show that 1 in 5 Australians will experience a mental illness at some stage in their lives. This can take the form of a single episode or it may become more chronic, falling into either an unrelenting or episodic pattern. Types of mental illnesses include: depression, anxiety (including post traumatic stress), psychosis, and eating disorders.

People with a mental illness suffer a great deal and despite the high prevalence rate they often also experience rejection and discrimination. Often this is because people lack information about mental illness and are unsure of how to interact with someone with a mental illness. Sometimes we are fearful of saying the wrong thing and making things worse, or we might feel uncomfortable because the person we know is behaving differently. Often, supporting someone with a mental illness can seem quite demanding.



Let's take the example of depression, one of the most common mental illnesses. The symptoms of helplessness and hopelessness usually present in depression can seem draining and you may feel that the person you are trying to help is working against you. It is important to recognise that the loss of energy and the difficulty "getting going" are part of the illness. They are not a sign that the person is lazy or that they do not want to help themselves. You can best help by encouraging them to identify their own small but attainable goals and to provide positive feedback when these are achieved. Depressed people seldom appreciate other people trying to "cheer them up". It is more helpful to acknowledge their negative feelings, but try to gently redirect them to more positive topics.

People living with mental illness often carry a heavy burden, made worse by stigma and isolation. We can all play a role in assisting and supporting them. ARAFMI (Association of Relatives and Friends of the Mentally Ill) aims to support those caring for someone with a mental illness. They have developed a great booklet full of practical suggestions. "Supporting People with Psychiatric Disabilities" is available, for a cost of \$6, by phoning 3254 1881 or 1800 35 1881. For more information about their resources and services visit [www.arafmi.org.au](http://www.arafmi.org.au).

## Meet the Director

The Organisational Health Unit is pleased to welcome Mark Hewison as acting Director of the Organisational Health Unit in Central Office until the end of December 2005. Mark brings a wealth of knowledge to this role, with health and safety, rehabilitation and workers compensation management experience gained from his position as Manager, Health & Safety Section at the Queensland Police Service and prior to this as an Environmental Health Officer in the Royal Australian Air Force.



Mark's priorities are the provision of an organisational health service under the new regional structure and the development of an organisational health framework that supports a holistic and co-ordinated OH system across the department. Mark is currently planning visits to the regions with members of the OHU to discuss relevant OH issues.

## Useful Websites to Visit



The ComCare site provides information on developments within rehabilitation services at a federal level and provides access to a newsletter which focuses on contemporary issues. [www.comcare.gov](http://www.comcare.gov) is well worth a visit.

[www.chy.com.au](http://www.chy.com.au) is a site dedicated to stress, humour and health. It provides practical solutions to reduce stress and increase fun in your life. A great sight for serious stress relief or a good laugh.



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