

# Inside the minds of Australia's workplaces

Evidence, insight, and  
collective action for better  
mental health outcomes





# Executive summary

We stand at a moment of genuine opportunity – to fundamentally reshape how we support mental health in Australian workplaces and ensure every worker receives the care they deserve. We believe workplaces should foster wellbeing, not just productivity.

Grounded in the latest evidence, this paper identifies who is most at risk and outlines practical strategies that can deliver meaningful impact. Using these insights, we have already begun investing in better ways to care for people when they need it most.

The time to act is now. With the right tools and commitment, we can build healthier, more resilient workplaces - together."

- **Cameron McCullagh**, Executive Chairman, EML

Supporting worker mental health is now the major workplace health and safety challenge facing Australian employers. This research describes the scope and impact of mental illness in our workplaces.

Drawing on the most current national household and workplace datasets - including the Household, Income and Labour Dynamics in Australia (HILDA) survey and the National Data Set for Compensation-Based Statistics – it offers important insights into the scale of the issue and the key opportunities for improvement.

I commend EML for their leadership in commissioning this analysis and helping bring this important information to light."

- **Professor Alex Collie**

Director of the Healthy Working Lives Research Group,  
Monash University

Australia is approaching a pivotal moment in how mental health is recognised and addressed. Today, businesses face rising psychological injury claims, escalating costs, and growing expectations to create safer, more supportive environments for their people. The impacts are far-reaching – affecting not only individuals, but also teams, workplaces, healthcare systems, compensation schemes, and the performance of entire industries.

Yet within these challenges lies a powerful opportunity: to strengthen workplace systems, cultivate compassionate leadership, and embed proactive strategies that promote mental wellbeing.

Research commissioned by the EML Group (**EML, we, us, ours**) and conducted by Monash University's Healthy Working Lives Research Group (**Monash**) draws on an analysis of four large national data sets examining mental health across three key groups: (i) workers, (ii) workers with compensation claims for any injury or illness, and (iii) workers with claims specifically for mental health conditions. Combined with actuarial analysis of the positive impact of EML's Mutual Benefits-supported initiatives, this research goes beyond academic insight – it signals a clear and urgent call for action.

As a leader in Australia's personal injury market, EML has a responsibility to set the benchmark for claims management excellence, talent development, and industry innovation. Our commitment has always been to deliver best-practice personal injury claims management - and today, mental health stands as one of the most urgent challenges facing our sector. That's why we have invested in this research: to identify risks earlier, uncover new solutions, and raise standards across the industry.

The findings, supported by other national and industry data, reveal distinct demographic and occupational risk trends – and, most importantly, show that well-designed, targeted interventions are already delivering measurable improvements in recovery and return to work outcomes.



## A system under strain

Nearly one in three Australian workers – *over four million people* – reported having a mental health condition lasting at least six months in 2022<sup>1</sup>. The most commonly reported illnesses were anxiety disorders (affecting 23% of the workforce) and mood disorders (14%)<sup>1</sup>. The prevalence of these conditions in compensable mental injury claims is notably higher among younger workers and frontline staff, and nearly one in five workers now reports ‘high’ or ‘very high’ psychological distress<sup>1</sup>.

### Claim volume, severity and duration

Mental health-related workers’ compensation claims have surged in recent years, peaking at 14,555 in 2020-21<sup>1</sup>. Yet despite over 4 million workers reporting a chronic mental health condition in 2022, only 13,379 mental injury claims were accepted – representing just 0.33% of affected workers<sup>1</sup>. This stark contrast indicates that claims data alone captures only the tip of the iceberg when it comes to workplace mental health.

#### Tip of the iceberg<sup>1</sup>

In **2021/2022** there was

**13,379**

accepted worker compensation claims for mental injury representing

**0.33%**

of the **4M Australian workers** who reported having a mental health condition that lasted six months or more.

Mental health claims are often expensive and complex. The most commonly reported conditions include anxiety disorders, reactions to workplace stressors, and post-traumatic stress disorder (PTSD)<sup>1</sup>. Mental health conditions now account for 9% of all serious workers’ compensation claims – a proportion that continues to rise<sup>1</sup>. Median compensation costs exceed \$58,600, while median time lost per claim is more than 34 weeks – over four times longer than for physical injuries<sup>1</sup>.

Notably, Monash’s 2025 research found that between 2015 and 2020, the median time lost due to mental injury increased by 53%<sup>1</sup>. Certain groups, such as older workers aged 60-64, are particularly at risk for extended absences<sup>1</sup>. Similarly, claims involving PTSD have a median duration of 50 weeks, with nearly half of affected workers off work for a year or more<sup>1</sup>. Depression-related claims

(35 weeks) and ‘reaction to stressors’ (24 weeks) also exceed average durations<sup>1</sup> – underscoring the need for early intervention and sustained, tailored support throughout the recovery journey.

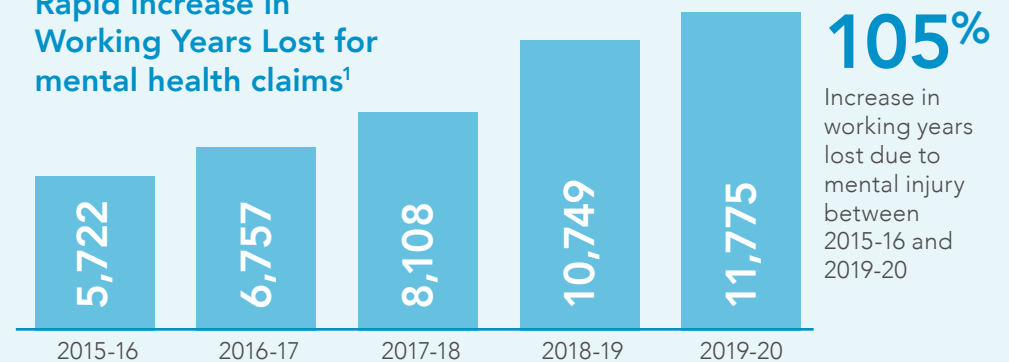
### Productivity impacts

The Productivity Commission has identified that mental ill-health now costs the Australian economy more than \$70 billion each year, including over \$39 billion in lost participation and productivity<sup>2</sup>. One of the clearest indicators of this impact – Working Years Lost (WYL) – more than doubled between 2015 and 2020, rising from approximately 5,700 to nearly 11,800 – a 105% increase in just five years<sup>1</sup>. Importantly, this sharp rise occurred *before* the COVID-19 pandemic, highlighting deeper, systemic issues within workplace and mental health systems.

The Commission also estimated that effective reform of Australia’s mental health system could deliver up to \$18 billion annually in economic and quality of life gains<sup>2</sup>. Among its key findings: workplace mental health initiatives offer strong returns, with well-designed programs delivering an average return of \$2.30 for every dollar invested<sup>2</sup> – driven by improved productivity, reduced absenteeism, and lower staff turnover.

The message is clear: without targeted, coordinated action, mental ill-health will continue to escalate – placing growing strain on workplaces, eroding national productivity, and increasing costs across both healthcare and compensation systems.

### Rapid increase in Working Years Lost for mental health claims<sup>1</sup>



Despite substantial growth in mental injury claims over the past decade, they still capture only the tip of the iceberg when it comes to the true scale of mental ill-health in the workforce.

## Gender-based disparities

Gender-based mental health disparities are pronounced. Women experience an 81% higher WYL rate per 10,000 full-time employees (FTE) compared to men<sup>1</sup>. Despite lower overall workforce participation, women lodge 39% more mental health time loss claims and have a claim rate per 10,000 FTE that is 88% higher<sup>1</sup>. Additionally, 34% of female workers report ongoing mental health conditions (versus 26% of males), and 15% of women report high psychological distress, compared to only 9% of men<sup>1</sup>.

Conversely, male claimants tend to experience longer median durations (21 weeks versus 18 weeks for women) and are 40% more likely to experience severe psychological distress during their claim<sup>1</sup>.

This contrast between claim trends and broader mental health data underscores the need for tailored, gender-sensitive support systems.

## Industry-specific risks

Certain industries carry significantly higher mental health risks. Sectors such as healthcare, retail, education, and the arts report elevated levels of distress, burnout, and job dissatisfaction<sup>3</sup>.

Notably, healthcare, public administration and safety (including police, investigative, security, fire, correctional, military defence, border control, and other public order services), and

the education and training sectors together account for 62% of all mental health claims in Australia<sup>1</sup> - reflecting the intense emotional demands and systemic pressures present in these and other service-based industries. The scale of the issue is striking: the healthcare industry alone has 669,500 workers with a mental health condition, 234,6000 workers reporting high psychological distress, and an annual mental health claim rate of 3,313 – highest of any sector<sup>1</sup>.

To illustrate the impact, the cumulative working time lost to psychological injury claims each year equates to removing approximately 2,000 full-time workers from both the public administration and safety and healthcare sectors, and around 1,000 workers from the education and training sector – placing further strain on already stretched workforces.

### Did you know?<sup>1</sup>



**Psychological injury recovery takes four times longer** than physical injury recovery.



**Women experience higher rates of mental health related productivity loss**, but men's psychological injury claims last longer – highlighting the need for tailored support.



**Healthcare** has the highest rate of mental health claims across all sectors.

**62%** of all mental health claims in Australia are from<sup>1</sup>



Healthcare  
and social  
assistance



Public  
administration  
and safety



Education  
and  
training

In addition, Monash's analysis of claimants reporting psychological distress reveals further industry-specific vulnerabilities, with manufacturing (15%), transport, postal, and warehousing (14%), and construction (13%) also standing out as high-risk sectors<sup>1</sup>.

These differences underscore a crucial insight: to manage mental health risks effectively, employers must understand their industry's distinct pressures and shape their wellbeing strategies to match.

## Designing work for wellbeing

Monash's research underscores the pivotal role of job design in preventing workplace mental health issues. The findings reveal that 70% of Australian workers experience at least one of the four types of poor psychosocial job quality, with 43% reporting low autonomy, and 42% affected by high job demands<sup>1</sup>. These factors are strongly associated with increased psychological distress, disengagement, and elevated risk of mental injury<sup>1</sup>.

The research highlights the need for industry-specific prevention and management strategies, as psychosocial hazards vary significantly across sectors in both type and intensity. Improving job quality requires targeted, data-informed interventions that reflect the distinct pressures and conditions of different occupations and workplaces.

Crucially, the findings also point to the importance of early identification and support across all claim types - not just those formally classified as mental health claims. Despite one in ten workers with a physical injury claim reporting severe psychological distress, three in five had not accessed a mental health service in the past 12 months – exposing a critical gap in care<sup>1</sup>.

The research further identifies key modifiable workplace risk factors – such as low autonomy, high job demands, poor role clarity, and insecure employment – that, if addressed proactively, could significantly reduce psychological harm, improve recovery outcomes, and lessen the impact on workers' compensation and other personal injury schemes.

**Workers in community-facing service industries carry the highest burden of mental ill-health.**

## Transforming support through innovation and compassion

Recognising the growing risk of psychological claims, EML has invested more than \$142 million since 2012 through our Mutual Benefits Program to support research, develop innovative solutions, and improve recovery and return to work outcomes. Of this, \$11.8 million has been directed toward practical mental health initiatives – spanning educational tools, research partnerships, and specialist services addressing psychosocial risk.

A standout example is our Mobile Case Management (MCM) program in NSW, which provides in-person support for injured workers, including those in regional areas, at home, in their community, or at work. By meeting people where they are, MCM builds trust, reduces isolation, and removes barriers to recovery. Independent analysis by Finity confirmed the program's impact, showing *"statistically significant improvements in both work status and capacity"* and a reduction in treatment costs of more than \$900 per claim at six months.

Together, our suite of targeted mental health initiatives signals a meaningful shift toward a more personalised, data-driven, and recovery-focused model – one that integrates clinical insight with genuine human connection.

### Why this paper matters<sup>1</sup>



**30%** of Australian workers report **ongoing mental health conditions**.



**70%** of Australian workers are exposed to at least one of the four types of poor psychosocial job quality.



**Early intervention** delivers better outcomes and faster recovery.



**Mentally healthy workplaces** enjoy higher engagement, lower turnover, and stronger performance.

### Creating safer, stronger workplaces starts here

This white paper brings together leading academic research and industry data to offer a compelling vision for how employers can better manage mental health risk. It also highlights the proactive steps EML is taking to address emerging psychosocial challenges and improve recovery and return to work outcomes.

You'll also find clear, practical recommendations on what you can do next – whether you're a large national employer or a small business owner. Beyond offering insights, this paper serves as a guide for building systems that not only meet WHS requirements but also foster trust, inclusion, and long-term sustainability.

Improving workplace mental health isn't just about better recovery – it's about reshaping what work can and should feel like. Safer, stronger, more resilient workplaces aren't just possible – they're within reach.



# The mental health challenge facing Australian workplaces

Mental health is no longer just a wellbeing conversation – it's a business imperative. We are witnessing a structural shift in workforce needs, risk exposure, and claim patterns. Employers that act early won't just reduce claims – they'll build healthier, more productive, and more sustainable organisations."

- Don Ferguson  
Chief Executive Officer, EML Management

Australian workplaces are undergoing profound transformation – not just in how work is done, but in how risk is recognised and managed. Mental health has emerged as a critical business issue, impacting every role, team, and industry, and demanding a strategic, structured response.

The data underscores the scale and urgency of this challenge. Monash's 2025 research found that in 2022, 30% of Australian workers reported experiencing a mental health condition that lasted for six months or more<sup>1</sup>. Anxiety disorders (23%) and mood disorders (14%) are the most prevalent, but depression, panic attacks and disorders, PTSD, and harmful use or dependence on alcohol are also common<sup>1</sup>. Notably, these conditions disproportionately affect younger workers, with nearly one in five reporting high or very high psychological distress<sup>1</sup>.

Yet psychological injury claims capture only a fraction of the broader mental health crisis. In 2022, accepted workers' compensation claims accounted for just 0.33% of the more than four million Australian workers who reported having a chronic mental health condition<sup>1</sup>, indicating that workplace mental ill-health is far more widespread than claims data alone reveals.

Monash's research revealed that psychological injury claims rose nearly 37% between 2016-17 and 2020-21, significantly outpacing physical injury claims. Further straining the system, the percentage of psychological claims lodged that are approved under the legislation is significantly lower than physical claims highlighting the urgent need to look at alternative support systems to ensure that assistance and support are provided, via appropriate channels.

Today, psychological injury claims make up over 9% of all serious workers' compensation claims nationally – a proportion that continues to grow. Most strikingly, these claims are both costly and prolonged, with median compensation costs exceeding \$58,600 and median time lost from work of over 34 weeks – more than four times longer than physical injury claims<sup>1</sup>.

## Mental health conditions in the Australian workforce<sup>1</sup>

**>4M**  
Australian  
workers

reported having a mental health condition that lasted 6 months or more. This equates to **3 in 10** Australian workers

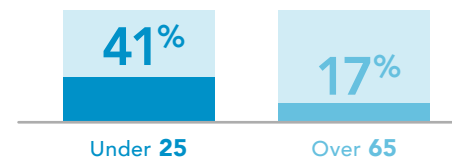
**≈3M**  
workers

are experiencing a **moderate level of psychological distress**

**At least 1.5M**  
workers

are experiencing either **High or Very High** levels of psychological distress

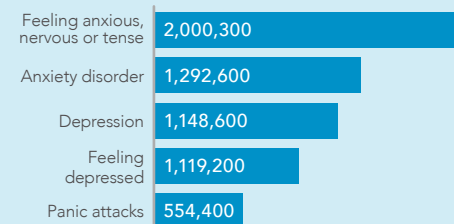
Workers under 25 years of age are **almost 2.5 more likely to report a mental health condition** than workers over the age of 65



The age range with the most workers reporting at least High psychological distress:

**25-34** (405,000 workers)  
**Under 25** (350,000 workers)

### Top 5 types of mental or behavioural condition reported by number of employed persons



**23%** of Australian workforce impacted by **Anxiety Disorders**

**14%** is impacted by **Mood Affective Disorders** (e.g. Depression or Bipolar Disorder)

**15%** of the Australian workforce (**2M workers**) reported feeling anxious, nervous or tense



## Claims snapshot<sup>1</sup>



**58%** of workers with a physical injury who report severe psychological distress do not report accessing mental health services in the previous 12 months

**28%** of workers with a claim for a mental health condition reported being in psychological distress

The most common causes of work-related psychological injury claims are:

**27.5%**

Workplace bullying and harassment

**25.2%**

Work pressure

**16.4%**

Exposure to traumatic events

### Unseen risks: the structural and human cost of mental injury

These figures represent more than just a financial burden – they reflect deep disruption to businesses and communities. Mental injury claims often involve longer work absences, complex interpersonal dynamics, and slower return to work pathways. Contributing to the complexity, EML has observed an increasing prevalence of claims lodged due to workplace and interpersonal conflicts over the last decade which can be ambiguous in nature, complicating the determination process. Many workers with physical injuries also develop psychological complications during recovery - particularly when the claims process feels confusing, adversarial, or lacks adequate support. This secondary psychological harm can extend recovery time and increase overall claim costs. In fact, one in ten workers with a physical injury claim are in severe psychological distress during their recovery, yet three out of five of these distressed workers did not access any mental health support in the previous 12 months<sup>1</sup>. This highlights a clear opportunity for employers and insurers to intervene earlier to prevent prolonged disability.

At the heart of this issue is a structural reality: many workplaces were not designed with mental health in mind. Traditional workplace safety and compensation systems were built to manage physical risks. Yet today, some of the most serious hazards are invisible – excessive work pressure, bullying and harassment, emotional labour, digital fatigue and limited job autonomy. These psychosocial risks may be harder to detect, but they are just as harmful to employee health.

Our analysis of the National Return to Work Survey shows that one in ten workers with a current or recently closed workers' compensation claim for a physical condition report severe psychological distress. This distress may arise from pre-existing or non-work-related factors, may be a result of exposure to stressful administrative processes in compensation systems, or some combination of factors. Regardless of the cause, these workers represent a 'high-risk' cohort, as psychological distress concurrent with their physical injury can significantly delay recovery and return to work, and increase the costs of compensation.



The Safe Work Australia Psychological Health in the Workplace Report (2024) confirms this shift, identifying workplace bullying and harassment (27.5% of mental health claims), work pressure (25.2%), and exposure to traumatic events (16.4%) as the most common causes of work-related psychological injury claims<sup>3</sup>. These figures point not to individual weakness but to widespread, structural issues in how work is designed and managed.

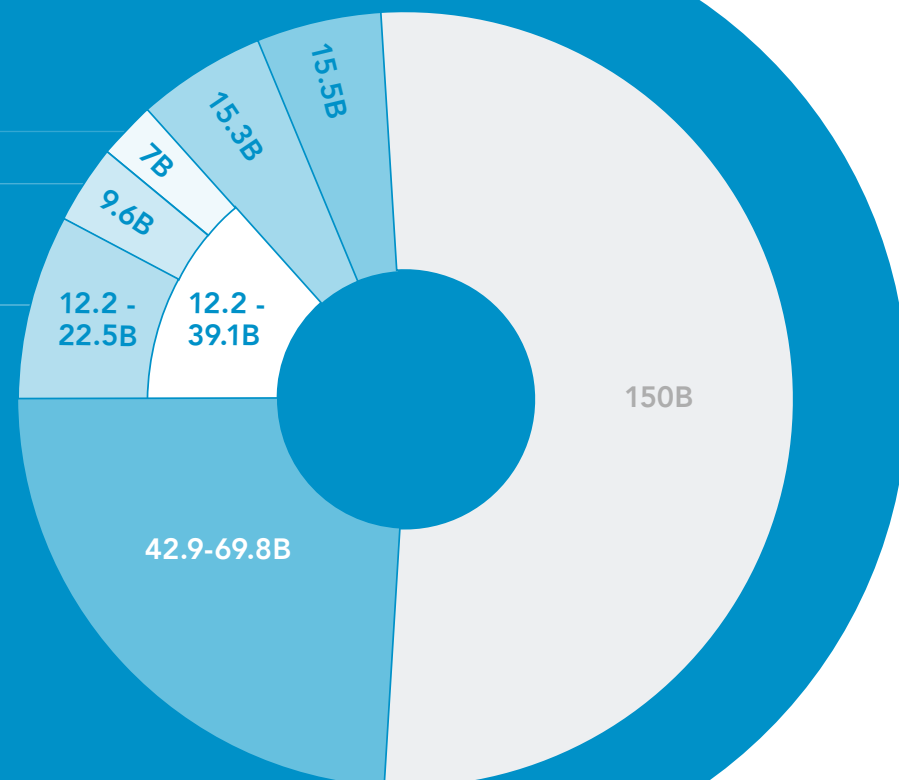
At the same time, these patterns mirror wider societal pressures - including the rising prevalence of chronic mental health conditions - that intensify stress for workers across all industries. Nearly 70% of Australian workers experience at least one type of poor psychosocial job quality. Almost half face low job autonomy, over 40% face persistently high job demands, and around 7% of workers are exposed to three or more psychosocial risk factors simultaneously – a combination that sharply increases the risk of mental ill-health<sup>1</sup>. Put simply, these risks are ingrained in the pace, pressure, and people dynamics that shape the everyday employee experience.

## Estimated costs of mental illness and suicide (2018-2019)<sup>2</sup>

- Mental healthcare and related services
- Informal care provided by family and friends
- Loss of participation and productivity
  - Presenteeism
  - Absenteeism
  - Lower participation
- Cost to economy (excluding the cost of diminished health and wellbeing)
- Cost of disability and premature death

Source: based on Table 1, Productivity Commission data, Mental Health Inquiry Report

\$ billion per year



### The hidden costs for employers

The consequences of leaving these risks unaddressed extend far beyond the workers' compensation system. Mental health issues cost Australian businesses billions of dollars each year in lost productivity, presenteeism, absenteeism, staff turnover and reputational harm. According to the Productivity Commission, mental ill-health drains over \$70 billion from the economy annually, including over \$39 billion in lost participation and productivity<sup>2</sup>. Workers experiencing psychological distress often underperform, disengage, or withdraw, leading to a gradual erosion of team morale and output. This "silent disengagement" is a hidden expense many employers don't realise they are already paying.

Mental health has now become a central pillar of a modern Employee Value Proposition (EVP), giving employers a competitive advantage in attracting and retaining top talent in a workforce that increasingly values care, purpose and wellbeing. This underscores

a simple but powerful truth: mental health is a strategic business risk – and like any other risk, it can be identified, managed, and meaningfully reduced through the right systems, strategies, capability, and commitment.

**Mental health has an impact on the workplace well beyond workers' compensation claims. Presenteeism, absenteeism, staff turnover and workplace productivity are all impacted by a workforce with poor mental health."**

**- Luke Sheehan**, Research Officer  
Healthy Working Lives Research Group, Monash University



New employer obligations and opportunities

As workplace mental health challenges continue to grow, regulators are taking action. Since the Productivity Commission’s final report on Mental Health was tabled in November 2020, significant legislative updates and new regulations have been introduced across Australia<sup>2</sup>. Central to these changes is Safe Work Australia’s *Model Code of Practice: Managing Psychosocial Hazards at Work*, which mandates that employers proactively identify and manage psychosocial hazards – including workplace bullying, harassment, and work-related stress<sup>4</sup>.

Several states and territories quickly implemented these model regulations, with region-specific amendments (as shown in the image below). Together, these reforms send a clear message: managing mental health risks is no longer a ‘nice to have’ - it’s a legal obligation.

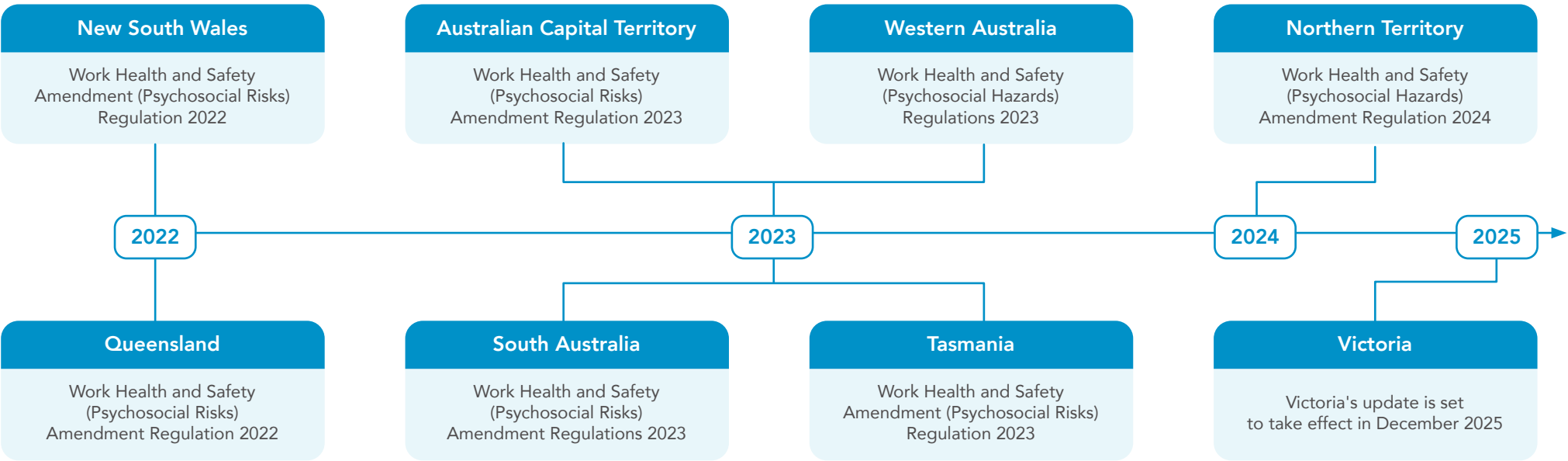
Yet the real opportunity for businesses lies beyond compliance. Forward-thinking employers view these legislative shifts not as threats, but as catalysts for meaningful change. They are integrating mental health considerations into business strategies - not just safety policies - and investing in targeted training for managers, actively redesigning work practices to mitigate psychosocial risks, fostering open channels for employee feedback, and partnering with third-party experts. These proactive employers understand

a critical insight: workplaces where employees feel psychological safe, supported, and empowered not only nurture healthier individuals – they drive stronger business performance.

Beyond compliance – a business imperative

As the next section will show, specific groups – including younger workers, women, and those working in certain industries – are disproportionately affected by poor workplace mental health outcomes. Understanding who is most at risk, and why, is essential to targeting the right solutions.

Let’s take a closer look at the research - who is most impacted, and what can be done about it.



# Understanding the impact - who is most affected?

Identifying vulnerability to mental health challenges across age, gender, and industry helps us develop precise, practical solutions that deliver genuine, lasting support where it's needed most."

- Angus McCullagh  
Chief Executive Officer, EML Solutions

The mental health challenge in Australian workplaces is significant – but its impact is far from uniform. Certain groups, roles, and industries shoulder a disproportionate share of the burden. By identifying these high-risk cohorts, employers can focus resources and support where they're needed most – and where they'll deliver the greatest impact.

Monash's 2025 research offers one of the most comprehensive snapshots of the current state of workplace mental health in Australia. When combined with findings from other key sources, a clear picture emerges – one that reinforces the importance of tailoring mental health support by age, gender, and industry.

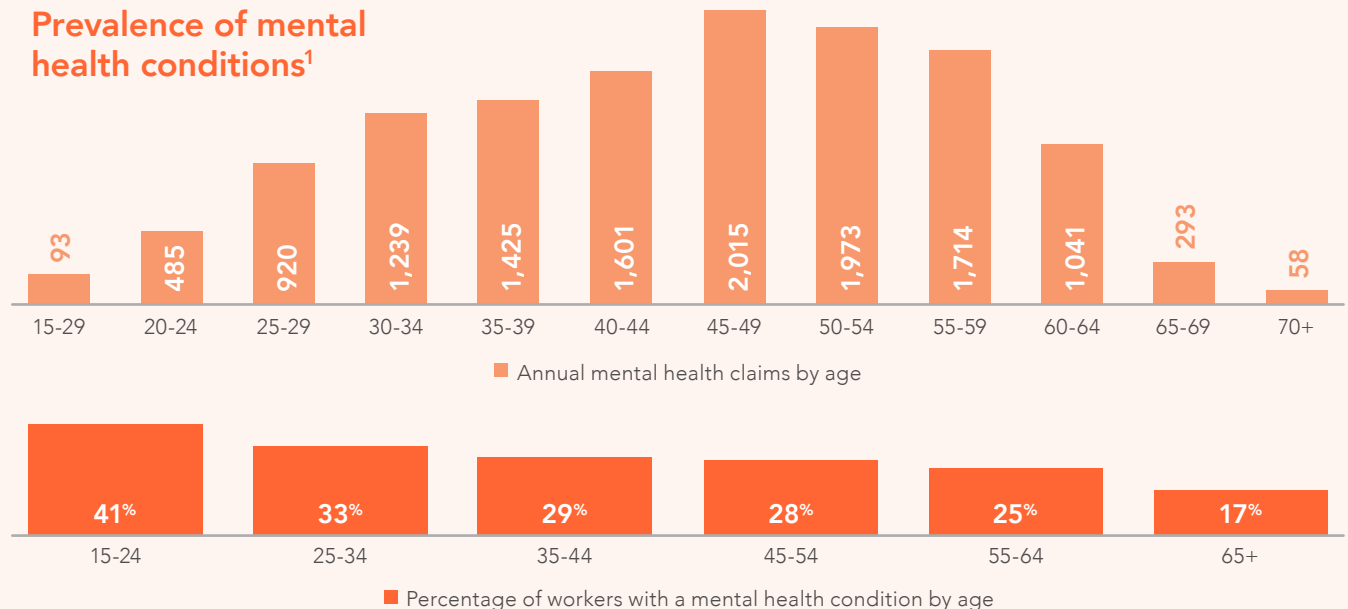
## Age matters: younger workers are at highest risk, but older workers lodge more claims

One of the most striking findings in the data is the disproportionately high mental health burden among younger workers. Over 40% of workers aged 15 - 24 report living with a mental health condition, and for those aged 25-34, the figure remains alarmingly high at 33%<sup>1</sup>. In contrast, only 17% of workers over 65 report a similar condition<sup>1</sup>. These trends are mirrored in psychological distress levels: around 20% of younger workers report high or very high distress, compared to just 6% of workers in older age groups<sup>1</sup>.

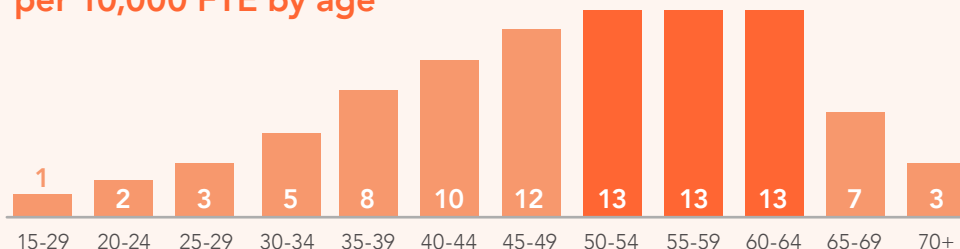
However, this isn't simply about age – it's also about workplace conditions and career stage. Younger workers often face job insecurity, casual or 'gig economy' employment, limited decision-making autonomy, and higher exposure to emotionally demanding, client-facing roles. They may lack established support networks or the confidence to speak up, leading to unmet psychological needs. Younger cohorts are also more vulnerable to digital overload and 24/7 workplace connectivity, which blurs work-life boundaries and amplifies stress early in careers.

Despite the challenges facing younger employees, it's older workers who lodge the most mental health-related workers' compensation claims. Workers aged 40-54 - particularly those aged 45-49 - submit the highest number of claims, reflecting heightened vulnerability or cumulative exposure to stressors in mid-career<sup>1</sup>. In fact, workers aged 50-64 have the highest incidence of mental health claims per 10,000 FTE, far exceeding younger cohorts. Additionally, managers and older workers (especially those aged 60-64) experience notably longer claim durations, indicating complexities linked to senior leadership roles or accumulated career stress<sup>1</sup>. The productivity losses associated with these claims are also highest among mid- to late-career workers, especially those aged 45-49<sup>1</sup>.

## Prevalence of mental health conditions<sup>1</sup>



## Working years lost to mental health conditions claims per 10,000 FTE by age<sup>1</sup>



Working years lost to mental injury claims per 10,000 FTE peaked at 13 for workers aged 50-64. This was in stark contrast to teenage workers, where only one working year was lost per 10,000 FTE.

These trends underscore the need for employers to support both ends of the age spectrum. For younger staff, organisations should provide tailored onboarding, mentoring programs, and early-career development pathways, and a culture that encourages openness about mental health. Employers that proactively support young employees are more likely to retain them, build loyalty, and prevent early-career burnout.

At the same time, employers must recognise and address the distinct challenges facing older workers. Long-term career pressures, cumulative exposure to workplace stressors, and increased managerial responsibilities all contribute to the higher claim rates and extended recovery times observed in later careers. Strategies tailored for older workers – such as targeted mental health screenings, flexible working arrangements, mid-career wellbeing checks, and leadership training focused on psychological safety – can significantly reduce mental health risks and accelerate recovery.

### Gender differences are stark, persistent, and structural

Gender is a powerful lens through which to understand workplace mental health - and the data makes it clear that women face a disproportionate share of the risk. Despite lower overall workforce participation, women lodge about 39% more mental-health related time loss claims than men, and have a claim rate per 10,000 FTE that is 88% higher<sup>1</sup>. Additionally, 34% of female workers report ongoing mental health conditions, compared to 26% of male workers, and high psychological distress affects 15% of women versus 9% of men<sup>1</sup>.



Females have an **88%** higher rate of mental health claims per 10,000 FTE males<sup>1</sup>.

Job quality indicators further illustrate this imbalance: nearly half of female workers report low job autonomy, and 46% experience persistently high job demands – both key drivers of psychological harm<sup>1</sup>. The productivity impacts are significant: women experience around 29% higher total WYL due to mental health conditions, and an 81% higher rate of WYL per 10,000 FTE, underscoring the greater toll mental health issues have on women's workforce participation<sup>1</sup>.

These disparities reflect entrenched structural issues. Women are overrepresented in sectors with elevated psychosocial hazards - such as healthcare, education, and retail – where roles often involve high emotional demands, irregular shift work, and increased exposure to bullying and harassment. Additionally, women experience higher rates of sexual harassment and occupational violence<sup>1</sup>.

Conversely, while women lodge more claims, men often experience longer recoveries. Male workers with a psychological injury have a longer median time off work (~21 weeks, compared to ~18 weeks for females<sup>1</sup>). Men in the workers' compensation system also report higher levels of severe psychological distress (about 12% of male claimants versus 9% of female claimants<sup>1</sup>) – an important contrast to broader workforce data where women report higher distress. This suggests that by the time men engage in the compensation system, they may be in more acute distress, highlighting the need for tailored outreach and support.

Addressing these gender disparities requires focused, sustained action. Employers should prioritise creating safer, more supportive workplaces by strengthening anti-harassment policies and embedding inclusive leadership practices that recognise and respond to gender-specific risks. For example, regular audits of workplace culture and policies can help uncover implicit biases or practices that may disproportionately affect women's mental health. Efforts to enhance job flexibility, increase autonomy and control, ensure fair workload distribution, and provide gender-sensitive mental health training and support can also make a meaningful difference. Ultimately, when workplaces actively address gendered risks, they build healthier, more equitable workplaces that support the success and wellbeing of all employees.

### Gender and mental health key facts<sup>1</sup>



Women lodge **39% more** time lost claims.



Women **report significantly higher rates** of psychological distress and mental health conditions than men.



Men experience **longer mental health claim durations** and higher distress.



Addressing **gendered workplace risks** benefits everyone.



## Industry matters: identifying where vulnerabilities are highest

Mental health risk varies sharply by industry. Healthcare and social assistance, public administration and safety, and education and training together account for 62% of all mental health-related workers' compensation claims – reflecting the unique stressors inherent in many service-oriented and frontline roles<sup>1</sup>. Jobs in these sectors often involve emotionally demanding work, exposure to trauma, and heavy workloads. Unsurprisingly, they experience consistently high rates of burnout, psychological injury, and even PTSD – trends further intensified since the COVID-19 pandemic<sup>1</sup>.

In the healthcare and social assistance industry, 669,500 workers reported a long-term mental health condition and 234,600 experienced high or very high psychological distress in 2022<sup>1</sup>. Yet on average, only 3,313 workers from this sector lodge mental injury claims each year – suggesting that claims capture only a fraction of the true mental health burden<sup>1</sup>. Retail trade, education and training, and public administration and safety are other sectors with a disproportionate share of worker mental ill-health. These trends highlight the considerable opportunity for improving workforce wellbeing by directing targeted prevention and support initiatives to these high-risk industries.

Certain occupational groups also stand out. Community and personal service workers, which includes frontline roles in aged and disability care, health and social welfare, childcare, hospitality, and personal services face the highest mental health claim rate per

10,000 FTE: 2.7 times greater than any other occupational group, and roughly 3.5 times the total workforce average<sup>1</sup>. This group accounts for 31% of all WYL due to mental health conditions, followed by professionals at 21%<sup>1</sup>. Together, they represent more than half of all productivity losses linked to psychological injury at work. Alarming, the rate of WYL has increased consistently each year, indicating that the productivity losses related to workplace mental health are growing faster than the labour force itself<sup>1</sup>.

Public administration and safety – which includes emergency services, law enforcement and other frontline government roles – has seen some of the steepest growth in psychological claim numbers in recent years<sup>1</sup>. Workers in these roles frequently face trauma, aggression, and post-traumatic stress.

### Human impact of working years lost<sup>1</sup>

Each year, psychological injuries remove the equivalent of:



**2,000 FTEs** from the public administration and safety sector



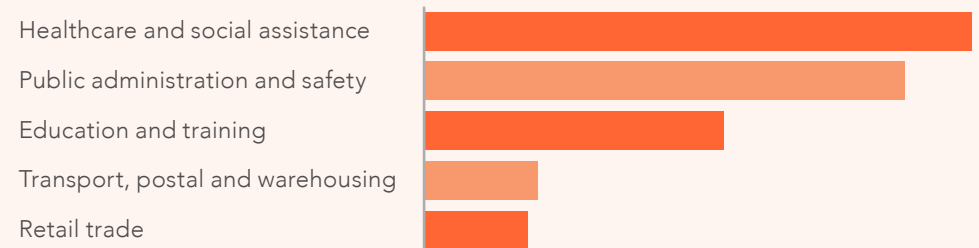
**2,000 FTEs** from the healthcare and social assistance sector



**1,000 FTEs** from the education and training sector

placing enormous pressure on already stretched frontline services.

## Top 5 industries by psychological injury claims (2014 - 2021)<sup>1</sup>



EML's experience supporting employers in this sector has taught us the value of rapid psychological support and structured recovery pathways for affected workers. Even industries traditionally viewed as "lower risk", such as professional services or administration, can carry significant mental health hazards – especially where job design includes low autonomy, unclear role expectations, or rigid managerial styles.

To put this into perspective, the working time lost to psychological injury claims each year is equivalent to removing approximately 2,000 full-time workers from both the public administration and safety and healthcare and social assistance sectors, and around 1,000 workers from the education and training sector<sup>1</sup>.

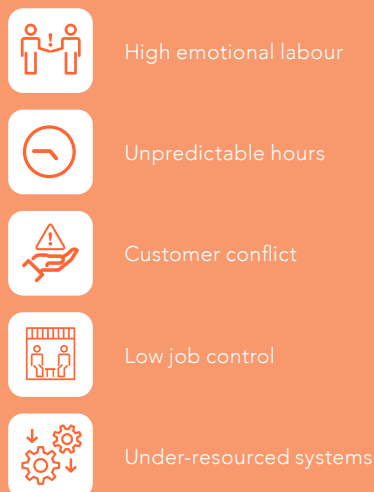
These industries already face immense pressure and chronic workforce shortages in critical roles, such as policing, nursing, and teaching. Losing this many workers doesn't just strain existing teams – it intensifies workload stress, and perpetuates a cycle of burnout and attrition.

Addressing psychological injury is not just a wellbeing imperative; it's essential to sustaining the workforce and safeguarding the future of vital public services.

**The highest rates of workers' compensation claims for mental health conditions continue to be among those who keep us safe, look after us when we're ill, and provide education for the youngest Australians. Employers have a critical role in mitigating risks to mental health in these industries and supporting employees to stay in good work."**

**- Michael Di Donato**, Research Fellow  
Healthy Working Lives Research Group, Monash University

## What makes a high-risk industry<sup>3</sup>



## Hidden risks in 'low-risk' industries<sup>3</sup>



## Bridging the gap: mental help support for physical injury claims

Recovery from a physical injury goes beyond healing the body – it's also an emotional journey. Many workers experience uncertainty, frustration, and a loss of identity during this time, which can trigger secondary psychological injuries.

Conditions such as anxiety, depression, or substance misuse often emerge quietly but can quickly become the main barriers to recovery. Without early intervention, psychological distress can deepen, making it harder for workers to return to their roles, rebuild confidence and resume everyday life.

As highlighted earlier in this report, 10% of workers with a current or recently closed physical injury claim are in severe psychological distress<sup>1</sup>. In many instances, the stress of navigating the claims process adds to the emotional toll of injury and recovery, particularly for those with pre-existing vulnerabilities.

Despite these risks, nearly 60% of these distressed workers had not accessed mental health services in the previous 12 months<sup>1</sup>. This reveals a critical gap – and a clear opportunity for insurers and employers to intervene early, identify those at risk, and provide timely, targeted support before distress escalates.

## When work hurts: how poor job design fuels mental health risks

Another powerful insight emerges when looking at the cumulative effect of poor job quality. Workers exposed to multiple psychosocial hazards simultaneously – such as high work demands and low autonomy, or lack of support and job insecurity face significantly higher risks of psychological distress and disengagement. According to Monash's analysis of the Psychosocial Job Quality Index (PJQI), around 70% of workers report at least one poor quality factor, and 25% report two or more<sup>1</sup>.

## Job Quality risk insights<sup>1</sup>

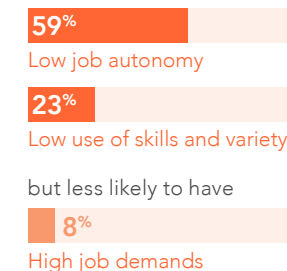
Industries with the highest percentage of workers reporting 3 or more types of poor job quality



Almost half of female workers reported being in roles with **low job autonomy** compared to just over a third of male workers

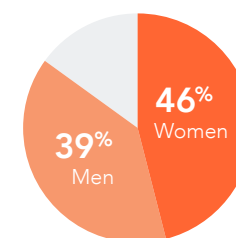


Workers under the age of **25** were more likely to report working in roles with:

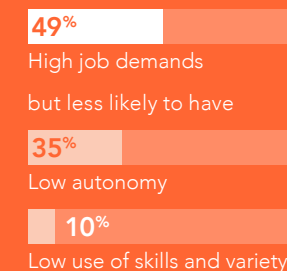


**2 in 5 Australian workers** reported being in jobs with low autonomy and high job demands

High job demands were **more common amongst female workers**



Workers aged **35-44** were most likely to have:

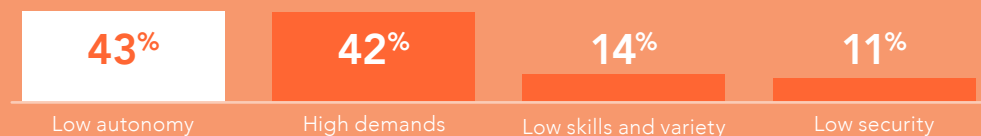




This cumulative exposure increases psychological distress, disengagement, and the likelihood of workers' compensation claims. Younger workers are particularly vulnerable: approximately 9% of workers under 25 experience three or more poor job quality conditions at once<sup>1</sup>. These overlapping risks often concentrate in low-wage, customer-facing roles that lack adequate support, training, or clear pathways for career progression<sup>1</sup> - but they can be modified or eliminated.

Employers have a powerful opportunity to reduce harm by redesigning work environments, investing in supportive leadership, and embedding wellbeing practices into organisational culture. Improving risk factors like role clarity, employee control over work, workload, recognition, and peer support can bolster resilience even in high-pressure settings. In short, better work design is better for mental health – and it's within every employer's reach.

### Cumulative job quality risks across workforce<sup>1</sup>



Low autonomy and high demands were the most common types of poor psychosocial job quality, with over 2 in 5 workers having these conditions. Low skills and variety were less common, present in around 14% of workers, while low job security was only recorded for 11% of workers.

### Using data to support change

Understanding these trends is a strategic imperative. Employers that invest in mental health interventions tailored to their demographic and occupational risk profile can expect measurable gains in engagement, reduced psychosocial incidents and claims, stronger workplace culture, and enhanced operational performance.

As the next section will demonstrate, meaningful progress comes when employers act on insights: by redesigning work, strengthening systems, and partnering with experts to build safer, more sustainable businesses.

4 million Australian workers are living with a mental health condition, and 1.5 million are in psychological distress. Workplaces, insurers, and regulators involved in workplace health and safety and workers' compensation must be alert to the mental health needs of workers to support those with mental health conditions."

- **Luke Sheehan**, Research Officer  
Healthy Working Lives Research Group, Monash University



# Turning insights into action - the role of employers in mental health management

Modern workplaces are defined not only by their productivity, but by how effectively they care for their people. Together, we can build environments that do more than prevent harm – they actively nurture and enhance wellbeing, connection, and resilience.”

- Dan Walton, Group Executive  
Strategy & Growth, EML

As mental health challenges rise across industries, employers face growing regulatory, moral, and business imperatives to act. New workplace safety laws mandate proactive management of psychosocial risks - but beyond compliance lies the opportunity to foster a culture grounded in psychological safety and support.

Mental health is no longer a “soft issue”; it’s a core business priority that directly influences workplace performance, employee engagement, organisational culture, and risk management. Employers shape mental wellbeing through every aspect of job design, leadership behaviour, policies, and systems – giving them both responsibility and capability to prevent harm and promote recovery. Progressive businesses that invest in mental wellbeing see measurable results, such as increased productivity, reduced absenteeism, and enhanced staff loyalty.

Importantly, workplace mental health is shaped not only by individual resilience, but also by the work environment itself. Thoughtful job design, supportive leadership, and accessible support systems help determine whether a workplace is a source of wellbeing or a catalyst for stress. While compliance with new regulations and codes of practice is driving essential change, the most impactful employers go further - shifting from a compliance mindset to a genuine culture of care. In these organisations, policies translate into daily practice, legal responsibilities become opportunities for proactive improvements, and employee wellbeing becomes the cornerstone of organisational performance and growth.

## The business case for mental wellbeing

The case for investing in workplace mental health is clear, evidence-based, and financially compelling. The Productivity Commission found that every \$1 invested in effective mental health programs generates an average return of \$2.30 through higher productivity, reduced absenteeism, and lower staff turnover<sup>2</sup>. Similarly, KPMG’s 2024 Mental Health Check-Up showed that mentally healthy teams experience 26% higher employee engagement and 21% higher productivity<sup>5</sup>, highlighting the direct connection between psychological wellbeing and operational performance.

Mentally healthy workplaces create lasting value. Organisations that proactively support mental wellbeing foster environments where employees feel valued, safe, and empowered. By acting early and leading with empathy, these employers build cultures where people don’t merely stay longer – they actively contribute, innovate, and thrive.

## Creating work that works: the role of job design

Thoughtful job design is one of the most powerful tools employers have to protect mental health. When work is structured with clarity, fairness, and flexibility, it becomes a protective factor for mental health. Roles should be clearly defined, workloads reasonable, and employees should be given autonomy in how they approach their tasks. Flexibility in work hours and locations – increasingly valued by employees – also helps reduce stress and improve work-life integration.

## Mental health is a strategic asset



Every \$1 invested in mental health = ~\$2.30 return<sup>2</sup>



Higher productivity, lower claims, reduced turnover<sup>5</sup>



Engaged teams are 21% more productive<sup>5</sup>

Focusing energy on creating mentally healthy workplaces and ensuring workers have job autonomy but are not overloaded can be beneficial for workers and employers.



Research by Monash underscores the critical role of psychosocial job quality in preventing workplace mental health issues. High job demands, limited control, unclear roles, and inadequate support not only increase the risk of new mental health conditions, they can also exacerbate existing issues, prolonging recovery and disrupting work<sup>1</sup>.

Good job design isn't about removing *all* pressure; it's about ensuring workers have the resources, control, and support to manage pressure in healthy ways. Employers can achieve this through

smarter workforce planning, fairer task distribution, and enhanced flexibility. Equally important is ensuring that workers have variety, purpose and clarity in what they do – not just tasks to complete, but a sense of value and contribution.

### Building a supportive culture through leadership

Beyond systems and policies, workplace mental health is brought to life through everyday actions - how people speak to each other, how breaks are encouraged, how setbacks are handled, and how support is offered. A culture that truly values mental health is one where people feel safe to speak up, seek help, and actively support one another.

#### Leadership is the frontline



Empathetic leadership is linked to lower claims and higher retention



Trained managers drive better recovery outcomes



Psychological safety begins with trust, not policies

Leaders set the tone. Those who speak openly about mental health, model healthy boundaries, and respond empathetically to team stressors foster workplaces where people feel seen, supported, and safe. Research by McKinsey & Company shows that leadership is pivotal to building psychological safety by shaping team mindsets and behaviours. A positive team culture – where team members feel valued and involved in decision-making - is the strongest driver of psychological safety<sup>6</sup>. This becomes even more important during periods of disruption, when the influence of leadership is amplified<sup>6</sup>.

However leaders sometimes feel unprepared. They can be unsure how to approach conversations about psychological distress, how to offer support without overstepping boundaries, or how to balance empathy with performance management. This is where targeted leadership training is critical. Programs focused on psychological safety, inclusive behaviours, and active listening make a measurable difference to both individual wellbeing and team performance. Integrating psychological safety into leadership frameworks and aligning wellbeing with performance objectives gives managers the confidence, language, and tools to lead with care whilst balancing operational needs.

Crucially, culture change doesn't require complex programs or large budgets – it requires visible, authentic, and sustained leadership commitment. Practical actions include encouraging open conversations about stress, clearly promoting mental health resources, and actively supporting initiatives like R U OK?, which helps people recognise signs of distress and build supportive connections before crisis, and Mental Health Month, which brings workplaces and communities together to raise awareness and promote better mental health.

Promoting Employee Assistance Programs (EAPs), designing thoughtful return to work plans that consider mental health needs, maintaining regular contact during a mental health-related absence, offering mental health days, flexible duties, and periodic check-ins should become standard workplace practice.

When employers embed these practices into daily operations, mental wellbeing becomes an organisational priority, creating an environment where employees feel confident to speak openly and seek help early, rather than suffer in silence.

#### Things employers can do to foster a healthy workplace culture



Regular check-ins and open forums encourage employees to voice concerns



Providing managers with training to recognise and respond to signs of distress



Ensuring mental health resources are well-publicised and easily accessible



Implementing peer support networks and designating mental health champions



Leaders modelling empathetic behaviour, sharing personal experiences, and normalising open conversations about mental health



Encouraging participation in mental health awareness events, like R U OK? or Mental Health Month

## Culture check



Do employees feel safe to speak up?



Do leaders model balance and empathy?



Are support services trusted and utilised?



Are wellbeing conversations part of everyday work?

## Proactive support and early intervention

Even in positive work environments, prevention is critical – but effective response is equally important. When workers experience mental health challenges, how their employer responds profoundly shapes recovery outcomes.

A key challenge is that many workers don't speak up until their distress becomes severe. According to the 2024 State of Workplace Burnout Report, over 70% of workers experiencing burnout had not raised it with their manager<sup>7</sup>. This points to a critical communication gap and an urgent need for change. Employers can address this by establishing clear, proactive support pathways and actively encouraging early help-seeking.

Early intervention makes a meaningful difference. By prioritising psychological recovery with the same urgency, respect, and dignity afforded to physical injuries, employers can prevent issues from escalating. This includes using workplace risk and wellbeing tools to identify emerging concerns – even once a claim is lodged – and providing timely, tailored support.

Crucially, a successful return to work process must address not only the individual's condition, but also any workplace factors contributing to their distress. If issues like excessive workloads or interpersonal conflict played a role, these must be actively addressed in parallel with clinical interventions. In short, a genuinely supportive workplace recovery model combines personal accommodation with meaningful organisational change.

## Embedding and sustaining wellbeing practices

To achieve lasting impact, mental health and wellbeing must be woven into an organisation's core systems and metrics. High-performing businesses integrate mental health into Workplace Health and Safety (WHS) risk registers, leadership Key Performance Indicators (KPIs), performance reviews, and people metrics – making wellbeing part of “business as usual.”

Data plays a crucial role in understanding risk exposure and hotspots, trend analysis, and evaluating what programs are making a difference. Regular pulse surveys, confidential feedback tools, and exit interviews can help to surface emerging issues and inform proactive strategies.

When wellbeing becomes part of how success is measured, it becomes sustainable. In practice, this might involve leadership teams reviewing a mental health dashboard alongside financial results, or incorporating worker wellbeing and psychological safety KPIs into performance reviews. This sends a powerful message that mental health is not just an issue for the Human Resources team – it's a core business priority.

## Employee-led solutions work best

One of the most valuable resources employers have is their people. Involving employees in co-designing mental health solutions drives stronger buy-in, more relevant solutions, and better outcomes. Workers are often closest to the pressures and realities of the workplace – they know what's stressful, what's working, and what needs to change. Listening to their feedback – and acting on it – is not just good leadership; it's good practice.

Employers can foster this collaboration by establishing joint worker-management mental health committees, hosting open forums, or using anonymous digital platforms to gather input. What matters most is that workers feel heard and see their ideas actively shaping a genuine culture of care.

## A partnership approach drives value

Improving workplace mental health requires collaboration across a broad ecosystem of support. Rehabilitation providers, health practitioners, brokers, workplace risk experts, EAPs, and other specialists all play a vital role in creating mentally healthier workplaces through prevention, early intervention, and proactive wellbeing strategies.

EML's contribution sits within this wider network. Our suite of evidence-based programs supports injured workers once a claim has been lodged – helping them access timely care, stay connected to work, and recover safely and sustainably, all while complementing the work of other partners.

When employers, providers, and claims specialists collaborate effectively, the collective impact is greater – creating a more seamless, supportive system that benefits workers, employers, and the future of work.

## Intervene early<sup>3</sup>

Offering support in the first **2 - 4 weeks** can reduce claim durations by up to 40%





# Partnering for impact – collaboration that improves outcomes

Improving workplace mental health isn't about finding a single perfect solution – it's about combining evidence-based insights, empathetic leadership, and practical strategies tailored to each organisation's unique needs. We're proud to partner with our customers to help them build workplaces that are stronger, safer, and more prepared for the future."

- **Anthony Fleetwood**

Chief Executive Officer, Employers Mutual Ltd

## A moment for leadership

The conversation around workplace mental health is now central to the future of work. Today, business success is measured not just by output or profitability, but by how organisations care for their people.

### The ROI of a mentally healthy workplace<sup>2,5</sup>



**25-30% decrease**  
in absenteeism



**50% higher engagement**  
in teams with a strong  
wellbeing culture

Across industries, the evidence is clear: psychological injury claims are rising. Stress, anxiety and burnout are increasingly common, with younger workers and women disproportionately affected. And behind these statistics is a human cost – individuals struggling quietly, teams under strain, and workplace cultures under pressure.

Yet within this challenge lies tremendous opportunity: to build better systems, offer support earlier, and lead in new, more human-centred ways – and to strengthen performance because of it. Mentally healthy workplaces aren't just better for people; they're better for business. When employers invest in wellbeing, productivity improves, absenteeism falls, and engagement grows.

## Pioneering the next era of mental health support

Improving workplace mental health outcomes takes more than awareness – it requires innovation, compassion, and evidence-based practice. EML continues to invest in solutions that address long-standing gaps in traditional compensation systems, delivering support that is effective, personalised, and human-centred.

In this section, we explore a range of EML initiatives – why they were developed, how they operate, and the tangible impact they're making. Our vision extends beyond efficient claims management: we are working to build a recovery ecosystem where injured workers feel genuinely supported, employers feel empowered, and the entire system benefits through faster recoveries and lower costs.

Let's take a closer look at what's changing – and why it matters.

The growth in the numbers and duration of mental health workers' compensation claims, when combined with the substantial burden of mental ill-health in the workforce, suggests that those operating compensation systems must continue to adapt and develop effective models of care for workers with mental ill-health.

Workers show notable upgrades in work capacity and status at six months. The program drives "significant improvement in both work status and capacity" at 26 weeks, while cutting treatment costs by \$909 per claim.



### EML's Mobile Case Management program in NSW: support that shows up

While digital systems and tele-support play an important role, sometimes nothing compares to the value of in-person, human connection. That's the principle behind EML's Mobile Case Management (MCM) program.

I feel my MCM was so proactive in my recovery, advising me to pre-book appointments, which helped fast-track the healing process. His communication was always very prompt, ensuring there were no delays in my recovery."

- NSW Worker

Building on successful scheme-based models in South Australia and Victoria, EML developed and funded a tailored mobile support initiative for New South Wales, with a strong focus on regional accessibility. Specially trained case managers travel to meet injured workers where it's most convenient – at home, at their workplace, or in a clinical setting – providing face-to-face support, coaching, and practical problem-solving.

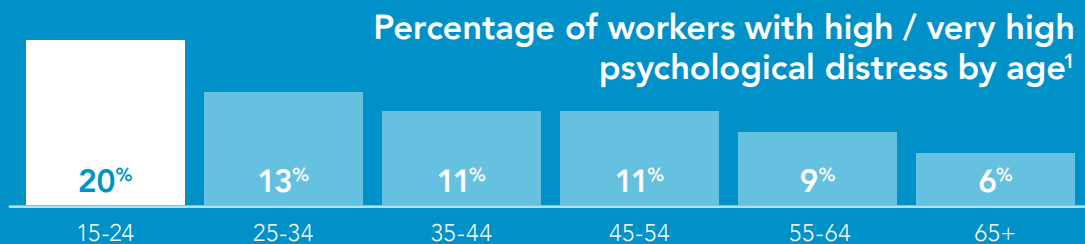
For workers experiencing psychological injury or facing complex barriers to return to work, this in-person support can be transformative. A supportive presence builds trust, reduces feelings of isolation, and surfaces issues that might not emerge through phone calls or digital channels. It also allows for on-the-ground collaboration with employers, co-developing suitable duties, adjusting work environments, and maintaining open, constructive communication.

The results are compelling. Workers feel seen and valued, employers receive clearer advice, and outcomes improve - particularly in boosting work capacity and reducing treatment-related costs. Independent analysis by Finity confirms the program's measurable impact: workers with psychological injuries are more likely to upgrade their work capacity and status within just six months of engagement.

These improvements deliver meaningful human and financial benefits. Within the first 26 weeks of a claim, Finity found the NSW MCM program achieves a "significant improvement in both work status and capacity" and reduces treatment costs by \$909 per claim.

These early gains ripple outward – strengthening return to work pathways, supporting business continuity, driving cost savings, and most importantly, helping workers reclaim their sense of purpose and return to meaningful work faster, and with greater confidence.

**An average reduction of \$909 in treatment costs across NSW MCM program participants since July 2023 equates to a reduction of over \$1.8M. This highlights the benefits of proactive intervention.**



One in five workers under 25 experience high or very high psychological distress - a striking contrast to the just 6% of workers aged over 64 who report similar levels of distress.

### Biopsychosocial profiling tool – smarter, personalised support

Traditional claims systems often apply one-size-fits-all approach - but not all injuries, or people, are the same. Every injured worker brings a unique mix of circumstances, challenges, and support needs.

That's why EML introduced the Biopsychosocial Profiling Tool (BPT) across our Federal Self-insurance portfolio – a smarter, data-driven approach to assessing recovery risk early and tailoring support to each individual.

The BPT evaluates biological, psychological, and social risk factors the moment a claim is lodged. Using structured questionnaires, analytics, and historical benchmarks, it builds a comprehensive risk profile that helps identify barriers to recovery – such as low social support, financial stress, job strain, or prior mental health history. Higher-risk cases receive intensive, targeted support, while lower-risk claims are managed with lighter-touch strategies. This ensures resources are used more effectively - and no one slips through the cracks.

The true strength of BPT lies in its power to predict and prevent. When workers receive the right support early, outcomes improve significantly. Independent analysis from the Institute for Safety, Compensation and Recovery Research (ISCRR) confirmed the tool's scientific strength and practical effectiveness, with experts praising its concise, user-friendly design and its strong alignment with the realities of contemporary compensation systems<sup>8</sup>. Compared to other tools, EML's BPT stands out for its unique ability to capture and apply biopsychosocial data in a claims setting.

Looking ahead, EML will draw on insights from Monash's research to refine the tool, taking into consideration emerging risks to better support vulnerable cohorts. For workers, this means faster, more supportive recoveries. For employers and schemes, it means fewer complications, smarter resource use, and a more resilient workforce.

**Our goal is simple: to make recovery faster, easier, and more human. These aren't just programs – they're systems of support built with compassion, backed by data, and designed to meet people where they are. That's what true innovation looks like."**

**- Susie Walford, General Manager, Federal Self-Insurance, EML**

### Tailored support for at-risk industries

To tackle the rising burden of psychological injury in high-risk sectors, EML has developed targeted claims initiatives designed to address the specific challenges these industries face. One such initiative is the Valliant Program, piloted in the public administration and safety sector - where trauma exposure and high-pressure environments are commonplace.

Launched in 2022, the program is built on a clear, evidence-based principle: early intervention transforms outcomes. Under traditional claims models, psychological injury treatment is often delayed due to pending liability decisions or clinical assessments – allowing distress to escalate, relationships to deteriorate, and the recovery journey to become far more complex.

Valliant offers a proactive alternative. From the moment a claim with mental health implications is lodged, support begins immediately – even before liability is determined. Each worker is connected to a dedicated Clinical Specialist and Case Manager, ensuring help is available from day one.

The program follows a structured 12-week model of intensive, wraparound support. Counselling and clinical care coordination, coaching, and collaboration with treating practitioners is embedded into the process. The team works holistically – not only addressing treatment access, but also engaging with employers to maintain the crucial connection between worker and workplace, even during periods of prolonged absence. This connection is a critical protective factor in mental health recovery - particularly where return to work is not immediately possible.

Most importantly, Valliant humanises the claim experience. Workers feel supported, not scrutinised. Employers receive clear, practical guidance on how to help. And both parties are engaged as partners in the recovery journey.



The Valliant Program is showing promising lead indicators of claim cost reduction. Over the next two years, the program will be closely monitored to further analyse data development\*.



## Career transition: rebuilding work readiness

The Your Future program, commissioned by Comcare and developed and piloted by EML, supports injured workers – particularly those with psychological conditions or long-term claims – to return to work with a new employer. An independent actuarial evaluation by Taylor Fry and Monash in 2023 assessed program implementation, participant wellbeing, and return to work impact.

Participants praised the program's personalised support and high-quality facilitation, which provided practical work-readiness assistance such as tailored help with resume development, interview preparation, and identifying transferrable skills for new employment pathways<sup>9</sup>.

The wellbeing outcomes were overwhelmingly positive: more than 70% of participants reported improved self-efficacy and confidence to re-enter the workforce. The evaluation found *"strong and statistically significant evidence"* that program participants achieved better return to work outcomes compared to non-participants<sup>9</sup>. After adjusting for claim mix, Taylor Fry and Monash reported that the proportion of participants who returned to work within six months was *"247% more than that of non-participants, which indicates a strong effect on RTW outcomes from program attendance<sup>9</sup>."*



# 247%

increase in RTW  
outcomes<sup>9</sup>

Financial benefits also emerged, with compensation payments lower by approximately \$6,000 per participant within nine months of program entry. The report suggests even greater cost savings may be realised if work outcomes are sustained over time<sup>9</sup>.



## Repairing the human connection: recovery starts with dialogue

Psychological injury rarely happens in isolation. By the time a claim is lodged, the relationship between an employer and worker is often strained, or broken entirely. Misunderstandings, mistrust, or silence can derail recovery and prolong absence. To address this, EML commenced the Recovery Pathways pilot in 2023 – an initiative designed to restore connection.

At its heart is a simple principle: healing begins through conversation. Trained facilitators – often with backgrounds in mediation, mental health, or human resources – guide structured, respectful dialogue between workers and their employers. These discussions help both parties understand each other's perspective, surface unspoken concerns, and co-create a pathway forward.

In many cases, this leads to repaired relationships, renewed trust, and clearer return to work plans. However, there are times when a return to the same role or employer isn't in the best interest of either party. In these cases, Recovery Pathways shifts seamlessly to providing career transition support – connecting workers to vocational counselling, job placement services, or retraining opportunities. This mitigates further distress from a lingering, unresolved claim and gives workers a sense of hope and direction.

The program also accelerates access to psychological treatment and reduces bureaucratic barriers - ensuring people get the care they need and don't feel lost or abandoned in the process.

## What great employers do differently



They act early



They design work well



They partner smartly



They train their leaders



They build cultures of care

## Five steps your business can take today



Start open conversations about mental health with your team.



Review job roles to ensure workloads are manageable and employees have meaningful autonomy.



Provide managers with training in mental health first aid or awareness.



Actively promote and normalise the use of support services and wellbeing resources.



Recognise and reward behaviours that build a positive, inclusive workplace culture.

## Let's take the next steps - together

Whether it's training leaders to recognise early signs of distress, deploying Mobile Case Managers to provide face-to-face support, using the Biopsychosocial Profiling Tool to identify recovery risks, or partnering through programs like Valliant or Recovery Pathways – EML delivers a connected, evidence-based system of care.

We will continue to evolve this system, drawing on insights from the latest Monash research to refine how we support high-risk industries, respond to emerging psychosocial challenges, and meet the needs of key demographic groups. This commitment goes beyond internal progress; it's about helping the organisations we serve achieve meaningful, lasting change.

If the insights in this paper have sparked a challenge to address, a gap to close, or simply a better way to support your people – now is the time to act. Mental health demands proactive leadership – and every step you take today moves your workplace closer to being safer, healthier and more resilient.

# Trends in workplace mental health - the next five years

In this section, we explore the key themes shaping workplace mental health: the surge in psychological injury claims, the mental health implications of modern work models, and the rising toll of burnout and job instability. We also consider how evolving legislation, emerging technologies, and greater awareness of at-risk groups are redefining the role of employers in safeguarding mental wellbeing.

## Rising psychological injury claims and impacts

Psychological injury claims are increasing - and this trend is expected to continue, consistently outpacing physical injuries in frequency, complexity, and cost<sup>3</sup>. Across Australia, these claims represent a growing share of total workers' compensation claims, reflecting broader national trends in mental health.

The human and economic impacts are significant. Psychological injury claims typically involve longer recovery periods, more complex management, and substantially higher costs than physical injury claims<sup>3</sup>. As the Productivity Commission has highlighted, the economic burden of workplace mental ill-health on Australian business is already considerable and will only grow without proactive, targeted interventions<sup>2</sup>.

### Hidden depth

Claims reflect only a fraction of the mental health challenges facing the workforce - pointing to a much deeper, often unseen burden beneath the surface.



Our findings show that the prevalence of mental health conditions and psychological distress is high among employed Australians - and if trends continue, they will have major consequences for workers' compensation schemes, employers, insurers, and workers. Improving return to work outcomes requires programs that address the biological, psychological, and social determinants of mental health injury.



## Evolving work models: flexibility and emerging risks

The way Australians work is changing rapidly. Hybrid and remote work models are now mainstream, and when implemented well they can help reduce burnout. Workers who divide their time between home and the office consistently report lower burnout rates, benefiting from a balance of autonomy and in-person connection.

However, these arrangements have introduced new risks which will likely impact the compensation landscape. Blurred boundaries between work and personal life can lead to digital fatigue and feelings of isolation, particularly when workers struggle to disconnect or collaborate virtually across time zones. Without clear boundaries, home can quickly feel like an always-on extension of the workplace.

At the same time, the rise of the gig economy is reshaping the workforce. As of 2024, over 1.1 million Australians - about 7.5% of the total workforce - are independent contractors<sup>10</sup>. While gig work offers flexibility, it also carries heightened stress due to job insecurity, fluctuating income, and limited support systems. Unlike traditional employees, many gig workers lack access to employer-provided mental health support or paid leave, leaving them more exposed during times of distress.

In the years ahead, businesses will need to broaden their mental health strategies - extending programs like EAP services, peer support networks, and psychological safety training to include contractors, freelancers, and remote staff.

## Gig economy snapshot<sup>10</sup>

**>1M** Australians are gig workers, highlighting the need for expanded, inclusive mental health support systems



Our findings reveal a substantial increase in the frequency and duration of workers' compensation claims for mental health conditions across the study period.



### New drivers of workplace burnout

The modern workplace has introduced in a wave of psychological hazards that demand urgent attention. An “always-on” digital culture, rising job complexity, and blurred work-life boundaries are fuelling chronic stress and burnout. Research consistently identifies excessive workloads, low job control, and strained workplace relationships as key contributors to rising psychological risk.

Today, many workers report feeling more overwhelmed and less in control than ever before – a combination that steadily erodes wellbeing<sup>11</sup>. Digital overload compounds the strain: constant emails, back-to-back virtual meetings, and multitasking across platforms contribute to cognitive fatigue and disengagement. Without targeted intervention, acute stress can escalate into psychological injury.

Workplace culture serves as a critical line of defence. Environments that protect work-life balance and prioritise psychological safety can significantly reduce burnout risk. Supportive leadership, positive team dynamics, and open dialogue about mental health are increasingly being recognised as protective factors.

Forward-thinking employers are already taking action, introducing measures such as meeting-free blocks, flexible schedules, and regular wellbeing check-ins. In the years ahead, leadership accountability will only increase – managers must identify signs of distress early and foster cultures where seeking help is safe and encouraged. These cultural shifts are essential for safeguarding mental health amid growing work demands.

### Practical strategies to reduce burnout

Promote flexible schedules, support work-life boundaries, normalise mental health discussions, equip leaders to respond early, and embed psychological safety practices.





## Ethics in AI – balancing innovation and privacy



Ensuring algorithmic transparency



Addressing biases proactively



Protecting personal data rigorously

## Technology and mental health: innovation with responsibility

Technological advances are reshaping how mental health is understood, monitored, and supported. Artificial intelligence (AI), robotic process automation (RPA), data analytics, and digital platforms are expanding access to care and enabling earlier, more personalised interventions. AI-driven tools can detect subtle behavioural cues – such as changes in language or communication patterns – that may signal rising distress, prompting timely outreach. Telehealth services are also advancing rapidly, offering on-demand access to counselling and mental health care for remote, rural, or time-constrained workers.

Together, these developments hold enormous potential to reduce symptom

escalation, shorten recovery times, and make support more accessible.

However, they also bring new risks and responsibilities. Automation can create anxiety, particularly when workers feel monitored or fear job displacement. Over-reliance on chatbots or digital-only services may leave some people underserved, particularly those who need in-person care or who lack digital literacy. Data privacy, consent, and transparency are paramount given the sensitive nature of psychological health data.

In the coming years, organisations must embrace a human-centred approach to digital mental health – ensuring AI complements, not replaces, compassionate care. Ethical frameworks will be critical: tools must be transparent, free from bias, and governed by rigorous privacy safeguards. Ultimately, technology should strengthen the ability of case managers, clinicians, and leaders to provide meaningful, human support – not simply automate interactions.

**AI-enabled early detection may reduce treatment costs by up to 40% - but only when paired with human insight and ethical safeguards<sup>12</sup>.**

## Smarter, faster, ethical support

As adoption grows, AI will transform not only transform injury prevention but also the way claims operations are run. Streamlining administrative tasks – like scheduling, summarising complex medical documents, and managing routine documentation – frees claims professionals to focus on what matters most: people. For example, AI tools can generate detailed medical summaries in under a minute, reducing review time by up to 80% and enabling case managers to spend more time on high-impact, person-centred support.

Yet the greatest value lies in improving the quality of care. AI can support triage, flag high-risk cases earlier, and deliver real-time insights that empower more proactive, tailored interventions. These benefits, however, depend on thoughtful implementation – and on ensuring technology enhances, rather than replaces, the human judgement essential to meaningful recovery.

**At EML, technology doesn't replace the human element – it enhances it. We're committed to helping people reclaim their lives through compassionate, technology-enabled care.**

## New regulatory landscape for psychological safety

Across Australia, every jurisdiction has introduced – or is preparing to introduce – stricter regulations for managing psychosocial risks, marking a decisive shift in how psychological safety is governed. Employers are now expected to treat risks like stress, bullying, and exposure to trauma with the same rigour as physical hazards. For example, Victoria's new psychological health regulations, effective from late 2025, will require businesses to formally identify and implement controls for psychosocial risks, including high job demands, role ambiguity, and harassment. In NSW, SafeWork's 2024-26 strategy prioritises mental health and wellbeing across high-risk sectors like healthcare, education, and the public service, with increased audits and enforcement.

This regulatory momentum signals a broader trend: employer obligations will continue to rise. Over the next five years, businesses will need to demonstrate how they identify, assess, and manage psychosocial risks – using tools like workplace surveys and formal risk assessments – while ensuring clear communication of actions and policies. This may include monitoring workload, enabling anonymous reporting of concerns, and training managers to provide support when workers experience distress.

## Employer action checklist



Identify high-risk cohorts and roles



Tailor mental health induction and mentoring programs



Foster inclusive support networks

The “hierarchy of controls” – well established in physical safety – is now being applied to psychological risk, placing prevention and work design at the centre of effective risk management. It provides a much-needed framework for consistent, proactive action. Many businesses are shifting from reactive to preventative strategies – embedding mental health into risk management, leadership KPIs, and performance metrics. The goal isn’t just fewer claims, but stronger cultures, healthier teams, and more resilient organisations.

## Supporting vulnerable workers and high-risk sectors

While mental health challenges can affect anyone, some groups face heightened vulnerability and will require focused support in the years ahead. Younger workers are entering the workforce with higher levels of psychological distress than any previous generation – a trend with long-term implications as the workforce evolves. Research from Monash shows that around 41% of workers under 25 report experiencing mental health conditions - compared to just 17% of those over 64<sup>1</sup>.

These younger employees are often juggling work-related stress alongside broader external pressures, including economic insecurity, student debt, and precarious employment. Many are still developing coping strategies and may be less likely to seek help early.

As the workforce becomes younger and more diverse, employers will need to respond – by embedding mental health awareness into onboarding, encouraging peer support networks, and fostering cultures where seeking help is normalised and valued.

Frontline and public-facing industries are another group at elevated risk. Sectors like healthcare, emergency services, education, and public safety routinely expose workers to trauma, high stress, and sustained emotional demands. These sectors are also consistently flagged by regulators as psychosocial risk hotspots. First responders and healthcare professionals may experience cumulative trauma and compassion fatigue, while teachers and human services workers contend with chronic workload stress and limited resources.

In the next five years, we’re likely to see more industry-specific mental health initiatives – focusing on timely access to psychological support, structured debriefing after critical incidents, and adequate recovery time as core strategies to reduce burnout and support retention.

A more diverse workforce also demands more inclusive, responsive approaches to mental health. Factors such as cultural background, gender, age, and lived experience all influence how workers perceive and respond to mental health initiatives.

Employers will need to address barriers like stigma and accessibility and consider tailored interventions – such as culturally adapted digital tools, flexible support pathways, and employee resource groups that offer safe spaces for communities, including younger workers, women, culturally and linguistically diverse (CALD) staff, or First Nations employees.

By recognising and responding to the distinct needs of vulnerable groups, Australian workplaces can build more inclusive, equitable, and effective mental health support systems.

## Building the future, one workplace at a time

Australia’s workplace mental health landscape is poised for rapid evolution – bringing both significant challenges and meaningful opportunities. Without decisive, coordinated action, psychological injury claims will keep rising. But this pressure can also serve as a catalyst, driving meaningful reform across systems and prompting renewed focus from regulators, employers, and industry leaders.

## Employer action checklist



Identify and assess psychosocial risks across diverse worker groups



Embed mental health supports into onboarding and peer mentoring



Training managers in inclusive, proactive mental health leadership

Stakeholders in the workers' compensation industry must also be aware of the psychological health of all claimants - including those recovering from physical injuries.



New ways of working demand smarter, more adaptive models of care. Organisations that actively manage the risks associated with remote, hybrid, and gig work – while embracing their benefits – will be best positioned to succeed. Burnout and psychosocial hazards are now firmly on the corporate agenda, prompting a shift toward more sustainable, human-centred work practices.

Technology will continue to expand what's possible – from AI-powered early detection systems to on-demand virtual therapy – but it must be implemented thoughtfully. As these tools evolve, the human element remains essential. Empathy, inclusive leadership, and psychologically safe cultures – grounded in data-driven insight – will form the foundation of mentally healthy workplaces.

The future of workplace mental health isn't theoretical; it's unfolding right now through the policies we shape, the decisions we make, and the care we show. Employers who act now will attract and retain top talent, build more engaged teams, stay ahead in compliance and cost management – and most importantly, they'll be regarded as organisations where people are set up to succeed.

At EML, we're proud to help lead that journey. We believe in building stronger systems, deeper relationships, and better outcomes – not just because it makes business sense, but because every person deserves a workplace where they feel safe, valued, and inspired to reach their full potential.

**The future of workplace mental health isn't theoretical – it's created through everyday decisions. Every proactive step we take today builds a stronger, healthier workforce for tomorrow.**





# References

This reference list includes the key publications, studies, and research referenced or consulted in the development of this paper. By sharing these resources, we aim to ensure transparency and provide readers with the opportunity to explore the evidence and insights that inform this document.

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# Glossary

## Absenteeism

Unplanned, excessive work absences not related to scheduled leave or emergencies. High absenteeism can disrupt workflows, increase pressure on coworkers, and lead to productivity and financial losses.

## AI (Artificial Intelligence)

Technology that enables machines to analyse data, solve problems, and perform tasks autonomously to meet specific objectives.

## FTE (Full-Time Equivalent)

A standardised measure of staffing based on hours worked, converting part-time or casual work into a full-time workload equivalent.

## ISCR

The Institute for Safety Compensation and Recovery Research – a research partnership between Monash University and WorkSafe Victoria, focused on injury prevention and recovery.

## Job Design

The structuring of tasks, responsibilities, and roles to meet both organisational goals and employee needs. Effective job design can enhance performance and wellbeing and reduce the risk of mental health issues.

## Mental Health

A state of wellbeing in which individuals can cope with daily stressors, realise their abilities, and contribute to their communities.

## Mental Health Injury

A psychological condition (e.g., anxiety, depression, PTSD) caused or aggravated by work. These conditions may affect mood, thought processes, and behaviour.

## Mental Illness

A clinical diagnosable condition affecting thoughts, emotions, or behaviour, often causing significant distress or functional impairment.

## Mental Injury Claims

Workers' compensation claims related to mental health conditions caused substantially by the work environment. Eligibility typically requires both a diagnosable psychological disorder and a clear, work-related cause.

## Presenteeism

When an employee is physically at work but not functioning at full capacity due to illness, stress, or other factors, leading to reduced productivity and engagement.

## Psychological Distress

Emotional suffering marked by symptoms like anxiety, depression, or restlessness. It may result from life stressors or trauma and doesn't always equate to a diagnosable mental illness.

## PTSD (Post-Traumatic Stress disorder)

A mental health condition triggered by a traumatic event, characterised by flashbacks, nightmares, avoidance, and severe anxiety.

## Workplace

Any location where work is conducted, including offices, vehicles, remote, or home-based sites.

## Workplace Culture

The shared values, behaviours, and norms that shape the work environment and employee experience. Positive culture supports wellbeing and performance.

## WYL (Working Years Lost)

A metric developed by Monash that measures the total time lost from work due to compensated injury or illness, expressed in full-time equivalent (FTE) years. It reflects both claim frequency and duration.

# Contributing organisations

## EML Group

The EML Group is made up of a group of companies owned and operated by a partnership between Employers Mutual Limited and The Trustee For ASWIG Management Trust (ABN 23 923 166 503). The Group provides personal injury claims management and administrative services to government and non-government entities across the workers' compensation, life insurance and accident and health industries.

The EML Group's Mutual Benefits Program, funded exclusively by Employers Mutual Ltd (ABN 67 000 006 486), serves the interests of members as well as the broader customers and stakeholders of the Group. Oversight by the Employers Mutual Ltd Board ensures accountability for the use of Program funding.

## Healthy Working Lives Research Group, Monash University

The Healthy Working Lives Research Group, based within Monash University's School of Public Health and Preventive Medicine (ABN 12 377 614 012), is dedicated to improving the health and wellbeing of working-age individuals in Australia and globally. Their research focuses on three core themes: (i) prevention, (ii) recovery, and (iii) systems. They collaborate with diverse partners across multiple disciplines and settings, employing a range of research methods to design, conduct, and translate research to achieve real-world impact.

Underpinning their approach is the strong evidence that good work is good for health, and good health is good for work. Through comprehensive research and collaborations, the Healthy Working Lives Research Group helps shape policies and practices that promote healthier working lives.

**Disclaimer:** This white paper is for general information purposes only and does not constitute legal, financial, or professional advice. While the EML Group has exercised due diligence in compiling and presenting this material, we make no warranties regarding its absolute accuracy, completeness, or timeliness.

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