Submission by to the Mental Health Inquiry, due April, 2019

I am a female in my early 50s that currently is treated for both chronic psychological injury plus a chronic physical injury that was occasioned in my former workplace at a prominent Group of Eight Australian university. I was formerly a Senior Manager in a specialist field at the University and the higher breadwinner in my family at that time. I was denied natural justice after the fact and I can no longer work in my chosen field due to these injuries. I have not been able to secure adequate income/ superannuation since the injuries.

Firstly, my submission involves the role of Commonwealth agencies in creation of my chronic injuries by:

- not providing a safe workplace in the first instance,
- failure to supply appropriate rehabilitation and
- a failure to provide full and proper compensation for the duration of my injuries, which continue to this day.

The second part of my submission relates to my experiences as a person with a permanent disability.

Part 1: The role of the Commonwealth in deliberately causing an employee to suffer a disability, and then mistreat that person to further aggravate mental health issues.

a. In February 2011 I sustained a psychological injury followed by a physical injury in May 2011 during my work tenure at a University. I adored this position and thrived in the environment. My work consisted of assisting all of the colleges and other administration centres across the University to improve their marketing practices, plus external stakeholders, and leading them through a brand refresh/ rollout. It was primarily a strategic marketing position, but late in 2010 my supervisor introduced to my position a very hands-on 'Help Desk' style email box that I had to operate as a single person in a very time sensitive manner on top of my existing workload. This meant considerable extra hours per day plus I came in on the weekends just to keep on top of it. Efforts to explain how the situation had become unsustainable fell on deaf ears and proposals to automate the process were denied by that supervisor. I was an effective team player in my work but I am convinced the situation was deliberate for a number of reasons, including that my supervisor made sure I was more and more isolated from the team, and seemed to be getting perverse pleasure from the situation that emerged. I was also denied resources in the form of staff and budget to draw on in this position, despite my Senior Manager status (and a stark contrast to the equivalent position who at the same time saw his resources increase somewhat).

b. My injuries were preventable had the workplace been safe from this workplace bullying. Instead of trying to prevent further injury, upped the ante. The University condoned the bullying actions of my supervisor rather than condemning them. I asked not to return to work under that supervisor and when I commenced a graduated return to work for 12 hours a week within half an hour I was bullied by her again. The case manager was witness to this, but had taken my Supervisor's side all of a sudden and I felt so isolated and alone. I was devastated.

c. I started having major panic attacks, migraines, nightmares and could not sleep. Three weeks later I was informed my permanent position would be made redundant through a 'restructure for one', despite my injuries. The University refused to redeploy me despite the fact I had identified a potential position, and deliberately disenabled me to go through the usual return to work and rehabilitation processes at my place of work that ordinarily an injured worker would participate. Furthermore they expected me to participate in numerous additional processes, like fighting for my financial and redeployment entitlements, despite my mental injury forcing

me back onto sick leave until my date of involuntary redundancy some months later. I never felt I had been allocated any time to recover because I was having to fight for basic rights, instead of resting. I was totally burnt out.

d. I wanted to get back to work as soon as possible. I had a family member who had been put off work medically at 35 and had seen first hand how difficult it was for him mentally. The University continued to try to skip their obligations in regards to their ongoing legal 'ownership' of my injury until Comcare cut off my compensation in February 2017. Having refused to supply correct equipment necessary for me to legally get back to work regarding my physical injury for over two years, they increasingly put the pressure on me to find alternate employment. I firmly believe the University were more interested in trying to force me to go away rather than accept all but the bare minimum of their responsibilities. This included, but is not limited to:
    - refusing to provide the opportunity to change positions at the University even though I had identified a suitable position on campus,
    - denying me access to the correct equipment required to legally/medically enable me to return to work (subject also to finding a suitable job available) after my redundancy for about two years, which I had to continually argue for,
    - despite remaining unwell both mentally and physically, the burden was squarely shifted onto me to find work trials, with little efforts made by the University or appointed Rehabilitation Providers.

e. What followed my involuntary redundancy instead was a relentless process by the University, and eventually Comcare, who was initially supportive, to force me into a never ending cycle of job seeking and work trials. I was constantly feeling overwhelmed with the volume of appointments I had to attend and the associated paperwork. Things that were easy to most became very difficult for me and eight years later I do not recall sleeping a full night since due to waking up with physical discomfort, nightmares and associated worries. Despite the appointment of Rehabilitation Providers, and a 'mutual obligation' for them to assist me to seek work, in seven years I was sent to only one job interview by the agency (about five plus years after my injury) and this was set up and designed for me to fail. The agency then created a document which fabricated the truth into a fictional story, gave it to the University who in turn gave it to the Injury Managers at Comcare. I was not privy to its existence for over another twelve months, and despite presenting my version of events at a case conference only a couple of weeks later it was not corrected on my file. Presumably this was done to cover up their own incompetence and the truth of how they had bullied me into attending an unsuitable job interview and environment. Unbeknowns to me at the time, the Rehabilitation Providers had told the University they would not assist me to find work anymore because it may tarnish their reputation with employers. However, the University kept them on their books and paying for their service for another 8 or 9 months despite them providing zero proof of their activity. I was also expected to regularly travel a 75 km return trip to attend meetings with this provider and in one meeting they merely wanted me to sign a payment for them.

f. I also felt that what they offered as supposed 'job seeking assistance' was far more appropriate for a junior jobseeker than a senior manager with physical and psychological injuries - it was very similar to the basic assistance my newly graduated daughter was getting in parallel from another agency.

g. The process was neverending. There was no time allocated in the period following the psychological injury enabling me to recover, or for the next six years. Any time I asked, and medically approved, to take even a short break from the process, it seemed a crisis was manufactured by the University or the Rehabilitation Providers to disturb it. Had I been still

employed by the University, I would have still retained my rights to the usual holiday periods etc.

h. My treating psychologist and doctors' inputs were ignored. By contrast I was active (described by one Comcare Claims Manager as 'more than adequately fulfilling my obligations'). Despite the constant medical appointments and meetings etc, it was I who was finding myself opportunities, looking for work to fit in with my injuries and medical restrictions. I consider myself as moderately functioning despite the diagnosis of severe depression, anxiety and eventually PTSD. At times I was suicidal (that in the end is what the University/ Comcare used as an excuse to cut off my compensation). I found myself several work trials, attended industry training and conferences where I could (some interstate), enquired about opportunities and wrote numerous job applications etc but to little avail. Opportunities in my location in my specialist field are scarce enough without any restrictions. And despite Comcare telling me I was able to demand evidence of the University's/ Rehabilitation Provider's activity to assist me, there was none forthcoming, despite many, many written and verbal requests.

i. During this time, I felt I had no agency anymore and that my life was controlled by 'the system'. I was constantly worrying if someone may be watching me, or any activity could be held against me which it ultimately did (like occasionally my husband would insist I get out of the house and go to a movie or dinner and this was used as 'proof' I was suddenly well).

j. About six months after being cut off compensation payments in February 2017 with the common, standard 'unsuccessful' reconsideration response, and thus never given the opportunity to defend myself from the misinformation within, I was given the opportunity to read my section 71 file documents that the University kept on me. Among other things, it revealed, unbeknowns to my treating medical practitioner, my treating psychologist or myself, that:
    - the Rehabilitation Providers had been misleading ANU about my efforts at jobseeking etc (saying that, despite the constant evidence I supplied, I was not undertaking any activities),
    - In turn the University were passing this on to the Injury Managers at Comcare stating that I was not undertaking any activity.
    - On the other hand, Comcare's Injury Managers were telling the University and the Rehabilitation Providers that I had no psychological injury, despite it being an accepted secondary condition and the fact that I had been granted permanent injury status (and they were still funding medication and a psychologist). I also had a second, successful closed period bullying claim. Every time I brought up with the University or Rehabilitation Providers about considering my psychological injury in their actions, they were dismissed. Even the doctor criticized how punitive everything they were doing to me was, stating that other clients with similar injuries were not being treated the same way. By sticking up for my rights and questioning their decisions, I became known as 'difficult',
    - This meant any discussion between medical team, myself and the Comcare's Claims Managers (assuming they are junior to injury managers and there was a high turnover) was ignored and/ or disregarded. It does explain the huge disconnect between the advice I was getting from my supportive 'medical team' and my dismissive 'rehabilitation team', which in itself became unnecessarily distressing and time sucking. It also meant that my psychological injury particularly was being constantly reaggravated like a scab that cannot heal.

k. Numerous communications with the Chancellor, Vice Chancellor, the University Council etc by myself (and others including my lawyer) have been dismissed or ignored.

l. This maladministration meant I was denied considerable amount of additional assistance, such as home help, that I was entitled, and increased both the emotional and physical burden on my family, consisting at the time of my husband and two children in their teens; one with several chronic physical conditions herself.

m. By the time Comcare cut off my compensation in February 2017, they were citing that I was no longer injured from the workplace (which is still not signed off, nor am I returned to full functioning capacity) but instead, I was deemed now injured from their rehabilitation process, which is not compensable under the SRC Act 1988.

n. In July 2018, the University was granted a self-insurance licence and was able to break away from Comcare. A number of ex-employees and my lawyer at least made submissions to the appropriate body explaining how the University was not meeting the appropriate criterion to qualify, but these were dismissed and the licence was granted. This now means we the injured workers, are now having to deal directly with the organization, and in some cases the same staff, who have abused us. This would not be appropriate in a domestic situation, and this scenario needs to be seen in the same light.

o. In my matter, a consent agreement at the AAT was made in September 2018 where I agreed (without much choice) to closure for a sum that was only a fraction of my compensation entitlements for just that period between the cut off and the AAT matter in September 2018. As my working life has been suspended for the past 8 years and with my earning capacity somewhat diminished due to time out of work, my age and my injury, this is highly inadequate and unsatisfactory. To continue pursuing the matter further legally risked my health and limited finances. Currently the AAT environment under the current LNP government is considered by lawyers as unpredictable in the way the AAT members have been calling cases. There are also so many cases by Comcare going through the Tribunal that it is backlogged and the waits are long. The AAT has been stacked by the current government so that going to the AAT is a risky situation. It is also detrimental to one's health. I believe this is a tactic used to deter vulnerable people from fighting for their rights, and one that needs firm policy to prevent.

p. I am aware that I am just one of many, many ex-employees at this University that have had similar treatment around their workplace injuries and being 'expelled' from their employment. My situation is far from being a one-off. The supposed avenues of restoring justice have proved inadequate for all of us. The University keeps gaslighting us, lying to authorities and repeating their behavior without consequence. It is further damaging our mental health and forcing the injuries to become permanent. Our stories remain unaddressed and dismissed, and continue to be repeated with more staff.

q. I am also aware that I am one of dozens, if not hundreds, of Comcare recipients who have also had their compensation cut-off 'due to the rehabilitation process' injuring them, and not the original injury. It was noted that then CEO Jennifer Taylor denied this ever occurred during Senate Estimates in 2018. Of these cases, it is surely not a coincidence that the names of some of the supposedly 'Independent' Medical Assessors are repeatedly emerging in these decisions and their opinions frequently oppose that of the injured person's treating medical personnel. There was even blatant discussion on my file between the University and Comcare about who to hire to 'get the result they wanted'. It is a lucrative source of ongoing income for these supposedly unbiased medical practitioners, and that in itself is problematic.

r. Complaints to the Commonwealth Ombudsman have been referred straight back to the University for supposed 'independent' investigation. Nothing has come from numerous complaints by injured workers and the University continues to deny any wrongdoing. This form of denial is also a factor in continued suffering of a psychological injury and general mental health. One wonders why the Commonweath Ombudsmen is even funded to exist.

s. My injury occurred in at an age (mid 40s) when most people are at their peak earning capacity. Currently I am still unemployed and despite being well educated, my employment future looks very uncertain. My husband and I will not be able to enjoy the retirement we had desired, worked hard for and were on track to achieve.
    - I am now 52 years of age and still retain the injuries that occurred at my place of work, followed by about 8 years of further mistreatment by the system supposedly set up to protect, rehabilitate and compensate me.
    - I have not been engaged in, nor medically cleared to do, full time work since my physical injury in May 2011.
    - I have undertaken a couple of short term, casual contracts of 4 – 7 weeks duration with between 4 -10 hours per week in the past year. The pay is much lower than what I earnt pre-injury.
    - I have not had superannuation since March 2012 when my employment at the Uniersity was terminated (most people on the Comcare scheme continue to get superannuation as part of their compensation because their employer does not terminate them). It should be illegal to terminate someone who is injured from work.
    - Despite wishing to continue working, the emotional damage has been so profound that I cannot see myself working in any remotely similar environment again, nor would I be physically able to work at the pace in my profession typically demands. Then there is the other issue of having fallen behind industry standards of practice with technological advancements over nearly a decade.

I have attached a document (Anatomy of Process) visually demonstrating the difficulties an injured worker from the University has to navigate. The system is broken and there are no obvious pathways for an injured worker, particularly with a psychological injury, to achieve natural justice and a positive outcome in a timely and affordable manner.

Part Two: Treatment of the Disabled

As a direct result of the injuries described above, I struggle to leave my home unless necessary. I purchased a dog to assist this, and she is currently a trainee psychiatric assistance dog. This enables her to accompany me to public places under the Disability Discrimination Act, with her status being equivalent to any disability aid such as a cane or wheelchair.

While I try to her expose her to as many different situations as possible as I feel up to, the ignorance about assistance dogs confronts me every time I go in public with her. It is almost worse some days than not having her. People want to pat her, I get questioned about her and comments are sometimes made about my legitimacy to have her.

Two particular incidents stand out where I was refused entry to a public place recently.

a. During December 2018, I went to visit an open garden, Red Cow Farm, in the Southern Highlands, a journey of half an hour from where we were staying. Visiting gardens is one activity I find I am particularly at ease with and I had been particularly keen to see this garden. The owner of the garden refused me entry, despite my explanation regarding the disability status etc and told me I had to leave my dog in the car. I was told this was because his dogs would attack my dog (to which I question why, if his dogs were that unsafe, would they be allowed to roam his property whilst members of the public were inside).This situation had a detrimental effect on my mental state. It can take days or even weeks sometimes for me to rebalance when I am 'triggered' in such a way.

b. In the past month, I went to visit the High Court Australia in Canberra with some friends to sit in on a particular case. I was stopped at the security gate and told I was not allowed through, but my friends were. I calmly showed my dog's ID and a card explaining the situation, including the rights of a cardholder under the Disability Act. Still, I was refused entry and told to sit on the seat nearby. I started to get agitated. I knew the court was starting, so my friends, who had waited for some minutes already, needed to leave me and get up there. Several times I tried to explain to different staff that my dog held the same status as a wheelchair, but each time I was told to go and sit on the seat. Luckily I am not a violent person because I can see how this situation could have speedily gotten out of control. I even pointed out the irony of being refused my rights in the High Court of Australia, to no avail. I was getting more and more anxious. This is not the way to treat someone with a mental injury. Eventually after two more supervisors refused me, and they called another, I was allowed to proceed through the High Court building into the Court room. Unfortunately by then the Court had resumed about 10 minutes earlier.
   The situation caused me unnecessary angst, discomfort and embarrassment. It took place in view of other members of the public also going through the checkpoint.
   I had only planned to be there for 45 minutes. It was a highly unsatisfactory situation, again acting as a trigger for my condition.

Conclusion and Recommendations:
Currently in Canberra there are countless anecdotes about high levels of bullying at ANU, UC and in the public service generally.

- The current model of 'self-investigation' by the Commonwealth Ombudsman needs to be abandoned. It covers up corruption, maladministration, costs considerably taxpayer money and is highly ineffective.

Prevention of mental injury in the workplace needs to be addressed, with particular emphasis on inclusive work places and significant penalties introduced and acted on.

- For individuals accused of bullying behaviour, substantiated bullying complaints should be registered and becoming barriers to promotion for a period of time, repeat offenders should be dismissed and direct compensation available to the affected party/ies and fines imposed;

- for organizations that fail to meet their obligations in relation to keeping workplaces safe; again, a register of substantianted cases kept, high fines imposed for non-compliance, direct compensation to affected parties in addition to workers compensation payable and stronger, more easily enforced legislation needs to be developed around this.

Anecdotally from doctors, psychologists and other injured workers, there is much evidence that Comcare regularly cuts people off compensation at a whim, regularly citing it is their process that is creating injuries equal to that of an initial injury at work.

- How is this not culpable currently and why isn't the Commonwealth to further liability? Just as their has been an enquiry into sexual abuse by the church, their needs to be similar investigation into Comcare's practice.

Workplaces do not need to be systemically toxic; good leadership on workplace health and safety leads to better practice. Compensation scheme providers like Comcare should be working more closely with agencies to reduce harm, not deprive compensation to the individual forcing them through onerous battle after battle for natural justice.

- Self-insurance should not be allocated to offending organisations like distributing lollipops. Despite numerous protests and a poor track record, ANU is now a self-insured organization when it should not be.

There should be a register, and more records and communication collected around of the origin of cases.

- Patterns or 'clusters' of problems in a particular workplace/s or around particular individuals, these get automatically investigated thoroughly by an independent body.

Affordable and effective legal access for vulnerable people also needs to be addressed. Currently both the Fair Work Commission and the AAT have become a playground for barristers. When you lose your income and solicitors cost $400+ per hour, or a barrister costs $5000+ per day, it is a daunting, and unfair, prospect to have to play against the organisations with seemingly unlimited access to taxpayer and other funding.

- The practice of taking barristers, and perhaps solicitors in most instances too, into the FWC or AAT should be banned.

Currently Comcare is trying to act like an insurance company, not as the compensation scheme it was legislated as, and this is a form of bullying in itself. It is a further stress and aggravator, on people who already are very vulnerable, are easily overwhelmed and have fragile mental health.

- Focus on harm minimization and rehabilitation by organisations, rather than endless punitive process for mentally ill/ injured people, should be implemented immediately. This would save costs on legal, medical and other fees for both individual and the welfare 'system' in the longer run.

There also still needs to be greater understanding/ education/ awareness of mental health across the public and particularly how to treat people with mental injury, illness and trauma.

- Effective public campaigns and education programs should be properly targeted, funded and developed.
- Government systems should support more general dignity and self-esteem building of staff and consumers in the way they function overall, and it should be mindful of appointing senior leadership that will support this.

Thank you for considering my submission.