

WorkCover and Psychiatric Treatment

Psychiatric treatment under WorkCover follows specific processes and involves multiple parties. This leaflet explains how psychiatric care fits within the WorkCover system and what patients can expect.

Purpose of Psychiatric Treatment Under WorkCover

Psychiatric treatment under WorkCover aims to:

- Assess and treat mental health symptoms
- Support recovery and functional improvement
- Contribute to safe and sustainable return to work where possible

Treatment focuses on **clinical care**, not on determining liability or compensation.

Role of the Treating Psychiatrist

The treating psychiatrist's role includes:

- Psychiatric assessment and diagnosis where appropriate
- Treatment planning and review
- Medication management if indicated
- Commenting on functional impact where clinically relevant

The psychiatrist provides opinions based on **clinical assessment and available information**.

Role of Other Parties

WorkCover matters often involve:

- The patient
- The employer
- The insurer
- The GP
- Allied health professionals

Each party has a different role.
The treating psychiatrist does not control WorkCover decisions.

Treatment Versus Compensation Decisions

It is important to understand that:

- Psychiatric treatment is separate from compensation decisions
- Treating clinicians do not determine claim acceptance
- Treatment recommendations do not guarantee WorkCover outcomes

Clinical care proceeds independently of claim decisions where possible.

Reports and Documentation

Under WorkCover, documentation may include:

- Clinical correspondence
- Certificates or reports
- Functional capacity comments

Reports are prepared:

- For specific purposes
- Based on clinical judgement
- Within professional and ethical boundaries

Preparation of reports may attract additional fees.

Limitations of Psychiatric Opinions

Psychiatric opinions are:

- Based on information available at the time
- Subject to change as circumstances evolve
- Focused on mental health and functioning

They may not address:

- Legal liability
- Workplace policy matters
- Industrial or employment disputes

Return to Work and Capacity

Return to work is often:

- A gradual process
- Reviewed over time
- Supported by treatment and workplace adjustments

Work capacity may fluctuate and is reviewed in the context of recovery.

Independent Medical Examinations (IMEs)

In some cases, WorkCover may request:

- Independent Medical Examinations

IMEs are:

- Separate from treating psychiatric care
- Conducted by independent practitioners
- Used for assessment rather than treatment

The treating psychiatrist's role is different from that of an IME assessor.

Communication and Expectations

Clear communication helps reduce frustration and misunderstanding.

Patients are encouraged to:

- Discuss WorkCover-related concerns during appointments
 - Clarify the purpose of any requested reports
 - Understand the limits of the treating psychiatrist's role
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Managing Stress Related to WorkCover Claims

WorkCover processes can be stressful.

Support may include:

- Focusing on symptom management
- Maintaining realistic expectations
- Using appropriate supports

Treatment aims to support mental health, regardless of claim outcomes.

Questions and Clarification

If you have questions about how psychiatric treatment fits within WorkCover:

- Discuss them during your appointment
- Seek clarification early

Understanding roles and processes supports smoother care.
