



SPINAL HEALTH MONTH
1-30 JUNE 2026

30 YEARS

Healthy SPINE HEALTHY MIND

GET BACK TO FEELING GOOD

JOURNALIST NOTES



ADJUST YOUR THINKING.

spinalhealth.org.au 🔍

TABLE OF CONTENTS

| | |
|--------------------------------------------------------------------------------------------------------------------|----|
| NATIONAL SPINAL HEALTH MONTH - A HEALTHY SPINE SUPPORTS A HEALTHY MIND | 3 |
| CHIROPRACTIC HEALTHCARE IN AUSTRALIA – KEY FACTS | 4 |
| MUSCULOSKELETAL DISORDERS | 5 |
| HIGH COST OF MSDS & BACK PAIN PREDICTED TO CONTINUE TO RISE | 7 |
| MEDICATIONS & MSDs..... | 7 |
| THE IMPACT OF CHRONIC PAIN ON AUSTRALIANS..... | 8 |
| Deloitte & Pain Australia – Chronic Pain in Australia..... | 8 |
| Australian Institute of Health and Welfare – Chronic MSDs: 17 June 2024 | 9 |
| CHANGES TO LIFESTYLE & HOLISTIC HEALTHCARE RECOMMENDED FOR BACK PAIN | 10 |
| Sydney University - January 2025 - Healthy lifestyle changes shown to help low back pain..... | 10 |
| Global Health Education Australia: Feb-25: 7 healthcare trends shaping health in Australia..... | 11 |
| Adelaide University – March 2025 - Australian study reveals hidden struggles of back and neck pain sufferers | 12 |
| RESEARCH LINKS BACK PAIN & MENTAL ILL-HEALTH | 13 |
| International Association for the Study of Pain – 2021 | 13 |
| ABC News – October 2025 – Top Health Trends in Australia for 2025: Menal Health Focus..... | 16 |
| American Psychiatric Association – November 2020 – Chronic Pain and Mental Health Often Interconnected..... | 17 |
| WORK RELATED MSD STATISTICS | 18 |
| Safe Work Australia - Key Work Health and Safety Statistics Australia – October 2025..... | 18 |
| REFERENCES..... | 20 |

NATIONAL SPINAL HEALTH MONTH - A HEALTHY SPINE SUPPORTS A HEALTHY MIND

National Spinal Health Month (1-30 June 2026) is the initiative of the Australian Chiropractors Association (ACA) to mark the 30th anniversary of Australia's longest running, and award-winning national community health awareness campaign dedicated to improving the spinal health of Australians of all ages.

Annually, the national campaign focusses on a specific spinal health issue while promoting the importance of maintaining good spinal health to improve overall health and wellbeing.

In 2026, the campaign focusses on preventing back pain and its associated secondary implications including back pain developing into a chronic condition and the effects of back pain on the mental health of sufferers.

ACA is encouraging individuals, the community, businesses and organisations to participate by registering at www.spinalhealthmonth.org.au.

The Australian Chiropractors Association

Established in 1938, the Australian Chiropractors Association (ACA) is the peak body representing chiropractors. The ACA promotes the importance of maintaining spinal health to improve musculoskeletal health through non-invasive, drug-free spinal health and lifestyle advice to help Australians of all ages lead and maintain healthy lives.

The ACA is the premier association for chiropractic in Australia. With around 3,000 members, the ACA is Australia's largest chiropractic health body and has taken a leadership role in promoting the importance of maintaining a healthy spine to improve the overall health and wellbeing of every Australian. ACA develops and promotes professional standards for chiropractors, has invested \$2.3 million to advance research in musculoskeletal health, builds evidence-based practice for chiropractic healthcare and actively promotes the importance of spinal health through its annual flagship campaign, national Spinal Health Month.

Every week 400,000 chiropractic healthcare consultations are creating well-adjusted Australians. With so many Australians visiting a chiropractor every week, chiropractors play an important role in improving the spinal health of everyday Australians.

Drug-Free Chiropractic Healthcare Treats the Cause, Not Just the Symptoms

ACA chiropractors are 5-year university educated healthcare professionals who effectively treat a wide range of musculoskeletal disorders including the causes of back pain and a range of spinal health conditions. ACA chiropractors use specialised drug-free, evidence-based, non-surgical techniques including specific spinal adjustments to manage spinal health. They apply low-force intervention and use various manual therapies including soft tissue techniques while assessing lifestyle factors and providing relaxation methods to reduce reliance on medication and minimise stress caused by spine-related pain. By treating the cause of pain and not just the symptoms, chiropractic healthcare improves the overall health and wellbeing of Australians.

CHIROPRACTIC HEALTHCARE IN AUSTRALIA – KEY FACTS

- ⦿ Australian educated chiropractors share a common university education pathway with physiotherapists and osteopaths requiring undergraduate and/or masters-level university training over five years.
- ⦿ Chiropractors are not only trained to treat musculoskeletal pain; chiropractors are also trained to facilitate health promotion and lifestyle advice, rehabilitation and patient education in health and wellbeing.
- ⦿ All chiropractors must be registered with the national Chiropractic Board of Australia and meet the Board's registration standards in order to practice in Australia.
- ⦿ All Australian registered chiropractors complete mandatory continuing education annually to maintain registration and practice as a non-pharmacological, non-surgical spine care and musculoskeletal-allied healthcare professional.
- ⦿ Australian chiropractors conduct over 400,000 consultations each week.
- ⦿ Chiropractors play an important role in the spinal health of everyday Australians by using a range of non-surgical techniques including specific spinal adjustments, manual therapy and low-force intervention.
- ⦿ Chiropractors offer a drug-free, hands-on approach to spinal healthcare.
- ⦿ Growing evidence supports early referral and assessment of patients experiencing musculoskeletal pain to an appropriately qualified musculoskeletal clinician such as a chiropractor.
- ⦿ Chiropractors use a patient centred, multi-modal model of healthcare to provide a therapeutic approach incorporating a range of manual therapies to treat a range of musculoskeletal conditions.

Chiropractors are 5-year university educated healthcare professionals

- ⦿ Chiropractors are university degree qualified healthcare professionals who undergo five years of university study encompassing a double bachelor's degree that covers a breadth of health subjects including anatomy, physiology, radiology, diagnostic techniques, and clinical training.
- ⦿ Chiropractic clinical training requires over 1,600 hours, including clinical placement treating hundreds of patients under the expert supervision of registered chiropractic healthcare professionals.
- ⦿ Chiropractors are recognised as primary healthcare service providers certified to diagnose and treat health ailments. With a primary focus on musculoskeletal health, often they can be the first point of contact within the healthcare system when a person encounters a musculoskeletal problem.
- ⦿ Chiropractors offer a drug-free, hands-on approach to spinal healthcare with growing evidence supporting early referral and assessment of patients experiencing musculoskeletal pain to an appropriately qualified musculoskeletal clinician such as a chiropractor.
- ⦿ Chiropractors use a patient-centred, multi-modal model of healthcare to provide a therapeutic approach incorporating a range of manual therapies to treat a range of MSDs including back pain.

Chiropractors are registered to practice and regulated under Australian law

- ⦿ Chiropractors are required to register with the Chiropractic Board of Australia under the Health Practitioner Regulation National Law. Board members are appointed by the Australian Workforce Ministerial Council. The Board's role is to regulate chiropractors in Australia under the National Registration and Accreditation Scheme with chiropractors one of 15 health professions in the National Scheme.
- ⦿ As is the case for all healthcare service providers, Australian chiropractors are also regulated by the Federal Government's Australian Health Practitioner Regulation Agency (AHPRA) to ensure public trust and confidence in all health practitioners. Chiropractors are one of 14 health professions regulated by AHPRA including medical practitioners, nurses, pharmacists, paramedics, physiotherapists, psychologists, and dentists.
- ⦿ All Australian registered chiropractors complete mandatory continuing education annually to maintain registration and practice as a non-pharmacological, non-surgical spine care and musculoskeletal-allied healthcare professional.

MUSCULOSKELETAL DISORDERS

What are musculoskeletal disorders (MSDs)?

- The model Work Health and Safety Regulations define musculoskeletal disorders (MSDs) as ‘an injury to, or disease of, the musculoskeletal system, whether occurring suddenly or over time’.
- A ‘disorder’ implies a condition that has multiple factors acting together to cause the disorder.
- MSDs are a wide range of inflammatory and degenerative conditions affecting the muscles, tendons, ligaments, joints, peripheral nerves and supporting blood vessels (Oakman, Clune & Stuckey, 2019).
- WMSDs often develop from exposure to more than one workplace hazard and do not always fit neatly into an ‘injury’ or ‘disease’ category.
- This group of disorders includes repetitive strain injuries, occupational overuse syndrome, back injury, osteoarthritis, backache, sciatica, slipped disc, carpal tunnel syndrome’ and tendinitis, among others.

The health burden of musculoskeletal disorders including back pain on Australians

- MSDs cost the Australian economy \$55.1 billion in direct health costs, lost productivity and reduced quality of life (MA, 2020-21).
- Back pain is usually the result of a musculoskeletal disorder (MSD).
- MSDs account for the greatest proportion of persistent pain conditions (WHO, 2019).
- Almost 1 in 3 (29%) Australians had a musculoskeletal disorder in 2017–18, around 7 million people according to the Australian Institute of Health and Welfare (AIHW, 2019).
- MSDs are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally (MA, 2020-2021).

Around 7 million Australians had a musculoskeletal disorder in 2017–18

According to Musculoskeletal Australia (2020–21), the health, social and economic burden of musculoskeletal disorders (MSDs) including back pain in Australia are extensive.

- MSDs are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally.
- The greatest proportion of persistent pain conditions is accounted for by MSDs (WHO, 2019).
- Almost 1 in 3 (29%) Australians had a musculoskeletal disorder in 2017–18, around 7 million people - Australian Institute of Health and Welfare (AIHW, 2019).
- 1 in 5 experience neck pain
- MSDs and injuries are not just conditions of older age.
- MSDs significantly limit mobility and dexterity, leading to early retirement from work, reduced socio-economic circumstances and reduced ability to participate in social roles.
- AIHW data show that almost 4 in 5 (79%) people with arthritis and 2 in 3 (65%) people with back pain and back problems had at least 1 other chronic condition.
- MSDs are often linked with depression with one in five Australians with arthritis experiencing high or very high levels of psychological distress (AIHW, 2019).

The rising cost of musculoskeletal disorders in Australia

- **Musculoskeletal Australia - The rising cost of musculoskeletal conditions** - <https://muscha.org/a-problem-worth-solving/>

A Deloitte Access Economics report for Musculoskeletal Australia found that the rising cost of musculoskeletal conditions in Australia makes a case for why there needs to be a proactive, strategic response:

- **\$55.1 billion cost to the Australian economy**, including direct health costs, lost productivity and reduced quality of life.
- **6.1 million Australians are already affected**, of which 58% are of working age in peak income earning years (25-64 years).
- **43% growth in musculoskeletal cases is projected over the next two decades**, including a surge in older Australians living with the conditions.

World Health Organisation - Musculoskeletal health: July 2022

World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>

- ⦿ Approximately 1.71 billion people have musculoskeletal conditions worldwide.
- ⦿ Musculoskeletal conditions are the leading contributor to disability worldwide.
- ⦿ Musculoskeletal conditions significantly limit mobility and dexterity, leading to early retirement from work, lower levels of well-being and reduced ability to participate in society.
- ⦿ Because of population growth and ageing, the number of people living with musculoskeletal conditions and associated functional limitations, is rapidly increasing.
- ⦿ Musculoskeletal conditions are relevant across the life-course – from childhood to older age.
- ⦿ Musculoskeletal conditions include conditions that affect joints, bones, muscles and multiple body areas or systems, such as regional (e.g. back and neck pain).
- ⦿ Musculoskeletal conditions are the highest contributor to the global need for rehabilitation and among the largest contributors to the need for rehabilitation.
- ⦿ People with musculoskeletal conditions are also at higher risk to develop mental health issues.
- ⦿ The prevalence of musculoskeletal conditions increases with age, however younger people are also affected, often during their peak income-earning years.
- ⦿ The societal impact of early retirement in terms of direct health-care costs and indirect costs (i.e. work absenteeism or productivity loss) is enormous.

Musculoskeletal Australia - 2020-2021 Pre-budget Submission: The health, social and economic burden of musculoskeletal conditions

Musculoskeletal Australia 2020–21 Pre-budget Submission: treasury.gov.au/sites/default/files/2020-09/115786_MUSCULOSKELETAL_AUSTRALIA.pdf

- ⦿ Musculoskeletal conditions (MSDs) are the second largest contributor to disability worldwide, with low back pain being the single leading cause of disability globally.
- ⦿ The greatest proportion of persistent pain conditions is accounted for by MSDs (WHO, 2019).
- ⦿ Almost 1 in 3 (29%) Australians had a musculoskeletal condition in 2017–18, around 7 million people - Australian Institute of Health and Welfare (AIHW, 2019).
- ⦿ Musculoskeletal conditions and injuries are not just conditions of older age.
- ⦿ Musculoskeletal conditions significantly limit mobility and dexterity, leading to early retirement from work, reduced socio-economic circumstances and reduced ability to participate in social roles.
- ⦿ AIHW data show that almost 4 in 5 (79%) people with arthritis and 2 in 3 (65%) people with back pain and problems had at least 1 other chronic condition.
- ⦿ Musculoskeletal conditions are often linked with depression with one in five Australians with arthritis experiencing high or very high levels of psychological distress (AIHW, 2019).

Adelaide University: First national study investigating risk factors of back & neck pain

adelaide.edu.au/newsroom/news/list/2023/09/14/national-study-to-investigate-risk-factors-for-back-and-neck-pain#

According to the University of Adelaide, back and neck pain are major public health burdens with millions of sufferers around Australia. In September 2023, it announced a groundbreaking nationwide study will for the first time explore the significant impact of these conditions on health and welfare.

The study will investigate risk factors for back and neck pain by asking thousands of participants to take part in a comprehensive, annual online survey that will track how their ailments are progressing over several years.

Back and neck pain can be debilitating for sufferers. This study will be the first to thoroughly investigate the number of Australians living with one or both of these burdens and their access to and use of healthcare, so we can improve the treatment of these common ailments.

HIGH COST OF MSDS & BACK PAIN PREDICTED TO CONTINUE TO RISE

Monash University - 23 August 2025 - Back pain a \$638 billion productivity black hole

Monash University: [https://www.monash.edu/news/articles/back-pain-a-\\$638-billion-productivity-black-hole,-new-study-warns#:~:text=Global%20partnerships-,News%20&%20events,causes%20of%20disability%20in%20Australia](https://www.monash.edu/news/articles/back-pain-a-$638-billion-productivity-black-hole,-new-study-warns#:~:text=Global%20partnerships-,News%20&%20events,causes%20of%20disability%20in%20Australia)

In August 2025, research from Monash University's School of Public Health and Preventive Medicine, projected the work-related impact of long-term back problems among working-age Australians (15–64 years) revealed:

- ⦿ Back pain remains one of the leading causes of disability in Australia.
- ⦿ Beyond the significant impact to the Australian economy, these work impacts can create significant financial stress for individuals.
- ⦿ Pain and restricted physical function may result in early exit from the workforce, long-periods of work absence and/or reduced productivity while at work.
- ⦿ Long-term back problems will cost the Australian economy an estimated \$638 billion in lost productivity over the next decade unless urgent action is taken.
- ⦿ More than 3.2 million working-age Australians are expected to be living with chronic back issues by 2033, leading to a loss of approximately 4.6 per cent to Australia's Gross Domestic Product over a 10-year period.
- ⦿ Absences associated with back problems are costing the Australian economy billions.
- ⦿ The study found that reducing the prevalence of long-term back problems by just 10 per cent could add \$41.4 billion to Australia's GDP over a decade.
- ⦿ Too many Australians are receiving care contrary to the best available evidence, resulting in little if any benefit and sometimes causing harm.
- ⦿ Promoting advice to remain active and at work, alongside providing Australians with the tools to self-manage their back pain can boost workforce participation and productivity.
- ⦿ Tackling this very common health issue can improve the health of society and aid in the government's priority to address stagnant productivity.

MEDICATIONS & MSDs

Therapeutic Goods Administration – Paracetamol

TGA makes final decision to reduce paracetamol pack sizes: [tga.gov.au/news/media-releases/tga-makes-final-decision-reduce-paracetamol-pack-sizes](https://www.tga.gov.au/news/media-releases/tga-makes-final-decision-reduce-paracetamol-pack-sizes)

- ⦿ On 3 May 2023, the Australian Therapeutic Goods Administration (TGA) published its final decision to reduce the maximum size of packs for various paracetamol products to address overuse of paracetamol that can lead to liver injury and paracetamol overdose.
- ⦿ Following a report commissioned by the TGA that examined the incidence of serious injury and death from intentional paracetamol overdose, the restrictions to packaging of paracetamol came into effect on 1 February 2025.

The Royal College of General Practitioners - Lancet: Opioids Ineffective

- ⦿ The Royal Australian College of General Practitioners **OPIOIDS INEFFECTIVE FOR ACUTE LOW BACK OR NECK PAIN: University of Sydney - 29 Jun 2023** <https://www1.racgp.org.au/newsgp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pai>

Interpretation: Opioids should not be recommended for acute non-specific low back pain or neck pain given that we found no significant difference in pain severity compared with placebo. This finding calls for a change in the frequent use of opioids for these conditions.

Opioids Ineffective for Acute Low Back or Neck Pain: University of Sydney - 29 Jun 2023

- University of Sydney: <https://www1.racgp.org.au/news/gp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pai>
- Opioid analgesia for acute low back pain and neck pain (the OPAL trial): a randomised placebo-controlled trial: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00404-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00404-X/abstract)

According to a study conducted by the University of Sydney, in Australia, around 40% of people with low back and neck pain who present to their GP and 70% of people with low back pain who visit a hospital emergency department are prescribed opioids such as oxycodone.

According to the study, published in the *Lancet* medical journal, found opioids (among the most commonly prescribed pain-relief for people with low back and neck pain) do not relieve ‘acute’ low back or neck pain (lasting up to 12 weeks) and can result in patients experiencing worse pain.

Prescribing opioids for low back and neck pain can also cause harms ranging from common side effects – such as nausea, constipation and dizziness – to misuse, dependency, poisoning and death. The findings show opioids should not be recommended for acute low back pain or neck pain. A change in prescribing for low back pain and neck pain is urgently needed in Australia and globally to reduce opioid-related harms.

According to researchers, this study provides compelling evidence that opioids have a limited role in the management of acute low back and neck pain. The challenge is getting this new information to clinicians and the general public, and to implement this evidence into practice.

THE IMPACT OF CHRONIC PAIN ON AUSTRALIANS

Deloitte & Pain Australia – Chronic Pain in Australia

Deloitte Access Economics - <https://www.deloitte.com/au/en/services/economics/analysis/cost-pain-australia.html>

The cost of pain in Australia - A painful reality

Deloitte Access Economics prepared a report for Pain Australia that estimates the impact of chronic pain in Australia. In March 2019, Deloitte Access Economics reported that evidence was presented demonstrating the burden of chronic pain in Australia, including health system, productivity and carer costs, other financial costs and the loss of wellbeing. The key findings include:

- 3.24 million Australians were living with chronic pain in 2018. 53.8% women and 68.3% are of working age.
- For the majority (56%) of Australians living with chronic pain, the pain restricts what activities they can undertake.
- The total financial cost of chronic pain in Australia in 2018 was estimated to be \$73.2 billion, comprising \$12.2 billion in health system costs, \$48.3 billion in productivity losses, and \$12.7 billion in other financial costs, such as informal care, aids and modifications and deadweight losses.
- People with chronic pain also experience a substantial reduction in their quality of life, valued at an additional \$66.1 billion.
- The costs of chronic pain are expected to increase from \$139.3 billion in 2018 to \$215.6 billion by 2050 in real 2017-18 dollars.
- An extension of best practice care to Australian patients could lead to substantial savings and better health outcomes.

Australian Institute of Health and Welfare – Chronic MSDs: 17 June 2024

Australian Institute of Health and Welfare: aihw.gov.au/reports/chronic-disease/chronic-pain-in-australia/summary

Australian Institute of Health and Welfare: aihw.gov.au/reports/chronic-musculoskeletal-conditions/back-problems

- In 2022 around 7.3 million – 29% of people estimated to be living with a musculoskeletal condition.
- 4 million (16%) with back problems; 3.7m (arthritis) and 854k (osteoarthritis or osteopenia) (ABS 2023)

1. Back problems

- ‘Back problems’ describes a range of conditions related to the bones, joints, connective tissue, muscles and nerves of the back.
- These conditions can affect the neck (cervical spine), upper back (thoracic spine) and lower back (lumbar spine) as well as the sacrum and tailbone.
- Back problems are a significant cause of disability and lost productivity.
- Examples of back problems include:
 - ◆ Back or spine pain (such as lower back pain, and sciatica)
 - ◆ Vertebrae and disc disorders (such as narrowing of the spinal canal, and disc degeneration)
 - ◆ Deforming disorders (such as scoliosis).
- An estimated 4 million (16%) people in Australia reported having back problems in 2017–18.
- In 2021–22, there were 177,000 hospitalisations with a principal diagnosis of back problems (690 hospitalisations per 100,000 population).
- 74% of people with back problems reported also having one or more other chronic conditions – the top 3 comorbidities were arthritis (48%), mental and behavioural conditions (34%), and asthma (17%).
- According to the NHS, in 2017–18, back problem prevalence increased with age and was similar for males and females. Prevalence also changed little by Indigenous status, remoteness or socioeconomic areas.

2. Impact of back problems

- Back problems often lead to poorer quality of life, psychological distress, bodily pain, and disability.
- People with back problems had over double the rates of reporting ‘fair’ to ‘poor’ health (26%), ‘moderate’ to ‘very severe’ bodily pain (50%), and ‘high’ to ‘very high’ psychological distress (22%), compared with those without the condition.
- Back problems were the third leading cause of disease burden overall, accounting for 4.3% of Australia’s total disease burden in 2023.
- In 2020–21, an estimated \$3.4 billion was spent on the treatment and management of back problems, representing 2.2% of total health system expenditure and 23% of expenditure for all musculoskeletal conditions.
- Back problems contributed to 1,112 deaths or 4.3 deaths per 100,000 population in 2022 (0.6% of all deaths).

3. Burden of disease in 2023

- The rate of burden from back problems increased with age and was similar for males and females.
- Back problems were the leading cause of burden for people aged 35–54.
- Back problems were the third leading cause of burden and accounted for 4.3% of total burden; 7.9% of non-fatal burden, and less than 1% of fatal burden.
- Within the musculoskeletal condition disease group, back problems accounted for 34% of total burden; 34% of non-fatal burden; and 6.0% of fatal burden (AIHW 2023a).

4. Trends over time

- In 2023, the age standardised rate of burden from back problems remained stable (8.0 to 8.6 DALY per 1,000 population).

5. Variation between population groups

In 2018, the age standardised rate of burden from back problems:

- was highest in inner regional areas compared with those in remote and very remote areas (9.3 and 5.9 DALY per 1,000 population, respectively)
- increased with increasing levels of disadvantage – for example, people living in the lowest socioeconomic areas (with the highest level of disadvantage) were 1.4 times as likely to have back problems compared with people living in the highest socioeconomic areas (with the lowest level of disadvantage) (AIHW 2021).

CHANGES TO LIFESTYLE & HOLISTIC HEALTHCARE RECOMMENDED FOR BACK PAIN

Sydney University January 2025 - Healthy lifestyle changes shown to help low back pain

University Of Sydney: [Healthy Lifestyle Changes Shown To Help Low Back Pain](#)

A University of Sydney study by the University of Sydney's Centre for Rural Health published in JAMA Network Open, found the challenge traditional views of back pain management.

The study indicated that integrating holistic care including lifestyle support into chronic back pain treatment helps reduce disability and improves quality of life underscoring the need for a shift in the treatment of back pain care, away from pills and procedures, and towards addressing the lifestyle factors that can make a difference. The study found:

- ⦿ Low back pain is a leading cause of disability worldwide with many treatments, such as medication, often fail to provide lasting relief.
- ⦿ The randomised controlled trial included 346 participants from across Australia with chronic low back pain and at least one lifestyle risk factor, such as obesity, poor diet, sedentary habits, or smoking.
- ⦿ Participants were randomly assigned to one of two groups: the "Healthy Lifestyle Program (HeLP)" or standard guideline-based physiotherapy care for managing their low back pain.
- ⦿ The HeLP participants received support from physiotherapists, dietitians and telephone health coaches who helped them work out which lifestyle habits might be influencing their back pain, such as weight, inactivity, poor diet, poor sleep, smoking or excessive alcohol use.
- ⦿ Participants were provided with evidence-based advice over a six-month period on lifestyle challenges.
- ⦿ The approach showed several benefits compared to standard care including reduced disability, with participants scoring an average of 1.3 points lower on the Roland Morris Disability Questionnaire (higher scores indicate greater disability).
- ⦿ HeLP participants also lost an average of 1.6kg more than the control group.
- ⦿ Resolving back pain needs to focus on more than the back.
- ⦿ When back pain doesn't get better, they should expect to get comprehensive care about a range of health factors, not just a focus on what's happening in their spine. We should shout this message from roof tops.
- ⦿ Increasing numbers of studies have shown that pathologies like bulging discs and joint degeneration are rarely the cause of long-term back pain
- ⦿ The problem is, few people are told this, and even fewer are given support to focus on the things that influence long-term pain and disability.
- ⦿ Too many people are referred for surgery or prescribed medications that don't help—and may even lead to more harm.
- ⦿ Many people with long-term back pain tell us they feel abandoned, often being referred for high cost and ineffective treatments without being offered recommended treatments that promote self-management.
- ⦿ By shifting the focus to include lifestyle changes and providing simple, supportive interventions, patients feel empowered to take control of their pain.
- ⦿ This approach not only improves their symptoms but also enhances their overall quality of life.
- ⦿ Lifestyle-integrated care, could benefit patients beyond pain management, potentially reducing risks for other chronic diseases.

The researchers believe that their research could influence future updates to back pain guidelines. Patients valued the holistic support, and the outcomes speak for themselves.

Global Health Education Australia: Feb-25 7 healthcare trends shaping Australian health

Global Health Education Australia: <https://globalhealtheducation.com/au/resources/healthcare-trends#ageing-and-preventative-health>

Global Health Australia notes over 300,000 Australians visit a chiropractor each week, and demand is expected to remain strong. A 19.2 per cent job growth is projected over the next five years as more Australians seek non-invasive and drug-free approaches to managing musculoskeletal conditions.

According to Global Health Education Australia, now more than ever, it's critical that we pay attention to the trends to ensure the Australian healthcare system maintains its strength noting the seven key trends in healthcare that should be front of mind for all health professionals include:

1. Ageing and preventative health

- ⦿ The National Health Survey data reveals one-in-two Australians suffer at least one chronic health condition.
- ⦿ Our population is also ageing at an increasing rate with the number of Australians aged 65 and over projected to grow by six per cent by 2026.
- ⦿ By 2066, older Australians are expected to account for between 21 to 23 per cent of the population.
- ⦿ As a result, innovative diagnostic tools and interventions are burgeoning in aged care and preventative medicine, which includes the integration of epigenetics to help explain how external factors can affect the way our genes are turned on or off.
- ⦿ There is a focus on decreasing the global burden of disease and helping people to live healthier, longer lives to ultimately lessen the impact of ageing and chronic conditions on the healthcare system.

2. Digital health services

- ⦿ Digital health services, such as telehealth, is a health trend that is now a necessity.
- ⦿ More than a quarter of Australians accessed telehealth services over the previous financial year.
- ⦿ Researchers predict that at least 50 per cent of all new health services will need to move to virtual delivery to meet the growing demands on the healthcare system.
- ⦿ For patients, especially those living in remote or regional areas, digital service offerings remove barriers to healthcare, making it more accessible and convenient.

3. Mental health

- ⦿ Mental health is an increasingly prevalent issue, with 43 per cent of Australians reporting they have experienced a mental health disorder at some point in their lives.
- ⦿ In the six years to 2023, GPs reported an 11 per cent increase in the number of patients presenting with mental health issues, with a further 12.2 million mental health-related pharmaceutical prescriptions administered.
- ⦿ Researchers have also found a generational decline in mental health with those born in the 1980s and 1990s experiencing deteriorating mental health. Unlike previous generations, the mental health of this cohort isn't improving as they age.
- ⦿ More Australians are seeking support for their mental health, with GPs the most common port of call. The number of people seeing a psychologist, psychiatrist or counsellor is on the rise, as is the number of people accessing digital mental health services or apps.
- ⦿ In 2024 following a recommendation from the Mental Health Reform Advisory Committee, the Federal Government announced a \$456 million dollar investment in digital mental health services.
- ⦿ Access to psychology care is due to expand in the coming years with an increase in postgraduate psychology placements at several universities. These initiatives are designed to support the system to keep pace with demand for mental health care.
- ⦿ As a broad disease group, mental health falls second behind cancer as responsible for 15 per cent of the burden of disease in Australia.
- ⦿ Continued investment in and expansion of mental health services as a healthcare trend will help to minimise the impact of mental health on the healthcare system while patients will also benefit from increased access to treatment options, influencing their quality of life and overall health.

4. Allied healthcare

- ⦿ The allied health industry has undergone considerable growth of 67 per cent in recent years, with a rise in demand forecasted to continue over the next decade.
- ⦿ The workforce totals around 300,000 professionals and comprises various disciplines, including chiropractors, dietitians, optometrists, pharmacists, physiotherapists and social workers.
- ⦿ The upward trend in allied healthcare professionals in Australia is due to many factors including our ageing population and high rates of chronic health conditions put pressure on primary healthcare systems.
- ⦿ Allied health professionals can work collaboratively with doctors to alleviate the burden on primary healthcare services.
- ⦿ They also help mitigate the need for medical interventions, reduce hospital admissions and help lower long-term healthcare costs for the individual and the economy.
- ⦿ The growing emphasis on integrative and team-based care ensures that patients receive appropriate and timely treatment and gain access to preventive services that improve overall health and wellbeing.
- ⦿ By focusing on early intervention, health promotion and education, allied health professionals can help patients manage risk factors and improve their quality of life.

Adelaide University – March 2025 - Australian study reveals hidden struggles of back and neck pain sufferers

According to the University of Adelaide’s School of Allied Health Science and Practice, the first annual report from the Australian Longitudinal Study on Back and Neck Pain indicated the financial impact on participants and the difficulties they faced in accessing healthcare. It noted:

- ⦿ Back pain is responsible for nearly one third of all emergency department admissions in Australia.
- ⦿ Almost a quarter of Australians with back and neck pain changed their work status due to their conditions.
- ⦿ The almost 200 participants had shed light on how chronic back and neck pain impacts their daily lives.
- ⦿ Participants experienced a lower quality of life with those suffering from back and neck pain reported a score of 60/100, compared to the national average of 72/100 (Australian Bureau of Statistics, 2020).
- ⦿ More than 40 percent said they experienced financial difficulties in accessing healthcare.
- ⦿ 48 percent said they paid more than they could afford.
- ⦿ There is a significant financial burden of back and neck pain, as a household's income can drop substantially if one member's earning capacity is affected.
- ⦿ \$100,000 was the average household income for participants - just less than the national average for one person (\$104,000).
- ⦿ In addition to physiotherapy, medications, psychology, remedial massage, and chiropractic care, some people are turning to spinal surgeries to deal with their pains.
- ⦿ Among 75% of individuals with neck pain reported using some form of medication to manage their symptoms, compared to 70 per cent of those with back pain.
- ⦿ 38% of neck pain sufferers and 35 per cent of back pain sufferers reported experiencing little or no benefit from these medications.

RESEARCH LINKS BACK PAIN TO MENTAL ILL-HEALTH

International Association for the Study of Pain 2021: The presence of depressive symptoms can make back pain worse and increase disability associated with back pain

International association for the Study of Pain 2021: www.iasp-pain.org/resources/fact-sheets/psychology-of-back-pain

According to the International Association for the Study of Pain, in 2021 it noted psychological and social factors not only affect back pain itself but also how much the pain impacts one's life. It found:

Psychological factors are commonly associated with chronic low back pain

- ⦿ Psychological and social factors not only affect back pain but also how much the pain impacts one's life.
- ⦿ Depressive symptoms can make back pain worse and increase the disability associated with back pain.
- ⦿ People with back (or neck) pain are more likely than people without back pain to meet criteria for common mental health problems, including major depressive episodes, anxiety disorders
- ⦿ The coexistence of mental health conditions with back pain is associated with impaired quality of life and increased risk of chronicity with these associations not fully understood.
- ⦿ Treatments of chronic back pain have expanded to include relevant psychological processes.

PSYCHOLOGICAL RISK FACTORS FOR BACK PAIN ONSET & MAINTENANCE

1. *Avoidance behaviour in response to chronic pain may be unhelpful and contribute to pain maintenance*

- ⦿ Many people with back pain will avoid certain movements or activities because they worry about injury or increased pain.
- ⦿ While these reactions can be helpful in response to acute injury to protect body tissues during healing, these same avoidance behaviours in response to chronic pain become unhelpful because protection and healing are no longer needed.
- ⦿ Avoidance then becomes part of the cycle of pain maintenance.
- ⦿ This avoidance can lead to cycles of increasing pain and disability, as described in the Fear Avoidance Beliefs Model (FABM).
- ⦿ There are several treatment strategies that specifically aim to reduce fear of pain and reinjury.

2. *High levels of catastrophizing and low self-efficacy are both risk factors for development and maintenance of chronic low back pain*

- ⦿ Pain catastrophizing is defined as “an exaggerated negative mental set brought to bear during actual or anticipated painful experience” characterized by a preoccupation with worrying, distracting and distressing thoughts about pain.
- ⦿ The Pain Catastrophizing Scale (PCS) was developed as a self-report questionnaire to assess this phenomenon for use in research and clinical care. The PCS includes three subscales:
 - Rumination - “I can't stop thinking about how much it hurts”
 - Magnification - “I worry that something serious may happen”
 - Helplessness - “It's awful and I feel that it overwhelms me”
- ⦿ Self-efficacy is “concerned with judgments of how well one can execute courses of action required to deal with prospective situations”.
- ⦿ This concept appears to be consistently associated with various aspects of the pain experience including severity, disability and affective distress among individuals with chronic pain (83 studies including 23 studies in low back pain).
- ⦿ People who lack confidence in their ability to do things despite pain, or their ability to manage their own pain, are typically more disabled by it and in more pain, than those who are confident they can do things despite pain.

3. Behavioural overactivity and dysfunctional persistence can also hinder healing process and increase functional limitations

- ⦿ Just as avoidance behaviours can lead to pain chronicity, so can the opposite patterns.
- ⦿ It appears that behavioural overactivity and dysfunctional persistence with activities despite severe pain can hinder healing process and lead to increased pain and functional limitations.

4. Psychological distress is a common reaction to chronic low back pain that can in turn contribute to increased disability

- ⦿ Both acute and chronic back pain can be associated with psychological distress in the form of anxiety (worries, stress) or depression (sadness, discouragement).
- ⦿ Psychological distress is a common reaction to the suffering aspects of acute back pain, even when symptoms are short-term and not medically serious.
- ⦿ This distress is associated with hormonal and neural processes consistent with protecting ourselves.
- ⦿ Through these processes, distress usually makes pain worse over time, and increases the disability caused by pain.
- ⦿ When people with back pain are also distressed, treating their distress should also help their back pain.

5. Selected psychological approaches in global back pain treatment

- ⦿ It is important to include psychosocial screening and diagnostics when assessing an individual with back pain to help support better tailoring of treatment to patient needs.
- ⦿ The PCS scale has been used to screen patients for pain beliefs that can complicate treatment or contribute to poor outcomes.
- ⦿ Some psychological treatments for back pain management are specifically designed with the goal of reducing pain catastrophizing and improving function.

6. Multidisciplinary biopsychosocial rehabilitation for chronic low back pain may be considered for individuals presenting with significant psychosocial impact

- ⦿ Multidisciplinary biopsychosocial rehabilitation for chronic low back pain was found to be more effective than usual care or physical treatment alone in reducing low back pain and disability.
- ⦿ Effect sizes are overall modest however, and there does not seem to be a dose-response effect.
- ⦿ There is no evidence that such treatment approach helps prevent the transition from acute to chronic low back pain.
- ⦿ Many psychological risk factors for the maintenance of back pain involve thinking processes (e.g., catastrophizing or self-efficacy) or behaviours (e.g., avoidance).
- ⦿ Cognitive-behavioural therapy (CBT) (studied in the context of many chronic pain conditions) is a form of psychological treatment that targets cognitive and behavioural processes assumed to underlie suffering and disability such as cognitive distortions and maladaptive behaviours. CBT has been.
- ⦿ Specific to back pain, a meta-analysis showed that CBT, compared to no treatment or other guideline-based active treatments, leads to long-term improvement in many dimensions of the pain experience including pain intensity, disability and quality of life.

7. A treatment approach referred to as Mindfulness-Based Stress Reduction (MBSR) may be an effective treatment option for people with chronic low back pain

- ⦿ Mindfulness is regarded as an awareness or attention skill that includes being focused in the present, in a way that is open and accepting of experience and includes seeing distinctions between self and experience.
- ⦿ In the context of pain, it includes being directly aware of pain sensations without resistance and without getting caught up in judgments about the pain.

- ⦿ RCT evidence shows that people with chronic back pain trained in mindfulness, compared to usual care, report less disability and find their pain less bothersome immediately following treatment and a year later.
- ⦿ In this study MBSR appeared as effective as Cognitive Behavioural Therapy. Results in back pain are similar to results from meta-analyses of mindfulness-based approaches to chronic pain in general, where these approaches are found to improve pain, depression, and quality of life.

8. *Psychological protective factors*

- ⦿ Acceptance means to engage in activities that include pain and to do so in a way that does not include resisting the pain or trying to reduce it.
- ⦿ Experimental evidence shows that, relative to instructions to attempt to control pain, instructions to accept it led to better performance in physical tasks.
- ⦿ Roughly, accepting pain appears to help because it allows people to do what they want to do rather than struggling with pain.
- ⦿ Treatments focused on increasing acceptance are effective in chronic pain in general.
- ⦿ Acceptance improves during such treatments and is associated with improvements in outcomes and even treatments not explicitly focused on increasing acceptance show increased acceptance in those people with chronic pain who benefit most.

9. *Self-compassion is more recently studied and may be a positive factor in adjusting to back pain particularly in relation to effects of self-criticism or blame*

- ⦿ There are many ways for people with back pain to self-regulate during the inevitable physical, social and emotional challenges of this condition.
- ⦿ One of these includes treating oneself with kindness and understanding in the context of suffering, which is also called self-compassion.
- ⦿ Preliminary uncontrolled trial evidence demonstrates that brief self-compassion training is associated with reduced pain and disability, increased self-compassion and interoceptive awareness, decreased evoked pressure pain responses, as well as significant changes on MRI in response to pain anticipation.
- ⦿ These results are consistent with other studies that show that self-compassion is negatively associated with anxiety, depression, stress, pain interference, and work and social adjustment in people with chronic pain and with results from a systematic review of self-compassion interventions in chronic physical health conditions in general.

Black Dog Institute – Rising cost of Mental Health in Australia

Black Dog Institute: <https://www.blackdoginstitute.org.au/news/black-dog-institutes-2023-2024-federal-budget-submission-focuses-on-evidence-based-and-cost-effective-actions/>

The economic case for investment and reform of the mental health sector is evident. The Productivity Commission showed the direct economic costs of mental ill health and suicide in Australia are estimated at \$43–70 billion per year in expenditure and lower economic productivity, and a further \$151 billion factoring in the cost of disability and premature death due to mental ill-health, suicide and self-inflicted injury. Effective reform can help turn the tide. Economic modelling shows an investment of just \$4.2 billion can pay dividends of \$18 billion per year in benefit, including a direct economic benefit of \$1.7 billion per year.

ABC News – October 2025 – Top Health Trends in Australia for 2025: Menal Health Focus

ABC News: [TOP HEALTH TRENDS IN AUSTRALIA FOR 2025: MENTAL HEALTH FOCUS - NEWS ABC](#)

According to an ABC news article, in 2025, Australians prioritized their wellbeing more than ever, with a clear shift toward addressing the mind alongside the body. The article noted:

- ⦿ Trends Australia 2025 reflect this evolution, driven by rising awareness of mental health challenges amid ongoing societal pressures.
- ⦿ From government to community-driven programs, the focus is on prevention, accessibility, and integration.
- ⦿ In 2025, mental health isn't just a side note—it's at the forefront, influencing everything from fitness routines to healthcare policies.
- ⦿ Around one in five Australians aged 16 to 85 experiences a mental disorder each year, with anxiety affecting 17% of the population.
- ⦿ Women and young people are particularly impacted, with nearly half of women reporting ongoing mental health issues.
- ⦿ The statistics underscore why mental health has become a cornerstone of broader health strategies, prompting calls for more inclusive and effective support systems.

1. *The Rise of Mental Health Awareness in Health Trends Australia 2025*

- ⦿ A most prominent health trend is the increased focus on mental health awareness and early intervention.
- ⦿ Organizations like Beyond Blue have reported that nearly half of those seeking professional help are already in high distress, highlighting the need for proactive measures.
- ⦿ The trend is fuelled by increasing recognition of how mental health intersects with physical wellbeing—poor mental states can exacerbate chronic conditions like heart disease or diabetes, while physical activity can alleviate symptoms of depression and anxiety.
- ⦿ According to surveys from AUSactive, in fitness and wellness circles, exercise for mental health ranks as the second top trend for 2025.
- ⦿ More Australians are turning to activities like yoga, walking groups, and mindfulness-based workouts not just for physical gains but for emotional resilience.
- ⦿ Programs tailored for older adults, which top the fitness trends list, often incorporate elements of social connection to combat loneliness, a key risk factor for mental decline. This integrative approach is gaining traction in workplaces too, where employers are implementing mental health days and on-site counselling to reduce burnout, especially among high-stress professions like healthcare and education.
- ⦿ Government responses are aligning with these shifts. Updates to national mental health agreements emphasize equitable funding, particularly for rural areas where access to services remains limited.
- ⦿ According to data from the Australian Institute of Health and Welfare (AIHW), mental health services cost the economy billions annually, yet demand continues to rise, with one in two Australians expected to face mental ill-health in their lifetime. [AIHW Mental Health Overview](#)
- ⦿ This has spurred investments in digital tools, such as apps for tracking mood and connecting users to therapists, making support more reachable for those in remote communities.

2. *In 2025, mental health has become woven into holistic care and wellness*

- ⦿ Australian health trends signal a transformative era where mental health is no longer siloed but woven into every facet of wellness.
- ⦿ Through embracing awareness, innovation, and inclusivity, Australians can look forward to healthier, more balanced lives.
- ⦿ Through daily exercise, personalized tech, or policy reforms, prioritizing the mind benefits everyone.
- ⦿ Through continued investment and community involvement, these trends have the potential to create lasting positive change.

American Psychiatric Association – November 2020 – Chronic Pain and Mental Health Often Interconnected

- ⦿ **American Psychiatric Association:** [Psychiatry.org - Chronic Pain and Mental Health Often Interconnected](https://www.psychiatry.org/Chronic-Pain-and-Mental-Health-Often-Interconnected)

According to the American Psychiatric Association, chronic pain and mental health disorders often occur together with research suggesting chronic pain and mental health problems can contribute to and exacerbate the other. It noted:

- ⦿ People living with chronic pain are at heightened risk for mental health problems, including depression, anxiety, and substance use disorders.
- ⦿ Chronic pain can affect sleep, increase stress levels and contribute to depression.
- ⦿ An estimated 35% to 45% of people with chronic pain experience depression.
- ⦿ Pain can also be a common symptom among people with an anxiety disorder, particularly generalized anxiety disorder, according to the Anxiety and Depression Association of America (ADAA).
- ⦿ Anxiety, depression, and other mood disorders commonly occur at the same time as chronic pain from conditions like fibromyalgia, back problems, migraines and arthritis.
- ⦿ Functional imaging research suggests that mental health disorders and chronic pain share biological mechanisms, which contributes to the interconnection.
- ⦿ One example of the interconnection is that depression can make a person more sensitive to pain.
- ⦿ Mental Health America used data from its online mental health screening program to analyse the intersection between mental health and chronic pain.
- ⦿ Between 2015 and 2019, more than 160,000 individuals who used the Mental Health America screening program self-identified as living with arthritis or other chronic pain.
- ⦿ People who reported having arthritis or chronic pain were more likely to have several mental health conditions, including severe anxiety, severe depression, bipolar and PTSD.
- ⦿ Among those taking the screening for depression, 47% of those with chronic pain screened positive for severe depression compared to 36% of those without chronic pain.
- ⦿ The study found that older people more frequently reported chronic pain—about 60% of those age 65 and over reported they had chronic pain compared to 26% of those age 18 to 24.
- ⦿ Among the population groups examined in the study, veterans and active duty military members and caregivers were more likely than others to have chronic pain.
- ⦿ Based on its analysis, Mental Health America provided a series of recommendations for improving care of these commonly co-occurring conditions. Among the recommendations:
 - Primary care physicians should proactively initiate conversations about mental health and chronic pain with patients rather than waiting for patients to report symptoms.
 - Care should be patient-centred and include the use of shared decision-making tools. The needs, goals and preferences of each individual patient must be recognised and included in the treatment plan.
 - Bringing together peer support specialists, community health workers, and others into care teams could create more effective pain management.
- ⦿ When chronic pain and mental health disorders occur together, it is important to treat both conditions, according to mental health experts.
- ⦿ Some treatments and approaches may help both mental health and pain conditions, including psychotherapy and relaxation techniques. Medications, including some antidepressants and some anticonvulsants, can be useful in treating both conditions.
- ⦿ Lifestyle changes, such as exercise, good nutrition and sufficient sleep, can also be helpful for both managing pain and improving mental health symptoms.

WORK RELATED MSD STATISTICS

Safe Work Australia - Key Work Health and Safety Statistics Australia – October 2025

According to the most recent report by Safe Work Australia, in 2024, there were 146,700 serious workers' compensation claims involving at least one week of working time lost in 2023-24p3 - more than **400 serious claims a day across Australia**. The report showed in 2023-24p:

- Over 10 years to 2022-23, the median time lost from work-related injuries and illnesses increased by 35.1%

WORK-RELATED INJURIES OVERALL

- 61% of serious workers' compensation claims occurred in just 6 industries:**
 - Agriculture, forestry and fishing
 - Public administration and safety
 - Transport, postal and warehousing
 - Manufacturing
 - Health care and social assistance, and
 - Construction.
- 84% of all serious claims involve body stressing, falls, slips and trips**, being hit by moving objects or mental stress.
- Claims for mental health conditions** continued to increase, and now account for 12% of all serious claims with the median time lost from work in these claims almost 5 times that recorded across all other injuries and diseases.
- 146,700 serious claims requiring 7.4 weeks** median time lost and \$16,300 median compensation.

WORK-RELATED INJURY & ILLNESS – Occupation

Serious claims by occupation major group, Median time lost and median compensation paid

- 24% - Labourers:** 6.8 weeks lost - \$14,400 compensation
- 21.9% - Community and personal service workers:** 6.6 weeks lost - \$12,500 compensation
- 16.7% - Technicians and trades workers:** 7.2 weeks lost - \$17,500 compensation
- 12.6% - Machinery operators and drivers:** 9.4 weeks lost - \$21,900 compensation
- 11.8% - Professionals:** 6.5 weeks lost - \$16,200 compensation
- 5.1% - Managers:** 11.0 weeks lost - \$29,400 compensation
- 4.1% - Clerical and administrative workers:** 10.0 weeks lost - \$24,200 compensation
- 3.7% - Sales workers:** 9.7 weeks lost - \$14,800 compensation

WORK-RELATED INJURY & ILLNESS - Mechanism of incident

- Body stressing is the most common mechanism across EVERY** major occupation group
- More than four-fifths (83.8%)** of serious claims are concentrated in 4 of the 10 mechanisms of incident classification major groups.

The top four mechanisms were:

- The largest count was attributed to body stressing – 50,600 (34.5%) of serious claims**
- Falls, trips and slips:** 32,000 (21.8% of serious claims)
- Being hit by moving objects:** 23,400 (16%) of serious claims
- Mental stress:** 16,800 (11.5%) of serious claims.

WORK-RELATED INJURY & ILLNESS – Demographics

Serious claims by sex

- Most serious claims are made by men **84,300 (58%)**
- Serious claims by women **61,500** – has increased by **5.9%** over the past 10 years.
- Women have a higher median time lost - 7.7 working weeks compared to men at 7.2 weeks.
- Median compensation for serious claims made by men (\$17,600) is 20.4% higher than for women (\$14,600).

Serious claims (%) by sex and most common nature (major group)

- Mental health** – Women have the greatest number of serious claims at 17.2% compared to men at 8.2%
- Musculoskeletal and connective tissue diseases** – Women claims 16.5% compared to men at 14.5%
- Traumatic joint/ligament and muscle/tendon injury** – Women’s claims 35.6% compared to men at 36.9%

Serious claims by age group (frequency rate) and sex

- Under 25: 17,600 – men 7.3% V women 5.1%
- 25-34: 31,800 – men 6.2% V women 5.2%
- 35-44: 30,100 – men 6.0% V women 5.4%
- 45-54: 32,000 – men 7.1% V women 7.1%
- 55-64: 28,000 – men 9.3% V women 9.7%
- 65 and over: 7,000 – men 9.3% V women 11.1%

WORK-RELATED INJURY & ILLNESS – Nature of injury or disease

- More than two-thirds** of serious workers’ compensation claims are for injuries (**97,600**) with diseases and conditions comprising the remaining **33.5% (49,100)**
- The 5 most common** nature of injury or diseases (major groups) accounted for **88.5% of all serious claims.**

Serious claims by nature

- Diseases and conditions: **49,100 (33.5%)**
- Injuries: **97,600 (66.5%)**

Serious claims by most common Nature of injury or disease (major groups)

- Traumatic joint/ligament and muscle/tendon injury: **53,300**
- Musculoskeletal and connective tissue diseases: **22,500**
- Wounds, lacerations, amputations and internal organ damage: **21,200**
- Mental health conditions: **17,600**
- Fractures: **15,200**

Median compensation paid and media time lost (weeks) for serious claims by nature

- Injury claims (the highest) 36% were for **traumatic joint/ligament and muscle/tendon injury: \$15,900 – 7.4 weeks lost**
- Diseases and condition claims (the highest) **15.3% were for musculoskeletal and connective tissue diseases: \$24,300 – 12.9 weeks lost**

MENTAL HEALTH CONDITIONS CLAIMS

- The most common types of mental stress serious claims were** harassment / workplace bullying (33.2%), work pressure (24.2%) and exposure to violence and harassment (15.7%)
- Mental health conditions accounted for **12.0% of serious claims: 17,600 – an increase of 2,300 over a year**
- Mental health conditions experienced **the largest increase of ANY nature of injury major group over the 10 years to 2023-24p - up by 10,900 or 161.1%**
- Mental health conditions are one of the costliest forms of workplace injury leading to significant more time off work and higher compensation paid compared to other injuries and diseases
- Median time lost from mental health condition was 35.7% working weeks – almost 5 times the median time lost (7.4 weeks) across all serious claims.
- Median compensation paid for mental health conditions serious claims was more than 4 times the median compensation paid (\$16,300) across all serious claims.

REFERENCES

- ⦿ ABC News: [TOP HEALTH TRENDS IN AUSTRALIA FOR 2025: MENTAL HEALTH FOCUS - NEWS ABC](#)
- ⦿ Adelaide University: www.adelaide.edu.au/newsroom/news/list/2023/09/14/national-study-to-investigate-risk-factors-for-back-and-neck-pain#
- ⦿ American Psychiatric Association: [Psychiatry.org - Chronic Pain and Mental Health Often Interconnected](https://www.psychiatry.org/Chronic-Pain-and-Mental-Health-Often-Interconnected)
- ⦿ Australian Institute of Health and Welfare: <https://www.aihw.gov.au/reports/chronic-musculoskeletal-conditions/back-problems>
- ⦿ Australian Institute of Health and Welfare: <https://www.aihw.gov.au/reports/chronic-disease/chronic-pain-in-australia/summary>
- ⦿ Black Dog Institute: <https://www.blackdoginstitute.org.au/news/black-dog-institutes-2023-2024-federal-budget-submission-focuses-on-evidence-based-and-cost-effective-actions/>
- ⦿ Deloitte Access Economics - <https://www.deloitte.com/au/en/services/economics/analysis/cost-pain-australia.html>
- ⦿ Global Health Education Australia: <https://globalhealtheducation.com/au/resources/healthcare-trends#ageing-and-preventative-health>
- ⦿ International association for the Study of Pain – 2021: <https://www.iasp-pain.org/resources/fact-sheets/psychology-of-back-pain/#:~:text=low%20back%20pain-.Psychological%20and%20social%20factors%20not%20only%20affect%20back%20pain%20itself,5;%2029;%2033%5D>
- ⦿ Monash University: [https://www.monash.edu/news/articles/back-pain-a-\\$638-billion-productivity-black-hole,-new-study-warns](https://www.monash.edu/news/articles/back-pain-a-$638-billion-productivity-black-hole,-new-study-warns)
- ⦿ Musculoskeletal Australia 2020–21 Pre-budget Submission treasury.gov.au/sites/default/files/2020-09/115786_MUSCULOSKELETAL_AUSTRALIA.pdf
- ⦿ Musculoskeletal Australia - The rising cost of musculoskeletal conditions - <https://muscha.org/a-problem-worth-solving/>
- ⦿ Opioid analgesia for acute low back pain and neck pain (the OPAL trial): a randomised placebo-controlled trial: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00404-X/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00404-X/abstract)
- ⦿ Productivity Losses Due to Long-Term Back Problems in Working-Age Australians <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2837937>
- ⦿ TGA makes final decision to reduce paracetamol pack sizes: tga.gov.au/news/media-releases/tga-makes-final-decision-reduce-paracetamol-pack-sizes
- ⦿ The Royal Australian College of General Practitioners OPIOIDS INEFFECTIVE FOR ACUTE LOW BACK OR NECK PAIN: University of Sydney - 29 Jun 2023 <https://www1.racgp.org.au/newsgp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pai>
- ⦿ University Of Sydney: [Healthy Lifestyle Changes Shown To Help Low Back Pain](https://www1.racgp.org.au/newsgp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pai)
- ⦿ University of Sydney: <https://www1.racgp.org.au/newsgp/clinical/opioids-ineffective-for-acute-low-back-or-neck-pai>
- ⦿ World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/musculoskeletal-conditions>