BODY BELONGING CLINIC
Psychological treatment for injured workers

referrals@bodybelongingclinic.com.au
0493 117 185
Telehealth across Western Australia

WorkCover WA capability

Lauren Lynch · Accredited Mental Health Social Worker (AMHSW) · ANZAED Credentialed Eating Disorder Clinician

Fifteen years of clinical practice, with the workers who are hardest to place well: neurodivergent, LGBTQIA+, Aboriginal and Torres Strait Islander, and regional and remote.

Worker called within one working day. First appointment offered within five. Reports within five working days of request.

That is the commitment, not a busy-period caveat. If I cannot meet it on a given referral I will tell you the day it arrives, not a fortnight later.

TELEHEALTH

Every worker in the State is in range. A worker injured in Karratha, Esperance or Derby waits, not because the entitlement is unclear but because there is nobody local. By telehealth distance stops being the reason treatment is late, and the five working day offer holds wherever the worker lives.

ELIGIBILITY

Nothing to set up at your end. I am accredited as a mental health social worker by the Australian Association of Social Workers, accreditation no. 461419. That accreditation is the provider eligibility requirement for mental health social work under regulation 32 of the Workers Compensation and Injury Management Regulations 2024, and it is what Schedule 6 of the current Health Services Fees Order pays against.

COST

Scheduled rate, and below the psychology schedules. Schedule 6 sits at the same scheduled hourly rate as a generally registered psychologist, and materially below the clinical psychology and counselling psychology schedules for the same hour. On the current Order, roughly a quarter less, which over a twelve-session block is a meaningful saving on a claim. Billed at schedule, so the worker is never charged a gap. Accounts go to the insurer or self-insurer against the claim number.

DEFERRED LIABILITY

A deferred claim does not have to be a waiting claim. Where an insurer has given a deferred decision notice, provisional payments ordinarily cover medical and health expenses while the decision is made. I will ask the insurer to confirm provisional payments and start treatment inside that window rather than asking the worker to fund it. Early is when this work is worth most. Delay is one of the few things the evidence consistently links to longer time off.

WHAT I TREAT

Psychological injury arising from work, or compounded by it. Post-traumatic stress. Anxiety and panic. Depression. Adjustment after injury, investigation or performance process. Secondary psychological injury after a physical injury, including pain-related distress. Sleep. Anger where it is threatening the return to work.

HOW I WORK

Treatment matched to the presentation, and to the national guidelines. For post-traumatic stress that means trauma-focused cognitive behavioural work, including cognitive processing therapy, which is where the strong recommendations sit in the Australian Guidelines for PTSD. Acceptance and Commitment Therapy and Dialectical Behaviour Therapy skills carry the adjustment, distress tolerance and values work a return to work runs on.

I work to the Clinical Framework for the Delivery of Health Services, which WorkCover WA endorses: measured effectiveness, a biopsychosocial approach, goals aimed at function and return to work, and evidence-based treatment.

Measures at baseline and at every review. The PCL-5 where trauma is in the picture, because general distress scales do not measure post-traumatic stress. DASS-21, K10 or PHQ-9 where they fit, and a function measure alongside the symptom one, because symptom change alone does not tell you whether someone can go back to work.

PARTICULAR EXPERIENCE

Eating disorders and body distress, including where a physical injury or a long claim has disturbed eating. I am a Yorta Yorta and Boonwurrung woman, so cultural safety is something I practise rather than describe.

WORKING WITH YOU

Reporting is agreed at referral, not improvised. Schedule 6 allows three reports per claim before insurer approval and caps communication at 30 minutes per conversation and 60 minutes across a claim. From November the Treatment Management Plan may count toward that same cap, so I set the schedule with you up front and ask before going past it. Reports follow the Schedule 6 specification: assessment findings, treatment provided and results, functional and objective change, recommendations and likely duration, copied to the treating medical practitioner. I ask for the next block before the current one runs out, so treatment does not stall between approvals. Schedule 6 has no non-attendance item, so a missed appointment is not billable to the claim and I do not invoice the worker for one. If a worker misses two in a row you hear from me: that is usually the earliest signal something has changed.

WHAT I WILL NOT DO

I do not issue certificates of capacity. Those sit with the treating medical practitioner and I refer the request straight back. I do not conduct independent medical examinations or permanent impairment assessments, and I do not take a treating role and an assessment role on the same worker. If a referral needs something outside my scope, I will say so on day one and tell you who does it.