

WEBINAR: IMPROVING MANAGEMENT OF MENTAL HEALTH WORK INJURIES

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STRESS?



DISEASE BURDEN IN AUSTRALIA

Let's just look at a snap shot of Mental health in Australia;

- 1 in 5 adults have experienced a common mental health disorder
- 14% of Australians in paid employment have experienced significant mental health problems
- Mental stress claims in the Australian Public Service have increased by 53% in the last 5 years



BIG PICTURE TRENDS IN HEALTH ISSUES IN COMPENSATION SCHEMES

- The movement from injury-related claims/treatment to disease-related claims/treatment
- Degenerative/age-related issues in the workers compensation claimant
- Liability creep—treatment for secondary consequences of injury
- Scheme sustainability in an ageing workforce
- Rising stress claims as percentage of all claims and the lack of levers to challenge it
- Case management vs. the mail in/mail out approaches
- Over-inclusive diagnoses (PTSD) as a response to patient pressure and unresponsive systems



WORK AND MENTAL HEALTH: THE DRIVERS

- Increased mental stress claims in white collar environments
- Medicalisation of interpersonal conflict
- Decrease in stigma of seeking psychological assistance
- Pre-disposing factors + low morale+ stress
- 70% increase in GP sickness certification over last 10 yrs in Australia
- Disability Support Pension- fastest growing welfare benefit in Australia.



WORKER RISK FACTORS FOR PSYCHOLOGICAL INJURIES

- personality style/pre-existing mental health problems
- interpersonal conflict
- role confusion, expectations, morale problems, boredom
- external/personal stressors e.g. relationship problems, financial problems, personal health issues



WHAT CAN RESEARCH TELL US OF THE HEALTH BENEFITS OF EARLY RTW?

- Rueda et al (2012): systematic review of literature on impact of RTW on health among working-aged adults—it improves health! Decline and even a reversal of mental health symptoms if RTW timely.
- Lagerveld et al (2012): subjects were on sick leave because of mental health issues. The study compared “work focused” CBT and normal CBT for common mental health issues and RTW outcomes. Advantages were quicker RTW, significant decrease in mental health problems and financial gains for employers.



FACTORS CONTRIBUTING TO PSYCHOLOGICAL INJURY RISK

Trait emotionality	46%
Unsupportive leadership	32%
Low morale	31%
Poor role clarity	18%
Lack of involvement in decision making	15%
Individual distress	12%
Poor Quality feedback	11%
Operational stressors	10%

Hart & Cotton (2005) Standardised total effects showing the relative contribution of Predictor variables to psychological injury risk



IMPACT OF STRESSORS ON INDIVIDUALS

The net impact of operational stressors is largely mediated by:

- Levels of Supportive Leadership
- Levels of individual morale
- Overall work team climate
- Individual employee susceptibility

The potential negative results are:

- Mental health injury claims
- Discretionary absenteeism
- Withdrawal behaviours

(Hart & Cotton 2005)



HANDLING PRE-EXISTING MENTAL HEALTH PROBLEMS

- If worker admits to previous or current personal/mental health problems this does not mean that they have not suffered a work injury
- If employer continues to focus on liability in accepted stress claims then RTW is more likely to fail
- Allocation of blame in the workplace should be avoided



METHODS OF INFLUENCING OUTCOMES IN MENTAL HEALTH CLAIMS

- Employer-focus: EAP (preventative), RTW coordinator, strategic organizational focus, alternative duties program
- Claims management focus: mental health strategy and clinical framework/justification, provider engagement strategy and KPIs, clinical panel peer-to-peer review, preferred provider programs
- Provider-focus: influencing provider behaviour so that RTW is a treatment goal early in treatment—address work issues early.
- Injured worker-focus: process of appropriate engagement and RTW facilitation



THE REALITY OF THE PSYCHOLOGIST'S ROLE IN WORKER'S COMPENSATION CASES

- Psychologists are often referred to as a “last resort” or “after all else has been tried and/or failed”
- Psychologists often are treating workers when they are already in a chronically injured state (12 months or more post injury)
- Psychological treatment still has a stigma attached to it for the general community and elicits fears in the injured worker that they are ‘going crazy’ or that their injury ‘is all in my head’
- Psychosocial issues have only recently become a focus for third party payers
- Psychological treatment has not been well understood by other health practitioners and insurers



INFLUENCING THE PSYCHOLOGIST

- Informed consent, ethics and language
- The one-down approach
- Requesting help and advice-open rather than closed questions
- Offering information and clarifying conflicting information
- Parameters of your enquiries: be clear you are enquiring about work capacity and return to work not personal details of the therapy and its progress
- Focus on functional improvement rather than symptomatic relief. RTW as a treatment goal
- Systems issues: iatrogenic effects of compensation



SYSTEMIC FACTORS THAT NEGATIVELY INFLUENCE MENTAL HEALTH INJURY

- Problems with Case Manager engagement with treaters (particularly psychologists) in mental health claims
- Treeters who focus on supportive counselling/passive treatment and emotional ventilation
- Medicalisation of interpersonal conflict
- Delays in claims determination and poor claims administration
- Adversarial/advocate treaters
- RTW barriers in the workplace



USING ACCEPTED CLINICAL FRAMEWORK PRINCIPLES

- Measureable treatment effectiveness must be demonstrated
- Assess and manage psychosocial barriers
- Empower the injured worker to self manage
- Functional treatment goals have been agreed upon
- Treatments used have effective outcomes



WHAT MAKES FOR A SUCCESSFUL RTW OUTCOME?

- Worker remaining job attached. RTW as a goal from the outset
- Involvement of appropriate health practitioners and those with significant influence over worker
- Reduce barriers to sustainable RTW consider supervision, meaningful work, interaction with other workers, future-orientation of all parties
- Reduce focus on blame, liability, pre-existing health problems
- Ask what assistance you can offer to help facilitate self management by worker, focus on pacing
- Co-operation and respect between health providers, insurer, employer representatives and the worker



MANAGING THE IDENTIFICATION OF SUITABLE DUTIES AND MENTAL HEALTH

- Effective communication and conflict resolution
- Avoiding—how to speak about the elephant in the room
- The question of motivation and low mood/anxiety
- Threats of self harm
- Setting expectations and confidentiality parameters
- Explaining and reiterating responsibilities of all parties
- When do you call someone who is absent?
- What is reasonable in adjusting duties for a successful RTW?



IDENTIFYING SUITABLE DUTIES: SALES ASSISTANT

- 28 yr old sales assistant was verbally abused and pushed around by a customer who was threatening and eventually the police were called
- The sales assistant leaves work early after the incident and does not RTW and lodges claim
- Trauma symptoms—seeking guidance from the IW and the GP/psychologist regarding GRTW
- OH & S considerations—what will create a sense of safety and predictability for the IW and what is not able to be completely controlled?
- Preparing for the RTW--what are the problems in the workplace and how can they be addressed rather than what are the mental health concerns of the IW



TOP 5 TIPS FOR REDUCING THE LIKELIHOOD OF MENTAL INJURIES IN THE WORKPLACE

- **Don't ignore significant interpersonal conflict in the workforce or put it down to 'personality clashes'**
- **Proactively talk to your workforce about stress at home and at work and encourage them to seek help at an early point**
- **Boredom, low morale and re-structuring in the workforce can be triggers for mental injury claims**
- **Early decision about liability and therefore the commencement of services to the worker is a key factor in chronic illness vs. recovery and a RTW outcome**



TOP 5 TIPS FOR DEALING WITH A MENTAL INJURY CLAIMS IN THE WORKPLACE

- **Be open to hearing the worker's point of view**
- **Early intervention is critical—develop a team approach involving the worker and all the significant people in the RTW plan**
- **Seek advice from the Agent, Injury Management Advisors, health professionals involved with the worker (if possible)**
- **Be clear about what you can and can't help the worker with or 'fix' in regards the claim**
- **Mental injury and work capacity; 100% recovery is not necessarily required to RTW**



TIPS FOR IDENTIFYING SUITABLE DUTIES

- Be fair and flexible but above all be consistent
- Individual plans should address individual needs
- Allowing for medical appts as part of the RTW plan can be a way of showing good faith towards the IW
- Identify job tasks/modifications with the IW in the presence of a support person
- Determine who needs to know what information regarding the job modifications prior to commencing the RTW
- Determine what level of support e.g. phone calls and meetings is required to sustain the RTW
- Involve the most significant treater of the IW in developing the RTW plan.





REFERENCES

CLINICAL FRAMEWORK FOR DELIVERY OF HEALTH SERVICES/PSYCHOLOGY SERVICES

WWW.WORKSAFE.VIC.GOV.AU/WPS/WCM/CONNECT/WSINTERNET/WORKSAFE/HOME/HEALTH-PROFESSIONALS/TREATING-INJURED-WORKERS/CLINICAL-RESOURCES

**GUIDELINES FOR ORGANIZATIONS ON SUCCESSFUL RETURN TO WORK FOR EMPLOYEES
FOLLOWING AN EPISODE OF DEPRESSION, ANXIETY OR A RELATED DISORDER**

WWW.SUPERFRIEND.COM.AU/UPLOADS/BLOG/88/RETURN-TO-WORK-GUIDELINES.PDF

