MONASH University

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PSYCHOLOGICAL INJURY CLAIMS PROGRAM

SURVEY REPORT

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PROJECT REPORT 2

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EXECUTIVE SUMMARY

The third stage of the Psychological Injury Claims Project has two key aims:

1. Identify and prioritise interventions that can improve the management of people with psychological injury claims in NSW.
2. Identify and document knowledge gaps.

In response to COVID-19 restrictions, face to face workshops were replaced with an online survey followed by a series of short online workshops with professionals involved in the management of psychological injuries. This report describes the findings of the survey.

The survey asked respondents to describe their approach to the management of psychological injuries, to rate the importance of ten characteristics of approaches and to describe the evidence base to support their approach. A total of 73 people provided sufficient responses to be included in the analysis. Most respondents held their highest qualification in Allied Health and worked in an injury management role. Almost all respondents had experience with workers' compensation and just over half reported experience in Compulsory Third Party (CTP) insurance.

Thematic analysis identified the central theme of understanding in depth the individual, the specific circumstances and how the person is impacted by the psychological injury. The choice of management approach was focused on gathering that understanding through communication, empathy and rapport building. Developing a strong understanding of the individual's circumstances is an enabling step for diagnosis and treatment of the psychological injury, not the other way around. A connection between treatment and the workplace is required to increase the likelihood of a successful return to work.

An approach that is tailored to the individual was ranked as the most important feature of managing psychological injury claims. The importance of the workplace and the use of elements demonstrated to be effective were also highlighted as important characteristics.

Respondents identified a wide variety of sources and types of evidence to support their approach of choice. However, the understanding of the evidence is best described as "patchy", given the proportion of respondents who could not identify any evidence or described a reliance on experience to guide their approach. Respondents described the need for evidence that moved beyond the effectiveness of treatment and into the area of describing how to apply approaches effectively in practice. Overall, responses suggested there is an opportunity to increase the awareness of and access to summaries of evidence to guide practice.

The findings of this survey support the findings of the previous evidence review that any approach to the management of psychological injury has to be tailored to the individual. Professionals engaged in the management of psychological injury require high level communication skills to understand the individual's circumstances in order to identify the most appropriate management.

The next step of the project will report on five online workshops conducted with a total of 25 participants to explore and confirm the findings of the survey in greater depth.

OVERVIEW OF THE PROJECT

This project seeks to identify and document opportunities to prevent and more effectively manage psychological injury claims, and to support the recovery and return to work of people with psychological injury claims, in the New South Wales Compulsory Third Party (CTP) and workers' compensation schemes.

Specifically, the project seeks to:

1. Synthesise current evidence and knowledge surrounding the prevention, claims management, recovery and return to work of people with psychological injury claims.
2. Work with stakeholders, identify and document opportunities for programs, services and supports that can improve psychological claim outcomes in NSW.
3. Identify gaps in knowledge and propose methods for improving knowledge generation, knowledge translation and uptake.

There are three stages to the project. Stage 1 consisted of stakeholder interviews and Stage 2 an evidence review. Stage 1 identified the need for an individualised approach to the management of psychological injuries. Stakeholders described an assessment of the supports required for each individual that requires a high level of skill from all involved in the management of the injury. Stakeholders placed a strong emphasis on training managers and colleagues in mental health literacy. This suggests that the understanding of psychological injuries is a long way behind the understanding of physical injuries

The evidence review conducted in Stage 2 found moderate evidence to support psychological intervention in the treatment of non-traumatic stress. The remaining evidence was either limited or mixed for common mental disorders, depression and insomnia. With the exception of psychological intervention for non-traumatic stress, the evidence does not clearly identify effective workplace-connected interventions for psychological injury. The review demonstrated a strong consistency between the stakeholders interviewed and key strategy documents identified in the literature, and that a greater emphasis on evaluation is required to determine the effectiveness of different approaches to psychological injury management.

These two stages identified the key challenges of converting of principles and policies into everyday practice and the need for more robust evaluation of interventions.

The third stage of the project aimed to conduct a series of workshops with experts in the management of psychological injuries with two key aims:

1. Identify and prioritise interventions that can improve the management of people with psychological injury claims in NSW.
2. Identify and document knowledge gaps.

The COVID-19 pandemic prevented the planned face to face workshops from proceeding, and an alternative approach was applied. In this approach, an online survey of professionals involved in the management of psychological claims was conducted,

followed by a series of short online workshops that aimed to explore and confirm the findings of the survey.

This report describes the findings of the survey of professionals involved in the management of psychological injuries.

METHODS

To be eligible to complete the survey, participants' professional role had to involve either direct engagement with people with psychological injuries or delivery of services to people with psychological injuries. Participants answered questions about their first choice of approach in supporting someone with a psychological injury, why this approach was effective and what evidence they were aware of to support that approach. The same questions were asked about other approaches they applied. Participants were also asked to rate the importance of 10 characteristics of approaches identified in the literature review stage of the project, using a 5 point Likert scale rating from 1 (Most Important) to 5 (Not Important). Finally, participants were asked about their awareness of evidence to support approaches to psychological injury management, and their view on what further evidence, if any, was needed. The survey appears in Appendix 1.

A link to the online survey was distributed via social media and direct email contacts. Potential participants were identified by SIRA and the research team, including representatives of organisations likely to involved in the management of psychological injuries. The following organisations were approached to distribute the survey either to their membership lists or via social media:

- Australian Medical Association (NSW branch)
- Australian Physiotherapy Association Occupational Health Group
- Australian Rehabilitation Providers Association
- Department of Education
- National Mental Health Commission
- NSW Ministry of Health
- NSW Police
- Occupational Therapy Australia
- Signatories to the Health Benefits of Good Work vis the Royal College of Physicians
- Royal Australian College of General Practitioners
- Royal Australian and New Zealand College of Psychiatrists
- University of Sydney
- WorkCover Queensland

The survey was live between 21 June and 20 July 2020. A total of 73 people provided sufficient responses (completed questions regarding choice of approach and features of approaches) to be included in the analysis.

ANALYSIS

Characteristics of survey respondents were summarized using counts and percentages.

Two analytical techniques were used. First, thematic analysis of text responses to open-ended questions was conducted by a single author (RI). Responses to the two questions on choice of approach (first choice and other approaches) and reasons why approaches were effective were grouped, as were responses to questions about existing evidence and evidence needed to support the choice of approach taken. Frequency of themes occurring and relationships between themes were examined in an attempt to summarise the key drivers of psychological injury management. A similar approach was taken to the analysis of responses to questions about the existing evidence.

Second, responses to questions related to the importance of characteristics of the approaches were ranked based on the proportion of respondents rating the characteristic as “Most important” or “Very important”.

The final analysis applied the above approaches to responses from those with experience in CTP systems. These findings were then compared to the whole group to identify any differences between those with CTP experience and respondents as a whole.

RESULTS

SURVEY RESPONDENTS

A summary of the survey respondent characteristics is provided in Table 1. Respondents were primarily based in NSW (85%) and held their highest qualification in Allied Health (53%). Respondents were most commonly employed in a private organisation (32%) followed by an insurance company (29%). Most described their role as having a claims or injury management role (54%), with one third (33%) having been in their role for more than 10 years. Psychological injury concerned more than half of their role for 36% of respondents. Almost all respondents had experience in workers' compensation systems (95%), followed by 53% and 41% reporting experience in CTP and life insurance systems respectively.

TABLE 1: CHARACTERISTICS OF THE 73 RESPONDENTS INCLUDED IN ANALYSES.

Gender			
Male	25 (34)		
Female	46 (66)		
Age		**State**	
25-34 years	13 (18)	New South Wales	62 (85)
35-44 years	27 (37)	Victoria	4 (5)
45-54 years	16 (22)	Queensland	4 (5)
55+ years	17 (23)	Other	3 (4)
Employer		**Discipline of highest qualification**	
Private organisation	23 (32)	Allied Health	39 (53)
Insurer	21 (29)	Business/management	9 (12)
Other government agency	9 (12)	Medicine	7 (10)
Healthcare organisation	6 (8)	Human resources	5 (7)
Regulatory body	3 (4)	Law	3 (4)
Occupational rehabilitation provider	3 (4)	Other health discipline	3 (4)
Other	8 (11)	Other	7 (10)
Description of job role		**Systems experience***	
Claims manager role	40 (54)	Workers compensation	69 (95)
Clinical/rehabilitation role (including independent assessments)	18 (24)	Compulsory Third Party (CTP)	39 (53)
		Life insurance	30 (41)
Customer engagement/innovation	5 (7)	Department of Veterans Affairs (DVA)	14 (19)
Consultant/advisor role	5 (7)	Centrelink	13 (18)
RTW Coordination	4 (5)	NDIS	5 (7)
Research/education	4 (5)	None	2 (3)
Proportion of role specifically concerned with the management of psychological injury		**Time in current role**	
< 5%	5 (7)	< 1 year	10 (14)
5-15%	10 (14)	1-2 years	7 (10)
15-25%	13 (18)	2-5 years	22 (30)
25-50%	19 (26)	6-10 years	10 (14)
> 50%	26 (36)	> 10 years	24 (33)

Figures are numbers of respondents (percentages in brackets)
* respondents could select multiple

APPROACHES TO THE MANAGEMENT OF PSYCHOLOGICAL INJURIES

UNDERSTANDING THE INDIVIDUAL

Survey participants described a wide variety of approaches they used to support people with psychological injuries. The central theme across the responses was the requirement to understand in depth the individual, the specific circumstances and how the person is impacted by the psychological injury. Developing a strong understanding of the individual's circumstances is an enabling step for diagnosis and treatment of the psychological injury, not the other way around.

> *"For me, as a practitioner, first choice is building rapport and trust and gathering data to get an understanding of each individual situation. Following is the construction of a relevant and appropriate treatment plan."*

> *"The symptoms of a psychological injury are confusing; and the relationships within workplaces often become fractured. Helping an injured employee understand the limitations, the boundaries and create realistic expectations building rapport and trust allows for the complex issues to be dealt with by the right professionals."*

The choice of approach was focused on gathering that understanding through communication, empathy and rapport building. Other subthemes related to the types of symptoms experienced and what was required for treatment and return to work.

COMMUNICATION, EMPATHY AND RAPPORT BUILDING

Participants' descriptions of the key features of approaches consistently described communication that enabled an understanding of the individual's specific circumstances. Survey responses clearly described empathetic communication, creating a safe space, listening to the person and other approaches that are necessary to gain sufficient trust.

> *"Listen to their story... really listen and start at the humanistic level."*

> *"A supportive and compassionate conversation to establish where the person is at, what are their immediate needs and how can they be supported to remain at work or return to work in a timely manner."*

SYMPTOMS EXPERIENCED

Responses described a need to understand the symptoms the person was experiencing. Symptoms tended to be described in two categories: 1) "System symptoms; and 2) Clinical symptoms. System symptoms refers to the experience of justifying a psychological injury, or dealing with the circumstances of psychological injuries generally being misunderstood. It also referred to claims processes that were often described as unhelpful. Responses had a strong focus on managing system symptoms such as feeling overwhelmed, feeling they have not been heard and not being in control.

> *"This approach allows the worker to feel involved and in control of their own situation in a supportive environment. This is important as people with psychological injuries can often feel that they have lost control or are powerless."*

> *"Claims can make people worse. It is important to first do no more harm and assist them to navigate the complex legislation and guidelines in a way that assists them recover and return to work which we know is good for health."*

Clinical symptoms were less frequently mentioned. Responses indicated that there are common clinical features that are important to understand, but how these are manifested differs across individuals. Providing timely treatment was commonly described, but usually in the context that understanding the person's unique situation was required first.

> *"I have experienced that people with anxiety, trauma and related symptoms are fragile, when calling or explaining claims processes. I am mindful and delicate in my approach as you need to consider how the person will react to a stranger on top of learning to accept MVA circumstances."*

TREATMENT

The focus was on providing individualised support through understanding the specific requirements and situation of the individual person. More specific clinical approaches or treatment methods were described in "other" approaches rather than first choice or "go to" options. Overall, responses suggested that once an understanding of the individual's circumstances is established, it is possible to identify the best support and treatment for the person. This could take the form of specific treatment approaches or referral to treatment providers.

> *"Depending on the situation, early contact, offer of support, coordination of appropriate medical/paramedical network, perspective seeking from key stakeholders."*

RETURN TO WORK

Understanding the factors related to how the injury impacted the individual's ability to work was often described as a key feature. Responses indicated that in order to achieve a successful return to work, characteristics of the workplace must be taken into account. Responses also suggested an understanding that providing the most appropriate and evidence-based clinical treatment alone will not necessarily lead to return to work. Effective approaches described a connection between the treatment being applied and what is happening in the workplace.

> *"Trying to improve symptoms or resolve condition before pursuing 'return to life' goals is rarely helpful. I find when I took a 'wait and see' approach to RTW with my clients they almost always deteriorated so my priority was to look at work and work related activities for them asap."*

SUMMARY

Overall, the responses to the survey questions regarding the approaches taken to supporting people with psychological injuries can be summarised in Figure 1.

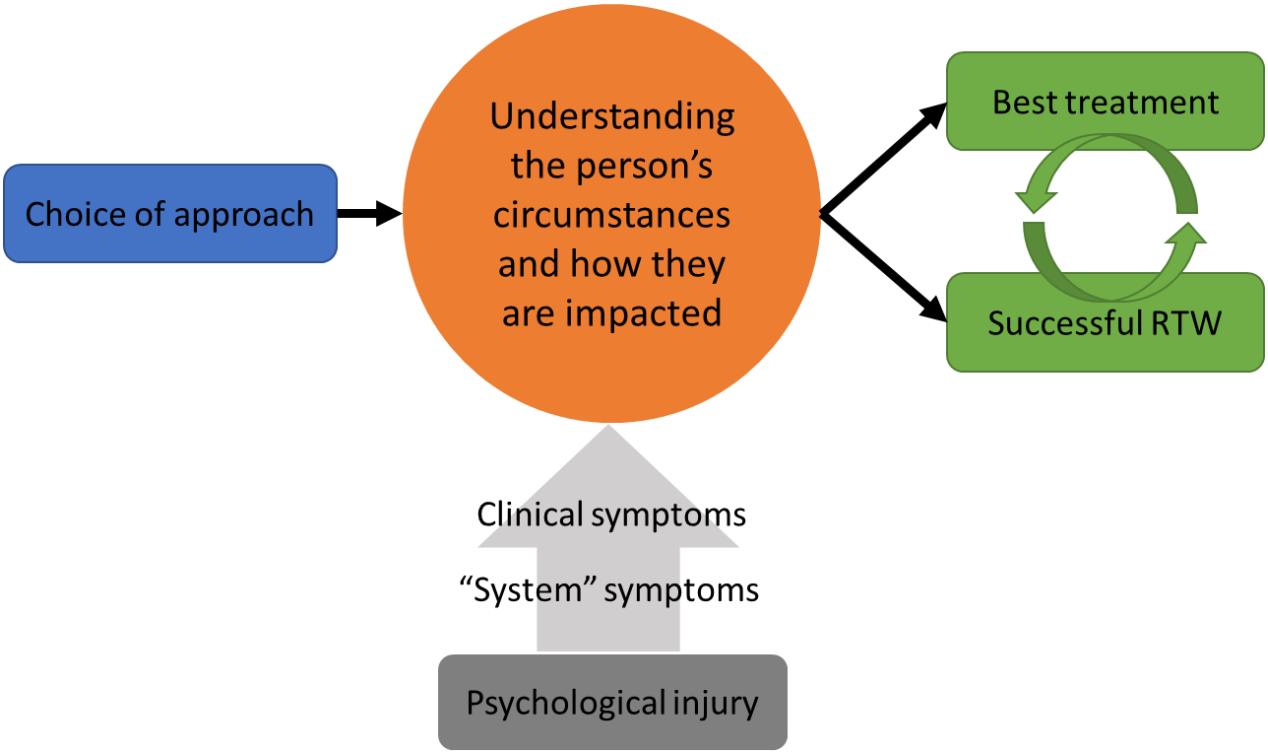

FIGURE 1: SUMMARY OF APPROACHES TO PSYCHOLOGICAL INJURY MANAGEMENT

This figure represents the central importance of understanding the person's circumstances and how they are impacted. The choice of approaches described focused on gaining the understanding required before describing a clinical or treatment approach. The consequences of a psychological injury are different for each person, so an in depth understanding is required to identify appropriate treatment options. Finally, a connection between treatment and the workplace is required to increase the likelihood of a successful return to work.

IMPORTANT CHARACTERISTICS OF APPROACHES IDENTIFIED IN LITERATURE

Survey respondents were asked to rate the importance of ten characteristics of approaches to the management of psychological injury that were identified from the literature review in Phase 2 of the project. The stakeholder interview component identified the importance of tailoring the approach to the individual, the importance of the workplace being involved and mental health literacy of the workplace in general. The review of published literature differentiated between interventions consisting of psychological intervention alone and interventions combining psychological treatment with other forms of treatment. Elements of treatment that are commonly applied, such as CBT, the benefit of treatment oversight from an independent party or whether face to face treatment is required were other characteristics included in the list. Finally, a statement was included regarding the demonstrated effectiveness of treatment given the review finding that an emphasis on evaluation of interventions was required.

Figure 2 shows the ranking of these features from most important to least important based on the proportion of respondents rating the feature as most or very important.

Identified as most important	Rated most or very important
1. Tailored to the individual	**96%**
2. The workplace is involved	**92%**
3. Contains elements demonstrated to be effective	**81%**
4. Mental health literacy of the workplace	**77%**
5. Contains more than psychological treatment alone	**69%**
6. Contains CBT treatment	49%
7. The family is involved	48%
8. Contains mainly psychological treatment	44%
9. Contains treatment oversight	44%
10. Includes face to face treatment	38%

Identified as less important

FIGURE 2: FEATURES OF APPROACHES RANKED FROM MOST TO LEAST IMPORTANT

In line with the other components of the survey, tailoring support to the individual was the most important feature of any approach for almost all survey respondents. The workplace was found to be particularly important, with workplace involvement and mental health literacy ranked second and fourth respectively. Over 80% of respondents identified the importance of elements of treatment being demonstrated to be effective. The final characteristic identified as important for more than 50% of the sample was that treatment contained more than psychological treatment alone. The remaining features were treatment aspects that may be suitable depending on the needs of the individual, such as the type of treatment or whether the family is involved. Treatment delivery face to face was seen as the least important characteristic of those listed.

EVIDENCE STATEMENTS

Questions in the survey asked respondents about their awareness of evidence to support their first and subsequent choices of approach to supporting people with psychological injuries. Further questions asked what evidence they would like to have to support the use of each approach. Themes related to the type and source of evidence were identified, alongside the evidence needed as described by the respondents.

TYPES OF EVIDENCE

A wide variety of types of evidence were mentioned in the survey responses. The most frequently mentioned source of evidence was the Health Benefits of Good Work Statement, however this statement does not describe specific approaches to treating psychological injuries. There were a number of non-specific references to different levels of evidence, such as randomized controlled trials, systematic reviews and meta-analyses. These references suggested large bodies of research were available to support the approaches being described.

> *"The research evidence in support of the biopsychosocial approach is compelling and too extensive to list in this survey."*

Clinical guidelines, evidence typically underpinned by rigorous research methods and designed for specific healthcare settings, were mentioned by just two respondents. Of some concern is that 30% of respondents stated they were either unaware of evidence to support their practice, or described clinical experiences as the main source of evidence for their approach.

SOURCES OF EVIDENCE

Sources of evidence summaries such as SIRA, SafeWork NSW and icare were identified, as well as prominent research and advocacy organisations in the field including the Australian Psychological Society, Beyond Blue and the Black Dog Institute. There were mentions of specific research projects or initiatives such as Mentally Healthy Workplaces, "R U Ok", the WISE project, the Abilita assessment and mental health first aid. It appears that there is an awareness of a wide variety of sources of evidence available, which is in line with the large number of sources (academic and grey literature) identified in the literature review.

EVIDENCE NEEDED

The types of evidence respondents said was needed had a strong focus on the workplace and the role of work in recovery from psychological injury. Respondents described a number of factors they had observed to influence outcomes, and desired evidence to demonstrate the best way to address specific issues.

> *"There is a lack of research that brings all of the above together in a format considering occupational issues."*

> *"Confirmed academic research in a longitudinal study that illustrates the effects of recovery at work strategies and the value of reducing the stigma of mental health to improve disclosure and better educate managers to have better conversations with workers."*

Respondents described a need for evidence that moved beyond the effectiveness of treatment and into the area of describing how to apply approaches effectively in practice. This was often described in terms of incorporating the workplace and how change could be made to help employers to improve the workplace. In line with the findings of the literature review, respondents identified the need for programs to be evaluated.

> *"There needs to be ongoing research into treatment protocols that suit private practice 1:1 service delivery."*

> *"More case studies of workplaces DOING, implementing, evaluating programs that support skills, knowledge in employers."*

Given the identified need for an individualised approach to the management of psychological injuries, there was a correspondingly wide variety of evidence needs. Respondents indicated a need for a mixture of evidence that currently exists and evidence that is yet to be established. Developing an evidence base to address all components will require a coordinated effort to increase the awareness of evidence summaries with clear implications for practice, as well as supporting evaluations of programs currently being implemented.

FINDINGS FROM THOSE WITH CTP EXPERIENCE

Of the 73 survey respondents, 39 indicated they had experience with CTP claims. Table 2 provides summary characteristics of these 39 respondents

TABLE 2: CHARACTERISTICS OF 39 SURVEY RESPONDENTS WITH CTP EXPERIENCE

Gender		**State**	
Male	13 (33)	NSW	34 (87)
Female	25 (66)	Other	5 (13)
Age		**Description of job role**	
25-34	4 (10)	Claims manager role	16 (41)
35-44	13 (33)	Clinical/rehabilitation role (including	14 (36)
45-54	11 (28)	independent assessments)	
55+	11 (28)	Other	9 (23)
Employer		**Discipline of highest qualification**	
Private organisation	12 (31)	Allied Health	24 (62)
Insurer	12 (31)	Medicine	7 (18)
Other government agency	3 (8)	Business/management	3 (8)
Healthcare organisation	3 (8)	Law	3 (8)
Occupational rehabilitation provider	3 (8)	Other	2 (5)
Other	6 (15)		
Time in current role		**Proportion of role specifically concerned with the management of psychological injury**	
< 1 year	4 (10)	< 5%	2 (5)
1-2 years	5 (13)	5-15%	4 (10)
2-5 years	8 (20)	15-25%	6 (15)
6-10 years	6 (15)	25-50%	14 (36)
> 10 years	16 (41)	> 50%	12 (33)

Figures are numbers of respondents with CTP experience (percentages in brackets)

IMPORTANT CHARACTERISTICS OF APPROACHES IDENTIFIED IN LITERATURE

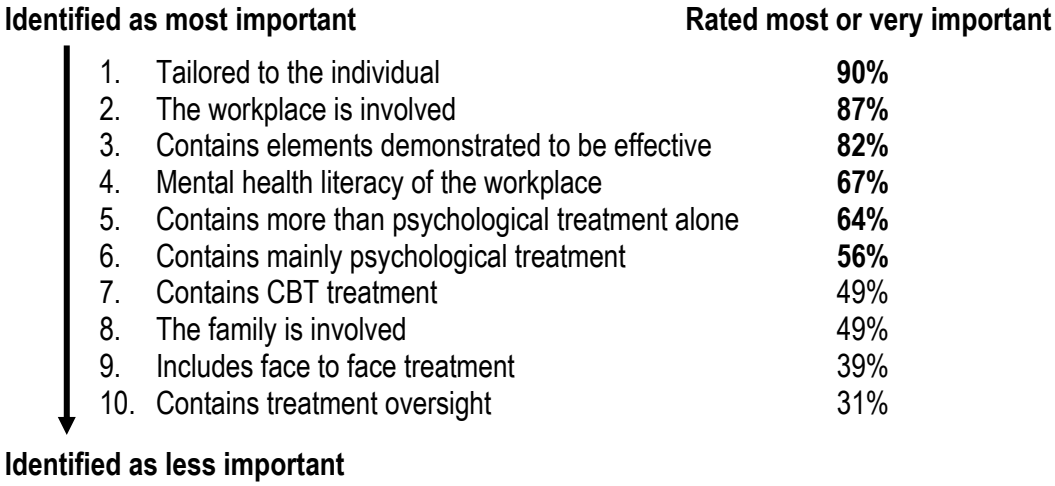

FIGURE 3: FEATURES RANKED BY RESPONDENTS WITH CTP EXPERIENCE

The five most important characteristics of approaches were the same for those with CTP experience as respondents as a whole (Figure 3). There were some minor differences in the order of the characteristics considered less important.

A brief analysis of the survey responses from those reporting CTP experience did not identify any significant deviations from the themes identified in the whole sample, either in terms of content or frequency. This is perhaps unsurprising given the focus on the individual from survey respondents, and this is likely to be the case regardless of the compensation system involved.

Three respondents were able to be identified as being current case managers in a CTP context. The responses from these three individuals had a clearer focus on treatment approaches rather than issues at the workplace. A greater number of responses from individuals clearly currently engaged in CTP case management is required to determine whether this is a feature of the CTP system.

IMPLICATIONS

The clearest implication to be drawn from the survey findings is that any approach to the management of psychological injury has to be tailored to the individual. Professionals engaged in the management of psychological injury require high level communication skills to understand the individual's circumstances to identify the most appropriate management. This is in line with the findings of the literature review that a high level of skill is required from all involved in the management of the injury.

There is a lot of effort currently spent managing symptoms resulting from "system" generated problems. Some of these problems arise due to the general stigma around psychological injury and some are a result of the impact of the compensation system. While the social implications of a psychological injury are slowly shifting, it may be possible to rapidly adjust compensation processes to enable more individualised approaches to management.

There is a high level of agreement that the workplace is very important in the management of psychological injury. Empowering workplaces to confidently identify and respond appropriately to psychological injury is likely to benefit efforts to help people to stay at work or return to work. A follow on from this is that approaches to managing psychological injuries need to go beyond just providing psychological treatment, but also address other biopsychosocial factors.

The understanding of the evidence base to support the management of psychological injury is best described as patchy. While several respondents identified specific resources and knowledge of varying levels of evidence, a large proportion could not describe any evidence to support their approach, or relied on experience. This suggests there is an opportunity to increase the awareness of and access to summaries of evidence to guide practice.

There are limitations to the survey that must be considered. The survey had a relatively small sample size and covered a diverse group of people involved in the management of psychological injuries. As a result, it is only possible to draw out major themes from the survey responses. It should also be noted that it is difficult to differentiate between workers' compensation and CTP in the findings, as many respondents had experience across both systems.

NEXT STEPS

When completing the survey, respondents were provided with an opportunity to participate in an online workshop to provide further information regarding their experience with psychological injury and to identify effective elements of a treatment approach. Respondents were invited to indicate their preference of workshop from eight options spread out over a two week period. Five online workshops were held with a total of 25 participants. The final stage of this project will report on the workshop findings in conjunction with the previous stages of the project.

APPENDIX 1: SURVEY

Please see supplementary file to view the survey content.