MONASH University

Insurance Work and Health Group
Faculty of Medicine, Nursing and Health Sciences

PSYCHOLOGICAL INJURY CLAIMS PROJECT

SYNTHESIS REPORT

ROSS ILES

ALEX COLLIE

PROJECT REPORT 4

MARCH 2021

MONASH University

MONASH
INSURANCE WORK
AND HEALTH GROUP

This research report was prepared by Dr Ross Iles and Professor Alex Collie from the Insurance Work and Health Group in the School of Public Health and Preventive Medicine at Monash University.

For further information relating to this report please contact the research team via the email address: ross.iles@monash.edu

This report may be cited as:

Iles R & Collie A. Psychological injury claims project: Synthesis report. March 2021. Insurance Work and Health Group, Monash University: Melbourne, Australia.

TABLE OF CONTENTS

PROJECT SUMMARY

The Psychological Injury Claims project sought to identify and document opportunities to prevent and more effectively manage psychological injury claims in the New South Wales workers' compensation and compulsory third party (CTP) compensation schemes. The project has been conducted in three phases:

1. A review of existing evidence combined with interviews with ten key stakeholders. The findings of this phase appear in Report 1.
2. A survey of professionals involved in the management of psychological claims. The findings of this phase appear in Report 2.
3. Workshops with experts in the management of psychological injuries. The findings of this phase appear in Report 3.

Report 4 (this report) presents a high-level synthesis of the key themes emerging from the three 'discovery' phases of the project, identifies major gaps in knowledge, and presents opportunities for improving psychological injury claims prevention and management derived from the evidence gathered throughout the project.

It should be noted that the project was focused on stay at work and return to work (i.e. secondary prevention) for people with psychological injury. Primary prevention, or the prevention of psychological injury from occurring, is out of scope.

1. THEMES

Common themes were defined as observations or findings that arose in at least two of the three discovery phases of the project. Three major themes emerged. Further detail on each of these can be found in the preceding three reports from the projects.

BARRIERS AND FACILITATORS TO EFFECTIVE CARE

A number of barriers and facilitators to effective management and provision of care for people with psychological injury were identified throughout the project. These have been summarised in terms of the participants in the return to work and recovery process:

- The employer and workplace

  Return to work professionals involved in workshops and the survey, and the literature review, identified that the workplace plays a critical role in supporting the recovery and return to work of workers with psychological injury. Effective workplace engagement during injury recovery can ensure a more rapid and sustainable return to work.

  However, there are multiple challenges in effectively engaging workplaces in the care of people with psychological injury. These include the skills of management and workplace supervisors in identifying and managing psychological conditions in the workplace, attitudes of co-workers towards workers with psychological injury, and the limited resources available within smaller workplaces.

- Healthcare providers

  The important role of healthcare was also a common theme, including the role of General Practitioners, but also other providers typically involved in care provision for people with psychological conditions. Participants noted the challenges in identifying and managing psychological injury compared with physical injury within the context of injury compensation settings.

  Workshop participants reported that greater guidance is needed for healthcare professionals in multiple areas, including most notably approaches to certification of capacity for workers with psychological injury. Enhancing the ability of providers to support employers to identify suitable duties was considered a valuable opportunity.

- Insurance case managers

  Within the setting of injury compensation schemes, insurance case managers play an important role in management and care provision. This role extends well beyond claims administration and requires case managers to have strong interpersonal skills, a good understanding of psychological injury and current approaches to treatment, knowledge of compensation scheme policy and procedure, and an ability to coordinate care in an often challenging environment.

  Literature and project participants emphasise the importance of effective case coordination for supporting injury recovery and return to work. Participants reported that effective case coordination in psychological injury requires a high level of skill, that the necessary skills are difficult to find, and thus that education and upskilling programs for case managers are an important part of any attempts to improve outcomes in the sector.

MODEL OF CARE

A clear outcome from the project is that there is currently not a well-defined model of care for people with psychological injury within Australian injury compensation schemes, including the NSW schemes.

The NSW Agency for Clinical Innovation describes that… "*A Model of Care broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.*" [1]

However, return to work professionals clearly articulated three key principles of an effective approach to care for people with psychological injury:

- Tailored, person-specific treatment and management.

An approach to treatment, case management and workplace engagement that reflects the injured person's specific needs and circumstances was considered critical. Those involved in the treatment of people with psychological injury should first seek to understand the individual and their unique circumstances before developing care and return to work plans.

- A multi-stakeholder approach

  Within an injury compensation setting it is recognised that the injured person and their healthcare team are key participants in care, but also that insurance case managers and (particularly within workers' compensation) employers also play critical roles in the care process.

- The importance of early action.

  The importance of early recognition of psychological injury and rapid provision of supports and services was emphasised. This spans the multiple stakeholders involved in the care process including employers, insurers and treatment providers.

Participants were less clear on how these principles should be operationalised within injury compensation settings. While an individualised approach was advocated across the study phases, no clear definition of what that means in practice emerged. Examples of individualised care could be provided by study participants, however these were often specific to individual expertise and experience. Similarly, in terms of early intervention, it was not possible to identify an ideal timeframe for actions to be taken, other than broad statements that current approaches are too slow and greater emphasis needed to be placed on earlier supports and service delivery.

In summary, there appears to be an opportunity to develop, working with stakeholders, a model of care for psychological injury within injury compensation settings.

EVIDENCE-PRACTICE GAPS

The first report of this project described the limited evidence base for stay at work and return to work interventions people with psychological injuries, though there is evidence supporting the use of some interventions in some circumstances. There are multiple reviews and strategy documents that describe broad principles of psychological injury management, though these documents do not describe a strong research evidence base supporting these principles that sits within the context of injury compensation settings. Key principles from mental health strategy documents have permeated into many areas of practice for those participating in this project. However, specific guidance for practice was identified as a step that is missing. While large employers with appropriately trained and skilled professionals are able to adapt recommendations into practices that match specific workplaces, other employers (including small and medium size employers), have less capacity and capability in this area, and will require specific guidance to support their staff to understand and respond to psychological injury.

Through the second and third reports we documented a wide array of practices that are currently in use for management of psychological injury, though participants were not often able to identify evidence supporting these practices. We also observed that (a) interventions that are shown to be effective in research studies do not appear to being implemented in practice, and (b) interventions that are being used in practice do not appear to be rigorously evaluated.

Study participants reported a need for evidence that bridges the gap between high level strategy documents or position statements and on-the-ground practices. We note that a number of suggestions made by the participants in this project are underway (e.g. the

SafeWork NSW draft code of practice[2] and the SIRA draft standard of practice[3]), and that these are large pieces of work that can take a long time to develop.

As these pieces are being developed, there are opportunities to begin building an evidence base around effective interventions applied in practice. While supporting psychological injuries is complex, there is an opportunity to develop and test interventions addressing the different themes identified across these reports, or even to retrospectively evaluate the impact of interventions using existing datasets. Trialing and evaluating interventions, or their components, is an important first step in developing an evidence base specific to this sector and this set of conditions, which can then inform future practice and policy.

SUMMARY - INJURY SCHEME TRANSFORMATION FOR PSYCHOLOGICAL INJURY

These three themes are at the heart of the operation of injury schemes for people with psychological injury. Bringing these themes together, the information gathered throughout this project describes:

(a) The need to address multiple barriers to stay at work and return to work for three key stakeholders in the care process – employers, healthcare providers and insurers.

(b) The need for a model of care for psychological injury, and the absence of such a model at present.

(c) The need for care and management practices to be evidence-informed, and for practices to be evaluated such that they iteratively generate an evidence base to support future reforms.

In summary, a transformation of the current operating model is required.

2. A NOTE ON WORKERS' COMPENSATION VS CTP INSURANCE

The majority of participants in the phases of this project were engaged in workers' compensation schemes as opposed to CTP insurance. The project is also focused on stay at work and return to work, issues that are more central to workers' compensation than CTP schemes, because return to work is considered a key legislative objective of workers' compensation schemes, whereas this is not the case for CTP schemes. We do acknowledge the importance of work engagement for injury recovery and return to function among large groups of CTP claimants.

Despite these differences, the themes identified are applicable to both settings. For example, a model of care for psychological injury is likely to be similar between schemes, perhaps with the main difference being strategies to engage employers in CTP, where they do not have legislated obligations with respect to recovery and return to work. In other areas there are clear alignments, such as the capability of case managers and healthcare providers in identifying and managing psychological injuries. In summary, systemic change to improve the management of psychological injury is likely to benefit injured people across both schemes.

3. OPPORTUNITIES FOR ACTION

Synthesis of the material from the three reports identifies several opportunities for taking action to improve the management and care of people with psychological injury, including by reducing or removing current barriers to care; providing new or different services and supports; and through clinical, educational or policy initiatives.

Consistent with the complex, multi-party nature of stay at work and return to work within an injury compensation environment, most of these opportunities require multi-party collaboration. All are more likely to be effective if they are co-designed with stakeholders with lived experience of injury compensation processes, practices and policy, including people with psychological injury, employers, insurers and treatment providers.

Participants in the discovery phases of the project described many such opportunities. Listings of these, as reported by participants or as identified in the literature, are presented in Reports 1 to 3. We note that individual actions, if taken in isolation, are unlikely to make a material difference to stay at work and return to work within the NSW injury compensation schemes. A strategy addressing multiple of the barriers and opportunities is much more likely to be effective, particularly if coordinated.

In this section we present groupings of opportunities, organised according to the themes described in section 1 of this report. Where possible we have identified opportunities for more rapid action.

ADDRESSING BARRIERS TO EFFECTIVE CARE

The employer and workplace

Develop resources, tools and educational material for workplaces and ensure they are being applied in practice. An initial step would be to identify existing resources (for example, every state workers' compensation authority provides a mentally healthy workplaces toolkit of some description) and determine the level of current application across workplaces. Accompanying these resources should be a strategy to achieve the widest possible uptake amongst the target audiences. This approach in the short term would allow identification of gaps in resources and identify target areas or industries where the focus should be on increasing implementation. A longer term target would be to increase the mental health literacy of workplaces. To achieve this multiple strategies would be required, including developing specific training for managers and direct supervisors in how to identify and respond appropriately to workers with psychological injuries. These resources should aim to address responding to any psychological injury, not only those arising where work is a main contributing factor.

Healthcare providers

Develop resources, tools and educational material for healthcare providers. A key element of these resources should address certification of capacity for psychological injury in line with the cognitive demands of work. For example, developing a certificate and reporting template for treating practitioners to help identify suitable work modifications would help employers to support stay at work and return to work efforts. Participants in this project have developed processes that can be translated into exemplars that could be developed

in the short term. It is noted that developing standards of care is underway[3], and there are examples of online provider training programs[4] that could be used as medium term approach to upskill healthcare providers in the management of psychological injuries. The recently published Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice[5] should form the basis of this training.

Insurance case managers

Develop resources, tools and educational material for insurance case managers. It is essential that such training be consistent with education initiatives aimed at employers and healthcare providers. Upskilling case managers to ensure delivery of high quality case management would be a short term target. Reducing administrative complexity and providing more flexible payment structures that enable early and tailored intervention should be a longer term goal.

DEVELOPING A MODEL OF CARE

A medium to long term objective should be to establish a model of care specific to the management of psychological injury. The NSW Agency for Clinical Innovation[1] describes five key steps in developing a model of care. This project and Reports 1-4 address components of the initial steps in this model in terms of developing a case for change and defining the problem. Further steps in developing a model of care focus on solution design, including establishing a clear picture of what ideal management of psychological injury looks like. This step requires further consultation with employers, health care providers and insurers to design a solution that can be tested and refined as needed. Later steps in the process revolve around implementation and establishing the sustainability of the new model of care.

ADDRESSING EVIDENCE GAPS

There are several ways to address existing gaps in the evidence, ranging from short term to long term initiatives. In the short term, there is an opportunity to develop or curate an information portal that provides good quality, peer-reviewed material containing plain English summaries targeted to the specific needs of the target audience. Such an information portal should aim to provide resources for the early identification and management of psychological injury to the same level as those that exist for physical injury. It is likely that achieving this aim will require leadership of collaborative efforts with key stakeholders to develop practical guidance in the management of psychological injuries.

Where the evidence related to effective management of psychological injury does not exist, longer term strategies are required to fill evidence gaps. Such strategies include funding interventions that test the translation of strategy and policy into actionable steps, evaluation of current practices and interventions targeted towards small and medium employers. It is critical that practice-based interventions are rigorously evaluated to determine their real-world impact.

TRANSFORMATION INFRASTRUCTURE

It is likely that some infrastructure will need to be established to help realise these opportunities. In addition to the information portal described above, this could include establishing an advisory group of people with lived experience of psychological injury, employers with demonstrated expertise in stay at work and return to work strategies for employees with psychological injuries, suitably experienced healthcare providers and insurers and self-insurers. Membership could also involve other regulators or agencies relevant to the action areas for change (for example SafeWork NSW or the Royal Australian College of General Practitioners). Such an advisory group could provide valuable input to design of resources for target groups, and advise on dissemination strategies best suited to each target audience.

CONCLUSIONS

This report identified the key themes appearing in at least two of the three components of the project, namely barriers and facilitators to providing effective care, the absence of a model of care specific to psychological injury and the gap between evidence and current practice. These three themes are at the heart of the operation of injury schemes for people with psychological injury, indicating that a transformation of the current model of management is needed.

Several opportunities for action have been identified, ranging from short term initiatives such as developing training and other resources for key stakeholders, to longer term projects such as developing and testing a model of care specific to psychological injury. In order for opportunities for change to be realised, a coordinated and strategic approach is required, one that is underpinned by infrastructure that encourages a high level of collaboration between key stakeholders in the delivery of care for psychological injuries.

REFERENCES

1. NSW Agency for Clinical Innovation. *A practical guide on how to develop a Model of Care at the Agency for Clinical Innovation.* https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0009/181935/HS13-034_Framework-DevelopMoC_D7.pdf (2020, accessed 12/03/2021)

2. NSW Government. Tell us what you think about a Psychological Health Code of Practice, https://www.haveyoursay.nsw.gov.au/draft-code-psychological-health (2020, accessed 15/12/2020 2020)

3. State Insurance Regulation Authority. Standard of Practice 33: Managing psychological injury claims, https://www.sira.nsw.gov.au/consultations/standard-of-practice-33-managing-psychological-injury-claims (2020, accessed 15/12/2020 2020).

4. Gosling C, Keating J, Iles R, et al. *Strategies to enable physiotherapists to promote timely return to work following injury*. 2015. Institute for Safety Compensation and Recovery Research.

5. Mazza D, Brijnath B, Chakraboty SP, et al. *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice.* 2019. Melbourne: Monash University.