MONASH University

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

PSYCHOLOGICAL INJURY CLAIMS PROJECT

WORKSHOP SUMMARY

ROSS ILES

ALEX COLLIE

PROJECT REPORT 3

FEBRUARY 2020

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 program: Workshops summary. February 2021. Insurance Work and Health Group, Monash University: Melbourne, Australia.

TABLE OF CONTENTS

EXECUTIVE 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 parts: a review of existing evidence combined with interviews with key stakeholders (summarised in Report 1); a survey of professionals involved in the management of psychological claims (Report 2); and a series of five online workshops with people with experience and expertise in the management of psychological injuries (this Report 3).

Barriers and potential solutions discussed in the workshops were categorised into three key areas: the workplace, current approaches to care, and resources. These are summarised in the table below:

Barriers	Proposed solutions
Workplace	
• The capability and skills of supervisors and line managers • The importance of co-worker attitudes and behaviours • Specific challenges for smaller workplaces • Certification of capacity disconnected from workplace reality	• Training and skills development for supervisors and line managers • Increasing mental health literacy in the workplace • Active, constructive participation in case conferencing • Additional resources for small and medium sized employers
Current approaches to care	
• Lack of work-focused healthcare • Capability and skills of insurance case managers • Time and case complexity affecting primary healthcare • Delays in treatment • Lack of guidance on appropriate modified duties • Rigid payment structures • Negative impact of factual investigations	• Co-ordinated education and skills development for treating practitioners, insurance case managers, employers and workplace rehab providers • Practitioner accreditation programs • Changes to forms and certificates • Support for earlier intervention, enabled through early identification or screening • Identifying and resolving conflicts early • Increasing access to care via telehealth
Resources	
• Guidance on staying in and/or gradual re-entry to the workplace • Diversity and quality of available information	• Production of quality, trustworthy information • Accessible, plain language information

Workshop participants emphasised the importance of tailoring psychological injury management practices to the individual when supporting people with psychological injuries. The next step in the project is to synthesise the findings of Reports 1, 2 and 3 to

identify major themes that emerged across the reports, as well as opportunities to improve the management of stay at work and return to work for people with psychological injuries.

OVERVIEW OF THE PROJECT

The Psychological Injury Claims project sought 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 sought to:

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

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. A series of five online workshops with experts in the management of psychological injuries. The findings of this phase are contained in this report (Report 3).

METHODS

PARTICIPANTS

Workshop participants were professionals involved in the management of psychological injuries who completed the online survey described in Report 2, and indicated they were interested in participating in an online workshop.

A total of 43 of the 73 survey respondents (59%) indicated they would like to participate in the workshops. Of the 43 expressing interest, 25 (58%) attended one of the five workshops conducted during August 2020. Two respondents declined participation when contacted. The remaining 16 either did not respond to an email invitation, were not contactable via telephone, or agreed but failed to attend the scheduled workshop.

The workshops aimed to explore the following aspects of psychological injury management:

1. Clarify which management approaches are considered by workshop attendees to be most effective for psychological injuries.
2. Discuss the most effective ways to implement these management approaches.
3. Outline potential barriers to the effectiveness of these approaches and how to overcome them.

4. Explore opportunities for better managing psychological injury that are not currently being realised.

A professional facilitator with an occupational health background facilitated workshops, all conducted using the Zoom platform. Prior to the workshops participants were sent a brief summary of the survey findings (Appendix 1). The first part of the workshop involved a brief explanation of survey results. The workshop aims were used as a rough guide to the discussion, with participants encouraged to contribute throughout. Workshops were scheduled to run for 45 minutes, but each ran for a full hour.

All workshops were attended by a member of the research team (RI) and were video and audio recorded. Comments made in the platform chat function were also captured. The researcher made notes of the themes discussed. Following the workshops, recordings were reviewed to permit analysis of themes discussed in each workshop. The themes described were then categorised and mapped to the most relevant workshop aim. Barriers to providing effective care for psychological injuries and potential solutions were also identified. This report groups barriers and solutions into three common areas of practice. Selected examples of participants' experiences of barriers and solutions are provided to illustrate how these are encountered in practice.

RESULTS

The characteristics of workshop participants are summarised in Table 1.

TABLE 1: CHARACTERISTICS OF WORKSHOP PARTICIPANTS

Gender		**State**	
Male	7 (28)	New South Wales	20 (80)
Female	18 (25)	Other Australian state or territory	5 (20)
Age		**Discipline of highest qualification**	
35-44 years	15 (60)	Allied Health	14 (56)
45-54 years	5 (20)	Business/management	4 (16)
55-64 years	5 (20)	Other (incl Medicine/Law)	6 (24)
Time in current role		**Proportion of role specifically concerned with the management of psychological injury**	
0-2 years	5 (20)	0-15%	5 (20)
2-5 years	10 (40)	15-50%	11 (44)
6-10 years	4 (16)	> 50%	9 (36)
> 10 years	6 (24)		
Employer		**Systems experience***	
Private organisation	8 (32)	Workers' compensation	23 (92)
Other government agency	6 (24)	Compulsory Third Party (CTP)	14 (56)
Insurer	4 (16)	Life insurance	12 (48)
Other (incl OHS regulator/occupational rehabilitation/management)	5 (20)	Department of Veterans Affairs (DVA)	7 (28)
		Centrelink	6 (24)
		Other (incl none)	4 (16)

Note: Figures represent number of respondents (percentages in brackets); * respondents could select multiple.

When describing their own roles in the workshop, the majority of participants (16) held injury management roles within an insurer or large employer. Five participants described themselves as providers of occupational rehabilitation services, and the remainder held roles related to research and policy, working within an industry regulator or as an advocate for injured workers. Two participants indicated they worked exclusively in the CTP system.

WORKSHOP FINDINGS

The workshops confirmed many of the themes emerging from the prior survey. Participants emphasised the importance of tailoring psychological injury management practices to the individual when supporting people with psychological injuries. The notion of understanding the individual's specific circumstances and how they were impacted by the psychological injury was described as essential to supporting them to return to work. One point of difference between survey findings was that in the workshops, participants placed greater emphasis on the importance of family member involvement in supporting recovery and return to work.

Barriers and potential solutions discussed in the workshops were categorised into three key areas: 1. the workplace; 2. current approaches to care in the sector; and 3. resources.

THE WORKPLACE

Workshop participants described barriers to successful identification and management of psychological injuries that are specific to the workplace. These can be summarised as:

- The capability and skills of supervisors and line managers
- The importance of co-worker attitudes and behaviours
- Specific challenges for smaller workplaces
- Sickness certification disconnected from workplace reality

The most commonly described issue was related to the skills of supervisors and line managers to respond appropriately when an employee reported a psychological injury. Workshop participants emphasised the importance of the manager's initial response, but noted that many managers feared saying the wrong thing and making the situation worse, and often ended up doing nothing. The same was described for co-workers being concerned about exacerbating the problem, with the resultant lack of contact from peers leaving the injured person feeling isolated rather than supported. It was noted that some workplace cultures made it more difficult for workers to disclose difficulties and workshop participants considered that often there was a poor understanding of psychological conditions and how they impact people in the workplace. Participants in the workshop described specific challenges for smaller workplaces with fewer resources available and fewer opportunities to accommodate workers with psychological injuries. In particular it was noted that there is very little guidance available regarding appropriate modifications for cognitive and behavioral symptoms that can accompany psychological injures, such as the ability to concentrate, memory difficulties and being able to deal with people.

Practice Example 1
In a male-dominated workplace, an example approach was described that aimed to train managers on the desired approach to support. The key message was that if the manager was not the right person to provide support (e.g. if they were not comfortable having the required conversations) then their role was to find someone who was. This approach gave the managers the option to buy in if they felt comfortable doing so, but also support the employee if they were not.

Practice Example 2
A workshop participant provided a clear example of tailoring return to work to individual needs within the education sector. They described making sure the person recovering from a psychological injury was not required to lead a classroom early in the morning while they were taking medication that had the effect of "slowing them down".

Workshop participants also offered some potential solutions to these challenges. These can be summarised as:

- Training and skills development for supervisors and line managers,
- Increasing mental health literacy in the workplace,
- Active, constructive participation in case conferences, and
- Additional resources for small and medium sized employers.

The discussion regarding solutions focused on increasing workplace knowledge about the nature and impact of psychological conditions, and the needs of people affected. In particular the need was described for training supervisors and direct line managers in how to identify changes in behaviour as indicators of psychological injury, how to respond appropriately when a person discloses psychological difficulty and how to introduce appropriate job modifications for psychologically injured workers. Such training would encourage managers to actively engage in the worker's recovery, including participating in case conferences in much the same manner as with physical injuries and reduce the issue of the worker feeling isolated when they report a psychological injury. Workshop participants considered that training should extend to the whole workplace so co-workers understand their role in supporting colleagues, and would be strengthened considerably by positive leadership examples that demonstrate appropriate workplace behaviours (e.g., proactive contact, showing empathy for affected workers, role-modelling management of personal psychological challenges). Workshop participants noted that additional resources needed to be targeted specifically towards small and medium business to help them to achieve the required change in workplace understanding of psychological health.

Practice Example 3

There is good evidence that leading by example has a positive impact on employee mental health[2]. The importance of leadership was described in the workshops in multiple ways, in one organisation a podcast from the CEO on mental wellbeing and another led by the CEO's sharing their lived experience of attempted suicide. Participants reported that simple messaging from leaders that they are humans as well, and that it is ok not to be ok makes a big difference to workplace culture.

Practice example 4

The example was raised in South Australia of RTWSA providing an Employee Assistance Program (EAP) available to all employers via Beyond Blue. Workshop participants described an EAP as an opportunity for early and appropriate intervention, but it had to be done well and not become an exercise in compliance. It should be noted that the recent Productivity Commission Mental Health report recommended establishing minimum standards for EAP[1].

CURRENT APPROACHES TO CARE IN THE SECTOR

Workshop participants described barriers related to current practice in supporting people with psychological injuries. These can be summarised as:

- Lack of work-focused healthcare
- Capability and skills of insurance case managers
- Time and case complexity affecting primary healthcare
- Delays in treatment
- Lack of guidance on appropriate modified duties

- Rigid payment structures for healthcare practitioners
- Negative impact of factual investigations.

Workshop participants noted that many of the above barriers are a consequence of administrative processes. Reducing administrative complexity in workers' compensation and CTP insurance may be a way to remove or reduce some barriers.

A consistent view expressed by workshop participants was that psychological care was often not integrated with work, and that those providing psychological care can become protective of the injured person and that treatment could fall into pattern that failed to progress towards greater function. Workshop participants also noted that high level of skill was required from insurance case managers to integrate all facets of the injury, recovery and return to work processes, but that often the person managing the case did not have the required skills to address these challenging situations. Workshop participants described that GPs were not able to manage psychological injury well as the time required for effective consultation, treatment and return to work is underestimated or not available. Participants also considered it unfair to expect GPs to fully understand the complexity that comes with psychological injuries sustained in specific contexts, such as emergency services. It was commonly agreed that intervention for psychological injuries needed to happen sooner and that delays in treatment made it more difficult to achieve successful outcomes.

Practice Example 5

An example provided during the workshops described strategies to intentionally work around barriers in current claims management systems. For example, accepting that a psychological injury was part of a claim rather than registering a second injury requiring an extra layer of administration. The focus was on providing what the person needed first and working out what was required to pay for it second.

Practice Example 6

A case was described where a worker with a psychological injury was provided with a range of supports including psychological treatment, structured return to work planning, exercise physiology and dietician input. The aspect of the care that resonated the most with the person was arranging help to mow his lawn, because he was too exhausted to do it when he got home. In this case the clinical intervention was conducted effectively, but it was the tailored support that meant the most to the individual.

The differences between certifying capacity for physical and psychological injuries was emphasised by participants. Existing certificates place an emphasis on the physical components of an injury, with limited information or guidance on identifying work modifications suitable to psychological injuries. Providing employers with little in the way of practical recommendations for the workplace makes it harder to support their employee to stay at work or return to work in a modified fashion. Contributing to this barrier is a lack of knowledge in the area of cognitive job dictionaries, especially compared to levels of knowledge around physical job dictionaries. Participants also described a clear difference between the resources available for physical injuries compared to psychological injuries to guide treating practitioners in supporting return to work. Other barriers identified included rigid payment structures within insurers that make it difficult to engage certain types of services (e.g. mediation) or extra administration to acknowledge and treat psychological injury alongside a physical injury (e.g. requiring a second claim and set of medical certificates). It was described that common process of conducting a factual investigation

had adverse consequences for workers including indicating a lack of trust or disbelief in the veracity of their injury.

Several of the potential solutions proposed by workshop participants centered around education and training. These included:

- Coordinated education and skills development for treating practitioners, insurance case managers and employers,
- Practitioner accreditation programs,
- Changes to forms and certificates,
- Support for earlier intervention,
- Identifying and resolving conflicts early, and
- Increasing access to care via telehealth.

In order to achieve a consistent message between stakeholders, it was suggested that treating practitioners, insurance case managers and employers received the same training around supporting psychological injuries. In the workshops it was suggested that providing best practice guidelines and setting standards of care was a key role for the regulator. Options discussed included an ongoing accreditation process for practitioners to demonstrate that they are equipped to treat certain subgroups of psychological injury, such as PTSD. The Early Intervention Physiotherapy Framework (https://www.worksafe.vic.gov.au/early-intervention-physiotherapy-framework-eipf) is an initiative in Victoria that incentivises physiotherapists to undertake online training, qualifying them for a higher fee for treatment. This model demonstrated similar certification practices and a wider reach than existing programs aiming to upskill clinicians in the management of compensable clients[3]. A similar model could be applied in relation to psychological injury, requiring practitioners to complete specific training in order to qualify for a different schedule of fees.

There was also a desire that forms and certificates were designed with psychological injury in mind, so that information contained in the certificate provided guidance to the workplace to identify suitable duties. The groups acknowledged that GPs should receive education to help them with certification, and the recently approved Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice[4] should form the basis of such training. Participants recognised a role for the employer to assist the GP through providing timely, clear information about the requirement and supports available at the workplace.

Several early intervention solutions were identified. Participants agreed that rehabilitation providers should be engaged as early as possible, and that processes were required to enable early identification and streamlining to appropriate care. Access to an EAP provider was a suggested approach, as it allowed earlier intervention within a framework the workplace was familiar with, and could provide the employer with more information for them to act upon. In cases that involve conflict between workplace parties, services that enabled early conflict resolution, such as mediation, would make it possible to acknowledge and validate the conflict without admitting liability and potentially avoid matters progressing to a claim for compensation. It was reported that access to accredited mediators was difficult, and new structures would be required to allow mediation to occur earlier when it is more effective. Lastly, workshops described telehealth as an avenue to

improve access to earlier intervention for psychological injuries, or could be used to commence treatment whilst waiting to see a local clinician.

Practice example 7

An existing injury advisory service was described that allowed supervisors to contact a team of professionals for advice when they observed changes in an employee's behaviour, such as arriving late or being argumentative in the workplace. The advisory service was able to provide support strategies that fit within the organisation's own policies and procedures for managers to put in place as early as possible. The independence of the service was described as a strength, because there was less fear of the supervisor looking like they were unable to manage the situation.

RESOURCES

Workshop participants discussed barriers in relation to available resources around psychological injury. These included:

- Guidance on gradual re-entry to the workplace
- Diversity and quality of available information

Workshop participants described a lack of guidance on how to implement evidence in practice. In particular guidance was needed in graduating return to work for a psychological injury, whereas guidance for physical injuries was easy to find. The general amount of information available regarding psychological injury was described as becoming

Practice Example 8

Once participant stated that evidence supports work-focused CBT, but he cannot find a manual to be able to provide work-focused CBT, or a description of the graded RTW hierarchy. Clinicians need the information to implement the evidence in their practice.

Practice Example 9

Each state workers' compensation authority website provides guidance and different variations of toolkits to provide a mentally healthy workplace. Every Mind is one of a number of organisations providing a range of resources aimed at small business. The National Mental Health Commission is a high level source of national strategy documents and position statements. There are so many sources of information that workplaces now have to work out which one is the best advice to follow.

overwhelming, making it difficult for workplaces to identify which source of information is good quality and suited to their needs. Participants also described the potential for the volume of information to overwhelm individuals with psychological injuries, particularly if they are unwell.

Solutions offered by participants focused on

- Production of quality, trustworthy information
- Accessible, plain language information

Potential solutions were offered that described agencies, including the private sector, working together to collate resources and engage stakeholders in them. This approach requires quality assessment of information to ensure that what is being provided is of the best possible standard and is valuable for those seeking it out. It would be possible to establish or curate an information portal with good quality, peer-reviewed material. Most importantly, such an information portal would need to contain plain English summaries targeted to the specific needs of the target audience. A coordinated approach to collating the evidence would avoid duplication of effort (and expense), and direct future efforts to develop specific risk identification tools for psychological injuries similar to those that exist for physical injuries.

SUMMARY AND NEXT STEPS

The workshops confirmed many of the themes emerging from the prior survey. The next step will be to synthesise the findings of Reports 1 (review of existing evidence), 2 (survey of professionals) and 3 (workshops). The approach to synthesis will be to identify major themes that emerged across the reports, and also notable gaps. The aim will be to identify options to improve the management of stay at work and return to work for people with psychological injuries.

REFERENCES

1. Commission AGP. Mental Health. In: Commission P, (ed.). Canberra2020.
2. Montano D, Reeske A, Franke F, et al. Leadership, followers' mental health and job performance in organizations: A comprehensive meta-analysis from an occupational health perspective. *Journal of Organizational Behavior* 2016; 38: 327-350. DOI: https://doi.org/10.1002/job.2124.
3. Gosling C, Keating J, Iles R, et al. *Strategies to enable physiotherapists to promote timely return to work following injury*. 2015. Institue for Safety Compensation adn Recovery Research.
4. 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.

APPENDIX 1: PRE WORKSHOP INFORMATION SHEET

Information for workshop.pdf