Effectively Managing Psychological Injury

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Agenda

• A Psych Injury Has Been Sustained... Now What?
• Complexities of Psychological Injury Claims
• Best Practice Assessment
• Best Practice Treatment
• Psychological Rehabilitation
• Strengthening Personal Resilience
A Psych Injury Has Been Sustained... Now What?
The Facts

1 in 5 workers takes time off work due to feeling mentally unwell

Only 50% of employees believe their workplace is mentally healthy

The effect of untreated depression in the workplace includes:

- 3-4 days off work/month for each person experiencing depression
- Over 6 million working days lost each year
- 12 million days of reduced productivity each year
Mental stress claims are the most expensive form of workers’ compensation claims

$29,901 per claim

Mental stress claims are one of the lengthiest form of workers’ compensation claims

20 Weeks (average) per claim
Why Psych Injury Claims Get Stuck

- Inaccurate diagnosis
- Complex psychological issues
- Treatment issues
- Passive approach to recovery
- Adversarial approach
- Lack of effective communication
- Lack of RTW focus
- Lack of holistic approach
- Reinforcing unwellness
Key Success Factors

- Communicate...communicate...communicate
- Maintain early contact with IW
- Discuss recovery expectations
- Keep IW active and maintained at work if possible
- Promote the health benefits of work (with all parties)
- Foster positive cooperation and willingness to assist
- Link in with practitioners to assist
Questions to Ask

- Do you think you will recover from this and get back to work?
- Have you had any previous time off work for stress or other injuries?
- What do you think will help you in your recovery?
- How supportive is your manager/team?
- What are you doing to manage your condition?
Best Practice Assessment

1. Assessments to Determine Liability
   a) Legally defensible
   b) Factually and evidence based
   c) Timely to encourage recovery
   d) Non adversarial
   e) Relevant available evidence gathered
Best Practice Assessment

1. Early psychological assessment
   a) Initial Assessment
   b) Independent Psychological Assessment

2. Clear identification of clinical diagnosis

3. Identification of factors influencing recovery (Flags)

4. Assess vocational capacity

5. Discuss treatment and RTW strategies with all parties

6. Specific injury management plan:
   a) Fitness and capacity for work
   b) Treatment recommendations and duration
   c) RTW strategies
   d) Prognosis
Areas of Assessment

**Diagnosis**

- Clinical Summary
  - Clinical Diagnosis
- Other Clinical Features
  - Other pathology/co-morbidity
- Treatment Issues
- Overall Clinical Prognosis

**Psychosocial Features**

- Injury Management Barriers
  - Psychosocial risk factors
  - Environmental Features
- Injury Management Strategies
  - Independent Psychological Assessment
  - Case Conference
Areas of Assessment

Workplace Considerations

• Return to work
  • Assessment of capacity to work
  • Capable of returning to work
  • Suitable for workplace rehabilitation

• Workplace considerations
  • Significant work factors/barriers
  • Organisational (eg training)
  • Team (eg mediation)
  • Individual (eg coaching)

Policy/ Legal Issues

• Workplace policy/procedure
• Legal issues

Overall Return to Work Prognosis
Best Practice Treatment

Active Treatment
- Collaboratively developed with specific goals
- Focus on specific symptoms and functional involvements
- Prescribed regular and incremental practice of techniques and strategies between sessions
- Time limited, agreed end date for review or cessation
- Use of planned breaks and reducing frequency of sessions

Passive Treatment
- Lack of clear and specific goals
- Focus on underlying issues and lack of systematic focus on activity involvements
- Lack of any systematic or incremental ‘homework’ prescribed between sessions
- Ongoing regular weekly sessions
- Primary focus on support, encouragement and emotional ventilation.
## Treatment Guidelines

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<th>Diagnosis</th>
<th>Treatment Guidelines</th>
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| Adjustment Disorder             | • Weekly CBT  
                                  • 8-12 weeks recovery                                                              |
| Major Depression (mild to moderate) | • Weekly CBT  
                                  • 8-12 weeks recovery                                                              |
| Major Depression (severe)       | • Weekly or bi-weekly CBT  
                                  • ECT still used for treatment resistant depression  
                                  • 16-20 weeks recovery (over 6-9 months)  
                                  • Use of anti-depressant                                                            |
| Anxiety Disorders               | • Weekly CBT  
                                  • 16 weeks (max) recovery                                                          |
| PTSD                            | • Weekly TFT or EMDR  
                                  • 8-12 weeks recovery for a single trauma  
                                  • Complex PTSD (delayed onset, multiple traumas, interpersonal, grief) treatment may help to better function rather than resolve |
Thank you