



**WORK
SOLUTIONS**

INJURY PREVENTION & REHABILITATION

Early Intervention and Psychological Injury

SISA Conference
22 July 2008

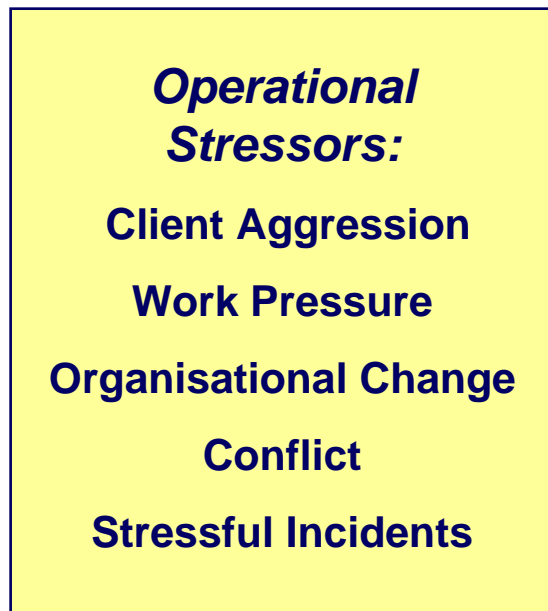
Dr Peter Cotton FAPS
Clinical & Organisational Psychologist



Session Overview

- **Key drivers of psychological injury**
- **The difference between psychological injury and mental health issues**
- **The declining morale trajectory**
- **Early intervention strategies**

The Impact of Operational Stressors?



The Impact of Operational Stressors?

Operational Stressors:
Client Aggression
Work Pressure
Organisational Change
Conflict
Stressful Incidents



Stress Response

The correlation between exposure to specific operational stressors and (a) individual employee stress responses and (b) submission of workers compensation claims is negligible.

Key Drivers of Psychological Injury Claims

The net impact of operational stressors is largely mediated by:

- ***Levels of Supportive Leadership***
- ***Levels of Individual Morale***
- ***Overall Quality of Work Team Climate***
(i.e., support, clarity, engagement & learning processes)
- ***Individual Employee Susceptibility***
(i.e., levels of trait resilience & emotional reactivity)

Clarifying Psychological Injury

Mental health symptoms or vulnerability

+ *Declining morale trajectory*

(i.e., negative workplace experience - mostly organisational and not operational factors)

= *psychological injury*

Individual Psychological Vulnerability?

Some individuals are more vulnerable ...

- ***Personality factors e.g.,
high trait emotionality,
excessive perfectionism,
obsessive-compulsive,***
- ***Previous history of exposure
to traumatic events***
- ***Concurrent major personal
stressors***

**Reduces
psychological
resilience**

Mental Health of the Australian Workforce

Epidemiological estimates suggest that up to 13 percent of Australians in paid employment will experience a diagnosable mental health disorder during their working lives.

Likely to be a 'high incidence' disorder
(i.e., most common in the general Australian community):
Major Depression, Anxiety Disorders, Substance Abuse

These disorders may potentially:

- manifest in the workplace without any work contribution;
- be contained through appropriate treatment and not apparent;
- be accelerated or aggravated by work factors.

The Declining Morale Trajectory

As morale declines, individuals tend to become increasingly sensitive to:

(a) Perceptions of organisational support;

(b) Fair treatment issues;

(c) Existing symptoms and distress – tendency to re-evaluate as being more difficult to cope with.

After a critical point is reached, these individuals become hyper-sensitive and start to monitor their environment, actively seeking evidence of inadequate support and unfair treatment.

Health Outcomes for Psychological Injuries?

Individuals with the same clinical profile typically exhibit worse health outcomes if they have a workers compensation claim

Why is this the case?

Factors Contributing to Worse Outcomes?

- ***Poor leadership (i.e., low perceived support increases avoidance of return to work);***
- ***Appropriate alternative duties not made available;***
- ***Delays in claims determination and variable quality administrative processes;***
- ***Redress of perceived inequity - seeking justice;***
- ***Blame cycle: I am distressed >> Must be someone's fault >> Externalise >> Re-attribution >> Blame employer/insurer.***

Iatrogenic Factors Contributing to Worse Outcomes!

- Variable mental health treatment capability in clinical service providers, particularly psychologists
- Poor assessment of psychosocial risk factors ('flags') including workplace issues that can undermine positive effects of clinical treatment;
- Treater reluctance to communicate and liaise with employer and workers compensation insurers;
- Treaters frequently assume an advocacy role and foster adversarial interactions with insurers and employers;
- Passive and supportive counselling vs active and structured psychological treatments
- Treaters view RTW as something that occurs subsequent to treatment rather than being a primary treatment modality in itself.

What a Difference Providers Who Understand Workers Compensation Can Make!

Bernacki E, Toa, X & Yuspeh, L. (2005). A preliminary investigation of the effects of a provider network on costs and lost time in workers compensation. *Journal of Occupational and Environmental Medicine*, 47, 3-10.

This program, using a network of selected healthcare providers (who had a commitment to actively liaising with the workplace, not taking an adversarial approach towards employers, and who viewed a workplace focus and early return to work as integral to their treatment), achieved significantly reduced costs and lost time (by approximately 50%).

Scope for Early Intervention?

Inevitable that some employees develop mental health problems that manifest in occupational settings;

Psychological injuries typically have a gestation period of six to twelve months;

Early warning signs generally become apparent in workplace during this period;

The scope for early intervention is significantly under-realised!

Workplace Early Intervention

- Mental health literacy (& collaboration with public mental health initiatives)
- Early detection capability & monitoring
- Managers understanding the health protective role of supportive leadership styles and good quality people management practices
- Early psychosocial barrier screening
- Skills to proactively engage with at-risk employees
- Fostering a team climate that encourages early reporting
- Organisational support resources e.g., peer support programs, skilled case managers, injury management providers, preferred treatment providers
- The role of EAPs

Early Intervention Employee Barriers

Sheridan, Hilton, Chant & Whiteford (in press)

- ***More than 50 percent of full time employees with clinical depressive symptoms do not seek treatment;***
- ***The reluctance of full time employees to seek treatment for depression is greater than in the general community;***
- ***The more severe the symptoms the more likely to 'bunker in' and avoid help seeking;***

- ***Concerns about medical intervention and medication;***
- ***Perceived social stigma;***
- ***Fear of losing autonomy.***

WORC Study

- ***Workforce populations survey methodology***
- ***Contact individuals over cut off for depression symptoms and facilitate access to mental health treatment in local community***
- ***Monitor over next two years***
- ***Assess cost-benefits of treatment and impact on subsequent work performance and attendance.***

WORC Study Outcomes

Whiteford et al (2007)

- *Untreated depression costs the Australian economy an average of almost \$10,000 a year for every untreated employee due to absenteeism and work under-productivity. (40percent)*
- *6.7 percent of FTE employees in any organisation experience clinical level depression each year.*
- *Return on investment for organisations engaging in early intervention programs that encourage depressed employees to seek treatment: for employees treated with depression, organisations will save \$338 for every employee. E.g. 1000 employees = saving of \$338,000 per year.*

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- The changing role of EAPs(?)

Psychological Injury and Chronic Pain

The declining morale trajectory overlaps with 'Blue Flags' in the Flags model of pain psychosocial risk factors

Key implications:

- ***The majority of psychological injuries are accompanied by morale problems;***
- ***Standard mental health treatments are less effective;***
- ***Critical importance of identifying and actively addressing psychosocial barriers;***
- ***We should be moving in a parallel direction to pain injury management (e.g., early flag risk screening and proactively addressing flags)***

Screening With the Orebro

***Data collected on hospital staff by
Pearce, Nicholas et al (in press) and insurer
claims costs at one year post claim submission.***

OMPQ Scores	Average cost of claims
Low	\$4,433
Medium	\$6,239
High	\$14,841

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Early Intervention for Critical Incidents

***2007 Australian Centre Posttraumatic Mental Health (ACPMH)
Guidelines (endorsed by NH&MRC):***

- ***Do not offer traditional group psychological debriefing (e.g., Critical Incident Stress Debriefing) after a serious workplace incident: it does not prevent PTSD and may be harmful for some people.***
- ***Be cautious re ‘trauma counselling’ – over-professionalising recovery can increase risk of adopting sick role, increasing absenteeism and disability.***

Early Intervention for Critical Incidents

- ***At least 80 percent of people recover from exposure to very serious incidents (i.e., life threatening situations) without any professional help.***
- ***ACPMH recommends a ‘watchful waiting’ approach and the use of peer support / ‘psychological first aid’.***
- ***This involves a focus on natural everyday support from peers, managers, family and friends, and seeking professional assistance if not improving three weeks post incident.***

Early Intervention for Critical Incidents

Psychological first aid following an incident:

- ***Provide immediate practical support;***
- ***Ensure safety (e.g., someone stay with the person, check someone at home, taxi home if needed);***
- ***'Morale maintenance' managers and peers demonstrating support, keeping in contact;***
- ***Monitor: identify individuals not improving by three to four weeks post incident;***
- ***For identified at-risk staff (i.e., not improving by three to four weeks post incident), facilitate access to professional support (referral via family GP, for milder issues EAP, more serious problems, specialist mental health providers such as clinical psychologist or psychiatrist)***

Psychology Service Providers

*Changes to the profession with the introduction
of the two tiered psychology Medicare Rebates
(from November 2006):*

Specialist Clinical Psychologists

Specialist training and expertise in the assessment and treatment of mental health disorders; higher level of Medicare rebates;

Criteria – membership of APS College of Clinical Psychologists

Other psychologists

Variable mental health intervention skills; less training in evidence-based mental health interventions; lower level of Medicare rebates

Victorian WorkCover Authority Clinical Framework Principles

- **Measurable treatment effectiveness must be demonstrated**
- **Use of biopsychosocial approach (pain and psychological disorders)**
- **Empowerment of the injured worker and self-management focus**
- **Functionally-based specific treatment goals**
- **Priority use of evidence-based treatments**

Questions and Discussion