RETURNING TO WORK AFTER A MENTAL HEALTH WORK INJURY

by Uyen Vu and Peter Smith

Much of what we know about the factors linked with successful return to work is based on musculoskeletal injury claims. Thanks to a rich body of scientific research, practitioners now generally understand the importance of making early and considerate contact with injured workers, of making them a reasonable offer of modified work when they are ready to safely go back to work, of training supervisors in return-to-work (RTW) planning, and of ensuring organization-wide commitment to health and safety. These are just some of the factors behind successful return-to-work that have emerged from the scientific literature and have been distilled into practical guidelines, such as the Institute for Work & Health (IWH)'s 2007 Seven "Principles" for Successful Return to Work.

When it comes to reintegrating workers after a psychological injury, however, practitioners still face considerable challenges. That's according to research out of the Australian state of Victoria, where psychological injuries resulting from work-related chronic stress are covered by the workers' compensation system. Though Victoria's return-to-work experience may seem far afield, it offers some valuable lessons to Canadian return-to-work practitioners. In Victoria's experience, we get a glimpse of the difficulties ahead if more workers' compensation systems in Canada broaden their coverage beyond psychological injuries that result from acute reactions to unexpected events. (The narrower coverage is currently the case in most provinces, Quebec and British Columbia being two exceptions).

Australia's experience reveals mental health RTW is fraught with challenges.

In Australia, work-related mental health claims account for less than 10 per cent of all accepted claims. Most of these mental health claims arise from mental stress, described as the adverse reaction experienced by workers when workplace demands and responsibilities are greater than the worker can comfortably manage. The three most common types of mental stress are work pressure, work-related harassment or bullying, and exposure to workplace violence.

Work-related mental health claims are the most expensive type of workers' compensation claim in Australia. They are typically characterized by lengthy periods of absence, with a median of 6.1 weeks of lost time, compared to a median of 0.6 weeks for all types of claims. According to Safe Work Australia (2013), the median direct cost of all mental stress claims is $12,700 – more than eight times the median direct cost of all accepted claims, according to 2009-10 data.

An ongoing study by a research team that includes IWH senior scientists Dr. Peter Smith and Dr. Sheilah Hogg-Johnson sheds some light on the possible reasons for the lengthy absences. It compares the return-to-work processes and outcomes between claimants with musculoskeletal disorders (MSDs) and claimants with mental health injuries. It finds psychological claimants:

- are less sure about returning to their previous jobs;
- are less likely to be contacted by their workplace's return-to-work (RTW) coordinator;
- are less likely to be offered and to accept modified duties;
- face more negative reactions in response to the injury from supervisors and co-workers; and
- experience more stressful interactions with health-care providers, RTW coordinators and claims agents.

In this project, a group (or cohort) of more than 850 workers' compensation claimants was followed over a 12-month period. They were interviewed as soon as possible after their claims were accepted, then again at six months and 12 months after the initial baseline interviews. The baseline interviews, which took about 30 to 40 minutes to complete, probed for a broad range of information about the injury and RTW experience. Claimants were asked about the pre-injury work environment, pre-injury duties, workplace reaction to injury, recovery expectation, current working status, workplace contact, interactions with health-care providers and RTW coordinators, physical function and disability, employment commitment and meaning of work, among many others. Nine in 10 of the participants in the baseline interviews also granted the team permission to link interview results with administrative data, including claims information (submission date, acceptance date, and so on),

services provided, medical certificates and payments.

It should be noted that due to the mandatory waiting times and claims processing times, most of the respondents were not recruited into the research project until many weeks after the injury event. More than half of the respondents had their baseline interviews between three and five months after the injury, and in 70 per cent of the cases, two to four months after they submitted their claims.

At baseline, there was not much of a difference between the proportion of MSD and mental health claimants who were back at work in their pre-injury jobs. But MSD claimants were far more likely to be back at work in a different job than mental health claimants, and mental heath claimants were far more likely to not have gone back to work. Psychological claimants were also less likely than MSD claimants to have been given a return-to-work date or a date when they would return to pre-injury duties. They were also less likely to have been offered modified duties, and to have accepted modified duties when offered. When asked for reasons why respondents did not accept the offer of modified duties, they were more likely than MSD claimants to say the job offered was not meaningful or challenging.

Differences between the two groups were also notable when it came to stressful interactions and negative feedback experienced by the injured workers. In the baseline interviews, psychological claimants were more likely than MSD claimants to report negative reactions from co-workers about their injuries. They were also more likely to report negative feedback from supervisors, including reactions such as supervisors not believing the claimants or not supporting their claims. Mental health claimants were also twice as likely as MSD claimants to describe their interactions with health-care providers, RTW coordinators and case managers as stressful. In contrast, MSD claimants were twice as likely as psychological claimants to report no stress in their interactions with these three groups of professionals.

These findings suggest that, despite the state's long history of covering mental health claims, the management of these claims is still fraught with challenges. A 2014 qualitative study by a research team in Melbourne, which included IWH's scientist Dr. Agnieszka Kosny when she was at Monash University, unearthed many of these issues. The challenges voiced by stakeholders in the system (the 93 individuals interviewed included injured workers, employers, compensation agents and general practitioners) range from clinical uncertainty around assessing and diagnosing these claims on the one end, to stigma and skepticism around these claims on the other.

On the clinical end, for example, some doctors interviewed found it challenging to assess the extent to which psychological injuries are debilitating, to determine whether workplace harassment and bullying were the cause of the mental health symptoms, or to predict how long a worker needs to stay off work. In terms of social perception, some workers worried about being seen as faking their illness or exaggerating the severity of their symptoms. They also feared doing harm to their job prospects if others knew about their condition and, as a result, they couldn't engage in frank discussions with their employers about modifying their duties. Added to these are myriad issues in between, including those of opioid dependency, the role of chronic pain in exacerbating physical injuries with mental health symptoms, the worsening effects of red tape, delays in the claims approval process, and so on.

The overall result is that, despite broad coverage on paper, psychological injuries remain a largely unaddressed problem in Victoria. As many as seven out of 10 workers either don't make compensation claims for their mental health conditions or don't succeed in having their claims covered (Brijnath et al, 2014). In light of what we do know from the literature about musculoskeletal conditions and about the broader benefits of work integration for injured individuals and society, preventing work disability for these workers is an important goal. According to a 2013 Mental Health Commission of Canada study, about 21.4 per cent of the Canadian working aged population lived with a mental health problem or illness in 2011. The need to understand and overcome return-to-work challenges for workers with mental health injuries is a pressing concern.

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Brijnath, B., Mazza, D., Singh, N., Kosny, A., Ruseckaite, R., Collie, A. (2014) Mental Health Claims Management and Return to Work: Qualitative Insights from Melbourne, Australia. *Journal of Occupational Rehabilitation,* 24(4), 766-76.

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Appendix

In a qualitative study conducted in Melbourne, Australia, a team of researchers explored return-to-work challenges in mental health claims. The team, which included Institute for Work & Health Scientist Dr. Agnieszka Kosny when she was at Monash University, interviewed 93 individuals from four different stakeholder groups: general practitioners, injured persons, employers and compensation scheme agents.

The study found challenges along five themes:

1. the visibility of the injury;
2. the role of the independent medical examiners;
3. the stigma associated with making a mental health claim;
4. the development of mental illness as a secondary issue; and
5. the complexity of managing mental health claims and return to work.

The voices excerpted below are just a selection.

Theme 1 – The visibility of the injury

"The most difficult part of a stress claim is working out the validity of it to start with, whether work is a contributing or significant factor"

— Employer

"You know I would really like some education on where bullying sits as a workplace injury. I find that very difficult to manage as a GP. You just accept from the patient that this illness might not have occurred if they were not in that workplace and write a Work Cover certificate."

— GP

Theme 3 – Stigma

"I felt guilty. I felt as if I was questioning myself whether I was putting it all on, whether it was for real, whether you know maybe I should be back at work."

— Injured person

"I had a really legitimate concern and three independent doctors said I have a legitimate concern … but I was very anxious about them, someone acknowledging … it was legitimate."

— Injured person

"He is just playing it up that he's having mental problems and he's having flashbacks and it's like [sigh], 'Oh god, it's been going on for years for goodness sake. Come on, toughen up kid.'"

— Employer

"In my experience 99 per cent of the people that come in are genuine. It's very rare to have a malingerer or someone who's just in it to make some money because getting a worker's claim through is a hard road. You've got to be very committed."

— GP

Theme 5 – Complexity of mental health claims

"Whilst a fractured leg might heal in six weeks, some sort of post-traumatic stress disorder or depression could take years and years to heal so it's very, very, very slow."

— Compensation scheme agent

"It is quite difficult then to actually start to talk about depression to the employer if the patient doesn't want them to know about it … So I sort of find myself sort of tiptoeing."

— GP

"The treatment as well, it's not an exact science, so what might work for one person might not work for another and they are just all so different. So the claims staff are not really equipped well to deal with it. There's also a level of anxiety out there about maybe being a little bit pushy on the phone."

— Compensation scheme agent

"You've got to have some education yourself to be able to know what kind of support to give instead of getting angry […] I would guess that it would become very frustrating if you try and try and try but mentally the person is not quite ready. You can actually be not helping them in recovering and you will be going the other way."

— Employer

The study was published in March 2014 in the Journal of Occupational Rehabilitation (doi:10.1007/s10926-014-9506-9).