

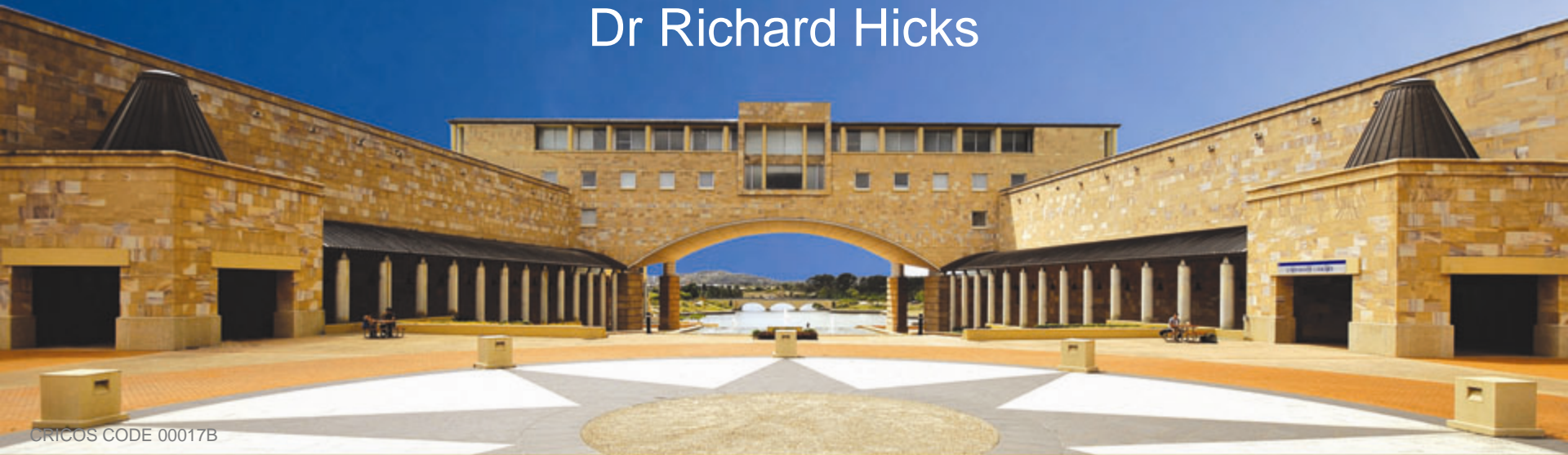


# Improving Outcomes for Psychiatric Injury

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## Psychiatric Injuries

- “Pure” psychiatric claims.
- Can be the result of a critical event (e.g., armed robbery), workplace bullying, harassment, unfair action by management, excessive workload (WorkCover Queensland, 2013).
- Noteworthy that 60% are rejected by the insurer.
- Workers unable to receive compensation for psychiatric injuries that have arisen from “reasonable management action” (Q-Comp, 2012).



## Financial Costs

- Psychiatric injuries “constitute the greater part of difficult and sensitive workers’ compensation cases” (Safework Australia, 2006).
- In Queensland, psychiatric claims are increasing in prevalence, representing 4.3% of all WorkCover claims (4,522 lodgements in 2011-12) up from 2.9% in 2007-08 (Q-Comp, 2012).





## Financial Costs

- Psychiatric injuries are one of the most expensive injury types, with an average cost of \$33,155 – four times the cost of physical injuries (Q-Comp, 2012).
- Similar findings in NSW, with the average cost of psychiatric claims \$29,901 for 2008-09, with an average of 20 weeks absent from work per claim.
- In QLD, psychiatric injuries represent just over 7% of statutory payments - \$52.5M for 2011-12 (Q-Comp, 2012)



## Barriers to RTW/Long-term Absence

- Psychiatric injury presents more barriers to RTW than any other injury; individuals with such injuries are less likely to RTW than individuals with other injuries (WorkCover NSW, 2009).
- Despite the high costs and barriers associated with psychiatric injuries, few studies have evaluated RTW interventions for this complex group (Briand et al., 2007).



## What are these barriers to RTW?

- Disability Paradigm (Loisel et al., 2001) – emphasises the role of psychosocial and environmental factors in RTW.
- Flags Model (Main, Sullivan, & Watson, 2008) – a biopsychosocial perspective.





## What works?

- Results have been inconsistent with many interventions ineffective in improving RTW outcomes for psychiatric injuries.
- Numerous shortfalls in the interventions (e.g., focusing only on decreasing clinical symptoms; no consideration of the workplace).
- We will address these shortfalls!



## What the injured workers have said...

- St-Arnaud, St-Jean, & Damasse (2006) interviewed 37 public servants absent from work due to psychiatric injury.
- The most often cited barriers to RTW were fear about returning to the same environment that led to the injury (i.e., nothing has changed) and lack of control over the RTW process.
- Crucial to include a workplace component in the RTW intervention.





## Workplace Intervention: An Example

- van Oostrom et al. (2007; 2009; 2010).
- Structured workplace intervention after 4 weeks absence – 3 meetings.
- All 18 occupational health professionals who utilised this intervention stated they would use it again.
- Halved the time to RTW for those workers intending to RTW.

# Improving Outcomes for Psychiatric Injury





## Aims

- To improve RTW interventions and outcomes, which are important to both employees and employers.
- To increase understanding of barriers that prevent workers with psychiatric injuries from RTW.
- To identify interventions that prevent prolonged work disability, with a focus on clinical and workplace intervention.





## How will this be accomplished?

- Focus groups.
- Longitudinal study (tracking injured workers over 12 months).
- An intervention with both a clinical and workplace focus.



## Focus Groups

- To provide an in-depth knowledge about current practices and challenges, including barriers to RTW, the nature of current interventions, and what is the most/least helpful in facilitating RTW.
- To inform the development of interventions tailored to the Queensland workers' compensation system.



## Following-up Injured Workers for 12 Months

- Injured workers will be followed-up with interviews and questionnaires at baseline, 3 months, 6 months, and 12 months.
- Examine depression, anxiety, coping, self-efficacy, hope, resilience, supervisor support, and colleague support.
- Clarifying the importance of factors in facilitating and maintaining RTW.





## RTW Intervention for Psychiatric Injury

- Development of a RTW intervention, with both clinical and workplace components, for workers with psychiatric injuries.
- This intervention will be tailored to the Queensland context.
- Determining effectiveness in comparison to the “usual” treatment of psychiatric injuries in facilitating RTW.
- Professional training to enhance knowledge and skills in managing psychiatric injury.



## How can self-insurers be involved?

- Informing potential participants about the project.
- Staff participation in focus groups (1.5 hours).
- Professional development.



## When will results be expected?

- Focus groups – January 2015 to July 2015.
- 12 month follow-up of injured workers – July 2015 to January 2017.
- Intervention implementation – January 2017 to July 2018.



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