

# New Approaches to Mental Health in Workers' Compensation

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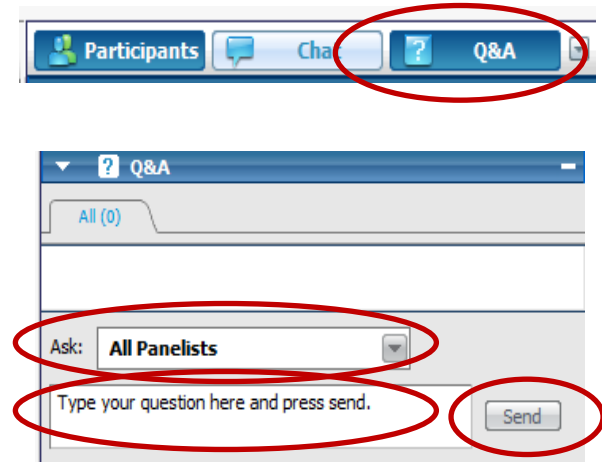
OUTCOMES

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**Steven Moskowitz, MD**, Senior Medical Director, Paradigm Outcomes

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# Mental Health in Workers' Compensation

*Psychosocial factors affect all of our cases to varying degrees*

- Biomedical model vs. Biopsychosocial model
- Why has healthcare poorly addressed this over the years?
- Why have insurers been hesitant in covering?
- Why has workers' compensation been hesitant?
- Can you acknowledge psychosocial/mental health issues without owning it?

# WorkSafe BC Model

## *What can we learn from this?*

- WorkSafe BC
  - British Columbia's workers' compensation system
  - One uniform jurisdiction
  - Mental health coverage
- “Beyond coverage”

# How Do We Define Mental Health as it Relates to Workers' Compensation?

Common Mental Health Conditions found in workers' compensation, classified in the *DSM-5 system*:

- **Mood disorders**- largely depression, but bipolar to a lesser degree
- **Anxiety disorders**
- **Stress-related disorders**, such as Adjustment Disorders, PTSD

# Our Presenter



## Dr. Renée-Louise Franche

Consultant in Work Disability Prevention  
and Occupational Health

- As a Senior Psychology Advisor at WorkSafe BC, British Columbia's workers' compensation system, Dr. Franche's work involves providing clinical consultation to front-line teams. Her consultation and research focus on developing a better understanding of how insurer, organizational, healthcare and individual factors contribute to safe, sustainable and healthy return-to-work.
- Adjunct Scientist at the Institute for Work & Health in Toronto
- Adjunct Professor at Simon Fraser University and at the University of British Columbia in Vancouver

# Today's Webinar Objectives

*Our conversation centers on five primary goals.*

1. Why mental health matters in work disability prevention
2. Early detection of mental health issues in claims
3. Best practices for return-to-work interventions for mental health conditions
4. The key role of the adjuster
5. Looking ahead: Integrating workplace mental health



# **Why Mental Health Matters in Work Disability Prevention**

*Dr. Renée-Louise Franche*



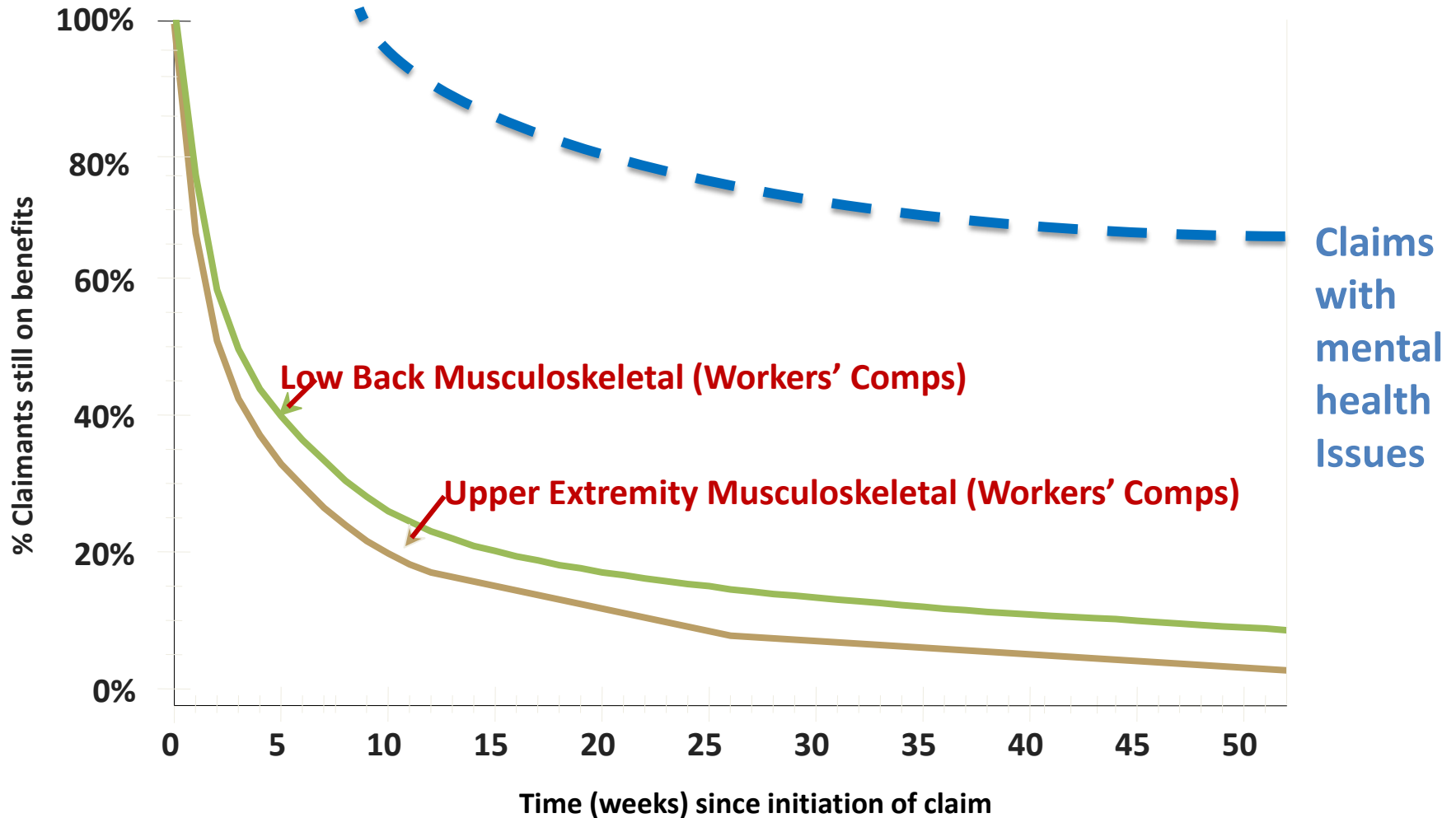
# Mental Health

*Why should we focus on this?*

The presence of a Mental Health Condition (MHC) predicts a *longer duration* of work absence

# Claims Duration

The impact of mental health issues on claim duration is **Mind Blowing.**



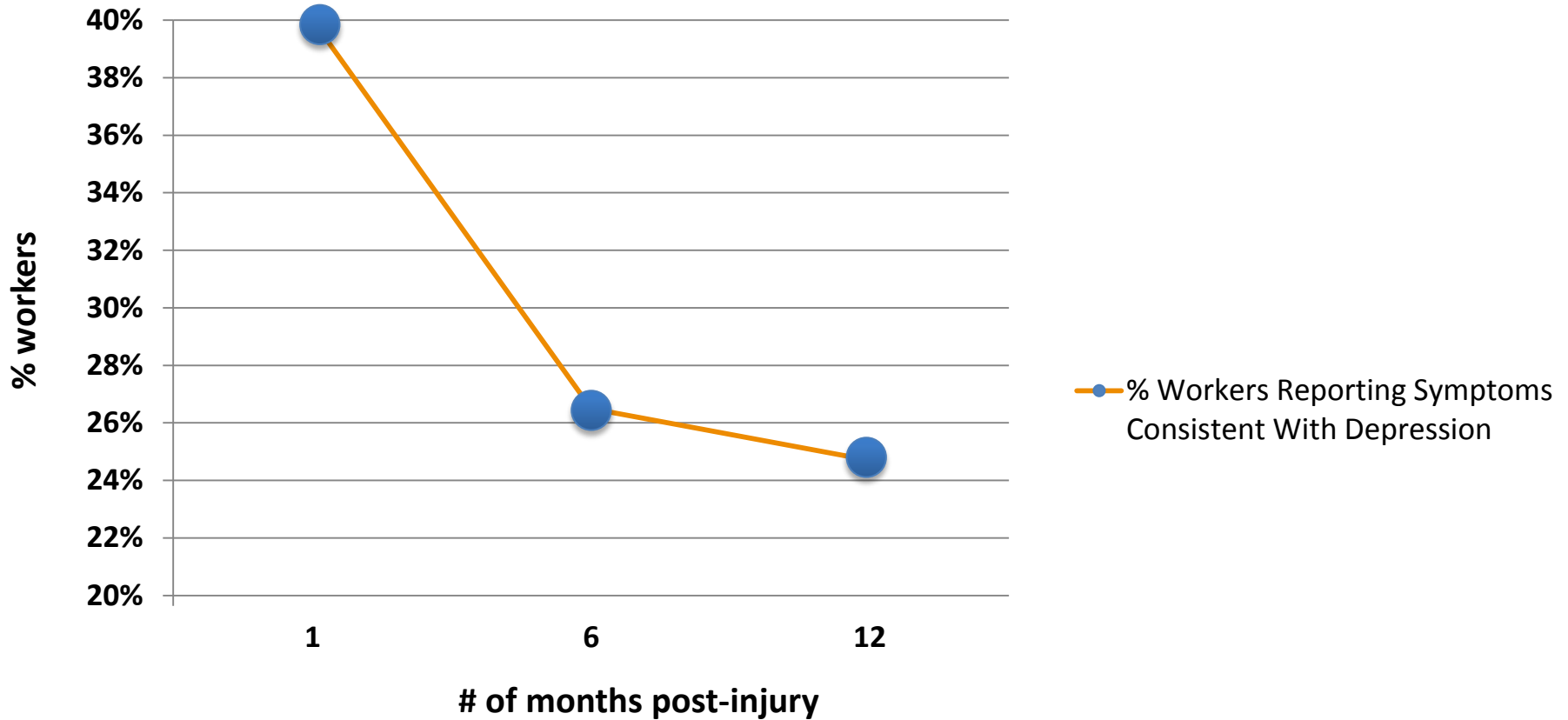
# Mental Health

*Why should we focus on this?*

Physical and mental health conditions co-occur. Within the first 12 months post-injury, **50.3%** of workers with Musculoskeletal (MSK) conditions experience depressive symptoms suggestive of a **full clinical depression** at any one point.

# Mental Health

## *The physical and psychological overlap*



- Initial reactive depressive symptoms
- 6-month “Crystallization”

# Challenges of Mental Health Conditions for Return-to-Work Partners

## *Compared to physical conditions*

- Lower comfort level of return-to-work partners— Employers, Healthcare providers, Insurers
- Difficulty accessing evidence-based treatment
- Underdeveloped restrictions and limitations, protocols, and measures
- Complexity of cases
- Lack of visibility and stigma



# Stigma and Silence

## *The impact*

*“I would do anything to have  
**breast cancer over mental illness.**  
I would do anything because I  
would not have to put up  
with the **stigma.**”*





# **Early Detection of Mental Health Issues**

# Mental Health Screening

## *Why is it important?*

- ✓ Identify the workers who are at risk for prolonged work disability early in the claim
- ✓ Facilitate targeted intervention to those who need it
- ✓ Prevent the effects of “crystallization”
- ✓ Break the silence around mental health





# Return-to-Work Factors for Prolonged Work Absence

Domain	Factors
<b>Workplace Environmental Factors</b>	<ul style="list-style-type: none"> <li>▪ Availability of suitable and safe modified work/return-to-work coordination</li> <li>▪ Role of supervisor</li> <li>▪ Psychological strain (high demand/low control)</li> <li>▪ Workplace culture- respect and support</li> <li>▪ Presence of abuse/violence at the workplace</li> </ul>
<b>Personal Factors</b>	<ul style="list-style-type: none"> <li>▪ Recovery and return-to-work expectations</li> <li>▪ Presence of pain/pain intensity/presence of radiating pain</li> <li>▪ Coping mechanisms</li> <li>▪ Age</li> </ul>
<b>Health Factors</b>	<ul style="list-style-type: none"> <li>▪ Work focus of physician/Health Care Provider (HCP)</li> <li>▪ Workplace-HCP communication</li> <li>▪ Continuity of care</li> <li>▪ Multi-morbidity</li> <li>▪ Symptoms severity</li> <li>▪ Drug and alcohol abuse</li> </ul>
<b>Non-Workplace Environmental Factors, including Insurance</b>	<ul style="list-style-type: none"> <li>▪ Insurance claim-related stress/perceived injustice</li> <li>▪ Social support</li> <li>▪ Financial</li> </ul>

Source: Cornelius et al. 2011; Steenstra et al. 2013; Franche et al., 2011; Murray, Franche et al., 2013

**How do we move forward from this long list of return-to-work factors?**



# Screening Questions

**SCREENING ≠ A Checklist**

**SCREENING IS A *CONVERSATION***

## 9 SCREENING QUESTIONS

1. How are you doing?
2. Are you getting better/worse/staying the same?
3. How are you coping?
4. Who is supporting you through this at work and outside of work?
5. If pain is identified, please rank the pain. What is your pain level now on a scale from 1 to 10?
6. Tell me about your job? What's your job like?
7. Have you spoken with your employer?
8. When do you think you will return to work?
9. What is your regular health care provider telling you about your recovery and return to work?

# Screening is a Continuous Process

## Claim management *turning points* for check-ins:

- ✓ Within 21 days of injury
- ✓ 6 weeks post-injury
- ✓ No improvement in function after 6 weeks
- ✓ Planning a graduated return-to-work
- ✓ No job to return to
- ✓ First weeks of graduated return-to-work
- ✓ New treatment/intervention
- ✓ Surgery- decision, post-surgery
- ✓ Realization that chronic pain will not get better



**Best Practices in  
Return-to-Work Interventions**

# Return-to-Work Interventions

## *What works?*

- Purely clinical approaches lead to purely clinical outcomes
- Best interventions are multi-partnered
- The workplace component is critical
- Workers' Comp systems can support and integrate the workplace component



Source: Franche et al., 2005; Friedrich et al., 2005; Guzman, 2001; Hllobil et al., 2005; Kuoppala & Lamminpaa, 2008; Loisel 1997, 2002; Schonstein et al., 2003; Tveito et al., 2004; van Oostrom et al., 2009, 2013; Williams et al., 2007

# Return-to-Work Intervention

## *Seven principles*

1. Strong workplace commitment to health and safety
2. Considerate early contact with the worker
3. Return-to-work coordination responsibility
  - Labor-Employer cooperation
  - Recognition of the role of supervisors
  - Involvement of healthcare providers
4. Provision of work accommodation
  - Meaningful and respectful of Restrictions & Limitations (R&L)
  - Participatory iterative process
5. Co-workers are not disadvantaged
6. Healthcare-workplace communication
7. Education and training





# Mental Health Conditions vs. Physical Conditions





# Inadequate Healthcare

- Difficult access to appropriate mental healthcare
  - **25% of Americans** have inadequate access to mental health services
- Healthcare for mental health conditions offered to injured workers is not sufficiently work-focused

(Source: APA, Health Care Reform site, 2015)



# Workers' Compensation Systems Can Feel Like This...

## *“Acute Systemitis!”*



Source: Guthrie & Jansz, 2006; MacEachen, 2007a, 2007b; Lippel, 2007; Roberts-Yates, 2003; Strunin & Boden, 2004; Shain, 2001; Tarasuk & Eakin, 1995)

# It Would be Better If It Felt Like This...





**Best Practices for Return-to-Work  
Interventions for Mental Health Conditions**

# Return-to-Work Intervention for Workers with Mental Health Conditions

## Key Elements

- ✓ Facilitation of navigation through the claim processing system
- ✓ Facilitation of access to clinical intervention
- ✓ Work-focused clinical interventions
- ✓ *Improved perceived justice leads to improved return-to-work outcomes*







# **The Key Role of the Adjuster**

# Navigation Through Systems

## *The adjuster as the facilitator*

- Humanize the communication
- Explain processes
- Clarify expectations
- Decrease adversariality in claim process
  - Communicate with other participants to ***harmonize the messages*** and ***decrease potential of contradictory messages***
  - Use Independent Medical Exams (IME) judiciously



# Navigation Through Systems

## *The adjuster as the facilitator*

- Provide support/listen
- Adopt a collaborative approach
- Do not become a therapist
- Build self-efficacy by recognizing and highlighting the successes
- Encourage autonomy
- Develop a spirit of enquiry
- Adopt, model, and encourage problem-solving
- Encourage activation of social support.



# Work-Focused Evidenced-Based Clinical Intervention

## *The adjuster as the facilitator*

- Cultivation of a network of mental health-focused providers
- Work-focused forms/tools
- Training to healthcare providers
- Discussion of treatment options with the worker
- Consideration outreach/liaison services for non-compensable situations



***Pick up the phone...communicate!***

# Looking ahead

## *Integrating workplace mental health*

RTW plans are not just about work tasks, duties, and hours, they are also about **Work Conditions and Culture**.

- Integrate work conditions in the return-to-work plan
  - High demand/low control
- Consider work climate
  - Is the work climate respectful?
  - Address bullying/harassment/discriminatory climates
  - Consider with the worker the regular “routes” to address those issues
- Restrictions and Limitations
  - Re-formulate in terms of **Ability** (vs. disability)
  - Specify able in what work conditions/culture



# Job Accommodations for Mental Health Conditions

## *Do they work?*

- In a sample of over 700 workers with a mental health condition, **83%** of workers reported **needing** a work accommodation, with only **30.5% receiving** it
- Receiving needed accommodations was associated with a **24.5% lowered risk** of still having a mood/anxiety disorder 12 months later
- Most common work accommodations needed:
  1. Having a weekly meeting with supervisor
  2. Exchanging minor tasks with other employees
  3. Attending courses that are individualized
- In those with a disorder already existing for 12 months:
  1. Employee Assistance Program
  2. Change in duties/job
  3. Reduced hours

Source: Bolo et al., 2013; Wang et al., 2011)

# Key Messages

- Mental health issues, if left unattended, prolong work disability duration
- Early identification of mental health issues is key to mitigating their impact on return-to-work outcomes
- Facilitation of navigation of systems by the adjuster is key
- Facilitation of access to work-focused evidence-based treatment is key
- Workplace conditions and culture matter
- Ability-focused Restrictions & Limitations (R&L) make a difference



***YOU MAKE A DIFFERENCE!***

# Key Role of the Adjuster

**You may need to get out of your comfort zone!**



# Resources

Boston University Center for Psychiatric Rehabilitation: Reasonable Accommodations

<https://cpr.bu.edu/resources/reasonable-accommodations>

Disability Research Right to Know

<http://www.bu.edu/drrk/>

Great-West Life Workplace Strategies for Mental Health

[www.gwlcentreformentalhealth](http://www.gwlcentreformentalhealth.com)

International Association on Workplace Bullying and Harassment

<http://www.iawbh.org/>

Job Accommodation Network

<https://askjan.org/>

NICE Guidelines: Workplace health: long-term sickness absence and incapacity to work

<https://pathways.nice.org.uk/pathways/managing-long-term-sickness-and-incapacity-for-work>

<https://www.nice.org.uk/guidance/ph19>

Seven Principles for Successful Return to Work

<https://www.iwh.on.ca/seven-principles-for-rtw>





# **Case Management Considerations**

***Dr. Steven Moskowitz***

# Case Management Considerations

## *Incorporating knowledge of impact of mental health conditions into return-to-work plan*

- Mental health issues affect claims
- Adjusters and case managers can make a *significant* impact

The following is a list of what adjusters should focus on to assist those with mental health conditions:

1. Humanize communication
2. Assist with process
3. Clarify expectations
4. Harmonize contradictory messages
5. Liaison with non-compensable services
6. Use Independent Medical Exams (IME) judiciously
7. Incorporate knowledge of interfering mental health conditions into return-to-work plan
8. Work place integration



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<https://www.surveymonkey.com/r/mentalhealthc>

Tip: If your work computer has blocked Survey Monkey, access the link via your home computer.

# Question and Answer Session

*Submit your questions in the Q&A panel on the right of your screen.*

Dr. Renée-Louise Franche



Dr. Steven Moskowitz



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