



Message Therapy – January 2010

[Actevate Director, Robert Migliore is an advocate for empowering companies to build emotionally smart and physically strong workplaces. Putting money back in the bank—better rehabilitation management means you save money]

Colleagues

Many of us have a tale to tell when it comes to workers compensation and injury management. Actevate's newsletter will bring these stories to you. I am now in my 17th year of practice in occupational rehabilitation and there is never a dull moment—opportunities to learn and new perspectives on securing return to work continue to present themselves.

Despite this, some things do not change. Much of the responsibility for return to work rests with the return to work coordinator, whose knowledge base is crucial, however, it is often the front line managers who are in touch with the injured worker each day. Their knowledge about the return to work process and the psychosocial aspects impacting return to work is vital if employers want to reduce the impact of workers compensation claims.

In a recent study appearing in a journal published by the Australian Psychological Society, an interesting theme emerged from a case review that may indicate a vulnerability factor in relation to WorkCover claims for psychological injury. Amongst the cases reviewed the average age of claimants was 41 to 45 years, followed by 50 years and older. This could suggest that the effective management of individuals in the second half of their careers may be imperative in the quest to minimise psychological injury.

Return to work processes aimed at tackling the ageing Australian workforce and the psychosocial aspects of claimants in this age bracket are crucial to ensure speedy recovery and a reduction in premiums. Given that the average cost of a psychological injury claim has escalated in recent years to \$27,798 per claim compared with \$18,913 for a physical injury claim, and the average time off work has increased to a high of 21 weeks compared to eight weeks for a physical injury claim (WorkCover NSW Statistical Bulletin 2003/04).

Individual differences also affect how people cope with work stress. For example: Two people doing the same job could react in opposite ways to a shared occupational stressor.

A specialist in workplace mental health with the Commonwealth workers' compensation authority, Comcare, Dr Peter Cotton says that individual personality factors impact on psychological injuries (a preferred term for stress claims). Dr Cotton says that psychologists working in the area are increasingly assessing the role of personality, an issue that has been neglected in the past. Of the five recognised personality factors—openness, agreeableness, extraversion, conscientiousness and neuroticism (also known as 'emotionality'), the latter two play a significant role in compensation claims.

Dr Cotton also says that people who are high on conscientiousness are over represented in musculoskeletal and occupational injuries. They are inclined to exhibit somatic symptoms, and because they experience increased peripheral muscle tension, they are prone to more wear and tear from repetitive movements.

"That's often why, for example, you can have ten people doing the same job, but only one will get the overuse syndrome", Dr Cotton says.

These individuals are likely to submit claims when the damage is done, so interventions include trying to identify them before reaching this point, and increasing their awareness of potential risks.

According to Dr Cotton, emotionality is the other personality factor that is over represented in individuals seeking psychological injury compensation, especially for long-term claims. Individuals with high levels of trait emotionality tend to experience negative emotions in response to life events, and think more negatively about themselves and the world. Individuals with this trait are also more likely to carry personal stressors into the workplace and vice versa.

"In response to the same sort of stressors, people with higher trait emotionality are likely to become more distressed, more anxious or more depressed", Dr Cotton said.

In November 2008, I presented a paper on *Managing the Health of an Ageing Workforce* at the National Workers Compensation Summit in Sydney. Here are some of the key points from the presentation: '

'Act small'. Listen—start the communication process by engaging all of your staff at every level; Identify—scope out the bullies and the cynics;

Investigate—how do staff get rewarded for productivity? Encourage—can you create a culture of reporting workplace ‘niggles’ before they become claims? Educate—who are your front line managers? What do they know about workplace health or ageing workforces?

‘Think big’. Create a ‘big hairy audacious goal’; What are our biggest challenges in workplace health, safety and injury management for the next five years? There is more to life than Loss Time Injury Frequency Rate; is the workplace culture ready to embrace change?

‘Don’t be big’. Examine your own core values and strengths; create a strategy for developing quality relationships and open communication; respect for the individual; serve your employees and the bottom line; strive for excellence; swim upstream.

End of 2008 I also spoke at the Return to Work Forum, held in Melbourne. My paper examined the models of early intervention in the workplace. The presentation explored a range of models designed to facilitate return to work. The most innovative models were designed to empower businesses to improve communication in their workplaces. The fundamental aspect of any of the leading approaches is for the entire stakeholder team to identify their role in the injury management process and communicate it with all parties. Confusion on the part of the worker saw a delay in resuming normal duties and the development of psychosocial secondary drivers that stalled and impacted return to work time frames.

Dedication to best practice meant a shift away from the agent and insurer managing the claim and setting the return to work expectations. Instead a united team led by an empowered return to work coordinator, driving return to work through utilisation of a preferred medical practitioner and rehabilitation provider, from the beginning, saw dramatic changes in the workplace climate and return to work outcomes.

Further to this the more innovative approaches saw the front line managers engaged, the health practitioners guiding the process and the return to work coordinator acting as the pivotal resource coordinating the entire process.

Integrating best practice models that get to the crux of creating a smart and engaged workforce at all levels means people are returning to work earlier and with confidence.

I also presented a range of controversial approaches such as allowing the injured worker to put forward what they believed they were capable of doing; focusing on the injured worker returning to their pre injury job with modifications as opposed to suitable duties in another area of the business isolated from their coworkers and their pre injury activities.

I introduced a 'bite your tongue' approach. This raised eyebrows and generated a hearty discussion. The 'bite your tongue' approach means employers who may be suspicious of the worker's agenda are encouraged to pursue return to work initiatives in the first instance and focus on liability, investigation and 'behind the scenes claims management' as a parallel strategy.

Earlier in 2008 I was also invited to chair a plenary session at the National Workers Compensation Summit held on the Gold Coast. During day 2 of the conference, Injury Management Pathways delivered by Dr Ian Low impressed upon me the need for action in the area of diagnosing what Dr Low described as "poor prognostic indicators".

Identification of factors that were likely to influence a claim becoming a long-term loss time claim can be identified at day one of the claim. The pathways system Dr Low presented takes into account a worker's self-perceived social, emotional and physical limitations and their likely impact on return to work. Dr Low argued that these issues can be identified early in the claim and can be mitigated by addressing them at the beginning.

In many ways Dr Low argued that a pre-emptive claims strategy was likely to mitigate escalating costs associated with long-term claims management. He also put forward the notion that most claims that exceeded the six week post-injury period were no longer related to the initial diagnosis on the WorkCover Medical Certificate, and that the claims management strategy should involve rigorous medical assessment to ascertain the true diagnosis.

Dr Low suggested that the medical practitioner should be focused on exploring the psychosocial aspects of injury and the worker's self perceived disability. By concentrating on these elements of the diagnosis, a more appropriate treatment plan can take place.

Over the past four years, by actively participating in industry events, Actevate has contributed its knowledge and experience, and welcomed the knowledge of other industry leaders. This exchange process ensures Actevate is abreast of the latest developments with the health and injury management sector, thus providing you with the most innovative and up-to-date evidence based practice, designed to empower you to make the best decisions about return to work.

I hope you find this and future issues of message therapy informative and enjoyable.

**Robert F. Migliore,
Director, Actevate
T1300 669 552**

Robert has a Bachelors' degree in health Science with a major in psychology and rehabilitation counselling. Robert has been practicing in occupational return to work since 1993 and has been the licensed certificate holder of a WorkCover accreditation since 1997. To contact Robert, please email: robert@actevate.com.au