



Australian Government

Comcare

PUTTING YOU *FIRST*

BEYOND WORKING WELL: A BETTER PRACTICE GUIDE

A practical approach to improving
psychological injury prevention and
management in the workplace



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INTRODUCTION

This better practice guide is a practical tool for improving psychological injury management within the Comcare jurisdiction. It builds upon the Comcare *Working Well* publication series.

Working Well recommends that employers adopt a systematic and structured approach to occupational health and safety (OHS) risk management for psychological injury.

The recommended approach to risk management involves four steps:

1. Identifying the sources of potential harm to employee health and wellbeing.
2. Systematically assessing the risk of employees being harmed.
3. Developing and implementing a plan to:
 - a) address the workplace factors that present a risk for psychological injury
 - b) minimise the impact of stress on employees
 - c) provide safe and effective rehabilitation and return to work (RTW) for individuals once an injury has occurred.
4. Monitoring and reviewing the implementation and effectiveness of interventions against agreed performance indicators and targets to ensure continuous improvement.

Beyond Working Well builds upon this message, and provides practical advice and better practice examples as informed by the recent Comcare research paper, *The Management of Psychological Injury Cases, 2009*.

A central message is that 'a holistic systems approach to the management of work-related psychological injury is more effective than individual interventions alone.'

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In this publication, *management* is an inclusive term incorporating prevention, management and resolution of psychological injury.

All members of an organisation play an important role in achieving better outcomes in the prevention and management of psychological injury. The holistic systems approach can promote the involvement of all members of the workplace. Consultation, information and education are critical to the success of better practice in the management of psychological injury.

The purpose of this publication is to assist employers to develop and apply a holistic systems approach, tailored to meet the needs of their workplace, to the management of psychological injury. This publication will:

- > demonstrate the positive outcomes of applying better practice injury prevention and injury management
- > recognise the employer's legislative obligation to employees, and employees' obligations to each other.

Employers are responsible for ensuring not only the physical but also the psychological health and safety of their employees.

—*Occupational Health and Safety Act 1991* (OHS Act), s. 16, Duties of employers in relation to their employees

An employee must, at all times while at work, take all reasonably practicable steps to ensure they do not create or increase a risk to their own health and safety, or of other persons.

—OHS Act, s. 21, Duties of an employee in relation to OHS

The Occupational Health and Safety Code of Practice (2008), Section 1.17, stipulates that employers:

should identify all reasonably foreseeable hazards arising from work mindful that some hazards may be obvious and readily identifiable while other hazards, such as exposure to noise, chemicals or psychological injury for example, may be less so.

RESEARCH

In 2008–09, Comcare conducted research, in partnership with six employers from the Comcare jurisdiction, into better practice in the management of psychological injury.

The research examined the psychological injury management practices of these six employers with the aim of:

- > identifying the approaches considered to be successful contributors to the management of psychological injury
- > sharing that information with other employers so they may enhance their approach to the management of psychological injury to achieve better outcomes.

The research found five key better practice principles for employers:

1. Demonstrate management commitment to managing psychological injury.
2. Understand the causes of psychological injury in the workplace.
3. Destigmatise psychological injury in the workplace.
4. Clearly define policies and procedures and ensure they are consistently applied.
5. Improve training and awareness of mental health and psychological injury management.

This research identified a number of notable initiatives that have been developed and implemented by individual employers, including:

- > a strategic plan aimed at addressing the organisational impact of psychological injuries
- > a corporate risk management approach to psychological injury
- > an injury prevention and management plan
- > training and information programs that address mental health issues, such as recognising early warning signs and assisting colleagues who are experiencing psychological distress
- > a dedicated psychological injury management policy
- > early intervention procedures that include detailed instruction and guidance for addressing psychological injury
- > a range of support services that accommodate the different needs of employees to assist in psychological injury prevention and management.

The research found that the most effective approach to managing psychological injury is to address the organisational factors affecting psychological injury and put in place systems to manage it.

In many cases, organisations implement programs, such as wellbeing and awareness activities that focus on personal risks of individuals, but do not consider the underlying organisational factors and culture that represent a significant risk for psychological injury in the workplace. This publication outlines an approach that can assist in overcoming this limitation and offers practical guidance, illustrated through case studies, based on the five key better practice principles, and a model for a holistic systems approach to psychological injury management.

Furthermore, the research concurred with the WorkLife initiative of the National Institute of Occupational Safety and Health, which reported:

based on scientific research and practical experience in the field ... comprehensive practices and policies that take into account the work environment—both physical and organizational—while also addressing the personal health risks of individuals, are more effective in preventing disease and promoting health and safety than each approach taken separately.

Therefore, the model of psychological injury management utilised in the research, and presented in this publication, is founded on Australian and international research, Comcare publications and better practice in the field of psychological injury management.



HOLISTIC SYSTEMS APPROACH TO THE MANAGEMENT OF PSYCHOLOGICAL INJURY

Implementing programs such as wellbeing and awareness activities that focus on personal risks of individuals are likely to have limited success unless the organisation also considers the underlying organisational factors and culture that represent a risk for psychological injury in the workplace.

The most effective approach to managing psychological injury is to put in place management systems driving action from prevention through to rehabilitation, and to address the organisational factors that contribute to psychological injury.

It is recommended that a suite of resources, services, policies and programs come together in the workplace to facilitate a tailored approach to managing psychological injury. Some elements of the approach may already exist to address other areas of need within the workplace. Employers need to recognise how these elements may also contribute to prevention or management of psychological injury. For example, an organisation's recruitment process not only selects a person who possesses the needed qualifications, skill and experience, but also allows the employer to assess the applicant's suitability to the role and the environment in which they will be working. These factors are not only critical to the human resource functions of recruitment and retention, but also to the prevention of psychological injury and the maintenance of health.

The holistic model (pictured in the table below) is based on current Australian and international research and previous Comcare publications, including the Working Well series.

The model will be utilised throughout this publication to provide explanations, examples and recommendations to illustrate how the holistic approach can be applied towards the five better practice principles outlined as the key to achieving better practice in the management of psychological injury in the workplace.

Level	Component	Purpose
Primary	Sustain	> Create a work environment that will sustain employees
	Safety	> Establish and maintain an OHS system that integrates psychological health
	Strategy	> Establish durable return-to-work (RTW) systems to facilitate effective RTW after psychological injury
Secondary and tertiary	Recognition	> Recognise early warning signs
	Response	> Provide early support > Develop and agree on a plan
	Recovery and resolution	> Keep the employee safe and productive at work

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PRIMARY INTERVENTIONS

Primary interventions address the source of psychological distress and seek to prevent it occurring. Primary interventions are policies, procedures and practices that serve to protect worker psychological health and safety. Put simply, primary interventions are those that the employer has in place before an employee starts work.

Primary interventions can be classified into three categories: Sustain, Safety and Strategy.

SUSTAIN

Employee psychological health may be sustained and protected through the application of policies, procedures and practices targeting the management and control of work-related stress.

The United Kingdom's Health and Safety Executive Management Standards (see Appendix A) define the characteristics, or culture, of organisations in which the risks from work-related stress are being effectively managed and controlled.

The management standards cover six areas of work that, if not properly managed, are associated with poor health and wellbeing, lower productivity and increased sickness absence. In other words, the six standards cover the primary sources of stress at work:

- > **Demands**—includes workload, work patterns and the work environment.
- > **Control**—how much say the person has in the way they do their work.
- > **Support**—includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- > **Relationships**—includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- > **Role**—whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- > **Change**—how organisational change (large or small) is managed and communicated in the organisation.

SAFETY

Safety culture is described as the attitudes, values, norms and beliefs about workplace risk and safety shared by a particular group of people.¹ Management attitude, behaviour and style have a powerful effect on workplace safety, and help to separate good from excellent organisational OHS performance.²

Taking responsibility for workplace health and safety and for safely returning injured or ill employees to work is part of cultivating productive working relationships and building organisational capacity.

An effective way to create and maintain a healthy and safe work environment is for organisations to integrate OHS risk management into their daily operations. OHS systems are more effective when integrated with broader workplace management systems. Furthermore, psychological injury and illness should be recognised as an important OHS issue and managed using a systematic and structured approach. Integration prevents OHS from being marginalised and gives rise to management synergies.

STRATEGY

The adoption of a strategic systems-based approach to rehabilitation management is recommended to ensure that employers are strongly committed to effective injury prevention, early intervention, rehabilitation and return to work. A rehabilitation management system aims to provide a system or framework within which an employer can meet or exceed its legal responsibilities, and provide a comprehensive support program to achieve timely and durable outcomes in rehabilitation. The goals are to prevent and effectively manage employees' injuries. The approach must incorporate strategy, policy, procedures and practices for

management of all employees who have incurred psychological injury.

Rehabilitation management systems need to be integrated into the organisation's broader workplace management systems.

The workplace management systems utilised in primary intervention are best maintained through an ongoing program with the following elements:

Commitment and corporate governance

For example, a signed and current policy endorsed by senior management and embedded in corporate governance structures.

Planning

For example, evidence of contemporary risk assessments and strategy design.

Implementation

For example, effective resource allocation, progress and accountability.

Measurement and evaluation

For example, robust performance analysis and assessment.

Review and improvement

For example, incorporating results, gap analysis, strategy review and adjustment.

Applying a holistic systems approach to primary interventions prepares the workplace to provide effective injury management at the secondary and tertiary levels. Importantly, looking beyond psychological injury prevention and management, broader positive outcomes can be realised, including enhanced productivity, improved staff recruitment and retention, and better business outcomes.

1 Health and Safety Commission (1993), *Organising for safety*, ACSN Study Group on Human Factors, Third Report, HMSO, London.

2 O'Dea A and Flin R (2003), *The role of managerial leadership in determining workplace safety outcomes*, available at <http://www.hse.gov.uk/research/rrhtm/rr044.htm>

SECONDARY AND TERTIARY INTERVENTIONS

Where an employee has early warning signs of psychological distress, the employer has the opportunity to minimise harm and return the employee to health and work through the application of secondary and tertiary interventions.

Secondary interventions aim to reduce the consequences of stress before they become more serious. They are part of a 'safety net' approach, and are utilised because it is recognised that employees can and will experience stress in the course of their working lives with the employer. Secondary interventions are interventions in which an employer can engage the strategies, interventions and services put in place at the primary intervention level, such as early intervention, to seek to 'catch' employees who are exposed to stressful experiences and to minimise the impact of those experiences.

Tertiary interventions are undertaken by the employer when secondary level interventions have not resolved the impacts of the stress. For example, the employee may have an ongoing medical condition as a result of exposure to a psychological hazard. The focus of tertiary interventions is on enabling the amelioration or treatment of the identified condition, and restoration to a state of full health and functioning (for example, return to work through case management).

Secondary and tertiary interventions can be classified into three categories: Recognition, Response and Resolution. The steps have been described in the Comcare publication *Recognition, Resolution and Recovery: Early Intervention to Support Psychological Health and Wellbeing*.



RECOGNITION

Comcare's *Recognition, Resolution and Recovery* explains the importance of recognising the early warning signs that may indicate a risk of harm to psychological health. This secondary intervention gives the employer a good opportunity to act early and to minimise the impact of psychological ill health.

Comcare research has demonstrated that workforce awareness and the ability to recognise early warning signs contribute to proactive early intervention. Awareness can be improved by engaging employees in a range of activities, including information, education and training, and wellbeing initiatives.

RESPONSE

Early intervention

Early intervention means assisting an employee before a symptom develops into an injury, or as soon as possible after an injury. This secondary intervention can be put into practice by utilising the policy and procedures put in place at the primary level of intervention for identifying and supporting employees who are exhibiting signs of psychological distress. Support should not depend on a claim being submitted. Effective policy and procedures will enable and promote action to assist employees to identify and monitor risk factors, to take practical steps for intervention, and to access available support services.

Early support

Managers have an opportunity to respond rapidly when they recognise that an employee is showing signs of psychological distress. Early intervention should be activated with the approach of providing support to prevent a deterioration in the employee's health where possible, and enable them to remain at work. Early support of this type is a secondary level intervention. The response would be a tertiary intervention if an injury or illness is sustained, a workers compensation claim is submitted, and the injury management process is activated.

If the injury management framework is activated, timeframes for response and requirements for making early and ongoing contact with the employee must be applied and adhered to. The objective is to make the employee feel valued and supported and to ensure that they do not feel forgotten. The framework can be enhanced by including specific material setting out approaches for appropriate communication and support; for example, communicating with injured employees, hints for discussing psychological injury and providing support, and information about internal and external support services and programs.

Employers should consider making pre-liability funding available from a central pool and streamlining processes to enable early intervention. Research by Comcare shows that claim costs and incapacity periods can be substantially reduced through early intervention. When benchmarked, Comcare scheme indicators for timeliness of rehabilitation assistance and durable return-to-work outcomes show results substantially better than those of other Australian schemes, and demonstrate the ability of scheme members to be proactive and flexible in injury management.

Manager actions

The immediate supervisor plays a pivotal role in demonstrating support to the injured worker.

Actions that can make a difference include:

- > Making a simple offer of support and assistance.
- > Flexibly accommodating reasonable adjustments to help the employee remain at work.
- > keeping the employee who is off work connected to the workplace; for example, through newsletters and minutes of staff meetings.

Manager actions

If an employee has not returned to work or has lodged a claim for workers' compensation:

- > the manager should notify the rehabilitation case manager
- > a rehabilitation assessment under section 36 of the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) may be needed to assist the employer to understand the employee's current capacity and possible work limitations, and what support is needed to help the employee back to work.

Assessment and planning

At the tertiary intervention level, the case manager coordinates the activities necessary to help the employer perform its duty to manage the injured employee's rehabilitation and safe and early return to work. It is very important to seek an accurate diagnosis and an assessment that details the situation and the individual's needs. To achieve this, employers should engage service providers who are qualified and experienced in assessing psychological injury. Assessments should be conducted in collaboration with the treating practitioner.

Employers should ensure that the return-to-work (RTW) plan is developed and agreed in consultation with all parties. The RTW plan should also consider the needs of the team. Protocols and guidance should be made available for managers to assist them to provide appropriate information to the team while ensuring the employee's confidentiality and privacy.

RESOLUTION

Recovery and resolution

Employees with psychological injuries are at greater risk of extended absence from work than employees with other injuries. This is because the relationship with the workplace often breaks down. Individual RTW plans should take into account that recovery from psychological injury can be less predictable than recovery from physical injuries. The organisation's recovery and resolution processes should incorporate requirements for case managers and line managers to monitor the progress of rehabilitation and return to work, and to report any problems or barriers in the RTW plan.

Manager actions

The relationship between the injured worker and the manager is important.

Ways to mend or maintain that relationship may include:

- > scheduling regular conversations to check on the progress of the injured worker and to give them an opportunity to raise any concerns before problems develop further
- > nominating an alternative support or contact
- > flexibly providing alternative duties
- > using other agreed strategies that are in place to reduce barriers to return to work, such as mediation and other dispute resolution procedures.

The success of intervention is likely to depend not only on what is done but on how it is done. Successful return to work often depends on the capacity of the organisation to provide suitable duties and the willingness of work areas to accommodate specific needs. Having a supportive manager and colleagues are important factors in return-to-work success.

SUMMARY

Optimal results in managing psychological injury are more likely if workplace interventions are focused not only on addressing an individual's psychological injuries as they occur, but also more broadly on understanding and managing the interrelationship between individuals and organisational health. This can be

achieved by managing psychological injuries with a holistic systems approach across the three levels of intervention, as described above.

Research indicates that priority should be given to primary intervention, followed by secondary and tertiary intervention. However, the impact of intervention is maximised when the three complement each other and are linked through feedback and monitoring systems.

An approach that incorporates organisationally focused primary, secondary and tertiary interventions is likely to have more success in reducing the incidence and severity of psychological injury.



APPLYING THE KEY PRINCIPLES DEMONSTRATED IN THE RESEARCH

Comcare's research has demonstrated five key principles for the management of psychological injury:

1. Demonstrate management commitment to managing psychological injury.
2. Understand the causes of psychological injury in the workplace.
3. Destigmatise psychological injury in the workplace.
4. Clearly define policies and procedures and ensure that they are consistently applied.
5. Improve training and awareness of mental health and psychological injury management.

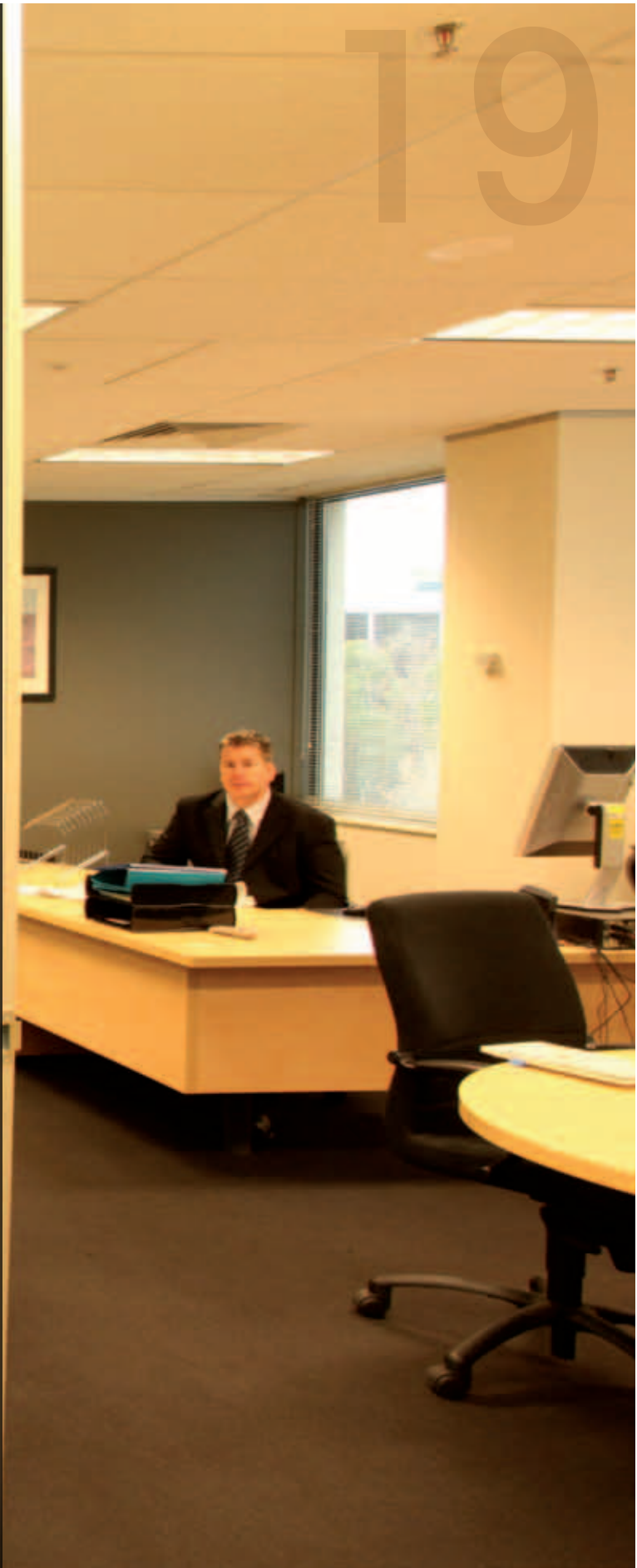
This section outlines how a holistic, integrated approach can be applied to achieve better practice in the management of psychological injury cases. In the holistic model, a suite of interventions and resources can work together to achieve better practice and positive outcomes.

Recommendations from Comcare's research into the management of psychological injury are included.

Examples from six employers within Comcare's jurisdiction are presented here to illustrate real-life better practice examples.

1. DEMONSTRATE MANAGEMENT COMMITMENT TO MANAGING PSYCHOLOGICAL INJURY

Comcare's research has found that workplace support is even more important in shaping return-to-work outcomes after psychological injury than the type of treatment or rehabilitation that the employee receives. The research found that more successful results are achieved where the employee perceives that their employer does all in its power to make the workplace safe and develops a workplace culture that supports those with psychological injuries.



Example: How the holistic model can be applied to achieve Principle 1**Sustain: Create a work environment that will sustain employees**

An organisation which promotes strong leadership and direction through rigorous risk assessment and management across all aspects of the organisation will be able to implement strategies to improve or sustain positive organisational health.

For example, the application of the United Kingdom's Health and Safety Executive Management Standards (see Appendix A) actively demonstrates organisational commitment to the mental health and wellbeing of employees. The management standards define the characteristics, or culture, of organisations that are effectively managing and controlling the risks from work-related stress. Such a culture will help to sustain employees.

Measurement of indicators of organisational health can assist in monitoring and improving the work environment and culture. Corporate health indicators must be:

- > provided to senior managers, with briefings on trends, to enable organisations to identify emerging problems and assess the need for further analysis and intervention
- > reported to managers to enable them to monitor and manage within their area of responsibility and to facilitate the development and maintenance of a culture that enables effective prevention and management of psychological injury.

Most large organisations regularly run employee opinion surveys, many of which provide measures of employee morale, job satisfaction or perceptions of leadership support. Other useful data includes measures of absenteeism, turnover, conflict (use of grievance, disciplinary and appeals procedures), use of employee assistance programs, information from exit interviews, 360 degree or other structured feedback processes, customer complaints, and workers compensation claims and claim trends.

It is essential that analysis is not limited to workers compensation data and that, wherever possible, data is analysed down to the work team level. An organisation or workplace may have few or no psychological injury claims, but could be 'sitting on a time bomb' if, for example, morale is low and other indicators (such as absenteeism, turnover, conflict and perceptions of leadership support) are deteriorating.

Safety: Establish and maintain an OHS system that integrates psychological health

Through management personally promoting OHS and wellbeing programs that incorporate mental health and psychological safety, the workplace becomes aware of the importance of psychological health. This action will also contribute to the employer meeting the requirement to address the full scope of hazards, including psychosocial hazards, through incident reporting and monitoring, as required by the Occupational Health and Safety Code of Practice (2008).

Section 1.16 of the code states that 'the employer has a responsibility to identify all reasonably foreseeable hazards arising from work'. The code also provides a definition of some common workplace hazard types, including 'psychosocial environment—this includes workplace stressors, which arise from a variety or combination of sources, and includes, but is not limited to, bullying and harassment' (section 1.17(f)).

Bullying is a significant safety hazard: it can harm a person's health, safety and wellbeing and lead to serious psychological injury.

Promoting the workplace code of conduct and the expectation of desired behaviour in the workplace, including in relation to workplace bullying, can support the development and maintenance of a safe workplace.

The stated commitment to managing psychosocial hazards and psychological injury can be reinforced by including OHS performance measures and targets for psychological safety.

Strategy: Establish durable return-to-work systems to facilitate effective return to work after psychological injury

Commitment and visible support from senior management for psychological injury management initiatives can help provide an environment and culture that promote successful return-to-work outcomes.

Commitment to rehabilitation and return to work after psychological injury can be demonstrated by implementing programs that visibly and actively promote a safe and supportive workplace, for example by:

- > developing and supporting policies and programs for psychological injury management for the workplace
- > including performance measures and targets for rehabilitation and return-to-work outcomes in the employee performance management system and job descriptions
- > allocating funding and services for early intervention and support for employees experiencing psychological distress, irrespective of whether or not a claim will be lodged
- > establishing arrangements with service providers that support early intervention and meet the identified needs of the organisation
- > ensuring that all parties in the return-to-work process, including managers, have the means, knowledge and access to resources (such as assistance from corporate areas) to fulfil their responsibilities
- > developing return-to-work policies that do not differentiate between compensable and non-compensable injuries
- > developing workforce structures and processes that allow for early intervention and response to psychological injury.

Recognition: Recognise early warning signs

Active commitment to managing psychological injury can be demonstrated by enabling and supporting the recognition of indicators of psychological ill health.

One way managers can do this is to implement and support workplace structures and programs that help staff to recognise possible psychological injury and mental health concerns. This will enable, support and encourage early intervention.

Response: Provide early support—develop and agree on a plan

To facilitate the provision of support and action appropriate to the needs of the employee after psychological injury, management can commit to engaging and retaining suitable case management staff.

In particular, organisations can recruit, maintain and support skilled case managers who are comfortable and competent addressing psychological injuries. This can make it easier to support the employee and to take action appropriate to their needs.

Using appropriately qualified and reputable approved rehabilitation providers for employees with psychological injury demonstrates commitment to providing support and an understanding of its importance.

Recovery and resolution: Keep the employee safe and productive at work

Commitment to supporting recovery is demonstrated by providing suitable duties and assisting the injured employee to find suitable employment, if required.

(Such commitment is also demonstrated by providing in principle support for inter agency placement to facilitate a return to work, if medical treatment providers and assessors find that the current workplace is contributing to psychological ill health. Such an arrangement would be used only after possibilities for return to work with the pre-injury employer have been explored).

Example: An employer applying the holistic model to achieve Principle 1

Department of Immigration and Citizenship

The Department of Immigration and Citizenship (DIAC) defines its purpose as to 'enrich Australia through the well managed entry and settlement of people'. Since the establishment of its forerunner in 1945, the department has managed the arrival and settlement in Australia of nearly seven million migrants from 200 countries, including more than 700 000 refugees under the Humanitarian Program.

DIAC is tasked with:

- > managing the entry and stay of people through migration, temporary entry and humanitarian programs
- > managing the proper and timely resolution of the immigration status of people
- > managing the security of Australia's borders
- > strengthening integrity and effective compliance with programs, including the control of fraud
- > appropriate management and support of people in immigration detention
- > delivery of settlement services, including adult English language training, refugee settlement support, and translating and interpreting services
- > the promotion of Australian citizenship to eligible non-citizens, focusing on its acquisition and value
- > the promotion of the value of cultural diversity and increasing understanding of Australia's democratic values to ensure our progress as a united, prosperous and safe society.

DIAC is achieving positive Comcare premium results from improved workers compensation outcomes, including a 19 per cent premium reduction in 2009–10. The department has recently narrowed the gap between average claim costs and scheme averages, and has achieved a recent injury claim frequency rate below the scheme average and the rate for comparable agencies.

This case study illustrates how DIAC utilises a holistic systems approach to the management of psychological injury. The case study focuses on one particular resource, the *DIAC Injury Prevention and Management Plan 2006–2009* (the IPM Plan), demonstrating how it contributes to the holistic systems approach and, in particular, how it addresses Principle 1 (*Demonstrating management commitment to managing psychological injury*).

The IPM Plan sets out a framework that includes objectives and strategies to promote and implement practices which will reduce injury and illness in the workplace.

Through the application of the plan, DIAC actively demonstrates commitment to the mental health and wellbeing of employees, and contributes to a working environment that will **sustain** employees.

The foreword of the document states: 'The DIAC Injury Prevention and Management Plan 2006–2009 supports the DIAC Plan's strategic theme of Well Trained and Supported Staff.'

DIAC has implemented a number of policies and programs under the IPM Plan, including the Caring for our Colleagues Program, which relates to management styles, awareness raising and shaping workplace culture. Caring for our Colleagues promotes being supportive of colleagues in stressful situations, and has been endorsed by the Australian Public Service (APS) Commission for

distribution across the APS. There is a notable focus at DIAC on work–life balance and health and safety issues, including mental health. Furthermore, there is an informal culture of supporting colleagues, ‘which makes a difference’, as recognised by employees.

In terms of **safety**, the IPM Plan’s foreword, written by the department’s secretary, states ‘I am therefore pleased to present the DIAC Injury Prevention and Management Plan 2006–2009. The Plan provides a framework to help us to promote and implement practices which will reduce injuries and illnesses at DIAC workplaces. It will also assist us to develop nationally consistent, high quality practices which follow from improved policies and programmes ... I commend it to staff and ask that you support its implementation.’

Support for health programs comes from the most senior leadership of the organisation, including the secretary. The IPM Plan commits senior management to improving the health of the organisation and sets out eight core objectives related to injury prevention and OHS management. The plan also outlines strategies to identify hazards and risks, including psychological injury hazards. Psychological injury is recognised as an OHS issue. Research participants noted that OHS processes identify psychological hazards and hotspots, and assess the risk associated with job roles.

DIAC demonstrates commitment to rehabilitation and return to work after psychological injury. To provide structure, the IPM plan is supported by the Illness and Injury Management Policy, which sets out requirements for:

- > early intervention, so there is minimal time between injury or illness and intervention support
- > contact by the case manager with the injured employee to maintain communication (preferably face to face) throughout the return-to-work process
- > supervisors maintaining ongoing communication with injured employees
- > funding for early intervention, irrespective of whether or not the injury or illness is work related.

The policy also outlines the manager’s role in responding, which includes:

- > assuring the employee of management support
- > maintaining regular contact with the employee
- > taking steps to remove barriers to return to work.

The policy specifies timeframes for action and includes checklists for activities to be used by managers and case managers in the return-to-work process. The checklists cover both compensable and non-compensable injuries.

Through the IPM plan and the Illness and Injury Management Policy, DIAC has communicated its strategy for and commitment to return to work and rehabilitation. The IPM Plan incorporates targets to reduce the average time taken to commence an RTW plan by 40 per cent. The plan also sets out specific targets for the prevention, detection and management of psychological injuries, and commits to reviewing and improving injury management practices.

The IPM Plan, and the policies that sit beneath it, set the scene and drive programs at the primary intervention level for high-quality DIAC involvement if individual employees are affected by psychological symptoms and injury. Secondary and tertiary interventions set in place and governed by the IPM Plan are then employed.

In addition to the IPM Plan, DIAC has other strategies and interventions as part of its holistic approach to demonstrating management commitment to managing psychological injury (Principle 1). For example, the department continues to develop resources to manage psychological injury. Currently, DIAC is developing a range of initiatives to **recognise** and **respond** to mental ill health in the workplace, including a mental health toolkit for employees and managers, and a resilience program designed for self-awareness and self-care in the work environment.

Managers receive training in:

- > psychological injury / mental health awareness
- > supporting employees with a psychological injury
- > communicating with employees with a psychological injury
- > the return-to-work process
- > the line manager's role and responsibilities
- > dealing with workplace conflict
- > available resources to support line managers.

To **respond**, the plan allows great flexibility in adjusting the employee's work conditions and modifying their duties in line with medical restrictions. The research participants noted that, to reach **resolution**, alternative business areas in DIAC are willing to take on employees, and job sharing is also made available as required.

2. UNDERSTAND THE CAUSES OF PSYCHOLOGICAL INJURY IN THE WORKPLACE

Comcare's research noted the advantage of employers recognising psychological injury as an important OHS issue that has an impact on the individual employee and on the organisation as a whole.

Sustain: Create a work environment that will sustain employees

Employee feedback and other available information can be used to develop an understanding of the primary sources of stress. Organisations can use that information to drive change through the development, modification and application of policies, procedures and practices targeting the management and control of workplace stress. This will provide insight and a rationale for action that will facilitate the development of a work environment that will sustain employees.

Comcare workers compensation claims data (for all premium-paying employers) indicates that in the 2005–2008 period the three most prevalent causes for compensable psychological injuries were:

1. work pressure
2. harassment / bullying
3. occupational violence.

Assessing and using employee feedback and other data promotes the development of understanding of the sources of stress and psychological injury, and facilitates effective interventions to address the causes.

Safety: Establish and maintain an OHS system that integrates psychological health

Psychological injury is an important OHS issue that has an impact on individual employees and on the organisation as a whole.

Across the Comcare jurisdiction, the majority of psychological injury claims are not the result of a major traumatic event or critical incident. Most such claims develop over periods of six months or more, often in response to the interaction of a number of work-related and other factors.

As reported in Comcare's Working Well series, most researchers now agree on which aspects of the work environment can cause employees work-related stress. These can be divided into 'physical' hazards and 'psychosocial' hazards. Exposure to physical hazards (such as noisy or dangerous work) can be associated with anxiety which, in turn, drives the experience of work-related stress. Psychosocial hazards are those aspects of the design, organisation and management of work and its social and environmental context that can cause psychological, social or physical harm.

Another way of considering the factors that cause work-related stress is to divide them into those relating to the context in which the work takes place (or how the work is organised), and the content of the work (or what the job involves).

In line with the Occupational Health and Safety Code of Practice (2008), the employer must address the full scope of hazards, including psychosocial hazards, through incident reporting and monitoring. Section 1.16 of the code states that the employer has a responsibility to identify all reasonably foreseeable hazards arising from work. The code also defines some common types of workplace hazard, such as the psychosocial environment (including workplace stressors from a variety or combination of sources). The hazards includes bullying and harassment (section 1.17(f)).

Utilising risk management processes enables the identification and management of psychosocial hazards specific to the workplace, and provides a strong basis for psychological injury prevention strategies.

Strategy: Establish durable return-to-work systems to facilitate effective return to work after psychological injury

A range of biological, psychological and environmental factors play roles in injury, illness, recovery and rehabilitation. Certain factors can be significant predictors of the scale of disability and compensable outcomes following injury and illness. These risk factors (called 'flags') include an individual's beliefs and perceptions (for example, about pain and injury), and perceived features of the work or the social environment (such as unsupportive management, perceived time pressure or low job control).

Failure to recognise and address these flags can make outcomes worse than they need be or, more often, delay recovery. As with other aspects of rehabilitation, psychological and social factors benefit from early intervention. Rehabilitation strategy should enable early assessment and management of barriers to return to work. The success of a rehabilitation program depends on the willing cooperation of all the stakeholders, including the employee and their general practitioner.

It is important to provide a range of services in recognition of the different needs of injured employees. Resources must be allocated to make those support services available and accessible to injured employees. Services can include internal, external, formal and informal elements.

It is most important to demonstrate recognition that primarily physical injuries may involve or lead to secondary psychological problems and, conversely, that psychological conditions can involve physical manifestations. It is necessary to understand that relationship, and its effects on injured employees, and to make available appropriate support to manage it.

Recognition: Recognise early warning signs

Enable, support and encourage recognition and reporting of causes of psychological injury. This can be facilitated by implementing workplace structures and programs that allow for the development of skill in recognising possible psychological injury and factors within the workplace that influence or cause it. This will enable and support recognition of indicators of psychological ill health, encouraging early intervention and feedback that will enhance prevention.

Response: Provide early support—develop and agree on a plan

Facilitate the provision of support and action appropriate to the needs of the employee after psychological injury, acknowledging the causative factors.

Recruit, maintain and support skilled case managers who are not only competent in addressing psychological injuries, but can also recognise the influence of causative factors. This will enable the recognition and resolution of factors that may lengthen the time taken to return to work, and make rehabilitation more timely and sustainable.

Recovery and resolution: Keep the employee safe and productive at work

Providing a safe workplace to enhance rehabilitation after psychological injury demonstrates an active commitment to the recovery of the injured employee.

When providing appropriate rehabilitation, monitoring and support to the injured employee (as agreed in consultation with the employee and other key parties), ensure that adjustments are made to the workplace to reduce or eliminate identified stressors.

Example: An employer applying the holistic model to achieve Principle 2

Commonwealth Scientific and Industrial Research Organisation

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) is Australia's national science agency and one of the largest and most diverse research agencies in the world, with more than 50 sites throughout Australia and overseas.

CSIRO carries out scientific research in areas including energy, the environment, information technology, health, mining, manufacturing, agriculture and natural resources. It seeks to make a difference and generate impact by focusing on the nation's big challenges and opportunities.

CSIRO's research delivers:

- > integrated solutions to help address major national challenges
- > technologies to transform or create new markets for Australian industry
- > innovative technologies to improve the competitiveness of existing industries
- > advice, information and research to meet specific community needs
- > knowledge-based services to governments and businesses.

CSIRO has consistently achieved low claim costs and reduced the duration of incapacity associated with work-related illness. The organisation has achieved average claim costs 50 per cent below scheme average and a premium rate well below the Commonwealth average.

This case study illustrates how CSIRO uses a holistic systems approach to manage psychological injury. The case study focuses on CSIRO's multifaceted response after the causes of psychological injury are identified, and on how that response contributes to the holistic systems approach, particularly to Principle 2 *Understand the causes of psychological injury in the workplace*.

Comcare research discussion group participants indicated that CSIRO has a culture of support and awareness of mental health, which has resulted in employees feeling comfortable about discussing mental health issues. Participants also reported that CSIRO management's response to psychological injury has developed over time, creating more comfortable, trusting relationships that are conducive to open and honest communication in the workplace. The resulting culture helps to **sustain** employees, deepen the organisation's understanding of the causes of psychological distress, and promote CSIRO as an employer of choice. The CSIRO Executive has established the Psychological Health Working Group to identify and explore stressors in the organisation. The findings of the working group, which is very active in the organisation, are reported to the Executive.

The CSIRO Health and Wellbeing Strategy 2005–2007 requires 'business units to establish specific health and wellbeing initiatives that include managing the effect of psychological health and wellbeing in their annual Health, Safety & Environment (HSE) management plan and provide resources to complete the necessary action'. This approach to **safety** utilises risk management processes to identify and manage the psychological hazards specific to the CSIRO workplace.

In addition, the CSIRO Psychological Health and Wellbeing Initiative sets out objectives and strategies for the prevention, detection and management of psychological injuries in the workplace.

The CSIRO HSE Early Intervention Procedure has been designed and implemented 'to assist staff displaying the initial symptoms of work-related injuries or illnesses by providing management as early as possible.' The procedure directly addresses early intervention and **strategy** for psychological distress, and provides guidelines for supporting staff with work-related psychological distress, regardless of the cause. It clearly and succinctly describes the key roles and responsibilities across the organisation for early intervention, and makes links to relevant rehabilitation, safety, incident reporting, incident investigation and privacy requirements. This ensures that psychological injury management can be recognised as firmly embedded in CSIRO, and as an important component of rehabilitation, early intervention and safety at the organisation.

CSIRO demonstrates a suite of resources in a multifaceted approach to understanding, responding to and addressing the causes of psychological injury. This holistic systems approach is built upon strong policies and approaches at the primary intervention level. This provides for and enables high-quality involvement if an employee is affected by psychological symptoms or injury and requires intervention at the secondary and tertiary level.

For example, CSIRO has recognised the importance of educating managers about how to **recognise** early warning signs that might indicate psychological distress in employees, and of managers being knowledgeable and able to **respond**. Training is provided to encourage and assist line managers to report early symptoms of distress and to proactively address them. Research participants reported that this was translating into action in the workplace to support and assist employees. Supervisors keep in touch with injured employees who are off work. They keep the employee involved in meetings, and colleagues maintain social contact to alleviate feelings of isolation in the employee. The same response is used for both work-related and non-work related psychological injuries.

To promote **successful** resolution of a psychological injury in the workplace, CSIRO tries to minimise the impact on team members when workplace adjustments are made to accommodate the needs of an injured employee. This approach helps to prevent the rehabilitation actions becoming a stressor for others.

3. DESTIGMATISE PSYCHOLOGICAL INJURY IN THE WORKPLACE

More successful return-to-work outcomes can be achieved by providing a supportive work environment for injured employees to return to. Comcare's *Management of Psychological Injury Cases* found that destigmatising psychological injury and mental health matters contributes significantly to achieving this goal.

Sustain: Create a work environment that will sustain employees

Develop a supportive workplace climate in which people can build an understanding of mental health, and demonstrate management commitment to standards of behaviour. A supportive workplace climate is particularly important in psychological health matters, and may be achieved through awareness raising about mental health issues, along with education and training.

Extending this approach to all people-based policy, strategy and initiatives, such as diversity and equal opportunity, will contribute to the promotion of a supportive work environment.

The organisation's performance management and reward and recognition systems can be used to reinforce messages and values that the organisation wishes to embed in the culture.

Safety: Establish and maintain an OHS system that integrates psychological health

Endeavour to remove any stigma associated with psychological injury and ensure that psychological injuries are acknowledged as real and legitimate. Place the same level of importance on the psychosocial climate as on the physical climate of the workplace. This should be reflected in OHS management systems and associated policies.

Strategy: Establish durable return-to-work systems to facilitate effective return to work after psychological injury

To demonstrate support for the rehabilitation of all employees after injury, regardless of injury type, make a commitment to providing readily available assistance and support that is relevant to the workplace and accommodates employees' varying needs and preferences, where possible.

The psychological injury management framework can enhance effective and timely return to work by clearly describing and documenting specific roles and responsibilities for all parties. The documentation can facilitate rehabilitation by providing guidance on supporting employees who have incurred psychological injury.

Recognition: Recognise early warning signs

To demonstrate commitment to early recognition of psychological distress, educate employees on mental health, psychological injury and the recognition of indicators of psychological distress in oneself and in others.

Response: Provide early support—develop and agree on a plan

It is important to respond to identified psychological distress in a timely and empathic manner. Normalise the employee's experience and provide information to connect them to appropriate support services inside and outside the workplace.

Make early and ongoing contact with the injured employee. Ensure that information is readily available to managers and colleagues, providing guidance on how to interact and appropriately support people with psychological injuries.

Recovery and resolution: Keep the employee safe and productive at work

As the injured person rehabilitates, continue to reinforce the message that the workplace is a safe place for all injured employees. Ensure that employees have access to supportive and flexible return-to-work assistance, particularly from case managers competent in supporting rehabilitation for psychological injury.

Example: An employer applying the holistic model to achieve Principle 3

Australian Tax Office

The Australian Taxation Office (ATO), a part of the Treasury portfolio, is the Australian Government's principal revenue collection agency. The ATO manages and shapes tax, excise and superannuation systems that fund services for Australians. With more than 23,000 staff in offices in all major states and territories, the ATO is one of the largest Australian Government agencies.

The ATO has experienced significant reductions in its workers compensation premium over the past two years. The 20 per cent premium rate reduction that it achieved for 2009–10 will save over \$5 million in that financial year.

This case study illustrates how the ATO utilises a holistic systems approach to manage psychological injury. The case study focuses on a particular program—the ATO Psychological Wellbeing Initiative (PWI)—and on how that program contributes to the holistic systems approach, particularly to Principle 3 *Destigmatise psychological injury in the workplace*.

The PWI is a focus of the ATO Safety and Health Program 2005–2010. It contributes to the destigmatising of mental ill health and raises awareness about psychological injury. There are three components to PWI activities and resources: direct intervention, education, and communication/awareness.

Through applying the PWI, the ATO seeks to **sustain** employees by developing a supportive workplace climate in which people understand mental health. Communication on psychological health and wellbeing activities relating to psychological health occur regularly. Employees indicated that senior management provides support for information and communication across the ATO to raise awareness of psychological health and illness.

The ATO promotes the importance of the psychological health and **safety** of the workplace. The organisation maintains a commitment to the Safety and Health Program 2005–2010, which provides a practical guide to promote a safe work environment and is available for all employees on the ATO intranet. The ATO Psychological Risk Management Framework sets out a comprehensive approach to the management of psychological risk at work and presents a succinct and accessible explanation of psychological OHS risk. The document outlines a risk management methodology that is consistent with the management of all OHS risks at the ATO. This approach contributes to destigmatising psychological risk and injury.

As a component of the PWI, the ATO has produced *Mind the mind*, an information booklet on mental health developed in partnership with the national mental health charity, SANE Australia. The guide helps ATO employees better understand psychological illness in the workplace and raises awareness of psychological health and illnesses and their treatments. *Mind the mind* also sets out self-help strategies, ways to support colleagues and hints for discussing psychological illnesses. The guide contains an extensive list of services and other support mechanisms available within the ATO or externally.

As part of its Mind the Mind psychological wellbeing program, the ATO rolled out an education program for leaders called Mind our People. The program promotes a supportive work environment, encourages early intervention, builds manager confidence and skills, engages and informs all employees and, in the long term, is expected to reduce the costs of psychological illness in the workplace.

Dr Nicole Highet, Deputy CEO of beyondblue, said the Tax Office is one of the most proactive organisations committed to educating employees to recognise and deal with mental health issues in the workplace.

She was speaking at the ATO launch of the psychological wellbeing initiative, 'Mind the mind'. Dr Highet emphasised the importance of helping and supporting people in the workplace with mental illness, including depression and anxiety disorders.

'Mind the mind' takes a broad perspective, from promoting mental wellbeing, to encouraging those affected by psychological illness to seek help, to raising awareness and improving understanding.

In launching 'Mind the mind', the Commissioner said that it's important to support each other at work, given the large amounts of time we spend here. This includes acknowledging the importance of psychological health and recognising signs and symptoms in ourselves and others.

'I want our people to know that we are an organisation that cares about our people', he said.

—ATO website

The ATO demonstrates commitment to return-to-work **strategy** by showing support for the rehabilitation of all employees after injury, regardless of the type of injury. The PWI includes an early psychological intervention program that mirrors the existing intervention process for physical injury, to provide ready access to early professional help for those showing signs of illness.

The education and training component of the PWI includes a 'keeping in touch' program to help managers deal empathically with injured employees. This assists them to make regular contact with absent employees, show concern, develop a team approach and link the issue with other OHS and wellbeing programs. The ATO Director of Health and People Management indicates that the aim is to move the focus away from 'When are you returning to work?' towards 'Are you okay?'

The ATO educates managers on mental health, psychological injury and the **recognition** of indicators of psychological distress through the Mind our People leaders' program. This enables managers to have the confidence and skills they need to recognise signs and symptoms of psychological illness, respond appropriately and provide early assistance.

Employees indicated their appreciation that the ATO has been building management capability in the early identification of warning signs in employees. The training programs and education campaign to achieve this have been highly visible and very popular. Employees noted that another initiative, the People Help Line, was very helpful. The People Help Line is available to all staff requiring assistance and guidance. Employees considered that using the help line is the most helpful action that managers and employees can take when responding to early warning signs in an employee.

Responding to psychological injury in the workplace at ATO in a way that will not stigmatise the injured employee is assisted significantly by skilled case managers. Case managers will often support the broader team and assist the manager to support the team. Employee Assistance Program services are also available for teams affected by psychological injury.

The ATO's PWI provides a solid foundation for providing a supportive workplace, aware and educated about mental health and psychological injury. The program engages employees in developing knowledge and skill to promote a safe work environment. Therefore, at the primary intervention level, the ATO is setting the scene for effective prevention, and is building capability to facilitate effective support and involvement at the secondary and tertiary levels when individual employees are affected by psychological symptoms or injury.

4. CLEARLY DEFINE POLICIES AND PROCEDURES AND ENSURE THAT THEY ARE CONSISTENTLY APPLIED

Comcare's research found that better practice employers develop specific policy and procedures for the management of both compensable and non-compensable psychological injury and illness.

Sustain: Create a work environment that will sustain employees

Maintaining policy and procedures on mental health that are consistent with and supported by existing human resources and codes of conduct demonstrates an active commitment to sustaining employees. The organisation could maintain a corporate social responsibility policy, covering the guiding principles, to achieve this. Ensuring that policies are consistent with the Health and Safety Executive Management Standards (see Appendix A) can help to create a work environment that will sustain employees.

Safety: Establish and maintain an OHS system that integrates psychological health

Applying an OHS management system that recognises and incorporates psychological safety will facilitate recognition of psychological health as important to the organisation. OHS policy and procedures will then take mental health and psychological injury into account, and ensure that risk management practices are applied consistently to those hazards.

Strategy: Establish durable return-to-work systems to facilitate effective return to work after psychological injury

Maintaining policies and procedures that guide the consistent application of rehabilitation actions for psychological injury increases the potential for successful outcomes. Ensuring that the procedures are comprehensive and set out both principles and practical steps for each stage in the injury management process enables consistent application of the procedures.

Other important information to incorporate into the procedures includes details of available services, roles, responsibilities, confidentiality and timeframes. Employers should identify and remove procedural barriers to early intervention, for example by streamlining approvals and by providing funding for early intervention activities that do not depend on the submission or acceptance of a claim.

Resources and training can ensure that key personnel, such as managers and case managers, understand return-to-work systems and are able to carry out their responsibilities.

Recognition: Recognise early warning signs

Return-to-work outcomes are enhanced when indications that an employee is experiencing psychological distress lead to early intervention. Policies and procedure can be used to promote the understanding that assistance is available when one or more of the following occurs:

- > an employee recognises that they are experiencing psychological distress
- > another party recognises early warning signs in an employee
- > a psychological injury is notified.

Take the opportunity to activate early intervention to support employees who are showing signs of psychological distress.

Response: Provide early support—develop and agree on a plan

Better outcomes in the rehabilitation of employees with psychological injury can be achieved when policy and procedures for the management of injury cover both compensable and non-compensable injury and illness. Consistent application of the policies and procedures for each injured person, across all business areas of the organisation, promotes success.

In responding to early warning signs, policy and procedure can facilitate consistent application of early assessment, consultation and collaboration with all key parties to develop a plan to achieve successful outcomes.

Recovery and resolution: Keep the employee safe and productive at work

Providing a safe and supportive workplace for the rehabilitating injured worker is essential. In line with policy and procedure, ensure ongoing consultation and collaboration with the employee, treating practitioners and the employee's manager during the return-to-work and review.

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Example: An employer applying the holistic model to achieve Principle 4

National Australia Bank

National Australia Bank (NAB) provides a range of financial products and services to retail customers throughout Australia, including banking services, investment banking, credit and access card facilities, leasing, housing and general finance, life insurance, custodian and nominee services and portfolio management.

NAB's Customer Promise is 'Our aim is to provide smarter banking products and services, make it easier to do business with us wherever it suits, and give support and assistance to help our communities grow.'

This case study illustrates how NAB uses a holistic systems approach to the management of psychological injury. The case study focuses on a guide developed by NAB—*Effective Management of Psychological Injury at NAB (EMPI@NAB guide)*—and how it contributes to the holistic systems approach, particularly to Principle 4 *Clearly define policies and procedures and ensure that they are consistently applied*.

The *EMPI@NAB* guide takes the approach that early intervention is critical to achieving successful return to work.

To ensure that employees are assisted promptly when they raise a concern, NAB has established a central contact point that channels employees to appropriate assistance within the organisation. This facilitates the achievement of a timely response and successful resolution. Employees may be directed to OHS, case management,

injury management assistance or another service within NAB.

The *EMPI@NAB* guide sets out the NAB **strategy** for management of psychological injury. The guide drives the consistent application of rehabilitation actions, including practical steps for different psychological injury incidents and critical incident response.

NAB uses an integrated approach to early intervention through the following activities:

1. Early contact and communication with the injured employee.
2. Case management by an experienced injury management coordinator.
3. Allocation of a rehabilitation provider and referral for early intervention assessment.
4. Engagement with treating practitioners.
5. Case conferences with key stakeholders to establish common goals, discuss barriers and develop a rehabilitation plan.
6. A close working relationship with the claims manager to ensure a coordinated approach.

This approach is based on research conducted by the UK Health and Safety Executive in 2003.

When an employee incurs a psychological injury, the **response** made by NAB, in line with the *EMPI@NAB* guide, ensures that the injured employee receives:

- > early intervention assessment, in consultation with the relevant manager, case manager and provider
- > engagement with suitably qualified and experienced providers within 24–48 hours
- > a collaborative approach between treating practitioners and the case manager
- > regular communication.

The *EMPI@NAB* guide sets out steps, responsibilities, actions and resources to be utilised. It emphasises establishing good rapport with the treating practitioner and finding out what can be done to assist the employee.

The *EMPI@NAB* guide emphasises:

- > using case conferences to bring together key parties, to establish common goals and to discuss issues of concern and potential barriers to effective return to work
- > clarifying employee, case manager and manager roles in developing, implementing and reviewing the RTW plan
- > understanding each stakeholder's priorities and developing an agreed approach
- > maintaining appropriate confidentiality of employee personal information and data.

Employees report that the return-to-work approach taken at NAB balances the need of the employee with NAB's business needs and accommodates reasonable adjustments. NAB uses experts to ensure that complex cases are dealt with effectively. Employees indicated that they greatly appreciate the respect for privacy which is shown, along with consideration by and consultation within the work team.

To promote effective and suitable **resolution** and return to work after psychological injury, NAB strives to provide a safe and supportive workplace for the rehabilitating injured worker. The activities outlined in the *EMPI@NAB* guide ensure ongoing consultation and collaboration with treating practitioners in return-to-work planning and review. NAB has included in the guide a case conference guide and a communication guide that sets out suggestions for verbal questions to be asked of the employee, treating practitioner, manager and other stakeholders. The information gained in this way enables NAB to provide a tailored program that facilitates recovery and resolution, keeping each recovering employee safe and productive at work.

The *EMPI@NAB* guide sets the scene (at the primary intervention level) for the provision of consistent actions when individual employees are affected by psychological symptoms or injury. The guide enables intervention at the secondary and tertiary levels to be consistent, appropriate and firmly founded on evidence-based practice. The guide provides clearly defined instructions on actions.

5. IMPROVE TRAINING AND AWARENESS OF MENTAL HEALTH AND PSYCHOLOGICAL INJURY MANAGEMENT

Participants in the Comcare research noted that mental health awareness training was very effective, and recommended that it be provided on an ongoing basis.

Sustain: Create a work environment that will sustain employees

Developing a supportive workplace climate and promoting mental health awareness can be encouraged through information and training. Providing training and information that is endorsed by the senior executive, and engages appropriate experts in development and delivery, adds authority and builds support.

Promoting understanding of mental health and psychological injury contributes to the development of a supportive culture which enhances the resolution of ill health and the return to work of employees with psychological injury.

In addition to providing access to information and training within the workplace, employers can provide information on external resources and support services, including what is available and how to gain access to it.

Safety: Establish and maintain an OHS system that integrates psychological health

Raise awareness of psychological health as central to OHS by communicating this to the workforce using a variety of means—for example, induction programs, the corporate intranet, training and awareness activities, and wellbeing programs.

OHS policies and procedures are critical to educating the workplace on the importance of psychological health and safety. Ensure that this message is integrated into the OHS management system, policies and procedures.

Reporting hazards and injuries is a necessary and well-understood process for dealing with physical injury. Employees need to become aware that the mechanisms for reporting physical hazards and injuries apply also to psychological hazards and injuries. Training in OHS can assist employees to understand that psychological injuries and hazards are to be noted, reported and resolved, as physical hazards are.

Strategy: Establish durable return-to-work systems to facilitate effective return to work after psychological injury

The role of case managers is central to durable systems that drive return to work after psychological injury. The return-to-work system should recognise that case managers require specific education and training in managing psychological injury cases, and ensure that they are adequately skilled and supported to fulfil their role. This can be facilitated through appropriate recruitment, education and training, and access to ongoing professional development.

Return-to-work systems can also be improved by giving managers and others with people-management responsibilities regular training and information on mental health and how to manage employees with psychological injury.

Recognition: Recognise early warning signs

Recognition of early warning signs is crucial to assisting an employee who might be developing psychological symptoms. Recognition and early intervention can be encouraged through the implementation of regular targeted programs aimed at increasing awareness of psychological injury indicators.

Regular information can be provided to employees, as a reminder, on recognising behavioural signs of psychological distress. Training, posters, newsletters and webcasts are some ways to circulate and reinforce this information.

Response: Provide early support—develop and agree on a plan

Education on appropriate steps to take when psychological distress is suspected is critical for all employees. The steps must include appropriate actions to protect the health and safety of others and to fulfil the duty of care to the individual in the workplace context.

Where the employee is absent from the workplace, the workplace is best served by making early contact with the employee and maintaining appropriate communication. The contact should be made by the most appropriate person (taking into account the employee's role, skills, qualifications and experience). The employee's manager, where suitable, can be informally trained through this process if they are not the person making contact.

Assessment of the injured employee is conducted by service providers who have appropriate relevant skills, qualifications and experience in psychological injury management.

Recovery and resolution: Keep the employee safe and productive at work

It is important that people understand their roles in providing a supportive working environment for an employee returning to work after psychological injury.

This may involve training and education in psychological injury and rehabilitation for the manager and colleagues. The education provided will depend on the type and level of disclosure approved by the injured employee. The education may relate to the provision of a supportive workplace, in line with policy, or may involve specific information on providing support to a colleague who is returning to work after incurring a psychological condition.

Example: An employer applying the holistic model to achieve Principle 5

Australian Federal Police

The role of the Australian Federal Police (AFP) is to enforce Commonwealth criminal law and to protect Commonwealth and national interests from crime in Australia and overseas. The AFP is Australia's international law enforcement and policing representative, and the government's chief source of advice on policing issues. The AFP works closely with a range of other law enforcement bodies at state, territory, national and international levels, enhancing safety and providing a secure regional and global environment.

This case study illustrates how the AFP uses a holistic systems approach to the management of psychological injury. The case study focuses on *AFP Wellbeing Services* and how they contribute to the holistic systems approach, particularly to Principle 5 *Training and awareness of mental health and psychological injury management*.

The AFP provides wellbeing services and education, supported and endorsed by its senior executive. In May 2008, AFP Commissioner Mick Keelty spoke at the Australian Human Resource Institute on 'The AFP: Workforce planning for international deployments'. In his presentation, he included an overview of AFP Wellbeing Services and their importance to the organisation.

Our Wellbeing Services provide comprehensive and multi-disciplinary integrated services including psychologists; Chaplains; family liaison officers; wellbeing officers; and an external Employee Assistance Program.

These services are integrated under one banner to facilitate a service that is proactive and responsive in meeting the needs of our members and their families.

... We believe that to be successful as an organisation we have to give a lot of attention to the people in the organisation because they are the ones who deliver the services. So we try and provide that type of support not only through formal educative programs before they join the organisation but, once they are in the organisation, that they are well catered for through our Wellbeing Services, and as I say, which is provided by both professionals and also outsourced personnel.

—AFP Commissioner Mick Keelty, 22 May 2008,
Melbourne Convention Centre

Endorsing the importance of wellbeing services, including education, facilitates the development of a supportive culture and the utilisation of the services made available to employees.

The AFP acknowledges that 'law enforcement work is one of the most stressful occupations a person can undertake'. In recognition of this, a range of support services to assist employees has been implemented to create a work environment that will **sustain** employees. The AFP provides access to both formal and informal support, and services to assist employees who are experiencing psychological distress in the workplace and/or in their private lives. The range of services demonstrates a commitment to providing assistance that is relevant to the workplace and to accommodating employees' varying needs and preferences.

Recognition of signs of psychological distress is enhanced and encouraged through training provided by the AFP at induction and to senior leaders. The training covers recognition of early warning signs and symptoms, and also raises awareness of psychological conditions. The AFP has also engaged with *beyondblue*, the national depression initiative, to raise awareness of mental health, within the organisation.

The AFP provides early support and education in the steps to take in **response** to noted psychological distress. Programs to educate employees include programs in mental health first aid and suicide prevention.

AFP Wellbeing Services provide services to educate and assist employees and their families, including access to the following:

- > **Psychology Services:** providing a range of psychology services, including debriefing and individual counselling.
- > **Chaplaincy Services:** AFP chaplains provide pastoral care and religious services to the AFP to support the spiritual needs of its workforce.
- > **Wellbeing Network:** The AFP Wellbeing Network provides direct support to the AFP workforce in regional offices. Wellbeing officers provide individual counselling, as well as group programs and advice to management.
- > **Family Liaison Officer Network:** AFP family liaison officers provide support to the families of deployed AFP members, whether or not those members are accompanied on deployment. They provide support before and during deployment and assist with the reintegration of the member and their family on their return to Australia.
- > **Employee Assistance Program:** The AFP provides a confidential external counselling service for members and their families through an outsourced employee assistance provider.
- > **Confidante Network**
- > **Wellbeing Peer Support Program**

At the primary intervention level, the AFP creates an environment supporting high-quality involvement to promote awareness of mental health through the suite of AFP Wellbeing Services. If employees or their families are affected by psychological symptoms and injury, AFP Wellbeing Services are able to provide a safety net of services targeting intervention to assist, support and educate the employee, and prevent psychological injury if possible. Services exist to provide support and intervention at the tertiary level as required, to facilitate appropriate assistance for those who have incurred a psychological injury.

MONITOR AND REVIEW

Monitoring and reviewing the implementation and effectiveness of interventions against agreed performance indicators and targets are important to determine whether the organisation's program is meeting its objectives, and are crucial to ensuring continuous improvement.

Comcare's *Working Well publications* (Pub 46, 56 and 57) provide a considered overview of monitoring and review, covering setting targets, determining performance indicators, and deciding the style of program review. Those matters are not dealt with again in this document. Instead, this document suggests sources of valid and reliable information to measure. Reliable and sound data is essential for effective review and continuous improvement.

Monitoring and reviewing is recognised as the fourth step in the recommended four-step process to risk management endorsed by Comcare:

1. Identifying the sources of potential harm
2. Systematically assessing the risk
3. Developing and implementing a plan
4. Monitoring and reviewing

MONITOR

In the monitoring phase, measurement is the first step to better results. Measurements should be taken at the primary, secondary and tertiary levels of intervention and be based on robust and reliable data collection systems. For measurement to provide meaningful information, objectives and **targets** must be set.

Performance indicators are the measures or metrics used to help an organisation define and evaluate the success of an intervention or program.

By establishing performance indicators to measure changes in the workplace, the organisation will be able to monitor:

- > the implementation of strategies and activities designed to address or minimise risk
- > the outcomes or effectiveness of those strategies and activities
- > changes in hazards or levels of risk.

Performance indicators aid effective decision making and promote improvement. There are benefits in having a range of performance information in place for psychological injury management. This may include information from:

- > the Comcare Customer Information System (CIS)
- > premium information
- > survey data
- > Approved Rehabilitation Provider performance.

CUSTOMER INFORMATION SYSTEM

Comcare's Customer Information System (CIS) provides customers with access to injury management and claims information through a secure website. The service is provided to Comcare customers free of charge. CIS is a useful tool, and larger agencies often use this information to develop action plans in response to identified problem areas.

Agencies can obtain more information on CIS from their National Customer Manager at Comcare. Licensees self insured under the Comcare scheme will have in place their own information system.

A number of key CIS reports can be accessed to provide useful information for:

- > early intervention
- > return-to-work planning
- > working with rehabilitation providers
- > monitoring performance.

An easy reference guide can be accessed at the Comcare website: www.comcare.gov.au > Injury management > Monitoring performance > Key CIS injury management reports

Licensees are required to report against the Safety, Rehabilitation and Compensation Commission performance indicators twice a year. More information is available on the commission's website: www.srcc.gov.au > Self insurance > Licence conditions and performance outcomes

THE PREMIUM

Changes to the premium calculation model in recent years mean that premiums are now more responsive to the claim performance of each agency than was previously the case. This is particularly true for claim costs. The duration of payments for time off work is a key driver of claim costs.

Comcare sets a unique rate for each agency for each financial year. The rate is expressed as a percentage of the agency's payroll for that year. The premium rate responds to trends in claim performance. To reduce future premium rates, agencies must:

- > reduce the number of claims by preventing injuries
- > reduce the claim costs.

Payments for time off work make up the largest component of the cost of claims, so the best way for agencies to reduce claim costs is to manage the early, sustainable return to work of each claimant. While most claimants have less than one week off work, the few claimants who will be on benefits for more than one year create most of the claim costs.

SURVEY DATA

Employee survey information can also be useful in identifying workplace problems and areas of need. High-performing organisations report that survey response action plans should be incorporated into local business plans, organisational human resource strategies and workforce plans in real time.

APPROVED REHABILITATION PROVIDER PERFORMANCE

It is the agency's responsibility to manage, monitor and assess the approved rehabilitation provider's performance in providing the contracted services for individual cases.

Provider performance can be measured by reviewing the timeliness of the provider's services, the degree of involvement with stakeholders, adherence to estimates, such as cost and duration, and the quality and outcome of the services.

Every three years, Comcare also reviews the performance of rehabilitation providers to determine their eligibility for reapproval. Data is obtained on:

- > their return-to-work rate
- > the median cost of their return-to-work plans
- > the median duration of their return-to-work plans.

In addition to these performance measures, Comcare assesses providers' performance against the *Standards for Approved Rehabilitation Providers*. Agencies can obtain a copy of the standards from the Comcare website:

www.comcare.gov.au > Forms and publications > Publications > Injury management > Operational standards for rehabilitation program providers

A booklet, *Operational Standards for Rehabilitation Program Providers*, has been prepared by Comcare and is issued to approved rehabilitation program providers. The operational standards define performance requirements in the delivery of services to employers. The standards are issued under section 34 of the *Safety, Rehabilitation and Compensation Act 1988*.

The Comcare Prevention and Injury Management Section (PIMS) is available to provide assistance in monitoring techniques. For the contact details of the PIMS team, see page 41.

REVIEW

Targets are set for the interventions and programs that contribute to the holistic systems approach to the management of psychological injury. Data on the performance indicator is then collated. The information gathered allows a considered review of the programs and areas for development.

Reviewing interventions and initiatives helps to ensure that they effectively address the workplace issues they were designed to address. This management process, in which the organisation regularly evaluates programs and interventions and improves their efficiency, effectiveness and value, is referred to as 'continuous improvement'.

Continuous improvement is essential to achieve better practice in the management of psychological injury in the workplace. It requires regular and effective monitoring and evaluation, followed by considered action. The goal is to achieve continuous improvement in incremental steps, rather than expecting a dramatic and uniformly positive impact.



It is important to regularly review the organisation's approach to OHS management and to ensure that performance is continuously improved wherever possible.

Reviews of OHS management systems and strategies may include activities such as:

- > a full annual audit of the effectiveness of a system
- > strategic monthly reviews following analysis of objectives, targets and performance indicators
- > a review following hazard inspections
- > during audit of a particular group, division or branch (for example, an Australian National Audit Office or internal audit)
- > as a feedback mechanism from staff following training
- > after an investigation into an incident or accident.

Regular reviews of the performance of OHS management and appropriate corrective action will result in continuous improvement. This process should identify:

- > reasons why OHS performance does not meet the organisation's targets and objectives, if performance is deficient
- > instances of noncompliance with legislative requirements
- > opportunities to improve the organisation's OHS performance by changing the OHS management system
- > changes necessary as a result of the introduction of new technology, plant, equipment, chemicals or work practices
- > the effectiveness of any changes made to the system.



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THE SYNTHESIS

The health and wellbeing of employees can directly affect morale, commitment and productivity. It is important for employers to focus on improving and sustaining organisational health as part of everyday business.

This ensures that employees are supported and are able to contribute effectively to organisational goals.

Comcare has released a publication dealing with the concepts and objectives of psychological health in the workplace: *Building a case to invest in OHS and organisational health*. That publication examines the elements of organisational health and the steps involved in designing and implementing effective organisational health programs, and outlines the benefits employers can expect to receive from investing in organisational health initiatives. Not only do organisational strategies manage the risks of injury and disease, they also reduce costs, increase productivity, raise staff morale and enhance performance.

Effective organisational approaches need a combination of primary, secondary and tertiary level interventions. Employers use primary intervention measures to address hazards in the workplace through hazard identification, risk assessment and risk control. The interventions and resources in place at the primary level contribute to the development and maintenance of a workplace culture that supports employee welfare and safety. Secondary level interventions aim to reduce the severity of consequences of exposure to hazards and harm, and respond to early indicators such as illness symptoms, incident reports or absenteeism. The tertiary level interventions deal with the consequences of injury through effective rehabilitation.

It is important to integrate organisational health strategies with broader business needs and the corporate goals of the organisation. Organisations should use existing business case processes (*Building a case to invest in OHS and organisational health includes a business case template*). Positive outcomes for employees and employers can be gained from effective intervention and management of high-risk injuries and illness.

The following lists employee and organisational outcomes for each dimension of the model. These outcome areas help organisations define and measure the current performance and success of organisational health.

Employee outcome
Job satisfaction
Engagement
Physical health
Psychological health

Organisation outcome
Productivity
Positive workplace relations
Good reputation
Capability

Key indicators are used to measure an organisation's success against the outcome areas. They help to identify areas of organisational health that may need attention and form the basis of developing strategies for improvement.

Employee outcome – key indicators
Measures of job satisfaction and job health
Measures of organisational commitment
Workers' compensation claims
Employee Assistance Program usage

Organisation outcome – key indicators
Measures of productivity
Measures of workplace conflict
Measures of client satisfaction
Measures of turnover
Measures of absenteeism

Comcare recommends that organisations integrate their health and safety management activities into core business. Building a case to invest in OHS and organisational health outlines a strategic approach to planning and achieving successful and sustainable interventions.

NEED HELP?

A range of useful resources are available to help employers meet their duty of care and prevent and manage psychological injury. The publications listed below can be accessed through the Comcare website. A training and seminar calendar is also regularly updated and available from the site.

WEBSITE

www.comcare.gov.au > Safety and prevention > Health and safety topics > Psychological injury

SPECIALIST ADVICE

Comcare can assist employers to develop and implement effective early intervention and return-to-work strategies and, in particular, prevention activities (including advice on best practice and support to mitigate identified risks). Services include:

- > advice about duties under legislation
- > injury prevention and injury management support
- > online access to guidance materials
- > seminars and information sessions
- > email help-desks for advice on prevention and management:
 - ohs.help@comcare.gov.au
 - PIMS.help@comcare.gov.au
 - claims.help@comcare.gov.au.

PUBLICATIONS

- > *Working well: An organisational approach to preventing psychological injury*
- > *Working well: Steps to prevent and manage psychological injury*
- > *Working well: Strategies to prevent psychological injury at work*
- > *Recognition, resolution and recovery: Early intervention to support psychological health and wellbeing*
- > *The principles of effective OHS risk management*
- > *Identifying hazards in the workplace*
- > *OHS risk management model*
- > *Injury prevention: Some practical suggestions for managers*
- > *Looking after your employees during times of change*
- > *Preventing and managing psychological injuries in the workplace—Agency heads and senior managers' guide*
- > *Preventing and managing psychological injuries in the workplace—Managers' guide*
- > *Return to work—Easy reference guide*
- > *Guide to Comcare's Customer Information System*
- > *Building a case to invest in OHS and organisational health*

TRAINING AND NETWORKING

Comcare provides a comprehensive national customer education program designed and delivered to meet the emerging needs of employers within the Commonwealth jurisdiction.

Training programs tailored to meet the needs of managers and staff responsible for preventing and managing workplace injury in the jurisdiction are available. They focus on:

- > safe workplaces
- > claims management
- > injury prevention
- > injury management.

The national training calendar contains popular courses, such as *Case management* and *Managing complex psychological and pain injuries*. The calendar is available for viewing at:

www.comcare.gov.au > Training > View training calendar

WHERE TO START

Comcare has developed self-directed questions to help employers tailor psychological injury management interventions to meet the needs of the workplace. The self-directed questions are in Appendix B.

APPENDIX A: HEALTH AND SAFETY EXECUTIVE (UK) MANAGEMENT STANDARDS

DEMANDS

Includes issues like workload, work patterns, and the work environment

The standard is that:

- > employees indicate that they are able to cope with the demands of their jobs
- > systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > The organisation provides employees with work demands that are adequate and achievable.
- > People's skills and abilities are matched to job demands.
- > Jobs are designed to be within the capabilities of employees.
- > Employees' concerns about their work environment are addressed.

CONTROL

How much say the person has in the way they do their work

The standard is that:

- > employees indicate that they are able to have a say about the way they do their work
- > systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > Where possible, employees have control over their pace of work.
- > Employees are encouraged to use their skills and initiative to do their work.
- > Where possible, employees are encouraged to develop new skills to help them undertake new and challenging pieces of work.
- > The organisation encourages employees to develop their skills.
- > Employees have a say over when breaks can be taken.
- > Employees are consulted over their work patterns.

SUPPORT

Includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues

The standard is that:

- > employees indicate that they receive adequate information and support from their colleagues and superiors
- > systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > The organisation has policies and procedures to adequately support employees.
- > Systems are in place to enable and encourage managers to support their staff.
- > Systems are in place to enable and encourage employees to support their colleagues.
- > Employees know what support is available and how and when to access it.
- > Employees know how to access the required resources to do their job.
- > Employees receive regular and constructive feedback.

RELATIONSHIPS

Includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

The standard is that:

- > employees indicate that they are not subjected to unacceptable behaviours, such as bullying at work
- > Systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > The organisation promotes positive behaviours at work to avoid conflict and ensure fairness.
- > Employees share information relevant to their work.
- > The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour.
- > Systems are in place to enable and encourage managers to deal with unacceptable behaviour.
- > Systems are in place to enable and encourage employees to report unacceptable behaviour.

ROLE

Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles

The standard is that:

- > employees indicate that they understand their role and responsibilities
- > systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > The organisation ensures that, as far as possible, the different requirements it places upon employees are compatible.
- > The organisation provides information to enable employees to understand their role and responsibilities.
- > The organisation ensures that, as far as possible, the requirements it places upon employees are clear.
- > Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role and responsibilities.

CHANGE

How organisational change (large or small) is managed and communicated in the organisation

The standard is that:

- > employees indicate that the organisation engages them frequently when undergoing an organisational change
- > systems are in place locally to respond to any individual concerns.

What should be happening / states to be achieved:

- > The organisation provides employees with timely information to enable them to understand the reasons for proposed changes.
- > The organisation ensures adequate employee consultation on changes and provides opportunities for employees to influence proposals.
- > Employees are aware of the probable impact of any changes to their jobs. If necessary, employees are given training to support any changes in their jobs.
- > Employees are aware of timetables for changes.
- > Employees have access to relevant support during changes.

Source: www.hse.gov.uk > Guidance > Topics > Stress



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APPENDIX B: QUESTIONS TO HELP EMPLOYERS GET STARTED



SUSTAIN (HEALTH AND SAFETY EXECUTIVE (UK) MANAGEMENT SYSTEMS)

Demands	What does your organisation have in place to manage workplace demands on employees? e.g. workloads, work allocation, work patterns, work environment (including OHS)
Control	What does your organisation have in place to address the control employees have over their work and the workplace? e.g. pace of work, task rotation, input to learning and development, work scheduling, breaks and consultation
Support	What does your organisation have in place to ensure that support and feedback are provided to staff (and they know how to access assistance), and to encourage staff to provide support to colleagues?
Relationship	What does your organisation have in place to address conflict and unacceptable behaviour?
Role	What does your organisation have in place to enable staff to understand their role and responsibilities?
Change	What does your organisation have in place to ensure that adequate consultation with, and provision of information to, staff occurs before, during and after times of change?

SAFETY (OHS MANAGEMENT SYSTEMS, INCORPORATING AS 4801)

Commitment	<p>How does the organisation demonstrate commitment to the prevention of psychological injury?</p> <p>Do regular reviews of OHS identify psychological injury hotspots, psychological injury trends, organisational hazards and methods of risk assessment for psychological injury? How? Describe.</p> <p>To what extent is senior leadership involved in, or kept informed of, the psychological health of the organisation?</p> <p>Do you have a documented health, safety and welfare policy that covers psychological health?</p> <p>How does the policy cover management commitment to comply with OHS legislation, as it relates to psychological health?</p> <p>How do policy details refer to management and individual employee responsibilities?</p> <p>How is the policy communicated throughout the organisation?</p>
Planning	<p>Has the organisation identified hazards which may lead to a psychological injury? How are employees involved in this? What are the hazards?</p> <p>Does the organisation have objectives and benchmarks for psychological health? What are they?</p> <p>How do your planning processes address critical incidents? How do you ensure that vulnerable employees access appropriate assistance? How have you prepared for the possible psychological impact of a critical incident on staff?</p>
Implementation	<p>Who is responsible for the prevention of psychological injury within the organisation?</p> <p>Is there an induction program providing information on psychological health?</p> <p>Is it provided to</p> <ul style="list-style-type: none"> > new employees > all employees > contractors > employees changing roles? <p>Do you have targeted strategies addressing psychological health and employee wellbeing? What is provided, and to whom?</p> <p>Do you address psychological health in a manner that embraces diversity in culture, language, literacy, vision and hearing?</p> <p>How does the organisation disseminate information and consult staff on psychological health matters?</p>

Measurement and evaluation	<p>How does the organisation monitor the psychological health of staff?</p> <p>Is there a systematic process in place to enable the organisation to gather information on incidents, accidents and hazards relating to the psychological health and wellbeing of staff? How do you use that information to control identified hazards and reduce risk?</p> <p>What processes are in place to act upon noted psychosocial hazards?</p> <p>How does the organisation review its performance against psychological health benchmarks?</p> <p>How does the organisation review psychological health initiatives?</p>
Review and improvement	<p>How are the regular measurement and evaluation findings used to modify and determine interventions to address psychological health?</p>

STRATEGY (RETURN-TO-WORK MANAGEMENT SYSTEMS)

Commitment	<p>How does the organisation demonstrate commitment to effective and efficient return-to-work case management of psychological injury?</p> <p>Does the organisation's rehabilitation (return-to-work) policy include a statement of management commitment to the return-to-work process? Specifically for psychological injury?</p> <p>Does the organisation use an early intervention framework or early reporting system for psychological injury or employee distress?</p> <p>How is management accountable for return-to-work outcomes?</p> <p>How are senior managers kept informed on return to work after compensable and non-compensable psychological injury?</p> <p>Is the return-to-work system reviewed regularly? Are the results reported to senior management?</p>
Planning	<p>How are employees consulted on development and review of rehabilitation (return-to-work) policy?</p> <p>How is the policy communicated to all staff?</p> <p>How are you assured that the policy is understood throughout the organisation, at all levels?</p> <p>Is there a separate policy for psychological injuries?</p> <p>How does the organisation ensure that assistance and rehabilitation intervention occurs as soon as practicable after psychological injury (regardless of liability determination)?</p> <p>Is there an early intervention funding policy relating to psychological injury?</p> <p>Do the return-to-work procedures enable supervisors, line managers and case managers to be notified promptly of injuries and absences? What action follows this?</p> <p>Does your rehabilitation (return-to-work) policy address both compensable and non-compensable psychological injuries?</p> <p>Is there a policy providing guidance on contacting absent staff? Does that policy provide guidance to supervisors and employees?</p> <p>How is case management delivered in the organisation (e.g. in house, outsourced, mixture)?</p> <p>What skills or qualifications are required to fill the role of case manager or return-to-work coordinator in your organisation?</p> <p>Does the organisation have objectives and benchmarks for return to work specifically for psychological injury? What are they?</p>

Implementation	<p>Are safety and rehabilitation goals or outcomes in performance agreements?</p> <p>How is the responsibility for premiums devolved across the organisation?</p> <p>What skills development activities, networks and supports are offered to your case managers to help them manage psychological injury cases?</p> <p>What training opportunities in return to work, specifically for psychological injury, are made available to managers and supervisors?</p> <p>How are supervisors involved in return-to-work planning and preparation?</p> <p>How does your organisation provide and support redeployment within the organisation after psychological injury?</p> <p>How does your organisation provide and support interagency redeployment after psychological injury?</p>
Measurement and evaluation	<p>What processes are in place to monitor the organisation's rehabilitation performance in return to work after psychological injury? How often is this done?</p> <p>What processes are in place to manage, monitor and assess the organisation's approved rehabilitation provider's performance? How often is this done?</p> <p>How do you monitor and evaluate effectiveness in early intervention?</p>
Review and improvement	<p>How are the regular measurement and evaluation findings used to modify and determine interventions to address return to work and rehabilitation?</p>



