WORKING FOR RECOVERY
A SNAPSHOT

Suitable employment for return to work following psychological injury
Psychological injury remains a major source of lost time and compensation cost in the Comcare scheme, more so in the Australian Public Service (APS). The impact of mental ill health is even greater when secondary conditions are taken into consideration—in many cases, while an initial claim is not caused by mental illness, it can become a secondary medical condition.

If someone is off work due to mental ill health, what might begin as a temporary incapacity for work can drift into long-term disability, disadvantage and unemployment. Work loss due to mental ill health has costs for the individual, their families and communities. In addition, the cost to government and business are cumulative and include absenteeism, reduced productivity and higher workers’ compensation premiums.

Providing suitable employment for injured employees is a key requirement under federal law. Section 40 of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) requires employers to take all reasonable steps to provide suitable employment for an employee with a compensable condition.

The Comcare scheme experience shows that managers can struggle to find suitable employment for employees with psychological injuries. Recent compensation data highlights that employees with claims for psychological injury are staying off work for longer. This has played a substantial role in increasing workers’ compensation premiums for employers.
Working for recovery has been developed to supplement Comcare’s First steps back: A guide to suitable employment for rehabilitation case managers. It provides additional information and guidance to assist employees with a psychological injury or mental ill health return to suitable employment.

The guide is specifically intended to help managers and case managers optimise work participation and improve outcomes for psychological injury claims. However, much of the material is relevant regardless of whether the condition is compensable.

The guide reflects best practice, provides common sense approaches to dealing with tough issues and points to a range of other useful information, guidance material and resources.

The guide has been developed from practitioner insights, leading expertise, recent research, and the lived experience of those who have been through the journey to recovery.

Working for recovery is structured to provide clear information, practical guidance and helpful resources to assist managers and rehabilitation case managers to understand why, what and how to:

> respond early
> understand work capacity
> provide flexible solutions
> coordinate return to work
> empower employees
> tackle barriers and address risks.

The guide also offers:

> information on best practice principles for return to work interventions for workers with mental ill health conditions
> a range of ideas for practical work modifications for psychological symptoms
> some risk mitigation strategies for mental health and safety
> guidance on the use of a Mental health workplace support plan
> a staged rehabilitation example (for psychological injury)
> a range of additional resources, links to more information and additional support materials.

INTRODUCTION
Providing suitable employment for injured employees is a key requirement under federal law.

‘It’s about what the injured worker is capable of doing and can agree to do…for their mental state of mind and physically too. It’s being back at the workplace and trying to be as normal as possible even if it’s only for a short period at first.’

Kat Rajak, HR and rehabilitation case manager, Old Parliament House
Managers or case managers are not expected to diagnose a mental health condition. However, the earlier they notice that an employee is experiencing potential signs of mental ill health, the sooner they can take steps to help them.

Understanding how the person’s mental health condition may impact on their function at work is central to initiating a plan that can enable a return to work or keep the employee engaged in work.

The guide provides advice on:

- the importance of staying in touch while an employee is away
- strategies for staying connected
- having a conversation to express support and concern.

The manager and rehabilitation case manager need to understand the employee’s capacity as well as what support and rehabilitation assistance they require. Employers should proactively seek information from treating practitioners on what the employee can do rather than what they cannot do, and work with the general practitioner to facilitate a return to work.

The guide provides advice on:

- clarifying issues and breaking down misperceptions through active communication
- seeking practical, empowering, work applicable medical advice
- identifying rehabilitation needs and how work activity can be an integral part of rehabilitation
- selecting a workplace rehabilitation provider appropriate to the case
- coordinating communication with treating practitioners at key recovery milestones
- using rehabilitation case conferencing.
Work accommodations (adjustments) are integral to the return to work process for employees with psychological injury. A lack of options for modified tasks, limited knowledge about modified work programs, negative attitudes from employees, and lack of support from co-workers around modified work can all impede recovery and return to work.

Supervisors and managers play a key role in addressing these barriers, offering people pathways back to work, and identifying workplace solutions that will enable people to recover and get on with their lives.

The guide provides advice on:

> what reasonable adjustments are
> steps for identifying reasonable adjustments in the workplace
> important issues to consider when making reasonable adjustments
> a range of practitioner identified approaches to practical work modifications for employees with psychological symptoms.

Getting the right medical treatment is important, but health care alone has little impact on work participation outcomes. A medical model can sometimes fail to address underlying problems. It can also disempower people who are supposed to benefit from services—by failing to recognise the service users’ own strengths and assets—and can engender a culture of dependency that stimulates demand for more services.

Each person’s needs are better met when they are involved in an equal and reciprocal relationship with rehabilitation professionals and others, working together to get things done.

The guide provides advice on:

> information and suggested strategies to empower the employee to manage their own injury
> recognising the employee’s existing capabilities and strengths
> setting clear expectations
> facilitating rather than delivering
> recognising progress
> having recovery focused conversations
> using problem solving strategies.
COORDINATE RETURN TO WORK

Return to work is a collaborative effort that involves the employee, manager and rehabilitation case manager, treating practitioners and others working together to facilitate a healthy and safe return to work.

Clear communications between treating practitioners and employers—facilitated by appropriately qualified workplace rehabilitation providers—makes it easier to establish how the workplace can best accommodate and support the employee’s rehabilitation and return to work goals, aligned with medical advice.

The guide provides advice on:

> working collaboratively to develop a staged rehabilitation program
> developing functional and SMART goals—specific, measurable, achievable, relevant and timely
> creating a supportive environment for return to work
> regularly monitoring and assessment of goals to ensure they remain appropriate.

This part of the guide also includes a staged rehabilitation example (for psychological injury).

TACKLE BARRIERS AND ADDRESS RISKS

Whether an ill or injured person becomes incapacitated for work is not simply a consequence of the severity of their condition—many other factors have an impact.

There are many non medical factors that influence whether a person continues to work, including whether health and safety risks have been addressed, individual beliefs about the importance of work, and the management of their illness and absence by their employer, insurer, treatment providers and family.

Identifying barriers and risks is about looking for unhelpful behaviours and circumstances. Managers and rehabilitation case managers have significant opportunities to identify the workplace factors that may be creating barriers to return to work. It is their responsibility to address these workplace risks to ensure a safe return to work.

The guide provides advice on:

> a range of factors and warning signals to consider
> the importance of taking action to remove or minimise identified barriers and risks
> a number of practical strategies to address workplace psychosocial risks.
We need to ‘promote the necessary shifts in beliefs and understanding, and reverse the belief that we have to be totally fit and well to work or that recovery from illness or injury must be complete before return. Restoration of working life is closely allied to clinical goals [and recovery]’.

Dame Carol Black, National Director for Health and Work, United Kingdom
To view the full guide visit
www.comcare.gov.au