

Return to work in psychological injury claims

Analysis of the Return to Work Survey results

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safe work australia

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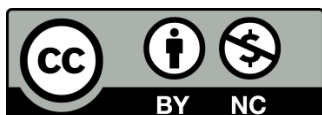
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Return to work after psychological claims

An analysis of the Return to Work Survey results

1. Introduction

Psychological claims (sometimes called 'psychiatric claims' or 'mental health claims') are less frequent than physical injury claims but they can be more complex, with longer periods of time off work and lower chances of eventual return to work (RTW). They can substantially affect the well-being of the employee with the injury, the employer, and ultimately the community.

The aim of this project is to explore the factors which influence RTW in psychological claims. This project focuses on barriers and facilitators to RTW which can be influenced by policymakers. For example, policy makers may be able to influence the employer response to injury but will not be able to influence the duration of employment at the workplace prior to the injury.

1.1. Presentation of results

This first report, *Return to work in psychological injury claims*, explores RTW and potential influencing factors through an analysis of data from the National Return to Work Survey. Two measures of RTW are used: the percentage of employees (workers) at work at the time of the survey interview, and the percentage back at work for at least three months at the time of the survey interview. The definitions of these measures are provided below. RTW results are compared by potential influencing factors. This first report includes a review of the literature on RTW after psychological injury, and highlights the survey results' consistency with the available literature on psychological injury RTW influences.

The second report, *Return to work: a comparison of psychological and physical injury claims*, explores the similarities and differences between the two types of claims. Two aspects are examined: RTW by influencing factors, and the differing views of employees with physical and psychological injury claims about their RTW experiences.

1.2. Information analysed for this project

The data used in this report are from the National Return to Work Survey. The Survey is administered by the Social Research Centre using Computer Aided Telephone Interviewing.¹ This report includes the combined results from the 2013 and 2014 surveys. The response rate was approximately 80% of those who could be contacted.

The Survey questions employees who have experienced an injury and have an accepted claim about their RTW experience. They are asked about their RTW status and their views on their interactions with their employer, treating practitioners, and the insurer or claims administrator. They are also asked about their health, barriers and facilitators to RTW, and about RTW initiatives.

The Survey is undertaken with a sample of injured workers who:

- have had at least one day away from work
- submitted a claim in the two years prior to the interview period, and
- worked in either premium-paying or self-insured organisations.

Details of the Survey can be found on the [National Return to Work Survey](#) page of the Safe Work Australia website. Approximately 9300 workers were surveyed over the two years. Seacare results have not been included in this analysis because of the unique nature of the Seacare system. Of the 9377 results included in this analysis: 6.1% (575) had psychological claims and 93.2% (8736) physical claims. 66 cases were missing an injury classification.

Not all questions were asked in both years of the Survey, and not all questions were asked of workers in each jurisdiction (in this context, 'jurisdiction' refers to the varying systems of workers compensation in Australia, each regulated by a different government entity. These include, for example, WorkSafe Victoria, Comcare, WorkCover NSW, ReturnToWorkSA). Not all jurisdictions were included in both years of the Survey, and not all jurisdictions included psychological cases in both sample years.

Psychological claims were identified through the Type of Occurrence Classification System used by schemes and claims administration organisations in Australia. Psychological claims assessed in these reports are those lodged as a primary psychological claim. This analysis does not include claims from employees who lodge a physical injury claim and subsequently develop psychological conditions, such as secondary depression.

Note that the Survey data was analysed to examine the relationship between RTW and potential influencing factors. The results show association, which does not equate to causation.

RTW measures used in this report are:

- **Current RTW proportion:** the proportion of injured workers who had returned to work and were working in a paid job at the time of the interview. This includes return to the employee's normal job, other work, and includes normal or reduced hours of work.
- **3-month stable RTW proportion:** the proportion of injured workers who had returned to work and been back at work for at least three consecutive months at the time of the interview.

Many of the Survey questions require answers to be provided on a Likert Scale (strongly agree, agree, neither agree/nor disagree, disagree or strongly disagree). For clarity and ease of understanding, most questions using those levels of agreement were transformed into 'agree' or 'do not agree'. 'Do not agree' includes 'neither agree nor disagree', 'disagree' and 'strongly disagree'. Participants who answered 'Refused' or 'Don't know/Can't say' have been excluded from the analysis.

About 270 questions could have been included in this report – too many to meaningfully digest. Many questions in the Survey were therefore grouped into themes, representing employees' views on:

- their employer's response to the injury
- lodging a claim
- whether their medical treatment supported RTW
- system/insurer quality
- their own resilience, and
- their work and workplace culture prior to their injury.

Before grouping questions into themes, correlation assessments were performed using SPSS. Questions within most themes, other than the resilience questions, were strongly correlated ($p < .001$). Further information on this procedure is included in the methodology section in the Appendix.

The results represent the average of the responses to individual questions included in each theme. For example, if six questions make up a theme, the average RTW rate across the six questions for the 'agree' response is compared to the average RTW rate for the 'do not agree' response.

1.3. Strengths and limitations of the RTW Survey data

An important feature of the Survey is that workers with injuries and claims are asked about their experiences directly. While there are many influences on RTW, ultimately it is often workers who make decisions about whether they will return to the workplace and the workforce. In comprehensively exploring the experiences and perceptions of injured workers, the Survey captures many important influences on RTW.

The limitations of using the Survey data include:

- The information is cross-sectional, rather than following people over time. This can lead to higher levels of bias. For example, if an employee is treated negatively by their employer after they lodge a claim, it may influence their views of how they were treated before the injury occurred.
- RTW is analysed only from the worker's viewpoint. The worker's perceptions and beliefs are important, but may not fully reflect all of the barriers and facilitators to RTW.

1.4. How to interpret the results shown in this report

Charts

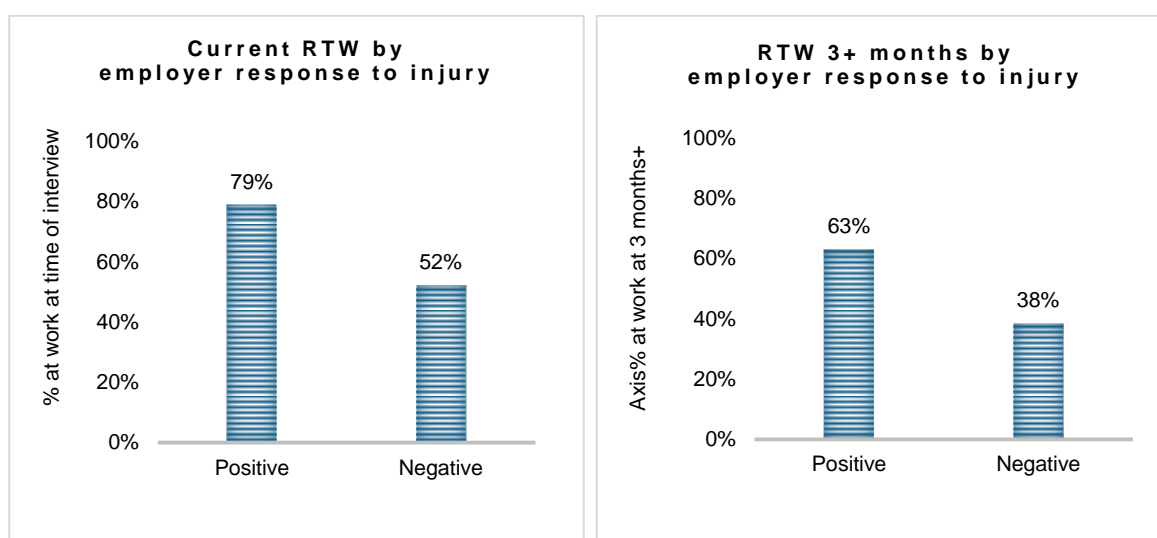
The charts in this report show the proportion of workers at work, grouped by workers' responses to relevant questions. The responses are grouped into two categories – positive/negative, high/low or yes/no, depending on the nature of the questions.

For example, workers were asked a series of questions about how their employer responded to their injury. Workers' responses to these questions were sorted into two categories: those stating that the employer had responded positively (positive), and those stating that the employer had not responded positively (negative).

As shown in the chart below, of the group who had a positive response from their employer, 79% were at work at the time of the Return to Work Survey interview. This contrasts with the group who had a negative response from their employer, where only 52% were at work.

The chart on the left shows the *Current RTW proportion*. The chart on the right shows the *3-month stable RTW proportion*. The columns represent the proportion working.

The proportion of workers at work is seen in the columns, grouped under positive and negative response categories. N = the number responding to the question



N = 340

Tables

Two types of results are included in the tables:

- **RTW results by employee responses to individual questions:** this information helps identify which factors influence RTW.
- **Overall employee responses to the same questions, whether the worker is back at work or not:** These results show employees' views on various aspects of their interaction with the RTW process. These results are particularly important in the second report, *Return to work: a comparison of psychological and physical injury claims*, highlighting the difference between the experience of those with psychological and physical injury claims.

The blue-shaded tables represent RTW results by workers' responses to individual questions (or tables similarly formatted, for those reading this report in black and white). Individual questions are grouped under the relevant themes.

For example, in the table below, 79% of workers who agreed their employer did what they could to support them were at work at the time of the Survey, versus 53% of those who did not agree with this statement.

Percentage at work at time of interview by response to employer support questions

At work at time of interview	Of those who agreed, % at work	Of those who did not agree, % at work
Your employer did what they could to support you	79%	53%
Employer made an effort to find suitable employment for you	81%	50%
Employer provided enough info on rights and responsibilities	81%	50%
Your employer helped you with your recovery	83%	54%
Your employer treated you fairly DURING the claims process	73%	53%
Your employer treated you fairly AFTER the claims process	77%	51%
Your employer did what they could to support you	79%	53%

Orange-bordered tables (or tables similarly formatted) represent the overall percentage of employees agreeing with individual questions, whether they had returned to work or not.

In the table below, 27% of employees with a psychological claim agreed with the statement that their employer did what they could to support them. Thirty-four per cent agreed that their employer had made an effort to find suitable employment for them.

Percentage who agreed with employer support questions

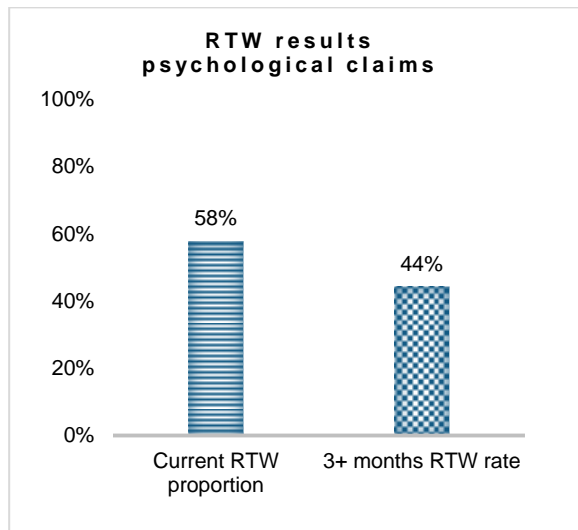
Influencing factor	Agreed
Your employer did what they could to support you	27%
Employer made an effort to find suitable employment for you	34%
Employer provided enough info on rights and responsibilities	32%
Your employer helped you with your recovery	23%
Your employer treated you fairly DURING the claims process	30%
Your employer treated you fairly AFTER the claims process	35%

Not all Survey questions were answered by all survey participants and therefore the number of respondents varies for each question. For this reason, sample size is not provided for each table, because tables include participant responses to several questions.

2. Summary of results

The Survey results of 2013 and 2014 show that 58% of respondents with a psychological injury claim were at work at the time of the Survey (Figure 1). Forty-four per cent had been back at work for three months or more.

Figure 1 – RTW results psychological versus physical cases



Return to work following a psychological injury is recognised to be slower and less likely than following a physical injury.² As outlined in the second report on this project, the proportion of those at work at the time of the Survey interview is much higher for those with a physical injury claim (79%) than a psychological claim (58%).

The proportion of employees at work when the Return to Work Survey interview was conducted is shown in Table 1 below. The results are separated into two groups, by whether the employee's views were positive or negative about potential influencing factors. The middle column shows the increase in RTW results with positive responses. Influencing factors may be responses to individual questions, or represent a summary score for relevant questions about that theme. For example, the theme employer response to injury is made up of responses to six questions about how the employer has responded to their injury.

Seventy-nine per cent of employees who considered their employer responded positively to their injury were at work at the time of the survey interview, compared to fifty-two per cent of those who did not.

The major factors associated with higher RTW results were in the employer's response to the psychological injury and early contact from the workplace.

Table 1 – Proportion of employees at work at the time of the Return to Work Survey by influencing factor

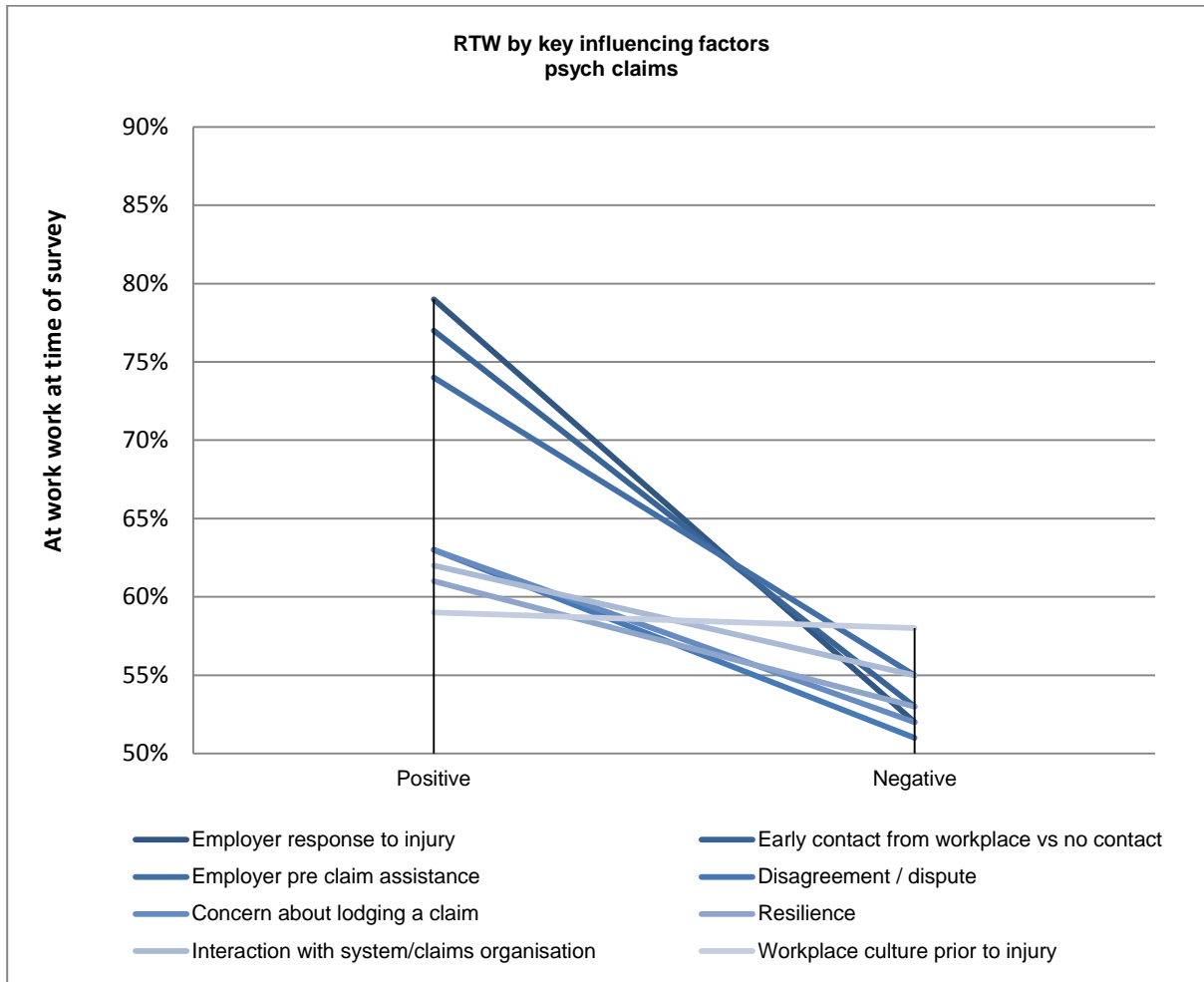
Influencing factor	Of those with a positive response, % at work	Of those with a negative response, % at work
Employer response to injury	79%	52%
Early contact versus no contact	77%	53%
Employer pre claim assistance	74%	55%
Disagreement/dispute	63%	51%
Concern about lodging a claim	63%	52%
Interaction with system/claims organisation	62%	55%
Resilience	58%	52%
Workplace culture prior to injury	59%	58%

Of employees who had been contacted by the workplace within three days of lodging the claim, 77% were back at work at the time of the Survey (had returned to work and were working when the Survey was undertaken). Of employees who had not been contacted by the workplace in relation to their injury, 53% of employees were at work at the time of the Survey.

Employer assistance before the claim was lodged, lack of worry about claim lodgement, and avoiding disputes were all associated with substantially better RTW results. The perception of workplace culture prior to the injury, employee resilience and interaction with the system/claims organisation were associated with smaller but still important differences in RTW.

The overall results are demonstrated graphically in Figure 2 below. This slopegraph highlights opportunities to improve RTW results through improving employee ratings of relevant influencing factors. The RTW results where there have been positive influences, such as a positive employer response to the injury, low levels of concern about lodging a claim, no dispute, or high levels of resilience, are on the left.

Figure 2 – Proportion of employees at work at the time of the Return to Work Survey by influencing factors



The proportions of employees who had been at work for three or more months at the time of the Survey follow a similar pattern.

This analysis expands on the previous Safe Work Australia report, *The Role of the Employer and Workplace. Australia and New Zealand: 2013*.³ Using the two-year sample, the important role of the workplace in RTW is again highlighted.

It could be considered that employees who held more positive attitudes were more likely to resume work, and that this is the basis for the association between better RTW results and employees' views on how they were treated. However a more positive response is not universally associated with better RTW results, for example, employees' views on the approach of their treatment providers. This is consistent with other studies which have explored satisfaction with the workplace, and treatment and RTW results.⁴

Only approximately one third of employees with a psychological claim considered their employers responded in a supportive manner. In fact, only 36% of employees with a psychological injury claim said their workplace had made contact with them about their injury.

The overarching finding of this study – that the workplace plays a major role in successful RTW – is in line with the literature review findings (Section 4). The results presented here suggest there are important opportunities to improve RTW outcomes in psychological claims and therefore reduce costs. Acting on these opportunities could begin with the development of improved strategies for managing the relationship between employers and employees, and employer confidence in communicating with employees with psychological claims.

3. Results

This section explores the influencing factors summarised in Table 1.

3.1. Employer response to injury

The employee's view of how their employer responded to their psychological claim had the greatest association with RTW results in this analysis of the Survey.

Workers were asked six questions about how their employer responded to their injury. Figure 3 represents the average results of these six questions. Positive scores reflect the workers' agreement with employer support questions.

Figure 3 shows that 79% of employees who agreed that their employer responded in a positive and supportive manner were back at work at the time the survey was completed, versus 52% of those who did not agree. Sixty-three per cent of employees who considered their employer responded in a positive and supportive manner were back at work for three months or more at the time of the interview, versus 38% who did not agree with that statement.

Figure 3 – Percentage RTW by employer response to injury



N = 270

Table 2 shows the variation in RTW results by the individual questions, reflecting the average score of the employer's response to the injury. Eighty-one per cent of employees who agreed their employer made an effort to find them suitable employment and 83% of those who considered their employer helped with their recovery were at work at the time of the interview. This compares to 50% and 54% respectively for those who did not agree with these questions. Similar findings were noted with respect to employer support, provision of information about rights and responsibilities, and fair treatment during and after the claims process.

Table 2 – Percentage at work at time of interview by response to employer support questions

Employer response to injury questions	Of those who agreed, % at work	Of those who did not agree, % at work
Your employer did what they could to support you	79%	53%
Employer made an effort to find suitable employment for you	81%	50%
Employer provided enough info on rights and responsibilities	81%	50%
Your employer helped you with your recovery	83%	54%

Employer response to injury questions	Of those who agreed, % at work	Of those who did not agree, % at work
Your employer treated you fairly DURING the claims process	73%	53%
Your employer treated you fairly AFTER the claims process	77%	51%

A strong association between employer response and RTW outcomes was found for workers who had been back at work for three or more months at the time of the interview (Table 3). Sixty-two per cent of those who agreed that their employer supported them had been back at work for three or more months at the time of the interview, versus 38% who did not agree. Similar findings were noted in relation to the employer making an effort to find suitable duties, and the other Employer response to injury questions.

Table 3 – Percentage RTW for three months or more at time of interview by response to employer support questions

Employer response to injury questions	Of those who agreed, % at work 3+ months	Of those who did not agree, % at work 3+ months
Your employer did what they could to support you	62%	38%
Employer made an effort to find suitable employment for you	64%	37%
Employer provided enough info on rights and responsibilities	62%	37%
Your employer helped you with your recovery	66%	39%
Your employer treated you fairly DURING the claims process	60%	41%
Your employer treated you fairly AFTER the claims process	64%	38%

Table 4 shows the proportion of workers with a psychological claim who agreed with the questions that make up the theme ‘employer’s response to the injury’, shown in Figure 3 above. This table includes the responses from all employees, whether they had returned to work or not.

Overall, about one third of workers who lodged a psychological claim reported support from their employer.

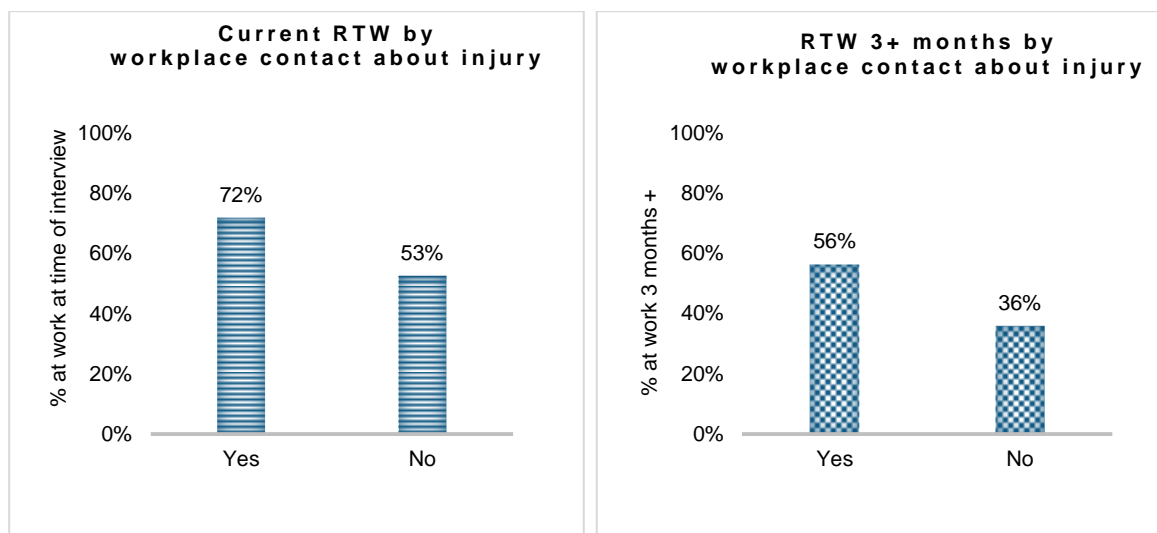
Table 4 – Percentage who agreed with individual questions about employer response to their injury

Employer response questions	Agree
Your employer did what they could to support you	27%
Employer made an effort to find suitable employment for you	34%
Employer provided enough info on rights and responsibilities	32%
Your employer helped you with your recovery	23%

Employer response questions	Agree
Your employer treated you fairly DURING the claims process	30%
Your employer treated you fairly AFTER the claims process	35%

Of workers who reported being contacted by someone from work, 72% were working at the time of the interview, versus 53% of those who reported no contact. This pattern was reflected in the percentage of employees back at work for 3+ months at the time of the interview (Figure 4). However, analysis of the data shows that only 36% of employees with a psychological claim said someone from work made contact with them about their injury.

Figure 4 – Percentage RTW by contact from the workplace



N = 395

The results of this analysis are line with the findings of the literature review in Section 4 of this report. As Dr Peter Cotton (who completed the literature review) points out, positive organisational responses to work injuries, support from the immediate manager, and availability of appropriate job accommodations facilitate RTW (relevant references are included in the literature review).

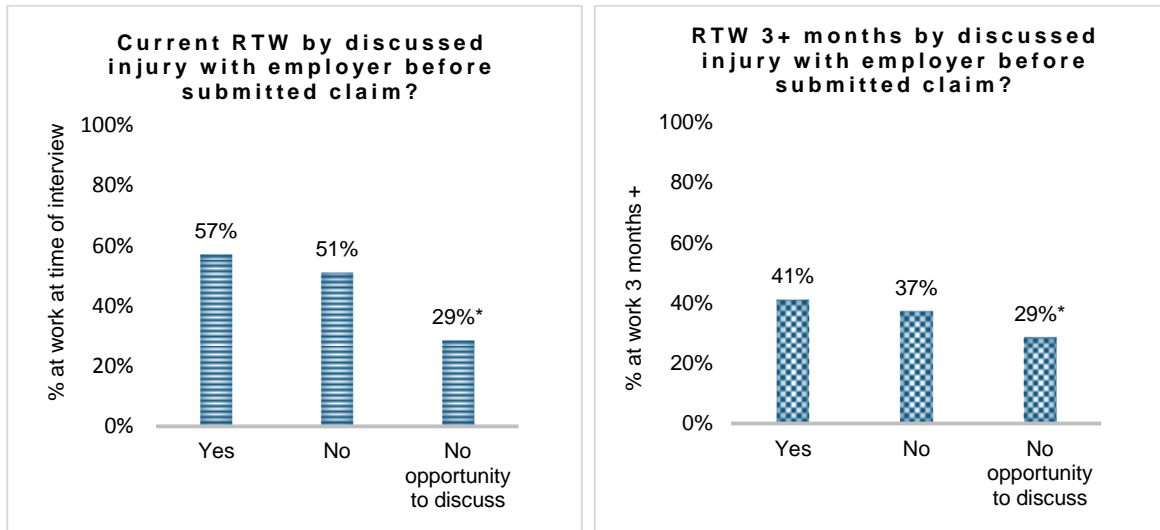
3.2. Early intervention

Responding promptly to an injury is recognized as an important contributor to RTW. Responding early was associated with higher RTW rates in this study.

The best early approach is to deal with issues/injuries when they occur, including before a claim is lodged. However, there are often delays between the injury and the worker lodging a claim, particularly if they are concerned that their claim will not be dealt with in a positive manner.

Figure 5 shows a higher percentage of people at work at the time of the interview when the employee had discussed the injury with their employer prior to submission of the claim. This was also observed in those who had been back at work for at least three months at the time of the interview.

Figure 5 – Percentage RTW by pre-claim discussion with employer



* There were 7 in this group, the result should therefore be interpreted with caution N = 325

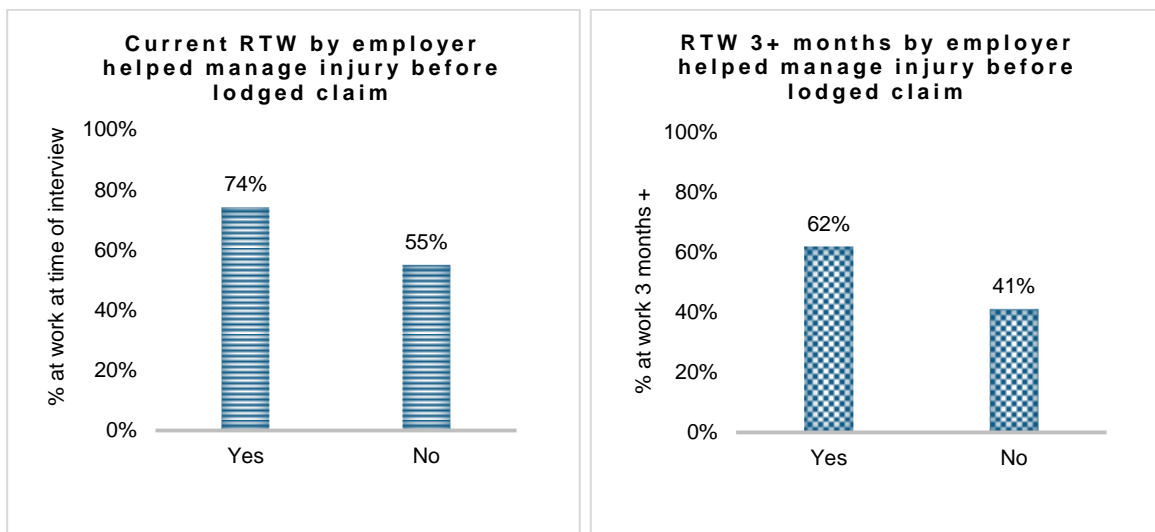
Sixty-nine per cent of employees discussed their injury with their employer prior to lodging their claim (Table 5).

Table 5 – Percentage who had pre claim discussion with employer

Percentage who had a pre claim discussion with employer	Agree
Yes	69%
No	29%
No opportunity to discuss this	2%

When the worker reported that their employer helped to manage their injury before claim lodgement there was clear improvement in the RTW rates. Figure 6 shows that 74% of employees who agreed with the statement that they had received help from their employer prior to claim lodgement were at work at the time of the Survey interview, compared to 55% of those who did not agree. Sixty-two per cent were at work for at least three months at the time the interview occurred compared to 41% who weren't at work for at least three months.

Figure 6 – Percentage RTW by employer pre-claim assistance with injury

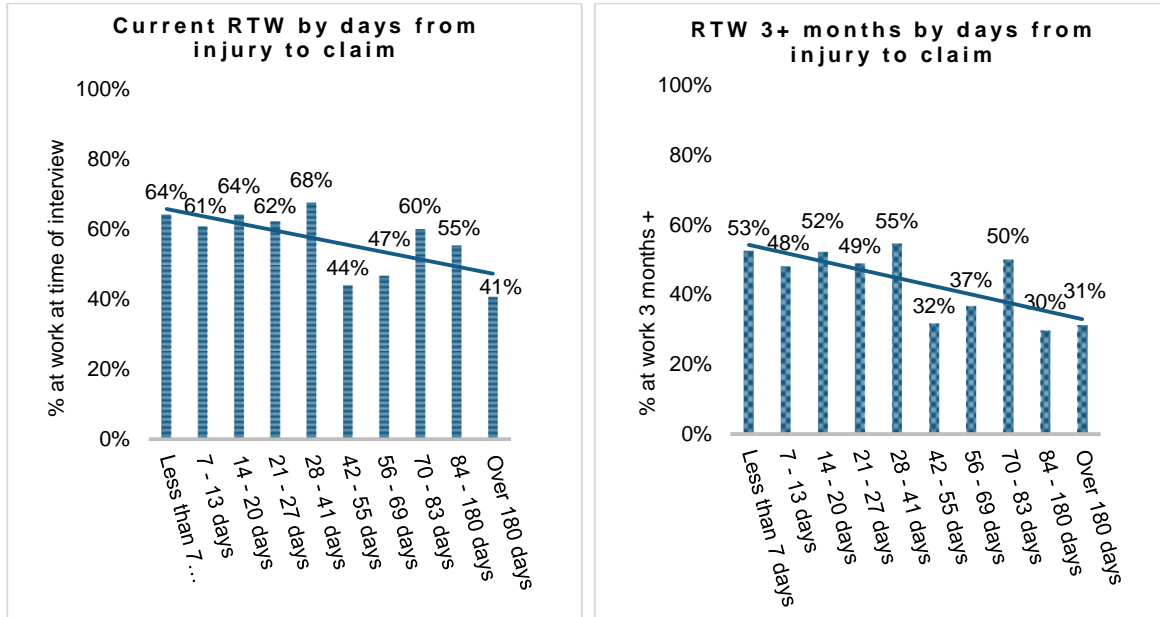


N = 440

However, data analysis showed only 20% of employees with a psychological claim reported that their employer provided assistance with their injury before they lodged their claim.

Early reporting helps early intervention. Figure 7 shows better RTW rates when there are short periods between the injury and claim lodgement. Sixty-four per cent of those who reported their psychological injury within seven days were back at work at the time of the interview, but only 41% of those who reported their injury more than 180 days after it occurred were back at work. Similar findings are noted for those back at work for more than three months at the time of the interview.

Figure 7 – Percentage RTW by time from injury to claim lodgement



N = 575

When contact had been made and the contact was early, within three days, 77% of employees were back at work (Figure 8). This question was only asked of employees who said their workplace had made contact. As noted previously in the Employer response to injury section, only 36% of employees with a psychological claim had received contact from their workplace. As such, the number of workers asked about the time it took for the workplace to make contact is relatively small (n=142). When contact had been made and the contact was over 16 days 60% of employees were back at work.

Figure 8 – Percentage RTW by time from injury to first employee contact

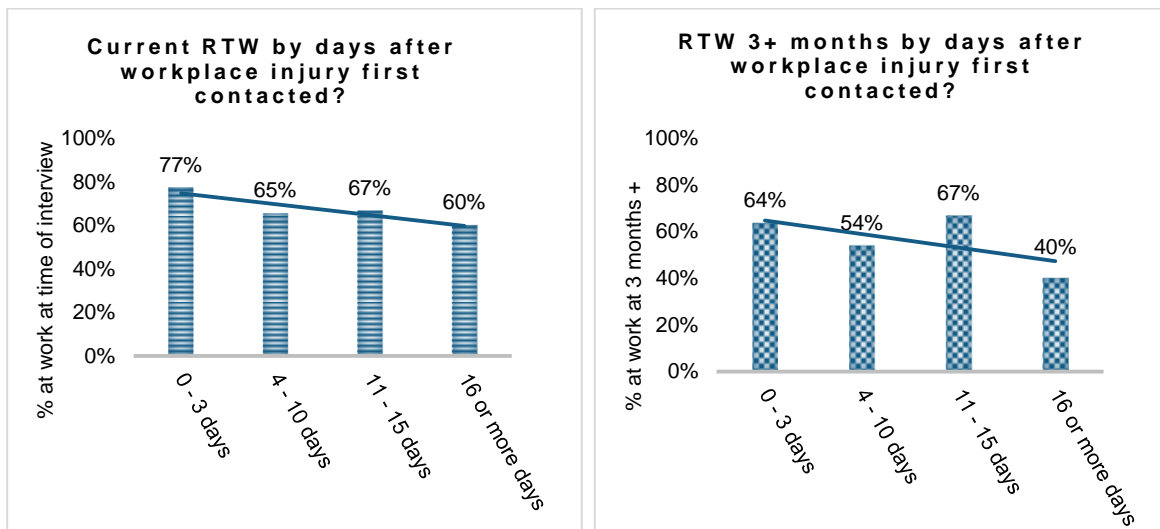


Table 6 shows that of those who were contacted, about 56% were contacted within three days. Nineteen per cent were not contacted for 16 days or more.

Table 6 – Percentage contacted within relevant time frames

Days to contact post-injury	
0-3	56%
4-10	20%
11-15	5%
16 or more	19%

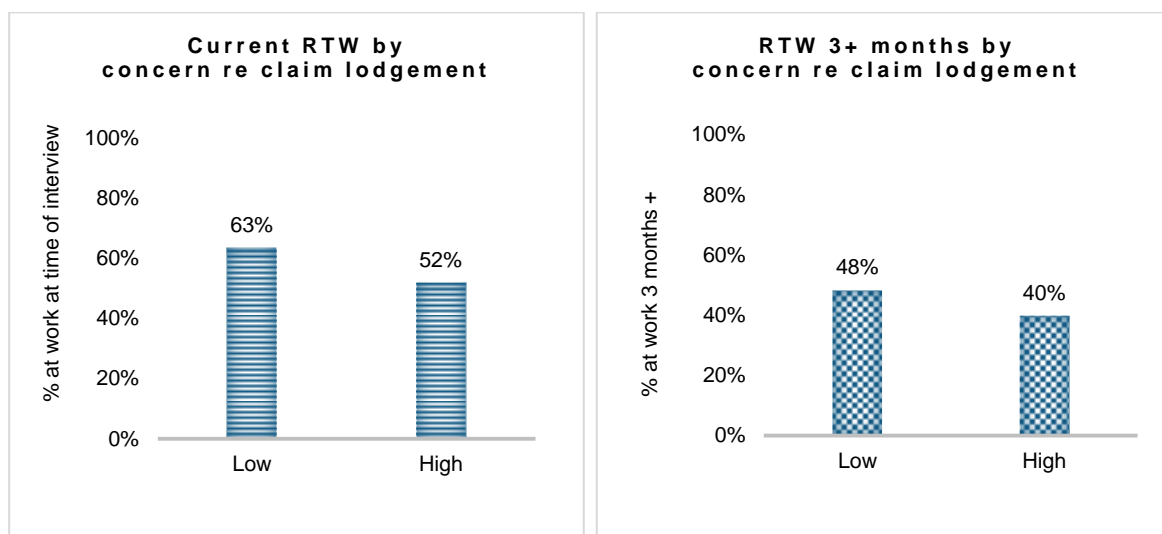
3.3. Concern about claim lodgement

A large proportion of employees expressed concern about lodging a psychological claim. Those concerned about lodging a claim had poorer RTW results.

Five questions targeted concern about claim lodgement. Figure 9 shows the RTW results by the average of the responses to the five questions.

Of those reporting low concern about lodging their claim, 63% were at work at the time of the Survey; this contrasts with 52% of those who reported greater concern. Low concern was associated with higher rates of being at work for at least three months when the Survey was completed, compared to those reporting high concern (48% versus 40%).

Figure 9 – Percentage RTW by concern about lodging a claim



N = 520

The individual questions relating to concern about lodging a psychological claim, and their response percentages, are listed in Table 7 and Table 8.

If the employee felt their supervisor thought they were exaggerating their injury, they were substantially less likely to be back at work. Findings were similar if the worker was concerned they would be sacked if they submitted a claim, if there was a difference of opinion with the employer or claim organisation about claim lodgement, or if they thought that their employer discouraged them from lodging a claim.

Table 7 – Percentage at work at time of interview by response to concern about claim lodgement questions

Concern about claim lodgement questions	Of those who did not agree, % at work	Of those who agreed, % at work
Felt supervisor thought you were exaggerating injury	66%	53%
Concerned that you would be fired if you submitted a claim	62%	49%
Thought you would be treated differently by people at work	62%	55%
	Of those that said No, % at work	Of those that said Yes, % at work
Difference of opinion with employer/claim organisation	63%	48%
Feel employer discouraged you from putting in a claim	64%	50%

Table 8 – Percentage RTW for three months or more at time of interview by response to concern about claim lodgement questions

Concern about claim lodgement questions	Of those who did not agree, % at work 3+ months	Of those who agreed, % at work 3+ months
Felt supervisor thought you were exaggerating injury	51%	40%
Concerned that you would be fired if you submitted a claim	48%	38%
Thought you would be treated differently by people at work	45%	42%
	Of those who said No, % at work 3+ months	Of those said yes, % at work 3+ months
Difference of opinion with employer/claim organisation	48%	39%
Feel employer discouraged you from putting in a claim	49%	40%

It is possible that concern about claim lodgement reflects an employee's anticipation of their employer's response to injury. Table 9 shows that many employees are worried about lodging their psychological claim. This ranges from 38% being concerned they will lose their job if they submit a claim, to 73% who reported concern they would be treated differently by people at work.

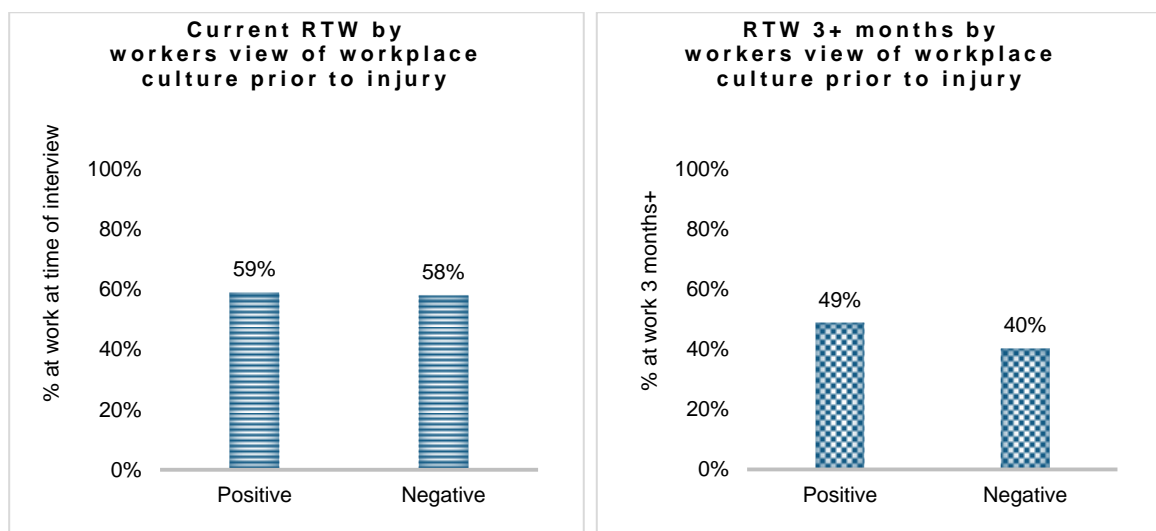
Table 9 – Percentage who agreed with individual questions about claim lodgement concerns

Claim lodgement concern questions	Agree
Felt supervisor thought you were exaggerating injury	59%
Concerned that you would be fired if you submitted a claim	38%
Thought you would be treated differently by people at work	73%
Difference of opinion with employer/claim organisation	51%
Feel employer discouraged you from putting in a claim	43%

3.4. Workers' view of the workplace culture prior to injury

The workplace environment influences RTW results. Figure 10 shows that a positive overall view of the workplace prior to injury was associated with a small increase in RTW results. At the time of the interview the difference is not materially different. Forty-nine per cent of those who had a positive overall view of their workplace were back at work for at least three months at the time of the interview compared to 40% of those who had a negative overall view of their workplace.

Figure 10 – Percentage RTW by workers' view of workplace culture prior to injury



N = 324

Five questions about the workplace culture prior to the injury were used to assess influence on RTW. These and their responses are shown in Table 10 and Table 11.

The factors associated with higher RTW were:

- the employee's supervisor was committed to workplace safety
- that employees and management were generally supportive of each other, and
- that colleagues were committed to workplace safety.

The factors for which there was a negative relationship, were:

- the work being done was valued by others, and
- job satisfaction.

Table 10 – Percentage RTW at time of interview by response to workplace culture individual questions

Workers view of workplace culture prior to injury questions	Of those who agreed, % at work	Of those who did not agree, % at work
The work you were doing was valued by others at work	53%	60%
Employees and management were generally supportive of each other	62%	52%
Your immediate supervisor was committed to workplace safety	65%	50%
Colleagues were committed to workplace safety	61%	50%
All things considered you were satisfied with your job	54%	58%

Table 11 – Percentage RTW for three months or more at time of interview by response to workplace culture individual questions

Workers view of workplace culture prior to injury questions	Of those who agreed, % at work 3+ months	Of those who did not agree, % at work 3+ months
The work you were doing was valued by others at work	42%	46%
Employees and management were generally supportive of each other	54%	39%
Your immediate supervisor was committed to workplace safety	55%	37%
Colleagues were committed to workplace safety	51%	35%
All things considered you were satisfied with your job	42%	45%

Table 12 shows that the majority of employees said the work they did was valued by others at work. In contrast, only 31% indicated that employees and management were generally supportive of each other, and only 34% agreed that their supervisor was committed to workplace safety.

Table 12 – Percentage who agreed with individual questions about workplace culture prior to their injury

Percentage who agreed with workplace culture questions prior to injury questions	Agree
The work you were doing was valued by others at work	71%
Employees and management were generally supportive of each other	31%
Your immediate supervisor was committed to workplace safety	34%
Colleagues were committed to workplace safety	52%
All things considered you were satisfied with your job	73%
The work you were doing was important to you *	95%

*This question was not included in Table 10 or Table 11 as the number who did not agree was too small to be meaningful.

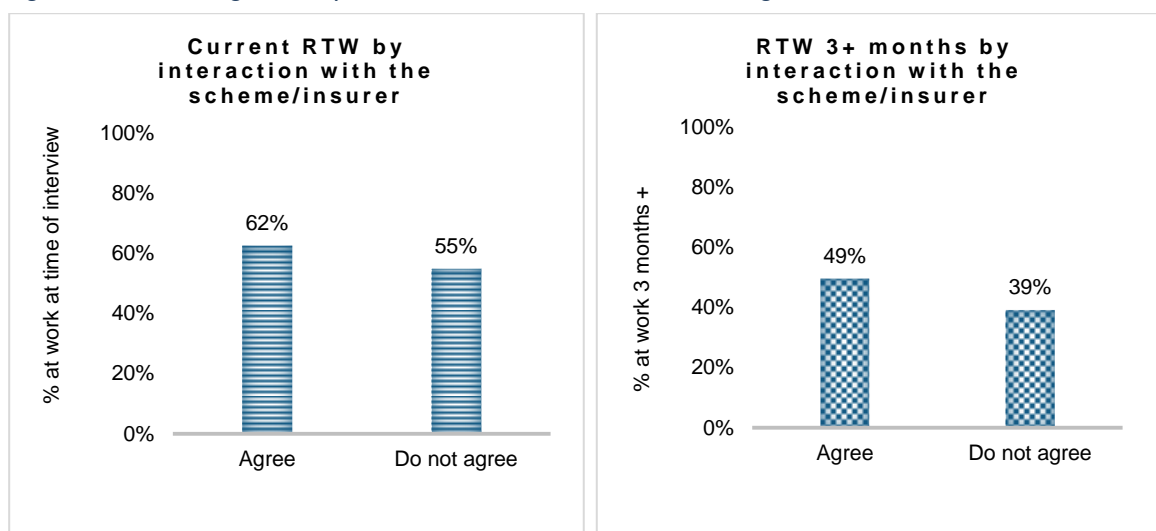
The higher rate of the worker being at work at the time of the interview, and higher rate of being at work for at least three months, seen in Figure 10, are again findings consistent with the literature review. As discussed in Section 4, workplaces that foster strengths, respectful interactions, positive work experiences, supportive leadership behaviours, and safety are associated with better employee engagement, reduced stress-related problems, and lower incidence of harassment and bullying. These factors are also associated with improved RTW results.

3.5. System/Insurer quality

Employees with a psychological injury claim rated the quality of their interaction with the scheme/claims organisation. Those who reported a more positive interaction with the scheme were more likely to be at work.

As seen in Figure 11, at the time of the interview 62% of those who had a more positive view were at work, compared to 55% who had a less positive view. Forty-nine per cent of those with a more positive view had been at work for three or more months at the time of the interview versus 39% with a less positive view.

Figure 11 – Percentage RTW by Interaction with the scheme/claims organisation



N = 472

Important differentiating questions were: agreement on the process being open and honest, good communication, that the system was working to protect the worker's best interests, and that the system treated the employee fairly (Table 13 and Table 14).

Table 13 – Percentage at work at time of interview by response to Interaction with the scheme/claims organisation individual questions

System/Insurer quality questions	Of those who agreed, % at work	Of those who did not agree, % at work
The process was open and honest	61%	54%
Good communication between the various people I dealt with	65%	54%
System was working to protect my best interests	64%	54%
I believe the system treated me fairly	61%	55%
I feel that the system helped me with my recovery	61%	57%

Table 14 – Percentage RTW for three months or more at time of interview by response to interaction with the scheme/claims organisation individual questions

System/Insurer quality questions	Of those who agreed, % at work 3+ months	Of those who did not agree, % at work 3+ months
The process was open and honest	49%	37%
Good communication between the various people I dealt with	50%	40%
System was working to protect my best interests	51%	39%
I believe the system treated me fairly	49%	38%
I feel that the system helped me with my recovery	48%	41%

Table 15 shows that about half of the employees interviewed gave positive responses to questions about their interaction with the scheme.

Table 15 – Percentage who agreed with individual questions about their interaction with the scheme/claims organisation

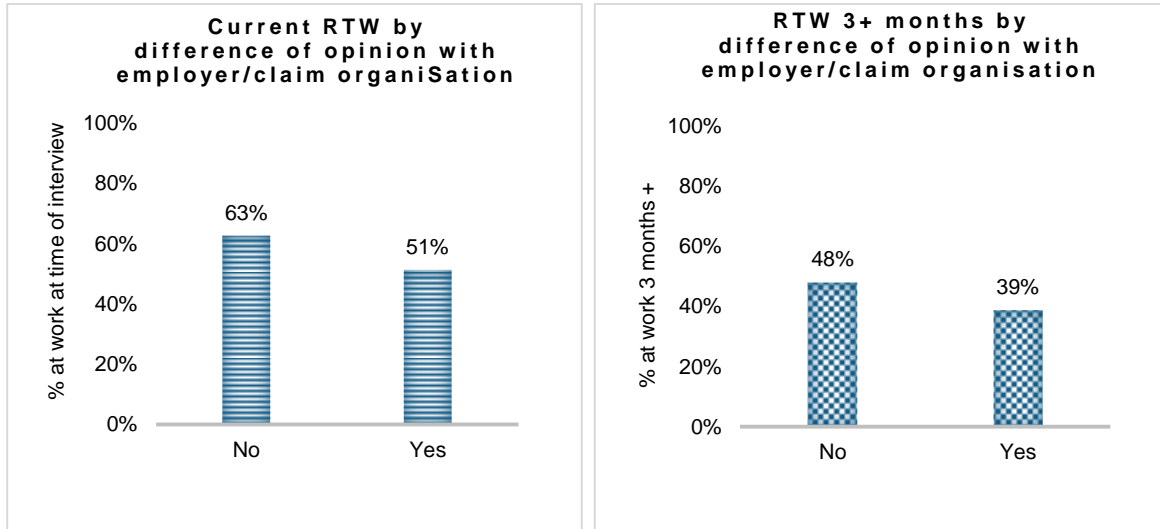
Scheme/claims organisation questions	Agree
The process was open and honest	60%
Good communication between the various people I dealt with	48%
System was working to protect my best interests	45%
I believe the system treated me fairly	56%
I feel that the system helped me with my recovery	50%

3.6. Disputes

Disputation interferes with RTW. Disputes can often result in reduced cooperation, less constructive communication, and incur delays in treatment and rehabilitation. The Survey data show rates of RTW are lower when disputes exist.

As shown in Figure 12, 63% of employees with a psychological claim advised that there was no difference of opinion of the RTW at the time of the interview compared to 51% where a dispute existed. Of those who were back at work for three or more months 48% didn't have a difference of opinion compared to 39% who did. As shown in Table 9, 51% of employees with a psychological claim indicated there was a difference of opinion with their employer/claim organisation.

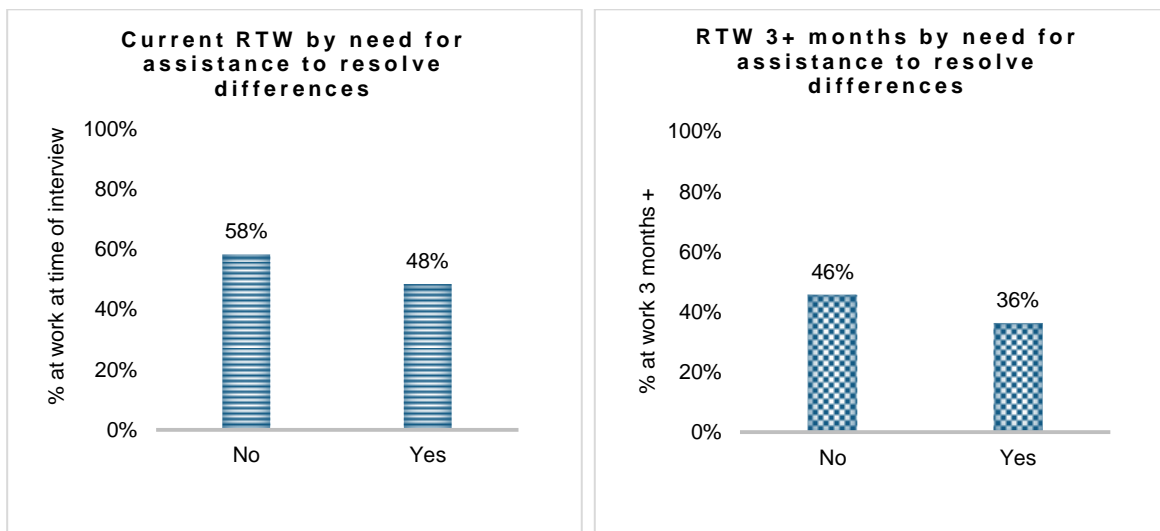
Figure 12 – Percentage RTW by difference of opinion



N = 541

Of those who had a dispute, data analysis showed 71% required assistance to resolve it. When assistance was required RTW results were again lower. When assistance was needed to resolve the dispute situation the magnitude of the difference was larger (Figure 13).

Figure 13 – Percentage RTW by needed assistance to resolve disputes



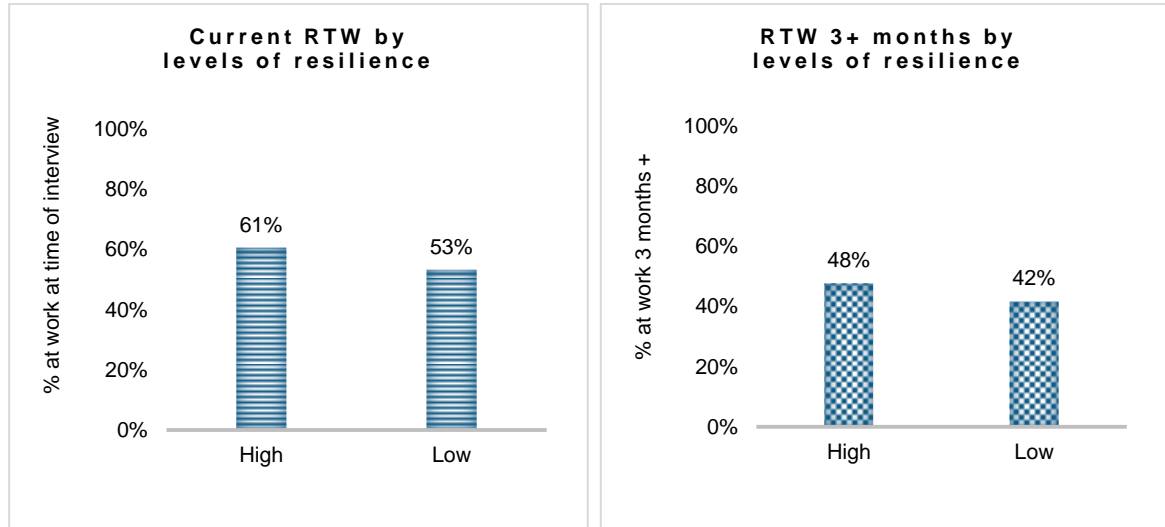
N = 275

3.7. Resilience

The Brief Resilience Scale⁵ is a validated measure of resilience, made up of six questions. High scores are positively related to coping, strong social relations and health. High scores are inversely related to anxiety, depression, negative affect and physical symptoms.

The Brief Resilience Scale questions are included in the Survey. Employees with higher levels of resilience were more likely to RTW, as seen in Figure 14.

Figure 14 – Percentage RTW by levels of resilience



N = 434

The Brief Resilience Scale includes three statements against which the employee is asked to rate their positive coping abilities (e.g. 'I tend to bounce back quickly after hard times') and three statements asking the employee about their difficulties coping (e.g. 'I have a hard time making it through stressful events'). Scoring adds the levels of agreement with 'ability to cope' questions and disagreement with 'difficulty in coping' questions. The individual questions are in Table 16 and Table 17 below.

For ease of identification, responses indicating greater resilience are in bold in the tables below. Higher resilience was associated with better RTW results.

Sixty-five per cent of employees who agreed that they bounce back quickly from hard times were at work at the time of the interview, versus 46% who did not agree (Table 16). Fifty per cent of those who agreed with this question were back at work for at least three months at the time of the survey interview, versus 38% who did not agree (Table 16 and Table 17).

Table 16 – Percentage at work at time of interview by response to resilience individual questions

Resilience questions	Of those who agreed, % at work	Of those who did not agree, % at work
I tend to bounce back quickly after hard times	65%	46%
Does not take long for me to recover from a stressful event	65%	50%
I usually come through difficult times with little trouble	60%	53%
I have a hard time making it through stressful events	58%	56%
It is hard for me to snap back when something bad happens	56%	59%
I tend to take a long time to get over setbacks in my life	59%	55%

Table 17 – Percentage RTW for three months or more at time of interview by response to resilience individual questions

Resilience questions	Of those who agreed, % at work 3+ months	Of those who did not agree, % at work 3+ months
I tend to bounce back quickly after hard times	50%	38%
Does not take long for me to recover from a stressful event	50%	40%
I usually come through difficult times with little trouble	46%	44%
I have a hard time making it through stressful events	46%	42%
It is hard for me to snap back when something bad happens	46%	45%
I tend to take a long time to get over setbacks in my life	48%	41%

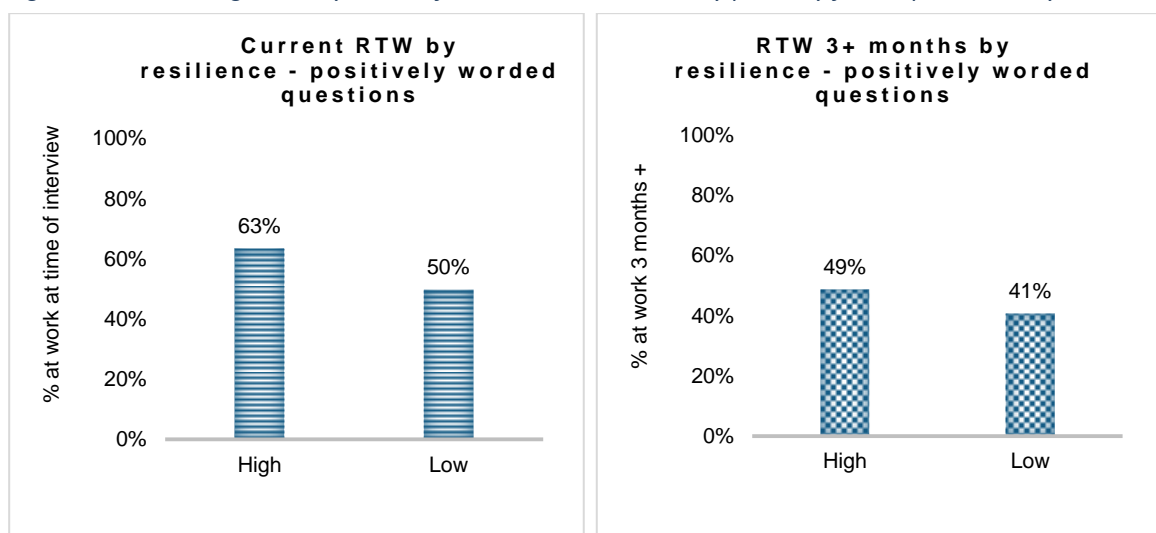
Table 18 shows the overall responses to the six questions which make up the resilience measure. Only the positive (high resilience) responses are included.

Table 18 – Percentage who agreed with individual questions about their level of resilience

Resilience questions	Agree	Do not agree
I tend to bounce back quickly after hard times	60%	
Does not take long for me to recover from a stressful event	45%	
I usually come through difficult times with little trouble	53%	
I have a hard time making it through stressful events		61%
It is hard for me to snap back when something bad happens		59%
I tend to take a long time to get over setbacks in my life		61%

The questions about coping abilities are associated with a greater difference in the RTW results (Figure 15). The reasons for this are not obvious. It may be that positively worded questions are a better differentiator of high versus low levels of resilience. This was not noted in the original paper assessing the validity of the Brief Resilience Scale.

Figure 15 – Percentage RTW by Levels of resilience as measured by positively frame questions only



N = 434

The value of assessing resilience is a subject of debate in the literature. Whether resilience is a modifiable trait of the individual remains an unanswered question.

As discussed in the literature review, individuals with higher levels of resilience who sustain a psychological injury cope more effectively and RTW earlier than employees with low levels of resilience.⁶ While personal resilience may yet be shown to be a modifiable factor, it is known to correlate strongly with self-efficacy, higher levels of positive emotions, problem-solving abilities and confidence, social support and adaptability;⁷ these are potentially modifiable characteristics.

3.8. Medical care focus on RTW

The association between medical care being focused on RTW and the RTW results has been challenging to assess. The difficulty with this potential influencer of RTW is that the vast majority of workers felt that their medical care included a focus on resuming work.

Further, the sample size of Survey respondents with psychological claims is 575, and the sample size for those answering ‘no’ to questions in this section was approximately 40. The lopsided nature of the response, along with the small number of those answering ‘no’, means the results are unreliable and difficult to interpret. The larger sample size of physical claims allows a more robust assessment.

Many jurisdictions have developed initiatives to improve certification and medical practitioners’ interaction with the scheme. While the results should be interpreted with caution, they have been included in the second report, *Return to work: a comparison of psychological and physical injury claims*.

3.9. Return to work plans

The Survey contains numerous questions about RTW plans. The difficulty in analysing the impact of RTW plans is that the methods by which they are developed and used vary. Some jurisdictions require them at certain time points; others do not.

When a worker is certified totally unfit for work, most employers do not develop a RTW plan. On the other hand, some do so as a way of preparing for the future, or influencing the treating practitioner. Some employees may not be aware that a RTW plan has been developed, particularly if they have been off work for only a short period.

Thus, RTW plans can be influenced by certification, and at times they can influence certification and RTW. Analysing RTW results by whether employees have a RTW plan in place is therefore not helpful. This report therefore describes analysis of selected questions about RTW plans.

If employees considered the RTW plan helpful, RTW was more likely (Table 19). The same findings were noted when the employee thought their views were taken into account (Table 20).

Table 19 – Percentage RTW by helpfulness of return to work plan

RTW plan helpful?	At work at time of interview	RTW plan helpful?	At work 3+ months
Very helpful	81%	Very helpful	65%
Helpful	71%	Helpful	58%
Not particularly helpful	73%	Not particularly helpful	58%
Not at all helpful	58%	Not at all helpful	42%

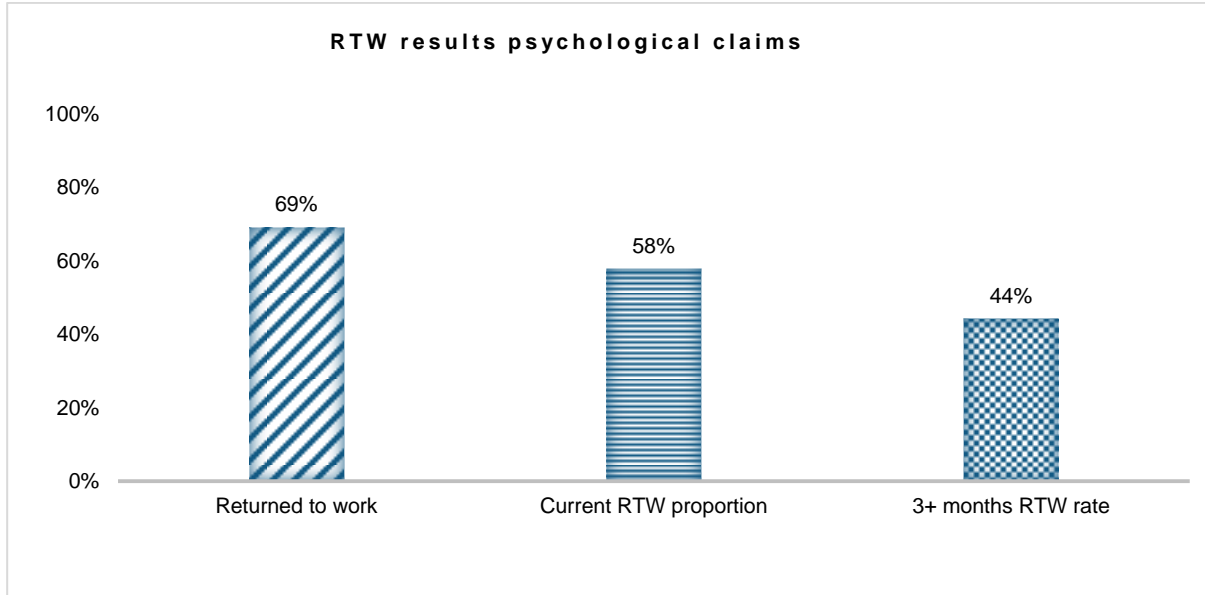
Table 20 – Percentage RTW by whether views were considered during RTW

Views considered during RTW	At work at time of interview	Views considered during RTW	At work 3+ months
Fully	65%	Fully	50%
Almost fully	65%	Almost fully	55%
Only partially	65%	Only partially	44%
Not at all	48%	Not at all	29%

3.10. Return to work results and demographic factors

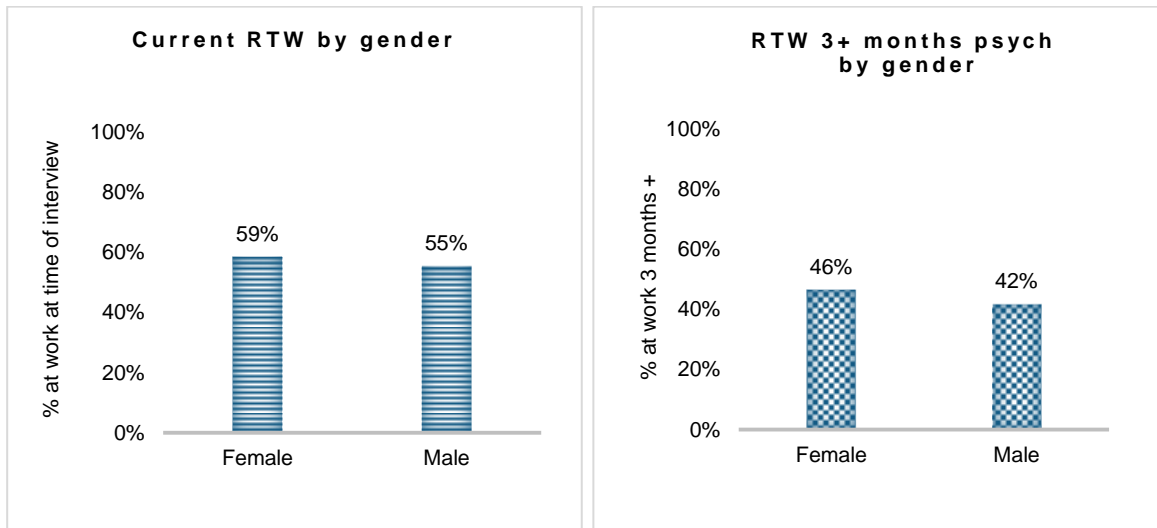
Figure 16 shows that 69% of workers with a psychological claim had returned to work at some point between lodging their claim and the time of the interview. Fifty eight per cent were at work at the time of the interview. Eleven per cent (69% minus 58%) had been back to work but ceased work before the interview (this was termed non-durable RTW in the RTW Monitor). Forty-four per cent had been back at work for at least three months at the time of the survey interview.

Figure 16 – RTW results psychological claims



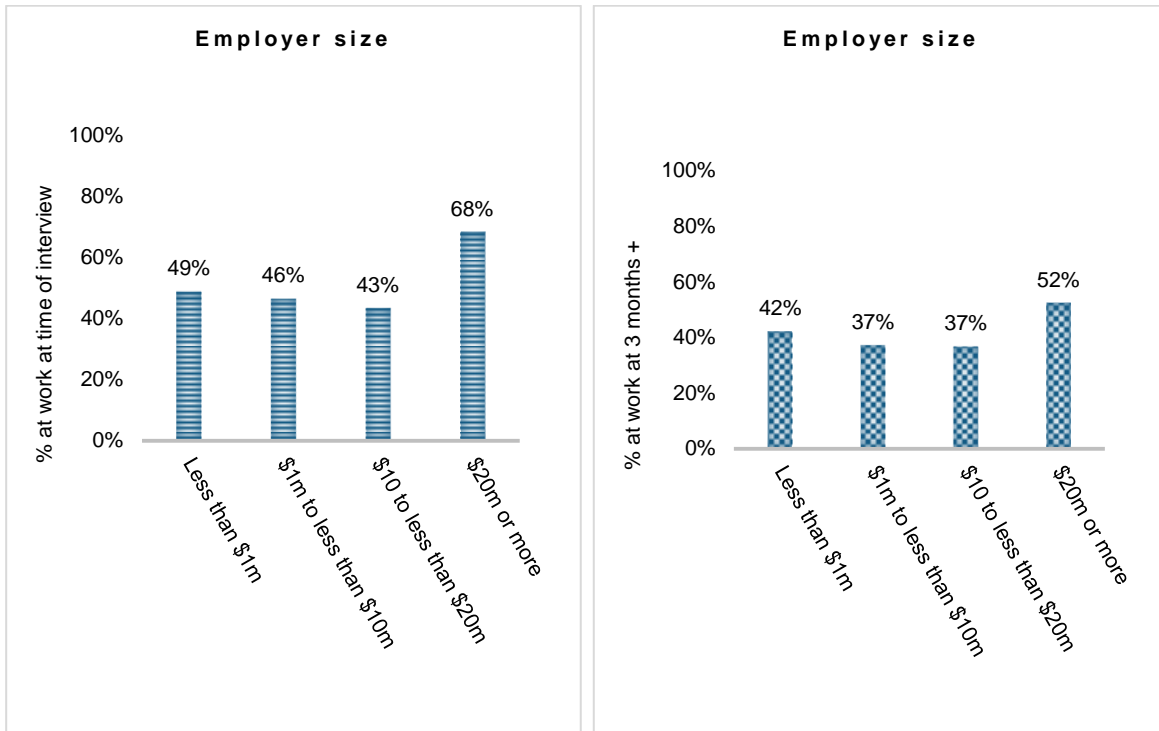
Women were more likely to claim psychological conditions than men: data analysis showed that 60% of claimants were female and 40% male. However, women were slightly more likely to RTW than men (Figure 17).

Figure 17 – Percentage RTW results by gender



Return to work was more likely at large employers, followed by small employers where the payroll was less than \$1 million (Figure 18). The likelihood of an individual being back at work was lowest at employers of \$1 million to \$20 million payroll.

Figure 18 – Percentage RTW results by employer size



4. Literature review – Workplace factors facilitating and hindering return to work of employees with psychological injuries

4.1. Key points

- Positive organisational responses to work injuries, such as support from management and co-workers and availability of suitable duties, facilitate RTW.
- There is little direct research on the employer's response to psychological claims.
- A positive workplace culture – in terms of fairness, supervisor support, and policies and practices that protect employees' psychological health – maximises employees' mental health.
- Supervisor support and early contact improve RTW results.
- Risk factors for prolonged work absence are similar for employees with mental health disorders and musculoskeletal conditions.
- An approach using positive psychology principles, resulting in increased levels of supportive leadership, employee decision-making involvement, and improved organisational morale, has been associated with significant reduction in psychological injury compensation claim costs.
- Employees with high levels of resilience can cope more effectively, and RTW earlier, than employees with low levels of resilience.

4.2. Context

Psychological injury (or mental injury) is essentially a diagnosable mental health disorder which is significantly influenced by work-related factors (excluding any and all effects of 'reasonable management action'). As such, psychological injury is a subset of the broader range of workplace mental health issues. Some 20% of working Australians experience a diagnosable mental health disorder at any one time.⁸

Work-related factors are one among many possible contributing factors. Many employees will experience a mental health problem irrespective of their work. The workplace incidence of mental health disorders tends to be skewed, with increasing incidence in lower-skilled occupations.⁹

It is clear that work-related factors such as exposure to challenging clients, potentially traumatic events, persistently high levels of work demands and poor-quality people management contribute to onset and exacerbate existing psychological distress symptoms in employees. Further, these factors increase the risk of poor RTW outcomes.^{10 11 12 13}

The incidence of psychological injury claims fluctuates from year to year across jurisdictions, and has recently been increasing.¹⁴ However, claim submission rates may not be a true reflection of the actual incidence of psychological injury. There are indications of under-reporting, for example, among casual employees, which may be linked to fears about job tenure.¹⁵ Notwithstanding the fluctuating levels of psychological injury reporting nationally, RTW outcomes have largely flatlined, without any significant improvement over the past several years.¹⁶

Researchers have examined characteristics of workers, the impact of treatment, as well as RTW practices.^{17 18 19} However, research on the specific impact of work-related factors is sparse.²⁰ There has been little research on the important component of the employer's response to psychological injuries. Existing research on work injuries and RTW has generally been focused on physical injuries rather than psychological injuries.

The focus of this review is work-related factors which facilitate or hinder RTW of individuals with psychological injury.

In spite of the under-developed research literature, relevant models and findings from the broader workplace mental health and organisational behaviour literatures can guide the examination of the workplace impact on psychological injury RTW outcomes. These are briefly reviewed before turning specifically to work-related factors which have been shown to influence RTW outcomes for employees with psychological injury.

4.3. Preliminary considerations and contextual factors

The Organisation for Economic Co-operation and Development (OECD) has recently noted that there is a significant disconnect between mental health treatment services and employment services across OECD countries, including Australia.²¹ The OECD has called for a focus on policy which will foster the development of “employment oriented mental health care system(s)”.

It is envisaged that the integration of mental health treatment services and employment services (along with the education sector) will “help those employed but struggling in their jobs, and prevent long term sickness, unemployment and disability.” The mental health of the unemployed and those on long-term compensation is significantly worse than the mental health of individuals engaged in employment.^{22 23} Hence, engagement in employment is generally good for employee mental health and wellbeing.²⁴

The OECD findings resonate with recent interest across workers’ compensation jurisdictions in the emergence of what has come to be known as work-focused treatments.^{25 26 27} There is evidence that work-focused treatments improve RTW outcomes for employees who have been off work with common mental health problems.²⁸ The work-focused component involves identifying RTW barriers, eliminating them, and undertaking incremental exposure to the workplace – in addition to delivery of standard Cognitive Behavioural Therapy-related strategies and techniques to manage mood-related symptoms.²⁹

Currently in Australia, mental health treatment services (outpatient and inpatient) provided to employees with psychological injuries typically lack any focus on RTW as an integral component of the treatment. One exception is Orygen Youth Health, which works with people with non-work-related illness. The population aged under 25 years exhibits more serious psychopathology than the general population. Orygen provides targeted treatment based on a structured treatment plan focused on functioning, and regards engagement with employment as a core aspect of the treatment: “participation in work ... is a key element of the recovery process.”³⁰

Work-focused treatment may be an important component in improving outcomes for psychological injury, but the impact of workplace factors also needs to be explored. Positive organisational responses to work injuries, support from the immediate manager, and availability of appropriate job accommodations facilitate RTW.³¹ Conversely, unwillingness to address workplace psychosocial risk factors, lack of demonstrated employer commitment, and lack of support from managers and co-workers can hinder and delay RTW.³²

One influential approach to understanding the psychological impact of work, with a 30-year research history, centres on Perceived Organisational Support (POS). POS is defined as the extent to which employees believe that their employer values their contribution and cares about their wellbeing.³³

Increased levels of POS have been found to improve employee moods, reduce stress and absenteeism, and increase levels of job satisfaction.³⁴ The key antecedents of POS include supervisory support, perceptions of organisational fairness, and favourable human resource policies (e.g. rewards and conditions, availability of training and development experiences).

Another construct, related to POS, is Psychosocial Safety Climate (PSC). This refers to employees’ shared perceptions about the extent to which their organisation has policies, practices and procedures that protect their psychological health and safety, and supports employees with mental health-related problems.³⁵ High PSC has been linked with better employee engagement, fewer stress-related problems and less harassment and bullying.^{36 37}

The Mentally Healthy Workplace Alliance³⁸ is an Australian consortium of government, business and mental health groups. Mentally healthy workplaces have been broadly defined as those workplaces that have a documented mental health strategy, promote mental health literacy, actively work towards minimising risks to employee mental health, support employees experiencing mental health problems, and prevent discrimination.

Mentally healthy workplaces have been shown to increase employee morale and engagement, reduce time off work for employees with mental health conditions, and significantly reduce workers compensation claim costs.³⁹ In particular, “the support of a manager or supervisor is the most crucial factor for people with a mental health condition remaining at or returning to work.”⁴⁰

Another approach gaining traction across a range of industry sectors is centred on the promotion of 'positive mental health' in the workplace.⁴¹ This approach is linked with positive/organisational psychology research that focuses on the study of human strengths, virtues and health protective factors, and the organisational conditions that foster these.

Workplaces which enhance positive mental health are typically those that have a documented mental health and wellbeing strategy, promote effective bottom-up as well as top-down communication, foster strengths and respectful interactions and minimise incivility, appreciate positive work experiences, promote positive and supportive leadership behaviours, and attend to the psychosocial aspects of job design.⁴² In addition, positive and supportive leadership styles have been found to significantly enhance levels of employee wellbeing.⁴³

Hart et al.⁴⁴ detailed an intervention program which utilised positive psychology principles, a bottom-up engagement strategy, team-based coaching, and an all-staff approach to designing interventions using accurate workplace diagnostic data. The intervention resulted in increased levels of supportive leadership, employee decision-making involvement, and improved overall organisational climate and morale. These improvements were found to be associated with a significant reduction in psychological injury compensation claims costs.

Linked with the emergence of positive psychology approaches is the burgeoning interest in 'resilience' (i.e., psychological resistance to stressors and bouncing back rapidly from exposure to any adverse experiences). Some jobs involve interacting with very challenging clients and exposure to potentially traumatic events (e.g., police, ambulance officers, fire brigades, staff in hospital emergency units, child protection workers). There are limits to some of the workplace health and safety measures that can be implemented in the physical environment, and hence there is growing interest in the extent to which employees can prospectively build resilience, to manage more effectively subsequent exposure to some of these operational stressors.

Key components of personal resilience include: self-efficacy and high levels of positive emotions, sense of purposefulness, social support and adaptability.⁴⁵ Individuals with higher pre-existing levels of personal resilience, and who sustain a psychological injury, cope more effectively and RTW earlier than employees with low levels of resilience.⁴⁶

The recent People at Work project,⁴⁷ a collaboration between university researchers, a workers' compensation authority and Safe Work Australia, utilised a 13-factor psychosocial hazard survey (incorporating seven job demand related factors and six job resource related factors) with a national sample of 4425 workers from 33 different organisations. The project aimed to identify key risks for:

- employee psychological strain (a key risk factor for psychological injury)
- burnout, and
- musculoskeletal symptoms.

Role overload and excessive work demands emerged as the key predictors of all three outcomes measured. Role ambiguity (poor role clarity, competing priorities, etc.) was the strongest predictor of psychological distress. High job demands and role conflict have also been found to be important antecedents of bullying behaviours, but job resources such as decision authority and co-worker support positively moderate this relationship.⁴⁸

Key workplace psychosocial risks for psychological injury are⁴⁹:

- excessive work demands
- lack of involvement in decision-making about how work is performed
- lack of managerial support
- negative work relationships
- poor role clarity
- poor organisational management of change
- low recognition and reward, and
- organisational injustice.

It is reasonable to surmise that the presence of such psychosocial risks increases employee psychological strain, and thus delays or undermines RTW programs for employees with psychological injuries. The corollary is that improvements in these factors will contribute towards improving RTW outcomes.

A final consideration is the extent to which the workplace factors that influence RTW for psychological injuries overlap with workplace factors impacting on physical injuries. Franche⁵⁰ concluded that “by and large, the predictors of prolonged work absence for workers with mental health disorders emerge as being very similar for musculoskeletal disorders.”

Against this backdrop we can now consider specific work-related factors that have been found to facilitate or hinder RTW.

4.4. Key workplace factors that facilitate or hinder return to work of employees with psychological injuries

Franche⁵¹ detailed key workplace factors which have been found to influence RTW outcomes for psychological injury (as well as chronic musculoskeletal injuries). The following summary is structured around the seven factors she delineated.

1. Availability of suitable alternative work and modified duties

The lack of availability of appropriate alternative duties or not adhering to indicated medical restrictions or workplace accommodations is associated with poorer RTW and an increased risk for failed RTW programs.^{52 53}

2. Role of supervisor

This includes active immediate manager involvement in the RTW process and provision of support. Early contact from the employer is often linked with supervisory support. This resonates with the POS model and emphasis on supportive management in the mental health approaches discussed above. Poor immediate manager support is associated with lower levels of psychological wellbeing, and delayed and worse RTW outcomes.^{54 55 56}

Shaw et al.⁵⁷ have shown supervisor training improves RTW results and increases supervisors' job satisfaction. Johnston et al.⁵⁸ studied supervisor competencies in RTW of musculoskeletal and mental health claims. There was almost universal agreement that supervisors need extra training to support RTW. Line managers may also require extra support and training to assist employees with psychological conditions returning to work.

3. Work demands (high demands/low control)

Jobs which involve high work demands and negligible or no input in decision-making are associated with increased psychological strain and an increased risk of psychological injury. Contrariwise, manageable demands and employee voice/being able to have a say in how the work is done have been found to moderate the impact of work demands and reduce reported stress levels.^{59 60 61 62}

4. Organisational culture (respect and support)

This is often referred to as the context in which people work: the psychosocial work environment. It is included as a critical component in some of the models noted above and has a strong influence on how employees manage their operational experiences.^{63 64 65}

As noted above, positive employee perceptions of the extent to which their employer cares about their wellbeing promote a culture of respect and minimises incivility, tend to be a facilitating factors in RTW. Indeed, fostering a respectful culture and employer support for employee wellbeing has been found to reduce the risk for bullying behaviours.⁶⁶

5. Presence of abuse/violence at the workplace

Ongoing exposure to incidents of abuse or violence hinders RTW and increases the risk of failed RTW.⁶⁷

6. Perceived injustice

Perceptions of unfair treatment by the employer increase the risk of psychological injury and protracted time away from work.⁶⁸ Hepburn et al.⁶⁹ found that employees' perceptions of fairness significantly influenced RTW outcomes.

7. Job satisfaction

This refers to the extent to which employees enjoy their work and are satisfied with their job role. Low job satisfaction hinders RTW and prolongs absenteeism. Injured individuals who are dissatisfied with their pre-injury job role could be expected to be resistant to returning to the same role.⁷⁰

4.5. Literature review conclusion

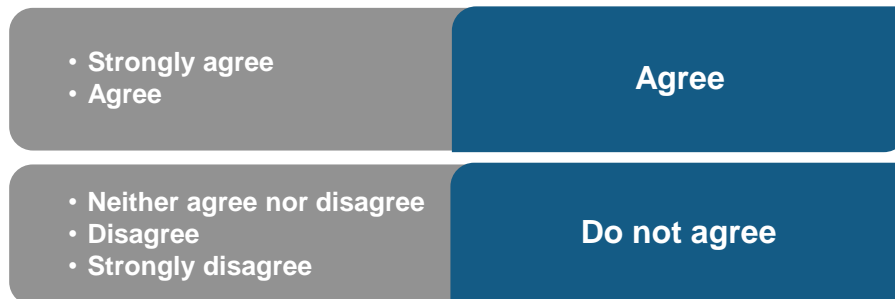
There is sufficient evidence, from a range of workplace mental health and RTW research, to conclude that the timeliness and supportiveness of the employer response, perceptions of employer support and fairness, decision-making involvement, levels of work demands, and the quality of the people management environment (or organisational climate) significantly facilitate or hinder RTW of individuals with psychological injuries. Further, strong pre-existing levels of individual resilience contribute to earlier RTW outcomes.

Appendix – Survey methodology

Questions that related to a particular area that may influence RTW (themes) were checked for correlation using SPSS.

All questions within the themes correlated at $P < .001$ when the entire sample of over 9000 cases was used. Questions within themes generally correlated at $P < .001$ using only the psychological claims sample, though a few correlated at $P < .005$.

Likert scale questions were generally dichotomised as follows:



Potential influencing factors were assessed by comparing RTW results according to employee responses, such as 'agree' or 'do not agree'.

Where a theme response is reported, the response represents the mean of the 'agree' or 'do not agree' responses to the individual questions that make up the theme.

The Brief Resilience Scale is a validated measure of resilience. In the original paper devising and testing the scale there was good internal consistency, with Cronbach's alpha ranging from .80–.91 across four different groups (undergraduate students, cardiac rehabilitation patients, women with fibromyalgia and healthy controls).

In the Survey whole sample, Cronbach's alpha was .661. While the correlation between questions was less in the Survey than in the original Brief Resilience Scale paper, the questions have been used as an overall resilience measure, partially noting their correlation with other personality characteristics that can influence claim outcomes.

In the original paper, higher scores on the Brief Resilience Scale were positively correlated with:

- optimism
- purpose in life
- social support
- active coping, and
- positive affect in three of the four samples and with exercise days per week in the cardiac rehabilitation sample.

They were negatively correlated with:

- pessimism
- alexithymia
- behavioural disengagement
- denial
- self-blame
- perceived stress, anxiety, depression, negative affect and physical symptoms
- fatigue in the cardiac sample, and
- fatigue and pain in the sample of middle-aged women.

There were several questions about the quality of rehabilitation services provided by external rehabilitation providers, but only 58 employees with a psychological claim had received them. The sample size was too small to assess the effect on RTW. In addition, complex cases are more likely to be referred to an external rehabilitation service, which distorts the results. Rehabilitation service result have therefore not been included in this analysis.

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