



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists



Royal Australasian College of Physicians

**Bringing evidence-informed practice to work injury schemes**

July 2021

# Improve the mental health of communities

# Royal Australian and New Zealand College of Psychiatrists submission

## Bringing Evidence-Informed Practice to Work Injury Schemes

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

The RANZCP has welcomed the opportunity to provide input into a consultation on bringing evidence-informed practice to work injury schemes to help workers and their workplaces, with The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP).

The feedback contained within this response are based on extensive consultation with several RANZCP Committees, including the Faculty of Consultation-Liaison Psychiatry, Faculty of Forensic Psychiatry, Faculty of Addiction Psychiatry, Faculty of Psychotherapy, Faculty of Adult Psychiatry, Section of Leadership and Management, Section of Psychiatry of Intellectual and Developmental Disabilities, Section of Private Practice Psychiatry, Section of Rural Psychiatry, Section of Social, Cultural and Rehabilitation Psychiatry, Military, Veterans' and Emergency Personnel Mental Health Network and Family Violence Psychiatry Network. RANZCP Committees include psychiatrists with experience working within the field of occupational health. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

With the topic being of high interest to the RANZCP, please let us know of any further contribution that would be of assistance. The RANZCP would also be keen to participate in the development of similar reviews in the future.

### Introduction

The RANZCP recognises the importance of the two major reforms highlighted in RACP's consultation documents. The RANZCP acknowledges the importance of proactively managing psychosocial risk by providing injured workers, workplaces, and treatment providers with timely support. It is important to ensure scheme cultures, systems and processes do not create unnecessary barriers to recovery, and instead encourage psychosocial factors which assist recovery, whilst reducing negative psychosocial factors.

The RANZCP recommends the 'physical and mental health suffers' section of the evidence-based discussion paper, could explore in greater depth the psychiatry involvement required to ensure appropriate treatment for individuals experiencing mental health related injury. The RANZCP suggests further commentary on underlying mental health issues such as depression and anxiety that are exacerbated within the workplace, would be beneficial. It would also be useful to explore evidence-informed interventions to combat this issue. Additionally, the RANZCP would suggest the RACP elaborates further on the unaddressed psychosocial factors which account for differences in health outcomes.

### Feedback on return to work schemes in relation to biopsychosocial care

There is clear evidence of the role employment plays in social and economic inclusion, and the health and wellbeing benefits associated with getting and keeping a suitable job. It is therefore critical that there is a focus on vocational rehabilitation services.

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The RANZCP recognised the importance on Individual Placement Support (IPS) programs, as highlighted within our submission to the [Productivity Commission Inquiry](#) into mental health. IPS programs have a strong evidence base for improving vocational outcomes. The RACP documents highlight the issue of poor communication of services under 'information and communication' where processes to receive support are described as bureaucratic, complex and process driven.

The RANZCP has identified that successful IPS programs for people with mental illness should incorporate education to improve awareness and responsiveness to the particularities of psychosocial disability. The RANZCP recommends that IPS programs are fully integrated with clinical mental health services to ensure ease of access. This would maximise the likelihood that persons with mental illness will be aware of and opportunities to choose to access those services.

### **Feedback on returning to work schemes in relation to leadership and policymakers: regulators and insurers**

The RACP's proposed areas for improvement section highlights the importance of '*scheme culture that promotes recovery and return to work*' and aligns well with the RANZCP's [Productivity Commission response](#) that Australian, State and Territory Governments should amend Workplace Health and Safety arrangements in their jurisdiction to make psychological health and safety as important in the workplace as physical health and safety. It is important that Workplace Health and Safety arrangements are implemented which remove stigma around mental health related workplace injuries.

The RANZCP has identified that claimants with mental injuries can experience discrimination in a number of ways due to the legislative design of the public insurance schemes and the practices of scheme agents. Discriminatory practices such as compounding injuries, denial of necessary compensation and timely access to rehabilitation services, frequently arise for claimants experiencing mental health injuries. These practices often place extra strain on claimants, their families, and carers. The RANZCP advocates amending relevant laws to end this discrimination.

Workplace injury should be acknowledged and treated as soon as possible, to avoid further exacerbating injury. It is important that workers are assessed as to where they will be in a few months to best prepare insurers and employers to facilitate workers. It is important regulators and insurers aid interventions in a timely manner to prevent exacerbation of injury and contribute to prolonged return to work.

### **Feedback on return to work schemes in relation to case management**

The RANZCP agrees with the RACP regarding poor case management contributing to problems with return to work schemes. As stated in The RANZCP's [Position Statement 94](#), these problems can arise through time-consuming bureaucratic methods, which can make case management difficult to carry out both efficiently and empathetically. The RANZCP highlights mental injuries are frequently made worse by the prolonged contest to obtain compensation. We recognise individuals with mental illness engaging in insurance disputes face difficulties with the complicated complaints processes, heightening stress for consumers who are anxious over symptoms of their illness worsening.

The RACP has recognised the current problems with Independent Medical Examiner (IME) practices, and potential recommendations to improve IMEs. The RANZCP supports RACP's recommendation to avoid using multiple IME practitioners if a repeat IME is needed. This can assist in reducing stress and minimise worker repeating history, as well as placing the practitioner in a better position to assess health

When agents genuinely believe that mental injury claimants need to visit IMEs, the RANZCP believes that treating clinicians should be consulted first, to ensure that patients are prepared and supported as much as possible.

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The RACP highlights in its evidence reviews the issue of distrust fostered through inappropriate and unnecessary surveillance procedures under 'disputes and investigations'. The RANZCP highlights these practices can create a culture of distrust which can contribute to psychosocial barriers in returning to work.

The RANZCP acknowledges the role case manager characteristics can play in return to work outcomes. It would be valuable if case managers had broader work experience to enable them to better relate to case workers, fostering a better relationship between case managers and workers which would ultimately have a positive effect on return to work outcomes. It is important that options are considered such as personality and aptitude testing to create more positive relationships between case managers and workers.

### **Feedback on return to work schemes in relation to the workplace**

The RANZCP recognises the workplace factors highlighted by RACP under 'How the workplace influences recovery and return to work' and 'workplace obstacles to recovery and return to work'. The RANZCP agrees with the RACP that pre-existing factors such as support from colleagues and supervisors, job satisfaction and relevant stigma contribute to a healthy working environment and ultimately effect return to work outcomes.

The RANZCP suggests best practice standards for mental health in the workplace would have a positive effect on return to work rates. The RANZCP proposed in its [submission](#) to the Productivity Commission, evidence-informed recommendations including implementation of workplace mental health promotion programs, delivery of staff training and supervision for key staff, including senior management leadership, and implementation of workplace intervention to improve the structural workplace environment.

The RANZCPs views align strongly with the RACP's commentary that if a worker is not motivated to return to work, return to work outcomes are likely to be poor. This highlights the importance of mentally healthy work environments to keep motivation of workers high.

### **Feedback on return to work schemes in relation to healthcare**

The RANZCP highlights the importance of long-term action in supporting individuals accessing the appropriate services within a system that recognises the fluctuating nature of mental health. The nature of fluctuating illness refers to individuals who experience episodic periods of illness which can fluctuate in intensity over an extended period. The fluctuating nature of illness can mean individuals experiencing fluctuating mental health are neglected during low intensity periods as they are no longer displaying overt symptoms of their illness.

The RANZCP draws attention to the importance of return to work services having an appropriate understanding of fluctuating illness and the recovery model and addressing any gaps in the system where those with fluctuating mental illness may not be being supported adequately. The RANZCP highlights the importance of return to work systems working with healthcare professionals, clinicians and educators in order to create a better understanding of fluctuating illness and in turn creating improved systems which enhance access to support for those experiencing fluctuating or episodic illness.

Additionally, the RANZCP recognises the importance of culturally safe, trauma-informed services. Return to work services, thus need to be informed of these characteristics to better help and support people in returning to work.

### **Which areas are the key priorities for change:**

The RANZCP highlights systematic approaches to addressing psychosocial factors preventing return to work, such as stigma. This sentiment is expressed in [PS87 Recognising and Reducing Alcohol Related Harm](#), where the importance of reducing stigma around alcohol related health issues is highlighted. It is

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vital stigma is reduced to promote help-seeking of alcohol or substance related problems. The RANZCP recognises individuals can develop dependencies on alcohol or substances for self-medication after injury.

The RANZCP recognises RACPs inclusion of the issue of opioid prescriptions potentially leading to addiction or misuse because of a workplace injury. The RANZCP would also suggest other substances, including alcohol can also play role in return to work outcomes, and should also be acknowledged. These dependencies are often discriminated against by insurers and the workplace.

The RANZCP highlights this issue can also occur with other medications such as benzodiazepines and antiepileptics, where individuals develop a dependency after injury and avoid seeking help due to stigma.

The RANZCP would seek further promotion of the importance of stigma reduction strategies to encourage people to seek help for alcohol and substance abuse health issues to avoid these issues becoming further exacerbated.

### **What do you consider are the most practical areas for change? I.e., changes that can be introduced in a timely and feasible manner?**

The RANZCP highlights face-to-face discussion between psychiatrists, leadership teams and insurers are a successful way to engage employers and create effective change.

However, the RANZCP acknowledges psychiatrists need to be aware of employer's limitations. This might include small operations not having the capacity to provide alternate duties. This highlights why shared plans are pivotal in achieving effective change.

### **Are there any other relevant studies you consider should be included in the Evidence-based discussion paper?**

As referred to in response to the 2020 [Productivity Commission](#), the RANZCP recommends a UK study on return on investment from various mental health and wellbeing programs which indicated that programs promoting health and wellbeing in the workplace reduced both presenteeism and absenteeism, and represented a return on investment of more than 9 to 1 ([Knapp, McDaid and Parsonage, 2011](#)). The RANZCP recommends a study highlighting the need for flexible, nuanced interventions and support to achieve mentally healthy workplaces ([Nielsen et al., 2010](#)). The RANZCP additionally raises the quality of various Employee Assistance Programs, while they can be beneficial in some cases, was noted as a potential issue ([Kirk and Brown, 2003](#)).

### **Do you have any feedback on the values and principles based document?**

The RANZCP suggests evidence-informed or science-based would be a more suitable term opposed to evidence-based. Often 'evidence-based' is limited to research which is conducted through validated scientific rigour, which can be extensive, whereas science-based and evidence-informed promotes the use of research that is readily available

### **Do you have suggestions about how we can best promote evidence-based practices?**

The RANZCP acknowledges the importance of bringing evidence-informed practice to work injury schemes to help workers and their workplaces generate a healthy work environment, which will in turn have a positive impact within the community and individual health.

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### References

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2. Knapp M, McDaid D, Parsonage M. Mental Health Promotion and Prevention: The Economic Case. 2011.
3. Nielsen K, Randall R, Holten A-L, González E. Conducting organizational-level occupational health interventions: What works? *Work & Stress.* 2010;24:234-59.