

Today's seminar brought to you by:





Mental Health & Workers' Compensation

PRESENTED BY: AEGIS Risk Management Services





Belinda Scott

Managing Director
BJS Insurance Brokers Pty Ltd





Seminar Format



- Committed to getting you out on time
- Save questions for the panel discussion
- Speakers will be available at the end
- Feedback Form

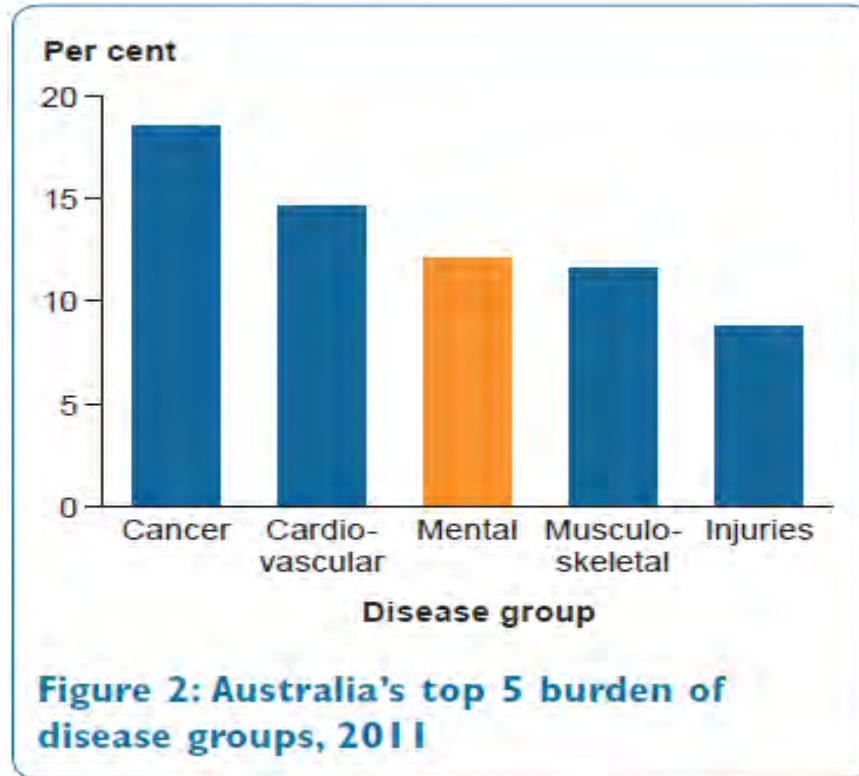




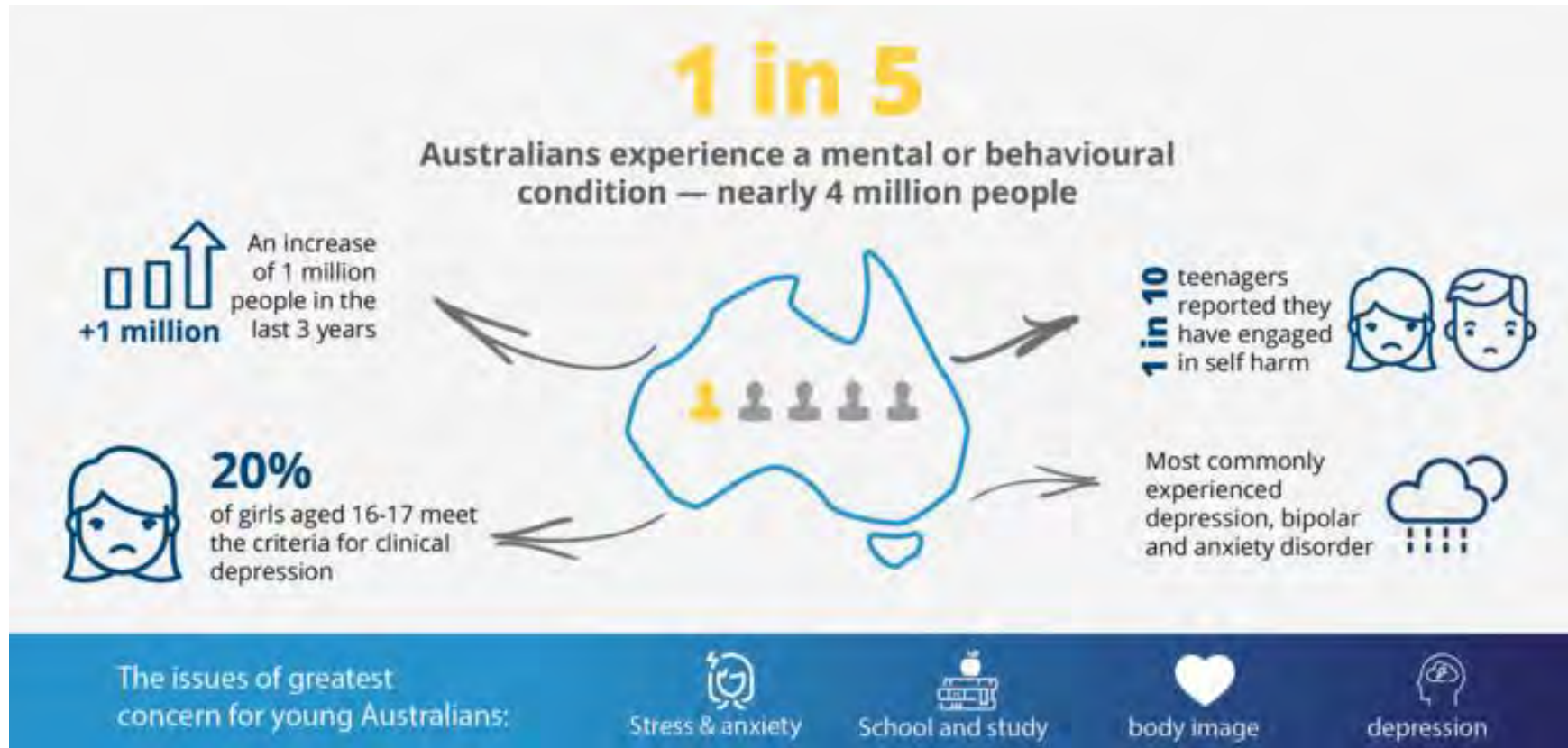
The Statistics



The Statistics



The Statistics



The Statistics



Problem managed

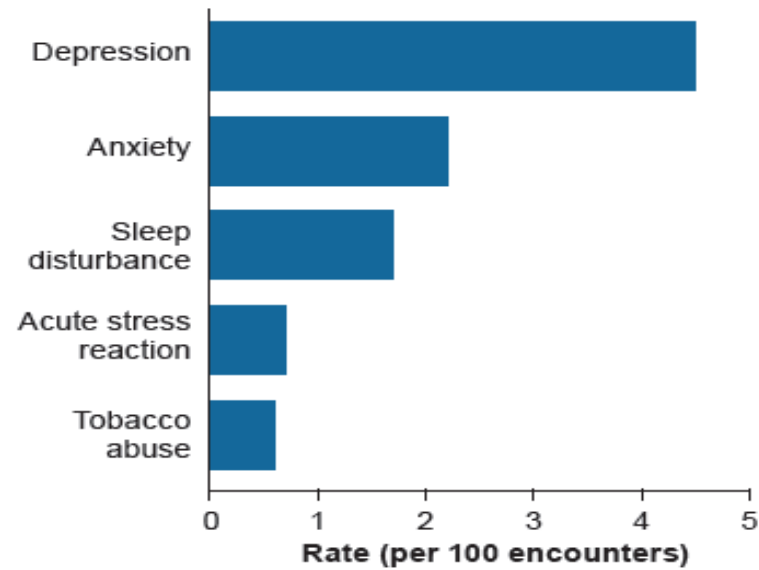


Figure 3: The 5 most common problems managed during mental health-related GP encounters, 2014–15

The Statistics



On average each year (2012-13 to 2016-17p)

6% of all serious workers' compensation claims are for work-related mental health conditions

7,140 Australians are compensated for work-related mental health conditions

92% of serious work-related mental health condition claims are attributed to work-related mental stress

The Statistics



Duration almost 3 times longer

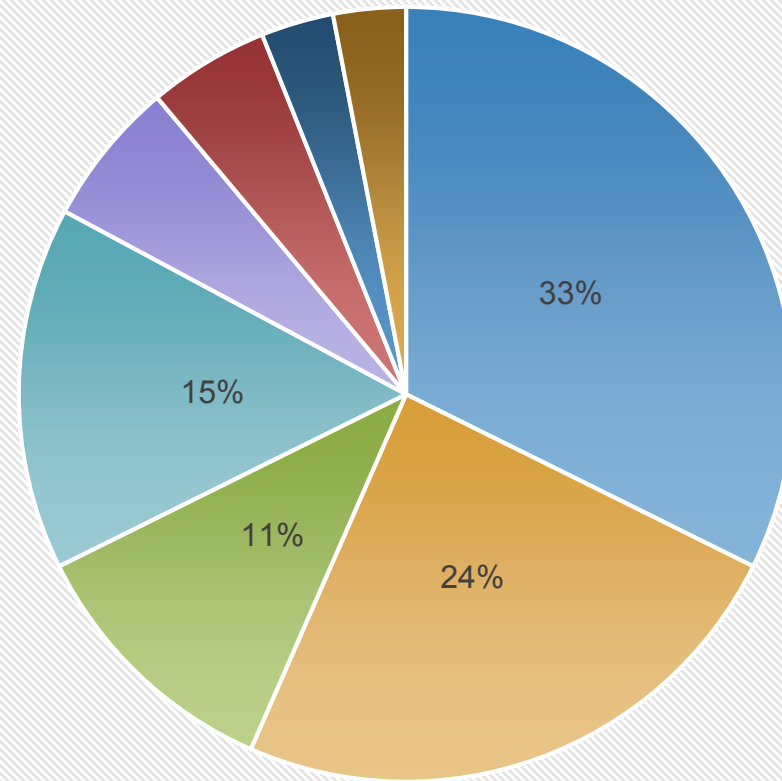


Cost almost 2.5 times higher

Workers' Compensation



- Work pressure
- Work related harassment and / or workplace bullying
- Other mental stress factors
- Exposure to workplace or occupational violence
- Exposure to a traumatic event
- Vehicle accident
- Being assaulted by a person or persons
- Other harassment



BJS Insurance Group Workers' Compensation Breakfast Seminar

*Wellbeing and
Psychological
Management*

Presented by
Andrew Douglas

2 October 2019

Key Lessons Around Wellbeing and Psychological Management



BJS Insurance Group Workers' Compensation Breakfast Seminar

Wellbeing

1. What is the job – physical and psychological?
2. What is the culture – values and policies?
3. Evidence of psychological risk – strategy
4. Culture of safety and health focus – evidence most productive workplace
5. Act immediately on breach of culture
6. Skilled supervisors – monitor health

BJS Insurance Group Workers' Compensation Breakfast Seminar

Common breach of culture

1. Bullying
2. Discrimination and harassment

Strategy

1. Competency based training and leadership modelling
2. Skilled supervisor's intervention and building relationships of trust

BJS Insurance Group Workers' Compensation Breakfast Seminar

Reasonable management action

1. What is it – one of three defences to a claim
2. Definition
3. Latest case: *Shoalhaven City Council v Booth* [2019]

Purpose

We work with you to create a whole business solution which solves your problems now and empowers you to fashion a sustainable, productive and healthy future.

Philosophy

Imagining a better world through your eyes and building it.

Contact

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Healthy Workplace

PRESENTED BY JAY McGRATH - AEGIS RMS



Mentally Healthy Workplace



- What is it?
- How do we get there?
- How do we stay there?



Mentally Healthy Workplace



“Mental Health is now the leading cause of sickness in absence and long term work incapacity in most developed countries”

UNSW with Black Dog Institute

Mentally Healthy Workplace



Mentally Healthy Workplace





Unsafe Workplace



- Thumping machines
- Flashing blades

Example:

- Underwear
- 23% injured
- Lights

Identified issues / fixed them



Mentally Healthy Workplace



“A mentally healthy workplace can be conceptualised as one in which risk factors are acknowledged and appropriate action can be taken to minimise their potential impact on an individual’s mental health.

At the same time protective or resilience factors are fostered and maximised. Mental health in the workplace is multifaceted and each workplace will have different risk and protective factors for mental health”

UNSW



Protections



Evidence-based risk and protective factors identified at each level:

- The design of the job
- Team / Group factors
- Organisational factors
- Individual factors



Difference?



- Fear
- Confusion
- Emotions
- Tears



Design and Manage



- Flexibility with hours
- Encourage participation
- Reduce risk factors
- Ensure physically safe



Promote organisational level protections



- Build psych safety climate
- Implement behavioural standards
- Enhance organisational justice
- Promote team based interventions
- Train leaders/managers
- Manage change



Enhance resilience



- Improve awareness
- Coach and mentor
- Physical activity programs
- Promote sharing



Promote early help seeking



- Proactive checks
- Use EAP
- Support managers
- Manage survivors



Support recovery



- Provide supervisor support
- Promote RTW
- Supportive environment



MENTAL HEALTH CRITICAL INCIDENT PROTOCOL

we help people get their lives back

Suicidal behaviour or intention

Panic attack / extreme anxiety

Psychotic episodes

Behaviour that seems out of control or irrational

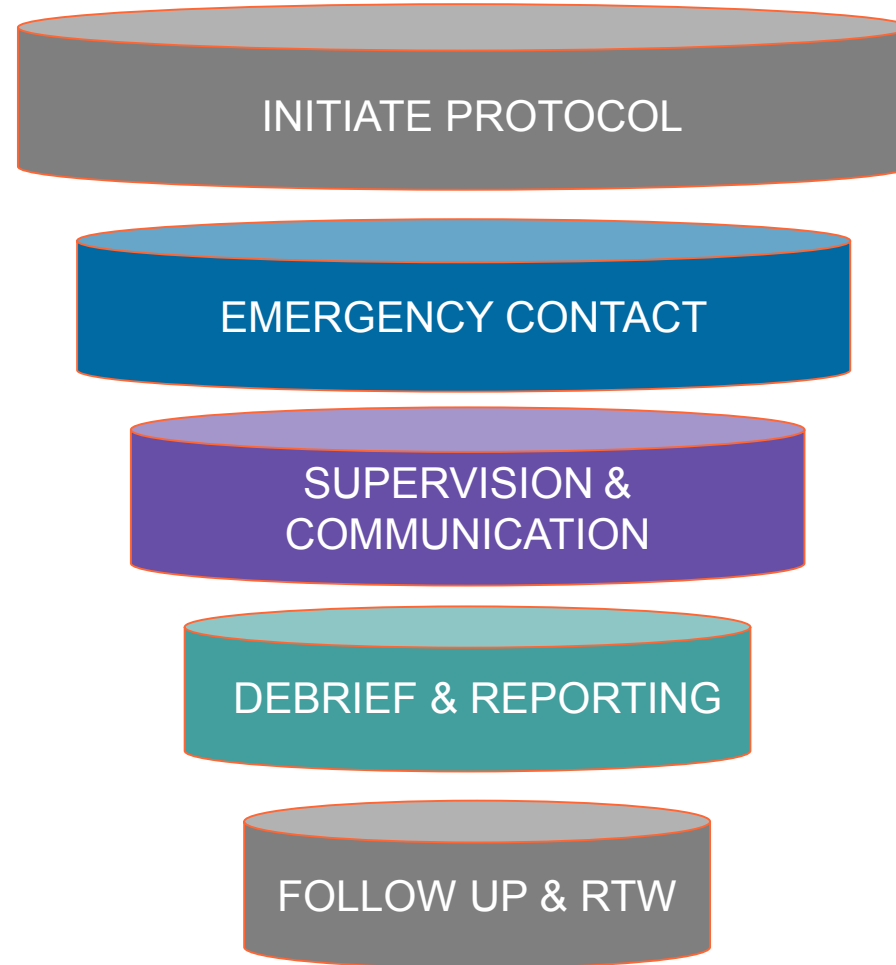


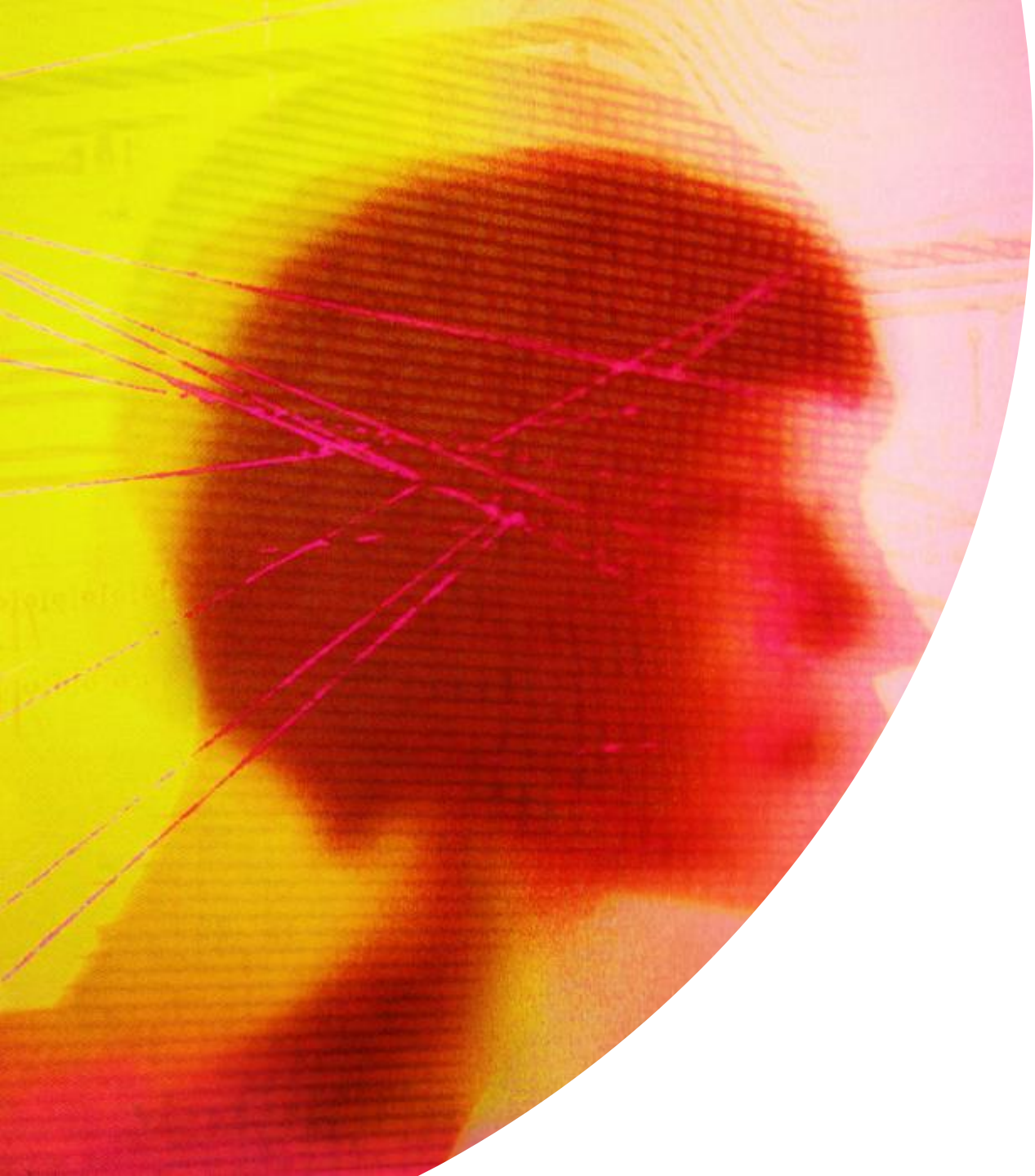


SUICIDAL
IDEATION
AT WORK



SUICIDAL IDEATION / THREATS AT WORK





PANIC ATTACK AT WORK

FIRST TIME AND REPEATED PANIC ATTACK AT WORK



PSYCHOSIS AT WORK



MILD / MAJOR PSYCHOTIC EPISODE AT WORK



MENTAL INJURY CLAIMS AND WORKERS COMPENSATION ELIGIBILITY

we help people get their lives back

WHAT MAKES AN ACCEPTABLE CLAIM? – THE ELEMENTS

1. A diagnosable mental injury, that
 2. Arose out of or in the course of the worker's employment, or
 3. That the worker's employment significantly contributed to
-

THE WORKER'S PERCEPTION

- The central and key consideration for initial liability and claim eligibility
 - Was there a genuine reaction to verified events?
 - Requirement for perception to be contextual – not rational
-

PRE-EXISTING INJURIES

- ‘Egg-shell skull’ rule – a worker must be taken as they are
 - Significant contributing factor test – easier to satisfy
 - Work only has to be a significant contributing factor, not the only significant contributing factor
 - Pre-existing injury disclosure – limitations
-

REJECTION GROUNDS

- No injury
 - Injury did not arise out of or in the course of employment
 - Employment not a significant contributing factor to injury
-

EXCLUSION GROUND – REASONABLE MANAGEMENT ACTION/EXPECTATION

- Reasonable grounds and reasonable manner
 - Whole or predominant cause of injury
 - Supporting factual evidence
-



Workers' Compensation Conciliation

Marguerite Darmody



Conciliation



WIN-WIN WIN-lose
lose-WIN lose-lose





Managing Claims for Mental Injury

PRESENTED BY: AEGIS Risk Management Services





Factors Effecting RTW



- Symptoms
- Diagnosis
- Treatment
- Cause of the injury
- Grievances
- Performance Management



Symptoms of Depression



BODY	BEHAVIOUR	MIND	EMOTIONS
<ul style="list-style-type: none"> No energy Sleep changes Appetite changes Weight changes Stomach problems No sexual interest Lump in throat Tense muscles Diarrhea Constipation Feel weighed down Pain 	<ul style="list-style-type: none"> Agitated, restless Cry at least thing Can't start things Social withdrawal Can't finish things Clumsy Slowed down Snap at people Frantically busy Do nothing Stop hobbies, etc. 	<ul style="list-style-type: none"> Easily distracted Poor memory Can't think clearly Body image worry Can't make decisions Slowed thinking Racing thoughts Spaced out Obsessive thinking Self-critical Negative focus Worrying Suicidal thoughts 	<ul style="list-style-type: none"> Depressed, down Anxious, scared Hopeless Numb Discouraged Worthless, inadequate Ashamed, guilty Can't feel pleasure Helpless Lost Frustrated Alone



Symptoms of Anxiety



Body	Emotions	Mind	Behaviour
Tense muscles	Anxious	Easily distracted	Avoiding
Numbness, tingling	Nervous	Poor memory	Agitated, restless
Feeling hot or chilled	Fearful	Can't think clearly	Multi-tasking
Flushed face	Worried	Can't make decisions	Can't start things
Lump in throat	Frightened	Confusion	Can't finish things
Trembling, shaking	Terrified	Racing thoughts	Snap at people
Weakness, unsteady	Pressured	"Spaced out"	Frantically busy
Dizzy, lightheaded	Overwhelmed	Obsessive thinking	Social withdrawal
Sweating	Frantic	Worrying	Cry at least thing
Heart pounding	Panicked	Self-critical	Hypervigilance
Chest pain	Guilty	Negative thinking	Oversleeping
Insomnia	Shy	Suicidal thoughts	Unable to be alone
Weight loss	Uncertain	Frightening images	Seeking reassurance
Nausea	Self conscious	Nightmares	Compulsive behaviours
Diarrhea	Embarrassed		Self medicating
Shortness of breath	Irritable		Addictions
Dry mouth	Angry		

Factors Effecting RTW



“Depression feeds on withdrawal and inactivity”

Cognitive Behaviour Interpersonal Skills Manual (2015)



Factors Effecting RTW



“Rumination... the tendency to repetitively think about the causes, situational factors, and consequences of one's negative emotional experience.

“Responses to depression and their effects on the duration of depressive episodes” Nolen-Hoeksema, (1991)





Performance Management



- The delivery is just as important as the process
- What aren't Managers/Supervisors telling you



Performance Management



Performance Issues

Claims Issues





Alternate Strategies



What doesn't help:

- Treating it differently to a physical claim
- Making allowances
- Not having expectations
- Not understanding the liability

Alternate Strategies



What we need:

- To know the triggers
- An understanding of the incapacity
- Clear restrictions
- Transparency relating to liability

Alternate Strategies

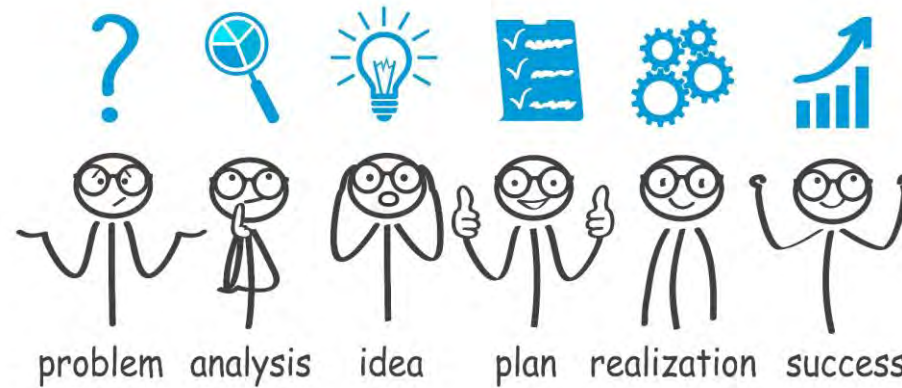


Clarify immediately?



Ensure transparency?

Alternate Strategies



Alternate Strategies





Kerridge Terminations



<u>JUDGE:</u>	HIS HONOUR JUDGE BOWMAN
<u>WHERE HELD:</u>	Melbourne
<u>DATE OF HEARING:</u>	18, 19 and 20 November 2008
<u>DATE OF JUDGMENT:</u>	13 March 2009
<u>CASE MAY BE CITED AS:</u>	Kerridge v Monsfelt Pty Ltd
<u>MEDIUM NEUTRAL CITATION:</u>	[2009] VCC 0154

Kerridge Terminations



Every claim involving conflict or bullying



Panel Discussion



- Belinda Scott – Facilitator
- Panel members:
 - Simon Booth, Aegis Risk Management Services
 - Andrew Douglas, FCW Lawyers
 - Anna Faringa,
 - Marguerite Darmody, ACCS
 - Adam Pandelios, EML
 - Jay McGrath, Aegis Risk Management Services

Seminar Close



Summary and Business Card Draw

