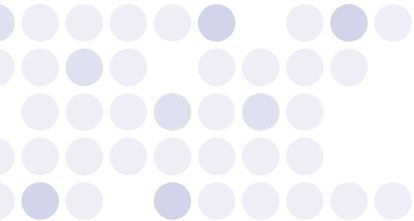


# Q-COMP Rehabilitation Report



**Welcome** to the seventh issue of the *Q-COMP Rehabilitation Report*, a newsletter for rehabilitation and return to work coordinators.



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# Welcome

Welcome to the seventh issue of *Q-COMP Rehabilitation Report*, a newsletter providing regular updates and information about the Queensland workers' compensation scheme.

The response to our recent rehabilitation and return to work survey was remarkable—we had close to 700 people share their thoughts on their role as a rehabilitation and return to work coordinator in Queensland.

It's great to see your interest and enthusiasm and we thank you for sharing your valuable feedback and ideas.

This issue of *Q-COMP Rehabilitation Report* is longer than usual as we've included a number of interesting journal articles on mental health.

You'll see we've featured an article on challenges for employers and insurers when managing the effects of trauma after work injury.

It's for readers who don't have a background in mental health and offers practical strategies you could use to help manage the effects of traumatic events in your workplace.

Looking forward to hearing from you soon.



**Elizabeth Woods**  
Chief Executive Officer

## Our recent survey

Some of you recently participated in our survey on the role of Queensland's rehabilitation and return to work coordinators.

A big thank you to those who took part—we have received over 650 responses.

The survey has now closed and we are currently analysing the responses and will let you know the outcome soon.



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# Safe business is good business!

## Is health and safety at your workplace adequately managed by all the parties involved?

- Is the quality of the work your subcontractors do for you being compromised by poor workplace health and safety?
- Are sub-contractors used by your organisation suffering workplace incidents at your site?
- Do your sub-contractors manage their health and safety as well as you would like them to?
- Do they need some help in improving their safety management systems?

Well, the good news is that help is available.

Workplace Health and Safety Queensland has recently launched a simple safety management system called **Serious About Safe Business** which is designed to help smaller businesses improve the way safety is managed at their workplaces.

This package contains a self-assessment checklist so you can rate yourself on how well you address each of the six elements of the system and also provides individual information

sheets for each element with specific information about how to improve that element within your organisation.

The six elements are:

- **Management commitment:** Having management lead by example, promoting safety from the top of the organisation, having a recent health and safety policy and managers being visible in the workplace.
- **Consultation:** Seeking worker's input into situations prior to the decisions being made rather than telling them what the outcome is going to be, regularly talking about safety, trying suggestion boxes and other means of getting ideas from workers, and talking to and listening to their input.
- **Safe work procedures:** Determining and documenting step-by-step procedures for the safe method of performing particular jobs, implementing controls to reduce the risks associated with particular jobs and enforcing compliance with the safe work procedures.
- **Training and supervision:** Providing adequate training to

staff at varying intervals such as at commencement (induction), on the job task-specific training, and refresher training, providing of training on what the "rules" for the workplace are (including what sorts of issues/incidents to report, and how), supervising workers and ensuring adherence to established procedures.

- **Reporting safety:** Putting systems in place for reporting injuries, incidents, near misses, dangerous events, faulty equipment, opportunities for improvement etc, keeping records of reports, investigating incidents and implementing solutions to prevent recurrence of the situation and providing feedback on the progress of rectification to staff who report issues.
- **Workers' compensation and return to work:** Having a workers' compensation policy and a return to work process if someone gets injured, ensuring implementation of processes for investigating incidents and access to rehabilitation services if needed.

## Free services to Queensland employers

The Small Business Program within Workplace Health and Safety Queensland offers a number of free services to Queensland employers.

For small businesses (that is with less than 20 workers) the services include :

- Workplace consultations: available only for high risk industry sectors, where a Small Business Advisor provides one-on-one assessment at your workplace (contact the Small Business Program at [safesmallbusiness@deir.qld.gov.au](mailto:safesmallbusiness@deir.qld.gov.au) to find out whether you qualify as a high risk industry sector).
- Group coaching: available for lower risk industry sectors where a small business advisor assists groups of 2-5 employers in understanding their obligations and provides individual coaching for specific problems.
- Free, facilitated workshops are regularly conducted based around the Serious About Safe Business process. Check the Workplace Health and Safety Queensland website for the current dates and locations of these workshops and for copies of the Serious About Safe Business package.

For larger employers who utilise the services of sub-contractors, an industry-specific facilitated workshop can be delivered to the collected group of sub-contractors.

Contact the Small Business Program on [safesmallbusiness@deir.qld.gov.au](mailto:safesmallbusiness@deir.qld.gov.au) to discuss these options.

# Mental health first aid

**In the same way first aid is used to help people experiencing acute physical injury or illness, mental health first aid can help people respond appropriately to people having a mental health problem.**

The aims of mental health are to:

- preserve life
- prevent deterioration
- promote recovery.

There are three basic principles of mental health first aid (the 3 Rs)

1. Recognise distress.
2. Respond appropriately.
3. Assist in recovery and restoration.

## 1. Recognise distress

Individuals differ in the way they cope with stress and it's important to learn to recognise the signs of distress.

A person may feel anxious depressed, suicidal, angry or experience unusual reactions or you may see a person who is tearful, agitated, aggressive or confused.

They may be able to tell you how they feel or you may have to interpret this from their behaviour.

Distress is a sign of emotional/ psychological trauma and the person should receive care and attention as with a physical injury or illness.

Care and compassion, understanding and empathy will help you to be receptive to the signs of emotional and behavioural change.

## 2. Respond appropriately – safety first, second and last!

Assess and evaluate the degree of safety or risk associated with giving first aid assistance—it may not always be possible or wise to approach a very disturbed person. In these cases summon assistance and report your observations. At other times you may be able to inquire if you can help and provide practical assistance.

## 3. Assist in recovery and restoration

People under pressure may feel overwhelmed by their experience and their usual patterns of behaviour may

change and they may be unable to make decisions and/or problem solve.

## Basic principles of mental health first aid (the ABCs)

It's important to quickly evaluate the situation and initiate actions but the safety of all parties must be considered:

1. Assess the situation.
2. Be cautious.
3. Check the emotional 'vital signs'.

Use observational skills to take note of details about the person and the situation.

Consider whether the person is known to you, do you know of any 'trigger' for their behaviour and take note of the person's appearance, behaviour and conversation.

Myhill, Dr Karin, Tobin, Dr Margaret 2001, *Mental Health First Aid for South Australian*, developed in collaboration with Social Justice and Country Division, Department of Human Services, Mental Health Unit, South Australia.



## Feature

# Ten challenges in post-traumatic mental health

**There's been an increased focus on the effects of trauma after workplace injury, and employers and insurers increasingly find they are expected to manage the consequences of such events.**

In this issue of *Q-COMP Rehabilitation Report* we present edited extracts from an article on challenges in post-traumatic mental health.

An earlier version of the article was presented at the 'Safety in Action' Conference held in Melbourne last year.

It's for readers without a background in mental health and identifies ten challenges in managing the effects of traumatic events on mental health and suggests some strategies for dealing with these challenges based on the writers' practical experience and literature in the field.

**Challenge 1: There is confusion about what causes mental health problems because injuries, traumatic events and mental health problems often occur together.**

The authors point out that large scale surveys show that nearly 20% of the population have experienced a diagnosable mental health problem in the previous 12 months. Common disorders are depression, anxiety and substance abuse. In addition, 60-65% of Australians will experience a life threatening event during their lifetime.

Although most traumatic events do not result in 'adjustment' problems, where such problems do occur, the reason for the association is not straightforward. Given the high base rates of mental health problems in the community,

denying liability on these grounds has become more difficult.

**Challenge 2: Most people recover from traumatic events and their injuries without professional help.**

Around 80% of people do not develop 'significant trauma related psychological problems'. Within one or two weeks, most people will have 'come through the worst of their difficulties'. By the end of the first month they 'may still feel some distress...but otherwise should be coping relatively well.'

Of those who do not recover on their own, some will be suffering a physical as well as a mental injury and will need time to heal from the physical injury before dealing with mental health issues. This applies particularly in cases where there may be long term disability as a result of the physical injury.

**Challenge 3: At less than four weeks post-injury, it is possible to identify those people who will not easily recover from the mental health consequences of their injuries.**

Early screening tools are available to medical health professionals to detect those who are at risk. Employers or rehabilitation and return to work coordinators can consider early contact with relevant professionals to promote the use of these tools to assist early identification and referral of people at risk.

People at risk are those who do not show signs of improvement over the first two to four weeks following a traumatic event. A major risk occurs when a person takes sick leave for several weeks and becomes isolated

from social, work and other support. Isolated people are difficult to monitor and opportunities for early identification of risks may be lost. Injured workers who have too much time alone to focus on the trauma and its consequences can become stuck in the 'sick role' and find it difficult to move on.

**Challenge 4: Traditional psychological debriefing following traumatic events is ineffective and possibly harmful.**

Debriefing is often routinely offered following traumatic events. The authors argue that there is little evidence for its benefit even though injured people are generally positive about the debriefing experience. They say debriefing should be carefully considered based on 'the nature of the incident, the organisation and the individuals involved.' Psychological first aid is now the preferred approach and this can be provided by workplace peers and supervisors.

**Around 80% of people do not develop 'significant trauma related psychological problems'.**

## Ten challenges in post-traumatic mental health (cont)

### What is psychological first aid?

- Ensure physical safety.
- Provide comfort and reassurance.
- Facilitate links with family and friends and provide information about natural recovery patterns (see Challenge 2 and 3).
- Promote expectations of recovery.
- Encourage a return to work and domestic duties.
- Provide advice on how to seek professional advice if necessary (e.g. ask GP for a referral).
- Encourage a speedy return to work with role or workplace modifications.

Staying at home after a traumatic event or injury may be associated with worse mental health outcomes...the longer a person is away from work, the less likely a return to work becomes.

### Challenge 5: Cognitive behaviour therapy and some prescribed drugs have proven effectiveness (compared with routine supportive counselling) for treating post-traumatic mental health problems.

The majority of people will recover with some initial 'psychological first aid', good support from family and friends, and if required, advice from their local health practitioner.

Others can effectively self manage with occasional support from their health practitioner to help with a self management approach. Of those who do not recover themselves or through a self management approach, most will demonstrate significant improvement over five to 25 consultations with a mental health practitioner skilled in treatment using evidence based treatment. For those who remain disabled by the effects of trauma, the

goal of treatment is to reduce the level of disability rather than expecting a full recovery.

### Challenge 6: Too few health practitioners offer effective mental health interventions (treatment).

Cognitive behaviour therapy and other evidence based treatments are 'greatly under utilised'...the evidence is that supportive counselling alone is insufficient to be effective. This applies not only to post-traumatic mental health issues, but more broadly to the treatment of other common mental health problems, such as depression and anxiety ...'.

The challenge is to find sufficient numbers of practitioners skilled in these therapies. Possibilities such as subsidised training for health practitioners and enhanced payment schedules are being actively explored in Australia.



## Ten challenges in post-traumatic mental health (cont)

### Challenge 7: A drift towards mediocrity is a particular risk for third party funded mental health care.

For various reasons including decisions around establishing liability and the lack of knowledge by consumers, good mental health treatments have been devalued. It is important for funders (insurers and employers) to promote treatment that users value and would pay for themselves. Funders (insurers and employers) need to identify 'aberrant treatment patterns that are unrelated to need and also to require goals and outcomes that can be measured'.

### Challenge 8: Enduring recovery from trauma and injury requires reconnection to valued social and occupational roles.

'Good mental health is inextricably linked with social support and interpersonal relationships, as well as with work and other productive activity.' Poor recovery following a traumatic event can have negative effects on beliefs and attitudes about family and work. Physical sick role behaviour may appear as this is deemed more 'legitimate' than mental illness role behaviour. Physical and mental pain problems are likely to adversely affect concentration and attention. There may be many barriers to returning to work and these need to be carefully identified and addressed through a

tailored approach. Functional outcomes as well as symptom relief should be the goal.

### Challenge 9: Effective treatment should be time limited.

Clear treatment goals, the routine use of outcome measures and regular reviews will help to ensure treatment does not continue once the person's improvement has plateaued. Although the person receiving treatment may perceive this as a positive experience it is not ethical or effective to continue treatment without ongoing improvement.

A second opinion from an independent practitioner may be useful to establish whether the person's improvement has plateaued. If no further improvement can be expected the person can be encouraged to self-manage their ongoing condition by accessing their own social and community support networks. A minority of people with severe mental health problems will require ongoing mental health support and maintenance rather than significant improvement is a legitimate goal.

### Challenge 10: Optimal recovery from injury and mental health problems requires improved integration of parallel goals and interventions across the range of physical and mental health disciplines.

A 'typical' feature of rehabilitation following traumatic events is the

parallel delivery of a range of services and treatments. In many cases this occurs without communication or coordination between the providers. Although the injured person may discuss this with providers they 'respectfully' decline to comment or interfere in another provider's intervention. This may result in different goals and treatment for the injured person and 'a lack of mutual reinforcement'.

This challenge can be met by providers communicating with each other to ensure common goals are set and to ensure the person feels they are being treated holistically.

### Conclusion

'Most people will recover from the effects of trauma and injury with the support of family, their employer and work mates.' A small number will experience more 'adverse' effects and are at risk of long term disability.

Early identification of those at risk will help to limit the long term effects of their injury. Early treatment, early return to work and optimal social functioning should be actively encouraged to reduce human suffering and economic costs.

Pead, J, Fletcher, S, Creamer, M 2008, 'Ten challengers in post-traumatic mental health', *Journal Occupational Health and Safety*, vol. 24(6), pp. 531-539.

**'Good mental health is inextricably linked with social support and interpersonal relationships, as well as with work and other productive activity.'**

