



Differences in the return-to-work (RTW) process for work-related psychological and musculoskeletal conditions: findings from an Australian cohort

Peter Smith
IWH Speaker Series
6th April, 2021

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Three take home messages for today

1. Imbalances exist across every area of the RTW process for claimants with psychological injuries compared to those with MSK conditions
2. Modifiable factors (supervisor response, consultative RTW plans, and mental health symptoms) explain two-thirds of the differences in RTW between psychological injuries and MSK conditions, in this cohort
3. Differences in sustainable RTW (and duration of wage replacement) between psychological and MSK conditions can be modified. While treating symptoms of mental health conditions remains important, supervisor responses and RTW plans that are consultative are as important in improving RTW outcomes



Operational Policy Manual

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Reporting an Injury/Disease

Work Relatedness

Chronic Mental Stress

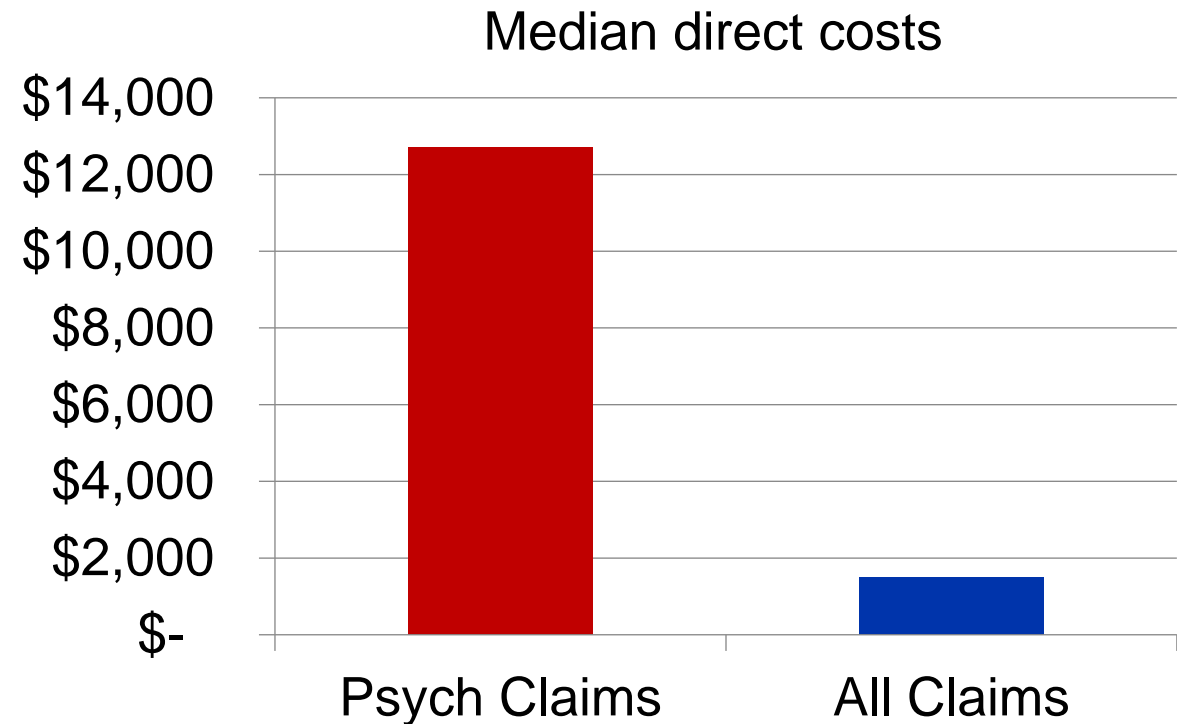
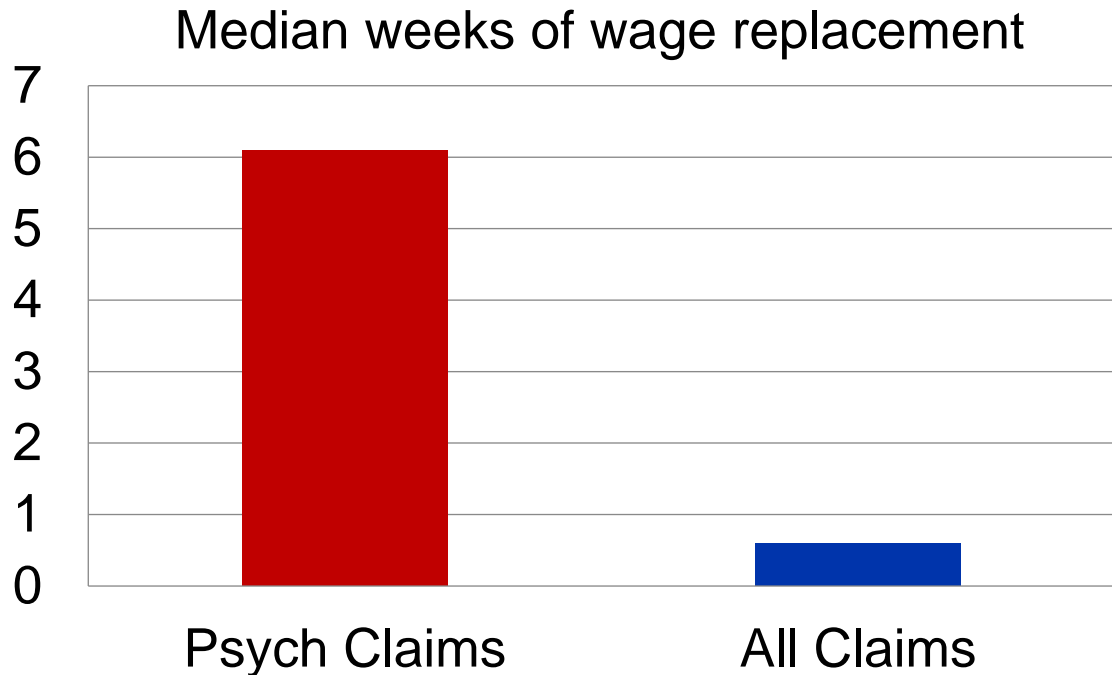
Application Date	This policy applies to all accidents on or after January 1, 2018. This policy also applies to the claims identified in the "Transitional provisions" section of this document.
Published	January 2, 2018
Section	In the Course of and Arising Out of
Document Number	15-03-14

Policy

A worker is entitled to benefits for chronic mental stress arising out of and in the course of the worker's employment.

A worker is not entitled to benefits for chronic mental stress caused by decisions or actions of the worker's

Psychological injuries are associated with greater wage replacement and direct costs following injury. 2009-10



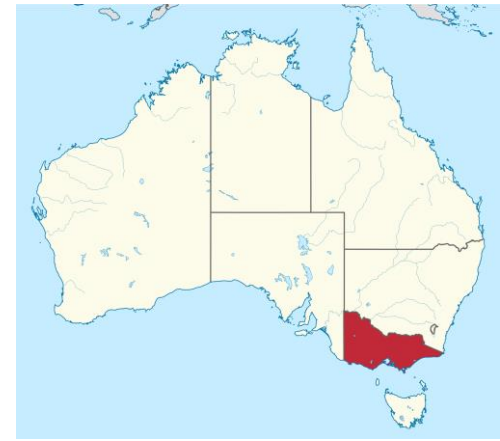
Source: SafeWork Australia, 2013

The Monash RTW cohort study

Objectives

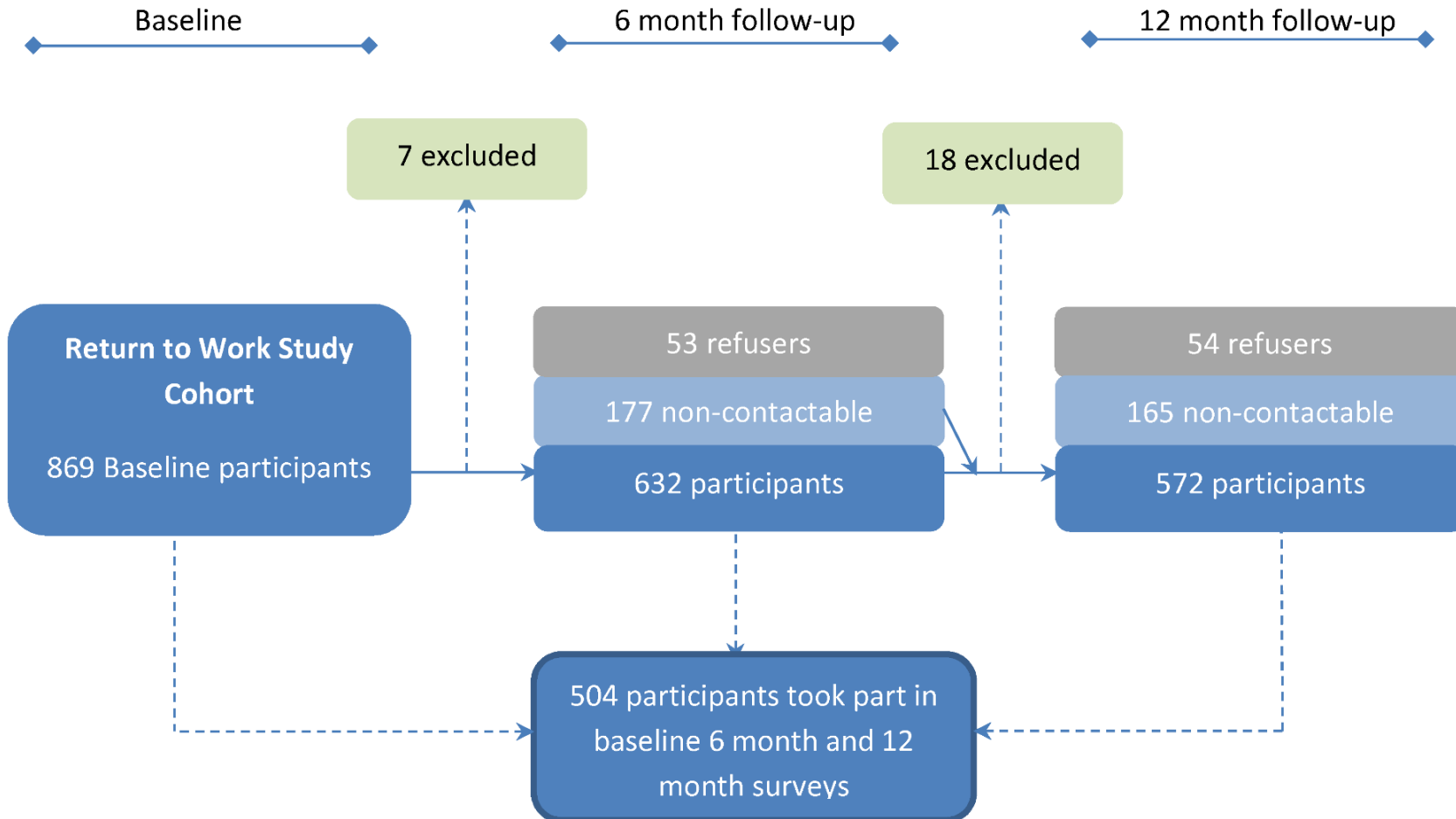
- To understand the RTW process among workers compensation claimants in Victoria.
- Focus on differences in the RTW process for:
 - Psychological compared to MSK injuries; and
 - Older workers (55+ years) compared to younger workers.
- The baseline sample was recruited over a 12-month period between June 2014 and July 2015

The Victorian context



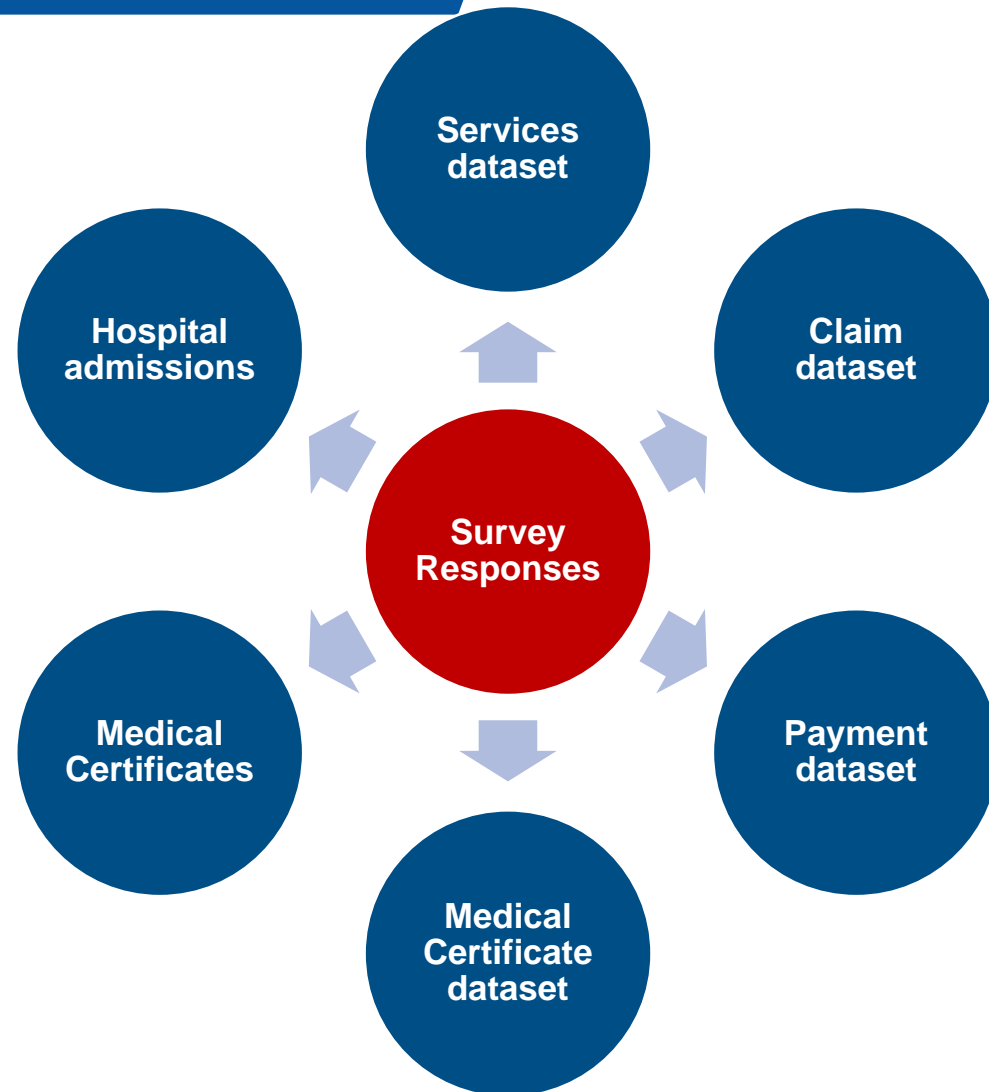
- WorkSafe Victoria covers 80% of the labour market
- First 10 days of incapacity paid for by employer
- Mental and physical injury claims are eligible for compensation
- Management of workers' compensation claims is performed by five external "WorkSafe Claims Agents"
- All large workplaces (> \$2 million rateable remuneration) are required to have a RTW coordinator at all times. Smaller workplaces must appoint a RTW coordinator if an employee is injured
- Workers' compensation claimants can sue for damages attributed to injuries that are considered "serious" under a common-law system

App 3-4 months post inj App 9-10 months post inj App 15-16 months post inj



Dimitriadis et al, BMJ Open, 2017

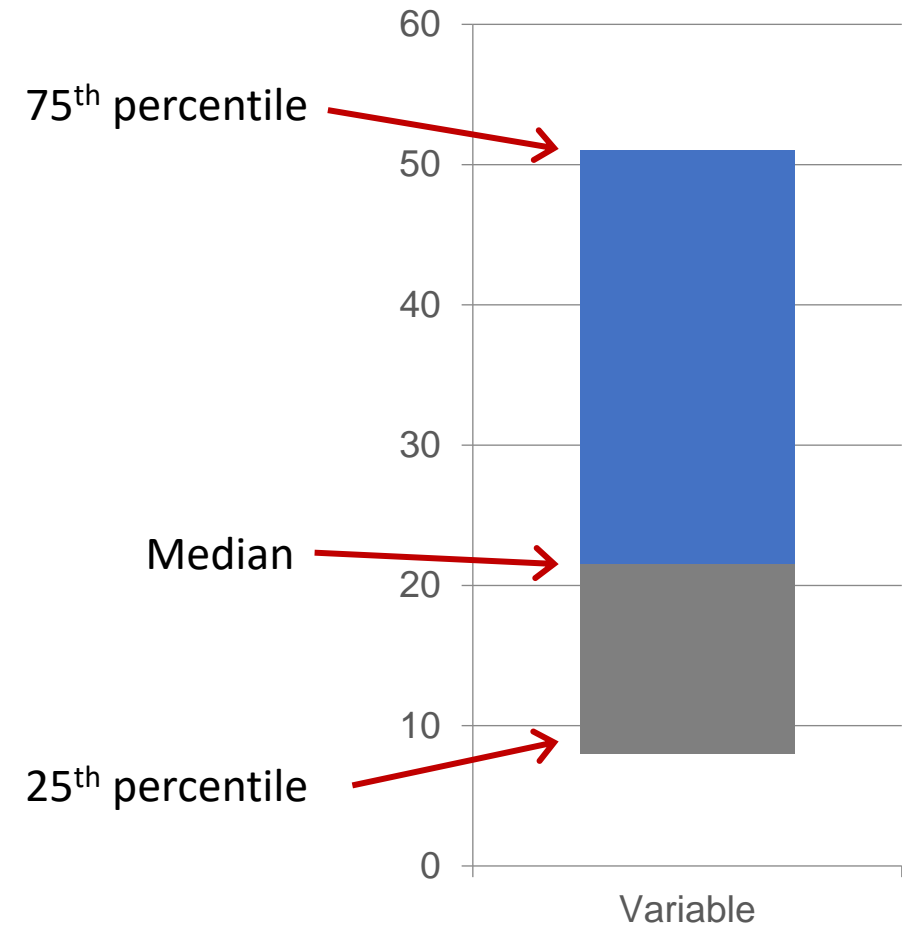
Linked Data



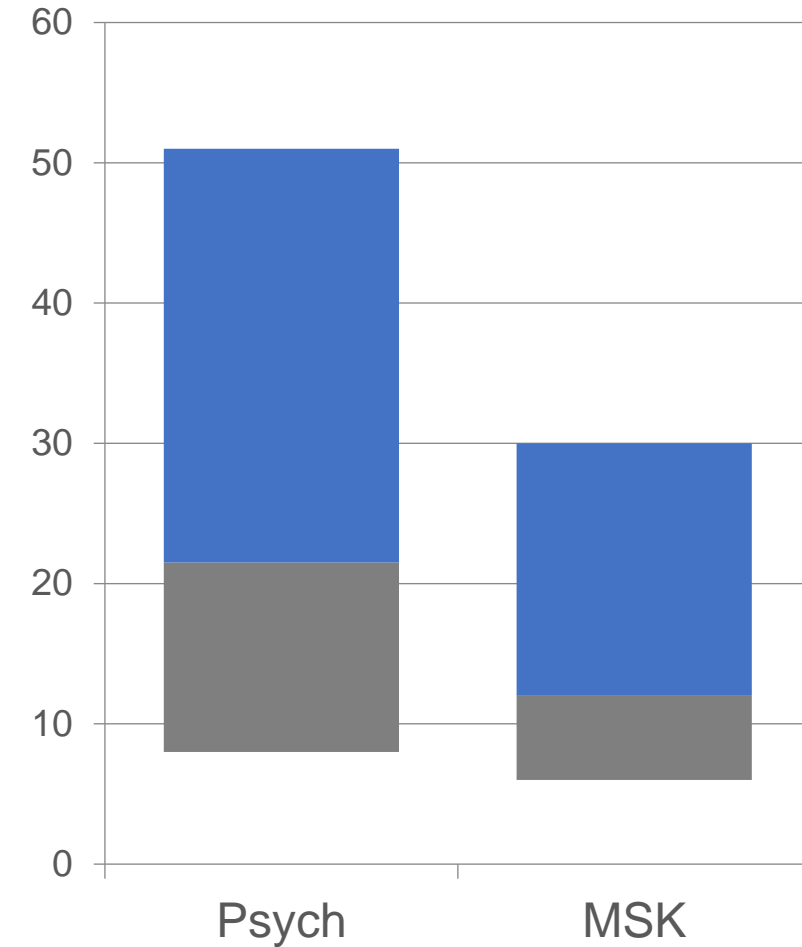
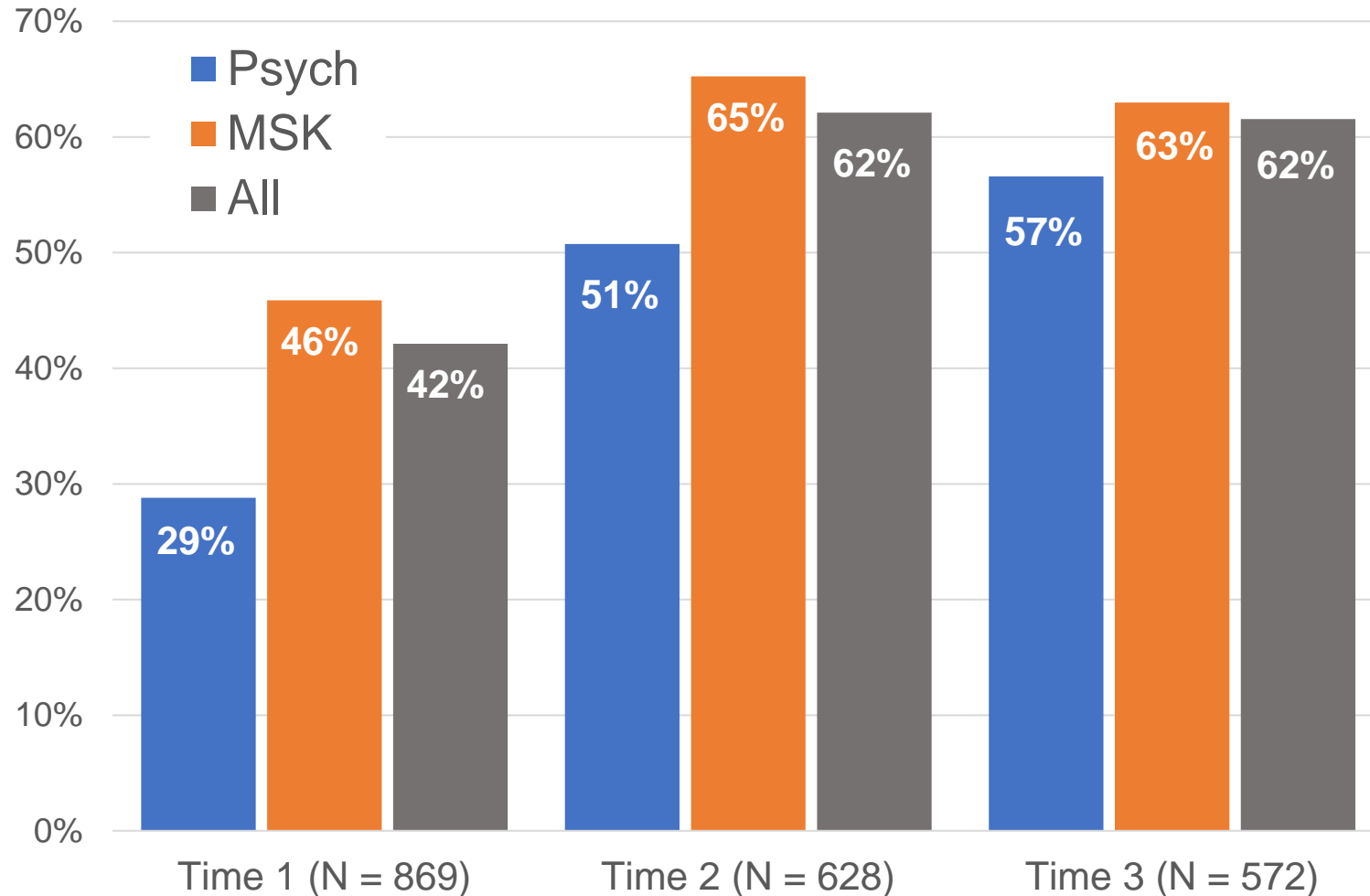
- 91% of respondents (N = 790) gave permission to link to claims data
- Successful linkage to 785 claims
- Allows comparison between self-reported and administrative data
- Allows follow-up of baseline sample for longer periods of time
- Current linkage up to end of Dec 2018

A quick overview of how to interpret results ...

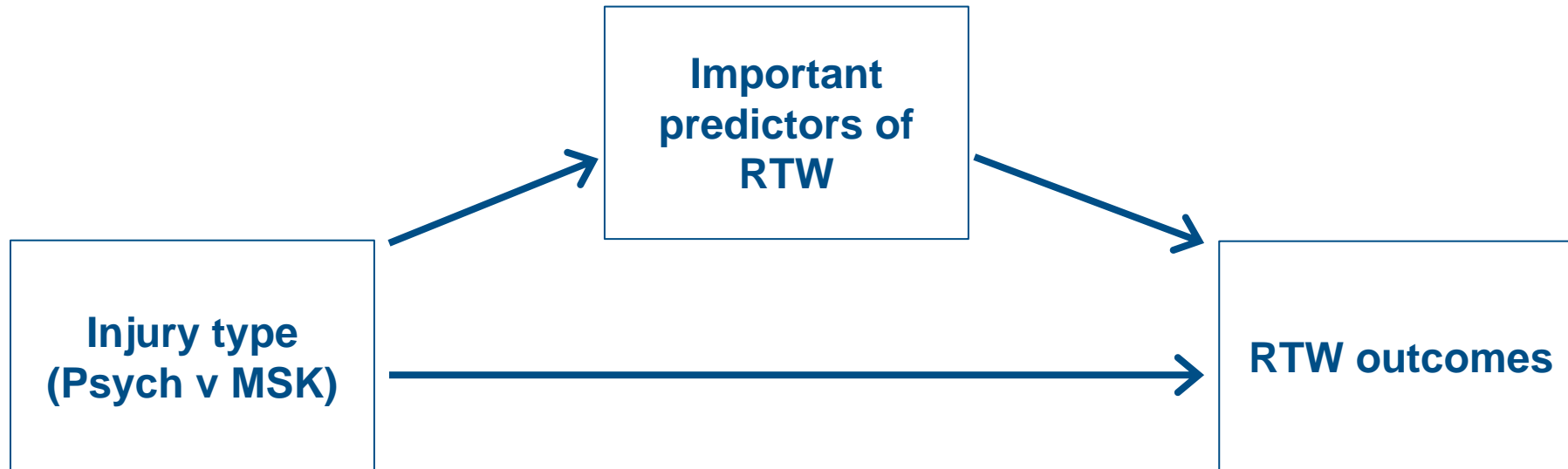
- Estimates presented will be either proportions or median and interquartile ranges
- Almost all estimates (except the next slide) are adjusted for potential confounders (which are described later)



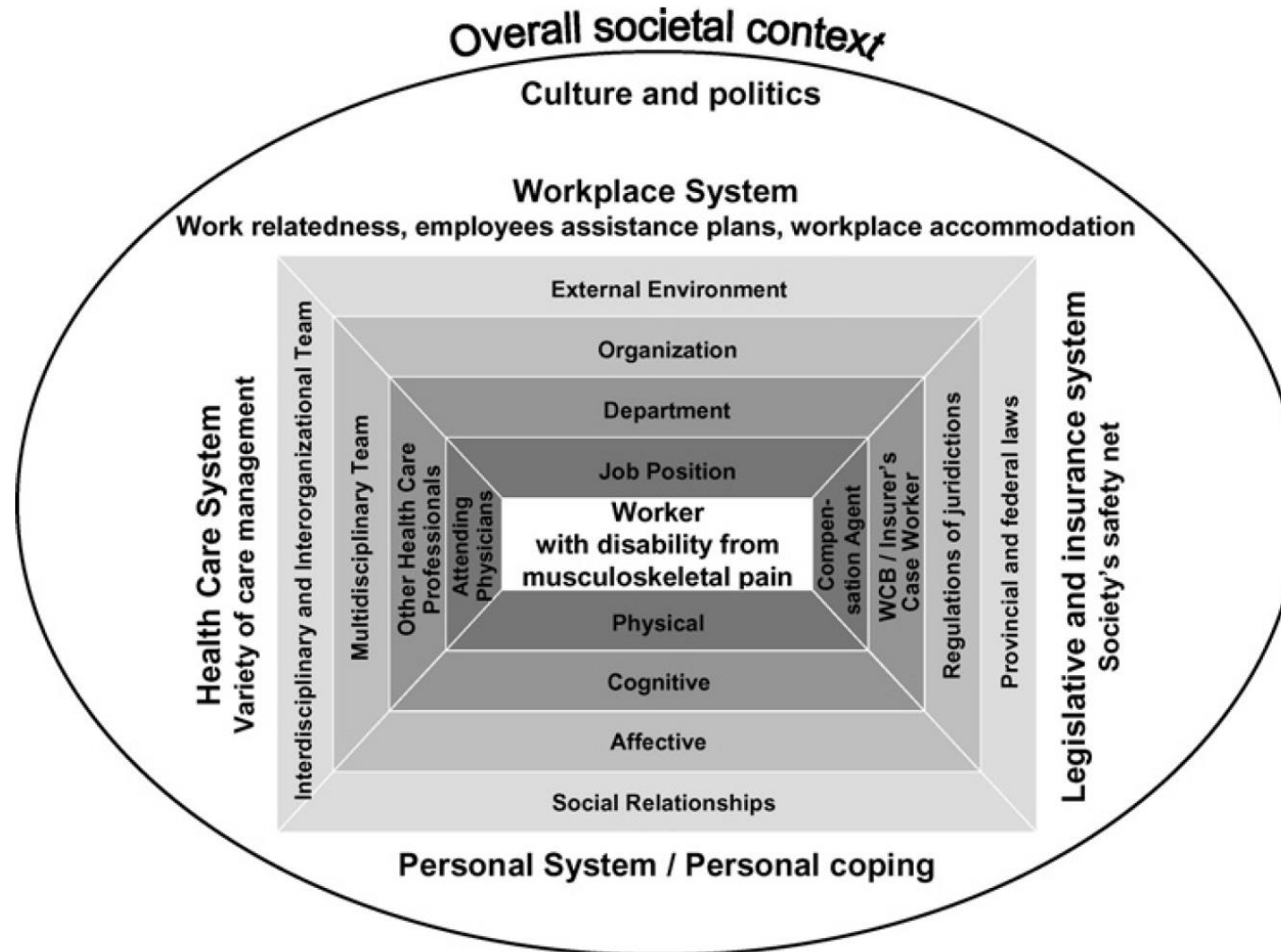
Sustained RTW at each survey time point (left) and weeks of wage replacement in first two years (right)



Focus for today



The arena of work disability (Loisel et al 2005)



Potential pathways between injury type and RTW (1)

Personal

- Self-reported mental health symptoms (0 to 24) – higher = less symptoms
- Positive recovery expectations (yes/no)

Workplace

- Supervisor reaction to injury (positive/not positive)
- Co-worker response to injury (positive/not positive)
- RTW coordinator interactions (not stressful/stressful or no contact)
- RTW plan and modified duties (consultative RTW plan/offer of modified duties without consultation/no RTW plan or offer of modified duties)

Potential pathways between injury type and RTW (2)

Health Care Provider

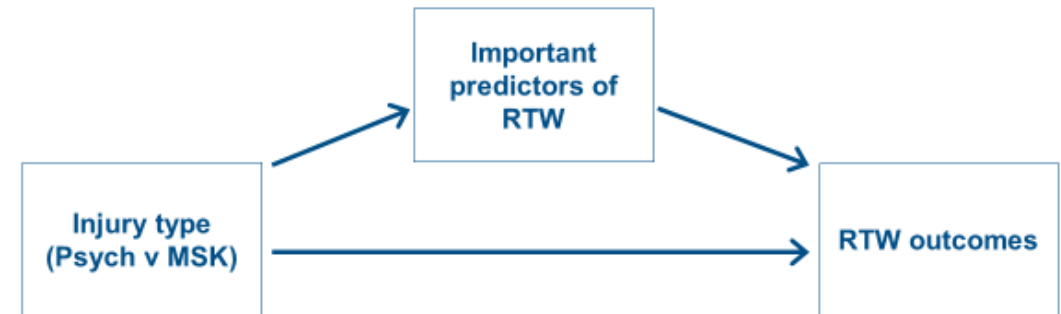
- Has given a date the respondent will likely return to work (yes/no)
- Has had contact with the employer or occupational rehabilitation provider (yes/no)

System

- Agreed that claims agent: (1) was polite, (2) treated them with dignity and respect, (3) provided information, (4) was open and truthful, (5) explained the RTW process, (6) communicated details appropriately, and (7) considered their specific needs
- Claim agent interactions (not stressful/stressful)

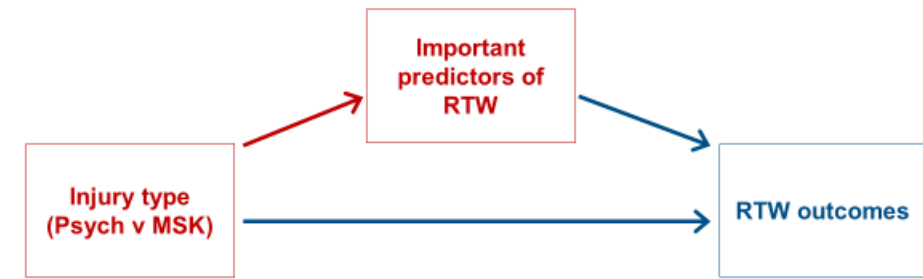
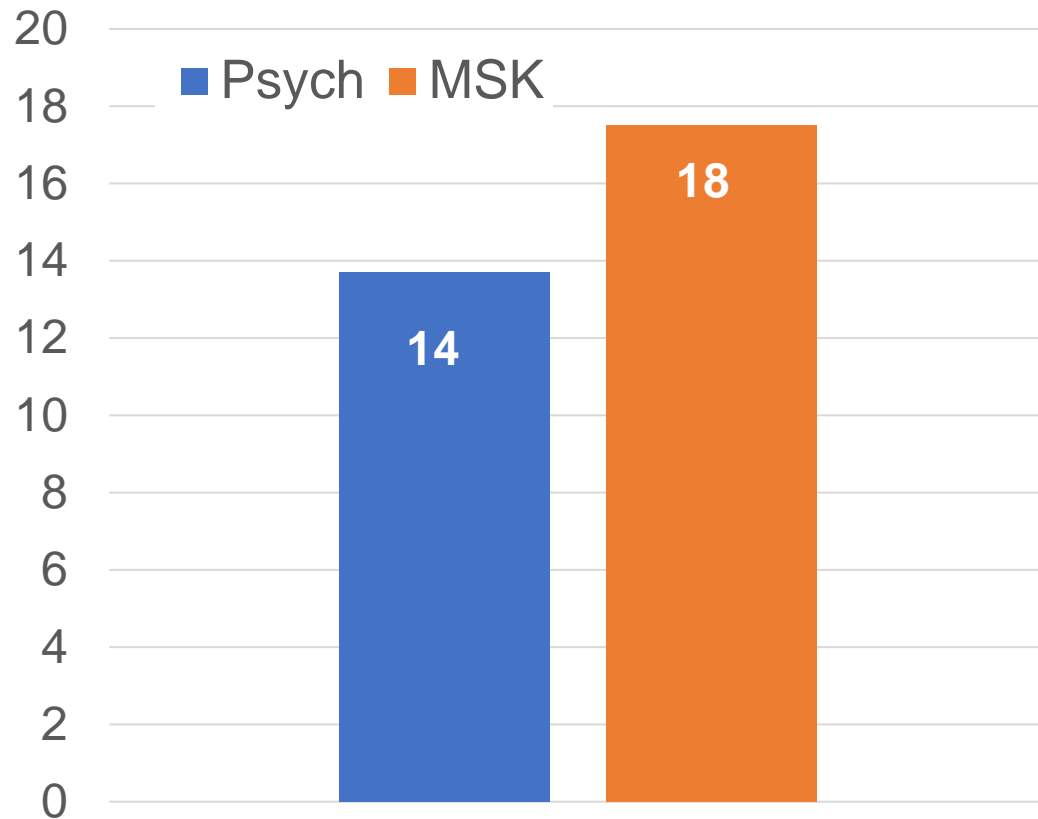
Confounders (things that might be associated with injury type and RTW, but are not a consequence of injury type)

- Demographics: Age and sex
- Activity limitations pre-injury (yes/no)
- Physical demands of work pre-injury (yes/no)
- Job autonomy pre-injury (high/low)
- Workplace Size (less than 20, 20 to 99, 100 to 299, 300+ employees)
- Time between injury and baseline interview

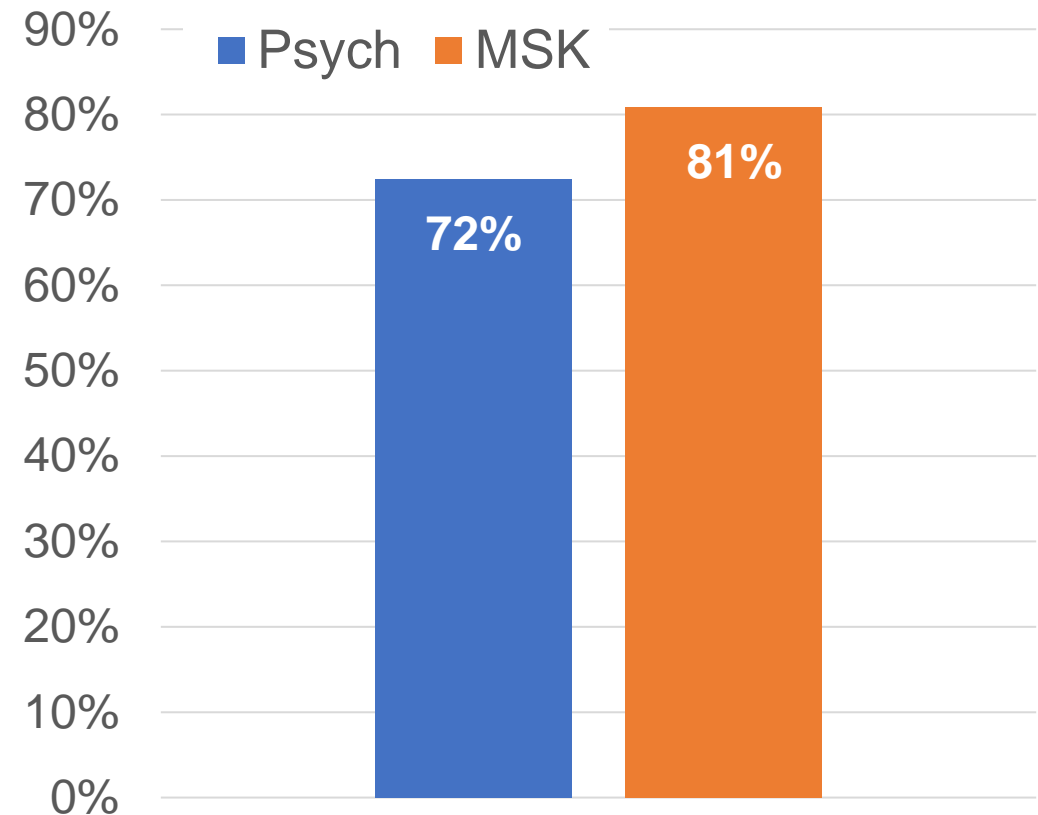


Personal Factors

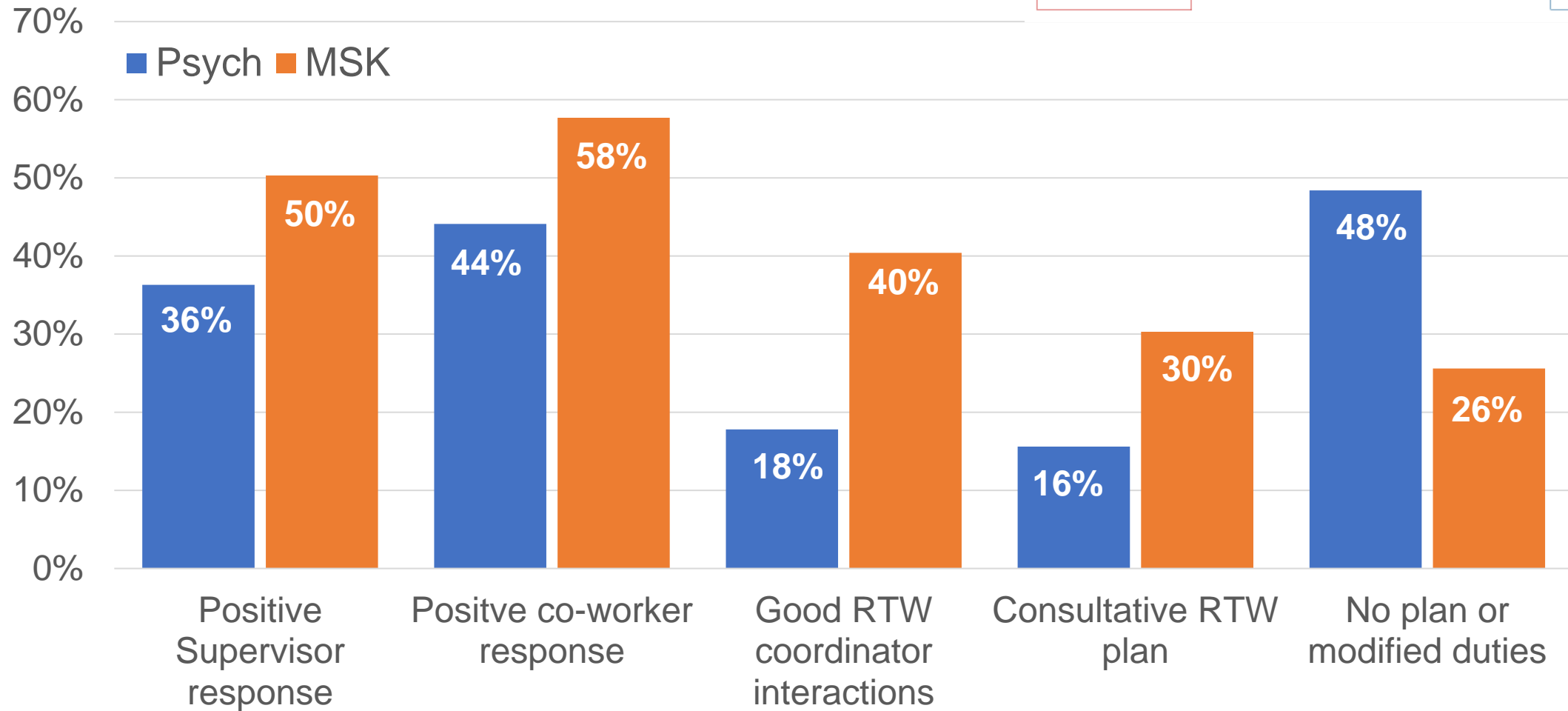
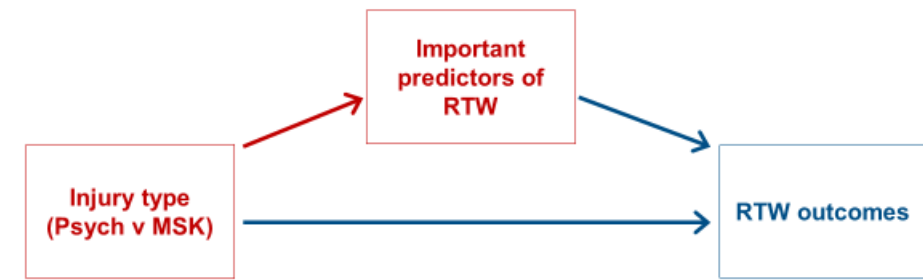
Self-reported mental health (0 to 24)
(higher = less symptoms)



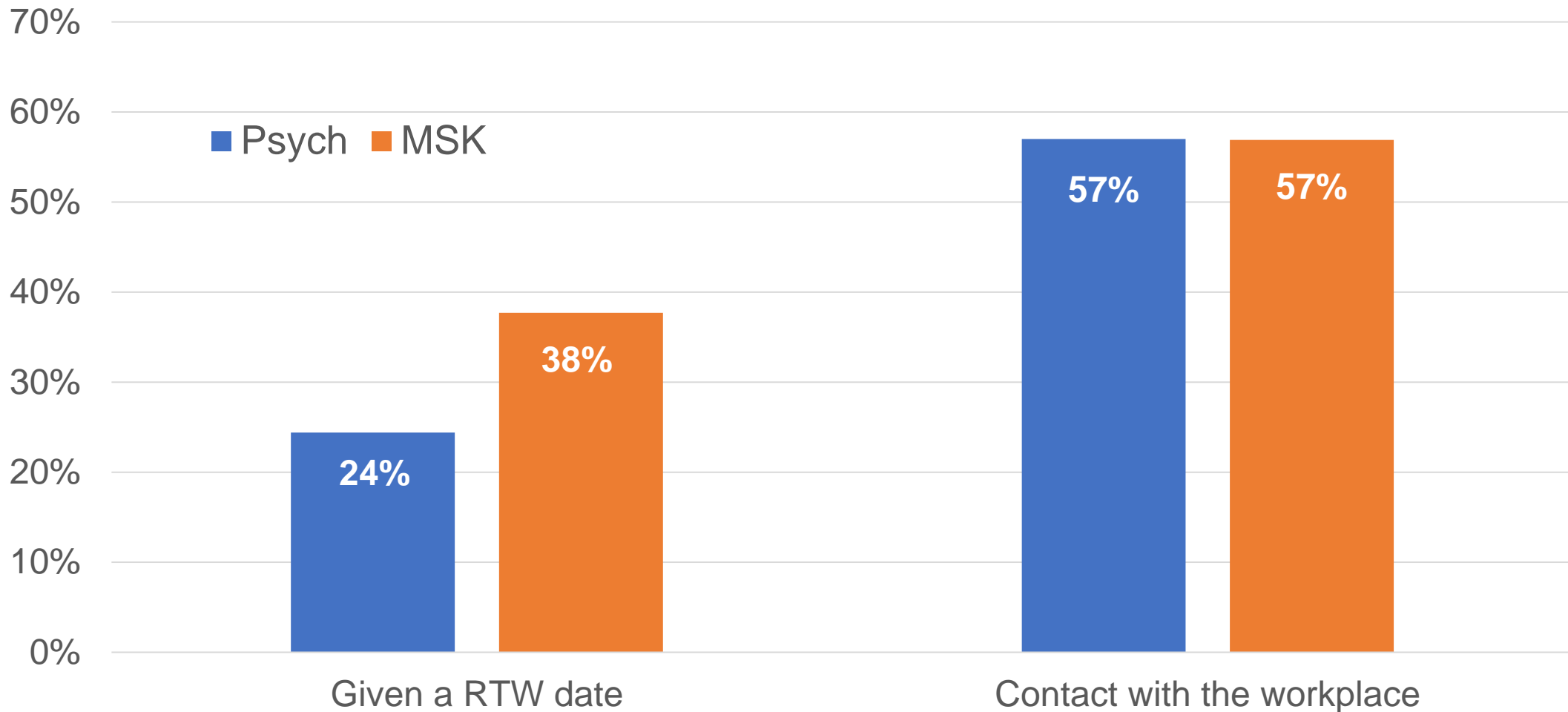
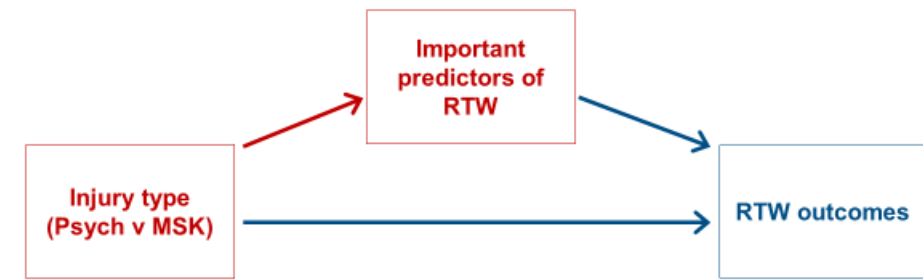
Positive recovery expectations



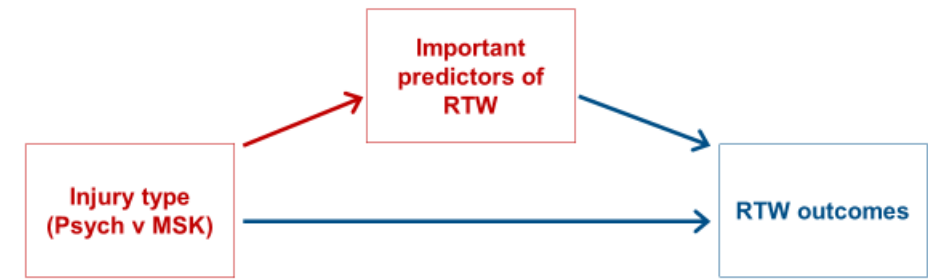
Workplace factors



Health Care Provider factors

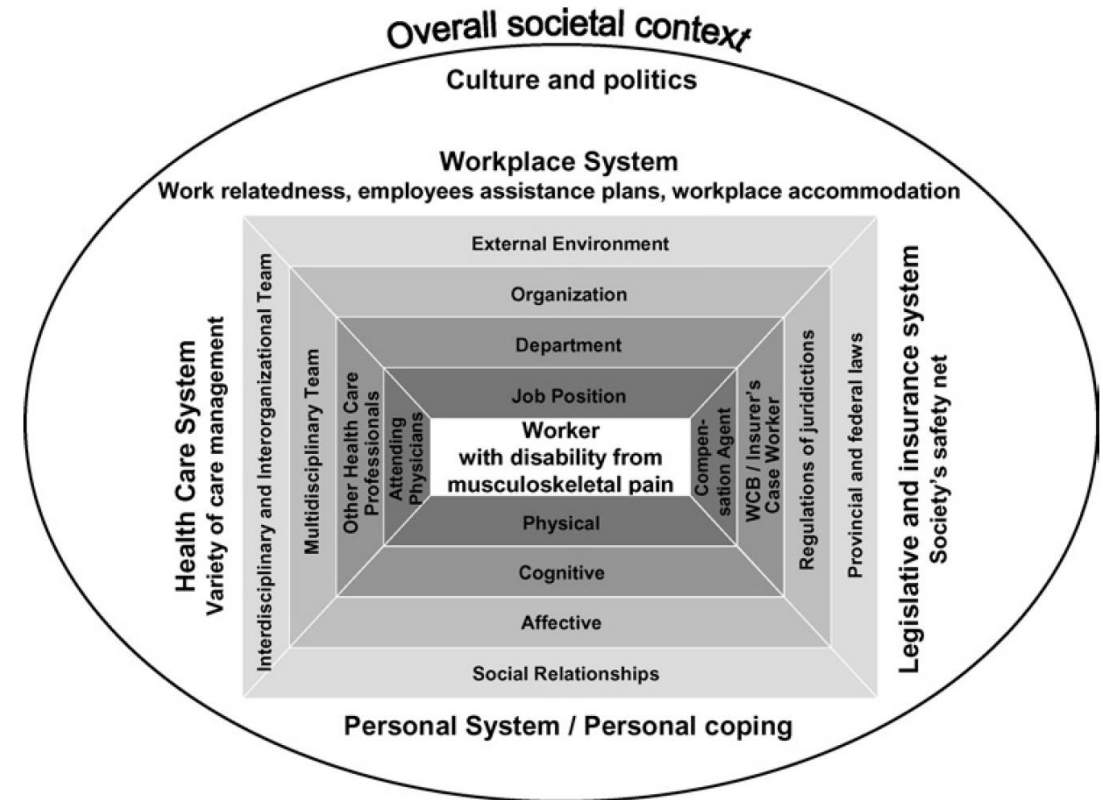


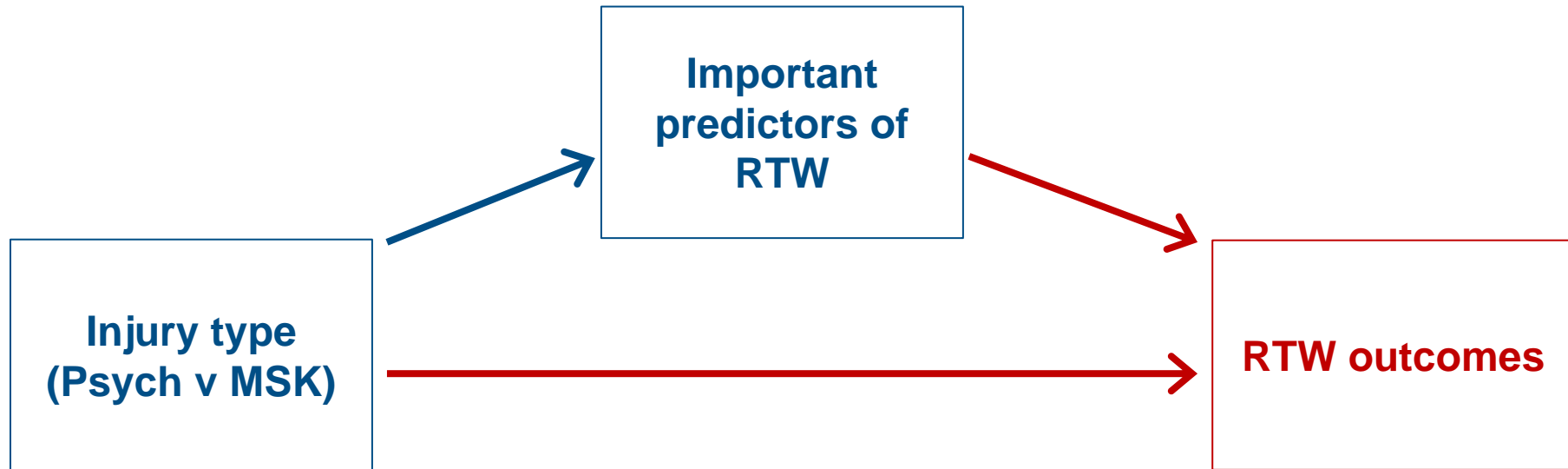
System level factors



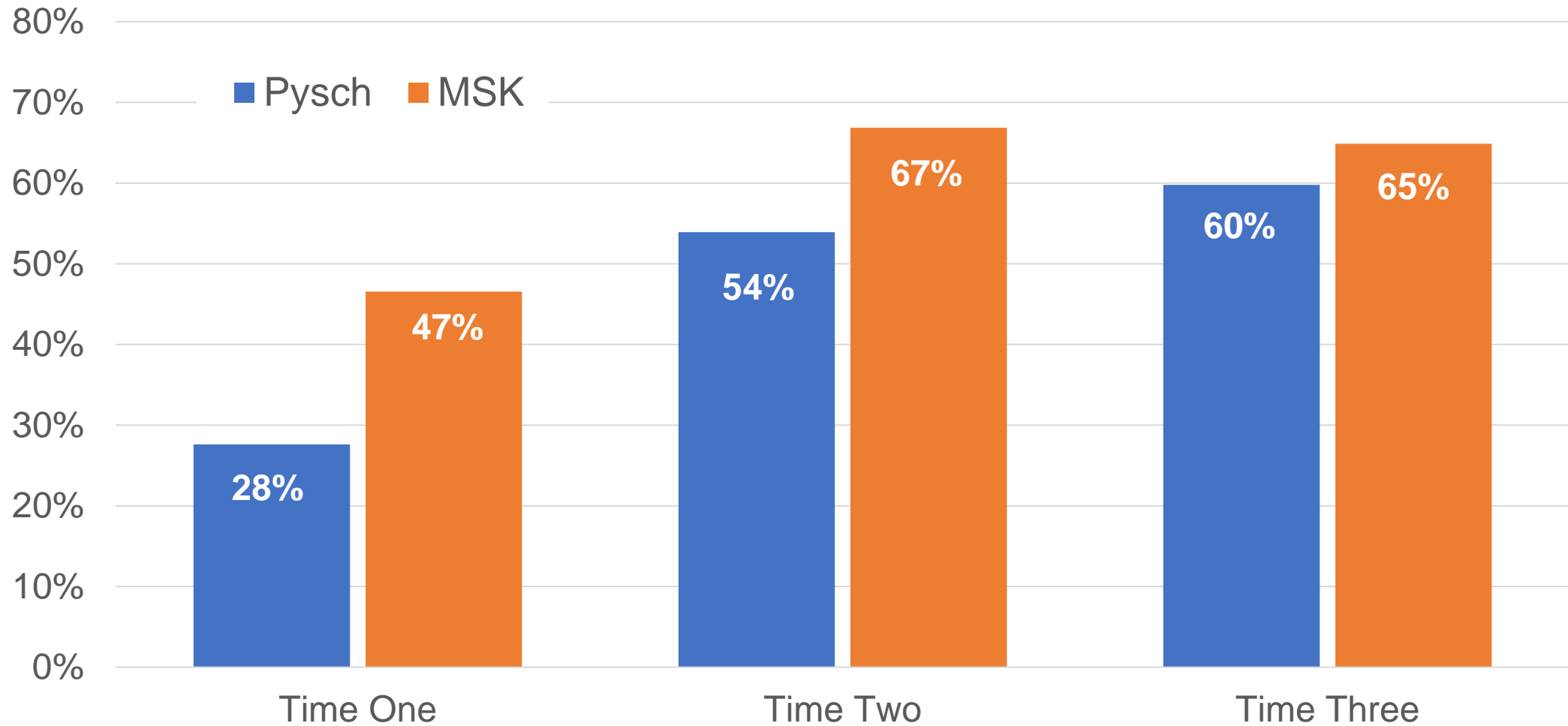
Key Message #1

- Inequalities exist across every dimension of the RTW process for claimants with psychological injuries compared to those with MSK conditions



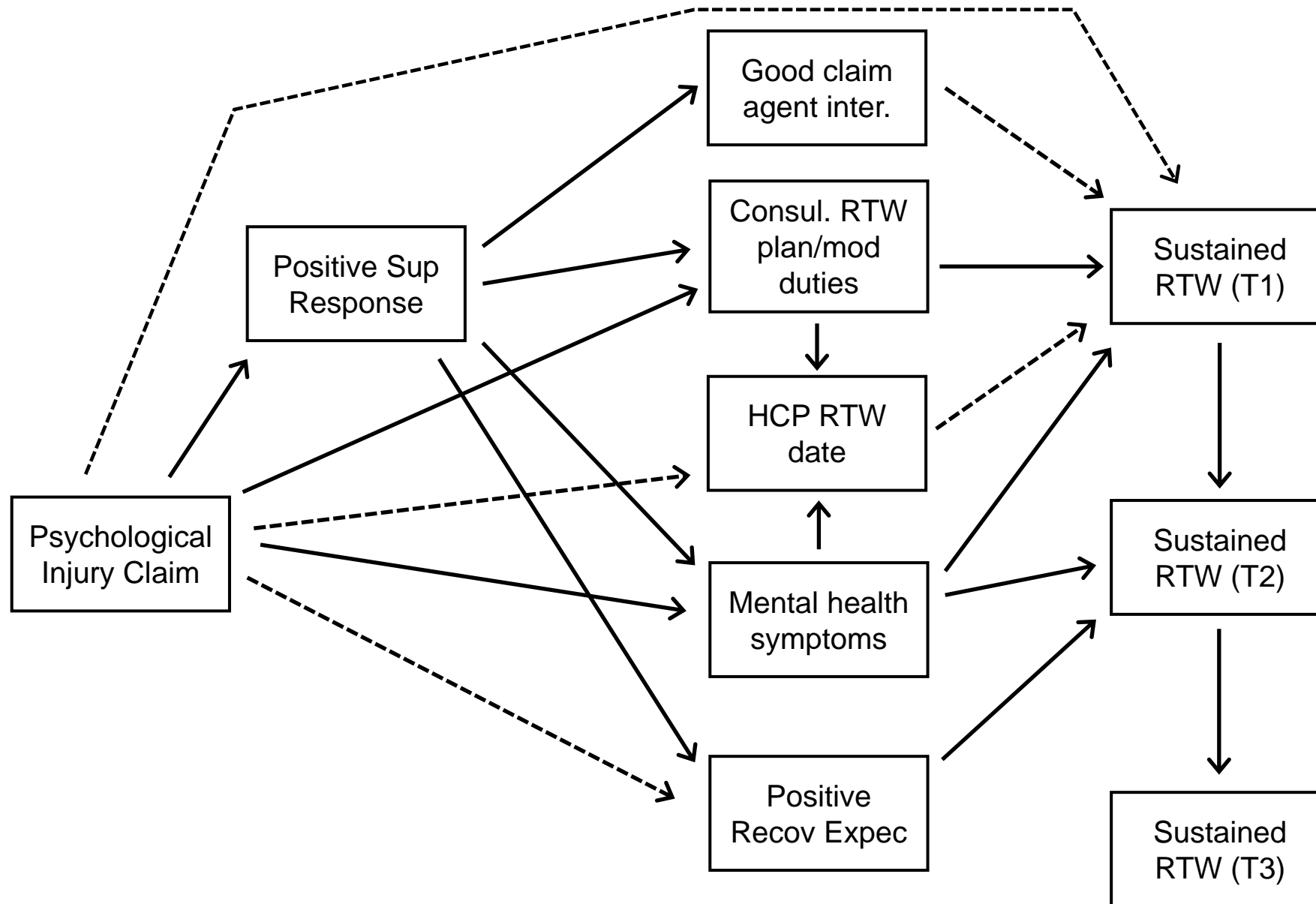


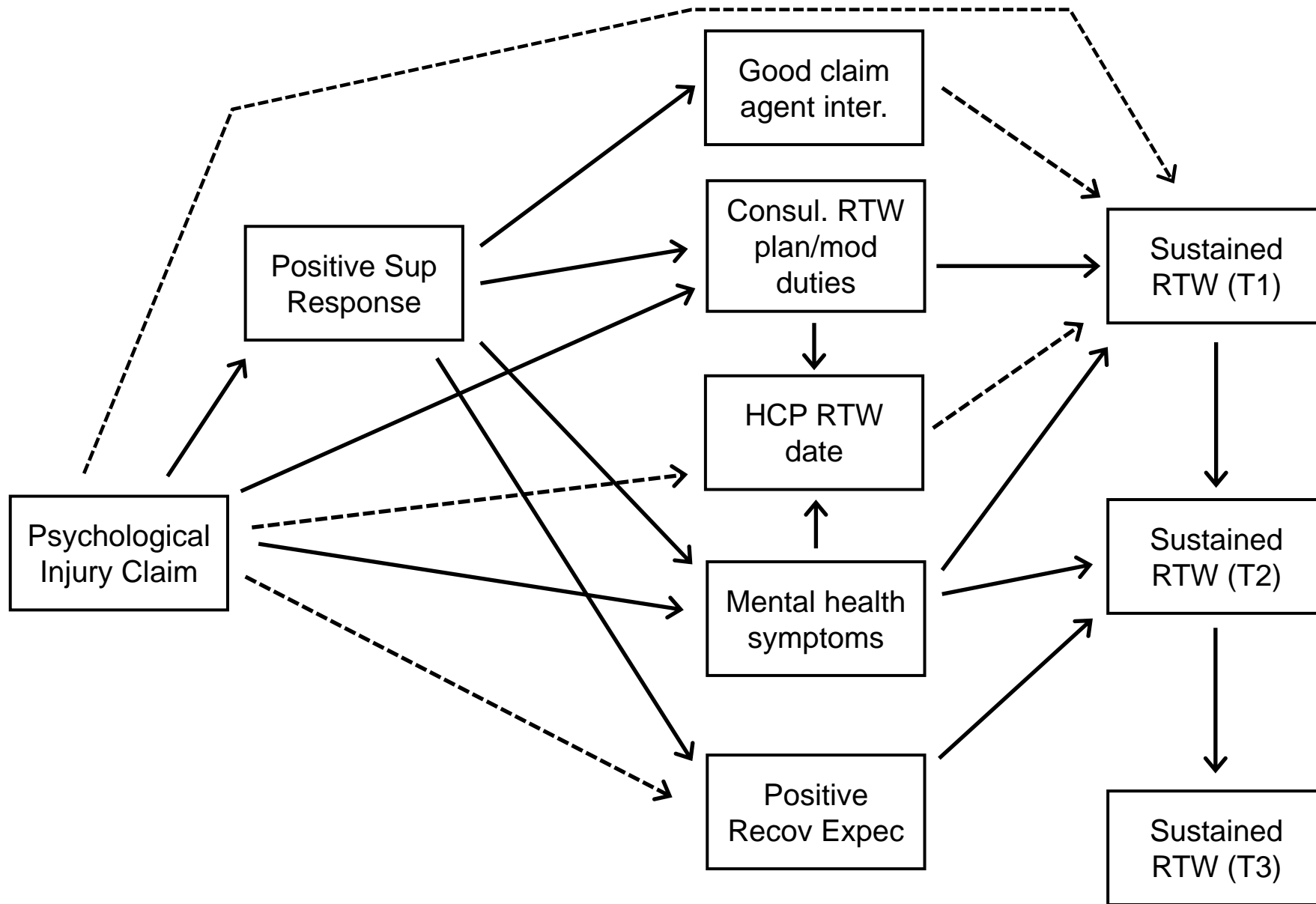
Sustained RTW by injury type



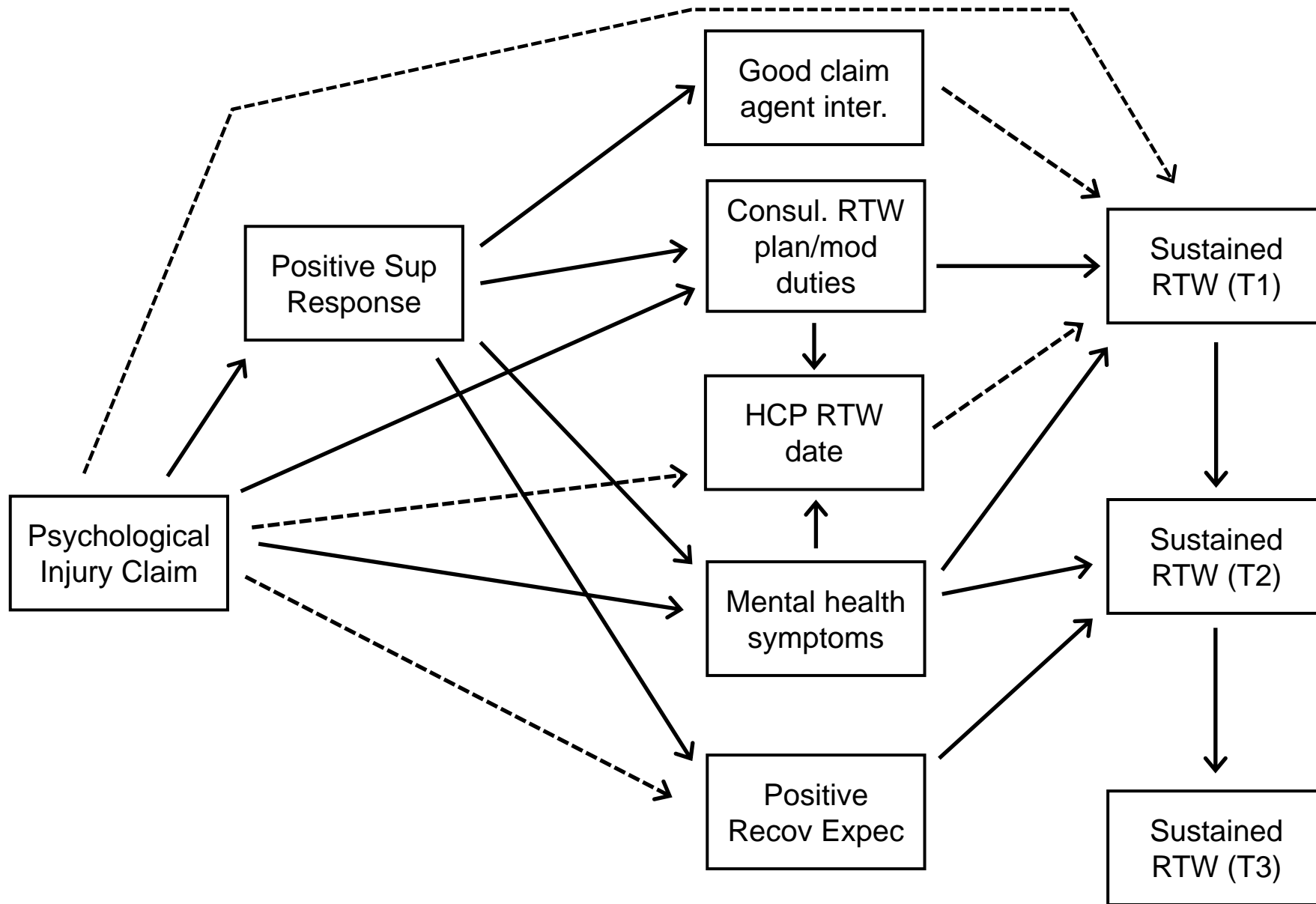
Solid line =
statistically
significant
relationship

Dashed line =
relationship, not
statistically
significant

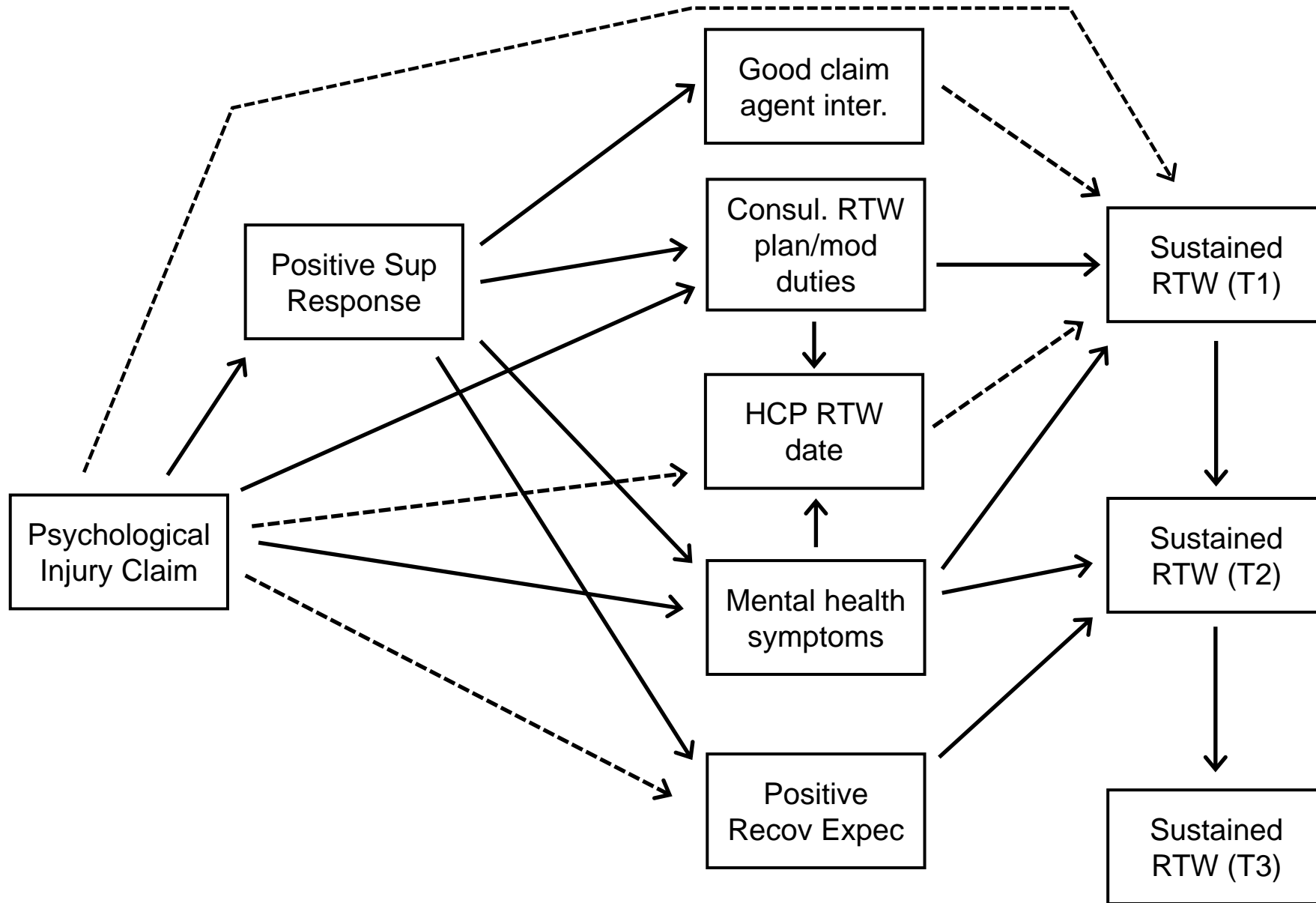




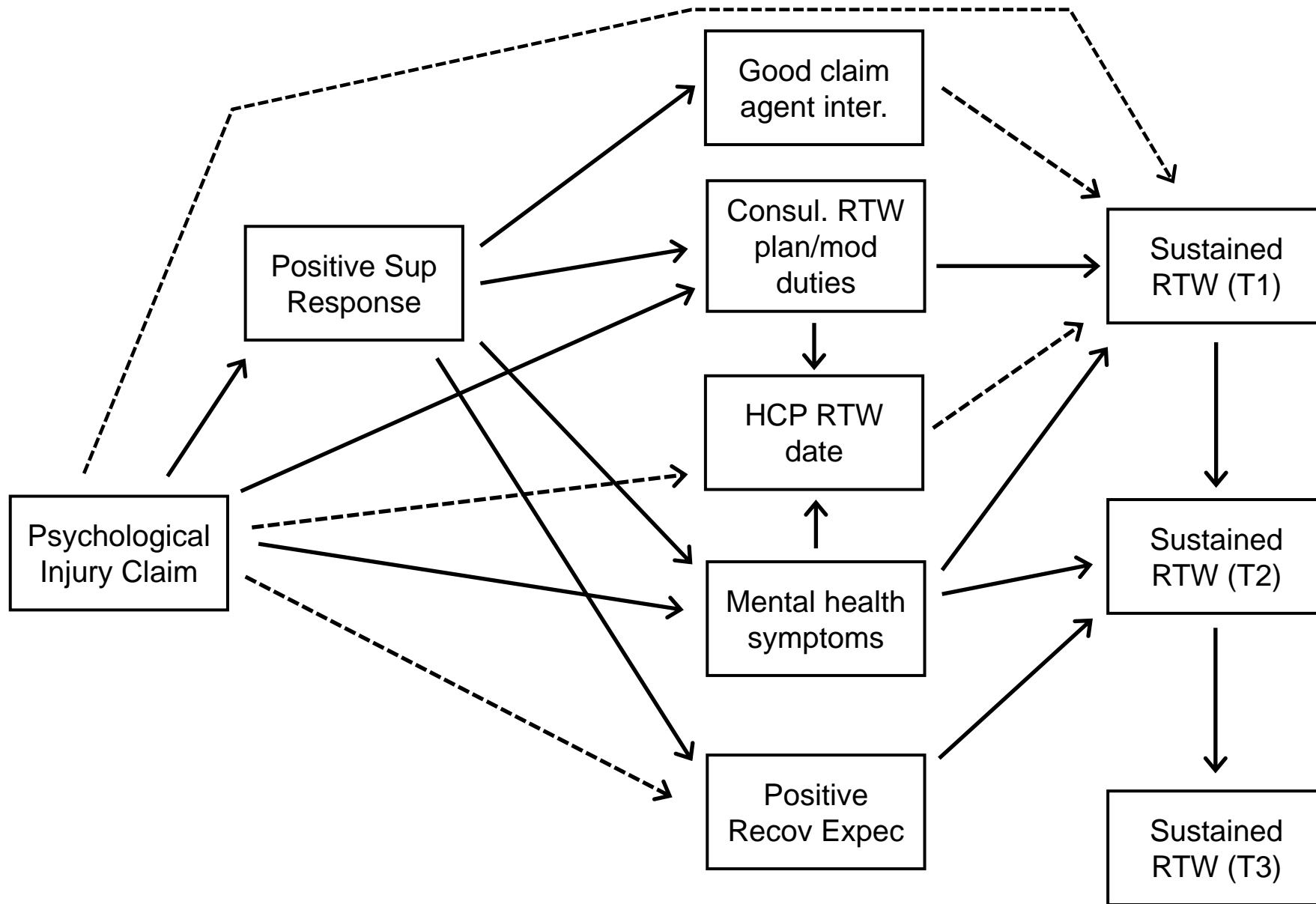
37% of total effect of psych injury on RTW



30% of total effect of psych injury on RTW



13% of total effect of psych injury on RTW

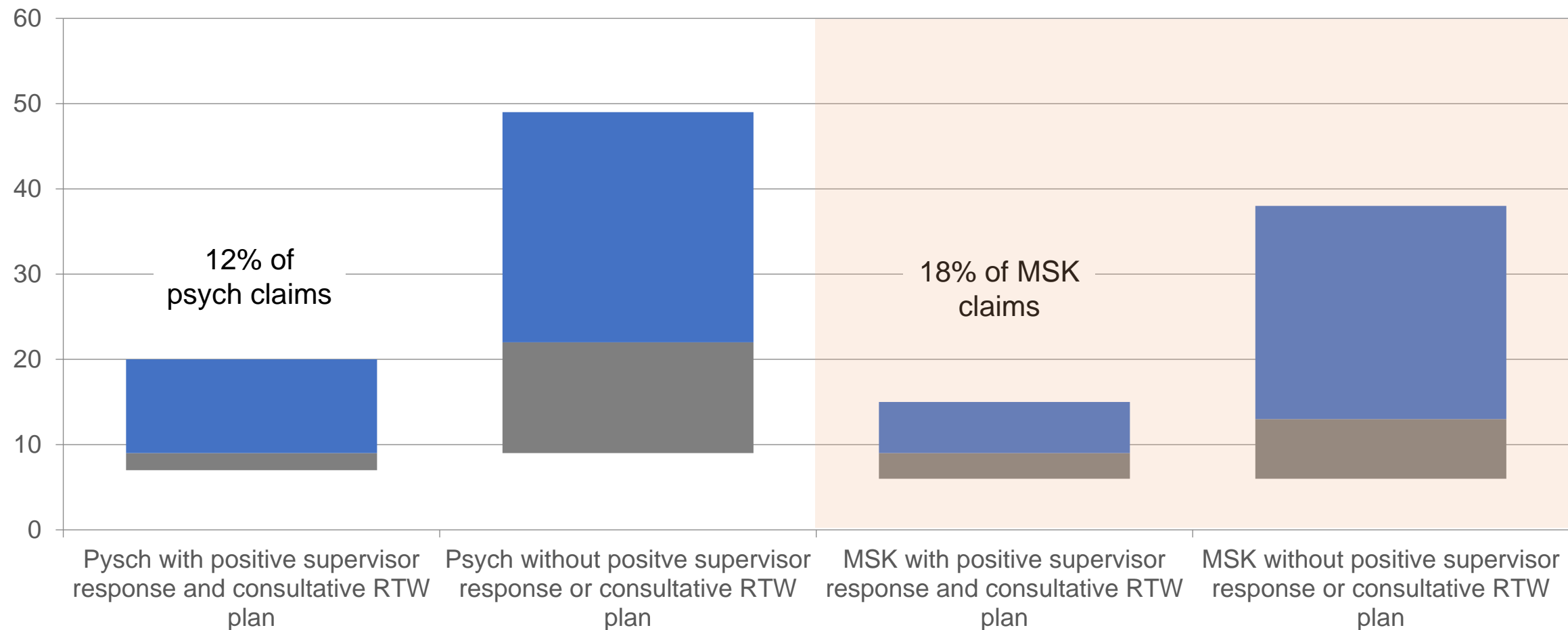


66% of total effect of psych injury on RTW

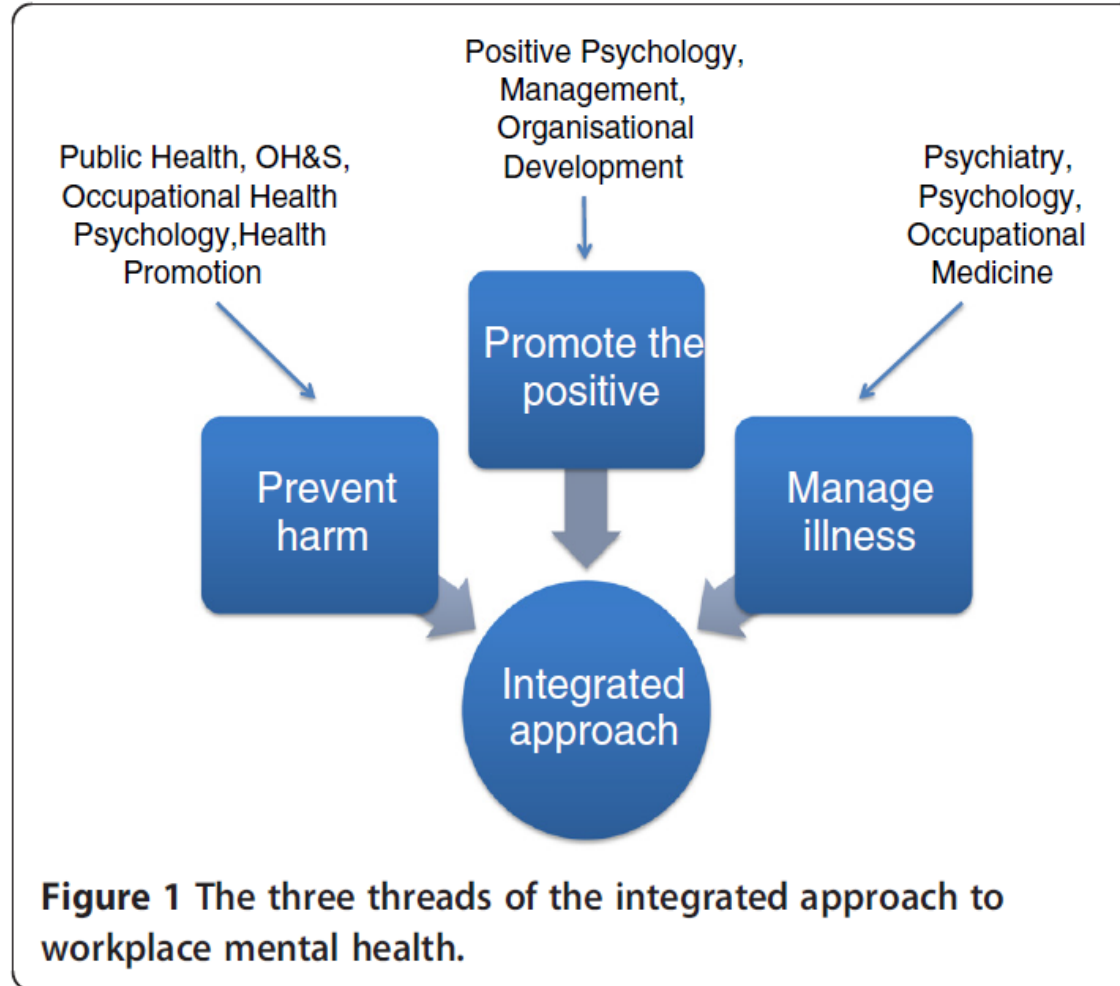
Key Messages #2

- Modifiable factors (supervisor response, consultative RTW plans, and mental health symptoms) explain two-thirds of the differences in RTW between psychological injuries and MSK conditions
- Much, but not all, of future RTW at 9-10 months and 15-16 months is driven by RTW at 4-5 months

Wage replacement (weeks) in two years following injury by injury type and supervisor and RTW plan groups (N = 735)



Supervisor responses and consultative RTW plans don't occur in a vacuum



LaMontagne et al (2014),
BMC Psych, 14:131

Key Messages #3

- Differences in sustainable RTW (and duration of wage replacement) between psychological and MSK conditions can be modified
- Based on the results from this cohort, while treating symptoms of mental health conditions remains important, workplace contexts that lead to positive supervisor responses and enable RTW plans that are consultative are as important to improving RTW outcomes

Acknowledgements

Research Team

- Malcolm Sim, Monash University
- Tony LaMontagne, Deakin University
- Rebecca Lilley, University of Otago
- Sheilah Hogg-Johnson, Institute for Work & Health
- Christina Dimitriadis (Project Coordinator), Monash University

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Research Partners

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- SafeWork Australia
- Office of The Age Discrimination Commissioner
- Beyond Blue
- Australian Industry Group

Other organisations involved

- Social Research Centre
- Institute for Safety, Compensation and Recovery Research (ISCRR)

For More Information

Smith et al (2020) Are there differences in the return to work process for work-related psychological and musculoskeletal injuries? A longitudinal path analysis. *Social Psychiatry and Psychiatric Epidemiology*. 55 (8), 1041 – 1051
<https://link.springer.com/article/10.1007/s00127-020-01839-3>

Dimitriadis C et al (2017). Cohort profile: workers' compensation in a changing Australian labour market: the return to work (RTW) study. *BMJ Open*, 7, e016366. <https://bmjopen.bmj.com/content/7/11/e016366>

Thank you

Peter Smith

Senior Scientist and Co-Scientific Director



psmith@iwh.on.ca

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