



## **Response to the Productivity Commission’s Issues Paper – The Social and Economic Benefits of Improving Mental Health**

### **Introduction**

The Australian Rehabilitation Providers Association (ARPA) appreciates the opportunity to contribute to the Productivity Commission’s inquiry into the Social and Economic Benefits of Improving Mental Health. ARPA is keen to assist the Productivity Commission in examining ways to improve the legislation, system design and outcomes for Australian suffering from mental health illnesses.

ARPA is the industry voice for the Australian workplace rehabilitation industry, representing the majority of independent WRPs in Australia. With strong industry and government links and affiliations, ARPA is dedicated to promoting and protecting the professional interests of our member organisations and through them, the creation of a financially sustainable industry.

ARPA, its members, and the rehabilitation consultants they employ are committed to facilitating the personal, social, occupational and economic independence of individuals with injuries or disabilities. In fulfilling this commitment, rehabilitation consultants work with individuals, employers, insurers, and other medical and health professionals, in a variety of service delivery systems, in order to achieve the best possible outcomes for their clients, in particular those who may be suffering from a mental health illness or episode in the workplace.

### **What is a WRP?**

A WRP (WRP) is comprised of tertiary qualified health professionals that specialise in the complex needs of workers and employers to achieve timely and sustainable RTW outcomes following injury or illness, be it either a physical or psychology injury or illness. Like treating health professionals, they are independent of other stakeholders and strive for a safe and sustainable RTW for workers with an injury, as approved by their treating practitioners. WRP’s can be relied on to provide expert opinion and solutions to resolving workplace injury, illness and disease.



## **Response to the Productivity Commission’s Issues Paper – The Social and Economic Benefits of Improving Mental Health**

### **The role of WRPs in mental health**

WRPs are experts at negotiating the complex landscape of injury recovery for people who have mental health issues, their employers, insurers and the schemes under which they operate. Exceptional outcomes are achieved by working in partnership with all parties to prioritise the key elements of an individual’s recovery and integrating these with the workplace. Work is a central tenant to good health and WRPs play a key role in ensuring people and workplace benefit from safe, timely and sustainable injury recovery.

In reviewing elements that contribute to an individual’s mental health injury, WRPs work closely with employers to ensure their potential for other workplace harm is mitigated, their risk of injuring others in their workplace eliminated or reduced and the health of the workforce improved. This enables improved workplace safety, improved productivity and reduced financial burden. Additionally, WRPs have a purpose beyond insurances and working for compensation schemes. At the core of workers with a mental health injury or illness are families and the broader social networks who are impacted by events that resulted in psychological injuries and illnesses.

While returning to work may not always be easy for those with a mental health issue, supporting a worker to stay at work in some capacity provides the best chance of a positive outcome. It’s also better for the workplace. This is the key function of the WRP – ensuring both a commercial and social return on investment.

Because they are independent, WRPs offer a fair and impartial assessment of the worker with a mental health issue and the RTW situation, which provides better outcomes for all parties to the case, including the worker, their employer, the insurer and the schemes in which all parties function.

WRPs operate in a under strict professional codes of practice, with significant state and federal oversight. WRPs therefore have exceptional standards for quality, confidentiality and continually strive for best-practice and continuous improvement in how they approach the treatment of those under their care. Furthermore, all WRP staff must hold a recognised allied health qualification and continue to undertake approved professional development activities and WRP staff are supervised by more experienced practitioners with over 5 years experience.



## Response to the Productivity Commission's Issues Paper – The Social and Economic Benefits of Improving Mental Health

### Our recommendations

- With the increasing prevalence of reported mental health injury, and the increased acknowledgement of underlying mental health, industrial relations, and litigious factors hindering a successful RTW from physical injury, this cohort is growing and becoming more complex every day. ARPA believes that it is imperative that these cohorts should be referred for workplace rehabilitation services as soon as practicable.
- The RTW of workers with a mental health injury should be managed by independent and suitably qualified professionals. We believe that RTW should be the function of a suitably qualified and independent third party to ensure the worker is given maximum assistance to RTW regardless of claim discussions that may be taking place in the background and will allow for the worker with an injury to positively engage with their employer's insurer without a base level of suspicion.
- As work-related mental injuries are now Australia's second most common cause of workers compensation, ARPA believes that planning and implementation professionals can manage these types of complex scenarios in a cost-effective and outcome focused manner. Rehabilitation has been shown to provide a return of between \$28 and \$32 in claims costs for every dollar spent in other schemes and jurisdictions. Using expert advice for workers that have a mental health injury or illness provides a meaningful step to achieve more rapid and sustainable RTW outcomes for these individuals, their employers and the schemes at large.
- ARPA believes that targeted intervention from an independent 3rd party with appropriate knowledge in the workplace to facilitate the support mechanism and the relationship between the worker and their employer has proven benefits for the employer and also for the worker with a mental health issue. The most significant drivers of prolonged work absence are psychosocial factors and therefore psychosocially targeted assistance to support the employer and in turn the worker through a workplace-based intervention will produce the greatest results.
- WRPs are allied health professionals with the expertise and knowledge to achieve outcomes and are a proven solution. It is unrealistic to expect unqualified personnel, despite their best intents, to have the capability and independence to deal with vulnerable individuals with mental health injuries to assess, co-ordinate and sustain an effective strategy for them in their circumstances. This is where workplace rehabilitation is a proven and effective tool.
- The role of work in maintaining and improving mental health is poorly promoted and largely misunderstood by the community and many of the primary treatment providers. There is a considerable opportunity to greatly improve health and work participation and reduce work absence through a national strategy that identifies recovery through work as the optimum approach in dealing with mental illness. This applies to both work related and non-work related (but work relevant) mental illness. ARPA represents health professionals that are skilled in the integration of work to the overall recovery



## Response to the Productivity Commission's Issues Paper – The Social and Economic Benefits of Improving Mental Health

pathway to optimise the benefits for the individual, their family, their workplace and the community. ARPA would be a very willing lead partner in such a strategy.

- Workers' compensation insurers could greatly enhance the recovery rates for workers that experience psychological injury through the earlier engagement of health professionals that act in the workplace rather than in an external treatment facility. Work related interventions are far more likely to deal with all of the psychosocial issues that are a far greater driver of adverse outcomes in work related psychological injury.
- Workers' compensation schemes have enacted legislation in many jurisdictions that cap the time period for claim durations and payments. This results in the exiting of claimants from workers' compensation schemes and on to the commonwealth welfare system. This results in a perverse cost shift from the insurer or state and onto the commonwealth without any apparent consequence. A large proportion of these workers are diagnosed with psychological injury. The financial and social impact of this to the community is significant. It seems appropriate that there should be adverse financial consequences imposed for jurisdictions that shift workers with continuing disability and work absence onto commonwealth welfare support.
- The differentiation of WRPs and allied health providers in general is an important distinction to make when evaluating the Australian based approaches to RTW following injury, but also in the context of the resources available to general practitioners when assistance is required to help a patient back to work for all work-related forms of injury. The international research appears to have achieved a consensus that work is good for you and that we are now challenged with how to best implement systems to harness the workplace as a key driver in improving health outcomes for workers following injury. The role that skilled and qualified allied health professionals play in this process is also supported by strong evidence including the application of multidomain approaches to service delivery including work accommodation and case coordination along with services focussed on the health of the worker specifically (Cullen et al 2017). A WRP is a key resource available to GP's that has a unique understanding of the needs of workers and the skillset required to deliver these services within this context. There is no access to workplace rehabilitation outside of compensation schemes which does not support recovery and RTW in the public sector. Further there needs to be more published guidelines that differentiate accredited WRPs from general allied health professionals so that expertise is more readily identified and target for engagement.
- There is little published information and understanding to identify a WRP as an option universally available to GP's to provide assistance to patients to RTW following mental illness or psychological injury. This is a significant gap as this does accurately reflect the Australian health system and compensation schemes and identify the services available to GP's or the community. This is especially relevant considering it is a specialised service designed to support RTW following injury, there is a national accreditation process and that this is a prescribed benefit available to workers and their employers to support them during recovery. As a prescribed benefit this is something that the worker is entitled to without direct cost and this may not be universally



## Response to the Productivity Commission's Issues Paper – The Social and Economic Benefits of Improving Mental Health

understood. The availability of this as a service option available to GP's needs to be supported and endorsed universally with an appropriate information campaign. We note that this is relevant to motor accident schemes as well.

- Multidomain interventions have been identified as more effective in improving health and RTW outcomes for psychological injury and mental health disorders, and conversely, CBT and other treatment in isolation has been identified as of limited effectiveness when conducted in isolation.

*"There was strong evidence that duration away from work from both MSK or pain-related conditions and MH conditions were significantly reduced by multi-domain interventions encompassing at least two of the three domains. There was moderate evidence that these multi-domain interventions had a positive impact on cost outcomes. There was strong evidence that cognitive behavioural therapy interventions that do not also include workplace modifications or service coordination components are not effective in helping workers with MH conditions in RTW."* Cullen, K.L., Irvin, E., Collie, A. et al. J Occup Rehabil (2017).

It would be appropriate for our approach to mental health to adopt a less segmented approach to recovery and instead be open to multidomain interventions. Greater access and understanding of the options to refer for additional supports, such as a WRP, will lead to greater improvements in RTW outcomes.

- Psychosocial factors have been identified as the strongest predictor of prolonged work absence. While we continue to focus on symptoms rather than accommodations and strategies to regain functional capability, we ignore the evidence and prolong work absence and social detachment.

*Sullivan (2010) "Four psychosocial variables have emerged as consistent and robust predictors of disability across a wide range of debilitating health and mental health conditions. These include catastrophic thinking, symptom exacerbation fears, perceived injustice, and disability beliefs (Sullivan et al. 2008; Sullivan et al. 2011; Vlaeyen and Linton 2000). Numerous investigations suggest that individuals who engage in catastrophic or alarmist thinking about their symptoms, who are fearful of engaging in activity that might exacerbate their symptoms, who believe themselves to be completely disabled, and who feel that they are suffering unjustly are individuals at high risk for pronounced and prolonged disability (Sullivan et al. 2005; Turk 2002; Vlaeyen and Linton 2000). Research is also beginning to accumulate suggesting that the most effective rehabilitation programs will be those that specifically target these psychosocial risk factors (Spinhoven et al. 2004; Sullivan et al. 2006; Vlaeyen et al. 2002)."*

- Old school thinking is still applied to many schemes by not allowing WRPs to expand interventions into psychosocial interventions that would follow the biopsychosocial approach. Support should be given for widening the definition of what constitutes workplace rehabilitation and this made available universally both in compensable and public funded healthcare.



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We have attached additional information that we believe to be relevant to the Productivity Commission enquiry. These are outlined below:

- Policy paper: the case for compulsory referral to workplace rehabilitation in NSW (April 2019)
- Occupational Rehabilitation Financial Benefits Report NSW (January 2019).