not all claims are easy

(PART 2) - PSYCHOLOGICAL CLAIMS

By Liz Scott & Val McCutcheon

Disability management has been defined as a method to return employees to functioning and ultimately regular duties.

Traditional disability management strategies have been successful in preventing or accommodating physical disabilities in the workplace. Similar success has not been broadly realized in the realm of psychological / mental health related disabilities. Organizational Solutions has found the integration of the principles and strategies of traditional disability management programs to psychosocial disability management programs can assist employers in controlling costs. Additionally, these approaches protect individual workers employability.

While employers have made progress in the area of physical disabilities, similar success has not been realized in the realm of psychological/psychiatric impairments. In fact, many employers are now only beginning to become aware of the work disruptions, lost time, and increased costs that may be related to emotional impairments among their employees. In a 1997 survey of 375 employers conducted by Watson Wyatt Worldwide and the Washington Business Group on Health, 58 percent of the respondents indicated that mental health issues are a rising concern in non-occupational disability, and one-third of the respondents expressed great difficulty in managing mental illness in the workplace.

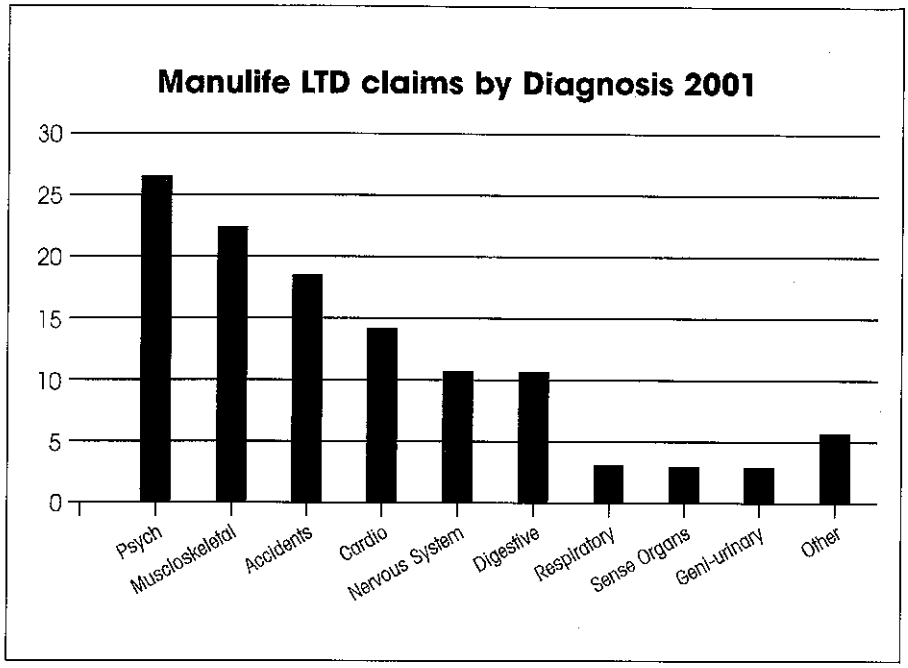
It has been suppositioned that workplace stress may be leading to increased psychological claims. Smolkin (2005) states: "The IAPA cites countless examples that attest to the cost of workplace stress."

Among them:

- The Canadian Policy Research Networks estimate that stress-related absences cost Canadian employers about $3.5 billion each year.
- Health expenditures are nearly 50% greater for workers who report high levels of stress.
- Mental health problems cost Canadian businesses $33 billion per year, if non-clinical diagnoses including burnout are included (Smolkin, 2005)."

The shift in the leading diagnosis for Long Term Disability claims was discussed at a recent seminar hosted by Manulife. The data demonstrates that psychological claims are now the leading reason for non-occupational long term disability.

If we look back over the years, some trends can be noted. In the 80's back disabilities were at their highest. The 90's



(Manulife, 2004)

brought a strong repetitive strain component, and now in the 00's we have seen psychological issues increase in prevalence. Each trend has been controlled with the development of sophisticated disability management strategies to assess, treat and return employees to work. Objective functional testing offered many solutions for physical disabilities providing employers with detailed physical capability information to assist with return-to-work. Work was modified to transition individuals back to the workplace, a very applicable solution. Easy enough for physical ailments but the solutions for psychological conditions are still being fine-tuned.

Successful reduction of psychological claims and their resultant costs have some similarities to the physical lost time claims. There is no need to have a separate system for managing psychological claims. A clear integrated approach to managing disability regardless of the cause is key.

In light of this information, disability management professionals, employers, and individuals with psychiatric disabilities are in need of more effective methods of managing behavioral health issues in the workplace.

Comprehensive disability management strategies should be part of an integrated disability management program goal. Disability management strategies, which have been found to be effective in rehabilitating and accommodating individuals with physical disabilities, can be adapted to include psychosocial rehabilitation services for employees who experience psychological health problems that hinder their work performance. The philosophy, goals and objectives of disability management, including psychosocial claims, can be merged to achieve complimentary strategies and ultimately success.

Due to the rising financial and human costs associated with employees who experience work disruptions because of psychological impairments or mental illnesses, it is imperative that employers now include these individuals in disability management efforts that are designed to accommodate and maintain their employment.

Disability management interventions were, in part, developed as an alternative to the shortcomings and inefficiencies of the traditional, individual or medical models of treatment and recovery. Habeck (1996) described the limitations of the traditional, individual model as being "reactive, provider-based, and clinical." In the medical model, services are considered reactive because they are often applied after the onset of disability with little attention paid to prevention or early intervention. Services are usually provided by third-parties in settings that are external to the work environment, e.g., clinics, hospitals, or facilities. Employers and employees play a passive role in return-to-work activities and relinquish control. Habeck concluded that the medical model is a "broken paradigm" because services are not connected to the workplace and the influences of environmental factors originating in the actual work setting are largely ignored.

In the medical model approach, the emphasis has been on diagnosing and treating the condition rather then emphasizing the residual capabilities and implementing work conditioning return-to-work strategy. In contrast to the medical model, disability management represents a proactive and systematic approach to managing disability at the workplace level. Employers and employees take an active role regarding transitional work and other issues pertaining to disability. Through the implementation of disability management programs, employers develop an organizational philosophy that promotes job retention, employee engagement, and return-to-work throughout all levels of the company.

Third party disability management services, provided as part of an employer-based disability management program, require a balanced focus between the worker's capabilities and the factors in the work environment that impact return-to-work. Disability management programs address the internal factors or "root" causes of work disability at the work site. Accordingly, the most effective return-to-work services are those that are delivered with an understanding of the issues that represent the real workplace (Harder & Scott, 2005).

Some of the factors considered in psychological claims management are: primary diagnosis, secondary diagnosis and contributing factors, history, is this a new diagnosis, severity of symptomotology, date of last examination by a qualified health care provider, frequency of treatment, improvement cited, new referrals to be made, new investigations planned, expected return-to-work date, does the return-to-work date correlate with clinical data given, what are the employee's current functional limitations, is the type of treatment appropriate to the severity of symptoms/employee's condition, is the prescribed medication at therapeutic dosage, and is any in-house treatment planned.

Effective disability management programs consist of different strategies and interven-

tions designed to remove or minimize the affect of various organizational or systems level barriers that hinder return-to-work and continued employment of employees with disabilities. These barriers may include such factors as negative attitudes among supervisors and coworkers regarding job accommodations, ergonomic problems, ineffective policies and procedures regarding disability issues, lack of a formal return-to-work program, poor labour relations, and a corporate culture that does not value prevention or return-to-work (Harder & Scott, 2005). Successful programs are characterized by policies, procedures and processes designed to resolve these systemic barriers.

The organizational strategies that are used in disability management programs compliment and support the principles, practices, and objectives of psychosocial return-to-work. The goal of psychosocial return-to-work is to enhance the functioning of individuals with psychological illness so they can participate as independently as possible in various environments, including work and the community. A basic principle of psychosocial return-to-work is the recognition that interventions which are "environmentally specific" to the needs of the individual are the most effective (Anthony, 1982). Services are of more benefit if they occur in the environment in which the person has to function, e.g., home, community, work. Services which are simulated in hospitals or facilities are not as easily generalized or useable in real environmental settings (Anthony, 1982).

PSYCHOSOCIAL DISABILITY MANAGEMENT

In order for employers to extend the scope of their disability management programs to include employees with mental health impairments, it is necessary to integrate various psychosocial interventions with existing policies, procedures, and practices. The following information outlines specific disability management strategies that can be adapted to incorporate psychosocial techniques to help accommodate and retain employees with psychological health impairments.

Cognitive Demands Analysis

Job analysis data serves as the blueprint for developing individualized transitional return-to-work plans and for assessing and implementing job accommodations. In the accommodation of physical disabilities, Physical Demands Analysis information has been effective in quantifying the physical demands and environmental factors associated with specific jobs.

Mancuso (1990) emphasized the functional limitations produced by psychiatric disabilities are different than those resulting from physical impairments. Accommodations for psychiatric disabilities are less tangible, and consequently, employers and service providers have found it more difficult to implement changes in the psychosocial requirements of jobs (e.g., changes in interpersonal communications, levels of concentration, cognitive requirements, etc).

Traditionally, the psychiatric diagnoses have been used to identify the person's skills, deficits, and residual mental functional capacities (Mancuso, 1990). Less attention has been given to developing job analysis tools that specify the levels of mental, psychological, and social functioning required to perform the essential duties of specific occupations / jobs.

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In order to serve employees who have psychological limitations, disability management programs must adapt the job analysis methods used to measure physical demands of jobs so these tools can also measure mental or psychosocial demands of jobs. Useful information concerning the functional limitations of specific psychiatric disorders, the likely range of limitations, and typical job accommodations is now evolving (Fischler & Booth, 1999, Scott, 2005). These models attempt to link the individual's mental functional capacities such as cognition, pace, persistence, reliability, motivation, interpersonal functioning, honesty, and stress tolerance to work performance abilities such as understanding and memory, concentration, social interaction, and adaptation. If employees who have psychological limitations are to be served in disability management programs, it is essential that precise methods of cognitive psychosocial job analysis be utilized that are based on standardized psychological testing tools. By understanding the psychological capacities of the individual and the functional requirements of the job, return-to-work may be implemented in a manner that does not adversely affect the performance of other employees or business operations.

Case Management

Case management services are an essential component of disability management programs. Many employers have recognized the value of using case management services to contain disability related costs and facilitate an early return-to-work. The three primary functions of disability case management have been adjudication, medical management and return-to-work coordination (Scott, 2005). Case managers identify and coordinate medical and rehabilitation services and serve as the focal point of centralized communication between the employee, insurance carrier, employer, and treatment providers.

If employers are to successfully integrate psychosocial return-to-work interventions for employees with psychiatric or other behavioral health problems in their disability management programs, case management functions must be broadened to address these issues. Carruthers (1996) argued that traditional medical / vocational case management needs to be supplemented with a "behavioral case management" approach in order to effectively rehabilitate employees who have mental health impairments. This suggests that case managers need to possess basic skills in understanding the diagnoses and treatment of mental disorders and the vocational impact of various psychiatric disorders. Effective integration of psychological disability management also requires policies and procedures that define the relationship between return-to-work case management functions and the mental health treatment. Case managers need to be able to understand the appropriateness of the treatment plan. As an example, an employee off due to a psychological illness may not be best served through an

employee assistance program. They may require authentic psychological care beyond the usual six-session maximum of an employee assistance program.

Traditionally, health care providers have been left out of the return-to-work equation and are often unfamiliar with the objectives, operations, and services of disability management programs. By involving mental health professionals in the disability management process, their roles and responsibilities as they pertain to job accommodation, job retention, and return-to-work, can be clearly defined. Integration in the process can ensure that medical / vocational case managers and mental health service providers work in a coordinated fashion to ensure appropriate and timely return-to-work.

Transitional Return-to-work Programs

Transitional return-to-work is an essential component of a disability management program. Transitional work, as used in disability management, is defined as "any job or combination of tasks and functions that may be performed safely with remuneration by an employee whose physical capacity to perform functional job demands has been compromised". (Shrey, 1992).

Prior to the development of transitional work return programs, injured or ill employees usually did not return-to-work unless they were capable of performing 100% of their pre-injury job duties. This "100% capacity or no work at all" practice proved to be a major cost driver for both work and non-work related disabilities. As employers became more aware of the financial and human costs associated with such ineffective practices, the concept of transitional work emerged.

The definition of transitional work can be broadened to include employees who have impaired mental capacities that compromise their ability to meet the mental, psychological, or social demands of a job. In fact, many of the principles of employer-based transitional work return programs for injured workers have their roots in transitional work and supported employment approaches used initially for individuals with developmental disabilities and severe psychiatric disabilities.

Prior to the return-to-work movement, the old medical model paradigm often assumed that individuals with disabilities, whether physical or psychological in nature, should become "job ready" prior to obtaining competitive employment. Due to the failure of this approach, transitional work programs emerged that were based on the "work conditioning" philosophy which acknowledges that the best place for the worker with a disability to become competent is in the actual work setting (Botting, Leonard, & Scott, 1987). Features of the supportive employment model that are used in transitional return-to-work programs for individuals with physical disabilities include the use of clinical staff at the worksite to evaluate, monitor, and support the employee's successful transition back to full-duty status (Breslin & Olsheski, 1996).

In cases involving physical limitations, physical and occupational therapists perform "work conditioning" functions by providing the employee with clinical supervision and support during the transitional work process. Employers may find that, with some adaptations, the disability management model of transitional return-to-work can be as effective in the accommodation and job retention of employees with psychological disabilities as it has been for those with physical impairments.

The use of an external third party administrator is a very positive approach to management and return-to-work of physical disabilities with the use of specific return-to-work plans to support of employees with physical limitations. This same approach can be used for psychological claims by obtaining specific capabilities from qualified mental health professionals then evaluating the employee's functional limitations, analyzing the cognitive and psychological requirements of the job, recommending specific job accommodations, and monitoring the employee's progress in the transitional work program. Typically, most job accommodations used in transitional work programs for employees with physical limitations are of a short duration or temporary in nature. Limitations arising from psychological disabilities can be established in the same manner. However, serious psychological conditions may require either long-term or permanent accommodations.

The criteria for evaluating and implementing permanent job accommodations should also be defined in the policies and procedures that govern the operation of the disability management program. The goal of transitional work is to return the employee to his/her original job. Through the use of cognitive demand analysis data and the employee assessment information, an individualized transitional return-to-work plan can be developed. The transitional return-to-work plan describes the essential functions of the job that the employee can perform without accommodations; identifies the accommodations that are needed; and specifies the length of time that accommodations or other supports are required.

In some circumstances, a gradual return-to-work may be an appropriate transitional work strategy. For employees with physical disabilities, the gradual return-to-work approach initially allows the employee to return to the job site for briefer periods of time while still participating in some type of (off-site) clinical treatment program, e.g., physical or occupational therapy. The time at work is gradually increased as the employee's functional capacities progress and the need for clinical treatment subsides.

The goal of transitional work is to return the employee to his/her original job.

This approach may be adapted for employees who have psychiatric disabilities.

For individuals with psychiatric impairments, a gradual return-to-work could involve either working for shorter periods of time or limiting the employee's exposure to stressful factors on the job that exacerbate symptoms. For example, a customer service representative, diagnosed with an anxiety disorder, could be accommodated by allowing a gradual resumption of the more stressful aspects of his/her job that involve direct customer interaction. After performing a psychosocial cognitive demands analysis of the customer service representative job and a clinical evaluation

of the employee's residual cognitive capacities, an individualized transitional return-to-work plan can be developed for a gradual return-to-work. The goal of this plan would be to increase the employee's capacity to tolerate the specific stress factors associated with the job through the provision of clinically-based mental health services. As the employee's capacity to tolerate stress increases, more direct customer interaction duties would be assigned until the resumption of full-duty status. The transitional return-to-work plan for this employee is developed with input from all involved parties and ensures that the employee, supervisor, mental health professional, and disability management professional are working toward the common goal of reemployment or job retention.

Staff Development

Successful disability management programs require the commitment of all levels of the organization to the program's mission, goals, and objectives. Management and union officials, as well as employees, should be trained in program policies and procedures to ensure that the role they play in the process is effective. In addition to internal staff development efforts, all external service providers must be oriented to the goals and objectives of the program and value the importance of return-to-work and job retention.

The successful integration of psychological aspects into the disability management program requires that mental health professionals be included in education efforts. This type of training provides the mental health practitioner with the opportunity to develop an understanding of the role they play in supporting the "return-to-work/stay-at-work philosophies" of the disability management program. The staff development process also helps to define the relationship of the mental health service provider to the employer's disability management infrastructure by developing patterns of communication with internal company personnel who are directly involved with accommodations and return-to-work decisions.

Conclusion

Costs associated with psychological impairments among employees have emerged as a major influencer of disability related costs within business and industry. In the late 1980's employers began to develop disability management programs in order to control the high costs associated with work-related disabilities. These programs have primarily served individuals with physical impairments. Over the years, employer based disability management programs have become more comprehensive. After realizing substantial costs savings in the workers' compensation area, employers extended disability management to non-occupational disabilities. However, the focus of these programs continues to be the provision of transitional work for employees with functional limitations resulting from physical injuries or illnesses, while employees who experience work disruptions because of mental health problems have not been included.

This article highlights the benefits of integrating principles of psychosocial disability management programs into the mainstream disability management program. Through the use of various disability management strategies, including the development policy, procedure and process, cognitive demands analysis, case management, transitional return-to-work, and staff development, employers can create an organizational climate that allows for the integration of psychosocial disability management interventions.

Psychosocial disability management strategies when implemented correctly will assist employers in the control of costs related to mental health disabilities and help protect the individual's employability.

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Liz R. Scott, PhD (*lscott@orgsoln.com*) is Principal of Organizational Solutions Inc., a firm that provides disability management services, a unique sick leave adjudication product and assistance to employers on a variety of disability issues across Canada. She has her PhD in Industrial Psychology and is well versed in assisting employers to reemploy employees that have psychological absence. As an accomplished Disability Management professional she has been recognized for award winning cost reduction results, "best practice" program designs, and her ability to solve a complex variety of disability concerns.

Val McCutcheon, RN (*vmccutcheon@orgsoln.com*) is a Disability Management Specialist, experienced in disability claims management with multiple clients/diagnoses in an insurance setting. Her experience includes active case management assisting clients back to work through analysis of medical data, identification of return-to-work barriers and the respective solutions integrating effective communication and negotiations with the employer and employee.

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