



Outcomes for Psychological Claims under Different Management Approaches

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Synopsis

Synopsis

The South Australian workers compensation scheme has seen four noticeably different management approaches for psychological injury claims in the last fifteen years, and the outcomes achieved for both injured workers and the scheme have varied considerably under each.

Given psychological injury claims tend to have longer durations off work and can pose unique issues in their management, ensuring they are effectively managed is an important determinant of scheme financial outcomes.

The paper provides an overview of each of the different claims management approaches and the outcomes achieved, including a high level quantification of the cost implications of the different claim outcomes.

A detailed discussion of the current model and the rationale for various decisions that have been made to establish it are also included.

Keywords

Psychological injury, mental injury, claims costs, claims management

1 Introduction

1.1 Rationale for the Paper

Psychological injury claims remain a topical issue in workers compensation schemes around the country. Claims for psychological injuries tend to have longer durations off work and pose unique issues in their management. They can also lead to devastating consequences, both for the people involved, scheme reputation and financial outcomes, if they are not appropriately managed.

In recognising the importance of mental health, mental disorders are listed as a priority disorder in the Australian Work Health and Safety Strategy 2012–2022 published by Safe Work Australia and, at the time of this paper, there is an active South Australian Parliamentary inquiry into Mental Health in the Workplace: Preventing Suicide.

For ReturnToWorkSA insured employers in South Australia, around 4% of claims lodged are for primary psychological injuries, however, these claims account for approximately 15% of claim costs. These figures do not include sequela (secondary) psychological claims, or claims for non-psychological conditions receiving mental health services - both of which feature as significant 'hidden' costs in workers compensation schemes.

The South Australian workers compensation scheme has seen four noticeably different management approaches for psychological injury claims in the last fifteen years, and the outcomes achieved for both injured workers and the scheme have varied considerably under each.

The paper provides an overview of each of the different claims management approaches and the outcomes achieved, including a high level quantification of the cost implications of the different claim outcomes.

A detailed discussion of the current model, and the rationale for various decisions that have been made to establish it, are also included.

1.2 Acknowledgements

The authors acknowledge the contribution of many colleagues in developing our thinking, however the views expressed in this paper are those of the authors and do not necessarily represent the views of our employers or any other person.

2 Overview of the South Australian Scheme

2.1 History of the Scheme

Timeline of Key Legislative Changes

Prior to legislative reforms in July 2008, the *Workers Rehabilitation and Compensation Act, 1986* provided for psychiatric disabilities where the employment was a substantial cause of the disability and the disability did not arise from reasonable action by the employer. These claims, in the majority, took longer to determine than non-psychiatric claims, and, where rejected, any interim benefits were recoverable at the option of the insurer.

From July 2008, changes to income support step-downs and ‘work capacity’ provisions were introduced to the scheme, with provisional liability commencing 1 January 2009. Provisional liability required claims to be provisionally accepted for income support payments if a claim was not determined within 7 days from notification. However, in contrast to the prior legislation, provisional liability payments were not recoverable except for specific circumstances (eg, fraud). In contrast to the prior legislation, this resulted in psychological claims commencing income support shortly after claim lodgement, rather than being investigated prior to acceptance. Provisional liability had a two-fold effect on psychological injury claims. The first was that interim payments were not recoverable for the first 13 weeks. The second, and arguably most important, was that it became difficult to subsequently reject unentitled claims (without high levels of disputation) due to the early commencement of up to three months of income benefits without a claim acceptance.

Wide ranging changes commenced 1 July 2015 with the introduction of the *Return To Work Act, 2014* including both benefit and service changes. A key change for psychological claims was the requirement for employment to be “a significant contributing cause”, rather than “a substantial cause” as was previously the case.

Table 2.1 – Overview of the Benefit Structure for Psychological claims

Category	Pre July 2008	July 2008 to June 2015	July 2015 onwards
Eligibility for compensation	- Arises from employment, and - employment was a substantial cause, and - not due to reasonable action by the employer <i>(s30/30A, Workers Rehabilitation and Compensation Act, 1986 [13.9.2007 to 30.6.2008])</i>	- Arises from employment, and - employment was a substantial cause, and - not due to reasonable action by the employer <i>(s30/30A, Workers Rehabilitation and Compensation Act, 1986 [1.7.2008 to 1.10.2008])</i>	- employment was a significant contributing cause, and - not due to reasonable action by the employer <i>(s7(2,4), Return to Work Act, 2014)</i>
Claim Determination	Full determination needs to be made as expeditiously as practicable, recoverable interim benefits may be paid	Provisional liability (from January 2009) for up to 13 weeks – non recoverable, full determination generally made during provisional liability period	Full determination needs to be made as expeditiously as practicable, recoverable interim benefits may be paid
Income support	100% for first year and then 80% to retirement	100% for first 13 weeks, 90% for the next 13 weeks and then 80% to	Unless seriously injured, maximum two years, 100% for first year and

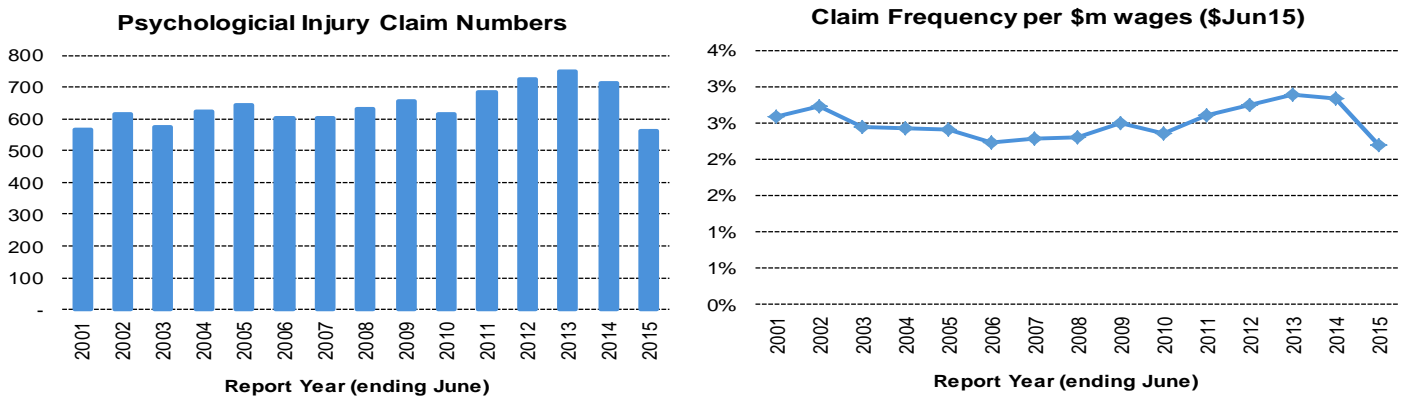
		retirement. Work capacity testing at 2.5 years	80% for second (and subsequent) year/s
Medical costs	Lifetime, reasonable cost	Lifetime, reasonable cost	Unless seriously injured, maximum one year post income support cessation, or, one year if no time lost
Non-economic lump sum	No entitlement	No entitlement	No entitlement
Return to work obligations	Yes	Yes	Yes, unless seriously injured
Service expectations	None	None	Face to face, personalised service

Under the latest legislative changes which commenced 1 July 2015, there are capped benefits for most claims, in conjunction with a requirement that injured workers receive far greater engagement and service from the scheme.

2.2 Incidence of psychological injuries

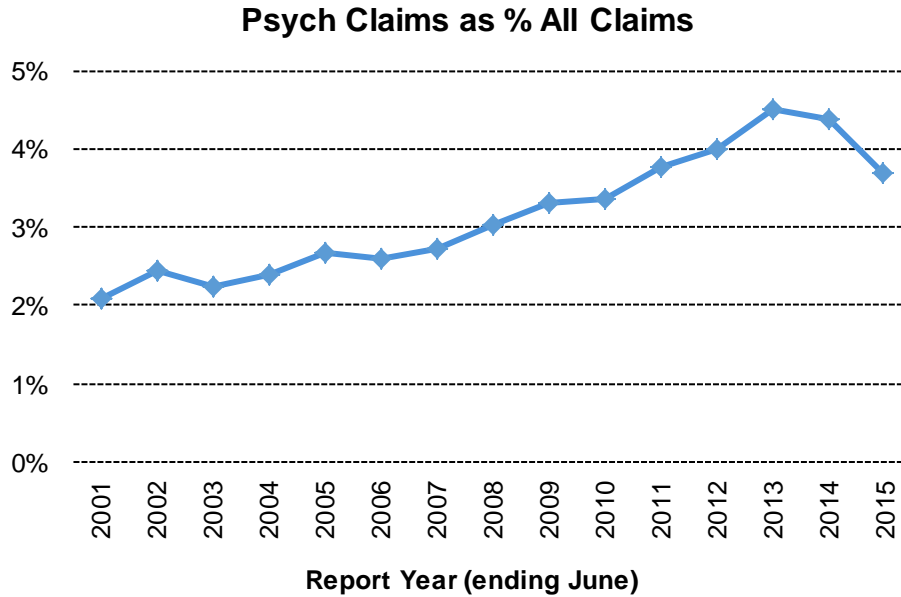
The number of primary psychological injuries was slightly increasing between 2000 and 2010 with a marked increase between 2010 and 2013. Claim numbers then reduced by 5% in 2014 and 21% in 2015. With the increased workforce over time, this represents slight reductions in claim frequency over the earlier years, as shown in Figure 2.1 below.

Figure 2.1 – Number of Claims Reported per Year and Claims Frequency



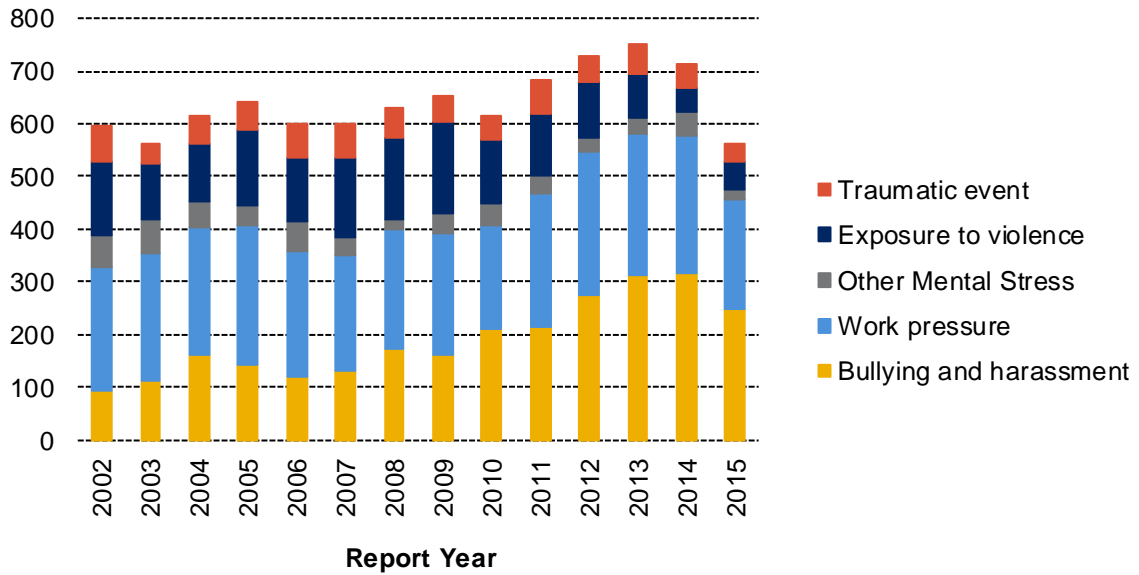
While at face value the reduction in claim frequency is a positive feature, it is important to note that overall scheme claim numbers have reduced considerably more, resulting in an increase in psychological injury claims as a percentage of all claims received, as shown in Figure 2.2.

Figure 2.2 – Psychological Injury Claims as a % of All Claims



The main area of growth in psychological claim numbers has been 'bullying and harassment' claims, as shown in Figure 2.3.

Figure 2.3 – Psychological Injury Claims by Injury Mechanism



3 Approaches to Managing Psychological Injury Claims

Figure 3.1 shows the various approaches used to manage psychological injury claims over time, along with the broad periods over which these approaches were used. As also shown in Figure 3.1, there have been two instances of significant scheme reform during this period, as discussed in Section 2.1.

Figure 3.1 – Timeline of Different Claim Management Approaches

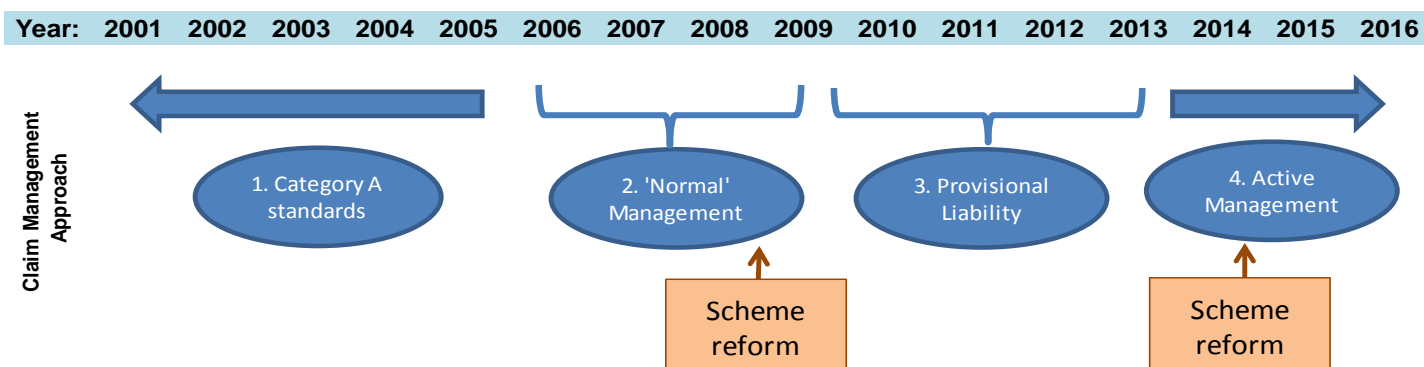


Table 3.1 summarises the high level characteristics of the various claim management approaches noted above.

Table 3.1 – High Level Overview of Claim Management Approaches

Approach	Description of Approach	Implications of Approach
1. Category A standards	Various standards were required to be met by the claims agents.	A very procedural and compliance based approach to claims management.
2. Normal management	No specific policy applied to the management of claims (other than to adhere to the claims manual).	Claims management approaches were driven by the claims agent.
3. Provisional Liability	Reduced emphasis on initial claims determination, with many claims commencing benefits under the new (2008) provisional liability rules.	More claims commenced income support payments, as medical benefits and up to 13 weeks of income support could be paid without a claim determination.
4. Active management	Focus on prompt and informed decision making, with high levels of engagement with the worker, employer and treating doctor. Has since evolved into the use of Mobile Case Managers.	Claims have a much higher level of interaction with claims managers, most of which is now face to face. Evidence based decision making is key, with barriers that delay decisions being consciously broken down.

For each of the four approaches noted above the following key metrics will be discussed:

- Claim reporting information
 - ▶ Number of reported claims
 - ▶ Proportion of claims rejected
 - ▶ Proportion of claims commencing via provisional liability
 - ▶ Timeframes for claim determination
- Claimant duration and cost information

- ▶ Proportion of accepted claims accumulating 2 weeks and 2 months of lost time
- ▶ Proportion of scheme costs to psychological injury claims
- ▶ Average vocational rehabilitation costs per claim
- ▶ Utilisation of legal representation
- Projected ultimate claim costs.

The following four sections summarise the outcomes for each of the claims management approaches described above.

4 Model 1 – “Category A standards”

4.1 Description of Approach

The “Category A standards” were introduced to the Claims Agents around the early 2000’s. They outlined a range of performance standards to ensure that Claims Agents provided early rehabilitation and return to work opportunities for injured workers. The standards were process/milestone based and required claims agents to achieve specific standards for claims agent remuneration purposes. The standards were introduced with noble intentions, however, over time became process and ‘tick-a-box’ oriented. There was no specific strategy introduced for psychological injury claims, other than if they were considered ‘serious’ (along with any other ‘serious’ claim) they had to be ‘*genuinely assessed for referral to (external) rehabilitation*’.

4.2 Claim Outcomes

Between financial years 2000 to 2005, the number of psychological injuries was increasing. The ultimate rejection rate was reducing, and provisional liability had not yet commenced. The time until first determination was high, with half of all psychological injury claims taking more than two months to make an initial determination; that said, timeframes for claim determination certainly decreased after introduction of the “Category A standards”.

Figure 4.1 shows information on the claim reporting and acceptance practices over the Category A standards period.

Figure 4.1 – Claim Reporting and Acceptance Information

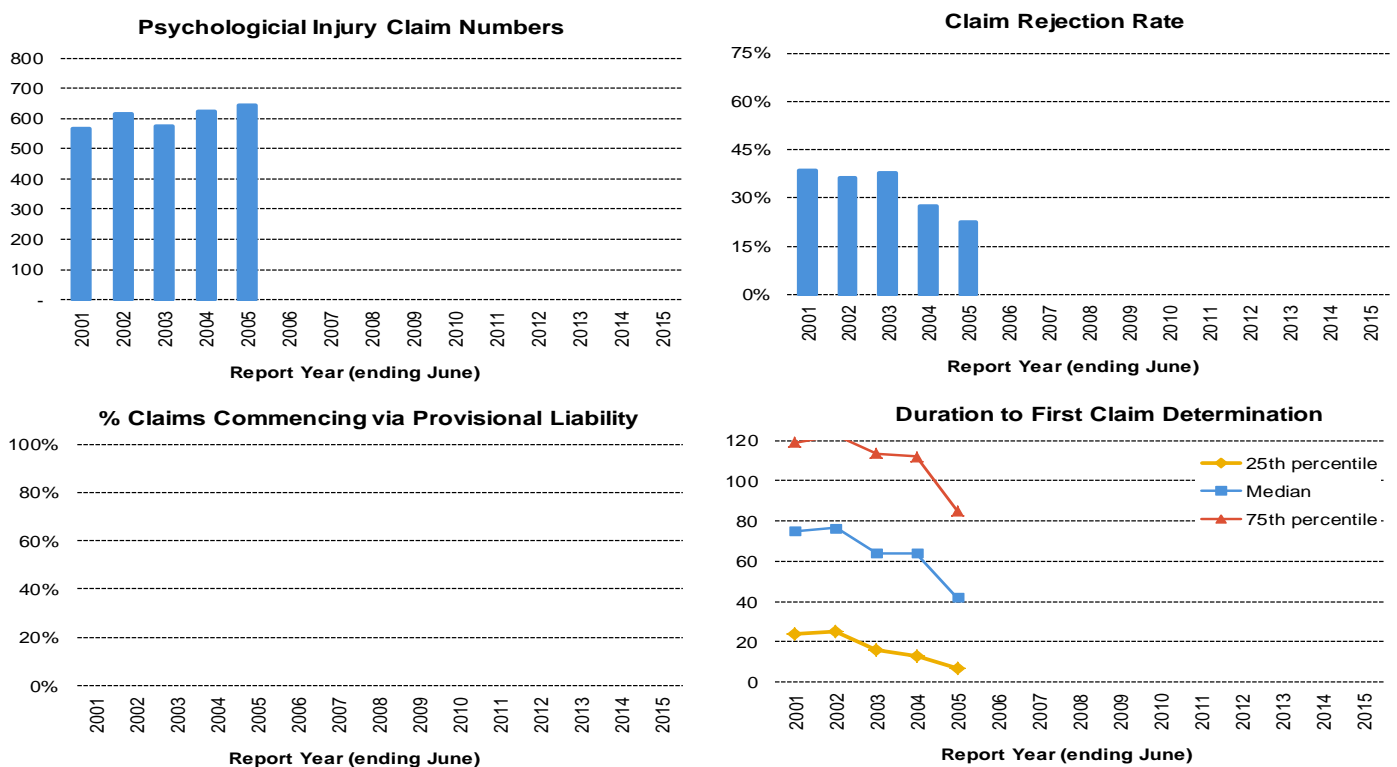
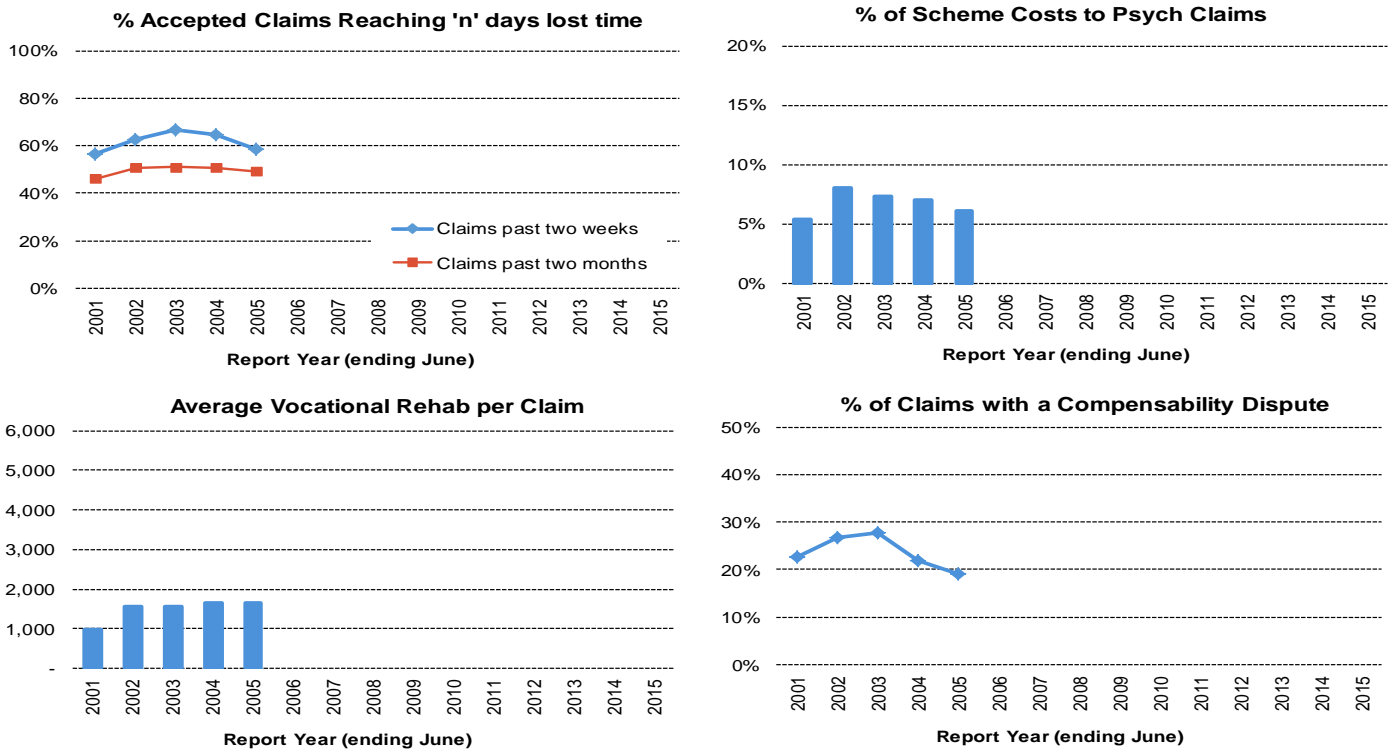


Figure 4.2 shows information relating to the claims costs, claim duration and utilisation of vocational rehabilitation and legal provider services over the Category A standards period. It could be reasonably stated that the Category A standards did not result in any substantial change in claim outcomes, although the involvement of lawyers with psychological injury claims showed some reduction as timeframes to

claim determination began to reduce. There was also early signs of increases in the costs of vocational rehabilitation, although as we will see in following sections, the scale of the increases seen in the early 2000's was less significant than was to come.

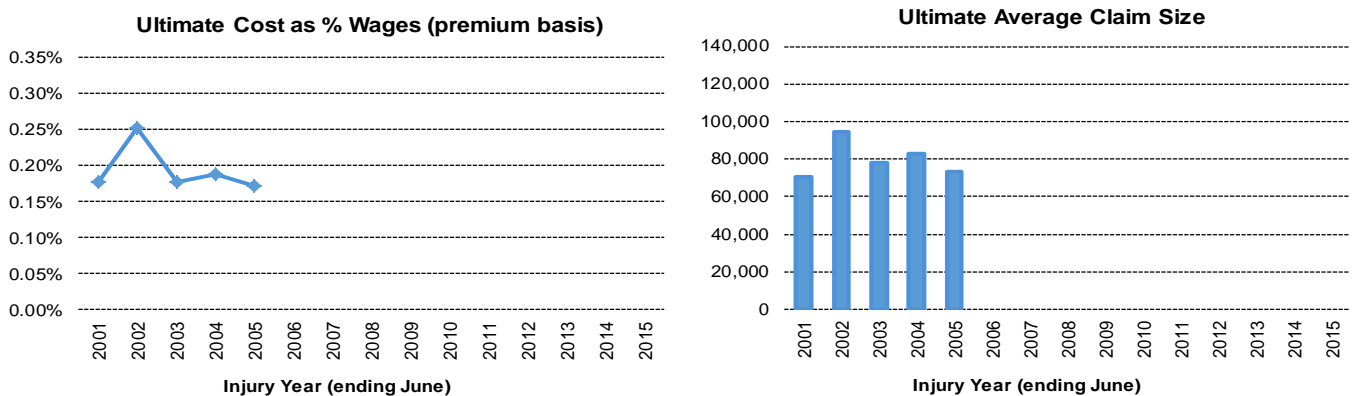
Figure 4.2 – Claimant Duration and Cost Information



4.3 Estimated Ultimate Cost

Figure 4.3 shows a high level estimate of the ultimate annual cost of psychological injury claims as a percentage of wages (i.e. as a premium basis), along with the ultimate average claim size.

Figure 4.3 – Projected Annual Claims Cost (premium basis) and Ultimate Average Claim Size (\$Jun15)



As this shows, psychological injury claims cost around 0.20% of wages during this period, with an average ultimate size of around \$80,000. There was no particular trend toward improvement or deterioration during this period.

4.4 Summary

The introduction of process oriented measures regarding claim determination and referral to external rehabilitation services did not improve claim outcomes for psychological injuries. In hindsight, the initial signs of increased cost of external service provision became apparent through this period.

5 Model 2 – “Normal Management”

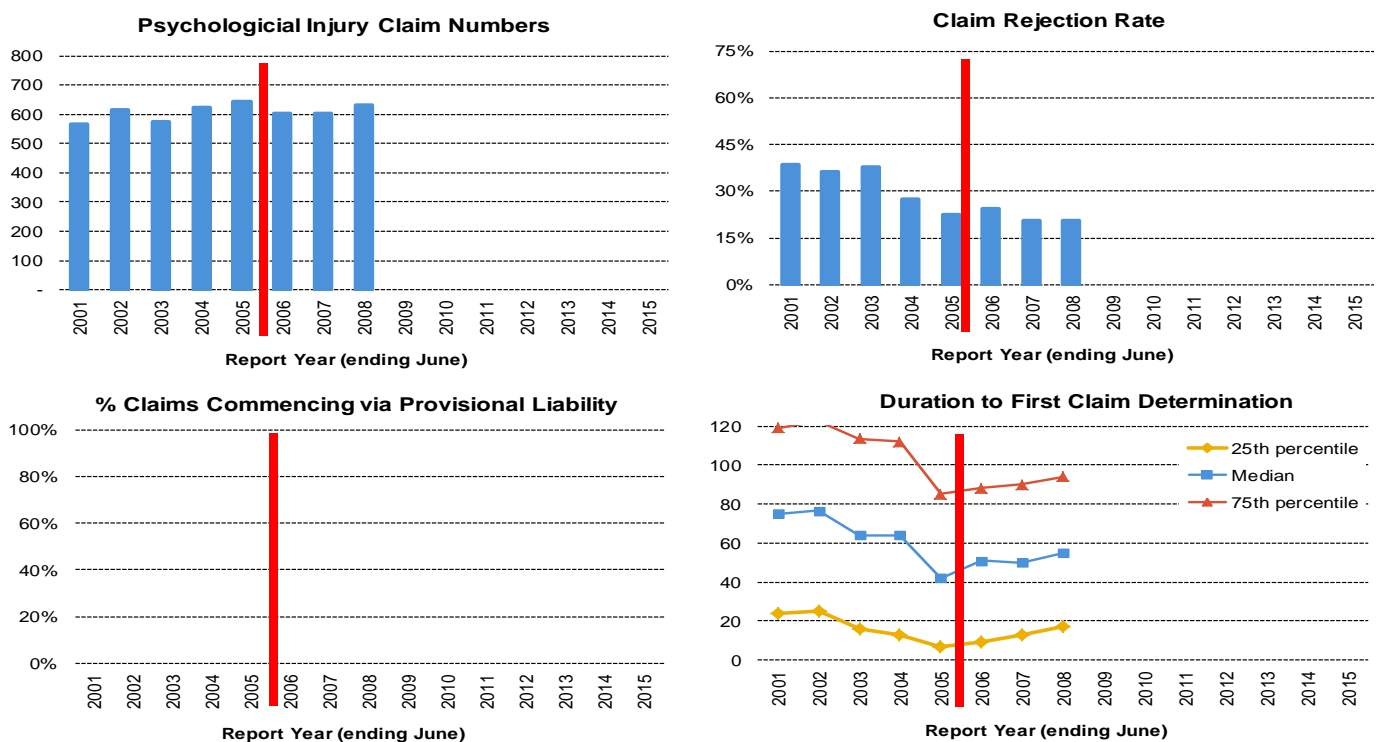
5.1 Description of Approach

ReturnToWorkSA (then WorkCoverSA), introduced a sole claims agent from 1 July 2006. At this time, the “Category A standards” ceased to exist and claims agent remuneration became less process based and more aligned to scheme financial outcomes. During this period there was not a specific direction on management of psychological injuries and the claims agent implemented their claims model/s during this time.

5.2 Claim Outcomes

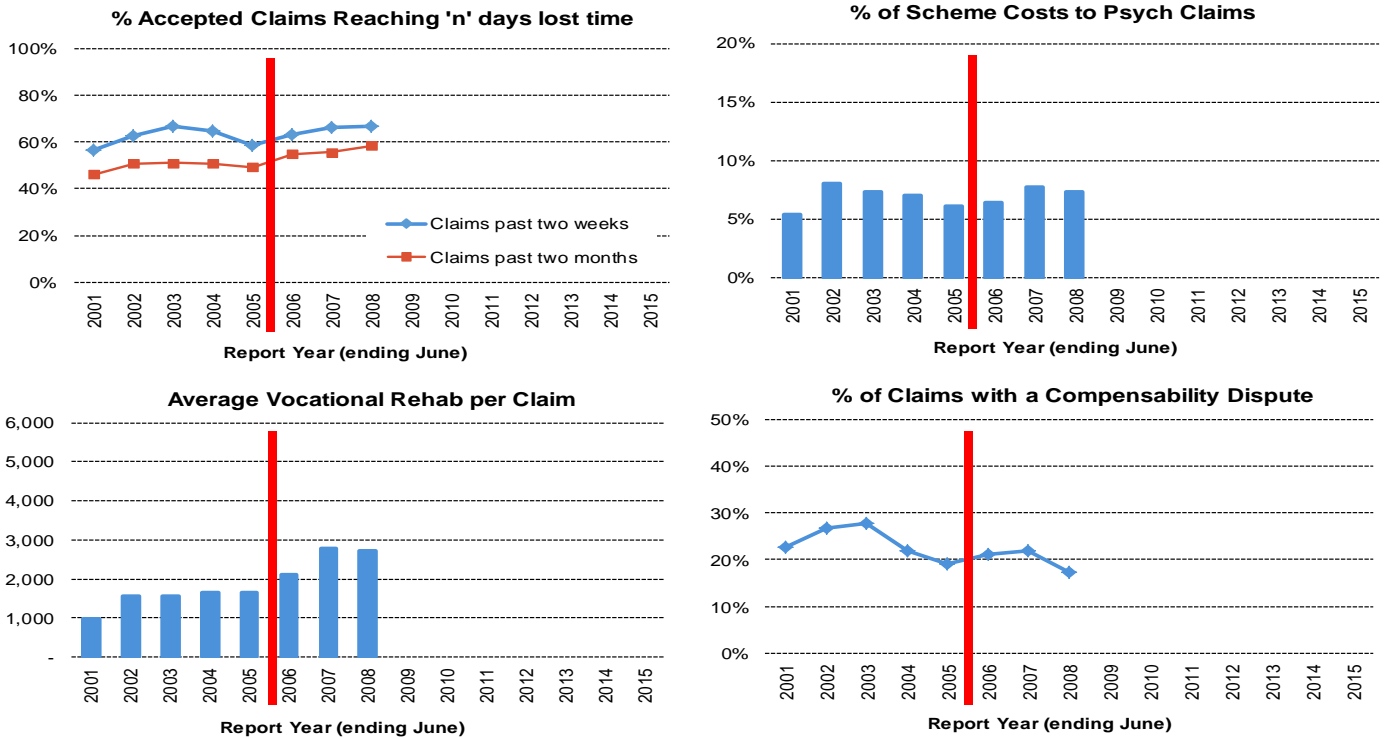
Between financial years 2006 to 2008, the number of psychological injuries was still trending upward. The ultimate rejection rate was relatively stable and the durations to make first claim determinations remained near the improved levels post introduction of the “Category A standards”. Figure 5.1 shows information on the claim reporting and acceptance practices over the normal agent management period.

Figure 5.1 – Claim Reporting and Acceptance Information



Use of external rehabilitation services started to increase more rapidly as did the proportion of claims moving past two months of lost time. Interestingly the proportion of claimants with plaintiff legal services shows a reduction during this period. Figure 5.2 shows information relating to the claims costs, claim duration and utilisation of vocational rehabilitation and legal provider services over the normal claims management period.

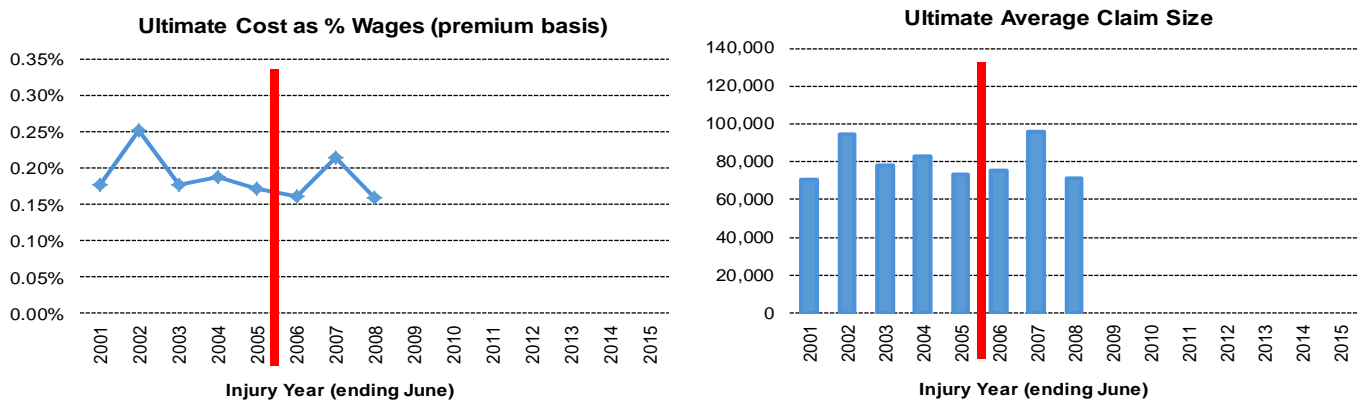
Figure 5.2 – Claimant Duration and Cost Information



5.3 Estimated Ultimate Cost

Figure 5.3 shows a high level estimate of the ultimate annual cost of psychological injury claims as a percentage of wages (i.e. as a premium basis), along with the ultimate average claim size.

Figure 5.3 – Projected Annual Claims Cost (premium basis) and Ultimate Average Claim Size (\$Jun15)



As this shows, psychological injury claims continued to cost around 0.20% of wages during this period (noting that this was a period of particularly strong wages growth), with an average ultimate size of around \$80,000. Again, there was no particular trend toward improvement or deterioration during this period.

5.4 Summary

A 'passive' and non-targeted approach to management of psychological injuries, as one could expect, resulted in gradual deterioration of outcomes. With a less process orientated and non-specific strategic

process for psychological injuries, the underlying outcomes on psychological injuries were starting to deteriorate even though the overall costs were being contained by strong wages growth.

6 Model 3 – “Provisional Liability”

6.1 Description of Approach

Changes to the *Workers Rehabilitation and Compensation Act, 1986* commenced in July 2008. One of the key changes from prior legislation was the introduction of provisional liability.

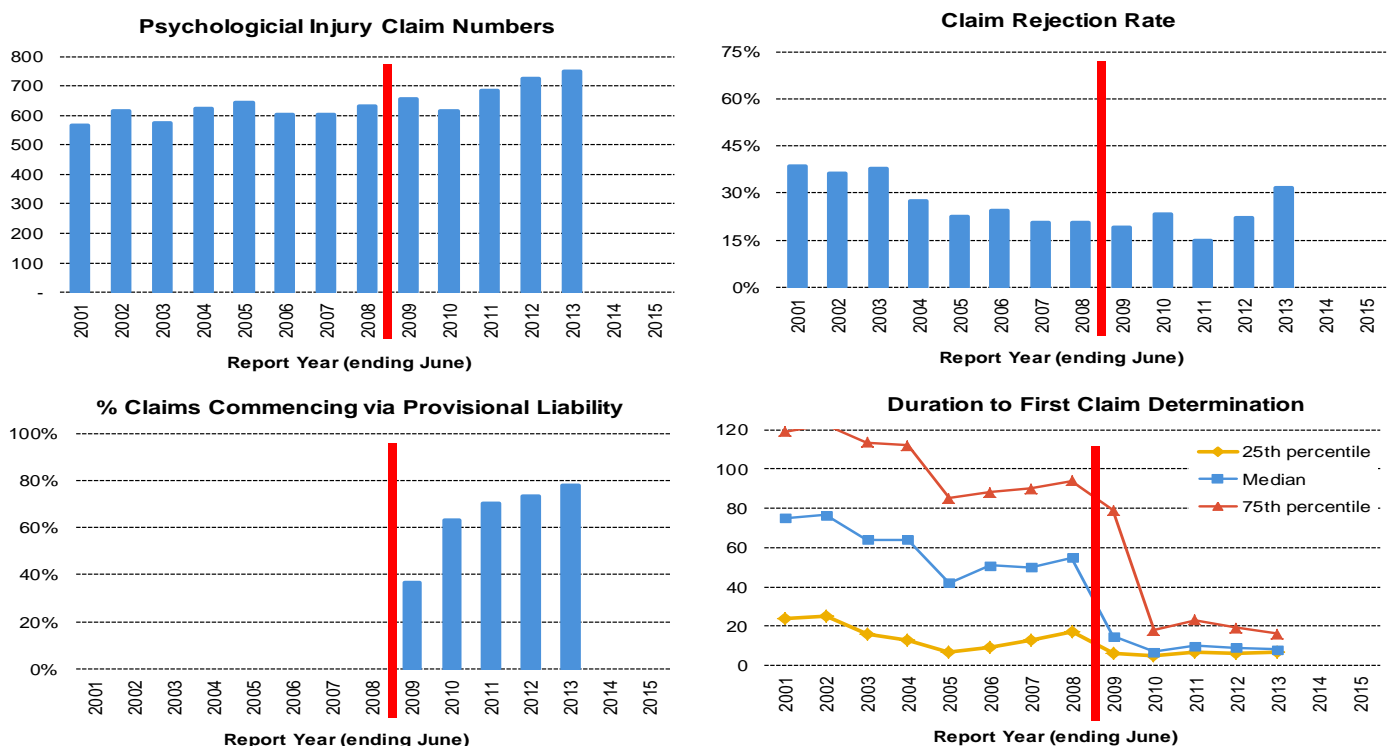
Due to their nature and complexity, psychological injury claims usually take longer than physical injuries to determine. This may involve a number of interviews and discussions with the injured worker, employer and their medical providers which takes time to complete, particularly if medical specialist evidence is required. As provisional liability required claims to be provisionally accepted where not determined within seven days, a high proportion of psychological injury claims commenced on provisional liability.

Provisional liability also had a cultural impact on claims managers with some staff working to the premise they had 3 months to determine a claim and hence there was not a sense of urgency.

6.2 Claim Outcomes

Between financial years 2009 and 2013, the number of psychological injuries moved higher than prior years with a slight increase in the trend. The ultimate rejection rates were relatively stable, with a slight reduction in rejections evident over most of the period, before increasing in 2013. Very quickly, the bulk of psychological injury claims began commencing benefits under the provisional liability provisions, which gave the appearance that first determinations were happening much more quickly. Figure 6.1 shows information on the claim reporting and acceptance practices over the provisional liability period.

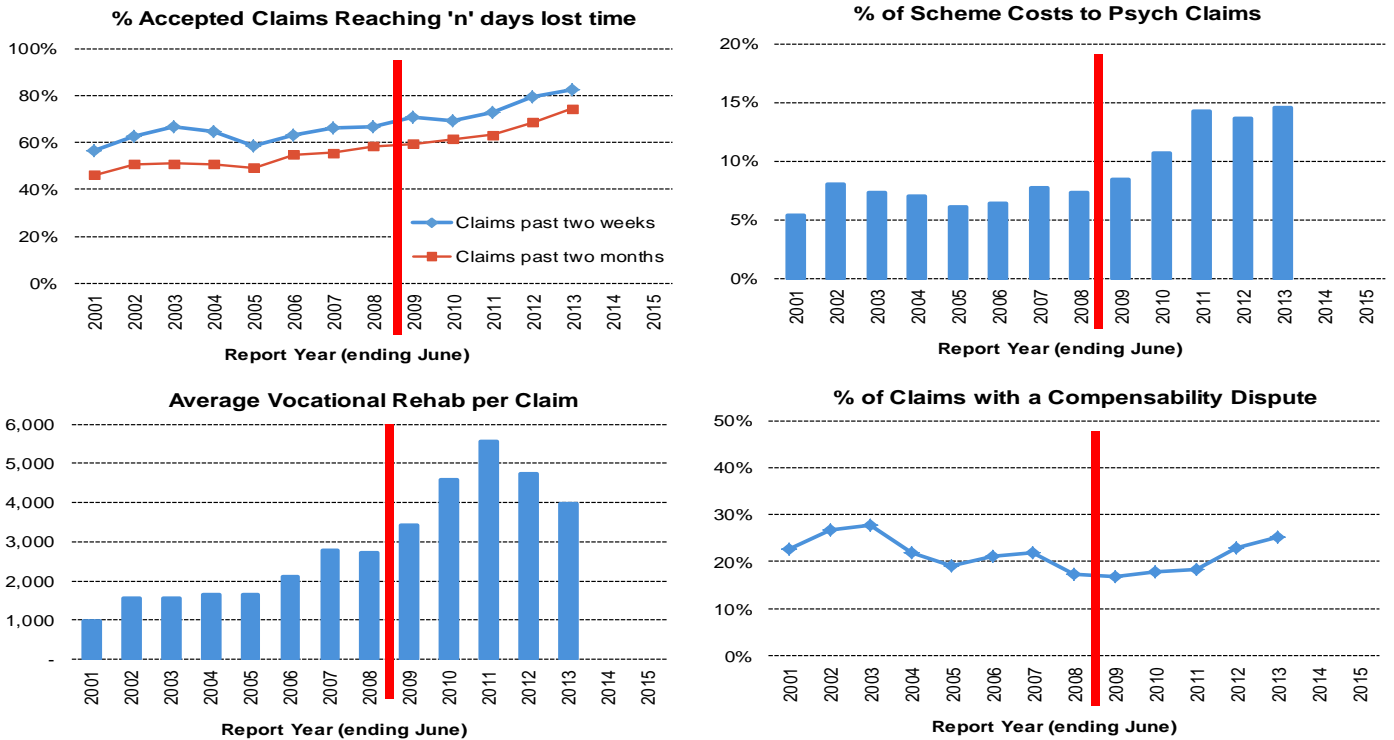
Figure 6.1 – Claim Reporting and Acceptance Information



Use of external rehabilitation services continued to increase out to 2011, with the average cost of external vocational rehabilitation per psychological injury claim reaching \$5,500. Despite this spend on vocational rehabilitation, the outcomes on psychological injuries continued to deteriorate, with the number of claims moving past two weeks as a percentage of those ultimately accepted moving above 80%.

Figure 6.2 shows information relating to the claims costs, claim duration and utilisation of vocational rehabilitation and legal provider services over the provisional liability period.

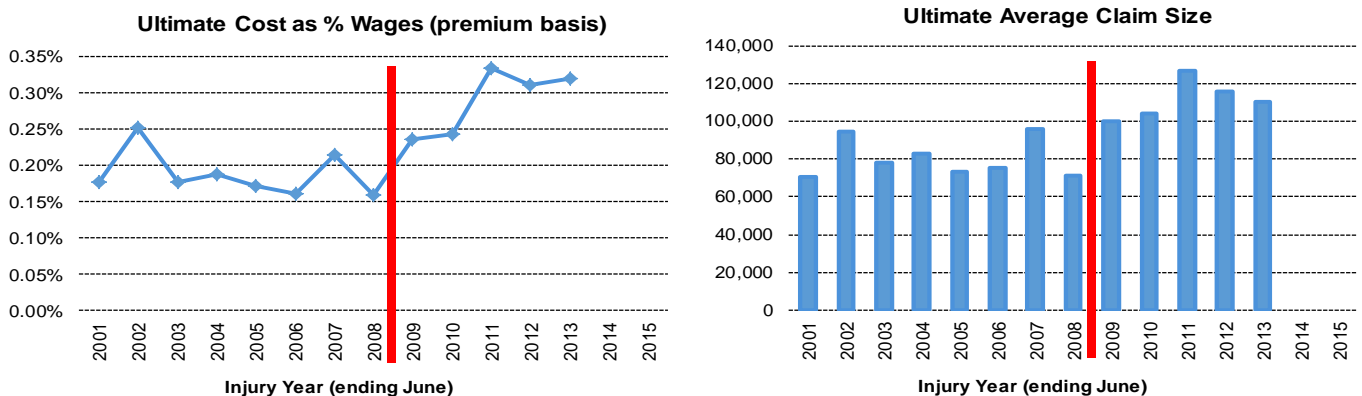
Figure 6.2 – Claimant Duration and Cost Information



6.3 Estimated Ultimate Cost

Figure 6.3 shows a high level estimate of the ultimate annual cost of psychological injury claims as a percentage of wages (i.e. as a premium basis), along with the ultimate average claim size.

Figure 6.3 – Projected Annual Claims Cost (premium basis) and Ultimate Average Claim Size (\$Jun15)



During this period the cost going to psychological injury claims increased significantly, adding around 0.15% to 0.20% of wages to the average premium rate. The average claim size increased by around one-third, as more claims commenced and then continued on income support benefits.

6.4 Summary

As provisional liability required claims to be provisionally accepted where not determined within seven days, a high proportion of psychological injury claims commenced on provisional liability. Provisional liability, although improving timeframes to initial determination, resulted in higher numbers of claims moving past two weeks and subsequently two months.

Anecdotally, the frictional cost of attempting to cease income support and medical payments that had been commenced under provisional liability were also high.

7 Model 4 – “Active management”

7.1 Description of Approach

In late 2012 and early 2013, ReturnToWorkSA (then WorkCoverSA) saw a leadership and cultural transformation. This resulted in the formation of a new claims management model and approach, as well as more active management of the scheme’s outsourced claims agents (a second claim agent commenced 1 January 2013). Parallel to this process, the Government proposed and passed new legislation – the *Return to Work Act, 2014* which commenced 1 July 2015. Significant changes in the new legislation include capping income support benefits for non-serious injuries to two years, legislating service requirements, the removal of provisional liability, and, importantly for psychological injuries, employment must be a significant contributing cause. During this period, psychological injuries also became a focus for the scheme as deteriorating trends were identified. Special projects and reviews then commenced specifically for psychological injuries.

Detailed tracking and profiling of psychological claims was established and the claims agents undertook detailed reviews of claims in early 2013-14. Psychological injury claims were also subject to special focus and attention in claim assurance activities. Support for small and medium employers was provided, particularly for psychological injuries, and face-to-face engagement commenced in early 2015.

A number of other activities occurred in 2015 including:

- Mediation being re-introduced, as it was identified that some parties were reluctant to work together due to angst and conflict built up prior to claim lodgement.
- Focus and support to psychologists to hold them accountable for professional practice so they do not assume a role as worker advocates.
- Introduction of mental health experts at claims agents.
- Utilising *beyondblue*’s NewAccess coaching service for injured workers via mobile case managers – the first insurer to do this.
- Medical second opinion specialist support for treating practitioners.

7.2 Claim Outcomes

Over financial years 2014 and 2015 the number of reported psychological injuries had reduced to its lowest level in 15 years (reducing by over 20% in a year, on the back of a 5% reduction in 2014); for clarity we note that this reduction is *not* related to commencement of the Return to Work Act compensability provisions which strengthen the contribution required from employment for an injury to be compensable, as these provisions did not start until 1 July 2015.

Following commencement of the active management model the proportion of claims commencing benefits via provisional liability has fallen and the rejection rate has increased, and these two changes are both attributable to the same cause – claim acceptance decisions are now being made earlier and on the basis of promptly obtained expert medical and factual opinion. In essence ‘final’ claim acceptance decisions are now being made in the same time as ‘provisional’ benefits were commencing three years ago. Of important note also, is that despite a higher proportion of claims being rejected, the overall disputation rate on rejected claims has remained consistent. Figure 7.1 shows information on the claim reporting and acceptance practices over the active claims management period.

Figure 7.1 – Claim Reporting and Acceptance Information

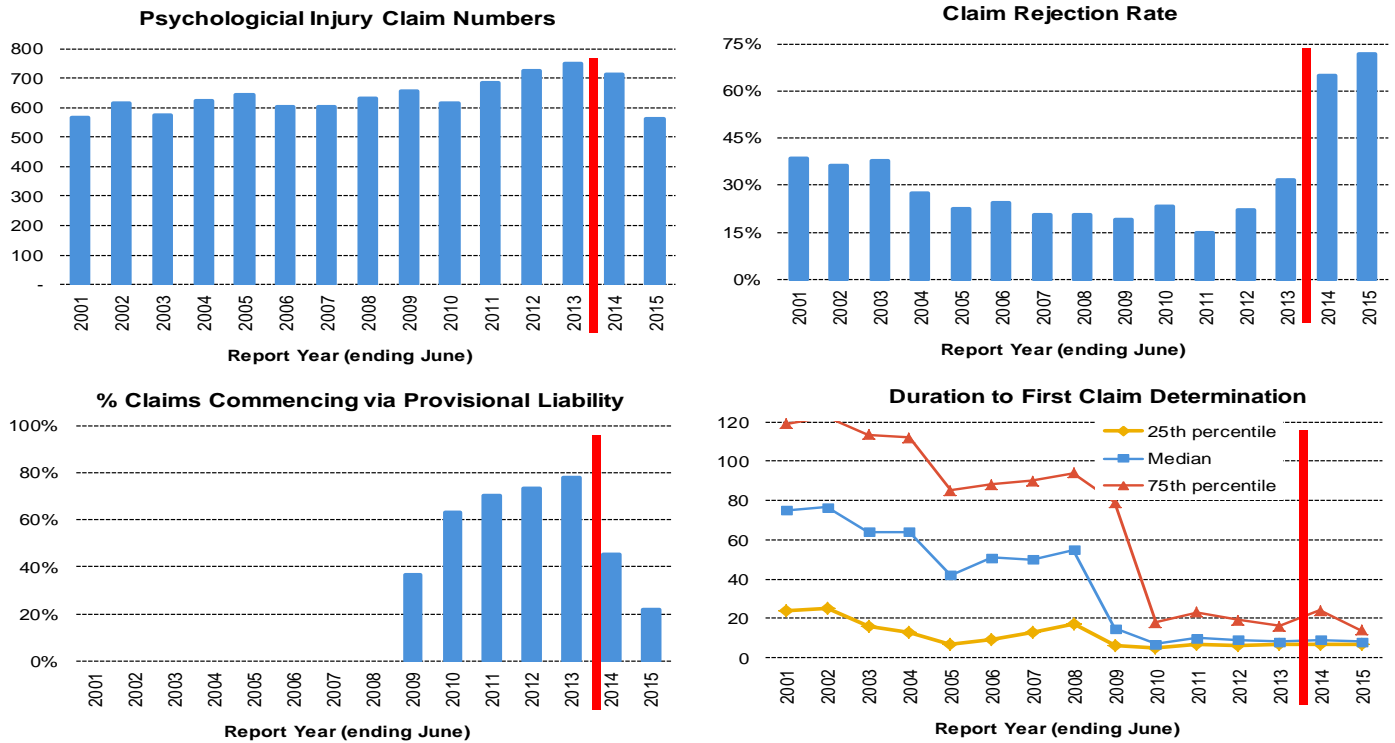
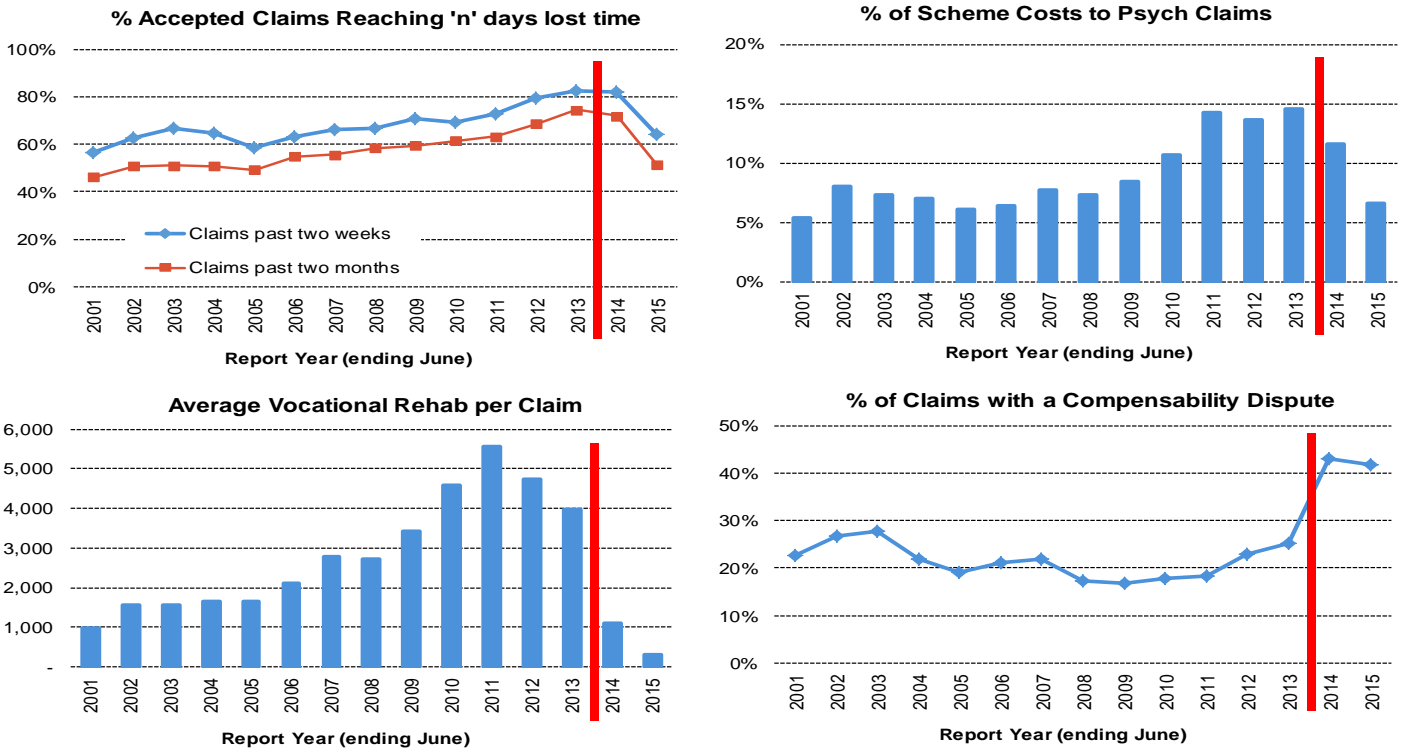


Figure 7.2 shows information relating to the claims costs, claim duration and utilisation of vocational rehabilitation and legal provider services over the active claims management period. There has been a significant reduction in the proportion of claimants remaining on benefits for more than 2 weeks and 2 months, even with reducing overall claim numbers, which has flowed through to reductions in the proportion of scheme costs that are paid to psychological injury claims.

The active management model has also seen a significant reduction in the amount of vocational rehabilitation services being purchased, particularly since commencement of mobile case managers. Indeed the face to face contact between case managers, the injured worker, employer and treating doctor has led to a significant ‘breaking down’ of the barriers that impede return to work, which is part of the reducing claim durations noted above.

With the rejection rate roughly tripling over three years, the proportion of psychological claims with a compensability dispute has increased, going up from 25% in 2013 to 42% in 2015.

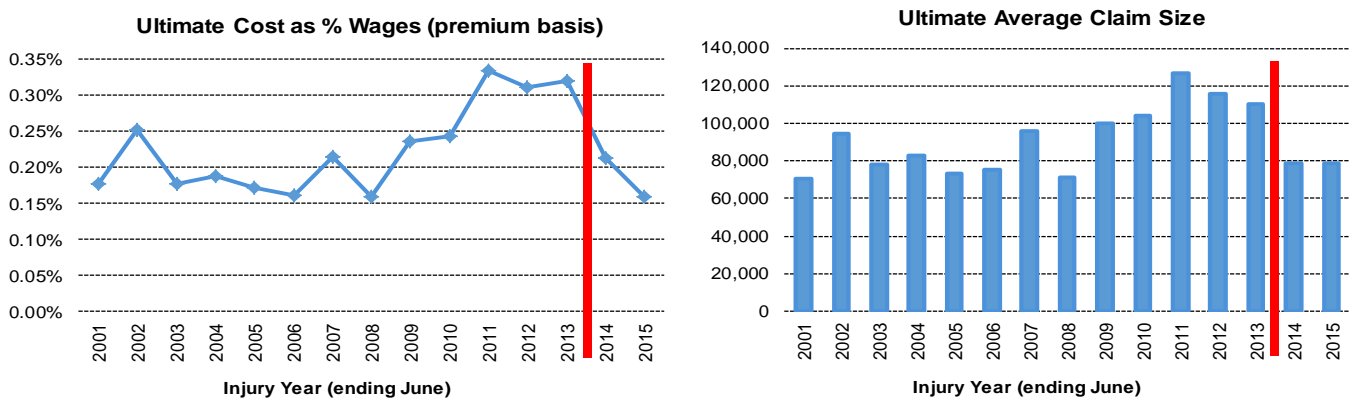
Figure 7.2 – Claimant Duration and Cost Information



7.3 Estimated Ultimate Cost

Figure 7.3 shows a high level estimate of the ultimate annual cost of psychological injury claims as a percentage of wages (i.e. as a premium basis), along with the ultimate average claim size.

Figure 7.3 – Projected Annual Claims Cost (premium basis) and Ultimate Average Claim Size (\$Jun15)¹



As this shows, average claim costs have quickly reduced back toward the best of the levels seen in the earlier history; further, it is possible that the full extent of these improvements is still to be recognised in the valuation of outstanding liabilities. The reduced claim size combines with the reduction in new claim numbers discussed above, to see the annual contribution to the premium rate reducing back down to around 0.15% of wages, roughly halving the cost of psychological injury claims in two years.

¹ For the sake of consistency, the claims cost projections have all been undertaken without considering the impact of the RTW Act which commenced on 1 July 2015 (with some retrospective impact). Broadly speaking, this means the projections are comparable over time, although it is acknowledged that changes to the benefit structure were made in 2008 that have not been adjusted for (noting that the 2008 changes were intended to reduce scheme costs, although actual experience shows that they increased).

7.4 Summary

The active management model has 'changed the game' in terms of how psychological injury claims are managed in the SA scheme. Key to this has been the improved face to face customer service and prompt evidence gathering to support decision making.

Further, it is still early days into the mobile case manager role, and it will be interesting to see how this translates into further outcomes over the coming years.

8 Concluding Remarks

8.1 Key Findings

The key messages we have taken from the South Australian experience in managing psychological injury claims are:

- Claims management is not 'one size fits all' –
 - ▶ Psychological injury claims have unique needs, they tend to be more costly than other types of claims and they need careful management.
 - ▶ There is a cost to more active management (i.e. higher claims administration costs), although the South Australian experience suggests there is a favourable return on this investment, both financially and in social outcomes.
- Expectations are important, particularly for the injured worker but also for others such as the GP –
 - ▶ The key example of this is the introduction of provisional liability, which led to the early commencement of income support/replacement benefits on all claims (by legislation). Even though these income payments were legally only made on a 'provisional' basis, it led to a significant reduction in the number of claimants who withdrew and who were rejected, as claimants may have focused more on establishing the evidence for an ongoing claim rather than on recovery and RTW.
- Time is of the essence, and delay is an enemy, when managing psychological injury claims –
 - ▶ The evidence required to establish or else disprove a psychological injury claim is often subjective, and the experts who can undertake these assessments tend not to be readily available – historically this often resulted in delays of multiple months before expert opinion was received as to the compensability or not of a claim. Breaking down these barriers has been key to the success of the active management model.
 - ▶ There is a strong correlation between the number of claims who get to two weeks of lost time and the number getting to two months of lost time – intervention needs to start from day one of the claim.
- Market perception has an impact on claim outcomes –
 - ▶ It is no coincidence that in the period of claims management that commenced with introduction of provisional liability in 2009, reported claim numbers began to increase. Anecdotally, there were participants in the scheme who were aware of the implications of the provisional liability rules and assisted workers to get up to 13 weeks of benefits using them.
 - ▶ Equally, the move to an active claims management model in late 2013 has led to a reduction in the number of claims being reported.
- GPs generally want to help, but sometimes they don't know how –
 - ▶ One of the very pleasing aspects of the active claims management model (and a number of supporting strategies undertaken in conjunction with the medical community) has been the increased engagement of treating doctors with the recovery and RTW process. As their level of trust in the case manager and employer has increased (which we attribute to the accountability that comes with face to face engagement) they have been more willing to focus on what the injured worker 'can do' than feeling the need to 'protect them from the system'.

- Process measures are no substitute for an outcome focus –
 - ▶ The only time when RTW outcomes have improved is when there has been strong and outcome focused management from day one of a psychological injury claim.
 - ▶ Outsourcing to vocational rehabilitation providers has not delivered outcomes, even when it was mandated that such referrals be done early in the life of a claim.
- Mental health awareness is increasing in the community, yet, the social acceptance remains lagging behind. This can be seen in the complex return to work management of claims for psychological injuries. In the South Australian scheme, partnerships have been established with organisations such as *beyondblue* to also focus on employer support, education and prevention.
- Lastly, the use of analytics and reporting cannot be over or understated. It is of critical importance to measure and identify trends as (or before) they occur. However, actions speak louder than words and there can be a tendency to over-analyse the issues when what is needed is action through, sometimes, simply trial and error with accompanying measurement as to whether the actions did or did not have an impact (either financial or social).

8.2 Opportunities for Further Improvement

While there has been considerable improvement in claim outcomes in the last two years, we believe that further improvement is still possible.

In particular, the second phase of the active claims management model has seen a full rollout of mobile claims managers in recent months, and the early signs are that this is leading to stronger and more trusting relationships between injured workers and their case manager; it is hoped that this will further improve claim outcomes over the next year or two.

There has also been considerable focus on improving case manager decision making in relation to the initial acceptance/rejection decision at claim commencement. It is still relatively early days in this regard, but with a focus on helping case managers to better understand the legal basis for their decisions using increased legal support, and ensuring that the evidence they rely upon meets the best practice standards for the dispute resolution Tribunal, there may still be further improvements ahead.

With the increasing focus on mental health issues in society we do not foresee any reduction in psychological conditions being seen in the workplace; indeed, if anything, the increased community focus is likely to put more pressure on psychological injury claim numbers over time. As such, a broad focus on helping to improve workforce and personal resilience will be important in meeting community expectations (indeed the days of the ‘toughen up’ mentality are certainly no longer appropriate).

Management strategies can go a long way to improve outcomes for psychological injuries, however, the role of legislation cannot be overlooked. Over the coming decades, if psychological injuries continue to increase in prevalence, a focus on fair legislation (for all parties) will be very important. This may also see impacts in recruitment practices and assessments to test resilience of individuals prior to recruitment, particularly in industries with a high prevalence of psychological injury.

This paper has reviewed outcomes for primary psychological injuries, however, many claims incur psychological services and/or develop secondary psychological conditions such as anxiety and depression whilst under scheme care/compensation. This area may warrant further investigation.

While the recent strategies have been very successful on new claims, attempts to apply these principles to longer term claims have proven harder to achieve results with (whether for primary psychological claims or those with secondary psychological issues). While this is not a surprising result, particularly where barriers have built up over time under more hands-off claims management approaches over the years, it suggests that a considerable effort is needed for each claim once issues have become embedded. Hopefully we can find ways to improve these interventions in the future (while acknowledging that the main aim remains to avoid the need for them in the first place).

8.3 Applicability to Other Schemes

Many of the considerations that underlie the active claims management model have been built up from years of working in a range of jurisdictions across Australia. As such, if these activities are not currently being done elsewhere, then we see no reason why they would not be transferable.

Indeed we see no reason why these 'early intervention' based approaches would not be transferrable to other areas of personal injury management and disability care as well. The main requisite is that early identification is possible and that staff with the skills and capabilities to meet these needs are available as they are identified. Unfortunately this probably suggests that these approaches are not very useful to a pure common law environment.