Psychological injuries in the retail industry

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Who are we?

**Office of Industrial Relations**

- **Workplace Health and Safety Queensland**
  Enforces workplace health and safety laws and educates stakeholders on their legal obligations.

- **The Workers’ Compensation Regulator (the Regulator)**
  The Workers’ Compensation Regulator regulates the Queensland workers’ compensation scheme, including self insurers, and is a facilitator of legal and medical resolutions, educator and promoter of the scheme on behalf of all stakeholders.

- **The Electrical Safety Office**
  Develops and enforces legislative and compliance standards to improve electrical safety.

**Minister for Employment and Industrial Relations**
Develops workers’ compensation and workplace health and safety legislation.

**WorkCover Queensland**
Provides and manages workers’ compensation insurance for the employers and workers of Queensland.
What is a psychological injury?

- Psychological injuries can either be primary psychological injuries or secondary psychological injuries which occur after a physical injury.

- Primary psychological injuries must have employment as the major significant contributing factor.

- Secondary psychological injuries develop as a sequelae to a physical injury.

- Common secondary psychological conditions include depression, anxiety-related disorders, adjustment disorders or substance dependency.
Retail injury trends

Average cost
- Average cost of psychological claims is 2x the cost of a physical claim
- Average cost of a physical claim with a secondary psychological claim is 6x the cost of a physical claim

Total cost to industry
- Total cost to the retail industry of over $6.5 m each year
What are the implications for RTW?

Final RTW %
WorkCover Queensland data – retail industry
2016–2017

- Physical – no psych: 97.96%
- Primary psych: 81.80%
- Secondary psych: 60%
What is our role?

- The evolution of our claims processing and management model
- A flexible, tailored approach to determining psychological injury claims
- What is best? How can we help?
- Limiting the possible negative effects of seeking compensation
Secondary psychological injury – what can contribute?

**Worker factors**

- Not knowing their treatment or RTW program
- Concerns of job security and/or fear of re-injury
- Inability to cope with pain or dependency on medications
- Impact on family and activities of daily living (socially or at home)
- Long periods of isolation at home, feeling removed from work environment

**Employer factors**

- Placing blame for accident
- Failing to involve worker about current events when away from work
- Casting judgement about a person’s ability to function
- Lack of, or poor communication (initial and ongoing communication)
- Employer’s fear of re-injury (not offering RTW duties)
What can we do to assist in prevention and minimise the impact?

- Early intervention
- Understand the tools and support available
- Leadership, culture and frontline supervisors
**Early intervention**

Early intervention = early treatment + timely support and acknowledgment

WorkCover involvement when the claim is lodged

Large employers and small employers – can provide support in different ways

Early intervention programs are designed to provide immediate diagnosis, treatment and rehabilitation for a worker

Best practice employers – regular contact with workers and make them feel supported and welcome on their return to work
What does the research tell us?

RTW by Employer response to injury
- Physical
- Psychological

At work at time of survey
- Positive
- Negative

RTW by Employer pre claim assistance
- Physical
- Psychological

At work at time of survey
- Assisted
- Not assisted
Biopsychosocial model of care

THE BIOPSYCHOSOCIAL MODEL

BIOLOGICAL
- physical health
- disability
- genetic vulnerabilities
- exposure

PSYCHOLOGICAL
- belief
- attitudes
- self-esteem
- coping skills
- social skills

HEALTH
- family relationships
- trauma

SOCIAL
- peers
- family circumstances
- work

Source: SuperFriend “Taking action – a framework for managing psychological insurance claims”
A workplace health and wellbeing program can improve:

- Productivity
- Employee engagement
- Innovation and creativity
- Morale
- Workability in an ageing workforce
- Employee relations and corporate image
- Sickness absence
- Staff retention
- Number of injuries and compensation costs
Leadership, culture and RTW

**Leadership**
- Early recognition of problems, **intervention** and support enable a supervisor to be central to a successful return to work
- Particularly important for those employees **returning to work** following an injury

**Culture**
- Supervisors and co-workers need to understand the injured person’s limitations – **supportive culture**
- A strong culture of safety and trust ensures employees are **comfortable and confident** reporting incidents, injuries and near misses

**Frontline supervisors**
- Supervisors can make a positive impact on the return to the work thereby creating a better work environment and **reducing claim costs**
- A supervisor is in a key position to **observe changes** in behaviour and physical, mental or personal concerns
Leading the way

- Early, regular and meaningful communication
- Work with them to develop a suitable duties program that they feel comfortable with to encourage return to work
- Place them with supportive colleagues to assist with their return to work during injury
- Support them, monitor their progress and make changes if necessary
- Assure them they won't lose their job because of their injury