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Mr Rozen QC
Vic Workers Compensation System Review

A mental health practitioner's perspective

Dear Sir,

I take as guidance your provision of 24 questions that can be used in providing a response to the Discussion Paper on the Victorian Workers Compensation System: Independent Review of the Agent Model. I offer this response as a highlighting of issues, I have encountered across more than 5 years as a psychologist provider in this system, and would be pleased to offer further detail or substantiation of my experiences if relevant and/or required.

Exposure/Experience in this Agent Model System (ie Question 1)

I am an AHPRA endorsed Counselling Psychologist, Developmental Psychologist and Organisational Psychologist with more than 30 years experience in professional practice. I have served on professional practice committees and/or working parties of the Australian Psychological Society across more than 20 years. I have provided counselling services to WorkCover/Safe clients for more than 5 years and supervised rehabilitation providers in this period.

Assessing complex claims (Questions 2-4)

Other than the identification of "complex" based on persistence of the compensable condition beyond 130 weeks, I suggest that "complex" could be productively identified by the range and severity of the conditions (including unrelated co-morbid conditions – not directly attributable to the accident) which the client is experiencing, before, contemporaneous with or subsequent to the date of the incident/accident. Applying the 130 week measure to derive complexity and its treatment risks adopts a strongly financially driven basis for assessing "complexity" and the services associated with this category. A financially driven definition of "complexity" implies there is a need to review the continuation of level of compensation/benefits at some point in time – this is understandable. The use of the term "complexity" can otherwise mean the attention of the agent providers is to the range, severity and interactive co-morbidities, which do not necessarily determine the length/duration of treatment nor recovery.

A definition of "complexity" based on duration (130 weeks) of the compensation/rehabilitation, as a financial driven definition, might also be understood as a convenient, readily recognizable review point, rather than placing a judgement of the "complexity" of condition/treatment into the hands (responsibility) of agents "case managers", with a minimal training in (mental) health.

Where "complexity" is intended to be used to refer to the range, severity and interactive co-morbidities, and determine the level/duration of treatment, then the capacity of the agents "case managers" to judiciously consider such complex health issues is critical. I am concerned that without such expertise in "case managers", especially in the less visible "mental health" conditions, there can be a resort to accepting assessments of mental health professionals, according to their professional standing (eg. psychiatrists), rather than the mental health professionals familiarity with the case or evidence supplied for their assessment.

This concern for "complexity" also links to another major theme of my response, which is the clients capacity to engage with the agents representatives and the (funded) rehabilitation services is complicated or jeopardized when the client is also dealing with additional/co-morbid conditions and/or secondary conditions of the accident/incident. My experiences are of clients who are mentally /emotionally overwhelmed by their attention to multiple health and/or relationship demands and have difficulty recognizing and adhering to requirements and opportunities of the agents representative.

While psychological counselling can be effective, in reducing anxiety and depression, and improving focus on relevant planful actions, the management of treatment comprehension, attendance and adherence can be an extremely demanding communication and administrative load, especially on persons facing adjustment to loss of function or recovering from such loss.

My experience with Return to Work sub-contractors has been generally very positive, with their attention to employer liaison and graduated return to work processes. However this service does not necessarily attend to supporting the client's coping with multiple and diverse health interventions.

Similarly my experience of the agents "case management" representatives has been generally very positive, but their role (in my experience) has rarely extended to the administration of the client's comprehension treatment purpose/outcomes and attendance. Such issues seem to be regarded as the responsibility of the treating professional or the client. I am again concerned about the "case managers" role and capacity to: liaise with mental health professionals and clients, and decide on treatment options and progress – where there can be minimal training in mental health.

The consolidation of mental health knowledge within agents organisations, for example Case Management Teams focused on mental health related cases, with input/supervision (?) from established mental health practitioners, could assist improving this situation in the Agent Model.

Case management of complex claims (Questions 5-7)

As immediately above "complex claims", especially when the client is experiencing multiple health or relationship issues (related or unrelated to the claim) can involve the client in undertaking diverse assessments and treatments for which they personally are mentally/emotionally poorly prepared/resourced.

The "welfare/health administration" support that can assist clients in such circumstances, to manage these demands, is sometimes provided by family members or close friends. Where this support is available the agency model could be developed to encourage and enable the involvement of such support persons in: communications with the agent representative, and /or counselling sessions (eg. including partners). This approach is consistent with the research of Prof Kim Halford, University of Queensland on "partner assisted therapy" – an approach I have professed in various conference presentations.

Agent decision making (Question 12)

Use of Independent Medical Examiners (IME) Is a standard practice in workers compensations claims, including the use of psychiatrists in mental health conditions.

While appreciating the benefit of a difference between a client assessment/evaluation (practitioner = psychiatrist) and client treatment (practitioner = eg psychologist), I am concerned with the lack of shared benefit of exchange between these areas.

Agents representatives have refused to supply the IME (Psychiatrist) assessments to me as the treating professional, when such assessments can be beneficial in guiding diagnosis and selecting/modifying treatment.

On one occasion the "forensic psychiatrist", adjudicating a conflict of opinion between 2 psychiatrists (IME), suggested that the client would benefit from consulting a "more experienced psychologist" – without discussing the case nor my treatment nor my 30 years of experience with me directly. I expressed my concern with this judgement and process to the agent's representative and invited them to convey this to the "forensic psychiatrist".

In summary, I suggest that the agent model needs to be more responsible for improving the flow of communications between the relevant mental health providers.

Evaluation measures (Questions 18-19)

There are various and diverse measures of effective mental health interventions, often separate from return to work indicators. Psychological adjustment to a loss of (physical/psychological) capacity or function may not necessarily mean return to work.

An important theme of this submission is that the client outcome experiences, through their engagement with the rehabilitation process (in this case the agent model – practice) include:

- an improved understanding of their condition and treatment options;
- an exchange of information amongst health care professionals to inform diagnoses/treatment
- a capacity and readiness to interact with insurance and health providers and
- a sense of their own agency (self management) in facing physical, psychological and bureaucratic challenges in their recovery.

These are some of the features I would see as relevant to an effective model of worker compensation/rehabilitation.

Such a model could reinforce a client's belief in the "therapeutic jurisprudence" of this subsequent (injury management) process. As such these processes can prevent or ameliorate further mental health injury to the client from their engagement with the compensation, rehabilitation and recovery services in a workers compensation model.

My sincere best wishes with your challenging task.

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