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If The Future Is Crazy – How To Manage Stress Claims

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Employers have been experiencing increased claims and associated costs related to what is being categorized as psychological or emotional impairments of their employees. 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**. However, integrating the principles and strategies of traditional **disability** management programs to psychosocial **disability** management programs has assisted employers in controlling costs.

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 include these individuals in disability management efforts.

Using third-party **disability** management services, provided as part of an employer-based disability management program, gives 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 return to work includes an understanding of the issues that represent the real workplace dynamics and challenges.

Psychosocial Disability Management

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 their resolution.

In light of this information, disability management professionals, employers, and individuals with psychological disabilities are in need of more effective methods of managing behavioural 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.

The following information outlines specific disability management strategies that have been implemented and have successfully reduced costs and duration of psychological health claims.

Claim Initiation

The first step in any disability management program is to have a clear system in place to report and verify the absence. It is essential to filter psychological illness out from the 'idon'tfeellikeworking' syndrome.

Case management interventions originally emerged as an alternative to the shortcomings and inefficiencies of the traditional, individual, or medical models of treatment and recovery. The traditional, individual model is generally 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 a third-party in settings that are external to the work environment such as clinics, hospitals, or facilities. Employers and employees play a passive role in return to work activities and

relinquish control. The old 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 than emphasizing the residual capabilities and implementing a work conditioning return to work strategy.

In contrast to the medical model, case management represents a proactive and systematic approach. Employers and employees take an active role regarding transitional return to work and other issues pertaining to the disability.

Case management services are an essential component of disability management programs. The three primary functions of disability case management have been identified as claim initiation, care management, and return to work co-ordination. Care managers identify and co-ordinate services and serve as the focal point of centralized communication between the employee, employer, and treatment providers.

Effective integration of psychological disability management requires expansion of procedures that define the relationship between return to work programs and mental health treatment. Traditionally, mental health 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. Involving the mental health professional in the disability management process and enabling them to work in a co-ordinated fashion providing appropriate care leads, ultimately, to a timely return to work.

Cognitive Demands Analysis Versus Cognitive Capabilities

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.

In order to serve employees who have psychological limitations, job analysis methods are adapted to measure mental or psychosocial demands of jobs. This information is then compared to employee functional limitations. This model effectively links the individual's cognitive functional capacities to work performance abilities. If employees who have psychological limitations are to be served in disability management programs, it is essential that precise methods of cognitive job analysis based on standardized psychological testing tools be utilized. By understanding the psychological capacities of the individual and the requirements of the job, return to work is implemented in a manner that does not adversely affect the performance of other employees or business operations.

Return To Work

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 per cent of their pre-injury job duties. This '100 per cent 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 traditional transitional return to work programs for injured workers have their roots in 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.

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 positive and common approach to management and return to work of individuals with physical disabilities through the use of specific return to work plans to support employees with physical limitations. This same approach can be used for psychological claims by obtaining specific capabilities from qualified mental health professionals and 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.

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 their original job. Through the use of cognitive demand analysis data and 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.

For individuals with psychological 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. 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 re-employment and job retention.

Costs associated with psychological impairments among employees have emerged as a major influencer of disability related costs within business. 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, and transitional return to work – employers can create an organizational climate that allows for the integration of psychosocial disability management interventions.

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

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