To Best Treat a Worker's Injury, Look for a Broken Spirit, Not Just a Broken Bone

By Kate Farley-Agee, Vice President Provider Network Product Development and Tammy Bradly, VP Clinical Product Development

When someone gets hurt on the job, the workers' compensation system is often adept at zeroing in on an injury and delivering timely care. But that well-intentioned focus on a patient's physical bruises can make it easy to miss the mental ones, which might be harder to spot.

To achieve the best outcomes and get someone back to work with minimal delay, it's wise to focus on the whole person, including whatever mental-health toll the episode might be exacting. Failing to do so risks treating only part of an injury and achieving an insufficient recovery.

Today, a comprehensive approach that identifies and meets an injured worker's needs is more important than ever because the coronavirus pandemic is blanketing everyday life with added stresses that threaten to imperil a worker's recovery.

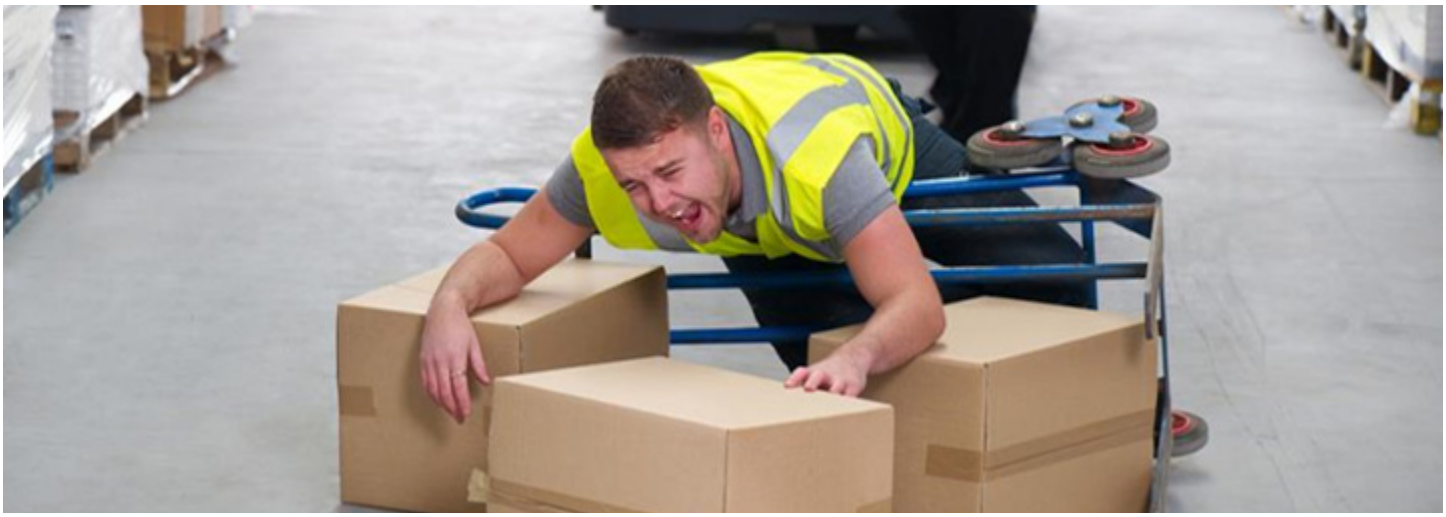
Depression often follows workplace injuries

Experience makes clear that numerous forces push and pull at workers after they are injured. These are baseline factors, such as quality of care and timeliness of care, and they play enormous roles in laying out the courses of workers' recoveries. Yet the more we dig into claims and into the research, the more we understand that less-apparent variables can also tilt the direction many cases take.

It's important to be aware of the mental-health challenges that can emerge following an injury.

One study revealed the likelihood of injured workers being treated for depression was 45 percent greater compared with workers who were not injured. And getting hurt on the job, in particular, brings a heightened risk of mental hardship. A group of researchers found people who were injured at work were more likely to become depressed than those who were hurt outside of work. The researchers surmised that worries about reduced income, for example, might be partly to blame. They also noted, not surprisingly, that increased severity correlated with a higher likelihood of depression.

Of course, there are other cognitive factors beyond depression that can help drive the speed and scope of recovery. One is workers' trust—or lack thereof—that their employers will do right by them. And it's not only trust in managers and employers that matters: For injured workers, having trust in adjusters, case managers, and, of course, providers is also important in shaping the trajectories of their recoveries.



It's clear that actions such as working to identify mental-welfare concerns and fostering trust can bring value. To those ends, there are approaches adjusters can take right away to limit the drag that poor mental health can inflict on a worker's recovery. One method is to take a step back and ask questions:

- How does the injury affect the worker's overall wellbeing?
- If the person is unable to work, what effects is the situation causing?
- Is the fallout from the injury creating problems at home, perhaps with family?
- Is the worker experiencing feelings of isolation from coworkers or friends?

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These aren't the only inquiries that might be necessary, of course, though they illustrate some of the considerations that can come into play for adjusters trying to assess where a worker stands on the path to recovery. It's wise to be on the lookout for when there is more going on with an injured worker than the extent of the physiological injuries might suggest.

There is ample reason for concern. Because much of the nation's workforce is already rattled by a host of worries and strains, mental-health considerations are looming larger than ever over the welfare of workers, even those who haven't suffered a physical injury.

The coronavirus pandemic is exacerbating a stress pandemic

It's well understood that workers have been feeling stress stack up for years now. One study conducted before the pandemic found that for some workers so-called job strain—low levels of control over their work and high demands—was "strongly" associated with moderate to severe levels of suicidal thoughts.

These types of punishing workplace landscapes, and the stress they yield, had emerged well before the coronavirus began spiriting around the globe and disrupting nearly every aspect of daily life. Now, in the U.S., COVID-19 restrictions, widespread layoffs, school closures, social unrest, and political tribalism are forging 2020 into one big pressure cooker.

Many workers are feeling it. A late-June snapshot of the mental state of U.S. adults from the Centers for Disease Control & Prevention revealed that younger adults, racial and ethnic minorities, essential workers, and unpaid adult caregivers reported suffering "disproportionately worse" states of mental health as well as higher substance misuse and increased thoughts of suicide.

While the global rate of suicides has fallen for decades, the rate in the U.S. has jumped 35 percent since 1999. It now stands at the highest age-adjusted rate since 1941, according to 2018 data, the latest available.

Difficult economic times tend to fan the problem: During the Great Recession more than a decade ago, the suicide rate rose between 1 and 1.6 percent for every percentage point increase in unemployment. That's worrisome given the job cuts this time are more severe.

Virtually overnight, the virus touched off an unprecedented jump in unemployment claims and ended the country's longest-ever economic expansion. Never had so many people in the U.S. been thrown out of work at once. While the jobless rate has yet to reach some of the direst predictions from the Federal Reserve and other forecasters, only about half of jobs have re-materialized. Some industries, such as the airlines and live entertainment, could take years to recover, if they do. Indeed, the number of laid-off workers whose job losses became permanent jumped to a seven-year high in September.

The blows to mental wellbeing we're seeing in 2020 extend beyond the impossible-to-quantify fallout of suicides. Even less-severe strains on mental welfare make it more likely that workers will get hurt and suffer longer when they do. Stress, particularly when it's chronic, can lead to distractedness and can heighten comorbid conditions such as elevated blood pressure. A high degree of worry can likewise cut into productivity, reduce job satisfaction, and likely even cause brain damage.

Tough times demand we ask more questions

Sadly, the mental-health challenges dogging many U.S. workers aren't likely to subside when the virus does. In fact, the effects of trauma tend to linger in populations long after the source of the distress fades. That has disquieting implications for the future. The pandemic is expected to widen already yawning gaps in the U.S. between those who require mental-health interventions and those who get them.

Similarly, the pandemic's role as stress multiplier could further harm injured workers and only underscores a need to lower the hurdles they face. Failing to deal with the mental-health lesions that can accompany physical injuries can prolong suffering. In addition, inaction on tackling workers' mental challenges makes it more likely those who are injured will develop chronic pain. That means the workers who don't get the help they need could be facing years of discomfort, which, in turn, can further erode mental wellbeing.

This is why it's imperative that adjusters and case managers consider the whole person and scan for behaviors that could signal an injured worker is having trouble managing the attendant stress of an injury. As with the need to ask questions about mental wellness from the start, it's important to routinely look for signs that mental-health challenges are beginning to bubble up.

- Does the worker appear less confident about making a speedy recovery and getting back to work?
- Does the worker appear to be turning to self-destructive behaviors in an attempt to cope?
- Is the worker receptive to recommendations for self-care and other means of promoting wellness?

Asking these types of questions regularly can help indicate whether a worker might be enduring a mental-health condition such as depression, which can hurt the chances for a successful return to work. And taking action to identify potential barriers is important because we know the longer workers are away, the less likely they are to return at all.

Relying on proven tools can help guide injured workers back to health

For complex claims, in particular, case managers can use techniques and tools such as active listening and behavioral coaching to facilitate improvement and boost the likelihood of a successful return to work. We know these methods can promote success. A review of research pointed to the apparent benefits of tools such as rehabilitation programs and psychosocial interventions in getting injured workers back on the job.

At first, the mental and emotional components to a recovery might appear squishier and perhaps even secondary to a workers' ongoing physical needs. Yet waiting to go back and sweep up the mental-health aspects of an injury well after strains begin to emerge can jeopardize the pace and degree of recovery. Instead, by looking at the whole person from the outset, it's possible to help an injured worker grapple with some of the forces taxing mental welfare.

The collective gut punch delivered by the pandemic has made it necessary to devote added attention and resources to identify and treat behavioral-health challenges

For years now, we've understood that anxiety and depression threaten to undercut injured workers' recoveries. Often, these pernicious inflictions don't creep up until well after a physical injury occurs. This stealthy advance can make these conditions hard to identify and difficult to treat. Yet before the novel coronavirus began pummeling the physical and mental welfare of so many people, it was possible, if ill-advised, to take a wait-and-see approach when considering mental-health options for an injured worker who showed signs of unease. We have come to understand this no longer works.

Now, the collective gut punch delivered by the pandemic has made it necessary to devote added attention and resources to identify and treat behavioral-health challenges before they risk upending an injured worker's recovery. To further that goal, it's helpful to examine how successful models of care incorporate mental-health aspects from the start.

To start, it's wise to turn to a strong network that has deep bench strength. This is important because finding the right provider and gaining timely access to that provider is key to helping injured workers deal with mental-health hurdles if such challenges begin to arise.

This is critical because we continue to develop a better understanding of the often-inextricable links between physical and mental soundness. For example, one study of more than 15,000 retirees pointed to anxiety and depression as posing similar—and sometimes greater—risks for poor health outcomes than obesity and smoking.

Success comes from matching workers' needs to their treatments

There is ample evidence that mental-health assistance can play an important role in a worker's recovery. Where things get less clear is determining what behavioral-health interventions an injured worker needs to achieve success returning to work.

One fundamental question centers on the type of provider. In workers' compensation, behavioral health providers often include psychiatrists, psychologists, and professional counselors.

Beyond looking at the type of provider, it's critical to understand the level of care needed to promote a strong recovery. This includes questions about whether a treatment will be outpatient, or, though rare, inpatient. Here are some of the distinctions we often see in workers' comp:

- Inpatient hospitalization
- Partial hospitalization
- Intensive outpatient care
- Outpatient counseling
- Medication management

Looking a little closer at some of these variations, interventions such as inpatient hospitalization obviously represent acute care whereas partial hospitalization might be limited to day treatment. Next, intensive outpatient care stands as a still-lighter touch, perhaps with three hours of treatment three to five evenings per week. Outpatient counseling and medication management each have their place as well in helping injured workers combat mental-health concerns. Often, talk therapy can serve as an appropriate first-line treatment when mental-health obstacles emerge.

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Of course, none of these interventions—provider types, treatment settings, or treatments themselves—exist in a vacuum. Today, injured workers are facing the added strains of seeking recovery under the pall of a global pandemic. This compounded stress can impinge on workers' recoveries by stirring unease about physical and financial wellbeing, among other concerns.

At the same time, the breadth and scale of the pandemic, not seen in a century, also raises sometimes-difficult questions about compensability. After all, if most everyone is feeling stressed, is an injured worker forced to bear a heavy mental load because of an injury or simply because these are stressful days? There are a number of questions adjusters might consider asking to navigate to an answer:

- Did symptoms begin to emerge before or after the injury occurred?
- Did the injury exacerbate any mental strains the worker was already facing?
- Was the injured worker seeking treatment for mental-health challenges prior to the injury?
- Are the difficulties linked to fallout from the injury, including decreased income, loss of contact with coworkers, or challenges associated with recovering at home or in a facility?

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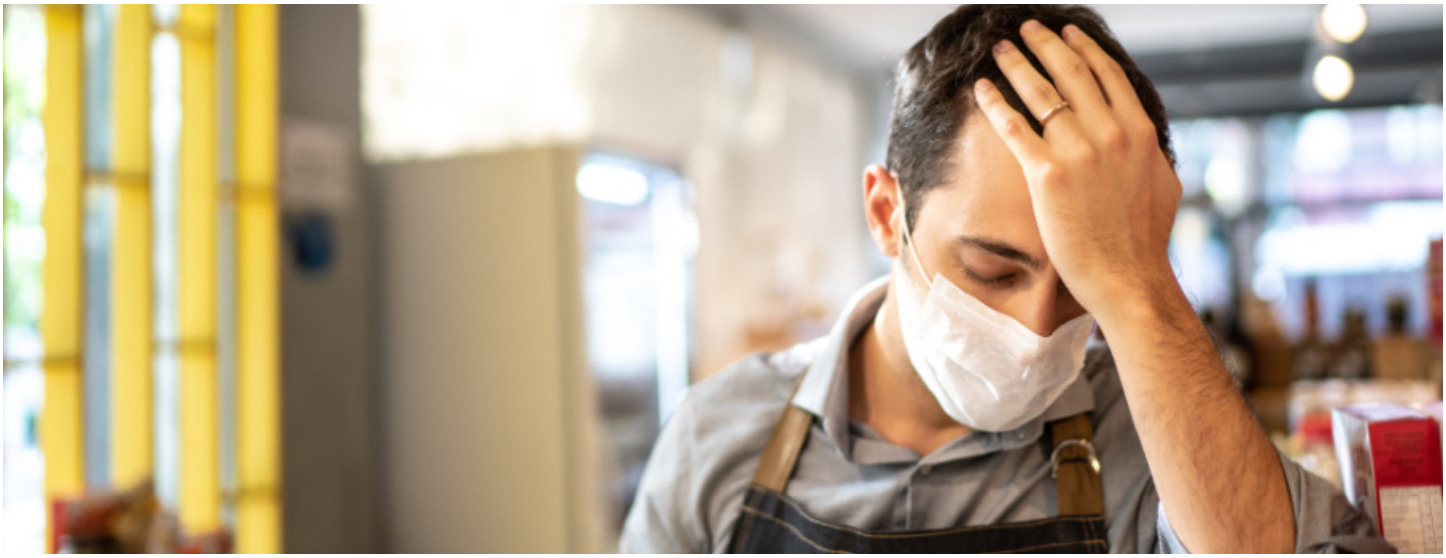
The nature of mental-health aliments can make it difficult to uncover clear-cut ties between an initial incident and subsequent bouts with conditions such as anxiety and depression. That's why it's helpful for adjusters and case managers to reach for proven tools such as active listening and recurring engagement with an injured worker. These conversations can help adjusters both better answer questions about compensability and help direct injured workers toward the most appropriate treatments.

The pandemic makes the work of guiding recoveries more difficult

It's possible and even probable that getting hurt on the job amid a pandemic could bore further into a worker's mental wellbeing than it otherwise might. Working and living in a heightened state of strain for an extended duration makes it more likely that a worker could become injured in the first place. And unrelenting stress can likewise make recovery harder. It's also evident that the exogenous fault lines that grew to define 2020—worries about contagion, the economy, and society at large, among others—could make anxiety and depression more likely to follow when an injury occurs.

There are other ways the pandemic malaise could eat away at a worker's mental wellbeing. Fear of retaliation might keep someone from raising a hand to report an injury. Perhaps the worker feels gratitude about still having a job in the first place and doesn't want to appear unappreciative. Or it could be that the worker fears direct retribution or even a soft reprisal such as losing favor with management. It's likewise possible an injured worker might worry about being subsequently targeted if layoffs were to occur.

Given the financial and operational difficulties many employers are facing, it's little surprise that some workers might not want to rock the proverbial boat. This is the case for a segment of workers even in less economically perilous times. A 2013 survey by Findlaw.com, a legal-information clearinghouse, found 9 percent of workers didn't report a workplace injury for fear of retaliation such as being fired or passed over for promotion. Now, with the U.S. economy staggering under the weight of coronavirus disruptions, it's possible more workers would be reluctant to reveal injuries.



Extra scrutiny can lead to better understanding

Difficult times can require adjusters and case managers to do a little more looking under the hood of a claim to try and anticipate where an injured worker's case might be headed. This might mean examining the medications providers are prescribing or the types of treatments providers are seeking. By applying a bit more scrutiny to some of these aspects of a claim, adjusters and case managers might be able to tell when mental-health challenges could threaten to complicate a worker's rebound and return to work.

Even for workers who aren't injured, mental-health constraints such as depression can do enormous damage.

In fact, about one-quarter of the U.S. workforce suffers from depression and these workers are out from work twice as often and they have five times the "lost productive time" of other workers. The cost to personal wellbeing is plainly severe. The same is true in monetary terms: A review of U.S. insurance claim data by the consultancy McKinsey reveals that the 23 percent of members with mental-health or substance-use disorders drive 60 percent of overall medical spending.

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Put another way, behavioral-health issues and physical issues often go hand-in-hand. McKinsey reports that people with behavioral-heath conditions suffer two to six times the frequency of concurrent physical conditions compared with those who don't struggle with these challenges.

Disruptions to treatments can short-circuit recoveries

Being aware of what's unfolding with the injured worker, particularly as it relates to mental-health needs, is important because it's not uncommon for prescribed medications to face rejection for not being germane to the treatment of a workplace injury.

It's understandable that such medicines might appear, at first, unrelated to the injury or primary diagnosis. Yet when medications are rejected, there is a risk that the continuity of care could be disrupted and, in turn, that the treatment plan itself could be compromised.

It's also conceivable that an injured worker faced assaults on mental wellbeing prior to a workplace injury. In those cases, it's possible that the person was already taking medication or participating in talk therapy. There is also potential that the subsequent on-the-job injury exacerbated the mental-health difficulties and that, in response, a psychiatrist might take an additional step of prescribing medication in response to the heightened load on the injured worker.

Yet another consideration is that the medications an injured worker might be taking as part of an injury treatment could drive up the likelihood of depression and anxiety, especially for those who are predisposed to suffering these conditions.

It's also worth recalling, generally, that someone with a history of mental-health difficulties faces heightened risk for a poor outcome because of the additional stresses from public health crises such as a pandemic.

There are, of course, seemingly infinite scenarios that might play out with injured workers and their need for behavioral-health support, particularly today. This is why it's essential to have a robust network of accomplished providers who are accustomed to helping patients take on and overcome obstacles to sound mental health. Just as important as having these top providers is having timely access to them.

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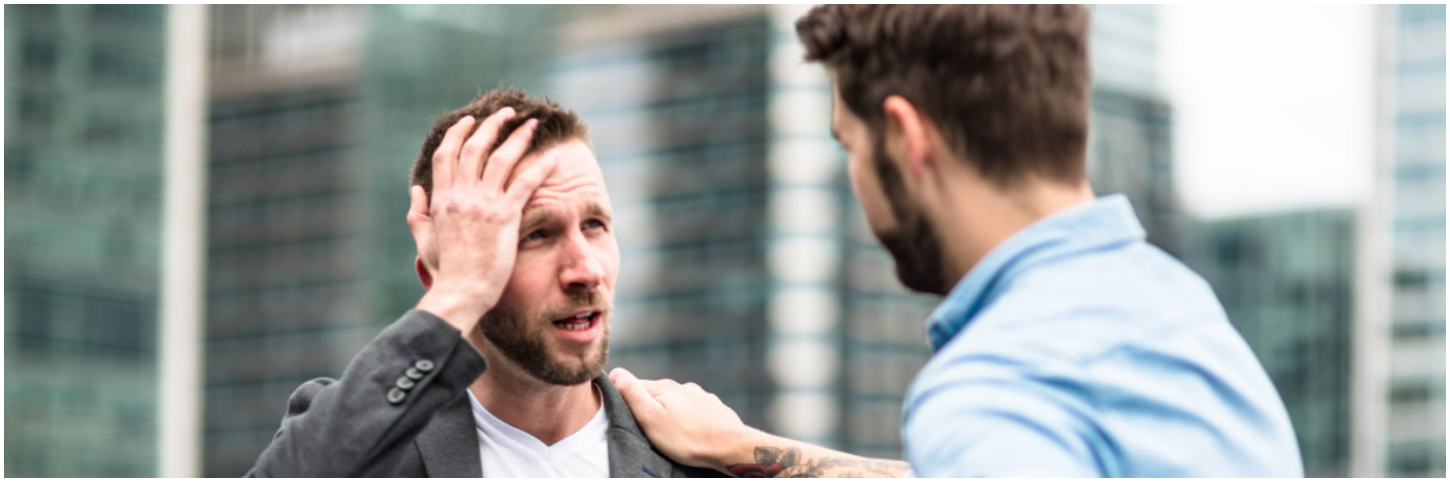
Access is crucial because of the spike in demand for mental-health services amid the innumerable difficulties the pandemic has unleashed. The overall surge in demand for mental-health treatments means that without care agreements in place, it could be difficult to direct injured workers to the appropriate treating providers in a manner necessary to avoid having mental-health issues pile on top of physical injuries. There simply aren't enough providers of mental-health services in the U.S. in general to meet the skyrocketing need.

Increased demand will require a new playbook

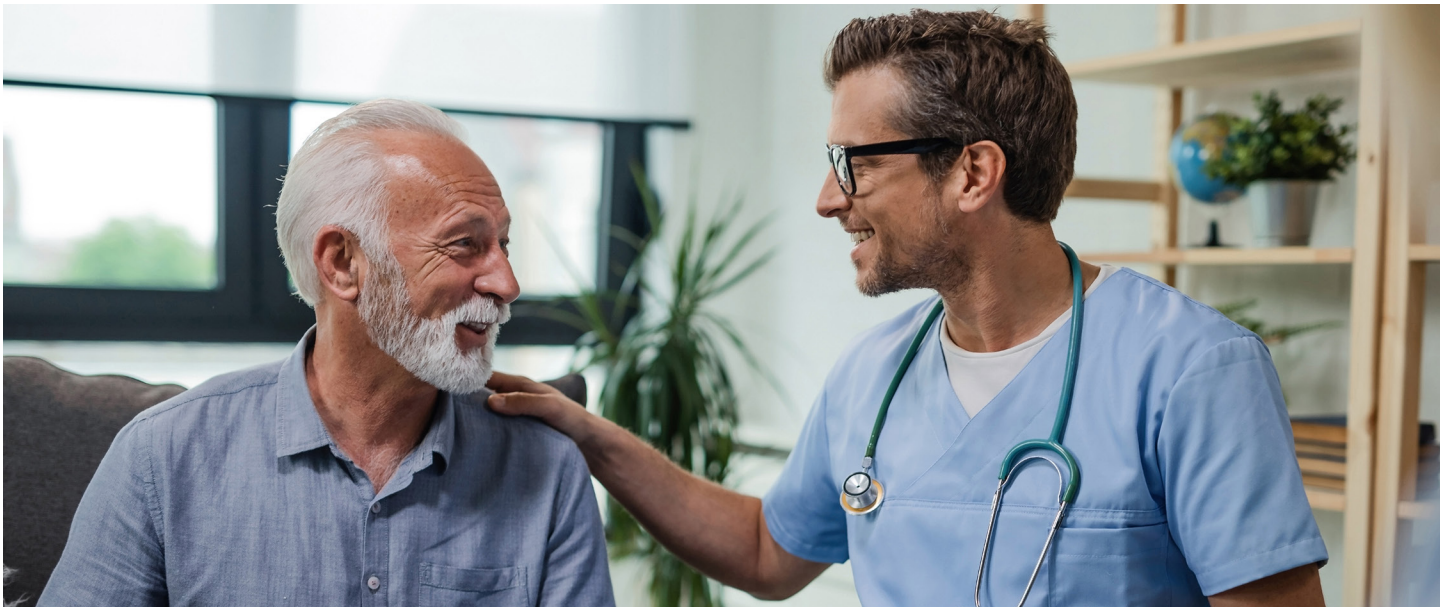
Challenges around access appear only likely to grow in the U.S. and, indeed, throughout the world. Paradoxically, as some mental-health advocates have noted, some states hemmed in by financial difficulties arising from the pandemic are reducing the money they set aside for mental-health treatments just as demand is spiking. Other states, desperate for space to treat patients contagious with COVID-19, the disease caused by the coronavirus, have shuttered or taken over behavioral health facilities.

While the outlook for treatment access remains worrisome, some mental health professionals hope the societal inequities and shortcomings highlighted by the crisis will lead to further innovations in delivering care such as using telemedicine to reach far-flung patients. The need is great. More than half of counties in the U.S. don't have a psychiatrist and nearly two-thirds have a shortage of mental-health providers, particularly in rural areas.



There are other potential benefits for injured workers that could grow out of a broader need across society for mental-health interventions. One is a further breakdown in the stigma that too often surrounds mental illness. A worker already straining under physical maladies related to an injury can then suffer a cruel secondary blow—one tied to the shame that struggles with anxiety, depression, and stress can render. If more people recognize how commonplace mental-health trials are, then perhaps more workers will ask for help. Similarly, perhaps more workers will understand how physical pain, social isolation, financial worries, and other everyday concerns can conspire to throw up sizable barriers to mental wellbeing.

Ultimately, it's clear that in most cases injured workers require a menu of supports that will enable them to see their health restored and allow them to return to work. Only by viewing the whole person can adjusters, case managers, and providers hope to help injured workers achieve the best-possible outcomes. Part of this task involves reviewing the mental-health difficulties that an injured worker might be facing as part of the fallout from an injury. Once an obstacle is identified, it's imperative to turn, in a timely fashion, to a network of accomplished providers to help the injured worker vanquish these mental-health complications and return to health, to productivity, and to the job.



About Kate Farley-Agee

Kate Farley-Agee is the Vice President of Networks for Coventry, overseeing the company's national broad-based provider solution and 17 programs across 15 states. She also leads Coventry's Network Quality Management and Improvement department, Network Paneling and Reporting, and Network Performance groups. Ms. Farley-Agee has over 20 years' experience in the healthcare industry with an emphasis in network development and leadership. She holds a B.A. in Business Economics and a Master's in Management and Organizational Behavior as well as certificates in Managed Care and Health Care Administration.

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Tammy Bradly is the Vice President of Clinical Product Development for Coventry l Genex and has over 25 years of experience in the insurance industry. Her expertise includes medical case management, disability management, and the integration of health, disability, and workers' compensation. Tammy is responsible for strategic planning and product development for all clinical products, and holds several national certifications, including certified case manager (CCM), certified rehabilitation counselor (CRC), certified program disability manager (CPDM) and certified in critical incident stress management (CISM).

About Coventry

Coventry offers workers' compensation, auto, and disability care-management and cost-containment solutions for employers, insurance carriers, and third-party administrators. With roots in both clinical and network services, Coventry leverages more than 40 years of industry experience, knowledge, and data analytics. Our mission is returning people to work, to play, and to life, and our care-management and cost-containment solutions do just that. Our networks, clinical solutions, specialty programs, and business tools will help you focus on total outcomes.

Mitchell, Genex, and Coventry have recently combined their joint industry expertise and advanced technology solutions into one organization to simplify and optimize property, casualty, and disability claims processes and services.

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