



Do poor case manager interactions during worker's compensation claims impact mental health following a workplace injury?

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About me

- PhD student in epidemiology at Dalla Lana School of Public Health
- Background in mental health, epidemiology
- Started working with IWH in 2018 as a masters student, focus has been on injured worker mental health

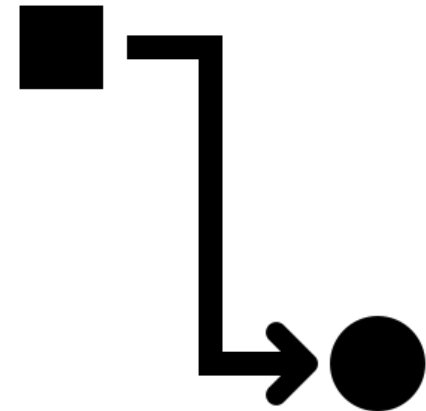
Background: mental health following work injury

- High stress, and long-term mental health problems are common
- Half of claimants in Ontario experience high levels of depressive symptoms in the first year post-injury (1)
- Can last for years post-injury and can have long-term impacts on return-to-work and recovery from injury (2)
- Worker's compensation claimants are more at risk than those who are injured but not involved in a claim (2-4)



Question: How can we improve mental health outcomes following an injury?

- First step is to understand what it is about the worker's compensation process that is negatively impacting mental health
- And, importantly, what we can do to change the worker's compensation process to reduce this negative impact?



Communications with case managers

- Case managers are the point of contact between an injured claimant and the work injury insurance board
- Responsible for communicating regarding wage replacement and other benefits, as well as return-to-work planning
- Poor experiences with case managers has been identified as a source of stress for claimants (5)



Objective

To examine the relationship between claimant perceptions of case manager interactions and experiencing a mental health problems following a physical workplace injury or illness

Australian study

- Study conducted in Victoria, Australia
- Claimants to Worksafe Victoria for musculoskeletal injury from 2014-2015
- Interviewed at baseline, 6-months and 12-months post-injury
- Found that poorer perceptions of claim agent interactions at baseline were associated with poorer mental health 6 and 12-months post-injury

Ontario Life After Work Injury Study (OLAWIS)

- Project focused broadly on measuring long-term outcomes after a workplace injury
- Funded by the Worker's Safety and Insurance Board
- Aim was to recruit 1,200 workers 18 months after their work injury
- Telephone interviews included range of personal, work and health questions

Study population

- Included **adults** (18+) who made a claim to the workplace safety and insurance board of Ontario for a **physical** injury/illness in 2017-2018
- Excluded those unable to participate in a telephone interview, those in the survivor's or serious injury program
- Interviewed **18 months following initial injury** between June 2019 and March 2020
- Almost 1000 participants



Demographics of the cohort



Just over half men



Average age 47



Nearly 4 in 5 were born in Canada



Almost two thirds back at work with at-injury employer

Case manager interactions: Scale 1: Interpersonal scale

- The case manager who I most recently spoke to...
 1. ...treated me in a polite manner
 2. ... treated me with dignity and respect

Response options = 1 (Strongly agree) to 5 (Strongly disagree)

Case manager interactions: Scale 2: Informational scale

- The case manager who I most recently spoke to...
 1. ...provided me with the information I needed
 2. ... was open and truthful in their communications with me
 3. explained the process of returning to work carefully and completely
 4. regularly communicated useful information
 5. ... understood my individual needs

Case manager interactions

- Average response taken across questions within each of the 2 scales
- For each of the 2 scales, the cohort was then categorised into 4 groups:
 1. No case manager
 2. Mean score < 2 (positive case manager interactions)
 3. Mean score 2-3 (neutral case manager interactions)
 4. Mean score 4-5 (poor case manager interactions)

Case manager interactions

	Agree or strongly agree	
	N	%
Treated me in a polite manner	759	88.3%
Treated me with dignity and respect	732	85.0%
Provided me with the information I needed	662	77.0%
Was open and truthful in their communications with me	719	84.3%
Explained the process of returning to work carefully and completely	588	69.9%
Regularly communicated useful information	546	63.6%
Understood my individual needs	582	68.1%

Note: n's and % are weighted to account for sampling approach

Case manager interactions: groupings

	Scale 2: Informational scale		Scale 1: Interpersonal scale	
	n	%	n	%
No case manager	91	9.1%	91	9.1%
Positive case manager interactions	301	30.0%	374	37.6%
Neutral case manager interactions	465	46.4%	439	44.1%
Poor case manager interactions	139	14.4%	92	9.2%

Mental health – Kessler 6-item psychological distress scale

Over past 4 weeks, how often did you feel...

- Nervous
- Hopeless
- Restless/fidgety
- Nothing could cheer you up
- Everything is an effort
- Worthless

Response options: 0 (None of the time) to 4 (All of the time)

Mental health: Summary score

- Screening scale used to identify a likely diagnosable 'serious mental illness'
- Scores of 13 or more used to indicate a likely serious mental illness
- Note on terminology: 'serious mental illness' = clinical diagnosis of a common mental health disorder eg depression, anxiety disorders

Analysis

- We compared having **neutral** and **poor** case manager interactions with having **positive** case manager interactions (the ideal scenario) for both scales (interpersonal and informational)
- Adjusted for age, gender, being born in Canada, length/complexity of claim, union membership, living with a partner and pre-injury mental illness

Relationship between case manager interactions and mental health – interpersonal scale

- Those who reported **neutral interpersonal** interactions were **2 times more likely** to experience a serious mental illness 18 months following their injury than those with **positive interactions**
- Those who reported **poor interpersonal** interactions were **3.6 times more likely** to experience a serious mental illness 18 months following their injury than those with **positive interactions**

Relationship between case manager interactions and mental health – informational scale

- Those who reported **neutral provision of information** had the **same likelihood** of experiencing a serious mental illness 18 months following their injury than those who reported **positive provision of information** from their case manager.
- Those who reported **poor provision of information** were **2.6 times more likely** to experience a serious mental illness 18 months following their injury than those who reported **positive provision of information** from their case manager.

Conclusion

- Experiencing poor WSIB case manager interactions is linked to an increased likelihood of experiencing a mental health disorder following a workplace injury

Interpersonal vs Informational scales

- Only a minority of worker's compensation claimants reported poor or neutral case manager interactions
- Poorer provision of information was more common than poorer interpersonal communication
- However, poor interpersonal communication had a bigger association with poor mental health than poor provision of information
- Ultimately, both appear to be important

Limitations/challenges

- Interviews were administered at 18 months following injury, so we only captured longer lasting mental health issues
- Focused on diagnosable mental illness, but mental health in general could also be impacted
- Which way around is the relationship? Poor mental health could make communications more challenging/relationship with case manager more strained

Worksafe Victoria (Australia) vs WSIB of Ontario (Canada)

	Agree or Strongly Agree			
	Victoria, Aus		Ontario, CA	
	N	%	N	%
Treated me in a polite manner	518	92.5%	759	88.3%
Treated me with dignity and respect	516	91.3%	732	85.0%
Provided me with the information I needed	479	85.5%	662	77.0%
Was open and truthful in their communications with me	486	89.0%	719	84.3%
Explained the process of returning to work carefully and completely	394	73.4%	588	69.9%
Regularly communicated useful information	433	79.3%	546	63.6%
Understood my individual needs	423	76.6%	582	68.1%

Impact

- While mostly positive already, there is room for improvement in case manager interactions with claimants
- Improving case manager interactions could potentially alleviate mental health symptoms for claimants
- WSIB could learn from other jurisdictions
- Options could include standardized trainings for interpersonal communication style for case managers, standardized practices for information provided and time intervals for communications

References

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