# Managing psychological injuries

A guide for rehabilitation and return to work coordinators

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# Introduction

As the rehabilitation and return to work coordinator (RRTWC), it is important that you keep in mind that the way you handle a worker's psychological injury may have a huge impact on the outcome of their recovery and return to work.

Similarly with a physical injury, it is not always the best thing for a worker with a psychological injury to stay at home until they are completely recovered. Being isolated from workmates and friends, and not taking part in meaningful work, may even worsen the symptoms of their mental illness.

This guide has been prepared to help you manage the return to work process. It provides an overview of psychological injuries that some workers may experience in their workplaces, and explains specific disorders to help you understand the factors influencing an injured worker's recovery and return to work. It also provides information to help you identify suitable duties and develop return to work plans.

If you have any questions about the guide, contact WorkCoverSA's Return to Work Advisory Service, phone 13 18 55 or email rrtwc-support@workcover.com.

## Improving return to work outcomes

The prospect for a successful recovery and return to work is greatest when the support process starts as soon as possible after an injury occurs. This may be more difficult when there is a psychological injury, however evidence shows that involving a coordinator and the employer in this process, will improve sustainable return to work outcomes, and decreases overall costs.

A coordinator in the workplace can benefit the worker by being in immediate contact to express concern for their wellbeing and offer support. As a coordinator, you can assist with identifying suitable alternative or modified duties.

Workers and employers need to work together to develop and implement best practice strategies to ensure productive workplaces. Research has shown that productivity and efficiency increase in an environment, where everyone works together constructively and believes in a positive outcome.

Effective communication with people involved in providing treatment and intervention is essential. You need to be able to liaise with clinicians (general practitioners, psychiatrists and psychologists) as well as managers, direct supervisors, external workplace rehabilitation consultants and co-workers. Good communication skills and knowledge about specific injuries, as well as duties and procedures in the workplace, are all important qualities.

Coordinators will need to communicate in a sensitive and supportive manner with the injured worker and all who are involved in that person's rehabilitation. The information, resources and checklists in this guide will assist you to do this.

## Common conditions

Psychological disorders, particularly depression and anxiety disorders, are among the most common causes of illness and injury, affecting up to one in five Australians. They incur major costs to employers through productivity loss, reduced work performance and sick leave.

Workplace management can take action to improve the impact of, and recovery from, a psychological injury. Many employers have recognised this and have implemented proactive prevention measures and early management strategies, such as wellness programs and the Employee Assistance Program (EAP).

Some employers have also facilitated training of managers and staff using the resources of national initiatives including beyondblue, the Black Dog Institute, Mental Health First Aid, and Applied Suicide Intervention Skills Training (ASIST).

The primary focus of this guide is to provide you with specific information and tools to understand and manage psychological injuries arising from work and subject to a compensation claim.

Clinical research has identified a number of personal, social, work and organisational issues collectively described as 'psychological risk factors' (as distinct from genetic and physiological risk factors). These risk factors can increase or decrease the likelihood of a person developing a disabling work-related psychological injury.

Work-related psychological injuries include:

- 'primary' psychological injuries, directly work-related, e.g. being subject to a hold-up, trauma, violence or harassment at work

- injuries that are seen as 'secondary' to a work-related physical injury, such as chronic illness or a pain condition that have led to a claim for a psychological injury (e.g. depression).

As a coordinator, you are in a good position to assist in the prevention of these injuries, or in the early rehabilitation of workers who experience them.

## What do psychological injuries look like?

A psychological injury (or mental illness) is a diagnosable illness that affects a person's thinking, emotional state and behaviour. It can disrupt their ability to work and carry out other daily activities, and to engage in satisfying personal relationships.

Unlike a physical injury, a psychological injury is not easy to recognise and understand. Often people with a psychological illness prefer not to disclose it. They are worried that their injury may provoke unnecessary concern by co-workers, or that their managers may have discriminatory ideas about psychological illness and they don't want to be treated differently.

Each person with a psychological injury will require early intervention to enable them to return to work and enjoy a normal lifestyle. Psychological illness can sometimes adversely affect a person's ability to function, including at work. However, only some of these psychological conditions are seen as arising predominantly from work. Furthermore, many people with one psychological disorder have one or more co-occurring mental or physical disorders.

**Psychological illness is real and it is treatable.**

The term 'psychological injury' covers a variety of psychological problems, including depression and anxiety disorders. Some problems may be severe enough to cause a work injury and if this is compensable the workplace will be required to assist the worker in their return to work. The most common psychological issues affecting a return to work include depression, bipolar disorders, anxiety disorders, pain disorder, post traumatic stress disorder and adjustment disorders.

The following background information will help you understand clinical symptoms and treatment of specific disorders.

"**Psychological illness is real and it is treatable.**"

## Depression

This describes both a type of mental disorder and its symptoms. This includes strong feelings of sadness, loss, despair, guilt, anger, shame, fatigue and loss of pleasure. Depression can be a risk factor for chronic pain. Chronic pain may lead to future depression. Substance misuse and additional mental issues including suicidal tendancies are common, and may hinder recovery.

### Prevalence
It is estimated that each year, about six per cent of Australians are considered to be experiencing a depressive disorder.

### How do you recognise depression in the workplace?
People who are depressed generally show symptoms of:

- low energy levels

- problems with concentration

- low levels of motivation

- disturbed sleep patterns, which manifests as tiredness and fatigue

- social withdrawal

- irritability

- difficulty in making decisions.

### Duration
Depending on the severity of the disorder, depression may last months or years, and may recur.

Additional information can be found on these websites:

- beyondblue at: www.beyondblue.org

- Mental Health First Aid at: www.mhfa.com.au.

## Anxiety disorders

Anxiety disorders encompass a number of conditions, including panic attacks and post traumatic stress disorder (PTSD). PTSD is described in more detail in the following related section.

When anxiety disorders are not recognised and managed, they are associated with poor work injury rehabilitation outcomes and with co-occurrence of physical difficulties, including chronic pain. Substance misuse and additional psychological issues are common, which can hinder recovery.

### Prevalence
In Australia, it is estimated that 14 per cent of the population experience an anxiety condition each year and is more common in females than males.

### How do you recognise anxiety orders in the workplace?
People who are experiencing anxiety disorders generally show symptoms of:

- problems with concentration

- irritability

- physical tension

- apprehension

- vigilance or avoidance of feared situations, people or work tasks

- disturbed sleep

- poor performance

- occasional angry outbursts.

### Duration
Depending on the severity and type of disorder, this injury may last months, years or recur later in the person's life.

Additional information may be found on the Clinical Research Unit for Anxiety and Depression website at: www.crufad.com.

## Post traumatic stress disorder (PTSD)

This describes a specific set of symptoms which follow exposure to one or a number of traumatic events (although this can be depression rather than PTSD). PTSD is often associated with pain problems, particularly where the injury was traumatic or potentially catastrophic.

### Prevalence
An average of six per cent of Australians are diagnosed with PTSD each year.

### How do you recognise it in the workplace?
People who are experiencing PTSD generally show symptoms of:

- hyper-vigilance which is an enhanced state of sensory sensitivity, accompanied by an exaggerated intensity of behaviours to detect threats. Hyper-vigilance is also accompanied by a state of increased anxiety which can cause exhaustion.

- high arousal

- tension

- being easily startled

- problems with concentration

- the effect of disturbed sleep due to nightmares

- avoidance of feared situations, people or work tasks which may remind them of the traumatic event

- lower work performance

- making mistakes

- irritability and/or aggression

- anger outbursts.

Substance and alcohol misuse, and additional mental health issues, are common and can complicate recovery.

### Duration
The best outcome depends on how soon the symptoms develop after the trauma and how quickly the worker is diagnosed and treated.

### Adjustment disorders

These disorders include psychological difficulties that are not classified as mental illness, which may affect returning to work. Normally the difficulties resolve themselves once the mental trigger ceases.

**Prevalence**
The estimated number of sufferers varies from five to 10 per cent in the general population. However, many people with work related psychological injuries, including those with chronic pain, are diagnosed with an adjustment disorder.

**How do you recognise it in the workplace?**
People who are suffering adjustment disorders generally show symptoms of:

- low energy levels

- problems with concentration

- low motivation and/or poor performance

- disturbed sleep patterns which manifest as tiredness and fatigue

- social withdrawal

- irritability

- difficulty making decisions

- physical tension

- apprehension

- vigilance or avoidance of feared situations, people or work tasks

- occasional angry outbursts.

**Duration**
This is generally limited to weeks, however if the cause is chronic and unresolved it may last longer than six months and develop into depression and/or anxiety.

### Pain disorder

Injured workers, who have significant pain problems that have both a physical and psychological component, may be diagnosed as experiencing a pain disorder. Other information regarding psychological issues, such as that covered in the section below 'Treatment strategies and providers', is more relevant to matching work capacity to work duties.

A number of additional difficulties or psychological issues may complicate the successful return to work for someone experiencing pain disorder. Substance dependence, sleep difficulties and the presence of other mental or physical disorders is very common.

**Prevalence**
Generally speaking, chronic pain sufferers would, at some stage during the term of their injury, experience and be diagnosed as experiencing pain disorder.

**How do you recognise pain disorder in the workplace?**
People who are experiencing pain disorder generally show symptoms of:

- fear of pain aggravation

- fear to undertake work tasks or use equipment and procedures

- problems with concentration

- tiredness following poor sleep

- muscle tension

- deconditioning

- poor posture

- increased medication usage.

**Duration**
This condition has the propensity to last months or even years, depending on the severity of the pain and related psychological issues.

# Causes of psychological disorders in the workplace

Generally speaking, there may be multiple work-related causes including:

- exposure to trauma or violence at work

- harassment

- bullying

- excessive workload

- work environment

- problematic organisational and management systems or approaches.

Furthermore, individuals vary in their perceptions of stressful situations and in their psychological and physiological reactions. For example, only some people will develop PTSD when exposed to the same trauma.

# Treatment strategies and providers

Although **you are not a medical expert**, you need to be aware of how the treatment of psychological injuries is usually managed by the treatment providers.

Treatment providers include:

- treating general practitioners (usually the family doctor)

- psychologists

- psychiatrists

- other professional clinicians.

Evidence-based treatment usually includes:

- medication

- psychological treatment comprising a version of the cognitive behaviour treatment (CBT).

Research also indicates that while diagnosis and treatment, such as medication and cognitive behaviour treatment, are crucial, they rarely provide sufficient information for workplace rehabilitation and management.

It is critical to supplement clinical intervention with information about the workplace, which you as the coordinator, can provide. Workplace intervention and appropriate accommodation (making suitable adjustments) will greatly enhance the treatment and rehabilitation for a psychological disorder. To achieve this, accurate and timely communication between the treatment providers and relevant people in the workplace, is essential.

You are well-placed to facilitate effective communication flow about workplace accommodation and act within the workplace to ensure that medical and psychological recommendations are followed through.

# How can you help as coordinator?

The Australian Human Rights Commission (AHRC) has published a document entitled *Workers with a mental illness: A practical guide for managers*. It outlines a number of practical ways in which you, as the coordinator, in conjunction with your managers and team leaders, can assist someone in your workplace who has a compensable mental illness.

The following six facts are published in the AHRC guide, and have been reproduced on this page to help you better understand mental illness.

## Fact 1: People with mental illness can and do work.

People with mental illness successfully work within all industries and businesses. Some people disclose their mental illness and some do not. People with mental illness can succeed like any other worker in the workplace.

## Fact 2: Mental illness is treatable.

Mental illness can be treated. This means that people who have mental illness, and are being treated, recover well or even completely. However, because there are many different factors contributing to the development of each illness, it can sometimes be difficult to predict how, when or to what degree someone is going to get better.

## Fact 3: The vast majority of people with mental illness are not dangerous.

It is far more likely that people with mental illness are victims of violence rather than being violent themselves. Only a small number of people with a mental illness are violent and this may occur if someone is experiencing an untreated psychotic episode. This behaviour can be managed with the correct treatment.

## Fact 4: People with mental illness live and work in our communities.

People with mental illness live and work in our communities. The majority of people manage their illness without it impacting on their home and work life, whilst others may require support to minimise its impact.

## Fact 5: People with mental illness have the same mental capacity as anyone else.

Having mental illness does not necessarily imply loss of intellectual functioning. In some cases, symptoms and medications associated with mental illness, may affect a person's ability to concentrate, process or remember information.

## Fact 6: People with schizophrenia do not have multiple personalities.

People with schizophrenia experience changes in their mental functioning, whereby thoughts and perceptions become distorted and are often 'split' from reality. Schizophrenia is not about having 'split or multiple personalities' as is often portrayed in the community.

As a coordinator, you are responsible for helping supervisors and managers to identify and arrange workplace accommodation and suitable employment for injured workers at your workplace. You need to ensure that reasonable adjustments are made to the workplace to enable the worker to perform their duties safely and effectively.

# Reasonable adjustments to the workplace

If you need to make any adjustments to the workplace to accommodate a worker's psychological injury and mitigate risks, you should enlist the support of the worker's manager and supervisor to consider the following workplace arrangements together.

**Flexible working options**

- varied start and finish times
- working from home
- working part-time
- additional sick leave
- offering a variety of tasks
- offering a quieter location in which to work
- sharing responsibilities or tasks.

**Assisting with concentration and remembering**

- writing or emailing instructions to the worker rather than just telling them
- colour coding or highlighting important tasks that need prioritising
- using diagrams to assist the worker to remember and process information
- providing a diary to manage deadlines
- nominating a 'buddy' for the worker for those times you are unavailable
- allowing extra time to complete tasks
- allowing short breaks more frequently
- allowing the worker to listen to music using an MP3 player to minimise distractions
- providing access to an external provider (e.g. Employee Assistance Program).

**Assisting with planning tasks**

- developing a written plan with the worker that features achievable tasks
- providing a checklist of tasks that need completion
- reminding the worker, sensitively, about deadlines.

**Assisting with physical symptoms (pain and fatigue)**

- providing flexible working hours
- providing training for the worker about accessible computer functions such as enlarged print options, if blurred vision is a problem
- providing short breaks
- structuring their working hours around the time of day that they are the most productive
- allowing the worker to have input into the work roster

- encouraging the worker to arrange medical appointments on the quiet days of the week
- providing cab vouchers to enable the worker to get to and from medical appointments efficiently.

**Assisting with emotions**

- avoiding being drawn into arguments
- reminding the worker of the basic workplace rules of behaviour and treating everyone with respect
- encouraging the worker to walk away from stressful situations
- providing encouragement when the worker handles a situation well
- allowing the worker to telephone external support people during work time
- taking immediate action if you are worried a worker is in danger of hurting themselves or others.

# Where to call for help

| Immediate assistance | |
|---|---|
| Police | 000 |
| Local hospital | Psychiatric emergency team |
| Telephone counselling | |
| Lifeline | 13 11 14 |
| Suicide call back service | 1300 659 467 |
| Kids Helpline | 1800 551 800 |
| Mensline Australia | 1300 789 978 |
| Information and referral | |
| beyondblue | 1300 224 636 |
| SANE Australia | 1800 187 263 |

You may not need to use all of the strategies listed above. The best thing to do is engage the worker and ask them what arrangements they would like made in the workplace to support them. Try to work out adjustments that are reasonable to both the employer and the worker that will be approved by the treatment/medical providers.

It is important to ensure that the workplace is safe and supportive for all workers, for those who are experiencing a work-related injury as well as for those who aren't. The manager has a duty of care to take any action to prevent risk of harm to workers.

# Managing risk factors

The following steps will provide you with useful strategies for the effective management of psychological risk factors.

1. Have a good look at your workplace and see if you can identify any potential psychosocial health risk factors.

2. Encourage your manager to implement prevention and early management strategies to minimise the impact of any identified risk factors. In companies where staff are at risk of violence from customers or exposure to traumatic situations (for example, the hospitality industry and emergency services). Management can implement specific training, support services and post incident services, such as psychological first aid and trauma counselling, to prevent the development of a disabling psychological disorder such as PTSD.

3. Prevention, support and education programs have been shown to lessen the impact on employees of adverse situations and may serve to improve employee resilience and coping strategies.

4. Even if your workplace is not in one of the 'high risk' occupations, it is appropriate for you to encourage management to incorporate additional and specific policies and practical procedures to manage the work-related impact of psychological illness.

5. Ensure that work policies stress zero tolerance to bullying and harassment in the workplace, and that the consequences of that behaviour are clearly explained.

6. Some of the ways you can improve your workplace and help prevent development of psychological injuries are by training line managers and staff and developing explicit and well publicised internal policies which will provide caring support and staff wellness programs.

7. Ensure that all staff understand and have ready-access to services, such as the Employee Assistance Program (EAP) and on or off-site occupational health support, to help reduce the incidence or duration of work-related psychological difficulties.

8. Ensure that all your policies are reviewed regularly to identify areas for improvement.

Studies have shown that problems within the workplace, such as management style, heavy workload, poor work life balance, workplace harassment and poor job matching, can contribute to negative stress and symptoms of distress.

# Early identification – what to look for, what to do

**Early indicators**
Prevention is the most effective management tool. This should include a risk identification assessment and a management plan, including referral to effective treatment and rehabilitation intervention, to assist with returning to work.

You may need to watch for the following early indicators of a worker who is having psychological difficulties:

- acts out of character
- is late and frequently absent
- has decreased productivity despite working the same or longer hours
- displays reduced quality in their work
- misses job deadlines
- has concentration and memory problems
- looks tired, fatigued, unhappy and is easily brought to tears
- is irritable and easily provoked

- withdraws from social functions, conversations, meetings and/or the lunchroom
- has frequent toilet breaks and may spend excessive time there
- loses interest in previously-liked work activities and work in general.

**Approach, assess and assist**
Engaging in non-judgemental communication is one of the most effective ways to approach a work colleague who you know is suffering from a psychological illness. Do not ignore the signs. You should express your concerns confidentially to the worker's line manager so they can approach the worker sooner rather than later. A caring, open approach by the line manager has been shown to be effective.

The best time for the manager to approach the worker is during or after a performance review, especially if they have been counselled because they are displaying one, or more, of the early indicators listed above. The manager can focus on performance issues, using a supportive and helpful manner. These signs may also first be detected during performance counselling.

The following suggestions may be helpful during discussions with the injured worker:

- Be specific regarding performance issues.
- Discuss performance issues in a positive and helpful way.
- If you realise that the injured worker shows signs of mental illness, do not continue with the performance counselling.
- Make helpful and practical suggestions e.g. see the doctor or prepare an EAP.
- Effectively manage the impact of stigma, co-worker curiosity and inappropriate behaviour by staff.

- Address work-related causes of distress with practical solutions and offer suitable work adjustments to help the worker.

- Remember that confidentiality is of the utmost importance. Your worker will trust you if you maintain confidentiality at all times. Do not ever be tempted to discuss the injured worker's issues with anyone else unless you have the worker's permission.

- Seek agreement with the worker for obtaining relevant information to assist in their return to work and suitable adjustments e.g. speaking to the worker's treating general practitioner. You can ask the worker to sign an authority for you to speak to their treating doctor and to give to their doctor at their first visit. Explain to the worker that you may need to speak with their doctor from time to time to discuss suitable and/or modified duties that will help them return to work as early as possible.

- Provide support that doesn't have to be complicated.

**Important points:**

- contact the injured worker and discuss their issues

- leave it to the professional clinicians to assist the injured worker to find a solution

- only make promises you can keep

- never trivialise the injured worker's experience.

- never blame or judge the worker, and

- never tell them to 'cheer up' or 'snap out of it'. This is possibly the worst thing you can say to them. It shows a lack of understanding of what they are experiencing. It is the equivalent of telling someone with a broken leg to heal themselves.

The stigma surrounding psychological injury is caused by fear, discrimination, prejudice and ignorance. This thinking will eventually be eradicated by educating staff about psychological injuries in the workplace. You can obtain affirmative posters to place around the workplace, from beyondblue or other organisations that provide education about psychological issues.

**Develop an action plan**

Once you have gained the worker's trust and confidence you will be able to work together to develop a specific action plan which is tailored to the worker's needs. The return to work plan should include:

- agreed and realistic goals

- steps to achieve those goals

- each person's role in the plan

- the relevant permissions for communication

- strategies to manage each step of the graduated return to work

- review periods.

If the worker is absent from work for a while, you should maintain helpful and respectful contact.

Support the worker when they return to work. They may lack confidence after an extended absence and are likely to be apprehensive about their reception from other staff. So it is important for you to be sensitive to their feelings.

If modified duties are to be undertaken by the worker, ensure that co-workers do not complain about this to the worker. Try to find an on-site 'buddy', if appropriate, to look after the returning worker.

Reassure the worker of their ongoing employment and future career path.

**Remember: psychological injuries are the same as any other injury – they will take a while to heal, just as other injuries do.**

# Helping people affected by trauma

There is no standard recipe for how people cope with trauma. Each person has their own unique way of recovering. They should be supported by implementing strategies and resources that will suit them, and that are readily available.

Remember, **you are not their therapist**. Do not force the person to tell their story, but you can encourage them to talk about their situation if they want to do so.

Initial assistance after a traumatic event should involve practical and emotional support, provision of information and ongoing monitoring tailored to individual needs. This is sometimes referred to as psychological first aid. Health practitioners should encourage people affected by a traumatic event to seek the support of family, friends and community groups.

## When should the worker seek professional help?

They may not want to do this straight away but if and when the injured worker expresses a need or desire to seek professional help, which may include the services of an EAP, then they should be encouraged and supported to do so.

## What is psychological first aid?

Immediately after a traumatic incident, psychological first aid can be provided by experienced practitioners who should monitor the worker's mental state and provide tailored support. This includes attending to the worker's practical needs and encouraging them to use existing coping strategies and social supports.

## How do you deal with the stigma of a claim?

It may become apparent that when a worker is diagnosed with a psychological injury they won't want to talk about it because of the perceived stigma attached to psychological issues. You must ensure that you do not treat these workers differently to those with physical injuries. It is especially important for you to be vigilant for signs of problems being caused by their co-workers and managers.

If the injured worker is to make an early return to work, then you must ensure that others in the workplace do not hinder this process and the worker's recovery, due to a lack of understanding of the injury.

Speak to workers about psychological issues before a psychological injury can occur to ensure they are knowledgeable about the level of support required to help co-workers injured in this manner.

## Further information

If you have any questions about your role as a RRTWC or the role of your employer in the return to work process, you can visit WorkCover's website www.workcover.com.

As well as monitoring and enforcing employers' legal obligations with regard to an injured worker's return to work, the service aims to build employers' awareness and provide them with support for understanding these obligations. It also promotes effective occupational rehabilitation of injured workers that leads to an early and sustained safe return to work.

WorkCover's website has a section dedicated to outlining employers' responsibilities and the benefits of appointing a coordinator. This information is available at **www.workcover.com**.

WorkCover has several publications to help employers and coordinators understand the requirements of their role.

Employers and injured workers can contact their case manager to obtain further information and assistance for injury management and returning to work. If you have any questions about the role of the case manager, contact your claims agent.

To help reduce work injuries, SafeWork SA has produced an information kit that provides employers with practical fact sheets to help them develop and implement OHS&W policies and procedures in their workplace  The kit is entitled 'Serious about safe business' and can be downloaded from the SafeWork website at **www.safework.sa.gov.au**.

For more information about psychological illness, please refer to the helpful websites listed right.

## Helpful websites

Australian Centre for Post-traumatic Mental Health (2007) Australian guidelines for the treatment of adults with acute stress disorder and post-traumatic stress disorder **www.acpmh.unimelb.edu.au**

Australian Human Rights Commission (2010) Workers with mental illness: a practical guide for managers **www.hreoc.gov.au**

beyondblue: the national depression initiative (2011) **www.beyondblue.org**

Clinical Research Unit for Anxiety and Depression (n.d.) **www.crufad.com**

Rogers Media (n.d.), Mental health: a workplace guide **www.desjardinslifeinsurance.com**

WorkCoverSA and Safework SA (2010) Preventing workplace bullying: A practical guide for employers **www.stopbullyingsa.com.au**

WorkCoverSA **www.workcover.com**

# Glossary

### ASIST

Applied Suicide Intervention Skills Training aims to enhance a care-giver's abilities to help a person at risk to prevent suicide. It is a two-day program that provides training for participants about assisting suicidal people, until professional assistance arrives. Participants learn how to recognise the symptoms and to respond in ways that will increase that person's immediate safety to help them secure further assistance.

### Beyondblue: the national depression initiative

Beyondblue is a not-for-profit organisation that addresses issues associated with depression, anxiety and related substance misuse disorders in Australia. Their website offers a range of resources and fact sheets for employers, managers, families and the community. They also provide a workplace training program for managers and employees.

### Black Dog Institute

The institute specialises in mood disorders including depression and bipolar disorder (formerly called 'manic depression'). It provides education and training, and clinical assistance for health professionals, conducts research and has a community-oriented range of resources. The institute is based at the Prince of Wales Hospital in Sydney and is affiliated with the University of New South Wales.

### Cognitive Behaviour Treatment (CBT)

CBT is treatment that is applied to both pain-related psychological difficulties and other work-related psychological injuries. It involves structured techniques to become aware of, and change, unhelpful thought and behaviour patterns, and offers techniques and education to help manage the symptoms.

### Case manager

A case manager is employed by WorkCover's claims agents or a self-insured employer to work directly with injured workers and their employers to manage workers' rehabilitation and compensation matters.

### Compensable injury

This is an injury that arises through employment for which the affected worker is receiving workers compensation.

### Employee Assistance Program (EAP)

The EAP is a confidential assistance program available to all staff to access short term mental health and occupational related support, irrespective of the cause. The program is conducted confidentially and EAP providers can assist with specific treatment, referral, support strategies, skills training and advice to improve work related situations. To be successful, the EAP process must be explicit, have full and proven management support, be well-recognised by line managers and publicised to all staff.

### Injured worker

This is a worker who has sustained a workplace injury or illness and who may need medical treatment, assistance with returning to work and skills to manage the compensation process.

### Kids Helpline

This is a counselling service for children and young people aged between five and 25 years.
**www.kidshelpline.com.au**

### Lifeline

A national 24 hour telephone counselling service available to anyone who requires support, information and referral to relevant support services. Lifeline provides access to crisis support, suicide prevention and mental health support services.
**www.lifeline.org.au**

### Mensline Australia

A national 24 hour telephone support, information and referral service for men with family and relationship concerns.
**www.mensline.org.au**

### Rehabilitation and return to work coordinator

Coordinators must be employed by organisations with 30 or more workers to help manage injury and illness in the workplace and facilitate recovery and return to work. Coordinators must have completed their return to work coordinator training with a WorkCover approved training provider. Their role is to support and coordinate the return to work of an injured worker.

## SANE Australia

A national charity that undertakes campaigns, education and research which helps to provide a better life for people affected by mental illness. The organisation offers an online and telephone helpline, online fact sheets, print and multimedia resources, with specific information for employers, managers, co-workers and employees with mental illness. Workplace education and training are also available. **www.sane.org.au**

## Treating practitioner

This could be a doctor, psychiatrist, psychologist, physiotherapist, or any treating medical professional. They prescribe appropriate treatment for the injured worker and with the worker's consent, communicate with the case manager. They should provide the case manager and the injured worker with clear direction for rehabilitation, duration of treatment and work capacities. They may even visit the workplace, if necessary, to give advice about the tasks that can be undertaken by the injured worker.