

OH CRAP! A CHRONIC MENTAL STRESS CLAIM JUST CAME IN

by Liz Horvath and Denise Ropp

Imagine yourself arriving at your workplace. You walk in, saying hello to people along the way to your office. You stop to talk with a worker who recently returned to work after a workplace injury. Things are going relatively well. You let her know that you will follow up with her next week. You get to your office, set your stuff down and settle into your chair. After you take a few minutes to ground yourself to deal with whatever lies ahead, you listen to your voice messages. Pretty routine, some absences to follow up on, requests for information from WSIB and the company's insurance provider, an employee calling back to talk about his claim. Then you get it. The call that puts your day into a spin. One of your employees (let's call him Michael) is off on stress leave. His wife left the message, and she was very nasty about it. She said he is off under doctor's orders and it's because of work. She said that her husband has complained about the stress for a long time and the company did nothing about it. She said she will bring the doctor's note in to you later today. She said not to call Michael because he is too stressed out to talk to anyone from the company.

You think, "Oh crap! This is going to be a hard one."

What happens next and your success in managing the claim and helping Michael return to work early and safe depends entirely upon how well prepared you and the organization are for dealing with mental stress in the workplace. This will be a positive and empowering experience, or it will be a struggle that is stressful in its own right, and that could exacerbate

Michael's symptoms.

In this article, we give you practical advice to help you create a positive and empowering experience.

The Magic Key - Trust

Since Michael is claiming that the stress is because of the workplace and it's been going on for a long time, he may be entitled to lost time and health care benefits from the Workplace Safety and Insurance Board under the Mental Stress Injuries Program's Chronic Mental Stress Policy #15-.3-14. That also means that the employer has a responsibility to report it to the WSIB within three days since learning about it.

It's so important to understand what happened that brought Michael to this point, whether he is truly disabled or could be accommodated with modified work, whether he is willing and able to work, and what can be done to address the workplace stressor(s) so that you are not bringing him back into a situation that could be hazardous for him.

The WSIB criteria for entitlement for chronic stress includes three main criteria:

1. There must be a diagnosis of mental illness in accordance

How well your organization has prepared for managing mental stress in the workplace will determine your success in managing the claim and helping the worker.

with the Diagnostic and Statistical Manual for Mental Disorders (DSM) from a qualified health care provider;

2. There must be one or more substantial work-related stressors involved; and
3. There must be standard proof of causation that satisfies the WSIB decision-maker, on a balance of probabilities, that the substantial work-related stressor:
 - a. Arose out of and in the course of employment and
 - b. Was the predominant cause of the mental injury.

All three criteria must be met for Michael to receive WSIB benefits. Remember, if the proof is about equal, the WSIB will rule in favor of the worker.

If the WSIB decides that Michael is not entitled to benefits, he may be entitled to benefits through your organization's health benefits provider, if applicable. If the organization doesn't have a health benefits provider, Michael may need to go on Employment Insurance Sickness Benefits. He also has the option to appeal the WSIB's decision.

Even though Michael's wife made it clear not to contact him, you need to get the full story,

so you can help Michael get the support he needs and to deal appropriately with the work-related stressor.

If your organization is well prepared, you will already know what stakeholders are involved, what questions to ask, what forms to use, and what process to follow. If not, Michael and his wife may not trust in your intentions and they may not open up to you, and you may have significant difficulty getting Michael's health care provider to cooperate and provide the information you need.

For the purposes of this article, we are assuming that Michael is making his claim in good faith. Therefore, we are not addressing a situation where the employer feels compelled to fight the claim.

Even if, as an occupational health nurse (OHN), you put in a denial of claim, it is important to keep in mind that managing Michael and his needs and managing the claim are two very separate things. However, what you do on a case management level directly affects the outcome of the claim.

Gaining Trust

Although the WSIB uses specific criteria to decide on the claim, that should not be your focus if you want to be successful in managing this claim. You must genuinely treat Michael first and foremost as a person, not a claim or a company asset. You must set aside any preconceived notions about what you think of Michael or what others think of him, so you can truly listen and communicate with good intentions, without judgment, especially if Michael has a pre-existing or underlying mental illness or suffers from chronic disease or chronic pain. Even more so if people think of Michael as a difficult or toxic employee. There is a delicate balance between

treating Michael as a person and meeting the needs of the company to get Michael back to work. The moment Michael, his wife or his health care provider sense that you are judging him or blaming him – they will shut down, withdraw and no one is served. The trust level of others in the company will also be affected as they witness how the situation is handled. The impact can go far beyond Michael's case.

Before you begin asking questions, it is advisable to have a strategy. Most people are afraid of asking the wrong questions, saying the wrong thing. Many are unaware that they can ask questions and request additional information even if the worker is unwilling to talk to the company at the time. It takes using the right approach. Ideally, your organization will have developed a strategy and system that helps you ask the right questions using appropriate methods that are acceptable to the key stakeholders, in particular, the organization and workers' representatives (e.g. union, joint health and safety committee). The system should include policies, procedures and forms to guide you and others involved through the process smoothly.

First – understand that chronic stress causes mental injury

Chronic stress is so common in our society, yet it is so misunderstood. We wear it like a badge of honor and we look down on others and ourselves if we "can't handle it", driving the stigma that prevents people from seeking help to prevent mental injury and to recover from it. Acknowledging this is the first step to creating trust. The second step is understanding how chronic stress causes disability, so you can have informed discussions about Michael's prognosis for recovery (not his diagnosis) and take action to help Michael

receive treatment or services to help him cope and heal, including identifying anything the company can do to help (e.g. access to mental health services, EAP, community resources, peer support).

There may be changes needed in the organization itself as well. These changes may include corrective actions to specifically address substantial work-related stressors, and education, training or coaching to help those in leadership roles better understand how to manage the work in a psychologically healthy and safe manner and how to respond appropriately when a worker reports concerns or shows signs and symptoms of chronic stress.

Second – get the story

What is it about the workplace that has stressed Michael to the point of claiming disability. In particular, is workplace harassment, bullying or violence a factor? This will take some skill and patience. Here are some suggestions. You really do need to be sensitive to each situation.

- Contact Michael and simply let him know you are concerned and that you would like to talk to him to find out what happened. Be honest and let him know you have documentation you need to fill out to get the claim going so things are not unnecessarily delayed.
- Michael may or may not be willing to talk at the time. If he isn't, don't push it.
- You may be able to communicate with his wife. This does not mean you talking about his employment, rather you are asking the right questions and listening. She will likely be very upset about the situation. In a private setting, simply ask what happened and listen. Let her tell the story. She might vent; she might cry; she might shout. She might accuse people in

the company of things. She might demand action. Hold the space. Don't interject or judge. Don't take sides. Don't offer your opinion. Don't promise anything. Let her finish, then go over the story with her to ensure you got what she said right.

- Talk to Michael's supervisor, co-workers and worker representative – separately. Again, no judging, no opinions, no promises. You may want to engage the help of HR or your company's health and safety specialist.
- If the claim has already gone to WSIB or the health benefits provider, talk to the case manager to find out what was said about the workplace.

The point is to get the story as completely as possible so that the company can take appropriate action on any work-related stressors. You cannot expect Michael to return to a situation that caused or contributed to mental injury.

As an OHN, you are in a unique position to help members of the organization – HR, Health and Safety, union or worker's representative, and the worker's supervisor – work together to address the issue. (Remember this situation didn't arise on its own – there was a group of factors that lead to the incident - what are they?)

Managing the Claim and Return to Work

Make sure that the appropriate forms are submitted to the WSIB. This is a legal duty but looking at it from a compassionate view of helping Michael access the benefits that he is entitled to is more effective. If there is concern about whether the WSIB might deny the claim, or there could be a significant delay in receiving a decision, this could add stress to an already stressful situa-

tion and hinder Michael's recovery and return to work. Helping Michael to submit a claim for health benefits under your company's health care plan will help. If the claim for WSIB benefits is approved, they will reconcile with the plan provider. This goes a long way in helping employees gain trust.

Determine if Michael can perform the essential duties of his job, with or without modification. This requires requesting information from Michael and his health care provider about his functional abilities and limitations, his triggers and his support needs and comparing them to the physical and psychological job demands.

It's best to use an integrated functional abilities and limitations form (FAF), since the CMS8 that the WSIB provides for the health care provider is quite vague and does not provide the health care provider with any information about the company's ability to accommodate their patient. You will need to get the worker's written consent.

If your company doesn't have an integrated FAF, you might send a simple letter to Michael asking him to give it to his health care provider asking for the following information:

1. What are the patient's physical and psychological abilities and limitations?
2. What circumstances could trigger an episode or decline in his condition?
3. List the essential physical and psychological duties of Michael's job and ask if he can perform them?

Again, this is only going to work if the workplace stressor has been addressed appropriately. Do not expect to bring a worker back into a situation that involves workplace bullying, harassment or violence

or to a situation where the workload is too much for him to handle upon his return.

Once you have the information back, then compare the information to the physical and psychological job demands. He may need a graduated return to work. Can modifications be made to the job, the work environment or the workplace to accommodate Michael's abilities, limitations and support needs? There are some good suggestions on workplacesstrategiesformentalhealth.com.

Coping and Resilience

When a person has suffered a mental injury, especially from chronic stress, their resiliency will have been diminished. His own stress from outside the workplace may also factor in.

Resiliency can be rejuvenated again to provide wellsprings of energy. Providing some help for improving coping skills can help with return to work and return to full duty.

Checklist for an effective system for managing chronic stress claims

1. A method for identification of substantial work-related stressors.
2. A method for assessing and determining how to reduce the risk of mental harm to workers from substantial work-related stressors.
3. Clear policies and procedures for reporting concerns about mental stress in the workplace.
4. Training for managers and supervisors on how to prevent mental injury and disability from mental stress in the workplace, including how to respond to employee concerns or complaints.
5. Physical and psychological job demands have been analyzed.
6. Guidelines on how to get the

story.

7. A method for requesting psychological functional abilities and limitations from the worker's health care provider.
8. A method for reviewing information received from the doctor with the job demands.
9. A clear list of potential modifications to the job, workplace or environment.
10. Documentation for planning and tracking progress on return to work and return to full duty.

Returning to Work

Just as in a return to work program with physical injuries there must be a comprehensive plan that helps Michael return to work early and safe. Plan for the return and follow up with Michael and his

health care provider to ensure that the plan and the resources put in place are working to create the safe return to full regular duties.

Planning for the return to work with the team members and co-workers will help to ensure that they are all working together to create a workspace where all are experiencing mental health and resilience.

Liz Horvath (ehorvath@halehealthand-safety.com) is President and Founder of HALE Health & Safety Solutions Ltd. She is a Psychological Health and Safety Consultant, Trainer and Coach who brings over 20 years' experience in occupational health and safety and workplace mental health combined with experience in disability and claims management. She is known for navigating complex and controversial issues in health and safety, making them easier to understand and helping clients see a clear path forward. Liz has worked

with all levels of leadership throughout her career, helping them to significantly reduce their incidents and claims costs, while improving their business results.

Denise Ropp (drhealthsolutions@gmail.com) is Founder and President of DR Health Solutions. Denise has been an active consultant in the North American health and wellness industries since 1990. A retired nurse, today she continues to provide effective solutions to clients that are industry leading. Her passion for wellness has made her a sought-after consultant and speaker in health wellness. She has over 25 years' experience in the provision of custom solutions for businesses and individuals to enhance the engagement of their employees leading to high levels of participation.

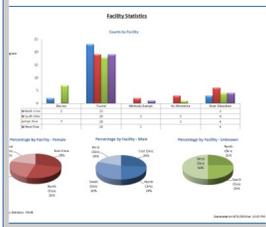
New SIMON & SIMON Web Forms

Parklane has just released an updated, even more user-friendly version of this popular software.

This year, eliminate data entry, provide accurate statistics, and go paperless with online consent forms. Whether you're managing an outbreak or with preventative measures like flu campaigns Parklane's SIMON module has you covered!

Facility and Month	East Clinic	West Clinic	North Clinic	South Clinic	Other
East Clinic	1	2	3	4	5
West Clinic	2	3	4	5	6
North Clinic	3	4	5	6	7
South Clinic	4	5	6	7	8
Other	5	6	7	8	9
Total	15	16	17	18	19

Accurate and up-to-the-minute statistics



- Step by step web form and program creation from one area in the SIMON module.
- Webform is automatically created and linked to SIMON
- Easy-add form questions.
- SIMON will remember lot numbers for you - reducing errors.
- Sign using signature pad, mouse or stylus (on a tablet).
- Date and time for signatures are automatically populated when signature is complete.
- Search clients by name or scan ID badges.
- Can't find a person in the system? Enter non-staff demographics on the go.
- Submitting consent form automatically creates a record in SIMON and in Recall.
- A PDF copy of the consent form is automatically filed in the employee's Document Links in SIMON

No paper required on your traveling flu clinics



www.parklanesys.com
519-657-3386
information@parklanesys.com



parklane
SYSTEMS

Contact us at information@parklanesys.com for a visual demonstration of the new features in SIMON.



Parklane Systems - Leading Occupational Health and Safety Software providers in Canada since 1987