Workers' Comp

Strong networks in conjunction with a solid care model provide pathways to address injured worker mental-health challenges

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As featured on the workcompwire.com blog, this piece was contributed by Kate Farley-Agee, Vice President, Networks Products, Coventry. Kate has over 20 years' experience in the healthcare industry with an emphasis in network development and leadership as well as being a contributing author to Coventry's blog, The Sounding Board.

Mental-health challenges present numerous hurdles for injured workers even in "normal" times. Now, because of the extraordinary fallout from the pandemic, it's imperative to ensure that injured workers obtain access to high-quality mental-health assistance when it's needed.

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.

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.

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.

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.

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.

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.

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.



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