RETAIN | Retaining Employment and Talent After Injury/Illness Network

# Community of Practice – “Live” Notes

**Topic: The Impact of Mental Health in SAW/RTW**

**SME: Dr. Latha Brubaker, MD**

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A “Welcome to RETAIN TA session” and introductions by RETAIN Participants started off the session. The opening question was posed by facilitator, Mona Kilany:

**Within your RETAIN projects, how have mental health or previous injury experiences been barriers to successful return to work and stay at work experience?**

## RETAIN participants responded to the question as follows:

- Mental health and return to work go hand in hand with each other whereas you kind of work with the injury experiences and then the depression, the anxiety, and whether it is being out of work or returning to work. It's a different treatment mode that you have to go in and maybe refer out to and be aware of those things when you are speaking to somebody on the phone.

- For our participants, mental health has really been a key factor in how well they seem to recover and whether they want to go back to work. Many participants have not been able to return to their prior job because of their injury or other situations going on that made them have to switch employment. So, the stress that goes with not having a job has had a huge impact on how well our folks do. I would also say that when the people who were the most successful were the people who were best able to manage that sort of stuff themselves. Some individuals seek mental health support in the community or connect to nurse navigators in the medical system. Nurse navigators have worked with our participants often because of the depression that folks are experiencing and being out of work. They are able to work with people, keep their optimism, and if needed, then would refer them to the mental health services. Overall, many participants seem to have mental health challenges as a secondary condition.

- We’ve been doing quite a bit with folks who because they feel they've had an injury or they've been laid off, and because of the pandemic, they actually have underlying mental health issues and anxiety that are bubbling up. We try to get people connected with natural resources and professional mental health resources, which is a definite challenge to coincide with our processes.

- The problem we've run into has been with some of the individuals that have sustained traumatic brain injuries and the consequences, which becomes a barrier sometimes to their plan to stay at work or return to work. We're also seeing the effects of their recent injury and illness and the unknowns in the recovery process as well as the unknowns of living through a pandemic, affecting many of our participants' mental health. We've actually had a few participants referred to us that have had their injury pretty well managed but underlying mental health issues were keeping them from successfully returning to work or staying at work. So, similarly, we're connecting participants to mental health resources and things like employee assistance program resources, when appropriate.

- What I've noticed is some participants are rushing back to work because of the anxiety created over exhausting FMLA, but they are not quite physically ready to go back to work. Some are asking to go back to light duty, or even full duty, though they are not truly prepared to do so.

- Mental health issues have affected some participants with not even being able to go to their doctor visits or just getting out of the house. We are looking towards having a social worker help us with some of the difficulties that we have and connecting them to our community resources for their mental health. But on top of the financial and no engagement with the community, their providers, and work, it's just been, for some of these people, almost unbearable of what to do incapacitating themselves.

- Anxiety and depression are certainly huge issues, and COVID is having such an impact as well. People are not accessing their physicians. Telehealth and technology can also add additional stress and anxiety, as we've probably all experienced at some level. We're in the process now of adding a nurse work navigator to our team, and I think that's going to make a big difference. We're also adding vocational rehabilitation as well to help bring a work navigator team to assist our participants because these are huge issues.

- We've developed a solid network of partners to reach out to, to be able to address mental health issues when they arise, and it seems to be working. One of the next steps is to educate the employers on ways to prevent injuries, even get ahead of a problem before it happens, and try to work on the upfront.

- We also have clients experiencing anxiety and depression, but I'm happy to report that we successfully got one of our clients a job. She had been very anxious about asking for accommodations and advocating for herself when she was in the workplace. RETAIN coached her and paid for the ergonomic tools that she needed for her job.

## RETAIN TA SME, Dr. Latha Brubaker, Vice President of Medical Operations for Concentra, the North-East Region and a Board Certified Family Physician introduced today's topic.

- Entities like the CDC and the World Health Organization are focused on helping all people live healthier lives.

- They take the same approach when looking at mental health as they do at other health conditions such as heart disease or the flu or right now, the pandemic with COVID 19, by focusing on prevention and reducing the impact of these conditions.

- This approach includes early identification and intervention for those at risk and then providing science-based strategies to reduce the risk.
- Many of you actually mentioned some [strategies] [and indicated] fully understanding this approach.
- The CDC, for example, they gather data, they take that data or their research and create tools that can be used by the health care community to prevent adverse outcomes associated with mental health.
- They provide resources, the CDC, for example, in a coordinated manner, to groups that provide mental health services and then they're constantly evaluating for effectiveness.
- They then adjust, or make changes as needed.
- We might not be as sophisticated within our [projects], but we can follow a similar pattern in our approach with our injured employees. Today, again, we're talking about stay at work, return to work.
- For today's discussion, we have identified that we have a significant number of employees that do not stay at work or return to work, or they have trouble doing so. We're going to talk about a couple of cases and try to identify why we may be having this trouble and talk about ways we can prevent this problem or encourage employees to stay at work, return to work, even if there is some pushback.

## Two case studies were discussed.

### *Case Study 1*

43-year-old female social worker. She works with students with developmental challenges. Presented to the clinic after being attacked by one of her students. There were multiple bites on both arms as well as bruising. One bite was actively bleeding, and just one small additional comment. She did not want to report the injury and was more concerned about getting back to her kids.

**Dr. Brubaker: What do we do in these circumstances?**

**Participant comments:**

- Need to be concerned about an actively bleeding wound; it's a blood borne pathogen exposure. Sort of exposure as well as the vaccination status, Switzer Hepatitis B, vaccination status.
- We obviously medically need to address it first. She wants to get back to her kids.
- That could simply mean that it didn't really affect her much. She understands that this is just the nature of her job; her love for these kids far outweighs the injury that she might be getting in this case, but not ever.
- There may be someone who is traumatized by such an incident, and certainly, in school systems or with children, or at school systems.

- And we need to be aware of this, this potential feeling, or our sense that or PTSD, that this particular employee or the social worker may have and be aware of that.

**Dr. Brubaker:** Let me just make sure I touched on everything here, what should the employer consider in this case? And I think based on what we just said, the medical things, but PTSD, how should we respond to this employee?

**Participant comments:**

- How should this social worker supervisor respond?

- And in one way, it's immediately getting to the clinic to address a bleeding wound and her vaccination status.

**Dr. Brubaker:** But what are the things that this employer could offer that would help in this situation?

**Participant comments:**

- I think that actually, it would be really good to do sort of an overview of the sequence of events that led up to this outburst by this child and the difficulty that the attack had on teacher and the social worker.

- So that we can kind of look [at] what the antecedents are, and look at what kind of, safety things.

- And we put in place, which, I think that kind of conversation would actually minimize the risk of development of PTSD.

**Dr. Brubaker:** What you just talked about is ahead of the game, hopefully, preventing. That's a preventive measure. It's an awareness, and that's absolutely good.

**Participant comments:**

- I think something else, too, especially because it sounded like she was kind of averse to reporting off the bat, the supervisor could approach it from a different standpoint.

- And just make sure that she understands that their priority is taking care of her, so she can then return to work safely and healthy. She can't be back and support her kids if she's not supported.

- Making sure that that's really clear. And reframing what breadth of the reporting processes and why getting the medical attention is so necessary.

**Dr. Brubaker:**

- It's great that you're thinking of her first. And a lot of times for the employer, the concern that gets the focus becomes the injury, the reporting of it, what am I going to do to cover this [workplace]? And sometimes the cost.

- That's the primary focus for the employer, but if we can add, *"you come first"* to the employee, I would probably argue, in this case, it won't be more expensive.

- Sometimes we're just fearful of going that direction because, are we going to open up the awareness to the employee that, "*Oh, I can do this. I have all these resources.*" When we show that we care and we put [employees] first in majority of instances. I like to think humanity is the best, in this way.

- We appreciate the focus on us and we move forward; not only with return to work but quick return to work. We've discussed the majority of this, but when we're encouraging return to work, I think someone had mentioned, do we push people too quickly back to work? And I would, in most instances, in cases that I see, unless they're acute injuries, most people can probably return to work.

- But did they return to work at full capacity? In some instances where there is a potential traumatic situation, do we consider light duty, where, maybe, in this case, a teacher, serves as an assistant for a few days. If the teacher is feeling some significant trauma, is there a social worker, is there someone who comes in, supports them for a few days, so they might go back? But they have some additional support.

- Or they don't go back to that traumatic situation, but maybe slowly ease them back. Put them in a different situation so that they can ease back into it. And of course, if any additional assistance is needed than that, certainly proceed with that.

### *Case Study 2*

This is the 35-year-old male with a head injury. Employee was working at a construction site where he was hit by a beam, pretty heavy beam, as it was passing nearby.

He was wearing the hard hat, but the beam hit the area around his left eye. He was immediately taken to the Emergency Department, where he got a CT scan.

And there was no orbital fracture seen. But on an evaluation of the next day in the clinic, his left eye was significantly bruised and swollen, so significant injury. He was in some pain.

He remained compliant with his follow-up appointments and recovered without any problems. But there was significant pushback and questioning by the site supervisor who was very concerned about this recordable injury. If any of you have worked with anybody in construction and they are very concerned and it was reportable injuries. And this supervisor was questioning this injury. Before we move on to the next slide, what are things we need to consider? Again, same sort of question as the previous study. What stands out to you?

**Participant comment:**

- The supervisor was more concerned about reporting reportable, recordable injury than actually the injured employee. That's not really communicating you come first [to the employee].

**Dr. Brubaker:**

- This was a patient that I took care of, and I couldn't believe the response and the conversation that I had to have with the supervisor.
- Because first thing, I think of, as a physician, and even just as a human being, seeing another human being, get hit by a pretty heavy beam. I can't imagine what it must have been like for this patient and thankfully there was an emergent medical evaluation in the patient going to the Emergency Department.
- But the supervisor was completely concerned about the recordable injury. But not once was he concerned about understanding the details of this event, and, if we need to think of, could there be some long-term consequences for this patient? So, this is a pretty serious, serious trauma and important to understand the details of this injury event.
- I would ask questions:
  - Was this employee walking in an area that he should not have been walking?
  - If so, maybe some retraining would be necessary with the person operating the lift.
  - Was the lift operator—the person operating the lift—carrying the beam in the wrong manner?
  - There are some rules, products, and protocols that people have to follow on job sites; where those protocols are followed, and in this type of type of injury, there could be some long-term consequences.
- How we support an employee through the process will make a difference. What are some of the consequences of a response like the one given by the supervisor? Or if you have a supervisor that's not understanding what could happen in this situation? Think about in terms of return to work, stay at work, or any other complications that can happen in this situation.
- **We want to open this up to any of the state teams. What would, what do you think of the supervisor's response and the impact?**

**Participant comment:**

- I think responses like this, we're all on the same page, that it's [an] inappropriate response, but it's unfortunate. And that it can escalate the situation.

**Dr. Brubaker:**

- This [may be a] case when an employee doesn't feel heard or feels that their injuries aren't validated or that there's going to be any sort of safety changes or prevention put in place to avoid this from happening. That's a situation when litigation is more likely to get involved, and potentially just a worse outcome for the employee as well as the employer.

- Another thing just mentioned is the safety situations. It's not just for this employee but the other employees that are watching. [They may think] "*Oh, they created an unsafe environment for me or for this employee…what about me if I get injured on the job*?" Or maybe there is a protocol that they need to update or improve or some retraining that needs to occur. And so, the implications for the employer, absolutely, could be litigation from this patient himself or even from the other employees.

- We've got to consider the impact and the response that this supervisor has for this particular employee can have an impact even on other employees. When you look at dysfunctional environments with employers, a lot of times, you just see a repeated pattern. Note and see how they respond to this one employee; it makes a difference in future injuries that they're addressing and dealing with.

- One of the things as well that it's important to understand is just trying to understand it from everyone's perspective. If this supervisor had just stopped to say, "*how are you doing*, *are you alright?"* Make the phone call the next day to check in on this employee. It's easy to make a phone call just to check in on this employee and make sure that they are progressing and healing well. And it won't result in some of the negative things that we just mentioned.

**Facilitator:** I'm looking back at some of the things the states identified early on…regarding this idea of anxiety in asking for accommodations. If you were able to shield the worker a little bit, but if the worker had seen some of this response, they could be that link between the potential anxiety and having to ask the employer or the supervisor for accommodations; it could be a factor.

**Dr. Brubaker:**

- Yes, absolutely. Those are things that we can all be aware of. I did appreciate the comment earlier that was made about accommodations. The accommodations could seem so minor.

- But it's a big deal to some of our employees. I think the example given earlier for accommodations was for carpal tunnel; an easy ergonomic fix. But for the patient—for that particular employee—it's stressful. Its anxiety driven, and we have to think from their perspective.

- They're going into a new or different job situation. You don't know who you can trust. And if that employee is approached from the beginning, "*Hey, we got this set up for you, here you go*. *This is what we have*." How much better off would they be?

- Again, it may not even be a real strong clinical diagnosis of anxiety or depression. Sometimes, we think on that level, and certainly, that is the case in some instances, but all of us feel anxious in a new environment.

- Put ourselves in the shoes of that employee. And if a supervisor can welcome a new employee or be a few steps ahead, it's going to alleviate some of that stress, and you have a successful relationship between that supervisor and that employee.

**Participant comments:**

Do you have any guidance for what we could say to a supervisor who doesn't make that call? Because a number of them, in part for the reasons you describe, but also because they do have a worry that there's a legal implication. If they call to check in on that employee, they're not all as well versed in the legality to know that it's actually okay for them to do that. We can't always be in a role where we're challenging the supervisor's response. But what might be things that we can do, or that we can say or highlight with those employers to help them understand the need to support participants from the mental health lens via the behavior adjustment for the employer? Is there anything that we can give them, guidance around that?

**Dr. Brubaker:**

- I agree with you, there are barriers because, again, how we started [this discussion], you all are aware of the importance of mental health and this approach, and how much it can prevent these things from happening.
- Sometimes there are state law barriers— you all know-especially in California.
- One thing we've done is if we identify an employer that has a consistent problem. We talked about the public health measures then [through this perspective]; we identified that this particular employer consistently has this problem. And maybe it's seen through the supervisor's response that they have you identify that there is a problem.
- Then it's educating. We've done presentations to our employers and just talking about the importance, the very simple thing of making a phone call, that it won't have legal implications. If you make that phone call if you ask the question, if you say, how are you? And we encourage it. The biggest thing is education. Ideally then we go along, and I think we are making strides; we're having discussions about mental health and workers' comp.
- A lot of people in workers' comp recognize this is an important topic and that if we just address it, we might prevent a lot of our heartache and the expense with it.

**Participant comments:**

- That for me becomes an opportunity to provide education for the supervisor about responses that support the employee while acknowledging the employer concerns and impact.
- What happens in the first 5 minutes of an injury often sets the tone for the rest of the rehab and stay-at-work/return-to-work process. Ask, "*How are you?*"

**Dr. Brubaker:**

- Obviously, the things to consider are the type of injury. We [in RETAIN] certainly have no injuries that occur and that require immediate intervention. And so swift action, in addition to how we respond to those first 5 minutes, but sometimes it's swift action, getting that employee to the clinic or to the emergency department. I know sometimes, again, you're addressing it later on in the process.
- But if you're running into challenges, it's also okay to be able to look back: how did the employer respond to this type of injury?
- So, as you're dealing with some of the challenges that you have, I would encourage you to look back at that. What's the work environment?
- Certainly, a hostile work environment is going to make a very difficult return to work or stay at work.
- Past medical history, we talked about previous injuries, previous mental health issues, or diagnosis and hospitalizations that certainly can come into play.
- The social history: if someone is going through a difficult, for example, relationship or divorce, or if there's substance abuse, there may be some challenges for return to work or stay at work.
- Varying health perspectives. That's something that we also have to remember. When I was in residency, we looked at ethnic differences in care. We have to keep all of those things in mind; the things that can contribute to our encouragement, our return to work, or stay at work, and then certainly, financial struggles.

**Final thoughts:**

- Listen, ask questions, be a few steps ahead of the employee, and anticipate needs.
- With participants, soften smile, open posture, forward lean, touch, eye contact, nod.
- Those are all things that can help with that interaction with an injured employee or an employee that's trying to return to work.
- Show concern. Consider the phone, call an employer who clearly expresses their concern.
- Asking questions will go a long way in ensuring return to work.