FREQUENTLY ASKED QUESTIONS

Managing Psychological Claims

1 How long does it take for a psychological claim to be determined?

More than 86% of all work injury claims are determined within 10 business days. A claim for a psychological injury, due to its complexity, can take longer to determine.

Should the claim take longer than 10 business days to determine, the claims agent will offer interim payments for medical expenses, income support or both. These payments may be recovered from the patient should the claim be rejected.

2 What is involved in the determination process?

The claims agents will determine the claim based on the information provided by the injured worker, employer and the treating doctor (e.g. information on a Work Capacity Certificate).

Eligibility requirements that must be met to accept a claim include:

- being a "worker" as per the Return to Work Act 2014;
- having a diagnosed injury or illness (noting that stress is not a diagnosis);
- there being a connection to their employment; and
- employment must be <u>the</u> significant contributing cause of the diagnosed injury.

As the treating doctor you may be asked to write a medical report when further information is required.

3 What support services can my patient access whilst their claim is being determined?

Facilitated Conversation

is a voluntary service that aims to assist injured workers and employers identify and break down barriers that may be affecting return to work.



Low Intensity Mental Health Support

is a voluntary service with a mental health coach, who is trained in cognitive based therapy, for injured workers and immediate family members.



ReCONNECT

is a voluntary service that connects workers and their families with community support services to help them address non-compensable barriers to recovery and return to work e.g. housing, relationship counselling, financial counselling, legal support, disability and cultural services, Centrelink etc.

You can discuss these services with the mobile claims manager.

4 What other supports and services are available for my patient when the claim is accepted?

Your patient will be able to access income support for time lost from work for up to two years and medical expenses and treatments for a further one year which can include services delivered by psychiatrists, psychologists, counsellors, mental health occupational therapists and mental health social workers.

5 How can I best support my patient if their claim is rejected?

Continue treating your patient's injury as necessary using the Medicare Benefits Scheme. We encourage you to support your patient to connect with the workplace, where medically appropriate.

You or your patient can also self-refer to the ReCONNECT service by emailing reconnect@rtwsa.com or calling 8238 5959.

6 What are the things that I can do to help my patient recover and return to work?

Using a biopsychosocial approach to support your patient's recovery and educating them about the health benefits of good work is important and, depending on their needs, you may consider referring them to a psychiatrist, psychologist, counsellor, mental health occupational therapist or mental health social worker.

Keeping physically active can also assist in recovery so a recommendation to see an exercise physiologist, in collaboration with psychological therapy, may also assist.

You can discuss your patient's needs with the mobile claims manager.

7 Who are the important contacts at the workplace for my patient, to support recovery and return to work?

The employer and/or Return to Work Coordinator can assist by creating a psychologically safe work environment and identifying suitable duties at the workplace.

ReturnToWorkSA has created the <u>Workplace</u>
<u>Psychosocial Injury Guide</u>, a useful tool to assist employers in preventing psychological injuries in their workplace.



8 What resources are available to assist me as the health care provider?

The RACGP has two publications that may assist in managing patients with psychological injury.

The <u>Clinical guideline for the diagnosis and</u> management of work-related mental health conditions in general practice which provides GPs with the best available evidence to guide their diagnosis and management of patients with work-related mental health conditions.

As well as the <u>e-Mental health: A guide for GPs</u> which supports the use of the internet and related technologies to deliver mental health information, services and care.