

THE ROLE OF COMPENSATION PROCEDURES AND EXPERIENCES IN PAIN AND MENTAL HEALTH AFTER INJURY

SUMMARY OF RESEARCH FINDINGS

This research summary is provided as an overview of a research project completed through the Institute for Safety, Compensation and Recovery Research (ISCR). When published, the full report will provide more detailed findings and will be available from the ISCR website www.iscr.com.au.

Chronic pain and secondary mental health conditions after an injury have an enormous impact on a person's quality of life. These conditions can lead to significant financial hardship for the individual and their family. Delayed return to work and ongoing medical treatment have a monetary impact on healthcare and compensation systems.

WHAT WAS DONE IN THIS STUDY?

This study aimed to gain an understanding of the factors associated with the development of chronic pain and mental health conditions within the first 12 months following an injury to help identify people at risk of secondary conditions as early as possible to enable early interventions.

The study investigated demographic factors, injury/trauma type and compensation-related factors to analyse trends in chronic pain, mental health and disability after hospital admission for serious injury in Victoria. 433 participants were recruited from the Victorian State Trauma Registry (VSTR) and Victorian Orthopaedic Trauma Outcomes Registry (VOTOR). One hundred and sixty participants had a compensation claim, allowing their experiences with the Transport Accident Commission and WorkSafe Victoria to be examined in relation to secondary conditions.

Participants completed questionnaires about pain, mental health, and compensation experience. Their injury and 12-month outcomes were extracted from the VSTR or VOTOR.

The data collected was then analysed which factors were associated with the development of chronic pain over the first 12-months, including demographic factors, employment status, presence of pain and/or psychological conditions.

WHAT WAS FOUND?

A number of factors associated with pain, health and disability were studied:

Factors associated with pain severity

- Most participants reported no pain or very little pain at 12 months post-injury; however, at least one in five participants had moderate-severe pain.
- Pain severity was partially related to injury severity, but not related to compensation status.
- Pain severity was associated with a failure to return to work and a perception of fault.

Factors associated with poorer health outcomes

- The key factors associated with poorer health outcomes were unemployment before the injury, believing themselves not responsible for the accident and being discharged to inpatient rehabilitation.
- Compensable injury was associated with worse health outcome, higher pain interference and disability at 12-months.

Experiences with Return to Work

- Most participants (84%) returned to work, and returned to the same employer.
- One in six felt that they were at risk of losing their job due to ongoing pain from their injury.
- Pain severity and perceived injustice were higher in those who failed to return to work.

Compensation system factors and injury outcomes in the first 12 months post-injury

- Very few participants reported negative attitudes about their compensation claim from friends, colleagues or health professionals, and most participants were happy with their claim.
- Participants who reported having a negative experience with the compensation system had worse pain and greater perceptions of injustice.
- Reports of negative compensation experiences were greatest in those with both chronic pain and mental health conditions.
- Patients who felt that they had to prove the severity of their injury were more likely to have elevated Post Traumatic Stress Disorder (PTSD), depression or anxiety symptoms.

Factors associated with risk of developing chronic pain and/or secondary mental health conditions

- Higher healthcare costs (especially from 6-12 months) were associated with an increased risk of chronic pain and mental health conditions, and negative compensation experience.
- At 3-6 months' post injury, injury severity, fault attribution and the presence of psychological conditions in participants with a compensation claim were associated with developing a secondary condition.
- From 3-6, and 6-12 months, post-injury, unemployment, and being on opioids for pain provided the greatest sensitivity to identify clients who would have disabling pain at 12 months' post-injury.
- The ability to correctly identify patients who would report symptoms of a mental health condition continued to improve over time, especially when pain, work disability and mental health conditions were present. This highlights that monitoring mental health conditions and addressing needs should help to improve client outcomes.
- PTSD symptoms were associated with worse pain severity, disability, anxiety and depression. Twenty percent of participants met the criteria for PTSD. Clinical PTSD symptoms markedly increased the likelihood of having pain (i.e., 70% in persons with PTSD symptoms vs 40% in those without PTSD).

IMPLICATIONS OF THE RESEARCH

Although most participants in this study reported positive compensation-related experiences 12-months' post-injury, there was a clear association between a negative compensation system experience and poorer outcomes.

These findings have implications for identifying client needs, optimising their health outcomes, and maintaining positive experiences through the effective delivery of screening and tailored interventions by the system. Specifically, the findings suggest that a trial of proactive strategies should be used to (a) identify clients in the compensation system who are at risk of poor pain and/or mental health outcomes, and (b) use the risk profile to offer targeted early intervention programs.

PROJECT OVERVIEW

Project title	The role of compensation procedures and experiences in pain and mental health after injury
Themes	Mental health, chronic pain, effect of compensation systems
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