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## 2022 Workers' Compensation Seminar

March 23-25, 2022

### HOW TO EFFECTIVELY MANAGE MENTAL HEALTH CLAIMS IN THE WORKERS' COMPENSATION SETTING

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# Workers' Compensation in the **GARDEN** OF **GOOD**, AND **EVIL**?

**ALFA INTERNATIONAL 2022 WORKERS' COMPENSATION SEMINAR**

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**JW MARRIOTT PLANT RIVERSIDE DISTRICT**

**SAVANNAH, GEORGIA**

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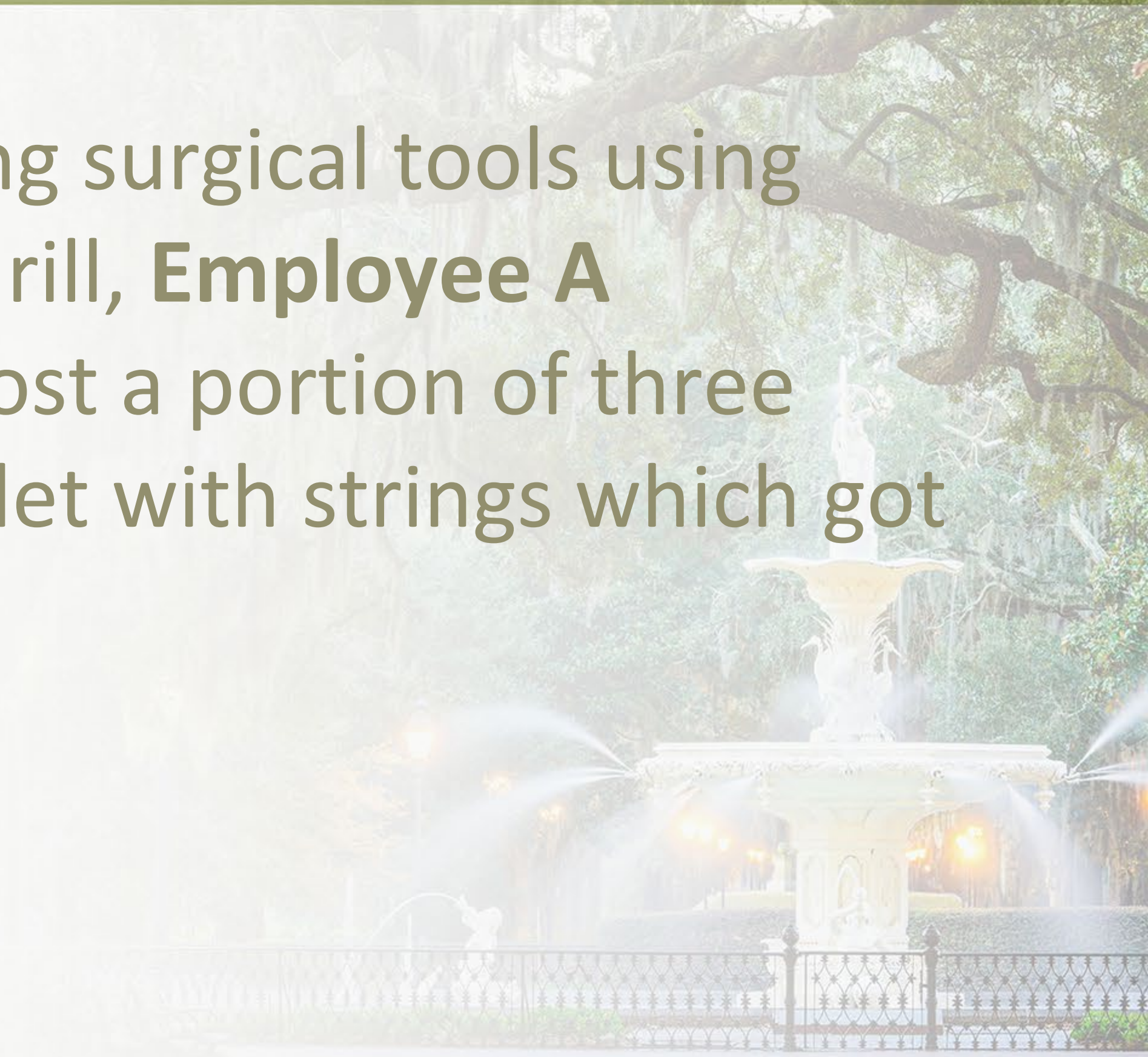
# How to Effectively Manage Mental Health Claims in the Workers' Compensation Setting





# FACT SCENARIO: MENTAL INJURIES IN WORKERS' COMPENSATION

- **Employee A** works on a production line making surgical tools using steel press. On 1/10/21, while positioning a drill, **Employee A** sustained a de-gloving of her right hand and lost a portion of three fingers. At the time, she was wearing a bracelet with strings which got caught, pulling her right hand into the press.







# FACT SCENARIO CONTINUED

- At the time of the accident, **Employee A** was training **Employee B**, who witnessed the whole incident, heard **Employee A** scream in pain and bleed not only all over the machine but all over **Employee B** as she was helping **Employee A**. **Employee B** was not physically injured but was very upset after witnessing it.





# FACT SCENARIO CONTINUED

- The plant's safety manager, Bill, was immediately notified of the incident, sounded an alarm and stopped all production. After calling 911 and staying with **Employee A** until EMS arrived, Bill found **Employee B** in the breakroom sweating and shaking. **Employee B** had never worked in a production facility or witnessed this type of gruesome injury. **Employee B** had nightmares of the accident for months and was unable to work because of flashbacks. Her doctor recommended she remain out of work for 1 year and seek psychotherapy regularly.





# FACT SCENARIO CONTINUED

- **Employee C** did not witness the incident but heard about it from other employees. **Employee C** said this triggered her PTSD. **Employee C** sustained a very similar injury at the same plant just six months earlier when her entire hand was amputated after a crush injury. **Employee C** was permanently accommodated in a supervisory role. However, when she heard about **Employee A's** injuries, she was unable to continue in her position or even in the plant.





# FACT SCENARIO CONTINUED

- One of the Emergency Medical Technicians, **Employee D**, who responded to the scene was actually the son of **Employee A**. Upon arrival at the plant, **Employee D** became extremely emotional after seeing his mother in so much pain and was worried she would lose her hand. He was unable to continue working after the call and accompanied his mother to the hospital.





# FACT SCENARIO CONTINUED

- After several emergency surgeries, **Employee A** was eventually released from the hospital. She was unable to work for several months while recovering and ultimately lost all use of her right hand because of severe nerve damage. **Employee A** was a recent widower with three young children with no other financial support. Dr. Nuts diagnosed **Employee A** with a recurrence of depression and anxiety as a result of the 1/10/21 accident, recommended she take medication, see a therapist several times per week and refrain from working in production or any job requiring use of her right hand. **Employee A** used to play organ in her church every Sunday but hasn't been able to continue since the accident.





# QUESTIONS??

- 1. What is the potential basis for mental claims from Employees A – D?
- 2. Are there any issues you see with any of the Employees' claims which might bar them or challenge compensability?