

**Australian Government** 

Comcare



# CASE STUDY

# WEBINAR: Collaborating with the workplace to enable good work for your patient/client

## Patient background

Lisa is a 43-year-old woman who recently presented for the first time with significant emotional distress, requesting a medical certificate for a week off work to rest. Lisa has no prior history of mental illness and had not previously mentioned feeling stressed. At the initial consultation, she was issued a medical certificate for five days off work. After this rest period Lisa returned to work for three days before presenting again asking for more time off.

#### Workplace context

Lisa is employed by a government organisation that provides services to Australians in need of support. She is an experienced team leader with responsibility for approximately 30 staff. The team's main activity is assessing, and processing claims for assistance.

The last few years have seen significant disruptions to usual work practices and workloads for Lisa, in response to national emergencies including the Covid-19 pandemic, fires and floods, including additional staff, increased expectations of the team and a move to hybrid working, after substantial periods of working exclusively from home.

These have raised additional management challenges, including supporting staff members who are struggling to cope, while maintaining or increasing productivity.

Since the shift to working from home, the boundaries between work and home seem to have blurred, with Lisa's manager sometimes messaging her outside of normal hours. Lisa notices that she works longer hours when working from home. She has also developed a habit of regularly checking for work messages when she is not working and finds it hard to 'switch off' from work.

### Home context

Lisa is married with three school aged children. Her husband works long hours running his own business and shares domestic duties when he is at home but leaves early and is often home late. Lisa is the children's primary carer and shoulders most of the domestic responsibilities, including periods of home schooling, which she found extremely draining.

#### Presenting symptoms

Lisa is teary at times as she provides an update of her symptoms and describes events since the initial appointment. She reports an improvement in symptoms associated with her week off, including some nights of better sleep and slightly higher energy levels. She reports re-engaging in some moderate exercise (walking) during her time away from work and some improvement to her mood, although this remains variable, with continued low levels of patience for her family and their demands.

Lisa describes a feeling of dread associated with going to work. She explains her fears before returning to work were around lack of support, including that management won't care about her health and wellbeing and that nothing will change.

On returning to work, Lisa relates that she had a conversation with her manager in which she revealed that her absence was due to stress and that she was struggling to cope with demands at work. She reports that her manager expressed sympathy but offered little practical support beyond suggesting that Lisa book in a few weeks of annual leave.

Lisa reports that after only a couple of days back at work she again experienced symptoms such as increased heartbeat, feeling overwhelmed and exhausted and a reduced ability to maintain her professional face and regulate her emotions. She found that she was forgetful and that her performance at work was suffering and not to her usual high standard. Lisa reports feelings of shame and heightened anxiety in relation to her decreased work performance. Although she is usually a conscientious and supportive manager, she recently finds it hard to give her staff the time they need and wishes they could just sort things out without her. Her sleep is again poor.

She reports feeling 'hopeless' about any improvement at work or at home that could help her and continues to dread going into work. She would like to quit her job and stay home but is not in a financial position to do so. She wonders if anti-depressants may help her and requests a prescription for sleeping pills.

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