


WEBINAR




Assessing functional capacity to work for psychological injuries

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Tonight's panel




Dr Steven Kaye
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Assessing functional capacity to work for psychological injuries comcare.gov.au / mhpn.org.au

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Learning outcomes

Through an exploration of assessing functional capacity to work for psychological injuries, the webinar will provide participants with the skills and knowledge to:

- Outline the benefits of participating in good work for patients who are experiencing health conditions that may impair their ability to work.
- Assess a patient's functional capacity for work, based on their psychological health and wellbeing.
- Explain current capacity to work and provide advice on suitable modifications to support a patient's continued participation in work.
- Outline how to establish early expectations for continued work participation and recovery for patients.

A General Practitioner's perspective



Dr Steven Kaye

Health Benefits of Good Work – Principles on the role of the GP

- The General Practitioner (GP) plays a central role in the delivery of health care to the Australian community and is most likely the first point of contact in matters of personal health.
- GPs are well placed to guide and educate their patients on the health benefits of good work.
- The role of the GP in treating, educating and supporting individuals with an injury, illness or disability, and their responsibilities in determining capacity for work can be complex and challenging.
- Long-term work absence, work disability and unemployment have a negative impact on health and wellbeing.
- Good outcomes are more likely when individuals understand and are supported to access the benefits of good work especially when returning to work or recovering at work following injury or illness.
- Seeing work as a potential positive contributor to health and considering work as part of treatment.
- Provide sufficient consultation time to appreciate patient attitudes, aid understanding & natural history of the condition, and communicate return to work options.

A General Practitioner's perspective



Dr Steven Kaye

Case Study – Lisa, 43yo woman, Team Leader, emotional distress, (?) related to work – for assessment & management

- As likely first medical contact point, GP pivotal in initial assessment, incorporation of personal, family, workplace & other clinicians' input and planning for recovery.
- Take a detailed history of current and past issues; medication & substance use; childhood, work & social history.
- Perform thorough physical examination of patient, with particular note of potential organic causes of ailment: e.g. Thyroid disease, Calcium disorder, Neurological issue, Endocrine imbalance, Medication adverse reaction, etc.

A General Practitioner's perspective



Dr Steven Kaye

Mental Health Assessment

Establish caring rapport with open-ended questions, active listening, empathy and support. GPs can be seen as a strong patient advocate, enabling optimal recovery with clinical engagement and support for treatment program.

Structured screening mental health assessment:

- Long-lasting sadness or irritability.
- Extremely high and low moods & enjoyment.
- Excessive fear, worry, or anxiety (incl K10).
- Social withdrawal or avoidance behaviour.
- Dramatic changes in eating or sleeping habits.
- Maladaptive coping mechanisms/self-medication (incl alcohol).
- Disordered thinking including delusions/hallucinations.

A General Practitioner's perspective



Dr Steven Kaye

Management Plan

- Identification of Health Benefits of Good Work (HBGW) and Functional Capacity.
- Summation & communication/education with patient – Active Listening, Clear Messaging, Set expectations.
- Medication & other therapy usage.
- Referral to & incorporation of other clinicians.
- Planning for reviews & discuss potential length of treatment.
- Administrative tasks including a Certificate of Capacity (& Return to Work Plan).
- Communication with workplace manager (with patient permission)
- Discussion with patient/workplace manager on suitable duties and workplace accommodations.

A General Practitioner's perspective



Dr Steven Kaye

Assessing capacity to work

GPs play an important role in assessing, and advising of, work capacity. In doing so, they focus on an individual's physical and/or psychosocial capacity for work by:

- understanding certification practices informed by the evidence and the HBGW.
- using evidence documented by other treatment providers (including medical specialists and allied health practitioners) to inform the capacity assessment for work.
- providing individuals that are seeking to enter into, recover at or return to work with an understanding of their capacity to work.
- providing individuals with an understanding of the role work plays in supporting their recovery, including setting recovery and return to work expectation.
- considering the impact of therapeutic interventions such as medication, on an individual's functional capacity and their ability to perform suitable work duties.
- making an assessment to inform provision of appropriate work duties and hours.
- providing recommendations and referral to treatment and other therapeutic interventions that support the patient's recovery pathway.

A General Practitioner's perspective



Dr Steven Kaye

SNAPSHOT: Principles on the role of the GP in supporting work participation

The General Practitioner (GP) plays a central role in delivering health care to the Australian community. This role includes recognising the health benefits of good work and facilitating recovery at and return to work.

The following Principles relate to GP interactions with individuals experiencing temporary or permanent, physical or psychological health or disability related barriers to participating in work.

Good work is engaging, fair, respectful and balances job demands, autonomy and job security. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society.



1. GPs perform a patient advocacy role in work participation cases

- GPs act as a trusted advisor and advocate for their patient in relation to realising the health benefits of good work.
- GPs work to empower individuals, make recommendations based on the biopsychosocial model, provide advice on the health benefits of good work, protect patient privacy, and assist patients to access services.



2. GPs provide evidence-based assessment which draws on a patient's work participation goals and context

- GPs provide early and timely support to facilitate work participation, assess functional capacity and seek informed consent and active input from their patients.
- GPs approach patient care in way that maximises work as part of recovery and wellbeing, and provide evidence based support for treatment and diagnosis.



3. Following assessment and initial treatment, the GP in consultation with their patient will determine their role

- GPs provide advice on functional capacity including work ability which can be used by stakeholders to determine work accommodations.
- GPs may adopt different roles over time in line with their patient's changing needs, while continuing to perform a patient advocacy and support role.
 - 3.1 Where GPs perform a medical management role, they work with relevant stakeholders to optimise health outcomes.
 - 3.2 Where the GPs perform a care coordination role, they will draw on support and information from other stakeholders.
 - 3.3 Where GPs refer medical management to another health practitioner, they continue to monitor and support patient outcomes.

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A Clinical Psychologist's perspective



Suzanne Gibson

The importance of remaining active and engaged with work

"The Health Benefits of Good Work":

Consensus Statement developed by the Australasian Faculty of Occupational and Environmental Medicine (**AFOEM**), a faculty of the Royal Australasian College of Physicians (**RACP**) in 2011. Significant scientific evidence that demonstrates returning to work is **protective of good health** and **facilitative of recovery** from ill-health.

Setting a date early for a full return-to-work has been shown to have a significant positive impact on the time taken to return to full work capacity. (Lane et. al., 2019).

Remaining engaged with work aligns with evidence-based treatment strategies such as:

- Behavioural activation.
- Graduated exposure.
- Practice and consolidation of skills.

Focusing on upskilling Lisa as well as ensuring that she is returning to a workplace that provides good work is likely to be most helpful for Lisa's recovery and long-term health.

A Clinical Psychologist's perspective



Suzanne Gibson

Using the available information to advise on functional capacity

- Mental Status Examination
- Reported symptoms
- Current activities of daily living
- Psychometric assessments
- Past capacity and abilities
- Functional capacity evaluations (usually completed by a workplace rehabilitation provider).

Then, match this information with the psychological demands of the job.

A Clinical Psychologist's perspective



Suzanne Gibson

Examples of symptoms translated into work-related functional limitations

Symptom	Functional Limitation
Interpersonal sensitivity	Limited ability to work with others or manage difficult interpersonal interactions
Poor concentration and / or indecisiveness	Limited ability to complete tasks requiring sustained concentration or that are complex in nature
Lethargy	Requirement for reduced hours initially
Argumentativeness or irritability	Limited ability to manage interpersonal interactions, especially of a confronting nature
Disturbed sleep	Requirement for reduced hours initially
Psychomotor Agitation	Difficulty completing tasks requiring long periods of sitting still / low activity
Hypervigilance	Requirement to initially avoid triggers
Re-experiencing or intrusive memories	Requirement to initially avoid triggers
Avoidance	Requirement to gradually increase exposure to anxiety provoking stimuli

A Clinical Psychologist's perspective



Suzanne Gibson

Example job task analysis questions

COGNITIVE

How much concentration do the tasks require?
 What distractions are present?
 How noisy is the environment?
 How well structured are the tasks?
 How predictable is the work?
 Do interruptions generally occur during the workday?
 What is the pace of the work?

INTERPERSONAL

How much interaction with others is required?
 What type of people does the worker need to interact with?
 What is the nature of the interaction?
 Is there social / peer support?
 Is there managerial support?
 Are there good relationships between staff?

EMOTIONAL

What is the emotional load of the tasks?
 Are there emotional triggers in the work environment?
 Will the worker be dealing with other people who present as emotionally heightened?
 Is the workplace isolated?
 Are there any threats of violence in the environment?

ORGANISATIONAL / ENVIRONMENTAL

What is the structure of management support?
 How is performance measured?
 How is feedback on performance provided?
 How much autonomy over the tasks to be performed does the worker have?
 How much autonomy over when each task is performed does the worker have?

A Clinical Psychologist's perspective



Suzanne Gibson

Graduation is the key to success

1. Start with the client's current functional capacity.
2. Engage the client in client-centred goal setting to determine the end goal.
3. Aim to gradually increase functional capacity as the client makes treatment gains: this will align with the RTW process.

A Psychiatrist's perspective



Dielle Felman



A Psychiatrist's perspective



Dielle Felman



A Psychiatrist's perspective



Dr Dielle Felman

Some psychiatry

Stressors	Symptoms	MSE	Clarification	Diagnosis
Two years build up	Distress, tearfulness, irritability	Fatigued	Organic contributors/comorbidities	No diagnosis
Responsibility/challenges/demands	Rumination, preoccupation	Distressed, tearful	Substances, e.g. alcohol	? Adjustment disorder
Loss of boundaries	Insomnia	Anxious affect		? Depression
Relationship challenges	Fatigue	Depressive cognitions. rumination		? Anxiety
Protective factors	Poor motivation			? Trauma symptoms
Help seeking and insightful	Somatic symptoms of anxiety	Desire to escape		? Comorbidities
No prior history	Depressive cognitions including shame and hopelessness			? Personality style
No evident maladaptive coping				
Large government organisation				

A Psychiatrist's perspective

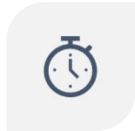


Dr Dielle Felman

To certify or not - the considerations



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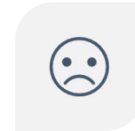
DURATION



PURPOSE



BENEFITS



DISADVANTAGES

A Psychiatrist's perspective



Dr Dielle Felman

Assessing Lisa's capacity for work

Work capacity essentials	Work	Functioning	Potential temporary modifications
Attend regularly and reliably	Job demands	Fatigue (improves as day progresses)	Reduced days/late start time
Perform at the expected standard	Steps taken so far	Reduced concentration/focus	Lower expectations: eg reduced KPIs, reduced multitasking
Abide by the code of conduct	Lisa's view on work stressors and how job can be adjusted	Interpersonal impacts – snappy, irritable, less to give	More autonomy Limit direct reports
Work not be an OH&S risk	Feedback from employer	Reduced coping	Alternate role, e.g. project work
	Supports available	Unable to switch off	Return to office/reset boundaries
			General review of role to ensure it is good/safe work

A Psychiatrist's perspective



Dr Dielle Felman

A way forward

- **Make time**
- **Listen and assess**
- **Provide validation and psychoeducation**
 - Some thing(s) needs to change
 - Hope for optimism
 - Avenues for reducing stressors
- **Exclude organic factors / reassure regarding heart health**
- **Reduce any harmful coping mechanisms and bring back helpful coping mechanisms**
 - Alcohol/caffeine/withdrawal/avoidance
 - Exercise/sleep hygiene
- **Consider treatment options – referral for EB psychological therapy, consideration of medication**
- **Certification – be thoughtful and have the discussion**
 - Engage with workplace
 - Develop remain at work plan
 - Use resources
- **Review regularly**

Ask a question

To ask the speakers a question, click on the speech bubble icon in the lower right corner of your screen.

Q&A Session



Dr Steven Kaye
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Suzanne Gibson
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Dr Dielle Felman
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Facilitator:
Prof Stephen Trumble
General Practitioner, VIC

Thank you for your participation

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