WEBINAR

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Mental Health Professionals' Network

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The right time for return to work: Optimising work participation for patients/clients recovering from injury or illness

It Pays to Care

An imperative for change
and call to action

This webinar is supported by It Pays to Care

Tonight's panel

Dr. Mary Wyatt
Occupational Physician

Dr. Lori Shore
Psychologist

Nancy Abdelnour
Support, Recovery & Systems
Telstra

Facilitator:
Stephen Trumble
General Practitioner

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Learning outcomes

Through an interdisciplinary panel discussion of several case studies, this webinar will provide participants with the skills and knowledge to:

- Discuss holistic assessment for an appropriate time to return to work, including considerations of physical capabilities, psychological health and workplace environment.
- Outline ways to collaborate with employers and supporting health practitioners to ensure return to work programs accommodate workers' capabilities focusing on the right role, responsibilities and right time to return to work.
- Explore ways to stay engaged and adjust care plans with the worker after they return to work to ensure continued successful work participation.

Dr. Mary Wyatt

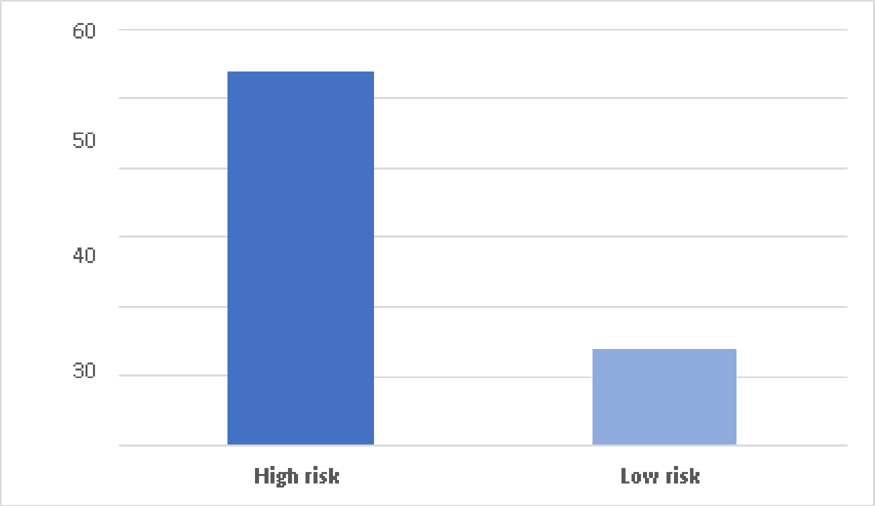
Occupational Physician perspective

Understanding psychosocial barriers to work

- Psychosocial factors can significantly impact recovery and return to work.
- Common barriers include low self-efficacy and workplace factors like poor supervision support or job dissatisfaction.
- System-related factors such as claim delays or disputes can create barriers.

Psychosocial factors account for up to 85% of prolonged work disability

Average days paid by psychosocial risk



Understanding psychosocial barriers to work *continued*

We are largely looking for signs of distress, seen in the case studies:

- Marie – worried about her scan results, care for father, lack of communication from the workplace.
- Dan – anxiety, harder to deal with many issues that arise in comp, supervisor avoiding communication.
- Jennifer – single mother, care for three young kids.

Occupational Physician perspective

Consequences of unaddressed psychosocial barriers

- Prolonged work disability and delayed return to work.
- Increased risk of developing chronic pain conditions.
- Higher rates of mental health issues, including secondary anxiety and depression (WSV data says 80% have a diagnosis of secondary depression by year three of claim).
- Negative impacts on family relationships and social participation.
- Economic consequences for individuals, employers, and the community.

Occupational Physician perspective

Early ID and management of psychosocial risks

- Validated screening tools can identify at-risk individuals early.
- Support with identification of that individual's psychosocial risk profile.
- Provide targeted interventions, such as psychosocial counselling, workplace and healthcare support.
- Foster collaboration between healthcare providers, employers, and insurers.
- Empower patients to actively participate in their recovery and return to work planning.

Dr. Mary Wyatt

Occupational Physician perspective

The role of healthcare providers in addressing psychosocial barriers

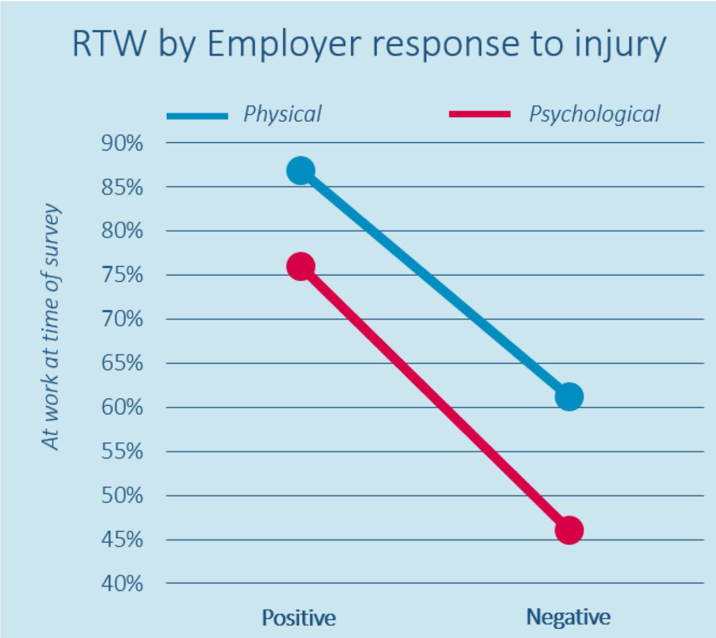
- Adopt a biopsychosocial approach to assessment and treatment.
- Provide clear, positive messages about recovery and return to work.
- Address unhelpful beliefs and promote self-management strategies.
- Use work-focused interventions and set realistic return to work goals.
- Engage in effective communication with workplace and other stakeholders.

Dr. Mary Wyatt

Occupational Physician perspective

Creating supportive work environments

- Train supervisors and colleagues in supporting returning workers.
- Implement flexible return to work programs with suitable duties.
- Foster a positive workplace culture that reduces stigma around injury and illness.
- Ensure senior management engagement in return to work processes.
- Develop clear policies and procedures for managing work injuries and illnesses.



Dr. Lori Shore

Psychologist perspective

- **Psychologist are in a unique position to assess clients' readiness to RTW**
- Spend more time, more frequently with clients than the GP and other treating professionals.
- Treatment has a symptomatic and functional focus.
- Aware of importance of ongoing assessment.
- Adopt a tailored, client-centric, and coordinated approach.
- Monash Uni identified personal factors that can affect client return to work:
  - Degree of pain catastrophising/fear avoidance
  - Self-efficacy
  - Positive recovery expectations
  - Perceived work ability

References: Refer to the Supporting Resources document.

Dr. Lori Shore

Psychologist perspective

When is the right time to RTW? A psychologist point of view
Capacity Assessment

- Symptomatology
  - Mental health – diagnosis and severity.
  - Pain – severity, impact, efficacy, catastrophising.
- Functioning
- Ability to meet work requirements:
  - Attend regularly, reliably and sustainably.
  - Interpersonal skills in the workplace.
  - Perform to quality and efficiency standards.
  - OH&S risks – will being at work make them more unwell?
- Ability to cope with work:
  - Strategies to manage anxiety, stress and interpersonal issues.
  - Trouble-shooting of potential triggers – “what if scenarios”.

With good assessment and careful planning work can be part of therapy, not just an outcome.

Felman, D., & James, A. 2022 An integrated approach to returning to work with mental illness

Dr. Lori Shore

Psychologist perspective

RTW Functional Assessment

Structure / routine	• Sleep/wake cycle, activities of daily living – cooking, cleaning, shopping, management of children/school, other activities.
Energy / endurance	• Rest / napping during day / after activity, exercise, hobbies, energy to get through day.
Cognitive capacity	• Read newspapers, books, watch television, emails, interaction with social media (Facebook), remember things
Interpersonal functioning	• Engagement with family and friends, social activities, group recreational activities
Coping	• Frustration tolerance, avoidance behaviours, substance use
Evidence of work capacity	• Involvement in study, volunteer work
Side effects of medications	• Medication effects on daily routine

WorkWellLife, 2018 (https://www.youtube.com/watch?v=HSi8EQUbrUI)
Felman, D., & James, A. 2022 An integrated approach to returning to work with mental illness https://www.racp.edu.au/docs/default-source/trainees/training-resources/afoem-training-resources/5-an-integrated-approach-to-returning-to-work-with-mental-illness-dr-dielle-felman-and-dr-andrea-james-2022.pdf?sfvrsn=2a0cd1a_5)

Dr. Lori Shore

Psychologist perspective

Case studies: RTW Assessment

Primary physical injury: Marie (40, Driver) and Jennifer (33, Production Worker)

Symptoms: Marie - Pain, low mood, fear avoidance; Jennifer – Pain, injury (?), mental health?

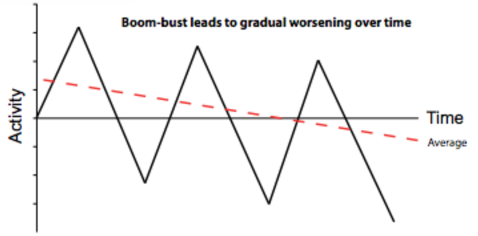
Functioning: Advised to rest but both have caring responsibilities. Marie – no employer contact, Jennifer – Rehab Manager

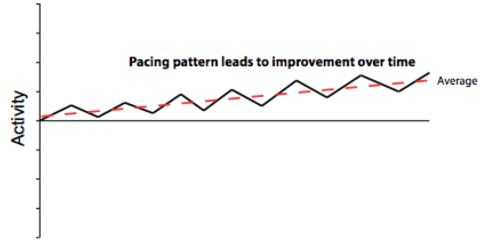
OH&S: Both immediate risk of unsustainable RTW. Marie – fear avoidance, deconditioning (?), Jennifer – untreated physical injury?

Strategies: No treatment? Likely multi-disciplinary approach to improve pain management skills, pace up activity and RTW

Plan for sustainable RTW:

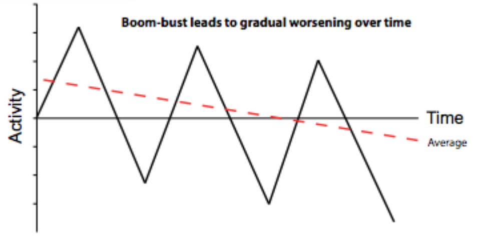
- Marie = increase confidence in capabilities, improve self-efficacy, manage pain catastrophising and increase conditioning through a multi-disciplinary approach. Hopeful for graded RTW within the two-month time frame.
- Jennifer = assessment and contact with any treaters (GP, others?). Possible same approach as Marie
- Both require contact with employer to discuss and provide input to RTW to discuss readiness for a sustainable RTW and need for treatment prior to RTW





Psychologist perspective

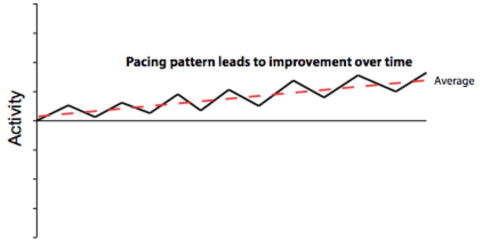
Case studies: RTW Assessment *continued*



Primary mental health: Dan (35, HR Officer)

Symptoms: Angry outbursts, irritability and frustration, worthlessness, ruminating on the past, perfectionistic/ “all or nothing thinking”/unrealistic expectations of self (?)

Functioning: Variable work attendance (“resting” for long periods of time) and prior relationship breakdown



Ability to meet work requirements: Reliability, sustainability and performance queries, interpersonal skills (?)

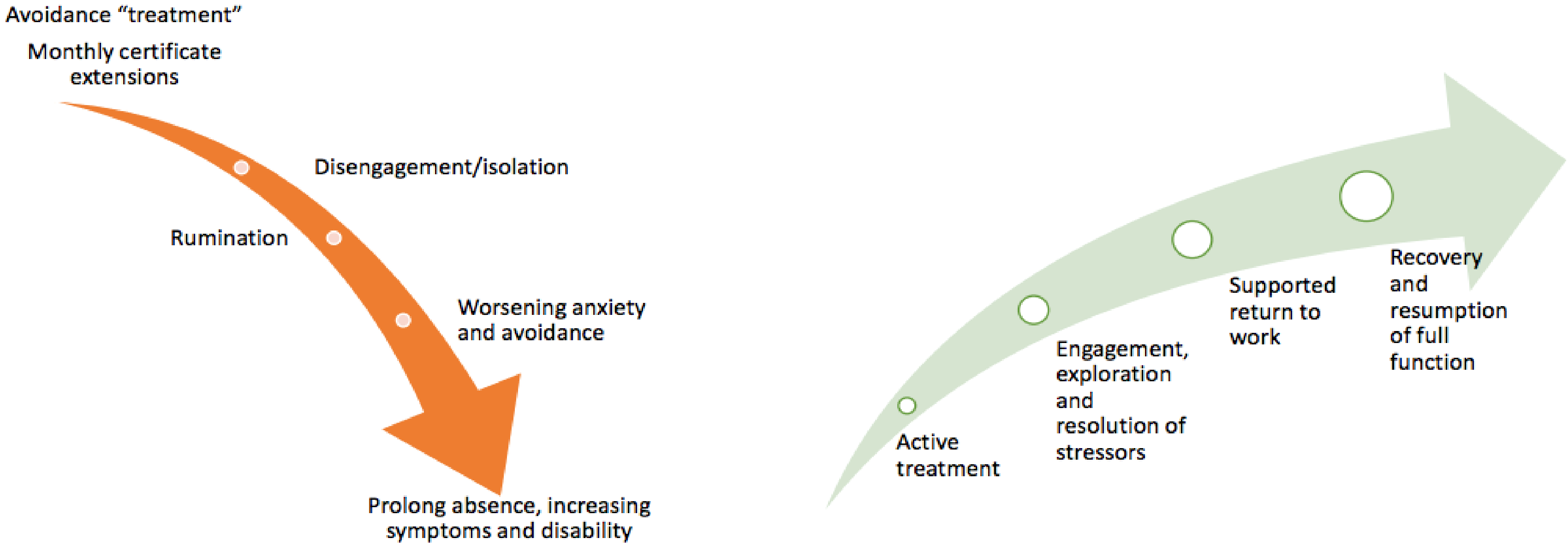
Strategies: Psychologist and Rehab Manager assisting.

Plan for sustainable RTW: Engage with Dan, Rehab Provider and Supervisor to discuss treatment goals alongside slowly getting back to “regular working arrangements” – full-time or part-time. Time off work is well meaning but may actually be maintaining his condition (reinforcing “all or nothing thinking” and negative recovery expectations) and is not likely sustainable over time.

Dr. Lori Shore

Psychologist perspective

Ongoing RTW Assessment



Key to a sustainable RTW is early intervention, active treatment and ongoing assessment

Felman, D., & James, A. 2022 An integrated approach to returning to work with mental illness

Employer perspective

Marie's story and next steps…..

- Marie's case would be referred to a Health Management & Rehab Consultant (HMRC), who would engage Marie and her leader to discuss Marie's case/concerns and how they can best support.
- Whilst determining the needs for Marie, the HMRC is also doing a risk assessment on the role, leader, employee and other psychosocial factors (this is our bio-psychosocial model in action).
- The HMRC would be upskilling the leader to maintain regular contact, and guidance on how to have a 'health-based convo' with Marie.
- Based on information gathered from the leader and Marie, and if she felt supported/comfortable through the process, we'd encourage/empower her to discuss RTW with her GP.

Questions we would want to ask Marie and her treater/s

1. Is Marie physically/mentally safe to be at work? Is work beneficial at this point in their recovery?
2. Is there anything about her role that may put her recovery at risk?
3. Is their anything we can do to reasonable adjust work/role/duties/environment to support her recovery?
4. What is the prognosis, will they get better (ie: make a full recovery)?

Nancy Abdelnour

Employer perspective

Dan’s story and next steps

- We would coach Dan’s people leader on how to have a health-based conversations when they notice changes to his behavior in the workplace – ie: performance, attendance, sick leave etc.
- Given Dan had disclosed his MH condition to his people leader, we would recommend the leader contact our EAP provider for a ‘My Coach for People Leader consult’ this would be more to support the leader to have productive conversations with Dan about his MH condition and how best to support him.
- We would guide the people leader on how to structure conversations around work, such as modifications required, needing time off to attend his psychologist appointments, temporary changes in duties, and increase leader check-ins/support etc.

Questions we would want to ask Dan and his treater/s:

1. We would ask Dan to confirm with his GP/Psych if there is anything else we could do to support him that would aid in his recovery.
2. We would want to establish appropriate safeguards for all involved (employer/employee) to support a safe and sustainable recovery and RTW.

Employer perspective

Jennifer's story and next steps….

- Following referral to the HMRC, we would assess this case as being 'high risk' for several reasons:
  1. Unclear diagnosis
  2. Unclear prognosis
  3. Treatment plan is unclear
  4. High Biopsychosocial risk factors at play
- After obtaining consent from Jennifer, we would arrange referral to a Workplace Rehab Provider to commence thorough Ax and potential Rehab program.
- We would look at integration of treatment into her rehab programs to ensure Jennifer has adequate time and support to attend these appointment.
- Rehab should be tailored and holistic in nature that considers the whole person, their unique needs and circumstances to be successful

Questions we would want ask Jennifer and her treater/s

1. What's Jennifer's prognosis?
2. What can we do to facilitate a safe and sustainable RTW that aids recovery at the same time

Q&A Session

Dr. Mary Wyatt
Occupational Physician

Dr. Lori Shore
Psychologist

Nancy Abdelnour
Support, Recovery & Systems
Telstra

Facilitator:
Stephen Trumble
General Practitioner

Ask a Question

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Resources and further reading

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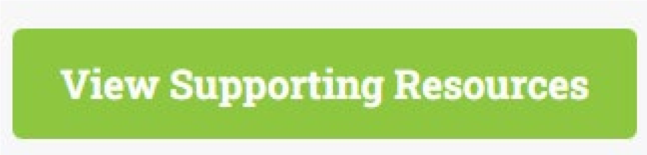

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