Mental Health
Professionals
Network Ltd

Tel. 03 8662 6600
Fax. 03 9639 8936
Add. Emirates House,
Level 8 251-257 Collins St
Melbourne VIC 3000
Email. info@mhpn.com.au
Web. mhpn.org.au

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Mental Health | Professionals' Network

Webinar

Working Together to Support the Mental Health of Injured Workers

Tuesday, 19th August 2014

"Working together. Working better."

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society, the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by mhpn Mental Health | Professionals' Network

Tonight's panel

- Dr Stephen Leow (General Practitioner)
- Mr Frank Imbesi (Physiotherapist)
- Dr Dielle Felman (Psychiatrist)
- Dr Peter Cotton (Psychologist)

Facilitator

- Prof Prasuna Reddy (Psychologist)

Ground Rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the 'general chat' box. For help with technical issues, post in the 'technical help' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning Outcomes

Through an exploration of Matt's experience, the webinar will provide participants with the opportunity to:

- Help improve one's understanding of the relationship between mental health and work-related injury
- Identify the key principles of best practice and the roles of different practitioners in assessing, treating, managing and supporting individuals dealing with a work-related injury
- Recognise the merits, challenges and opportunities in providing collaborative care to optimise recovery following a work-related injury

NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.

General Practitioner Perspective

Matt's Presentation

- Young
- Traumatic (mentally) incident
- Physical injury (fracture)
- Worker's Compensation
- Victim of crime

Dr Stephen Leow

General Practitioner Perspective

Matt's Progress - Two Weeks

- Psychological issues ?taken care of by employer
- After 2 weeks, pain should be better
- Does he need medication for his "mental state"?
- What is his "mental state"?
- Taking other people's medication - HUGE RED FLAG

Dr Stephen Leow

General Practitioner Perspective

Matt's Medication

- What is he taking?
- Is he taking an opioid?
- What quantity is he taking?
- Is he addicted to narcotics?
- He and his mother are breaking the law
- Is there any interaction with prescribed medication?

Dr Stephen Leow

General Practitioner Perspective

Matt's Progress – Six Weeks

- Pain should be substantially better
- Is there something physically wrong, like malunion or CRPS?
- Clear mental issues
  - Anxiety
  - Depression
  - Post Traumatic Stress Disorder
- Are threats real or imagined?

Dr Stephen Leow

General Practitioner Perspective

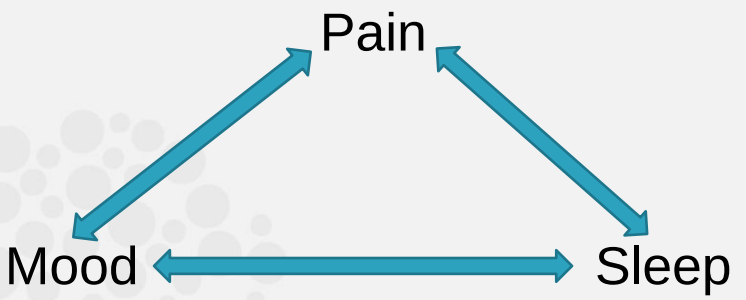
Matt's Progress – 12 Weeks

- Physical injury should be healed
- Pain should be gone
- Is he doctor shopping?
- Admission about seeing other doctors would be surprising
- Use of illicit drugs (marijuana)
- What are the "pills to help him cope psychologically"?
- Mental issues are the same and clearly have not been resolved
- What are his "requirements"?

Dr Stephen Leow

General Practitioner Perspective

Relationship between Pain, Mood and Sleep



Dr Stephen Leow

General Practitioner Perspective

Questions

- Can psychological factors cause pain?
- Can psychological factors modify pain?
- Can psychological factors make pain persist?

Dr Stephen Leow

General Practitioner Perspective

Matt's Yellow Flags

- Catastrophizing
- Worker's Compensation
- Passive approach
- Extended rest, disproportionate downtime
- Avoidance of normal activity
- Depression
- Anxiety
- Under stress, loss of control

Dr Stephen Leow

General Practitioner Perspective

What is the role of medication?

- Treatment of depressed mood
  - SSRI
  - SNRI
- Treatment of anxiety
  - Benzodiazepines
- Treatment of pain
  - Role of opioids

Dr Stephen Leow

General Practitioner Perspective

The Balance between Serotonin and Noradrenaline

Noradrenaline REDUCES Pain

Serotonin INCREASES Pain

Dr Stephen Leow

Physiotherapist Perspective

Return to Work Considerations

- Initial pain management by medication for a fracture
- Unmanaged psychological symptoms
- Overprotective mother
- Social isolation

Mr Frank Imbesi

Physiotherapist Perspective

Return to Work Considerations

- Fear avoidance behaviours
- Reported inability to drive
- The level and type of communication between Matt and his employer
- The fact that his role had been filled and that he had been offered another role at another location some distance from him

Mr Frank Imbesi

Physiotherapist Perspective

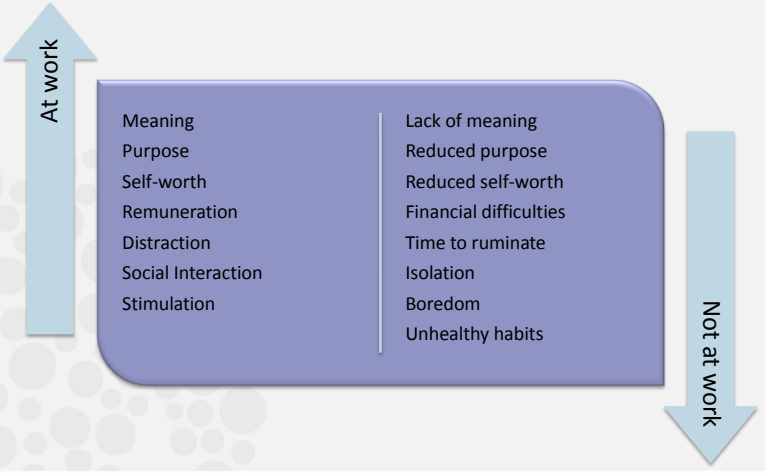
Return to Work Considerations

- Doctor shopping
- Pain medication with marijuana
- Matt's dyslexia
- Matt's belief that he cannot return to work
- The length of time that Matt has been off work
- Continued certified incapacity

Mr Frank Imbesi

Psychiatrist Perspective

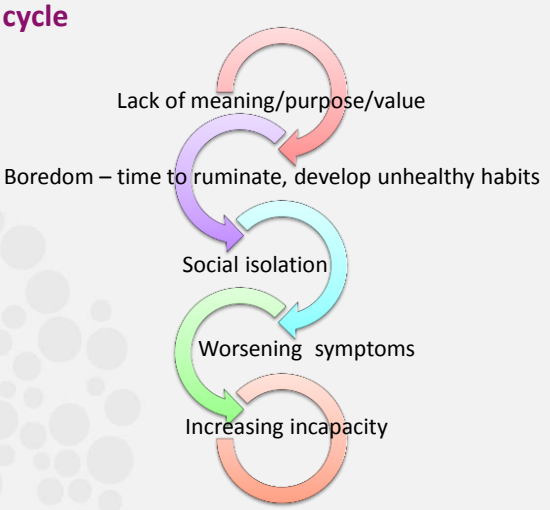
Good work is good for you



Dr Dielle Felman

Psychiatrist Perspective

Not at work cycle



Dr Dielle Felman

Psychiatrist Perspective

Health benefits of work

Worklessness impacts negatively on health in general

- Health risk equivalent to smoking 10 packs/day. > "killer diseases"
- Increased rate of cardiovascular disease, lung cancer, resp infections and increased mortality from cardiovascular disease
- Poorer mental health and psychological well-being
  - More somatic complaints, higher suicide rate
- Worklessness impacts on children:
  - Poorer physical and mental health
  - Decreased education opportunities
  - Reduced long-term employment prospects

Dr Dielle Felman

Psychiatrist Perspective

Psychological injury and time off work

- Increased time off work is associated with poorer return to work outcomes
  - At 3 months – chance of return in 3 months is 50%
  - At 2 years – chance of return to work is approx 5%
- Aim to minimize time away from work
- Workplace must provide "reasonable modifications"
  - Partial capacity in favour of no capacity
    - Reduced hours, modified duties (e.g. back office)
- Return to work is an integral part of recovery, not something that occurs after recovery

Dr Dielle Felman

Psychiatrist Perspective

Matt's case – alarm bells

- Limited education, training and experience (ETE)
- Traumatic experience at work and fear for safety
- Comorbid mental health and pain symptoms
- Functional impairment
- Off work for three months
- Substance misuse
- Family history of somatisation/chronic pain
- Mental health stigma/lack of primary support
- Limited engagement in treatment
- Limited employer support
- ?Compensation claim

Dr Dielle Felman

Psychiatrist Perspective

Matt's case – the psychiatric specifics

Symptoms

- Phobic anxiety
- Phobic avoidance
- Re-experiencing
- Panic attacks
- Agorophobia
- Sleep disturbance
- Anhedonia
- Pain focused
- Suspiciousness
- Self-medicating

Functioning

- Social withdrawal
- Recreational withdrawal
- Occupational impairment
- Not able to go out alone
- Mum doing everything

Diagnosis

- ASD ➔ ***PTSD***
- Panic disorder and agoraphobia
- Adjustment disorder with traumatisation
- Depression
- Chronic pain
- Substance misuse
- ? Other

Dr Dielle Felman

Psychiatrist Perspective

Matt's case – moving forward

- Make time
- Support
- Assess risk
- Psycho-education
- Alignment
- Collaboration between all stakeholders
- Refer early to a psychiatrist (+/- return to work specialist)
- Address barriers – fear, stigma
- Psychological therapy – e.g. cognitive behavioural therapy – graded exposure and response prevention, ?EMDR.

Dr Dielle Felman

Psychiatrist Perspective

Matt's case – moving forward

- Medication:
  - If ongoing reticence, consider antidepressants with added benefits – e.g. Mirtazapine to assist with sleep, duloxetine to assist with pain, low dose endep.
  - Start low, go slow. Educate about side effects and time frame for response
- Early rehabilitation including graduated return to work program
  - Work hardening activities, assistance getting to work, reduced hours, back office duties etc.
- Ongoing treatment - returning to work is not a time to reduce treatment!!

Dr Dielle Felman

Psychologist Perspective

General Comments … A View from 'the Other Side'

- People injured in workplaces or car accidents form a highly vulnerable population with an elevated risk of poorer long-term health and return to work outcomes
- Individuals with the same clinical profile (mental health or physical injury related) generally have worse outcomes if a compensation claim is involved. This is also the case for a wide range of surgical interventions (e.g., Harris, 2014)
- The longer a person stays off work, the worse their prospect for ever successfully returning to work in the future (by six months off work, the prospect is around 20 percent; and by one year off work, prospect drops below 3 percent)
- Typically health professional training, across nearly all disciplines, does not incorporate any focus on the important role of work in contributing to mental and physical health

Dr Peter Cotton

Psychologist Perspective

General Comments … A View from 'the Other Side'

- The mental health of unemployed Australians is, on average, up to four times worse than people engaged in employment
- Liberal certification practices and a lack of focus on the role of work in clinical treatment and management, have contributed to an increased drift from time off work, to work disengagement, and on towards long-term welfare benefits (in 2011 there were more people on DSPs than unemployed in Australia!)
- The biggest growth in DSPs has been in what have traditionally been regarded as milder mental health conditions (chronic anxiety/depression) as well as non-specific persistent back pain
- This has been described as the generation of 'medically unnecessary disability' (US College of Occupational Physicians, H. Christensen, 2010)

Dr Peter Cotton

Psychologist Perspective

General Comments … A View from 'the Other Side'

- Research on 'work focused' medical practice and 'work focused' cognitive behaviour therapy shows greatly reduced lost time, at least comparable health outcomes, and much earlier successful return to work (e.g., Bernacki, et al 2005; Lagerveld et al 2012)
- For all these reasons, we need to do things differently than as per our usual provision of clinical care and treatment
- Work is generally therapeutic and return to work considerations should be integrated into all treatments provided; it should not be something that occurs subsequent to the conclusion of clinical treatment (AFOEM, 2012)

Dr Peter Cotton

Psychologist Perspective

General Comments … A View from 'the Other Side'

- Orygen Youth Mental Health Service (dealing with young Australians with acute serious mental illness) tells us: (a) these clients want to work; and (b) engagement with employment is an integral part of the treatment we provide (*Tell Them They are Dreaming, Orygen, 2014*)
- Mental health related injuries are dealt with differently by healthcare providers compared with physical injuries: there is more of a 'hands off' approach, more latitude, and more avoidance of accountability and timeframe setting…

Dr Peter Cotton

Psychologist Perspective

Current Initiatives

Key initiatives to address these issues, and bring the worlds of work and clinical treatment closer together:

- National Clinical Framework
  (details best practice principles for treating compensable clients)
  http://www.comcare.gov.au/claims_and_benefits/medical_treatment/allied_health_providers/clinical_framework
- Clinical Panels
  (peer to peer treater contacts to advise on treatment and encourage alignment with the Clinical Framework)
- Health Benefits of Work Agenda (AFOEM, 2011)
  www.racp.edu.au/index.cfm?objectid=5E3445A1-E478-2539
- Fit Certificates
  (trials currently being implemented in Canberra, Victoria and WA)
- Work focused treatment
  (e.g., CommuniCorp workshop training program)

Dr Peter Cotton

Psychologist Perspective

Initial Comments re Matt …

- Urgent need for patient education/psycho-education & motivational interviewing to encourage undertaking appropriate treatment
  (includes education re effective treatment, reassurance, expectation setting and seeding re return to work)
- Clinical formulation and treatment plan
- Priority engagement in Trauma-focused Cognitive Behaviour Therapy
  (indicated frontline treatment for this profile is exposure-based interventions)
- Concurrent physiotherapy
- Prescription of between session structured and incremental practice of techniques and strategies
  (e.g., including activity scheduling, exercise, adherence to physiotherapist prescribed exercises, mindfulness training)

Dr Peter Cotton

Psychologist Perspective

Initial Comments re Matt…

- Consideration of referral to (multidisciplinary) Pain Management Program
  (such referral should be made around this time – not wait till 12 months post injury!)
- If arousal too high/persistent – pharmacological treatment should also be considered to facilitate engagement with Trauma CBT / PMP;
- Rehabilitation provider manage co-ordination between treaters and engagement with employer

Dr Peter Cotton

Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to online resources associated with this webinar within two to three business days
- Our next webinar *Working Together to Support the Mental Health of Families with Pre-term Babies* will be held on Tuesday, 7th October 2014. Visit www.mhpn.org.au/upcomingwebinars to register

Are you interested in leading a face-to-face network of mental health professionals in your local area?

MHPN can support you to do so.

Please fill out the relevant section in the exit survey. MHPN will follow up with you directly.

For more information about MHPN networks and online activities, visit www.mhpn.org.au

Thank you for your contribution and participation