WORKING FOR RECOVERY

Suitable employment for return to work following psychological injury
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1. INTRODUCTION

There is strong evidence that work is generally good for our health and wellbeing.\(^1\) The quality of our job, our ability to perform productively and our health are closely linked.

ABOUT THIS GUIDE

Purpose

This guide supplements Comcare’s First steps back: A guide to suitable employment for rehabilitation case managers. It provides additional information and guidance to assist employees with a psychological injury or mental ill health return to suitable employment. It reflects best practice, provides common sense approaches to dealing with tough issues and points to further information.

This guide is specifically intended to help managers and case managers to optimise work participation and improve outcomes for psychological injury claims. However, much of the material is relevant regardless of whether the condition is compensable.

Definitions

The guide recognises that mental ill health falls into two categories:

1. Psychological distress or symptoms that do not reach the clinical threshold of a diagnosis and can concern everybody from time to time.
2. Mental disorders which do reach a clinical threshold of a diagnosis and are on average more disabling.

The term ‘psychological injury’ is used where there is a mental disorder with a compensation claim related to an individual’s employment.

Return to work is used broadly, to describe both situations where an individual is off work and returns to work and where, thanks to effective management, the person is maintained in the workplace for the duration of their health problem.

Acknowledgement

Thank you to the 120 or so members of Comcare’s recovery community who contributed to the development of this guide by sharing their practical strategies and experience.\(^3\)

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3. This included rehabilitation case managers, line managers, injured employees, a general practitioner, a psychologist, Comcare’s Centre of Excellence Advisory Group and the community of practice in mental health and wellbeing at work.
1. INTRODUCTION

BACKGROUND

Work loss due to mental illness is growing

Mental illness is a major and rapidly growing cause of inactivity and exclusion from work. Individuals with a mental disorder are much less likely to be employed and the employment gap increases with severity of the person’s mental illness. Mental illness is now the most frequently diagnosed cause of disability benefits in Australia. Psychological injury remains a major source of lost time and compensation cost in the Comcare Scheme, more so in the public sector. The impact of mental ill health is even greater when secondary conditions are taken into consideration—in many cases, while an initial claim is not caused by mental illness it becomes a secondary medical condition.

The Productivity Commission, in its report on *Deep and Persistent Disadvantage in Australia*, identified a number of impediments to people participating in work or their community. Mental health conditions were top of the list.

Why returning to work is important

Participation in work gives us something meaningful to do and something to look forward to. Work provides us with social connections, identity and financial security.

If there is ill health or injury, time away from work can be detrimental to recovery. Research shows that those who return to work after illness or injury have better long-term health outcomes. Extended time off work often sees a worsening rather than an improvement in symptoms and conditions it is supposed to ameliorate. Keeping an employee engaged and present in the workplace is a critical part of overall management responsibility.

If someone is off work due to mental ill health, what might begin as a temporary incapacity for work can drift into longer-term disability, disadvantage and unemployment. Work loss due to mental ill health has costs for the individual, their families and communities. In addition, the costs to business are cumulative and include absenteeism, reduced productivity and higher workers’ compensation premiums.

On top of the health condition that removed them from the workplace, an individual off work for significant periods may also:

> become increasingly isolated and depressed
> suffer adverse socioeconomic consequences
> become unemployable in the long term
> experience family disruption, loss of self esteem and quality of life
> have increased morbidity and mortality, with increased rates of many health conditions.

In many cases, these consequences can be prevented through a coordinated approach to helping a person return to or stay at work.

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1. INTRODUCTION

BENEFITS THAT WORK CAN PROVIDE FOR MENTAL HEALTH

> Ensures that some physical activity is undertaken on work days.
> Provides a sense of community and social inclusion.
> Allows employees to feel that they are making a contribution to society and their family.
> Gives structure to days and weeks.
> Provides some financial security.
> Decreases likelihood of disengaging and developing secondary conditions.¹

THE MANAGER’S ROLE

In addition to preventing harm from happening in the workplace, managers also need to intervene early and make reasonable adjustments to support people to stay at or return to work. Providing suitable support and assistance and getting the job fit right can reduce the length of absence due to mental ill health, improve quality of work for employees and reduce costs associated with workplace mental ill health.

A collaborative approach is needed to assist ill or injured employees return to work. Managers need to work with the rehabilitation case manager, in collaboration with the injured employee, the treating doctor, the injured employee’s rehabilitation providers and relevant workers’ compensation authority. The best return to work is achieved by:

> a good initial assessment of the condition and the needs of the injured employee
> effective early treatment
> early communication between the employer and employee, focused on recovery
> suitable duties in a collaboratively developed rehabilitation program.¹⁰

LEGAL REQUIREMENTS

Providing suitable employment for injured employees is a key requirement under federal law. Section 40 of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) requires employers to take all reasonable steps to provide suitable employment for an employee with a compensable condition.

The Disability Discrimination Act 1992 also requires employers and others to make ‘reasonable adjustment’ or accommodation for those with a disability, be that physical or mental.

The Comcare scheme experience shows that managers can struggle to find suitable employment for employees with psychological injuries. Recent compensation data highlights that employees with claims for psychological injury are staying off work for longer. This has played a substantial role in increasing workers’ compensation premiums for employers.¹¹

We need to get better at offering people pathways back to work and workplace solutions to enable people to recover and get on with their lives.

¹ ibid.
REHABILITATION MANAGEMENT SYSTEMS

The aim of a rehabilitation management system is to provide a system or framework within which an employer can meet or exceed its legal responsibilities. Organisations are required under legislation to comply with the Rehabilitation guidelines for employers (section 41 guidelines).\(^{12}\)

Adoption of a systems-based approach to injury management and return to work will support effective injury prevention, early intervention, rehabilitation and return to work. Employers are expected to, and Comcare and the Safety, Rehabilitation and Compensation Commission will, assess the rehabilitation management system against the following five elements:

1. Commitment and corporate governance
2. Planning
3. Implementation
4. Measurement and evaluation
5. Review and improvement.

Throughout this guide aspects of systems improvement and tips in relation to managing mental ill health and psychological injury are highlighted in a boxed section ‘systems check’.

CASE INSIGHTS

Throughout the guide, we provide case study insights, more details of which can be found in the Appendices.

**Tim**: A member of the Australian Federal Police who injured his knee during a training exercise and subsequently developed depression. Tim’s journey to recovery focused on mental engagement, the importance of being able to contribute through work and the difference a passionate case manager can make.

**Maddie**: Became overwhelmed and suffered panic attacks. When asked what advice she would give others suffering a mental illness, she says quite simply: ‘tell someone’. ‘Whether you think it’s work or home related, let your supervisor know if you’re suffering a mental illness.’ In hindsight early opportunities for her employer to respond were missed.

**Glenn**: Suffered from depression and the workplace played a major role in his journey back. ‘I think the more people talk about it [mental illness], and the more people want to learn about it, the better the approach from the workplace will be.’

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12 See Guidelines for rehabilitation authorities and supporting resources http://www.comcare.gov.au/the_scheme/the_src_act/rehabilitation
2. RESPOND EARLY

Managers play a key role in recognising and responding to the early warning signs of mental ill health.

Managers or case managers are not expected to diagnose a mental health condition. However, the earlier they notice that an employee is experiencing potential signs of mental ill health, the sooner they can take steps to help them.

WHY IT MATTERS

With one in five people experiencing a mental illness, we will all be affected at some stage in our lives—either personally or in our families or workplaces.

Everyday life can create stress that affects people differently in the workplace. Managers who are tuned into changes in behaviour and early warning signs that an employee is not coping can resolve issues or provide support to restore better functioning. Early recognition of mental ill health can prevent employees from becoming ill, withdrawing from the workforce, taking long-term sick leave or needing to submit a compensation claim.

There is evidence that, if someone is becoming unwell, early access to intervention through work-based and work-focused interventions results in improved partial and full return to work rates, and decreases time to return to work among employees with common mental health conditions. Increased awareness and skills training at the workplace can also reduce the severity, duration and cost of illness.

CASE INSIGHT

'I should have sought help a lot earlier than I did. But it’s sort of admitting to yourself that you’re not coping, and by admitting that you’re admitting that you’re not perfect, and that was very, very hard for me. ’

‘And I didn’t want someone else to have to pick up the slack if I wasn’t doing the job. Everybody was under pressure and the thought of someone going off work and not having someone there to back fill for you made you keep going I think.’

See more of Maddie’s story at Appendix F.

HOW IT’S DONE

Identify early warning signs

The table below describes some early warning signs that someone is not coping (not necessarily signs of mental ill health).

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Early warning signs that an individual may not be coping at work

**BEHAVIOURS**
- not getting things done
- erratic behaviour
- emotional responses
- complaints of lack of management support
- fixation with fair treatment issues
- complaints of not coping with workload
- withdrawn from colleagues
- reduced participation in work activities
- increased consumption of caffeine, alcohol, cigarettes and/or sedatives
- inability to concentrate
- indecisive
- difficulty with memory
- loss of confidence
- unplanned absences
- conflict with team members/manager
- use of grievance procedures
- increased errors and/or accidents

**PHYSICAL/PHYSIOLOGICAL SIGNS**
- tired all the time
- sick and run down
- headaches
- reduced reaction times
- difficulty sleeping
- weight loss or gain
- dishevelled appearance
- gastro-intestinal disorders

**Have a conversation to express support and concern**

If an employee is displaying early warning signs of not coping, it is important for managers to have a conversation to express support and concern. Generally, managers are best placed to have the conversation. However, if they do not feel able to do this, a colleague or the rehabilitation case manager can assist.

The Employee Assistance Program’s Manager Hotline is another resource to help you with this conversation.

Encourage employees to contact their GP or occupational health service for further advice and support as needed.

As an early intervention strategy a mental health workplace support plan can be developed to support the employee in the workplace without the need for a compensation claim or other more formal processes (for an example template see Appendix E). This would be developed in consultation with the employee, their GP, manager and others as required.
HAVING AN EXPLORATORY CONVERSATION: ‘RUOK?’

- Initiate the conversation at an appropriate time and place, and allow sufficient time.
- Check with the employee if it is convenient for them to talk.
- Share observations about their behaviour at work, for example, ‘I have noticed that you are staying late at work most evenings…’
- Check in, for example, ‘I wanted to touch base and check that you are OK…’
- Be prepared to respond to answers such as, ‘No, actually I don’t think I am OK…’
- Use open questions and body language to encourage communication and listen.
- Suggest strategies if something in particular is bothering them, for example, talking with their GP or using the Employee Assistance Program and HR.
- Find out if there is anything that can be done to help within the workplace, for example, varying their tasks or supporting flexible working arrangements.
- Decide on a course of action and arrange a time to check in again.
- Keep details of the conversation confidential.

Stay in touch and provide information to the absent employee

Staying in touch with an employee who is off work is important to maintain a sense of connectedness with the workplace. Regular contact from the manager and the rehabilitation case manager helps the employee feel like a valued team member and may make the return to work process less daunting.

Providing information about available support, options for modified work and the process of collaboration between employee and employer, can provide employees with much needed clarity and confidence about what lies ahead, helping to make the return to work process more predictable. It may also be an indirect way to break the silence around the mental health condition and provide the necessary acknowledgement of the employee’s condition. This strategy was shown to be positive in reducing work absence in employees who were off work with mental health conditions.

Early injury management principles should focus on expressing concern, educating the injured person about the support for returning to work, reassuring them about flexible work arrangements and the importance of early participation in home, work and community life. Focusing on these areas early in the management of an injury, reduces the risk of developing long-term incapacity and time off work.

2. RESPONDING EARLY

Maintain privacy

Employees with mental ill health conditions are vulnerable. Understanding the employee’s rights to confidentiality and maintaining their trust is essential to successful return to work and stay at work outcomes. The return to work process involves many stakeholders and strategies, which can seem overwhelming for employees with mental health conditions. This can also lead to serious concerns about who has access to personal information.

The issue of disclosure needs to be approached with care and clarity so the employee understands what information is needed and how it will be used to support recovery and return to work. For example, supervisors do not need to know the employee’s diagnosis but do need information on functional capacity and work limitations.18

SysTems check

☐ Clear, detailed and well communicated workplace mental health policy which supports early intervention.
☐ People-orientated organisational culture is demonstrated through supportive management practices.
☐ Mental health training and information is available to help managers to respond early.
☐ Employee Assistance Program provider arrangements are in place and well communicated.
☐ HR system is in place to monitor unplanned absence and to alert manager of increase in unplanned absence.
☐ Service provider arrangements allow for a range of work based interventions that can improve psychological health and team functioning.
☐ Flexible workplace arrangements are available.
☐ Mental health plans are available to employees to facilitate early access to support, points of contact for personal or peer support, and treating practitioners.
☐ Work health and safety risk assessment processes are in place.

Case insight

‘I noticed that Tim was struggling, he looked quite tired like he hadn’t been sleeping so I started to dig with questions: How are you going? Anything you need to talk about? He said he was struggling with things so then I started to ask how are you going? Are you depressed?’ — Matt

See more of Tim’s story at Appendix F.

18 Information privacy is important and employers are required to comply with the Privacy Act 1988 (the Privacy Act) when dealing with personal information. The organisation may also have policies around dealing with employees’ personal information. Employees may feel reassured and more comfortable if they know that their employer takes their information privacy seriously. For further information on the Privacy Act and the Australian Privacy Principles (APPs) contact the Office of the Australian Information Commissioner, <http://www.oaic.gov.au/>.
3. UNDERSTAND WORK CAPACITY

Understanding how the person’s mental health condition may impact on their function at work is central to initiating a plan that can enable a return to work or to keep the employee engaged in work.

WHY IT MATTERS

A beyondblue survey found that although stigma about mental illness has decreased in the workplace, managers still have a limited view of the work capacity of employees with mental illness.¹⁹

The manager and rehabilitation case manager need to understand the employee’s capacity and what support and rehabilitation assistance they require. This will help to identify suitable employment for return to work, as well as any barriers to return to work that need to be addressed.

Medical certificates influence patient beliefs, employer and system actions and, therefore, return to work outcomes. A well-informed treating practitioner has the capacity to educate patients and employers about best practice return to work.²⁰ Some health practitioners will have a good approach to return to work; others may not understand how work can support recovery. Employers should proactively seek information from treating practitioners on what the employee can do rather than what they cannot do, and work with the GP to facilitate a return to work.

HOW IT’S DONE

Request a medical certificate clearly identifying work capacity

Typically the primary medical practitioner coordinating medical treatment is the patient’s (employee’s) GP. They have the authority to issue a medical certificate outlining the patient’s capacity for work based on their medical condition. The GP uses their professional judgment to determine the relevance of information about the patient’s condition when assessing their needs, restrictions and capabilities.

A medical certificate should be consistent with best practice to ensure the optimal outcomes for the employee.²¹ Comcare has adopted the Clinical Framework for Delivery of Health Services to define best practice principles for healthcare professionals delivering care to people with a compensable injury.²²

The medical certificate should provide advice on work capacity to enable the workplace or the patient’s workplace rehabilitation provider to develop a suitable and safe return to work program for the employee, recognising the mental health and recovery benefits of returning to work as soon as medically possible after an injury or illness.²³

²¹ The Royal Australasian College of Physicians and Australasian Faculty of Occupational and Environmental Medicine Policy on Vocational Rehabilitation Case Conferencing June 2013. www.racp.edu.au/index.cfm?objectid=2735E355-C737-9494-1AF0D1CD5E54D00C.
²³ The Royal Australasian College of Physicians and Australasian Faculty of Occupational and Environmental Medicine Policy on Vocational Rehabilitation Case Conferencing June 2013. www.racp.edu.au/index.cfm?objectid=2735E355-C737-9494-1AF0D1CD5E54D00C.

We need to ‘promote the necessary shifts in beliefs and understanding, and reverse the belief that we have to be totally fit and well to work or that recovery from illness or injury must be complete before return. Restoration of working life is closely allied to clinical goals [and recovery]’.

Dame Carol Black, National Director for Health and Work, United Kingdom
Clarify issues and break down misperceptions

In reality, many factors other than the medical condition can influence medical certification. These factors include the patient’s approach, the workplace situation, the availability of suitable duties, and the overall way the system operates. Early communication between treating practitioners and employers—facilitated by workers’ compensation and/or workplace rehabilitation providers—can help clarify these issues and any misperceptions. This makes it easier to establish how the workplace can best accommodate and support the employee’s rehabilitation.

Seek practical, empowering, work applicable medical advice

The case manager should proactively seek work applicable medical advice. This means allowing medical advice to be applied to the work environment in a way that focuses on function rather than impairment, and that promotes flexibility and engagement for the key workplace players, including the injured employee.

A useful approach is to have face-to-face discussions through a rehabilitation case conference. This may involve a variety of disciplines in addition to medical practitioners such as psychologists, occupational therapists or physiotherapists (see Chapter 6 for more information).

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**EVIDENCE BASED MEDICINE**

The evidence clearly supports that:

> work activity is an integral part of rehabilitation
> provision of modified duties fosters return to work
> people are best off when they return to productive work in a supportive environment
> return to work is more likely to be successful when undertaken early.

The evidence also supports that a number of barriers to return to work can be dismantled by:

> changing beliefs and attitudes
> promoting patients’ understanding of the importance of being active
> advising people how they can self-manage their condition and minimise the risk of re-injury
> focusing on functional recovery.

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25 ibid
Identify rehabilitation needs

Understanding what support and rehabilitation assistance an employee needs to return to work safely is fundamental to Comcare’s occupational rehabilitation model. This means recognising that management of the work injury requires management of the person, management of the injury, and management of the work.

To help an employee return to work following an illness or injury, their employer may assess their capability to undertake a rehabilitation program under section 36(3) of the SRC Act. A rehabilitation assessment is advisable if an employee suffers a workplace injury resulting in incapacity for work or impairment, particularly if the employee is likely to be unable to attend or perform work for a continuous period. If an injured employee requests an assessment, their employer has a duty to provide one.

The medical diagnosis and advice on work capacity forms part of a rehabilitation assessment. More information on rehabilitation assessment is in Comcare’s Rehabilitation handbook (see Appendix G: Resources).

Select the right provider

It is important to select a workplace rehabilitation provider with skills appropriate to psychological injury. Clearly outline expectations to the workplace rehabilitation provider. This should include gathering and documenting relevant information such as: the medical diagnosis and prognosis, the employee’s pre-injury duties and current capacities, availability of suitable duties, consideration of workplace issues and any identified or potential barriers to the employee’s return to work. More information is available in Comcare’s First steps back: A guide to suitable employment for rehabilitation case managers (see Appendix G: Resources).

Coordinate communication with treating practitioners at key recovery milestones

Communication between the employer and treating practitioners needs to be systematic and coordinated in order to understand work capacity and progress return to work. This means allowing check-ins at distinct times appropriate to the recovery of the injured employee. This may include initial assessment, follow ups to review progress and, once the person is back at work, checking to ensure appropriate support is in place to manage or prevent relapse. A follow up GP appointment for a case conference review should be made ahead of time to prevent delays in accessing GP advice.
3. UNDERSTAND WORK CAPACITY

PRACTICAL TIPS FOR WORKING WITH MEDICAL PRACTITIONERS AND HEALTH CARE PROVIDERS

➢ Arrange and attend a rehabilitation case conference appointment with the treating medical practitioner and the injured employee.

➢ Consider writing to the medical practitioner before the appointment to introduce the case manager and workplace rehabilitation provider explaining the role of each party.

➢ Write to the medical practitioner identifying available duties before the appointment. A series of photos or a video may help the medical practitioner understand more complex tasks.

➢ Be seen as a positive employer, and the medical practitioner will be more likely to work positively with you. This involves communicating the workplace’s approach and asking how the employee’s recovery and return to work can be supported.

➢ Communicate to the practice manager that the workers’ compensation insurer Comcare will remunerate the medical practitioner for a vocational rehabilitation case conference to allow sufficient time to address issues and concerns.

➢ Give the medical practitioner information about the type of support the organisation can provide the injured employee.

➢ Invite the medical practitioner to visit the workplace.

SYSTEMS CHECK

☐ Managers have information and understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

☐ HR systems trigger case management involvement when an employee has been off work for a period of time.

☐ Case managers are equipped and supported to participate in rehabilitation case conferencing with treating practitioners and injured employees.

☐ Workplace rehabilitation providers have appropriate skills and experience in psychological injury management.

☐ Expectations of workplace rehabilitation providers are clear relating to their engagement with treating practitioners in return to work planning.

☐ Treating practitioners are provided with information about the workplace, work duties, support available and points of contact.

☐ Employment policies or compensation arrangements include mechanisms to meet the cost of rehabilitation case conferences.

☐ Systematic risk assessments and work health and safety management systems are in place, and particular risks for return to work are addressed.
4. PROVIDE FLEXIBLE SOLUTIONS

The concept of reasonable adjustment reflects the understanding that people with an injury, ill health or disability can often perform the tasks of a position if adjustments are made to accommodate the effects of their condition.

WHY IT MATTERS

Work accommodations (adjustments) are integral to the return to work process for psychological injury. Flexible options can allow employees with mental ill health to stay at or return to work after psychological illness or injury. A lack of options for modified tasks, lack of knowledge about modified work programs, negative attitudes of employees and lack of support from co-workers around modified work can all impede recovery and return to work. Supervisors and managers play a key role in addressing these barriers and offering people pathways back to work, and workplace solutions to enable people to recover and get on with their lives.

There is a substantial body of research on the cost benefit of providing modified duties. Overall, modified duty programs halve time off work. Modified duty programs can significantly reduce the cost of work disability, with studies showing a direct cost reduction of between 8 and 90 per cent. This does not include the indirect costs, generally estimated to be at least four times the direct costs.

Providing suitable employment for injured employees on a rehabilitation program is a requirement under section 40 of the SRC Act and the Disability Discrimination Act 1992 (see legal requirements detailed in the introduction).

HOW IT’S DONE

Identify potential suitable duties

Completing the medical certificate is a starting point for defining work capacity. Further communication will then be needed with the treating practitioner to explore what tasks the employee can do at work, which may require modification, support or coaching. Duties should be consistent with medical advice but also productive, appropriate and as meaningful as possible, to assist the injured employee’s physical and psychological condition, making them feel useful and improving their self-image.

‘Individuals need reassurance in their own ability to return to work, and that others (i.e. colleagues, team leaders, the organisation as a whole) are there to help and support.’

A Qualitative Research Report on: Failed return to work, delays in claiming and long duration claims


Kat Rojak, HR and rehabilitation case manager, Old Parliament House
It is essential to have input from the injured or ill employee, their employer, supervisor and treating practitioner/s to discuss if modifications or alternative duties are required for a safe return to work within the employee’s capacity. This involves considering both the content of the work—the current duties description, work schedule, workload, responsibilities for others, and decision making aspects and the context of the work—interpersonal relationships, team dynamics and aspects of the work environment including levels of support.

Communication with the injured employee will help to identify any environmental and personal factors that may hinder their ability to stay at or return to work quickly and safely.

**Use workplace rehabilitation providers to help match potential duties to work capacity**

To match potential duties to work capacity, consider the medical diagnosis and prognosis, the employee’s pre-injury duties and current capacities, availability of suitable duties, consideration of workplace issues and any identified or potential barriers to the employee’s return to work. Workplace rehabilitation providers have the skills and expertise to help managers and case managers meet their responsibilities in finding suitable work for returning employees and improving workplace safety for employees returning to work.

Comcare’s *Guidelines for Rehabilitation Authorities* (2012) clearly define circumstances when a rehabilitation authority should use a workplace rehabilitation provider and circumstances where a workplace rehabilitation provider must be used. In general these circumstances would apply to psychological injuries.

Some tips:

> Select a workplace rehabilitation provider with experience and skills appropriate to the psychological injury.
> Clearly outline expectations to the workplace rehabilitation provider, particularly their role in liaising with treating practitioners and actively facilitating return to work.
> Ensure the workplace rehabilitation provider understands suitable employment within the Comcare scheme and the employer’s rehabilitation policy and support for return to work.
> Use Comcare’s suitable duties form, as it has been developed to assist with identifying and documenting suitable duties. It also records the engagement of the employee, case manager, workplace rehabilitation provider, supervisor, and medical practitioner in the process.

A list of Comcare approved workplace rehabilitation providers and their professional expertise is on the Comcare website at www.comcare.gov.au.

**WHAT WORKS FOR MENTAL ILL HEALTH?**

> Work accommodations should include a sensible redistribution or reduction of work demands on the employee and his/her co-workers.
> Making transitions to less stressful environments may be beneficial for employees who are unable to change or cope with the fast-paced, high-pressure nature of their working conditions.
> Senior management support for work accommodation may have a notable impact on return to work rates for employees with mental health conditions.
> Support by co-workers is essential for the success of work accommodations, but stigma and co workers’ unclear understanding of the employee’s strengths and limitations can hinder that success.\(^{30}\)

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Make reasonable adjustments to modify the work

Reasonable adjustments are any form of assistance or adjustment that is necessary, possible and reasonable to make to reduce or eliminate barriers to returning to work. This includes modifying the work (for example, duties, hours or workload) and implementing strategies to help the employee manage their health and participate in work. It is important to identify good work that matches the employee’s knowledge, skills, health, and capacity. The manager has an important role in establishing this job match. A helpful tool for work modifications is Practical Work Modifications for Psychological Symptoms, see Appendix B. An example of how modifications can be applied is included below for the symptom of poor concentration.

**PRACTICAL WORK MODIFICATIONS FOR PSYCHOLOGICAL SYMPTOMS (APPENDIX D)**

For example: Difficulty with concentration

- Reduce distractions at work, for example, move the desk from a busy hallway to a window—but don’t isolate the employee.
- Music or ear plugs can help to block out distractions and noise.
- Encourage short periods of work followed by short breaks.
- Email or calendar reminders can prompt the employee to have a break.
- Encourage the employee to carry a note book to record relevant conversation points.
- Find a quiet room or area in the office for the employee to use when cognitively demanding tasks need to be completed. This could also be used to take short breaks or to practice relaxation techniques.
- Vary the amount of concentration required on tasks, for example, design work to include 30 minutes on a task requiring high concentration followed by 30 minutes on a less demanding task.
- Touch base with the employee regularly to see how they are going and make any other modifications as necessary.

Who can assist?

- The HR team can help identify a new desk or room for the employee to use.
- The rehabilitation case manager can help design work to include breaks or adjust the demands of the tasks.
- The IT team, rehabilitation case manager and HR team can help locate and set up tools on the computer for break reminders.
- Talk with the employee—they will also have ideas on what will work for them.
- The GP, psychologist and other treating practitioners may be able to provide advice or strategies to assist with concentration difficulties, and may adjust treatment to address the issue.
4. PROVIDE FLEXIBLE SOLUTIONS

Consider work trials

If suitable employment is not available within the original team, consider suitable tasks in an alternative team in the same agency or with another agency.

A work trial is a strategy where an injured employee is placed with a host team or employer for a defined period while retaining employment with their pre-injury employer. More details are in the Comcare publication, Work trials: A guide for rehabilitation case managers (see Appendix G: Resources).

Consider redeployment

When an employee is unlikely to be able to return to their pre-injury role, redeployment options can be considered. Where possible and appropriate (considering the employee’s needs, medical information and available job options) it is better for the employee to be internally redeployed with their pre-injury employer. Where this is not possible, redeployment with another employer should be considered. More details are in Comcare’s First steps back: A guide to suitable employment for rehabilitation case managers (see Appendix G: Resources).

CASE INSIGHT

‘Work is very important to me because I still feel that I have a lot to give…Work gives me a sense of why I get up in the morning.’

See more of Glenn’s story at Appendix F.

Create a positive return to work environment and manage expectations of work colleagues

An ill or injured employee’s recovery can be greatly improved by returning to healthy and safe work, in an environment that is supportive of mental health and wellbeing. It is important to ensure that work duties are both medically appropriate and seen as appropriate in the workplace. Co-workers need to understand the expectations around the returning employee’s role. Work accommodations should include a sensible redistribution or reduction of work demands on the employee with regard to their co-workers. Support by co-workers is essential for the success of work accommodations.

Take steps to prevent further injuries and manage recurrence

By understanding the cause of injury or illness, employers can and must put safeguards in place to protect mental health and safety for return to work. This can be done through a risk assessment before the employee returns to work. Remember that different employees may respond differently to the same working environment and management style. Make sure the manager talks with the employee about what will support their return to work.

The United Kingdom Civil Service Health and Safety Executive identified six potential sources of harm related to the design and management of work that, if not managed well, can lead to mental ill health. The major sources of stress-related claims in the Comcare scheme are work pressure—workload, unrealistic deadlines, competing priorities. Bullying behaviours and perceptions of unfair treatment are also significant sources of mental stress. More information on managing risk is in Chapter 7.

### The United Kingdom Civil Service Health and Safety Executive potential sources of harm

<table>
<thead>
<tr>
<th>Demands</th>
<th>Support</th>
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<tr>
<td>The demands of people’s jobs (relating to workload, work patterns, working environment).</td>
<td>The support provided by the organisation, line management and colleagues.</td>
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<thead>
<tr>
<th>Control</th>
<th>Relationships</th>
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<tr>
<td>How much control (or how much say) people have in the way they do their work.</td>
<td>Relationships at work.</td>
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<th>Role</th>
<th>Change</th>
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<tr>
<td>The extent to which people understand their role in the organisation and do not have conflicting roles.</td>
<td>How organisational change is managed and communicated.</td>
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### CASE INSIGHT

The morning she was to start, Maddie said ‘I was ill—physically sick and panicky getting into work’.

While ‘everyone was very nice, very supportive’, Maddie realised she just couldn’t do this new job. ‘I just collapsed in a heap again and was scared and couldn’t do it’. Maddie felt it was ‘very important’ to go back to her old job that she knew she’d been good at. ‘I wanted to go back to my job. That was my aim and what everyone was working to.’

See more of Maddie’s story in Appendix F.

### SYSTEMS CHECK

- Integrated policies are in place to support ability to work, covering workforce planning, manager skills, work design and health condition management.
- Absence management systems notify HR and managers when there is an absence.
- Flexible workplace arrangements are available and policy is in place.
- Risk assessments are in place.
- There are options to modify work tasks.
- Role descriptions are available and include both general skills and training required/available.
- Training is available for managers on flexible work options and obligations to provide reasonable adjustments.
- Workplace systems support flexible work and reasonable adjustments including ICT systems and remote access.
5. EMPOWER EMPLOYEES FOR RECOVERY

Neglecting individuals’ capacity to participate in their recovery can make people weaker rather than stronger, more isolated, more dependent (rather than more resourceful) and more at risk of ill-being and distress. This is the opposite of what rehabilitation is intended to achieve.

WHY IT MATTERS

Getting the right medical treatment is important but health care alone has little impact on work participation outcomes\(^2\). A medical model can sometimes fail to address underlying problems. It can also disempower people who are supposed to benefit from services (by failing to recognise the service users’ own strengths and assets) and can engender a culture of dependency that stimulates demand for more services.

People’s needs are better met when they are involved in an equal and reciprocal relationship with rehabilitation professionals and others, working together to get things done. Empowering the employee to manage their own injury is a key return to work strategy and should be incorporated into injury management practices. This is an underlying principle of the Clinical Framework for the Delivery of Health Services\(^3\) which supports healthcare professionals in their treatment of ill or injured employees. The principles are also relevant for all involved in the return to work effort.

The workers’ compensation process can also appear daunting and cause unnecessary distress. Empowering the ill or injured employee to navigate the system and providing information, guidance and support will assist return to work and recovery and prevent secondary harm.

Return to work practices that activate the employee, foster the employee-supervisor relationship and help keep the employee engaged in the return to work process are effective in improving return to work outcomes.

Best Practices for Return-to-Work/Stay-at-Work Interventions for Workers with Mental Health Conditions

HOW IT’S DONE

Recognise existing capabilities and strengths

Instead of a deficit approach, which focuses on what someone cannot do, provide opportunities to recognise and grow people’s capabilities and actively support them to put these to use in their work and communities. Emphasise the importance of actively participating in activities at home, work and the community as part of rehabilitation.

Extended time off work can further shake a sense of self already made vulnerable by injury or illness.

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Set clear expectations

Explain roles, responsibilities and expectations. Recognise reciprocal relationships with injured employees, healthcare professionals and the work community. Provide information on mutual responsibilities and expectations. Reinforce the links between the employee’s work and the organisation’s objectives. Individuals and teams that understand how their work contributes to the overall organisational objectives can see meaning and value to their work.

Promote peer support networks

Engage peer and personal networks, such as family contacts, alongside professional involvement as a way of providing recovery skills, transferring knowledge and supporting change. A resilient team is one in which people have a shared sense of purpose and connectedness. Interaction and reinforcement of team efforts are important. Team cohesion can also be built through team social activities and regular informal team catch ups.

Facilitate rather than deliver

Enable the employee to have a say in decisions that affect them and use the rehabilitation team as catalysts and facilitators of change, rather than purely service providers. Help is often needed to navigate the system and understand what is required. Consult employees and jointly agree on all planned health, occupational or rehabilitation interventions or services, and the rehabilitation program (including workplace or work equipment modifications).

Recognise progress

A sense of achievement at work is important. Everyone likes to feel they are making progress, so recognise the gains as well as the setbacks/lessons learnt. Job satisfaction comes from the experience of progress and accomplishment. Learn from return to work setbacks rather than labelling them as ‘failed return to work’.

Communicate effectively

Keep employees informed, engaged and involved. Effective communication helps build positive relationships which contribute to workplace resilience.

Promote personal skills

Personal skills required for resilience include problem solving skills and autonomy. Instead of always providing solutions, prompt others to think critically and reflectively to develop alternative approaches to workplace problems. This helps people to develop and learn, and be ready to adapt to new situations they may face.

Balance work with other life activities

Encourage a balanced approach to work. Ensure work is undertaken in a safe, healthy and productive manner over time. A balance of effort and recovery (including time for rest, exercise and adequate nutrition) is important to maintain resilience.
Stay in touch

Employees with a mental health condition who are away from work need information and planned communication to maintain connection with the workplace. Sustained contact with the workplace has a positive influence on the employee’s return to work experience.

**CLINICAL FRAMEWORK PRINCIPLE: EMPOWER THE INJURED PERSON TO MANAGE THEIR INJURY**

1. Empowering the injured person to manage their injury is a key treatment strategy and should be incorporated in all phases of injury management.

2. The main ways to empower an injured person are education, setting expectations, developing self-management strategies and promoting independence from treatment.

3. Healthcare professionals need to empower an injured person to actively participate in activities at home, work and in the community as part of their rehabilitation.

Have recovery focused conversations

An injured employee may have or develop restrictive or counter-productive beliefs leading to entrenched feelings of distress and behaviours that do not support recovery, independence and return to work. Restrictive beliefs can be a major obstacle to someone’s ability to participate in activities at home, work or in the community. Talk to the GP or workplace rehabilitation provider if there are concerns that such beliefs are hampering recovery and return to work.

The rehabilitation team can help with education and motivational strategies that can assist an injured person to understand their injury and its management, make choices, challenge and overcome restrictive beliefs, and modify their behaviour—leading to improved functional outcomes. Some injured employees may require more specialised psychological intervention to change beliefs about recovery. More information is in the Clinical Framework for Delivery of Health Services available at www.comcare.gov.au.

A general principle is that active strategies that support self-management and independence should increase as recovery progresses, while passive strategies (such as supportive counselling or hands-on treatment) that require intervention by a healthcare professional should decrease.

Consider employer representatives

Employee representatives such as union representatives can provide information to employees on work absence, available services, return to work options, employee confidentiality and privacy rights. They can also provide input into meaningful work accommodations. Representatives can also play a facilitative role in conflict resolution when employees are experiencing workplace conflict or lack of support.
Consider online support tools

The internet is a source of information, advice and support that young people with a mental health condition feel particularly comfortable turning to\(^{34}\). Web-based initiatives may complement treatment and help promote positive mental health messages as part of the rehabilitation plan. Some well-regarded sources include:

- SANE Australia—http://www.sane.org/

The mindhealthconnect website http://www.mindhealthconnect.org.au/ aggregates mental health resources and content from the leading health focused organisations in Australia as part of the Commonwealth government’s e-Mental Health Strategy, see Appendix G for more resources.

Use problem solving strategies

Mental ill health may recur and sometimes a return to work program may stall, with initial return to work followed by one or more recurrences of work absence\(^{35}\). Research from the Netherlands\(^{36}\) found a 60 per cent reduction in the likelihood of recurrent sickness absence 12 months after using the *Stimulating Healthy participation And Relapse Prevention at work* (SHARP—at work) intervention.

The SHARP—at work intervention involves the following five-step problem-solving process to implement solutions for employees with common mental health conditions who return to work:

1. Make an inventory of problems and/or opportunities encountered at work after return to work.
2. Brainstorm solutions.
3. Write down solutions and the support needed and assess the applicability of these solutions.
4. Discuss solutions and make an action plan with the supervisor.
5. Evaluate the action plan/implementation of solutions.

A mental health workplace support plan is a useful tool that can be used to capture the outcomes of a problem solving process (for an example template see Appendix E). This type of plan should be developed in consultation with the employee, their GP and manager and others as required. It can be used on its own or in support of a rehabilitation program.

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\(^{35}\) A Qualitative Research Report on: Foiled return to work, delays in claiming and long duration claims. Jen Hodges, Jo Kirkhope, Lisa Naphtali and Monique Slevison. Sweeney Research

A people-orientated organisational culture is promoted.

Case managers and workplace rehabilitation providers are familiar with the principles of the Clinical Framework for the Delivery of Health Services.

Workplace rehabilitation provider arrangements ensure the right professional skills to recognise and harness individual assets and use a variety of methods to work with people rather than ‘process’ them.

Supplementary services, such as Employee Assistance Program services, aim to build capacity for people to help themselves and each other.

Information and support is available to help injured employees to understand the workers’ compensation process, roles and responsibilities (for example, an introductory letter that provides contact information and describes the return to work processes).

Employer representatives convey principles of capacity building and recovery orientated messages in their contact with ill or injured employees.

Mental health plans are available to employees to facilitate early access to support, points of contact for personal or peer support, and treating practitioners.

Maddie said while she felt nervous returning to her old work area, her colleagues were very welcoming and supportive.

‘Even though I worried about letting people down, my work colleagues and my manager never ever made me feel like that. It wasn’t as frightening as a lot of people find it, and I think that had a lot to do with the supportive work environment.’

See more of Maddie’s story at Appendix G.
6. COORDINATE RETURN TO WORK

Return to work is a collaborative effort that involves the employee, manager and rehabilitation case manager working together to facilitate a healthy and safe return to work.

WHY IT MATTERS

A coordinated approach, where efforts and activities are aligned, is crucial to an effective, safe and sustainable return to work for an employee with a mental health condition. This means keeping the employee central to the process as well as engaging and communicating with other key stakeholders such as:

- treating medical practitioners
- manager and supervisor
- rehabilitation case manager
- workplace rehabilitation provider
- co-workers
- family and other stakeholders (where appropriate).

Return to work planning depends on direct communication between the workplace and healthcare providers to ensure a shared understanding of the working conditions under which an injured or ill employee will return to work. This allows for a better assessment of the level of recovery needed before return to work can occur as well as the kind of modifications that are possible in the workplace.

This includes addressing any concerns or risks to the employee’s mental health, setting goals, developing and implementing a plan that focuses what the employee can do, and ensuring appropriate modifications and support are in place.

The employee may be feeling nervous about returning to work or feel they are unable to physically be in the workplace. Preparation and regular contact with the employee will help them with this. Creating a work environment that is safe and supportive greatly improves an injured employee’s path to recovery.

‘The focus for me is trying to take a snapshot of the big picture. It’s not just the initial accident or the first medical appointment... where are we going? What is the big picture plan? It’s about assisting that person to return to work but also taking into consideration the requirements of the workplace.’

Matt, Case Manager, Australian Federal Police
HOW IT’S DONE

Communicate clearly with all involved in return to work

Clear communications between treating practitioners and employers—facilitated by appropriately qualified workplace rehabilitation providers—makes it easier to establish how the workplace can best accommodate and support the employee’s rehabilitation and return to work goals, aligned with medical advice. The case manager or workplace rehabilitation provider needs to compile the following information into a coherent plan covering:

> the injured employee’s goals, concerns and views
> medical information, including details about the medical condition
> advice and input from the workplace rehabilitation provider if appropriate
> business needs and the ability to accommodate duties.

A comprehensive rehabilitation program can help to clearly document the goals, milestones, roles and responsibilities in the return to work process. For it to be binding under the SRC Act, the rehabilitation case manager will need ensure that each item under section 37(3) (a–h) of the SRC Act has been addressed. More information on rehabilitation programs under the SRC Act is available in Comcare’s Rehabilitation handbook.

Use rehabilitation case conferencing

Rehabilitation case conferences may involve a variety of disciplines in addition to medical practitioners, such as psychologists, occupational therapists or physiotherapists.

Case conferencing—with the intent of facilitating the timely and effective rehabilitation of the disabled, injured or ill employee—is an essential part of a rehabilitation program. It is vital for the employer to be actively involved.

KEY PARAMETERS FOR EFFECTIVE CASE CONFERENCING

> Participation of employee, employer, treating medical practitioner and other relevant parties, which may include a support person for the employee. Not all parties may need to be involved in each meeting—the purpose of any given meeting will determine who needs to attend.
> Clear separation from medical consultations.
> Employee’s informed consent to the conference and to the participation of each attendee.
> Respect for the employee’s right to confidentiality and procedural fairness.
> Written information available for doctors, employees and employers to explain the case conference, what it may cover, and how it differs from a medical consultation.

37 The Royal Australasian College of Physicians and Australasian Faculty of Occupational and Environmental Medicine Policy on Vocational Rehabilitation Case Conferencing June 2013. www.racp.edu.au/index.cfm?objectid=2735E355-C737-9494-1AF0D1C8D5E54D0C
38 Ibid.
Checking in at distinct times with treating practitioners, to assess progress in the return to work process and the employee’s needs, are important return to work practices for employees with mental health conditions. These times can include:

- initial assessment
- return to work planning
- continuous check-ins during return to work
- follow up and relapse prevention.

**Set staged return to work goals**

Goals are a way of motivating and measuring recovery. They should focus on optimising functioning participation and return to work.

- Goals should be developed in collaboration with, and agreed to by, the ill or injured employee and their GP.
- Goals should be functional and SMART—specific, measurable, achievable, relevant and timed.
- Progress towards achieving goals should be regularly assessed and goals reset or modified as necessary.


When developing a rehabilitation program under section 37 of the SRC Act, the goals set for return to work must be consistent with the definition of suitable employment.

The overall return to work goal may seem like a long way off for the ill or injured employee. ‘Staging’ the return to work process can link the employee’s current capacity with the overall goal. Then the focus on each stage feels more achievable and realistic than a longer-term end goal.

In consultation with the employee, the manager and the rehabilitation case manager can map out the return to work process to demonstrate how the overall return to work goal can be achieved. It is important for the manager and the rehabilitation case manager to assist the injured employee to see how they can achieve the goal. It is also important to discuss with the employee how they will know they have achieved their goal—talk about what achieving the goal would look like and how they will get there. A staged rehabilitation example is outlined at Appendix E.

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The overall return to work goal depends on the individual circumstances, the input from treating practitioners and the workplace, although the ideal return to work outcome is usually a return to pre-injury hours, duties and work area. For mental health conditions, return to work goals should not be viewed as a rigidly sequential hierarchy. For instance, if workplace relations in the immediate work team have irretrievably broken down, temporary assignment of work in a different area maybe more appropriate for the injured employee to gain confidence, rebuild skills and make a contribution. It is not always helpful to focus on a return to pre-injury work as the first and necessary step in return to work. Psychosocial issues in the workplace may be more easily addressed as the employee returns to a greater level of health and wellbeing.

When developing a rehabilitation program under section 37 of the SRC Act, the goals set for return to work must be consistent with the definition of suitable employment (see appendix H). The rehabilitation case manager should contact a claims service officer to discuss the return to work strategy and seek assistance where needed. Where appropriate the claims service officer may discuss mental health treatment available, provide a referral to Comcare’s injury management advisory service or clinical panel, or contribute to a case conference.

The evaluation of the return to work goal should consider:

- Information from the employee regarding their progress. What they have achieved? What are they still having difficulty with?
- Feedback from the manager and information on continuation of current or future duties.
- Feedback from the rehabilitation case manager and/or the workplace rehabilitation provider regarding recent treating practitioner options around prognosis and treatment.

Monitor the return to work goal

It is important for the return to work goal to remain flexible and be adjusted depending on progress and medical advice. Checking in and monitoring progress allows modification of goals or rehabilitation supports if circumstances change. The return to work goal is usually reviewed through discussion between the employee, manager, rehabilitation case manager and workplace rehabilitation provider (if engaged).
Create a work environment conducive to return to work

To help create a supportive environment for return to work and to assist the employee and their co-workers adapt, it is important to provide the workgroup with clarity on working arrangements.

Managers are responsible for ensuring that co-workers know the employee is returning to work, understanding work allocation (as appropriate), and understanding who will be responsible for supervision and what support they can offer.

Start by explaining to the employee that their co-workers will be happy to support their return to work (or part-time working arrangements) and that there is a duty to give the team some basic information about the working arrangements. For example, the team will need to know if the returning employee is working different hours or days and what work they will be doing if it relates to co-workers’ work. Ask the employee what they would like their colleagues to be told. Remember that information about a person’s mental health must be kept confidential and private unless they have given permission to talk about it. The emphasis should always be on providing constructive support for the employee and their rehabilitation needs.

“Graduated return to work is great because it reinforces to the injured worker that they are actually productive, that they are producing outcomes and that they actually are feeling better…as a case manager it is about making sure that the injured worker continues to feel positive and contributing but it’s also the manager’s role to make sure they are monitoring, giving good feedback and recognising the work being done.”

Kat Rajak, HR and rehabilitation case manager, Old Parliament House

SYSTEMS CHECK

- Policy and procedures include monitoring return to work goals.
- Responsibility to monitor return to work goals is identified.
- Risk assessment is in place to ensure healthy and safe work environment prior to return to work, and it addresses common hazards to mental health.
- Team and organisational risk factors are considered.
- The organisation has flexible workplace arrangements and policy.
- There is a process in place for rehabilitation assessment.
- If workplace conflict is an issue, conflict resolution strategies are considered.

CASE INSIGHT

“Expectations during the recovery process are highly important so that the injured worker understands the rehabilitation process, there is a means, there is a process to get them back to work…Participating in the return to work process is good for them. With Tim, I met with him regularly to discuss his progress, where we are going and possible outcomes.”

Matt, Case manager

See more of Tim’s story at Appendix F.
7. TACKLE BARRIERS AND ADDRESS RISKS

Whether an ill or injured person becomes incapacitated for work is not simply a consequence of the severity of their condition—many other factors, including how the return to work and workers’ compensation processes are conducted also have an impact.

WHY IT MATTERS

There are many non-medical factors that influence whether a person continues to work, including whether health and safety risks have been addressed, individual beliefs about the importance of work, and the management of their illness and absence by their employer, insurer, treatment providers and family. If return to work is delayed beyond what would usually be necessary for the health condition in question, other barriers may be responsible.

The ‘flags’ model, developed and refined over a decade, identifies some of the common barriers to return to work and assists in identifying ways to overcome those barriers\(^40\).

Flags are warning signals that factors in or around the individual may be acting as obstacles to full recovery and return to work\(^41\).

<table>
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<tr>
<th>Clinical factors</th>
<th>Red flags</th>
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<td>Serious pathology</td>
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<td></td>
<td>Co-morbidity (i.e. co-existence of other disease)</td>
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<td>Failure of treatment</td>
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<td>Beliefs about pain and injury</td>
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<td>Unhelpful coping strategies</td>
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<td>Unsupportive management style</td>
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<td>Perceptions of high work demands</td>
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<td>Low perception of control</td>
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<td>Litigation</td>
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<td>Compensation thresholds</td>
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\(^{40}\) Psychology, Personal Injury and Rehabilitation; The International Underwriting Association and Association of British Insurers, Rehabilitation working party 2004, <www.iua.co.uk/IUA_Member/Publications/Rehabilitation_Code.aspx>


"I noticed that Tim was struggling, he looked quite tired like he hadn’t been sleeping so I started to dig with questions: How are you going? Anything you need to talk about? He said he was struggling with things so then I started to ask how are you going? Are you depressed?"

Matt, Case manager, AFP

Identifying barriers and risks is about looking for unhelpful behaviours and circumstances. All players have a role in spotting flags related to the employee with the illness or injury, their workplace, and the wider context of their lives. There is strong evidence that these factors are important to an employee’s recovery and need to be addressed holistically in rehabilitation planning. It is then critical to take action to remove or minimise the identified barriers and risks, where possible.

BARRIERS TO RETURNING TO WORK

beyondblue identifies the following common factors that can make it more difficult for an employee with mental ill health to return to work:

> Stigma associated with depression/anxiety and lack of knowledge and understanding about its impact on work performance.
> Suspicion about the severity of the employee’s depression/anxiety (for example, other team members suggesting that the employee is using depression/anxiety as an excuse to ‘get out’ of work).
> Perceived or actual lack of return to work planning or support from employer.
> Fear that colleagues may find out about the diagnosis.
> Reduced self-confidence associated with the episode of depression/anxiety.
> Uncertainty about the type of assistance managers or supervisors will provide.
> Fear of discrimination and the impact on future career prospects.
> Concerns that work-related contributors or causes of stress, anxiety and depression have not been reported or addressed.

beyondblue, Supporting the return to work of employees with depression or anxiety, www.beyondblue.org.au.

HOW IT’S DONE

Managers and rehabilitation case managers have significant opportunities to identify and address the workplace factors that may be creating barriers to return to work. The best way to establish whether there are non-medical factors delaying return to work is to ask the relevant people—for example the employee, their supervisor or manager and (bearing in mind confidentiality provisions) the treating practitioner—‘What, from your point of view, are the barriers to return to work?’ Posing this question is a collective responsibility.

In general, the best approach is to:

> encourage communication between stakeholders about barriers to return to work
> intervene early when non-medical factors are apparent
> provide injured or ill employees with accurate, balanced information about their health condition and the impact of work activity on recovery.

Managers may find that treating practitioners identify the quality of the work environment and workplace relationships as a frequent barrier to return to work with psychological injury. Employers need to take action to ensure that the work environment will be safe for return to work and engage with the treating medical practitioner to communicate how this is being done. When all stakeholders are working together they are more likely to achieve a successful return to work outcome.

A rehabilitation case manager can contact the claims service officer to advise of any difficulties in the return to work process. The claims service officer may be able to contribute a claims management perspective and available options to a rehabilitation case conference focused on problem solving. Where appropriate the claims service officer may provide a referral to Comcare’s injury management advisory service, clinical panel, or discuss the possibility of an independent medical examination if further medical guidance is required in complex cases.

**Manage health and safety risks**

Managing risks to health and safety is a legal requirement under the *Work Health and Safety Act 2011* (WHS Act). Risks not addressed in a rehabilitation context can be a barrier to a successful, healthy and safe return to work. It is not uncommon for treating practitioners to advocate for the injured employee, based on this issue.

Managing the risks ensures that suitable employment is found so the employee does not return to a work environment or role that will cause further harm. Conducting a risk assessment will help managers see if there are any ongoing risks to the employee’s mental health (and the broader team’s mental health).

The next table presents some strategies to address common workplace psychosocial risks.

In addition, the following tools and resources can help with a risk assessment:

- The Health and Safety Executive Management Standards for Stress
- The People at Work psychosocial risk assessment tool
- Working Together: Promoting Mental Health and Wellbeing at Work.

For more information, including on the obligation to consult with employees, see the Code of Practice on How to manage work health and safety risks at <www.safeworkaustralia.gov.au>.

**Strategies to address workplace psychosocial risks in providing suitable employment**

Work pressure/demands

Be clear on expectations and tasks.

Set tasks and timeframes—consider separating tasks into set time periods so the employee can focus on completing one at a time.

Meet regularly with the employee.

Match the demands of the job to the capability of each employee in consultation with them.

Provide appropriate resources and training for the employee to effectively complete their work.

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### Low control over work
Allow greater flexibility with work hours/days worked.
Allow employees to plan their work and make decisions about how their work should be completed.

### Poor clarity around work tasks or work role
Ensure each employee has a clear job description outlining roles and responsibilities.
Be clear about the links between organisational objectives and the employee’s role.
Regularly review roles and modify where necessary in consultation with the employee.
Provide regular feedback to employees about their performance and address any concerns early.

### Support
Ensure that the manager and the team provide the employee with enough support to do the work.
Provide enough resources to support the employee to perform their role, for example, time, budget, tools and IT.

### Organisational change
Consult with key parties, including employees and unions, whenever change is being proposed.
Keep all employees, including those on leave, informed about proposed changes.
Ensure there is clear understanding about how the changes will affect individuals and what assistance is available to them and the reasons for the change.
Manage the rate of change.

### Breakdown in relationships
Set the culture of the team and workplace by modelling positive and respectful behaviour.
Set clear expectations of what is appropriate and inappropriate behaviour within the workplace.
Push back on disrespectful behaviours and call bullying behaviours early.

### Manage workplace relationships
Co-workers may respond negatively to someone who is off work with psychological injury and even express doubt about the legitimacy of the problem. The significance of such experiences depends on how often they occur, the perceived importance of those who discredit the employee who is off work, and how strong the negative response appears to be. This will not affect all people equally, but for many it will further shake a sense of self, already made vulnerable by injury, illness and distress.
Breakdown in relationships at work, including poor culture, bullying and harassment, can have an adverse impact on return to work and recovery. It is important to address these risks and provide a positive workplace culture to support a healthy and safe return to work:

- A manager or rehabilitation case manager’s focus and actions must remain objective.
- Encourage the employee to be solution and future-focused.
- Remember that perception is reality for that person, so even if an allegation of bullying/harassment is not upheld, the reality for that person is that it occurred.
- Decide on the best person to keep in regular contact with the employee—this may depend on who is involved in the perceived conflict.
- An internal work trial may assist the employee to re-engage with the workforce while the interpersonal issues are being addressed.
- An external work trial or voluntary work as part of a rehabilitation program may assist the employee to prepare for returning to their pre-injury workplace by building confidence. Voluntary work should only be considered on a case-by-case basis for the most serious and complex cases.
- Consider what would be reasonably practicable to provide a healthy and safe working environment. For example, ask the employee what would need to change in the workplace for them to feel safe. What changes in access to support, tasks and so on would be required? Is this reasonably practicable?
- Consider mediation or facilitated discussion to address and resolve the conflict.
- Talk to the HR team about a formal investigation into the alleged conflict.

For more information see the Working Together: Promoting Mental Health and Wellbeing at Work ‘Creating a respectful workplace’ and ‘Preventing bullying at work’ information sheets, available at www.comcare.gov.au.

Manage performance and take reasonable management action

Managers may feel that their actions or integrity are being challenged by a workers’ compensation claim for psychological injury. This can be the case around questions of reasonable administrative action, defined in section 5A of the SRC Act as including a performance appraisal, counselling, suspension or disciplinary action.

It is Comcare’s job to determine the critical issue of how an administrative action is undertaken in the workplace. The action must be lawful and fair, and objectively assessed in the context of the circumstances, knowledge of those involved at the time, and emotional state and psychological health of the employee. Keep records about administrative actions concerning a person’s employment, especially when issues of underperformance, interpersonal conflict and poor conduct are alleged.

The manager’s job is to focus on managing the person and their health and productivity at work. If the relationship with the ill or injured employee has irretrievably broken down then the manager needs to make sure there is someone else to do this, usually a case manager and alternate supervisory contact.
7. TACKLE BARRIERS AND ADDRESS RISKS

SYSTEMS CHECK

☐ Systematic risk assessment and management policy and procedures are in place for mental health and safety.

☐ Officers and employees understand responsibilities under WHS Act.

☐ Processes for job design, selection, recruitment, training, development and appraisal promote mental wellbeing and reduce the potential for stigma and discrimination.

☐ Employees have the necessary skills and support to meet the demands of a job that is worthwhile and opportunities for development and progression are offered.

☐ Employees are supported throughout organisational change and situations of uncertainty.

☐ The organisation promotes a management style that encourages participation, delegation, constructive feedback, mentoring and coaching.

☐ Policies for recruitment, selection, training and development of managers recognise and promote these skills.

☐ Managers are able to motivate employees and provide them with the training and support they need to develop their performance and job satisfaction.

☐ Training and support is provided to increase understanding of how management style and practices can help to promote the mental wellbeing of employees and mitigate risks of work stress.

☐ Managers are able to identify and respond with sensitivity to employees’ emotional concerns, and symptoms of mental health problems.

☐ Managers have information and understand when it is necessary to refer an employee to occupational health services or other sources of help and support.

There are useful resources available at www.comcare.gov.au including:

> First steps back: A guide to suitable employment for rehabilitation case managers

> A qualitative research report on: Failed return to work, delays in claiming and long duration claims (Condensed Report)

> Working Together: Promoting Mental Health and Wellbeing at Work

CASE INSIGHT

‘Being able to get back and do something is really important to me because sitting at home doing nothing while you’re recovering, you’ve got too much time to think and if you can get back to work and start doing things it makes things a lot easier. I think it makes your recovery go a little bit better and you’re a happier person.’

See more of Tim’s story at Appendix F.

**PRINCIPLE #1: Clear, detailed, and well-communicated organisational workplace mental health policy supports the return-to-work/stay-at-work process**

A clear and well-communicated organisational workplace mental health policy is essential to minimise fragmentation, confusion and inaction regarding the return-to-work/stay-at-work process. Fostering a people-oriented organisational culture through supportive management can aid in the prevention, early identification, and management of mental health conditions in the workplace. Stigma around mental health conditions is a clearly identified barrier to the implementation of effective return-to-work initiatives. Early identification and intervention for depression, through increased awareness and skills training at the workplace, can reduce the severity, duration, and cost of depressive illness.

**PRINCIPLE #2: Return-to-work coordination and structured, planned, close communication between workers, employers, unions, healthcare providers, and other disability management stakeholders are required to optimise return-to-work and stay-at-work outcomes**

Return-to-work coordination and negotiation amongst stakeholders are required to accomplish individualised return-to-work strategies. To be successful, these activities may need to be coordinated by a trained return-to-work coordinator. Structured and planned close communication between the worker, supervisor, healthcare provider(s), union representatives and other disability management stakeholders is essential to improve return-to-work/stay-at-work outcomes. This includes in-person/telephone contacts and written information for workers with mental health conditions on current policies and benefits.
PRINCIPLE #3: Application of systematic, structured and coordinated return-to-work practices improves return-to-work outcomes

Return-to-work practices that activate the worker and help keep the worker engaged in the return-to-work process are effective in improving return-to-work outcomes. Adapted implementation of established guidelines currently available for occupational physicians can improve disability management practice and return-to-work outcomes. Check-ins at distinct times, to assess progress in the return-to-work process and the worker’s needs, are important return-to-work practices. These can include:

> initial intake
> detailed assessment
> continuous check-ins during intervention
> follow-up check-in
> relapse prevention.

Return-to-work practices should be specific, goal-oriented and, notably, maintain a focus on work function, workplace behaviour, and return-to-work outcomes.

PRINCIPLE #4: Work accommodations are an integral part of the return-to-work process and the context of their implementation determines their effectiveness

Work accommodations as part of the return-to-work process are recommended. However, the specification of appropriate work accommodations and their implementation need to take into account the circumstances of the worker and the workplace. Although work accommodations can be beneficial to workers and workplaces, they can also create unforeseen obstacles to the return-to-work process if unsuitably conceived or implemented. For that reason, evidence supports several considerations in the implementation of work accommodations:

> Work accommodations should include a sensible redistribution or reduction of work demands on the worker and his/her co-workers.
> Making transitions to less stressful environments may be beneficial for workers who are unable to change or cope with the fast-paced, high-pressure nature of their working conditions.
> Senior management support for work accommodation may have a notable impact on return-to-work rates for workers with mental health conditions.
> Support by co-workers is essential for the success of work accommodations, but stigma and co-workers’ unclear understanding of the worker’s strengths and limitations can hinder that success.

PRINCIPLE #5: Facilitation of access to evidence-based treatment reduces work absence

Workplace-based and work-focused cognitive behavioural interventions can reduce work absence duration. To achieve improvement in clinical symptoms, the intervention needs to be symptom-focused and delivered by mental health professionals. For optimal results, interventions based on cognitive behavioural therapy should be combined with work accommodations and/or counselling about return to work.
Rehabilitation practitioners in Comcare’s recovery community have offered the following practical strategies to support employees with particular challenges related to mental ill health.

**FATIGUE OR SLEEP DIFFICULTIES**

> Be flexible about the times and days that the employee is at work. For example, allow the employee to come in late or change working days following a bad night sleep.

> Modify the work start time to suit the employee’s sleep patterns, such as starting work at 11.00 am instead of 9.00 am.

> Consider work from home arrangements so that the employee can work around their awake/sleeping times.

> Provide a quiet area for the employee to complete tasks as this may assist with concentration.

> Review regularly and adjust as appropriate. This will provide the employee with a sense of achievement and progress.

> Consider if there is a first aid room available for a ‘power nap’.

**Who can assist?**

> Contact HR to find out more about flexible working arrangements.

> Have a conversation with the employee to find out what days and times would suit them best.

> Have a conversation with the team about the flexible arrangements—remember to ask the injured employee what they would like the team to be told.

> The treating medical practitioners may have useful ideas, suggestions and input.
POOR MEMORY RETENTION

> Ask the employee how they like to receive information—verbally or in writing (or one followed by the other as reinforcement).
> Write down key points from discussions and meetings, follow up with an email.
> Encourage the employee to have a support person at meetings to help remember conversations.
> Encourage the employee to keep a diary as a reminder of meetings and discussions.
> Be prepared to repeat information.
> Remember, if the employee doesn’t remember something, they are not being difficult.

Who can assist?

> Trusted colleagues and team members can provide support during and following meetings.
> Tools that can help with memory such as email and calendar reminders, dictaphones or smartphone reminder applications, emails—IT and HR teams can help.
> The treating medical practitioners may be able to modify medications or diet to help memory.

MEDICATIONS THAT CAUSE DROWSINESS

> Consider modifying the hours of work. For example, starting later if the employee is drowsy in the mornings or finishing earlier if they are drowsy in the afternoons.
> Consider a taxi or colleague to drive the employee to/from work if driving is an issue for the employee.
> Encourage the employee to go for a walk when they are feeling drowsy or take a short work break.

Who can assist?

> Talk with HR and the rehabilitation case manager about modifying hours of work.
> Contact HR to find out what support might be available for transport arrangements.
> Treating medical practitioners may be able to provide advice, suggestions and input.

SLOWED THOUGHT PROCESSES

> Give the employee one task at a time to focus their attention.
> Allow for extra time to complete tasks.
> Provide a quiet area for the employee to complete tasks as this may assist with concentration.
> Use written instructions or flow charts to describe the steps for tasks.
> Give the employee time to digest information and to form their answer—sometimes they might need to think overnight. They may not be able think on their feet.
Who can assist?

> Let the team and colleagues know why extra time is provided for tasks—remember to ask the employee what they would like the
team to be told.

> The rehabilitation case manager can help to identify strategies to improve or support thought processes.

> The treating medical practitioners may have useful ideas, suggestions and input.

EMPLOYEE’S HEALTH AND WORK ABILITY FLUCTUATES

> Ensure that work arrangements are flexible. For example, if the employee is scheduled to work on Mondays and Tuesdays but is
unwell on Tuesday, be flexible about them working later in the week instead.

> Ensure that reasonable adjustments are tailored to meet individual requirements and circumstances. Reasonable adjustments can
be temporary or long term.

> Hold regular conversations with the employee about what support they might need from the workplace—this will help to identify
their needs.

Who can assist?

> Have regular conversations with the employee to talk about their health.

> Contact HR to find out more about flexible working arrangements.

> Contact IT to discuss working from home options.

> The treating medical practitioners may have useful ideas, suggestions and input.

> The rehabilitation case manager or workplace rehabilitation provider can liaise between key stakeholders to help identify suitable
options as conditions change.

INACTIVITY AND NOT EXERCISING

> Look at ways to decrease physical inactivity at work, for example, using stairs, using meeting rooms on another floor, team walks,
sit/stand workstations and so on. See <www.comcare.gov.au> for more information on sedentary work.

> Encourage use of work health and wellbeing programs.

> Encourage appropriate breaks to support healthy eating practices and activity during lunch times.

Who can assist?

> Contact the HR team to understand what health and wellbeing programs are available that could support the employee.

> The GP or psychologist can advise on the benefits of activity and exercise. They can also help with strategies to assist.
FEELING OVERWHELMED

- Talk to the employee about which tasks they feel confident and capable of performing—do not make assumptions.
- Provide a quiet area for the employee to use when they are feeling overwhelmed.
- Touch base with the employee every day to see how they are going and see if there's anything that the workplace can do to help.
- Consider having two sets of tasks:
  1. More complex, conceptual tasks for when the employee is feeling well and ‘on top of things’.
  2. Less complex tasks for days when the employee is struggling (for example, filing, tidying their desk, simple processing tasks).
  This will provide the employee with a sense of capacity and achievement.

Who can assist?

- Keep in regular contact with the rehabilitation case manager to support the employee and help them when they are overwhelmed.
- The rehabilitation case manager can contact the psychologist or GP to discuss strategies to assist with feeling overwhelmed at work.

PROBLEM SOLVING DIFFICULTIES

- Support the employee to perform complex tasks, for example, provide longer timeframes.
- Break the task into smaller subtasks.
- Check in with the employee to see how they are going with their workload.
- Modify the work to provide the employee with less complicated tasks to perform. Remember that it is still important that the work is meaningful. This will help them to be engaged.

Who can assist?

- Talk with the employee—help them to think through strategies, ideas and approaches that may work for them to deal with problem solving. Encourage or assist them to document the approaches so they will have the ideas on hand when they need them.
- Other team members can support the employee to perform complex tasks.
DIFFICULTY WITH CONCENTRATION

> Reduce distractions at work, for example, move the desk from a busy hallway to a window—but don’t isolate the employee. Music or ear plugs can help to block out distractions and noise.
> Encourage short periods of work followed by short breaks.
> Email or calendar reminders can prompt the employee to have a break.
> Encourage the employee to carry a note book to record relevant conversation points.
> Find a quiet room or area in the office for the employee to use when cognitively demanding tasks need to be completed. This could also be used to take short breaks or to practice relaxation techniques.
> Vary the amount of concentration required on tasks, for example, design work to include 30 minutes on a task requiring high concentration followed by 30 minutes on a less demanding task.
> Touch base with the employee regularly to see how they are going and make any other modifications as necessary.

Who can assist?

> The HR team can help identify a new desk or room for the employee to use.
> The rehabilitation case manager can help design work to include breaks or adjust the demands of the tasks.
> The IT team, rehabilitation case manager and HR team can help locate and set up tools on the computer for break reminders.
> Talk with the employee—they will also have ideas on what will work for them.
> The GP, psychologist and other treating practitioners may be able to provide advice or strategies to assist with concentration difficulties, and may adjust treatment to address the issue.

SOCIAL CONTACT

> Clarify the level of social contact the employee feels comfortable with, for example, slowly build up from one-on-one meetings to larger team meetings.
> Factor team meetings into the work pattern to assist the employee to remain connected with people and informed about business goals.
> Modify tasks to modify social interaction needed to complete the task—allow the person to work autonomously.
> Let the team know (with the employee’s permission) how the person prefers to work including how they interact socially.

Who can assist?

> The employee is best placed to say what kind of social interaction they may have difficulty with and what they feel comfortable with.
> Managers, mentors and colleagues can make an effort to reach out and check in.
APPENDIX B: PRACTICAL WORK MODIFICATIONS FOR PSYCHOLOGICAL SYMPTOMS

DIFFICULTY MAKING DECISIONS

> Provide support to the employee to make decisions. Consider creating a flow chart or decision making tree.
> The employee may require more time to make decisions—provide longer timeframes.
> Encourage the employee to consult co-workers to help make decisions.
> Limit the number of complex decisions the employee is required to make.
> If the decision is personal (for example, career or health) encourage the employee to talk with trusted support people such as family and their GP.

Who can assist?

> Talk with the employee—help them think through what resources, strategies and approaches that may work for them to deal with decision making that they are struggling with. Encourage or assist them to document the approaches or have the resources on hand when they need them.
> HR and other team members can provide support and assistance to the employee. Sometimes just talking through a decision with someone else can help clarify thinking and provide reassurance.

GASTRO-INTESTINAL DISORDERS

> Ensure that the employee can leave their desk or meetings as soon as required. This is particularly important in roles that require the employee to be at their desk, such as call centres.
> Be flexible about the times and days that the employee is at work, for example, allow the employee to come in late or change working days as needed. Consider working from home arrangements.

Who can assist?

> Talk with HR about the working from home policy and arrangements.
> Contact the IT department to organise IT access for working from home.

DIFFICULTY SWAPPING FROM ONE TASK TO ANOTHER

> Provide the employee with clear guidelines on set tasks and deadlines.
> Meet with the employee on a regular basis to ensure they are on task according to the guidelines set.
> Provide support to the employee on finalising tasks, meet with them at the completion of tasks to guide them in starting a new task.

Who can assist?

> HR and other team members can provide support and assistance to the employee.
The following table provides some practical mitigation strategies for mental health risks. It is critical that mental health risks are eliminated or minimised to the greatest extent possible when supporting an employee with mental ill health in the workplace.

<table>
<thead>
<tr>
<th>Risk: Perceptions of high work pressure/demands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be clear about expectations and tasks.</td>
</tr>
<tr>
<td>Set tasks and timeframes—consider separating tasks into set time periods so the employee can focus on completing one at a time.</td>
</tr>
<tr>
<td>Meet regularly with the employee.</td>
</tr>
<tr>
<td>Match the demands of the job to the capability of each employee in consultation with them.</td>
</tr>
<tr>
<td>Provide appropriate resources and training for the employee to effectively complete their work.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk: Low control over work</th>
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</thead>
<tbody>
<tr>
<td>Allow greater flexibility with work hours/days worked.</td>
</tr>
<tr>
<td>Allow employees to plan their work and make decisions about how their work should be completed.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk: Limited clarity around work tasks or work role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure the employee has a clear understanding of their role and responsibilities, documented in writing.</td>
</tr>
<tr>
<td>Be clear about the links between organisational objectives and the employee’s role.</td>
</tr>
<tr>
<td>Regularly review roles, tasks and modify where necessary, in consultation with the employee.</td>
</tr>
<tr>
<td>Provide regular feedback to employees about their performance and address any concerns early.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk: Lack of support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure that the manager and team provide the employee with enough support to do the work.</td>
</tr>
<tr>
<td>Be clear about where, when and who they can go to for assistance.</td>
</tr>
<tr>
<td>Provide ample resources to support the employee to perform their role, for example, information, time, budget, tools and IT.</td>
</tr>
</tbody>
</table>
**Risk: Organisational change**
Consult with key parties, including employees and unions, whenever change is proposed.
Keep all employees, including those on leave, informed about proposed changes.
Ensure there is clear understanding about how the changes will affect individuals, what assistance is available to them, and the reasons for the change.
Where possible manage the rate of change and its effects on a vulnerable employee.

**Risk: Breakdown in relationships**
Set the culture of the team and workplace by modelling positive and respectful behaviour.
Set clear expectations of what is appropriate and inappropriate behaviour within the workplace.
Identify and address inappropriate, disrespectful or bullying behaviours early.
# Mental health workplace support plan

**Name of employee:**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Treating doctor name</td>
<td>Contact number</td>
</tr>
<tr>
<td></td>
<td>Other treating practitioner</td>
<td>Contact number</td>
</tr>
<tr>
<td>2</td>
<td>Fit for duty □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Currently undertaking treatment □ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If yes, any impact of the treatment in the workplace?</td>
<td></td>
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<tr>
<td>4</td>
<td>Reasonable adjustment / functional restrictions / duty modification—list practical specific restrictions and timeframes for review</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Risk factors for relapse</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Potential signs for deterioration/relapse in the workplace</td>
<td></td>
</tr>
<tr>
<td></td>
<td>When any of the above signs become apparent, the manager and employee agree on the following actions:</td>
<td></td>
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<tr>
<td></td>
<td>Employee responsibilities</td>
<td></td>
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<tr>
<td></td>
<td>Manager responsibilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Signed</td>
<td></td>
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<tr>
<td></td>
<td>Employee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date</td>
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<tr>
<td></td>
<td>Signed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manager</td>
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<tr>
<td></td>
<td>Date</td>
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</table>
## APPENDIX E: STAGED REHABILITATION EXAMPLE (PSYCHOLOGICAL INJURY)

### OVERALL RETURN TO WORK GOAL: RETURN TO WORK IN SAME DUTIES (CUSTOMER SERVICE ROLE), IN AN ALTERNATIVE AGENCY

<table>
<thead>
<tr>
<th>Sub goal</th>
<th>What to do: Employee</th>
<th>What to do: Manager</th>
<th>What to do: Rehabilitation case manager (RCM)</th>
<th>What to do: Workplace Rehabilitation Provider (WRP)</th>
</tr>
</thead>
</table>
| 1: Regain health and re-establish a routine in preparation for returning to work. | In a pre-vocational program it is good to include functional/daily living, physical, cognitive and social activities which reflect the needs and interests of the employee. Examples of each are below:  
   **Functional/daily living:**  
   > Do the family shopping.  
   > Cook two meals per week.  
   > One hour of gardening per week.  
   **Physical:**  
   > Go for a half-hour walk every day.  
   **Cognitive:**  
   > Attend medical and psychologist appointments.  
   > In conjunction with the treating psychologist and WRP identify possible triggers for anxiety and strategies to manage these.  
   > Identify an alternative work area with suitable duties to commence return to work as a work trial (employee, RCM and WRP).  
   > Maintain contact with the RCM and WRP. As part of the rehabilitation program, agree on the form this communication should take.  
   > Do the daily Sudoku or crossword puzzle to build concentration and memory.  
   **Social:**  
   > Meet with a work colleague once per week.  
   > Organise two social activities per week to maintain connection to the community. | > Keep in touch with the employee (unless it is agreed that the rehabilitation case manager will do this instead). | > Contact employee once per week.  
   > Document all agreed actions and provide to employee and WRP by email.  
   > Make use of networks (including Commonwealth Safety Management Forum, Case Manager Network) to identify potential work trial locations.  
   > Scan Australian Public Service Commission website job advertisements weekly to identify possible work trial opportunities.  
   > Process Comcare paperwork, for example, claim for time off work forms. | > Maintain contact with employee to monitor progress of sub goal.  
   > Document all agreed actions and provide to employee and RCM by email.  
   > Actively seek out potential work trial locations.  
   > Identify possible work trial opportunities.  
   > Attend medical review and psychologist appointments with employee to discuss return to work strategy. |
## 2: Prepare for returning to work in a work trial with another agency in a customer service role

<table>
<thead>
<tr>
<th>Task</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain weekly contact with the RCM and WRP.</td>
<td></td>
</tr>
<tr>
<td>Establish actual capacity and possible work options available (employee, RCM and WRP).</td>
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</tr>
<tr>
<td>Attend an initial planning meeting in the proposed new work area to view the work area, meet the manager and discuss the proposed return to work schedule.</td>
<td></td>
</tr>
<tr>
<td>Attend a meeting with RCM, WRP and new manager to develop and sign off work trial agreement.</td>
<td></td>
</tr>
<tr>
<td>Discuss with WRP what to disclose to work colleagues in new area.</td>
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</tr>
<tr>
<td>In conjunction with the treating psychologist and WRP, develop a list of possible triggers for anxiety on returning to work and strategies to manage.</td>
<td></td>
</tr>
<tr>
<td>Attend medical and psychologist appointments.</td>
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<tr>
<td>Continue with range of functional activities established in sub goal 1.</td>
<td></td>
</tr>
</tbody>
</table>

### Work trial manager

- Meet with RCM to receive briefing on the case.
- Seek information to ensure understanding of the condition.
- Ensure familiarity with departmental policies and procedures regarding reasonable adjustments, the compensation process, absence management, flexible work arrangements.
- Ensure familiarity with support available to managers, for example, Employee Assistance Program’s Manager Assist.
- Attend meeting with employee, RCM and WRP to show them around the workplace and discuss the nature of the job.
- Participate in development of the management plan to support the employee including management of triggers and strategies to manage potential setbacks.

- Maintain weekly contact with employee.
- Once work trial option is identified and agreed, attend meeting with employee and WRP to view the workplace and meet with supervisor.
- Process documentation required by Comcare, for example, claim for time off work forms and medical certificates.
- Maintain weekly contact with employee.
- Once work trial option is identified and agreed, attend meeting with employee and WRP to view the workplace and meet with supervisor.

- Negotiate work trial with all potential work trial options (may include meeting at workplace with employee to view all options).
- Maintain weekly contact with employee where work trial options are reviewed.
- When work trial is agreed, arrange meeting with immediate manager, employee and RCM to discuss terms of the work trial and graduated return to work.
- Provide support and assistance with the development of a management plan to manage triggers and potential setbacks.
- Work with employee to develop strategies for dealing with anxiety.
- Draft work trial agreement for discussion with all parties.
### APPENDIX D: WORKPLACE SUPPORT PLAN FOR MENTAL HEALTH

#### 3: Initial return to work—in a work trial.

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
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</table>
| **First stage return to work** | Three days per week (Mon, Wed, Fri)  
Work 11am–1pm  
Lunch 1–2pm  
Work 2–4.30pm  
**Duties include:**  
First two weeks—training.  
Data entry related to calls.  
Inbound internal calls but no external customer calls.  
Initiate outbound customer calls with customers where no complaints were identified.  
Ring WRP if concerned. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</table>
| **Touch base daily with employee to review work duties and provide support and feedback.**  
Meet weekly with employee to review work duties and modify as required.  
Contact WRP if concerns arise regarding work trial arrangements. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</thead>
</table>
| **Meet with employee, WRP and manager at end of first week of work trial to review.**  
Meet with employee monthly during the work trial period.  
Process documentation required by Comcare, for example, claim for time off work forms and medical certificates. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</thead>
</table>
| **Meet with employee, WRP and manager at end of first week of work trial to review.**  
Meet with employee weekly during the work trial period.  
Identify any changes required to rehabilitation program and discuss with employee and RCM.  
Meet with employee and GP midway through work trial to review next steps. |

#### 4: Increase in work hours to 20 hours per week and increase duty complexity.

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</table>
| **Establish plan to build on sub goal 3.**  
For example, introduce an extra day of work and gradually introduce multi-step tasks.  
Introduction of inbound customer contact calls.  
Continue with home-based activities as per sub goal 2.  
Continue regular reviews/feedback with manager.  
Ring WRP if concerned.  
Meet with WRP fortnightly to review progress. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Touch base daily with employee.**  
Provide support as required.  
Meet weekly with employee to review progress and discuss upgrade in duties.  
Contact WRP if any concerns regarding progress of work trial. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Meet monthly with employee and WRP to review progress and plan for next phase of rehabilitation.**  
Process documentation required by Comcare, for example, claim for time off work forms and medical certificates. |

<table>
<thead>
<tr>
<th>Task</th>
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</tr>
</thead>
</table>
| **Meet with employee, WRP and manager at end of first week of work trial to review.**  
Meet with employee weekly during the work trial period.  
Identify any changes required to rehabilitation program and discuss with employee and RCM.  
Meet with employee and GP midway through work trial to review next steps. |

<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Touch base weekly with employee by phone and meet fortnightly.**  
Email update to RCM after each meeting.  
Review employee’s management plan and effectiveness of strategies being used. |
### APPENDIX D: WORKPLACE SUPPORT PLAN FOR MENTAL HEALTH

**5: Identify appropriate longer-term job options, commence redeployment process while building skills using the work trial.**

- > Continue with work hours and duties as per sub goal 4.
- > On non-work day, commence job seeking training with WRP.
- > Continue to increase capacity through current work trial.
- > Continue with home based activities as per sub goal 2.
- > Ring WRP provider if concerned.
- > Continue regular reviews/feedback with manager.

- > Touch base daily with employee.
- > Provide support as required.
- > Meet weekly with employee to review progress and discuss upgrade in duties.
- > Contact WRP if any concerns regarding progress of work trial.

- > Monthly contact with employee.

- > In consultation with the employee, develop a job seeking plan.
- > Meet weekly with employee to review job seeking plan, review job vacancies, job applications and provide training.
- > Provide email or phone update to RCM following employee contact.

### 6: Increase work hours to full time in the work trial while actively job seeking.

- > Continue to increase capacity through the use of the current work trial:
  - > Continue to increase work hours to full-time.
  - > Continue to build skills returning to full customer service role.
- > Continue with home based activities as per sub goal 2.
- > Continue regular reviews/feedback with manager.
- > Continue regular reviews with workplace rehabilitation provider. Begin to reduce frequency.
- > Negotiate time off with manager to attend job interviews.

- > Touch base daily with employee.
- > Provide support as required.
- > Meet weekly with employee to review progress and discuss upgrade in duties.
- > Provide flexibility of work hours to attend job interviews.
- > Contact WRP if any concerns regarding progress of work trial.

- > Make use of networks within the Australian Public Service to identify suitable job vacancies.
- > Meet with employee and WRP monthly to review progress.

- > Meet fortnightly with employee to review job seeking diary.
- > Continue to assist with job seeking skills including reviewing applications and practising job interviewing.
- > Keep RCM updated on progress by phone or email.
- > Discuss disclosure with employee to prepare for new employment.

### 7: Establish a permanent role with a new employer.

A new rehabilitation program is expected to be developed to cover the initial stages of new employment. The rehabilitation authority (delegation) may transfer to the new employer if the new employer is covered by the Comcare scheme. If the new employer is not covered under the Comcare scheme, then responsibility for rehabilitation remains with the previous employer (not the work trial host employer).
APPENDIX F: CASE STUDIES

Maddie’s story

‘I should have sought help a lot earlier than I did. But it’s sort of admitting to yourself that you’re not coping, and by admitting that, you’re admitting that you’re not perfect, and that was very, very hard for me.’
Maddie ‘knew things weren’t quite right’ when she couldn’t sleep at night.

A Comcare officer responsible for reviewing disputed cases, Maddie was getting by on just one hour of sleep each night. A confessed workaholic who would often go into the office on the weekends for a few hours, Maddie slept with pen and paper by her bed in case she thought of something for the case she was working on. ‘I would watch the clock all night long’, she said.

On the way to work she would suffer severe panic attacks. ‘I’d arrive at the car park and start to shake and find it physically difficult to open the car door and get out and walk to the office building. I had dreadful chest pains, vomiting, nausea, my hands would shake and I’d burst into tears over nothing. It was that feeling of not being in control of everything.’

Maddie said she just ‘didn’t want to accept … that it was all getting too much and I had to slow down—I just couldn’t accept that.’ She was determined to remain her ‘bright and cheerful’ self, at least at work. A single mum with a 12-year old daughter, Maddie said the mask would fall when she got home, but still there was no one to really unwind with on the domestic front. Ultimately the mask fell at work too. Asked by a supervisor to take on a new project, this request proved to be the straw that broke the camel’s back.

‘I went back to my desk and I just couldn’t stop crying. I was shaking and crying. It seems so silly now. It wasn’t a negative thing at all it was just this “oh my goodness I’m not coping at work … there is this thing they want me to do at work and I don’t think I can do it, oh dear!”

Maddie’s supervisor sent her to see a doctor.

Maddie said while the new project request was the ‘trigger’ for her to admit she needed help, ‘it had been building up for some time’. ‘There had been heavy workloads, you were dealing with negative cases all the time and in my unit it was only the disputed cases you dealt with, not the ones that had been successful and people had got back to work. There was a whole range of injuries—physical and mental—and I put my heart and soul into it.

‘I should have sought help a lot earlier than I did. But it’s sort of admitting to yourself that you’re not coping, and by admitting that you’re admitting that you’re not perfect, and that was very, very hard for me.’

‘And I didn’t want someone else to have to pick up the slack if I wasn’t doing the job. Everybody was under pressure and the thought of someone going off work and not having someone there to back fill for you made you keep going I think.’

Maddie said that in hindsight, ‘there was no “me” time’. ‘I was always doing something for someone else and not for myself. I guess that when it did happen I should have anticipated it because that was the sort of work I was involved in, but I didn’t. It was the “that can’t happen to me” sort of thing.’

Maddie’s breakdown occurred in 2003 and she took the next 12 months to ‘rest, regroup and recuperate’. Supported by a psychologist, her GP, her Comcare case manager, workmates, a sister and children, Maddie worked hard to apply the strategies she’d been given to improve her mental health.

Advised by her doctor to ‘find something different to do’, Maddie decided to go back to Comcare and work in the jurisdictional policy area to work on amendments to the legislation.

But the morning she was to start, Maddie said ‘I was ill—physically sick and panicky getting into work’. While ‘everyone was very nice, very supportive’, Maddie realised she just couldn’t do this new job. ‘I just collapsed in a heap again and was scared and couldn’t do it’. Maddie felt it was ‘very important’ to go back to her old job that she knew she’d been good at. ‘I wanted to go back to my job. That was my aim and what everyone was working to.’

Six months later she did a graduated return to work in her old area.

‘I wasn’t doing full caseloads or anything like that, I was just doing reconsiderations and helping out some new starters in the unit. I had a new manager—who I knew—and I just progressed from there. I increased my hours a little bit each week—by half an hour, then an hour, and by the end of the year I was well and truly back to full-time work and full-time duties, after having done a lot of work with the psychologist. In just under a year I was back to doing case work in the tribunal again.’

Maddie said while she felt nervous returning to her old work area, her colleagues were very welcoming and supportive. ‘Even though I worried about letting people down, my work colleagues and my manager never ever made me feel like that. It wasn’t as frightening as a lot of people find it and I think that had a lot to do with the supportive work environment.’
But in 2007 Maddie suffered a second collapse. Comcare organised for her to see an occupational health and safety specialist, who described her symptoms as ‘battle fatigue’.

‘I realised I had to make the decision about what I was going to do. I knew I still needed to work as I still had a daughter at home, and I wasn’t ready to retire, so I talked through it with my employer and we did a reduction by consent, so I dropped levels.

And they found me work in an area where it was completely away from dispute resolution but where I could use some of the skills I obviously had.’

This new job saw Maddie work a four-day week in a far less stressful environment, and she stayed there until she retired in 2010 at age 59.

Now happily settled on a farm outside Bega and with a new partner, Maddie says life ‘is pretty wonderful’. While she still has her ‘bad days’ and would prefer not to have to take any medication, she says life on the farm is ‘like a dream come true’.

Asked what advice she would give others suffering a mental illness, she says quite simply: ‘tell someone’.

‘Whether you think it’s work or home related, let your supervisor know if you’re suffering a mental illness. You know you do have pressures at work, you do have pressures at home, you do have financial pressures, especially if you’re off work and have children to feed and a mortgage to pay, so you do need to let someone like your manager know.’

She said getting a work life balance was ‘extremely important’, and that she hadn’t had that the first time she got ill. ‘Work can become all consuming and you’re focused on that so much you’re not letting your brain or your heart have time to see the green grass or the blue sky or enjoy life. I think that’s when there has to be more to life.’

Maddie said then it’s a matter of ‘taking the advice of your treating practitioners and rehab providers’. And importantly, ‘try and remain positive and believe in yourself, that you are going to get better and there is going to be a light at the end of the tunnel. It’s very important to be happy.’
Glenn’s story

‘I think the more people talk about it [mental illness], and the more people want to learn about it, the better the approach from the workplace will be.’
A VERY DARK PLACE

Depression affects around three million Australians and, for Glenn, it was ‘a very dark place’.

‘It was a place where there’s not much memory of depression when you are acutely affected. It takes over not only your mind, but it just takes over your body as well’, said Glenn.

Glenn had been working for a government agency in Victoria when his psychological injury occurred in 2005. He said it was triggered by a stressful teleconference earlier in the day.

TREATMENT STARTS

At the start of his journey, Glenn took five weeks leave and, working with his GP, he went on antidepressants and sedative medication. But a few weeks later, his GP realised Glenn needed specialist medical help, and referred him to a psychiatrist at the Delmont Private Hospital.

‘I was admitted…to Delmont in January, and again in March of 2008, and I had ECT [electroconvulsive therapy] administered twice a week for three weeks on both of those occasions. It helped me so much.

‘Once I finished that and settled down after the hospitalisation and the treatment, I believe that my progress really started to become evident.’

IMPACT ON FAMILY

As Glenn started to gain some relief thanks to the ECT treatments, his family—and in particular his daughters—struggled to come to terms with the treatment and the fact their father was in a psychiatric hospital.

‘It’s not a comfortable thing to talk about, ECT. This had quite an impact on my family, particularly my daughters. It hurt them terribly to see their father in a psychiatric hospital and to be suffering with an illness that they probably didn’t understand.’

Glenn’s wife Robyn is a nurse and said the caring aspect of her job helped her ‘be strong’ during what was a very difficult period.

THE IMPORTANCE OF WORK

Glenn likens the time he spent out of the workforce as being ‘in darkness, in blackness’.

‘Work is very important to me because I still feel that I have a lot to give, and I don’t think it would be a great way to spend your life as I’d been…many years out of the workplace, in darkness, in blackness. Work gives me a sense of why I get up in the morning.’

Glenn says there is undoubtedly ‘a stigma about mental illness in the workplace’.

‘Fortunately there is an awful lot of literature and information available to fellow workers. If they genuinely want to learn about it, they can. In my case, I’m not in the least bit afraid to talk about my recovery from depression, because I’m extremely proud of the progress that I’ve made, and that I’ve been able to get back into the workplace against fairly significant odds.

‘I think the more people talk about it, and the more people want to learn about it, the better the approach from the workplace will be.’

COLLABORATIVE APPROACH

Glenn is now back at work. His manager, Murray, said it was important that workplaces support people with mental health issues. He said ‘managers need to listen, they need to [provide] support’.

‘It’s been paramount for me in dealing with Glenn to also listen and be involved with his workplace rehabilitation provider and also the department’s human resources team. It’s a collaborative approach that has been very important in realising and reaching all these goals and getting Glenn to return to work in the manner he has.’

Glenn’s advice to anyone with depression was to get professional help.

‘I wouldn’t have been able to get anywhere—have anywhere near the recovery that I’ve made— without professional help and support. You can’t do it on your own. You need good medical professionals, you need good family support, and I was very lucky to have both of those.’
Before his accident, Tim’s life revolved around work and tough physical pursuits that pushed his body to the limit. For the 35-year-old, a six-hour cycle every Saturday morning was his way of relaxing. ‘Outside of work, it was cycling and triathlon for me. I did that for 15 years before my injury. I did all the Ironman events.’
Tim’s job required fitness and stamina. As a Protective Service Officer with the Australian Federal Police (AFP) since 2005, he had been deployed to protect national institutions such as Kirribilli House, The Lodge, Government House and foreign embassies. During this time, he gained his instructor’s qualification for firearms and defensive tactics.

‘For me, what I love about the job is the different things you get to do like being able to travel right around the country, overseas—it just makes it a really enjoyable job’, said Tim.

Tim’s world changed in 2011, however, when he damaged his left knee while teaching a safety training exercise.

‘I was teaching a ground defence technique, which is what we teach our members if they [fall] to the ground with an offender on top of them. I was demonstrating how they get out of it. And as I’ve gone to push up and roll the person off the top of me my left kneecap popped out of the joint.’

At first, Tim’s prognosis was positive and even after surgery he felt that with physiotherapy he would have a quick recovery. As time went on, however, Tim had to undergo two further rounds of surgery on his knee and now wears a knee brace and uses a cane. His last surgery was in March 2013, where he had a tibial transfer to move the ligament to the top of the shin to help the patella track better. He has been in physiotherapy ever since.

**A PASSIONATE CASE MANAGER**

Guiding Tim through all the paperwork and emotional stress over the past two years has been Matt, a rehabilitation case manager in the International Deployment Group within AFP. As a case manager, Matt said his goal was to ‘manage our injuries as effectively as possible and try to get the injured employee back to work in the quickest and safest way possible’.

Describing his work as a ‘juggling process’, Matt said his focus was always on helping the injured employee return to work as quickly and efficiently as possible, while taking into account the AFP’s requirements. Added to this, he is often dealing with injured employees and workplace rehabilitation providers who are based interstate—and many of his cases concern post-traumatic stress disorder that can show up years after the event. It is a complex task.
Matt said his background in retail—he worked for Woolworths for 18 years, progressing to assistant store manager—prepared him well for his current role. He says that while he’s always loved working with people, ‘having to deal with people from different backgrounds’ saw him develop ‘some very unique communication skills’. His return to work coordinator role at Woolworths gave him invaluable experience that he could take back to the AFP.

Commenting on his work, Matt said ‘I just love the job. I find it rewarding and every day is a new day so if something is challenging or difficult, I go home, I strategise [on] how can we move that forward or if there is a better approach to take with that, or I’ll discuss with people. There’s just something about rehab I love.’

CASE MANAGER AS RETURN TO WORK COORDINATOR

Tim is very clear about the fact that he would have struggled without Matt as his case manager.

‘My relationship with Matt, my case manager, is really, really good. I couldn’t have got through half the stuff I’ve been through—whether it be filling in forms or getting certificates or booking in for appointments—if Matt wasn’t there.’

Tim said Matt has provided practical support, such as attending GP visits, organising payments from Comcare, liaising with rehab providers, and talking to the AFP about what light duties he could do as part of his return to work strategy. But Matt has also provided much needed emotional support. Describing himself as a ‘typical male’, Tim said it took him quite a while to ring Matt and say ‘I need to talk to someone’.

As Tim and Matt are both based in Canberra, Matt said he had been able to meet Tim fairly regularly either at home or for a coffee at head office, and just have a chat about how things were going. It was during one of these chats that Matt realised all was not well.

‘I noticed that Tim was struggling, he looked quite tired like he hadn’t been sleeping so I started to dig with questions: How are you going? Anything you need to talk about? He said he was struggling with things so then I started to ask how are you going? Are you depressed?’

Matt said that while many officers in the AFP could be ‘protective’ about sharing information with him as the case manager, as he often dealt with them by phone or email. However, he had developed a good rapport with Tim and, for that reason, Tim felt comfortable telling him he wasn’t coping; that he felt ‘it’s all my fault’. Tim said he wasn’t feeling suicidal, but rather overwhelmed with ‘not being able to do everything that I wanted to do whether it be with the kids or…at work.’

Even now, Tim has not revealed his depression to anyone but his wife, so opening up to Matt was no small matter.

Matt immediately organised for them both to visit Tim’s GP to discuss getting help.

‘I was there in case he wasn’t comfortable talking about things, and I could say “Look, this is what we know is going on, this is what he’s going through, Tim is becoming depressed”. And then Tim would have the opportunity to say “Yes, I’m becoming depressed, we need some treatment.”’

Following Tim’s third surgery, Matt said he had ‘quite candid discussions’ with him about whether he would ever be able to return to operational duties, and what the options were if he couldn’t. Matt said his ultimate goal is to get Tim ‘back into employment that he’s comfortable with [and] that suits his lifestyle so that he’s at peace with his current physical capacity, that his family is comfortable with, and that he can still get on with life in a positive way’.

For Tim’s part, he said, ‘If I didn’t have Matt or a case manager at all I would have been lost’. If we didn’t have someone like Matt that loved his job and wanted to help out, I think we’d all struggle—anyone in my position. Matt makes it easier for not only me but…for the doctors, and for the Comcare case officers.

‘He is quite good at his job…[and that] makes it a hell of a lot easier for me, that’s for sure.’

Tim continues to work hard at his rehabilitation and is keen to get back to work as soon as he can. With Matt as his champion, he’s got a fighting chance.
The following websites provide additional information that can assist managers and rehabilitation case managers to gain further skills and understanding around the management of psychological illness and injuries in the workplace.

**COMCARE RESOURCES CAN BE FOUND AT WWW.COMCARE.GOV.AU**


> Comcare and the Australian Public Service Commission, 2013, *Working Together: Promoting mental health and wellbeing at work*


> Comcare—Rehabilitation Program (SRC 40)—a form to document the agreed rehabilitation goals and plan under the SRC Act


> Comcare’s *Clinical Framework for Delivery of Health Services*

> Comcare’s *Suitable duties* form (SRC 109)
OTHER RESOURCES


> Australian National University, MoodGYM training program https://moodgym.anu.edu.au/welcome


> JobAccess is a free information and advice service about the employment of people with disability www.jobaccess.gov.au

> Returntowork.net.au is designed to help anyone involved in the process of returning to work after absence due to depression, an anxiety disorder or a related mental health problem. The website is designed to be used by all the different people who might be involved in return to work following a mental health problem. www.returntowork.net.au

> Royal Australasian College of Physicians, Australasian Faculty of Occupational and Environmental Medicine, Realising the health benefits of work webpage, www.racp.edu.au/page/afoem-health-benefits-of-work

> Safe Work Australia Model Code of Practice: How to manage work health and safety risks www.safeworkaustralia.gov.au

> SANE Australia—provides a help line, online fact sheets, and print and multimedia resources including specific information for employers, managers, colleagues and employees with mental illness. Workplace education and training is also provided. www.sane.org.au

> The Black Dog Institute—provides tools and resources including online presentations and information about workplace mental health and wellbeing training. www.blackdoginstitute.org.au

> The Canadian Mental Health Association—provides tools and resources about understanding mental illness in the workplace. http://www.cmha.ca/

> The People at Work Project—a psychosocial risk assessment process which aims to help organisations identify and manage workplace risks www.peopleatworkproject.com.au


> United Kingdom Health and Safety Executive, 2007, Managing the causes of work-related stress http://www.hse.gov.uk


ANXIETY

We’ve all experienced anxiety—nervousness before speaking in public or going to the dentist. Imagine that amplified a hundred times and we begin to get a feel for what an anxiety disorder is like. There are usually physical symptoms (like heart racing, sweating, muscle tension), thoughts or ‘cognitive’ symptoms (like worry, imagining the worst, unable to think clearly), and ‘behavioural’ symptoms (like avoiding frightening situations, fidgeting, changes to appetite or sleep patterns). Anxiety can come in short, powerful bursts (like panic attacks) or can be there at lower levels much of the time. Anxiety is often associated with depression.

BEHAVIOUR

Behaviour is the observable actions of a person. Friends and colleagues are most likely to notice changes in behaviour if someone has psychological problems. When discussing mental health matters with a staff member, it is usually best to describe observable behaviour, rather than make assumptions about what might be causing the behaviour.

DEPRESSION

Depression is a mood disorder characterised by loss of interest in previously enjoyable activities, lack of motivation, and intense sadness that persists beyond a few weeks. It is associated with many physical symptoms such as disturbed sleep and appetite change. Depressed people often feel exhausted and guilty, and can find everyday life extremely difficult. Depression is often associated with anxiety.

DIAGNOSIS

Diagnosis is a term used to describe a particular illness (in this case, a mental illness) on the basis of an agreed collection of symptoms. Although diagnosis is categorical (the person either does or does not have the required symptoms), mental health is different—it is best seen on a continuum from normal, everyday unhappiness or worry through to crippling depression or anxiety. So if a person does not have a diagnosed mental illness this does not mean they do not have mental health issues.
MENTAL HEALTH

Mental health refers to a state of emotional wellbeing in which a person is able to use their thinking and feeling abilities, relate well to other people, and meet the ordinary demands of everyday life.

MENTAL ILL HEALTH

The guide recognizes that mental ill health falls into two categories:

1. **Psychological distress or symptoms** that do not reach the clinical threshold of a diagnosis and can concern everybody from time to time.

2. **Mental disorders or mental illness** which does reach a clinical threshold of a diagnosis and is on average more disabling. A diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).

PSYCHOLOGICAL INJURY

In this guide the term psychological injury is used to describe a condition of mental ill health with a claimed relationship to a person’s employment.

PSYCHIATRIST

A psychiatrist has trained as a medical practitioner and then specialised in mental health. Their work is very similar to clinical psychologists in providing diagnosis, assessment and treatment for people with mental health conditions, but they are also likely to use medication as a major component of treatment.

PSYCHOLOGIST

Psychology is the study of human behaviour, which means psychologists work in areas as diverse as marketing, education, human/machine interface designs, criminal justice systems and industry. Some psychologists specialise in psychological health and wellbeing (for example, counselling psychologists), brain and behaviour (for example, neuropsychologists) or mental health (for example, clinical psychologists).
REASONABLE ADJUSTMENT

The Disability Discrimination Act 1992 requires employers to make changes to the workplace environment or work arrangements so that a person with disability is not disadvantaged in the workplace.

Reasonable adjustments are any form of assistance or adjustment that is necessary, possible and reasonable to reduce or eliminate barriers at work, to the extent that these changes do not involve unjustifiable hardship for the employer.

In order to make reasonable adjustments for a worker, the inherent requirements of the job need to be understood. The inherent requirements of a job relate to what needs to be accomplished in the job rather than how the job is accomplished. The focus should be on how the person's injury, illness or disability affects their ability to undertake their work and what adjustments can be made to overcome this.

Reasonable adjustments are personalised and should be tailored to meet individual requirements and circumstances. The worker will understand their abilities and what restrictions they have, and are often the best person to advise what adjustments are needed.

Reasonable adjustments can be temporary or long term. They need to be reviewed regularly to make sure they remain relevant and effective for the worker, as well as manageable within the workplace.

REASONABLE ADMINISTRATIVE ACTION

Reasonable administrative action is defined in section 5A of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) to include a performance appraisal, counselling, suspension or disciplinary action. Injuries that arise as a result of reasonable administrative action as defined by the SRC Act (including psychological injuries) are not compensable under the Act.

The critical issue is the way in which an administrative action is actually undertaken in the workplace. The action must also be lawful and fair, and objectively assessed in the context of the circumstances, the knowledge of those involved at the time, and the emotional state and psychological health of the employee.

It is important to create and retain proper records about administrative actions concerning a person's employment, especially when issues of underperformance, interpersonal conflict and poor conduct are alleged. Failure to do so may lead to unfairness and difficulty establishing the facts.

RECOVERY

The term recovery carries many meanings in mental health, although a useful definition is ‘a process of change through which a person improves their health and wellness, lives a self-directed life and strives to reach their full potential.’ For a more complete description, see http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/. Importantly, recovery includes not only a reduction in symptoms but also an improvement in the person's ability to lead a normal life including health, work, home life, social relationships and leisure. It does not necessarily mean cure—recovery may mean living a fulfilling life as part of the broad community, while still living with a diagnosis of mental illness.
REHABILITATION MANAGEMENT SYSTEM

Adoption of a systems based approach to injury management and return to work is essential to ensure successful injury prevention, early intervention, rehabilitation and return to work.

Comcare’s rehabilitation management system framework shares common management system principles with a number of Standards such as AS/NZS Standard 4804:2001 as well as Environmental and Quality system standards.

Employers are expected to—and Comcare and the Safety, Rehabilitation and Compensation Commission will—assess the rehabilitation management system against the following five elements:

1. Commitment and corporate governance.
2. Planning.
3. Implementation.
5. Management systems review and improvement.

For more information see Guidelines for rehabilitation authorities and supporting resources http://www.comcare.gov.au/the_scheme/the_src_act/rehabilitation

REHABILITATION PROGRAM

A rehabilitation program under section 37 of the SRC Act as explained in Comcare’s Guidelines for Rehabilitation Authorities 2012 is a plan of structured activities and services that assist an employee to be maintained at or return to work, and/or maintain or improve their performance of activities of daily living.

RETURN TO WORK

Return to work is used broadly, to describe both situations where an individual is off work and returns to work and where, thanks to effective management, the person is maintained in the workplace for the duration of their health problem.

RETURN TO WORK PLAN

Return to work plan means a plan of activities and assistance to maintain an injured employee at, or return him or her, to work. This term is often interchanged with rehabilitation program or forms part of a rehabilitation program.

STIGMA

Stigma refers to a belief that a group of people who share a particular attribute (like mental illness) should be excluded or treated less favourably than most people. Stigma toward people with mental illness is often caused by misplaced beliefs that such people are dangerous or incompetent.
SUITE EMPLOYMENT UNDER THE SRC ACT

Section 40 of the SRC Act requires employers to take all reasonable steps to provide an injured employee, who is undergoing or has completed a rehabilitation program, with suitable employment.

The definition of suitable employment in section 4 of the SRC Act varies depending on the status and circumstances of an injured employee's employment (see below). However, suitable employment always needs to be suitable and appropriate for the individual considering their age, experience, training, language and other skills, their suitability for retraining, relocation, and any other relevant matter.

**suitable employment**, in relation to an employee who has suffered an injury in respect of which compensation is payable under this Act, means:

(a) in the case of an employee who was a permanent employee of the Commonwealth or a licensee on the day on which he or she was injured and who continues to be so employed—employment by the Commonwealth or the licensed corporation, as the case may be, in work for which the employee is suited having regard to:

(i) the employee's age, experience, training, language and other skills;

(ii) the employee's suitability for rehabilitation or vocational retraining;

(iii) where employment is available in a place that would require the employee to change his or her place of residence—whether it is reasonable to expect the employee to change his or her place of residence; and

(iv) any other relevant matter; and

(b) in any other case—any employment (including self employment), having regard to the matters specified in subparagraphs (a) (i), (ii), (iii) and (iv).


At a general level, this means that if the injured employee is a permanent employee of:

> the Australian Government, then suitable employment is employment within the Australian Government

> the ACT Government, then suitable employment is employment within the ACT Government

> a licensee, then suitable employment is employment within the licensed corporation.

If they are not a permanent employee, then suitable employment can be any employment.

For example:

> If the employee was on a fixed-term contract with the Australian Government, ACT Government or licensee at the time of the injury, and the contract expires before they are back at work, then suitable employment is any employment.

> If the employee is separated from ongoing employment (for example, resigns, is terminated or accepts a redundancy) then suitable employment becomes any employment for the purposes of rehabilitation.
SYMPTOMS

The specific problems and signs that a person reports (such as disturbed sleep, worry, nightmares, avoidance of situations etc.) are known as symptoms. Each diagnosable mental illness has a pattern of symptoms that agreed by experts around the world (to ensure consistency when using a term such as depression). Each person is unique, however, and people with the same diagnosis may still experience some difference in symptoms.

WORKPLACE REHABILITATION

Is a managed process involving timely intervention with appropriate and adequate services based on assessed need and is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

WORKPLACE REHABILITATION PROVIDER

A person or organisation providing rehabilitation services to help employees with work-related injuries or diseases to return to work. Workplace rehabilitation providers should be approved by Comcare in accordance with section 34 of the SRC Act. This includes in-house rehabilitation providers which the employer directly employs to provide rehabilitation services to injured employees.