



GUARDIAN
exercise rehabilitation

Early Exercise Intervention in Primary Psychological Claims

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Key Learnings:



- Who is Guardian Exercise Rehabilitation (and why are we here)?
- Reflection on scheme performance
- What is Lifestyle Psychiatry?
- How does Lifestyle Psychiatry work in personal injury?
- Summary of results that we have seen from our programs
- Where to from here?

Who we are



GUARDIAN
exercise rehabilitation

Our vision is for every individual to have complete confidence and total control over their healthcare



Conveniently mobile



Clinical expertise



Outcome focused



Personalised and personable

Exercise Physiology



Why are we here?

Over the past 22 years we have:

- Assisted over 23,000 individuals with their recovery
- Over 5,000 people with either a primary or secondary psychological injury diagnosis



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COMCARE SCHEME—
WORKERS'
COMPENSATION
STATISTICS
2019-20

July 2020



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Reflection on
scheme
performance

Reflection on scheme performance

397,500 FTE covered under the SRC Act*

415,800 FTE covered under the WHS Act

Figure 3.4 Initial claims accepted by type of claim

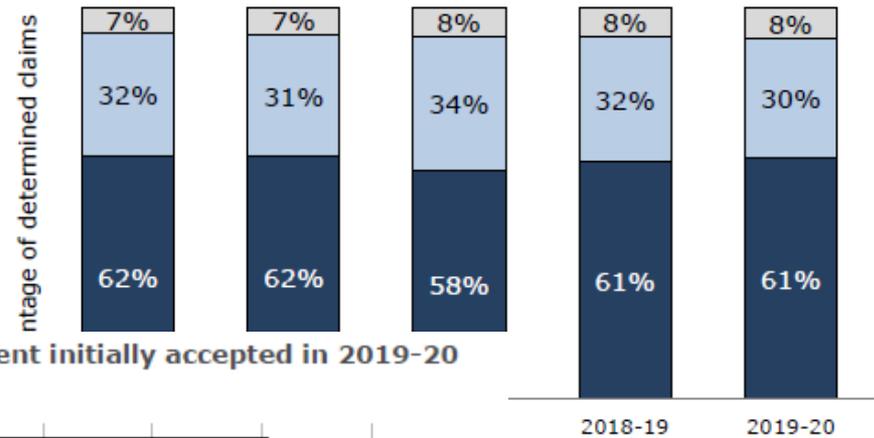
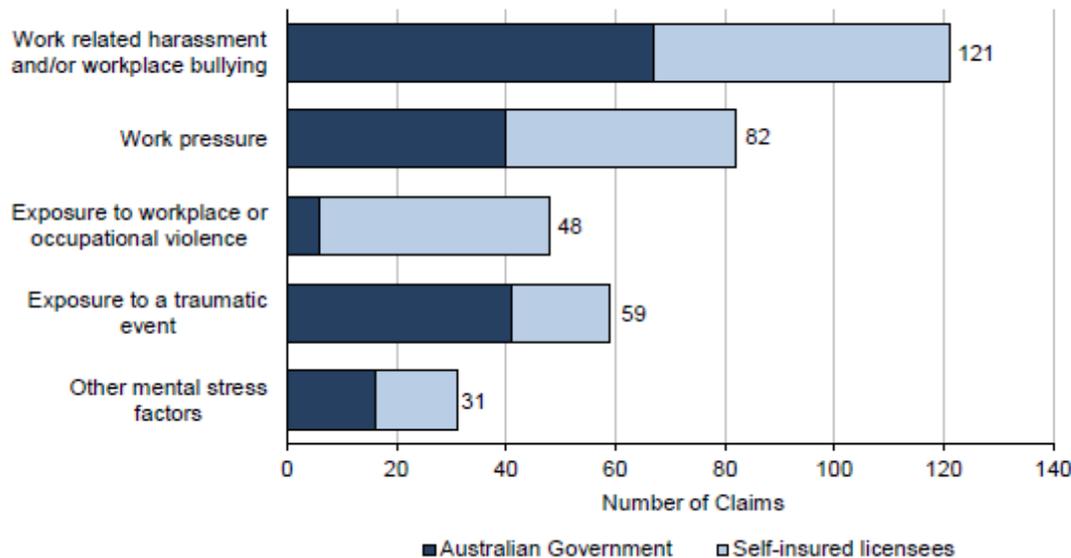


Figure 3.10 Mental stress claims by mechanism of incident initially accepted in 2019-20



■ Physical
■ Psychological



Time lost

Time off work

- 20 days (3 weeks) - 70% chance of returning to work
- 45 days (6.5 weeks) - 50% chance of returning to work
- 70 days (10 weeks) - 35% chance of returning to work

Table 4.1 Time lost to date

Time lost to claims accepted in the period					
	2015-16	2016-17	2017-18	2018-19	2019-20
Australian Government - psychological					
Accepted claims	206	181	201	158	106
One week or more	97%	98%	97%	99%	96%
Six or more weeks	87%	87%	87%	83%	85%
12 or more weeks	74%	80%	80%	72%	73%
26 or more weeks	51%	67%	66%	59%	42%
Self-insured licensees - psychological					
Accepted claims	92	124	125	158	143
One week or more	95%	96%	94%	92%	95%
Six or more weeks	72%	71%	74%	71%	65%
12 or more weeks	51%	61%	68%	56%	51%
26 or more weeks	43%	47%	50%	42%	28%

Claim cost

Figure 3.17 Workers' compensation payments by mechanism of incident

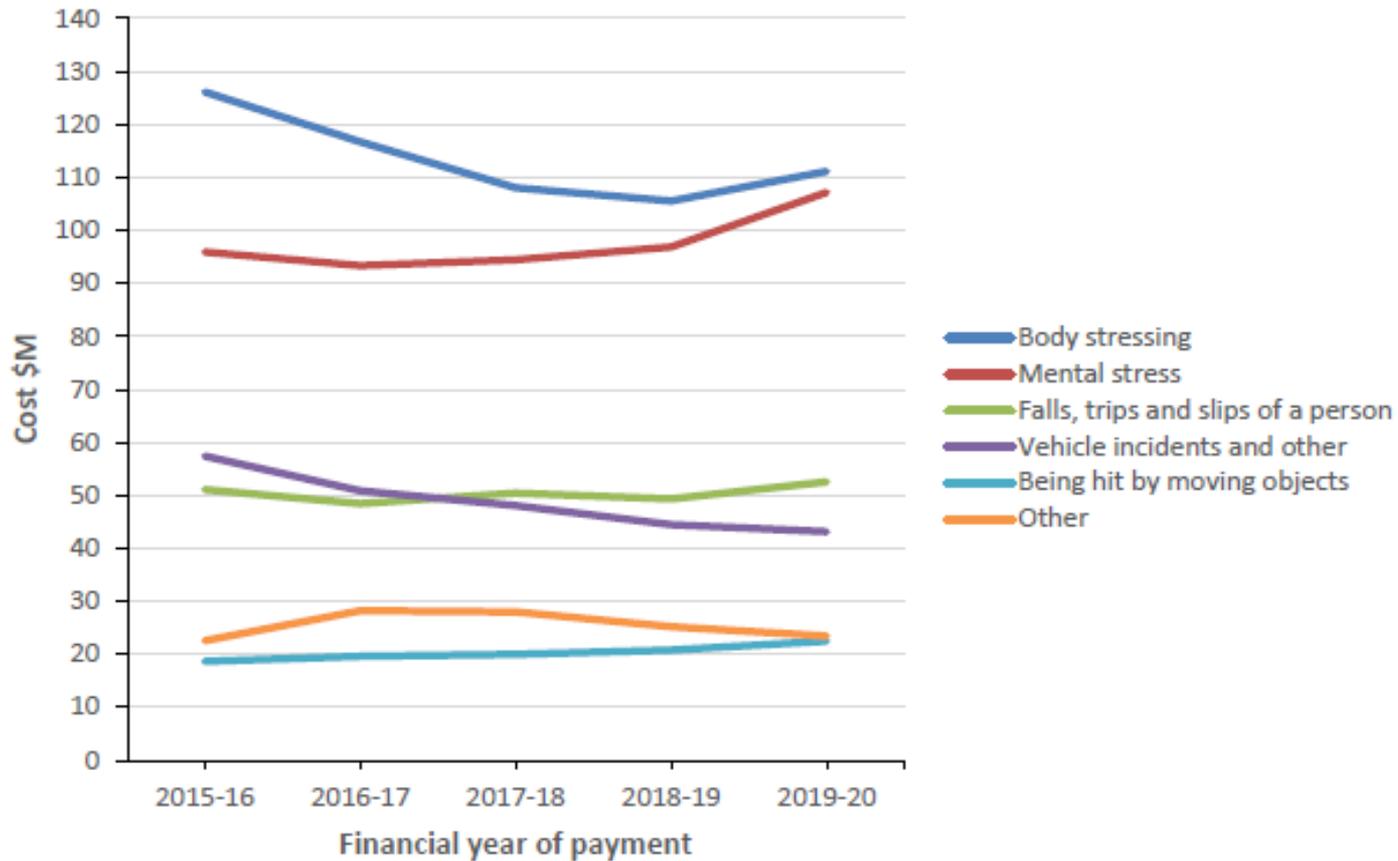


Table 3.2 Percentage of claims accepted, and payments made by mechanism of incident



Mechanism of incident	% of all accepted claims in the financial year	% of total claim payments made in the financial year
2018-19*		
Body stressing	40%	32%
Falls, trips and slips of a person	22%	15%
Being hit by moving objects	12%	6%
Vehicle incidents and other	9%	14%
Mental stress	8%	28%
Hitting objects with a part of the body	4%	2%
Sound and pressure	2%	2%
Chemicals and other substances	2%	3%
Heat, radiation and electricity	<1%	<1%
Biological factors	<1%	<1%
All mechanisms of incident	100%	100%
2019-20*		
Body stressing	40%	29%
Falls, trips and slips of a person	21%	14%
Being hit by moving objects	12%	6%
Vehicle incidents and other	11%	12%
Mental stress	8%	27%
Hitting objects with a part of the body	4%	2%
Chemicals and other substances	1%	2%
Sound and pressure	2%	3%
Heat, radiation and electricity	<1%	<1%
Biological factors	<1%	<1%
All mechanisms of incident	100%	100%

* Year of initial determination or year of payment

Key take away

- Time lost from work is significant
- Psychological injuries have a disproportionately high cost overall
- The current process for supporting the return to health and work isn't yielding the results hoped for/expected within the scheme

What is Lifestyle Psychiatry?



The Lancet Psychiatry Commission

Part 1: Physical health disparities for people with mental illness

Part 2: Key modifiable factors in health-related behaviours and health services

Part 3: Interplay between psychiatric medications and physical health

Part 4: Multidisciplinary approaches to Multimorbidity

Part 5: Innovations in integrating physical and mental health care

What is Lifestyle Psychiatry?



The role of “lifestyle factors” such as physical activity, diet, and sleep in the onset and treatment of psychiatric disorders is garnering an increasing evidence base

There is sufficient evidence to recommend structured exercise training as an effective first-line treatment option for moderate depression, and as an adjunctive intervention for improving symptomatic recovery in severe mental illness.

Recent considerations for “lifestyle psychiatry,” inclusions are mindfulness, stress management techniques, and digital technology use.

The Importance of Lifestyle Psychiatry



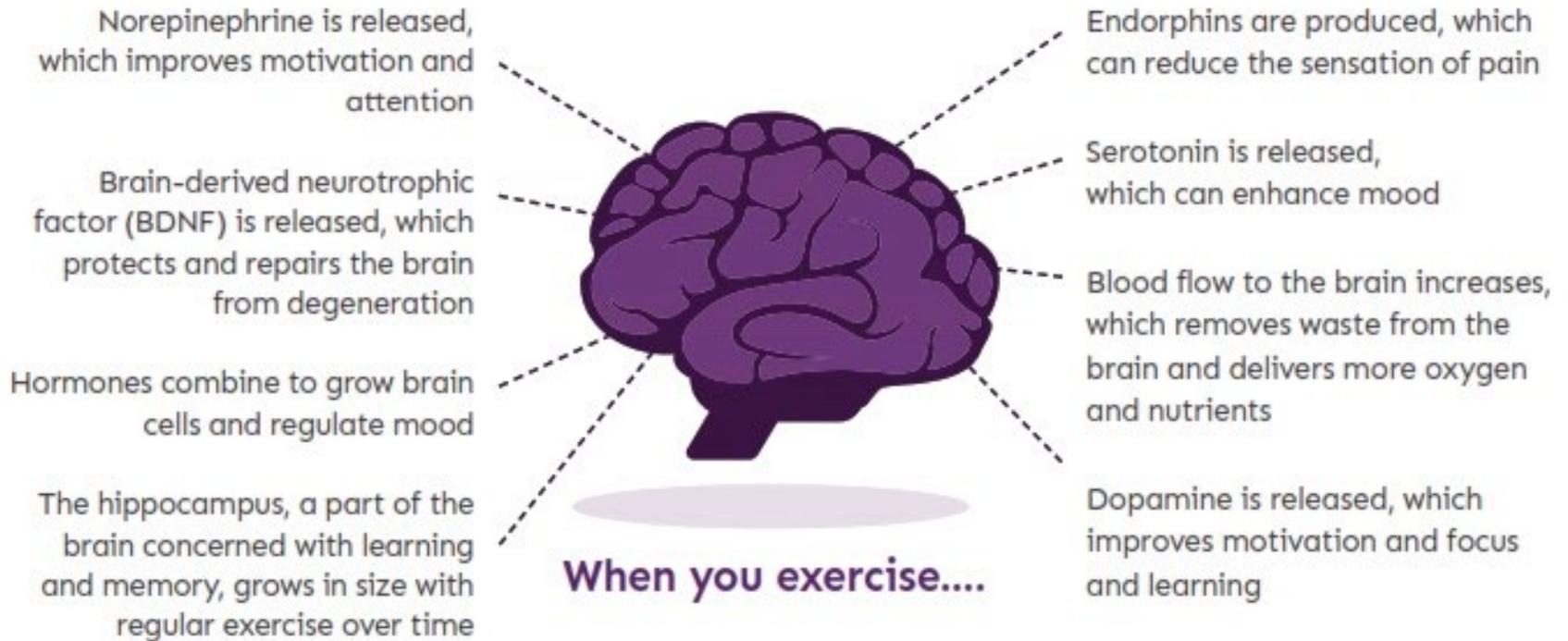
There are significant disparities in the physical health for persons who experience a mental illness.

Cardiovascular and Metabolic diseases are the leading cause of death and ill-health.

Compared to the general population, persons with a mental illness have a reduced life expectancy of **20years**

How does exercise help?

Your brain loves physical exercise



We DO know it helps

- Across a series of transdiagnostic mental health conditions, exercise has far-reaching capacity to contribute to improvements in symptoms – including depressive symptoms, mood, alertness, concentration, sleep patterns and psychotic symptoms (*Rosenbaum et al, 2014*).
- Regular aerobic exercise can be helpful in managing symptoms and as part of self-care practices more generally. Exercise may assist in the management of sleep disturbance and somatic symptoms that are common accompaniments of PTSD. (*Australian PTSD Guidelines*).
- Exercise has a large and significant antidepressant effect in people with depression - including Major Depressive Disorder (*Schuch et al, 2016*).
- Exercise appears to be an effective treatment for depression, improving depressive symptoms to a comparable extent as pharmacotherapy and psychotherapy. Getting patients to initiate exercise - and sustain it - is critical (*Blumenthal et al 2013*).
- Exercise should be considered an evidence based option for anxiety symptoms among people with anxiety/stress related disorders (*Stubbs et al, 2017*).
- Exercise can also contribute to overall improved quality-of-life through improving physical health, sleep quality, facilitating social interaction, meaningful use of time, purposeful activity and empowerment (*Alexandratos et al, 2012*).
- Physical Activity can confer protection from the development of depression . . . Also, among people with depression, exercise can be used for acutely managing symptoms . . . Also, a robust body of evidence from RCTs demonstrates that exercise is effective in treating depression . . . **Exercise has multiple benefits to several domains of physical and mental health and should be promoted to everyone** (*Schuch & Stubbs, 2019*).



We DO know it helps

More than just an adjunct or side-effect management!

Exercise augmentation compared with usual care for post-traumatic stress disorder: a randomized controlled trial.

Rosenbaum et al 2015 Acta Psychiatr Scand

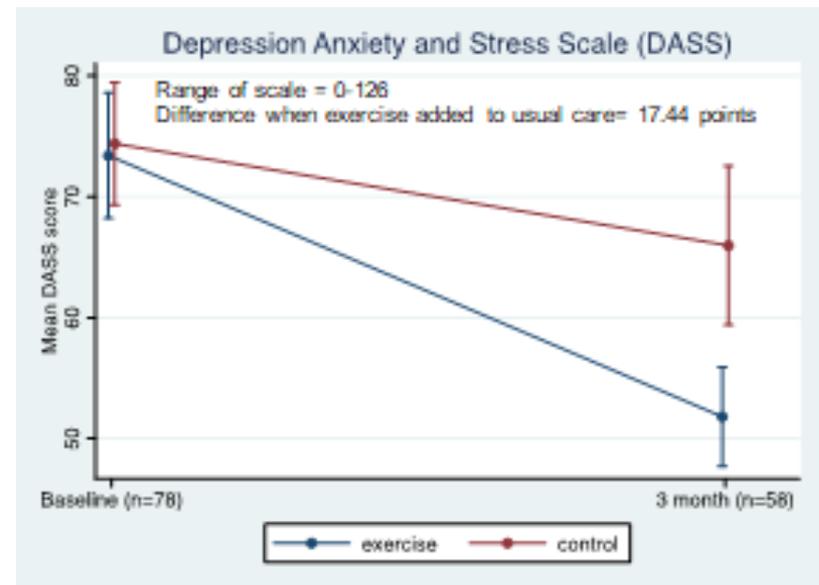
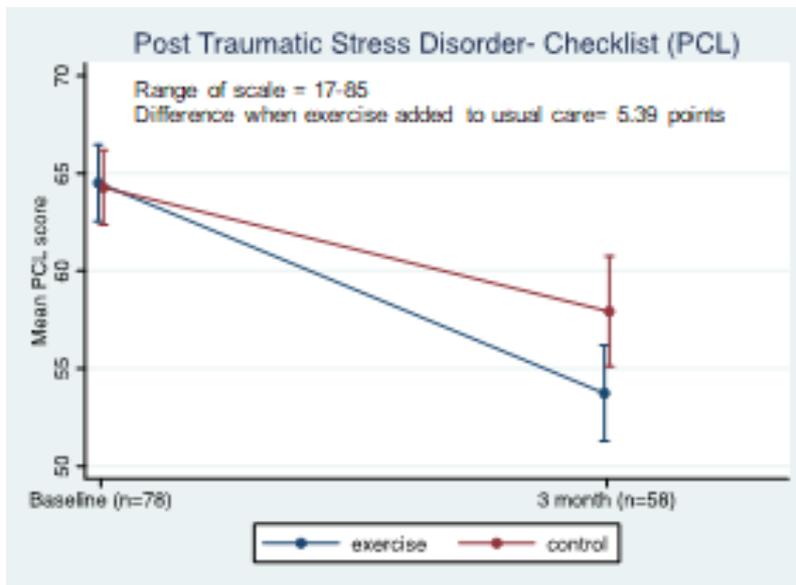
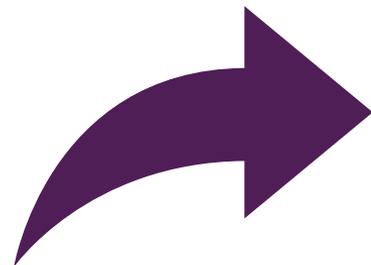


Figure 6. Management of major depressive disorder.



GOAL

The main objective of treatment is the complete remission of depression with full functional recovery and the development of resilience.

STEP 0

- Taper and cease any agents that can potentially lower mood
- Institute sleep hygiene
- Implement appropriate lifestyle changes e.g. smoking cessation, adopt regular exercise and achieve a healthy diet
- Address substance misuse if relevant

IF STEP 0 INSUFFICIENT

STEP 1

GENERIC PSYCHOSOCIAL INTERVENTIONS

- Psychoeducation (family, friends, caregivers)
- Low intensity interventions (e.g. internet based education)
- Formal support groups, community groups
- Employment, housing

FORMULATION-BASED INTERVENTION

PSYCHOLOGICAL THERAPY

- Cognitive Behavioural Therapy (CBT)
- Interpersonal therapy
- Acceptance and Commitment therapy
- Mindfulness-Based Cognitive Therapy

PHARMACOTHERAPY

- **First line**
 - SSRIs, NaSSAs, NDRIs, SNRIs, NARIs,
 - melatonin agonist, serotonin modulator
- **Second line**
 - Tricyclic antidepressants, MAOIs

IF STEP 1 INSUFFICIENT

STEP 2

- Combine pharmacotherapy and psychological therapy
- Increase dose of antidepressant medication
- Augment antidepressant medication with lithium and / or antipsychotic medication
- Combine antidepressants
- rTMS (if available)

IF STEP 2 INSUFFICIENT

STEP 3

- ECT



The Royal Australian & New Zealand College of Psychiatrists

We DO know it helps

Key points to remember

- ✓ Well Documented, Voluminous, High-Quality Research
- ✓ Clinically Therapeutic: Psychologically, Psychosocially, Physically
- ✓ Rehabilitative, Reparative, Preventative
- ✓ **Lifestyle Psychiatry** is (or at least should be) the Third Foundation of Routine Care for Mental Illness



What should be involved



Gym
Hiking
Swimming/hydro
Walking
Running
Team Sport
Home exercises
Circuits on the oval
Dancing
Gardening
Painting
Sleep hygiene
Music
Social engagement



What is stopping us?

- Legacy of more passive recommendations and isolating physical health away from mental health/emotional wellbeing
- Poor understanding of the benefits of exercise and activity on the brain
- Stigma around the conditions, symptoms etc.
- Resourcing appropriate clinicians
- Scheme or legislative limitations

REVIEW



The answer is 17 years, what is the question: understanding time lags in translational research

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Research not translated into practice

Clinical Framework For the Delivery of Health Services

The Clinical Framework is presented by



The Clinical Framework is supported by the following states and territories

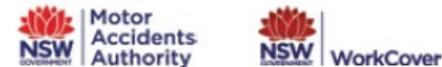
Federal



ACT



New South Wales



Northern Territory



Queensland



South Australia



Tasmania



Western Australia



The Clinical Framework is supported by the following peak bodies and associations

Supported by:



Translation to Personal Injury Schemes

- ✓ Measure and demonstrate the effectiveness of treatment
- ✓ Adopt a biopsychosocial approach
- ✓ Empower the injured person to manage their injury
- ✓ Implement goals focused on optimizing function, participation and return to work
- ✓ Base treatment on the best available research

Translation to Personal Injury Schemes



EML

Gallagher Bassett
Xchanging-DXC



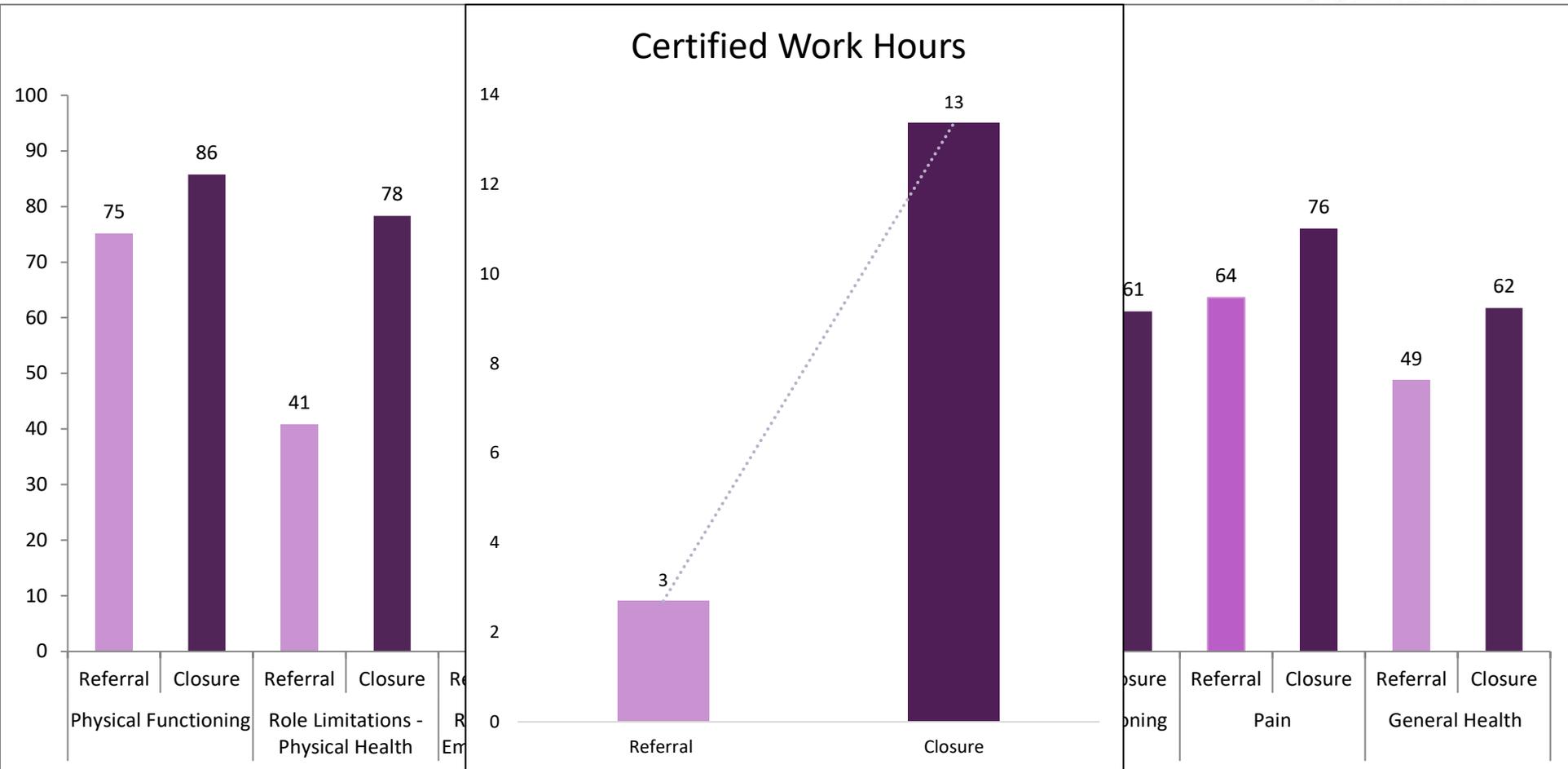
QBE+NSW Ambulance



EML

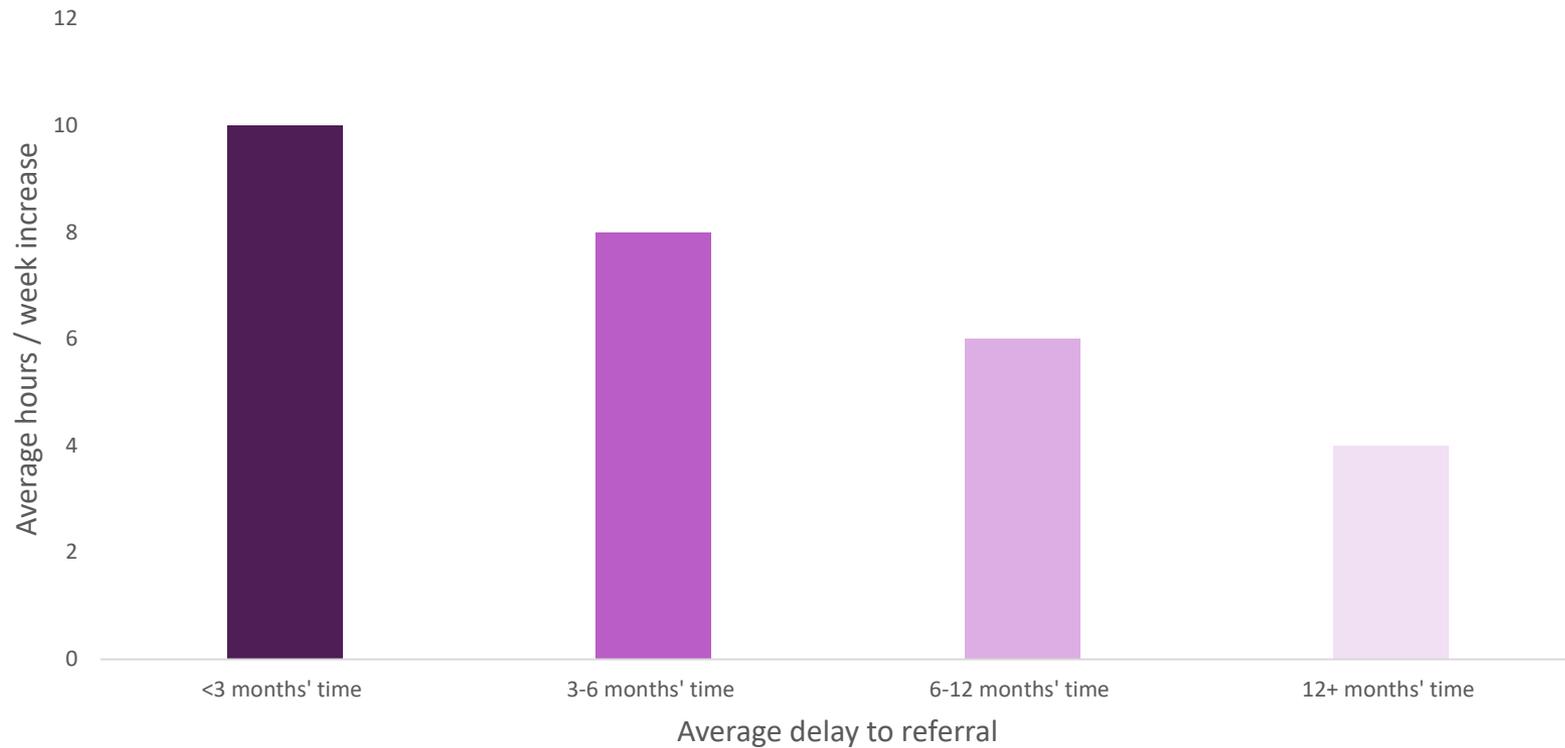
Gallagher Bassett

How does it stack up?



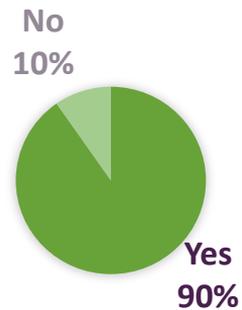
Why early intervention?

Capacity for work vs. delay to referral

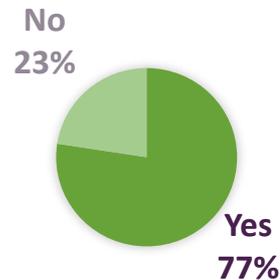


What do the clients say?

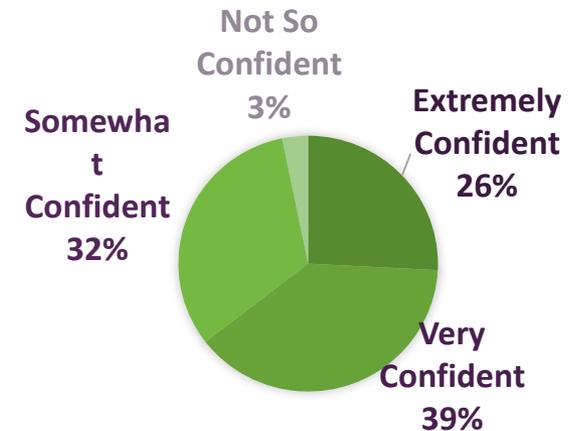
PROGRAMME HAS ASSISTED WITH DAILY ROUTINE/ ACTIVITIES OUTSIDE WORK



PROGRAMME HAS ASSISTED WITH RTW



CONFIDENCE TO CONTINUE WITH EXERCISE PROGRAMME INDEPENDENTLY IN THE LONG TERM



Where to from here?



Are you supporting best practice treatment on
psychological claims?

Thank you!

Questions/Feedback?



To access our
references and
resources



To learn more about
us, and access our
health portal