Recovery Guides
Mental Health Disorders

Proactive Case Management – Preventing Prolonged Disability

2014

WorkSafeBC

Acute Stress / Post Traumatic Stress Disorder

WorkSafeBC

Acute Stress/Post Traumatic Stress Disorder

Recovery Guide http://www.mdguidelines.com/ post-traumatic-stress-disorder

Guide Name	Mental Disorder – Psychological Trauma (Acute Stress Disorder/PTSD)
ICD9 Code	ASD – 308.3 / PTSD – 309.81
DSM 5 code	Refer to WPM instructions - http://wpm/claiminjury/procedure.aspx?ProcID=30100902
Injury Description	**If you identify the worker is at risk to self, others or serious risk of deterioration, immediate action is required. See procedures** http://wsn/SafetyHealthWellness/HealthWellness/SuicideRiskThreatResponse/Pages/default.aspx The essential feature of Acute Stress Disorder (ASD) or Post-Traumatic Stress Disorder (PTSD) is the development of symptoms in response to exposure to one or more traumatic events. The majority of individuals exposed to traumatic events do not develop ASD or PTSD. Many individuals will have a number of symptoms after exposure to a stressor that either resolve spontaneously within three days, or which represent a non-ASD/PTSD psychiatric diagnosis (e.g. adjustment disorder). ASD and PTSD represent a complex group of symptoms characterized by pathological anxiety. These disorders can occur when an individual is exposed to an extremely traumatic, usually life-threatening stressor such as a violent physical assault, sexual assault and/or directly experiencing or witnessing a serious traumatic event. In these disorders the memory of the trauma is repeatedly experienced in ways that are nearly as distressing as the original trauma. Duration of the symptoms in Acute Stress Disorder is 3 days to one month after trauma exposure. If symptoms persist longer than one month and meet criteria for PTSD or another DSM-5 diagnosis, the diagnosis should be updated.

General Duration Guide

"Medical research demonstrates that absences from work due to ~~a~~ physical or psychological injury are often not required. When such absences do occur urgent action is needed to prevent prolonged disability from work, as evidence shows that lengthy absence from work may be harmful. WorkSafeBC emphasizes the importance of maintaining job attachment and supporting early, safe return to work after a physical or psychological injury. Staying at work or returning to work has been proven to make a significant contribution to over-all recovery and well-being."

The recovery guidelines should generally be applied on the date of diagnosis however; this may vary and may require consultation with the clinical team.

Psychotherapy and/or pharmacotherapy, post-traumatic stress disorder.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Any Work	7	28	56

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Mental Disorder Diagnosis – Acute Stress Disorder (Day 3 – 29) (History, examination results, tests to consider)	<u>Clinicians use the following criteria to assist with the diagnosis of these conditions. This is in no way meant to reflect WorksafeBC policy.</u> The history, clinical interview, psychometrics (testing) and mental status exam of an individual who has experienced or witnessed a traumatic event are used to establish whether the individual's response or behavior meets the diagnostic criteria. This event must have involved either actual or threatened death, serious injury or sexual violation that is either directly experienced or witnessed. In cases where the traumatic event is experienced indirectly (i.e., through hearing about the event), the individual who actually experienced the event must be a close family member or close friend. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: 1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event(s) as it occurred to others. 3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (eg, first responders collecting human remains; police officers repeatedly exposed to details of child abuse). This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related. The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashbacks; a sense of reliving the experience; or distress when exposed to reminders of the traumatic event. There is marked avoidance of thoughts, feelings, conversations, activities, places, people, or other stimuli that remind the individual of the traumatic event. There are marked symptoms of anxiety or increased arousal, such as difficulty sleeping, irritability, poor concentration, exaggerated alertness (hyper-vigilance), tendency to jump or flinch at loud noises or sudden movements (exaggerated startle response), or hyperactivity (motor restlessness). The symptoms result in significant distress, impaired relationships, or problems functioning at work or in other activities, but are not an exacerbation of a pre-existing psychiatric disorder. There are specific symptom criteria for this diagnosis in DSM-5.	Day 1a	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Treatment (Day 1 - 56)	To develop an individualized program for the individual, team meeting including the MA and PA is required. The treatment program may include individual, group psychotherapy, exposure based treatment and/or medications. Better RTW outcomes will be achieved with work-specific psychological treatment including systematic desensitization to address work issues and promote early, safe and sustainable return to work. Return to work planning should be discussed at team meeting. The individual will require on-going monitoring by the team until they have returned to work to full duties and are in recovery. Additionally, the individual will require on-going clinical monitoring until they are recovered. At times individuals may require on-going clinical support and/or medications to sustain recovery even beyond the end of wage loss.	Day 1b	No
Return to Work Options (Day 1 – RTW) Return to Modified or Full Duties	Early return to work should be considered in all cases; however, an individualized plan needs to be developed so as not to re-traumatize the individual. The return to work effort needs to be coordinated amongst all groups involved (worker, employer, treating health care providers, claim owner, etc.) Employer engagement is one of the best predictors to successful return to work. Actively engaging the employer with any plans for re-exposure to the worksite is important. Exploring alternate or modified duties can be helpful in getting the client back into the workplace. The employer may require education to support return to work efforts.	Day 11a	Yes
Restrictions and Limitations (Day 1 to RTW)	Restrictions and limitations need to be considered within the context of the job. The case manager should liaise with the employer to find out if there are any safety sensitive aspects to the worker's job and any specific standards that apply (e.g. aviation, diving, mariners, rail, transport, law enforcement officers, and fire fighters). Refer to reference material regarding restrictions and limitations from working group.	Day 11b	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Immediately Refer to Security/Crisis Management and MA/PA, if and When Applicable	• Suicidal ideation • Homicidal ideation • Psychosis i.e. out of touch with reality (e.g. presence of delusions or hallucinations or prominent paranoia	Day 11c	Yes
Prognosis	Most individuals' recover completely following an acutely traumatic event, however, those that don't are more likely to have experienced a traumatic event that was intentionally caused or there is a more severe intensity or duration of the stressor. Individual worker response will vary and the Clinical team can provide expertise in interpreting the findings. The majority of individuals with PTSD will recover completely or will have only mild, lingering symptoms. Research indicates that over 80% of individuals will no longer meet diagnostic criteria for PTSD at three (3) months post-trauma. A small percentage will have a more guarded prognosis (e.g. workers with pre-existing or co-morbid mental health issues). Evidenced-based treatments, such as systematic desensitization, can assist in facilitating and managing safe return to work. The return to work process often requires professional support to overcome the anxiety associated with the return to the site of the traumatic incident. Return to work has integral therapeutic value, and should not be delayed while waiting for the complete absence of symptoms. Symptomatic individuals especially those who are not progressing with function/RTW and are beyond 8 to 10 weeks of the diagnosis and active treatment of PTSD should necessitate a team meeting for discussion.	Day 30	No
Factors Influencing RTW (Day 21 to RTW) Identify for Team Meeting	A. Health-Related Factors: Related to the health conditions and its management • HC Providers' expectations of recovery and SAW/RTW • Work-focused healthcare and communication • Safety sensitive job medical standards • Quality of healthcare • Severity of depressive or anxiety symptoms • Duration of disability • Co-morbidities – pre-existing physical and mental conditions • Substance use disorders	Day 21a	Yes

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
	B. Personal Factors: Related to characteristics of the worker: demographics, attitudes, beliefs, behaviors • Age > 50yrs, male, low SES • Previous work disability claims • Worker's expectation of recovery/RTW • Catastrophizing • Coping style - avoidant, passive, dependent • Disability beliefs - fear of reinjury • Perceived injustice • Negative feelings towards work, trouble at work, low occupational pride • Job (dis)satisfaction • Secondary gain, malingering • Self-rated health and self-efficacy C. Environmental Factors: Work related - Relates to characteristics of the design, organization and management of work and the social context of the workplace • Employer RTW policy, practices, resources, expertise. • Designated RTW Co-coordinator or Occupational Health support. • Modified work or accommodation. • Employer/supervisor communication with disabled worker and worker's Healthcare Providers. • Supervisor and co-worker support. • Expectation of recovery and RTW > 3 Non-work related - Relates to characteristics of the worker's personal life, relationships and social network • Unmarried, poor marital situation, or social isolation at home • Work-life balance issues • Lack of support from family and community • Stressful life events		

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Mental Disorder Diagnosis – Acute Stress Disorder (Day 30)	Acute stress disorder no longer applies after one month. If symptoms persist, then another diagnosis may be applicable. This should be reviewed at team meeting	Day 30	No
Mental Disorder Diagnosis - PTSD (Day 30–70)	If symptoms continue beyond 30 days and meet criteria for PTSD then continue using this Recovery Guide. If not, remove this Recovery Guide and apply the one which is applicable or seek Clinical opinion.	Day 31	No
Arrange Team Meeting	If RTW is not expected in the next 7 days, schedule team meeting within the next 14 days.	Day 56a	Yes
Potential Complications	• Other psychiatric diagnosis • Potential for suicide • Medication side effects • Safety issues with respect to diagnosis and treatment • Recurrence • Chronicity • Substance use disorder • Chronic pain	Day 56b	No
References	• MDGuidelines • DSM5 • NICE Guidelines	Day 0 Never display on claim- just master copy	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Credits	These WorkSafeBC Recovery Guidelines are based on an extensive review of the current clinical literature along with relevant medical, psychiatric, psychological, compensation services and rehabilitation input. They are intended to provide non-clinical staff with an overview of the condition in terms of diagnosis, investigation, treatment/rehabilitation, prognosis and expected timeliness and outcomes.	Day 0 Never display on claim- just master copy	No

Depression

WorkSafeBC

Depression

Recovery Guide http://www.mdguidelines.com/depression-major

Guide Name	Mental Disorder – Depression
ICD9 Code	308.9 and 309.8
DSM 5 code	Refer to WPM instructions - http://wpm/claiminjury/procedure.aspx?ProcID=30100902
Injury Description	**If you identify the worker is at risk to self, others or serious risk of deterioration, immediate action is required. See procedures** http://wsn/SafetyHealthWellness/HealthWellness/SuicideRiskThreatResponse/Pages/default.aspx Many people experience depressed moods or a change in mood (e.g. anger) as a result of a change, either in the form of a setback or a loss. Sadness and depressed feelings that accompany the changes and losses of life are usually appropriate and transitory. They can present an opportunity for personal growth; however, depressed feelings that persist and result in serious dysfunction in daily life may indicate a depressive disorder that needs to be treated as a clinical condition. The severity and duration of depressed mood and the presence of other symptoms (i.e. cognitive, physical) are factors that distinguish normal sadness from a depressive disorder. Individuals with depression experience a range of cognitive and affective symptoms. These symptoms may affect the worker's ability to do their work in the same way they did before, and may affect their ability to cope with stressors. Partial remission of clinical symptoms can be necessary to stay at work, or begin the RTW process, making clinical treatment an important element to address in the claim process. In many cases, however, full remission of clinical symptoms is not necessary for workers to continue or resume work. Depressive episodes can be triggered by loss and other major negative life events. Prolonged absence from work, and the loss of structure and purpose connected to work life, can worsen depressive symptoms and contribute to the development of long term disability. Safe and suitable return to work may be one strategy towards addressing the injury related loss and other factors that are contributing to the depression. Individuals with depression often experience difficulty with respect to cognitive abilities, resilience to work stress, coping abilities, and social functioning at work. For these reasons, individuals with depression can require temporary accommodations to address restrictions and limitations to allow them to stay or return to work, and to maintain their job attachment. The majority of individuals with depression will be able to stay at work or return to work, and will not have a PFI. It is important to convey a message of positive prognosis and expectations to the workers, while at the same time compassionately acknowledging the psychological pain they experience. The most common depression-related diagnoses are: major depressive disorder, persistent depressive disorder and adjustment disorder with depressed mood.

General Duration Guide

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The recovery guidelines should generally be applied on the date of diagnosis however; this may vary and may require consultation with the clinical team.

Psychotherapy and/or pharmacotherapy, major depressive disorder (single episode).

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Any Work	14	28	56

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Mental Disorder Diagnosis (Day 1 – 30) (History, examination results, tests to consider)	Individuals may describe a myriad of emotional symptoms subsequent to a mental stressor(s) or physical injury, which may or may not constitute a mental illness. Individuals with depression may display a wide spectrum of functional impairment ranging from minimal to complete incapacity. Assessment for depression looks for the following symptoms nearly every day, all day, for two weeks or longer: • No interest or pleasure in things that used to be enjoyed • A low mood that lasts longer than is normal • Feeling anxious, worthless or guilty • Feeling numb or empty emotionally, perhaps even to the point of not being able to cry • Feeling slowed down, tired all the time or conversely, feeling restless and unable to sit still • Change in appetite, leading to weight gain or loss • Problems sleeping, especially in the early morning, or wanting to sleep all of the time • Trouble thinking, remembering, focusing on what is being done or in making everyday decisions • Thinking about death or suicide • Helplessness and/or hopelessness If there is evidence of mental distress, the claim should be brought to an inter-disciplinary team meeting for a review of suitable next steps. Collection of prior medical/psychological records is essential to establish both diagnosis and causality. Any period of extreme emotional distress lasting up to two weeks should be immediately addressed by the clinical team. At times, hospitalization, either voluntary or involuntary, may be necessary. If there is a mental disorder present, the claim diagnosis is based on criteria from DSM-5; the clinician's diagnosis may still be using DSM-IV (-TR) or no DSM at all. Multiple assessment tools may be used in arriving at this diagnosis including clinical interview, review of prior documentation, past medical/mental health history, collateral information, standardized screening tools (PHQ-9) and psychometric tests (e.g. PAI). As some medical conditions (e.g. thyroid condition, anemia, medication effects, substance use) may mimic a range of mental disorders, these should be excluded by medical history and exam often performed by the attending physician.	Day 1a	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Treatment (Day 1 - 42)	Consider whether mild, moderate or severe. **Treatment for mild depression** For patients with mild depression, appropriate interventions that may be recommended by the provider include: • a group-based peer support (self-help) program • a structured group physical activity program • individual guided self-help based on the principles of CBT **Treatment for moderate depression** For patients with initial presentation of moderate depression, appropriate interventions that may be recommended by the provider include: • individual or group-based psychotherapy • anti-depressant medications **Treatment for severe depression** These individuals may require a multi-disciplinary approach, including psychiatrist, psychologist and family physician. Clinicians may recommend a combination of anti-depressant medication and a high intensity psychological intervention (CBT). For severe depression, typically where there is an identified risk of harm to self or others, hospitalization or ECT may be required. The individual will require on-going clinical monitoring until they are stable and well on their way to recovery. At times individuals may require on-going health care support and/or medications to sustain remission even beyond the end of wage loss. **Goals of treatment for depression** • Return workers to previous occupational and psychosocial functioning • Achieve remission of symptoms in the acute phase • Reduce relapse and reduction of symptoms **Work-focused psychological treatment** Better RTW outcomes will be achieved with work-specific psychological treatment that is treatment which addresses work issues and promotes early, safe and sustainable return to work. Work-focused	Day 1b	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
	psychological treatment is being offered by more and more providers. **Guidance and information about the RTW process at WorkSafeBC** Individuals with mental health conditions are often overwhelmed with dealing and coping with multiple new complex systems such as the healthcare system, the human resource department of their workplace, and workers' compensation systems. They can feel helpless and discouraged, which can heighten their psychological symptoms. For that reason, providing guidance and information about the worker's compensation system processes has been shown to decrease duration of work absence as it helps injured workers navigate a complex system. The case manager is in a unique position to provide guidance and information.		
Return to Work Options (Day 1 – RTW) Return to Modified or Full Duties	Early return to appropriate work should be promoted in cases of mild to moderate depression, but may be delayed in cases of severe depression. Engagement in productive, goal directed activity has been shown to have significant therapeutic benefit. The return to work effort needs to be coordinated amongst all groups involved (worker, employer, treating health care providers, claim owner, etc.) Employer engagement is one of the best predictors to successful return to work.	Day 11a	Yes
Restrictions and Limitations (Day 1 to RTW)	Cognitive restrictions (risk) and limitations (functional capacity and tolerance) will guide the stay-at-work/return-to-work planning and need to be considered within the context of the job. In most instances, work return can and should occur even in the presence of symptomatology during recovery. The inter-disciplinary team needs to consider all the clinical and employment-related information to address this issue. The case manager should liaise with the employer to find out if there are any safety sensitive aspects to the worker's job and any specific standards that apply (e.g. aviation, diving, mariners, rail, transport, law enforcement officers, and fire fighters). Refer to reference material regarding restrictions and limitations from working group.	Day 11b	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Prognosis	**Recovery times—** The median time to clinical remission of symptoms from a major depressive episode in some prospective observational studies is approximately 20 weeks. www.uptodate.com 2014. PFIs are not generally expected and in fact, for 1st time events, the prognosis is very good.	Day 11c	No
Factors Influencing RTW (Day 21 to RTW) Identify for Team Meeting	A. Health-Related Factors: Related to the health conditions and its management • HC Providers' expectations of recovery and SAW/RTW • Work-focused healthcare and communication • Safety sensitive job medical standards • Quality of healthcare • Severity of depressive or anxiety symptoms • Duration of disability • Co-morbidities – pre-existing physical and mental conditions • Substance use disorders B. Personal Factors: Related to characteristics of the worker: demographics, attitudes, beliefs, behaviors • Age > 50yrs, male, low SES • Previous work disability claims • Worker's expectation of recovery/RTW • Catastrophizing • Coping style - avoidant, passive, dependent • Disability beliefs - fear of reinjury • Perceived injustice • Negative feelings towards work, trouble at work, low occupational pride • Job (dis)satisfaction • Secondary gain, malingering • Self-rated health and self-efficacy C. Environmental Factors: Work related - Relates to characteristics of the design, organization and management of work and the social context of the workplace • Employer RTW policy, practices, resources, expertise • Designated RTW Co-coordinator or Occupational Health support	Day 21a	Yes

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
	• Modified work or accommodation • Employer/supervisor communication with disabled worker and worker's Healthcare Providers • Supervisor and co-worker support • Expectation of recovery and RTW > 3 <u>Non-work related</u> - Relates to characteristics of the worker's personal life, relationships and social network • Unmarried, poor marital situation, or social isolation at home • Work-life balance issues • Lack of support from family and community • Secondary gain, malingering • Stressful life events • Secondary gain, malingering		
**Arrange Team Meeting **	If RTW is not expected in the next 7 days, schedule team meeting within the next 14 days	Day 56a	Yes
Potential Complications	• Other psychiatric diagnosis • Potential for suicide • Medication side effects • Safety issues with respect to diagnosis and treatment • Recurrence • Chronicity • Substance use disorder • Chronic pain	Day 56b	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
References	• MD Guidelines • DSM5 • NICE Guidelines	Day 0 Never display on claim-just master copy	No
Credits	These WorkSafeBC Recovery Guidelines are based on an extensive review of the current clinical literature along with relevant medical, psychiatric, psychological, compensation services and rehabilitation input. They are intended to provide non-clinical staff with an overview of the condition in terms of diagnosis, investigation, treatment/rehabilitation, prognosis and expected timeliness and outcomes.	Day 0 Never display on claim-just master copy	No

Adjustment / Anxiety Disorder

WorkSafeBC

Adjustment/Anxiety Disorder

Recovery Guide http://www.mdguidelines.com/neurotic-disorders

Guide Name	Mental Disorder (e.g. Adjustment disorder/Anxiety disorder etc) other than Depression or Acute Stress Disorder/PTSD
ICD9 Code	308.9 and 309.8
DSM 5 code	Refer to WPM instructions - http://wpm/claiminjury/procedure.aspx?ProcID=30100902
Injury Description	**If you identify the worker is at risk to self, others or serious risk of deterioration, immediate action is required. See procedures.** http://wsn/SafetyHealthWellness/HealthWellness/SuicideRiskThreatResponse/Pages/default.aspx Everyone experiences a range of human emotion. Normal emotions vary over time depending upon circumstance. Individuals with untreated mental illness tend to have persistent problems with one or more of the following: cognition, emotion regulation or behaviour. When these changes result in significant distress, over a significant period of time (weeks as opposed to days), and/or impair an individual's ability to carry out normal activities, then a specific mental disorder may be present (as outlined in DSM-5). The DSM-5 outlines specific criteria that must be present including duration of impairment/distress in order for a mental disorder to be diagnosed. Some of the more common disorders included in this group would include Adjustment Disorder, Panic Disorder, Anxiety Disorder, Phobias and Somatic Symptom Disorder with predominant pain.

General Duration Guide

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The duration of the mental disorder is independent of time loss and will vary widely from no time away from work to extended periods.

The recovery guidelines should generally be applied on the date of diagnosis however; this may vary and may require consultation with the clinical team.

Psychotherapy and/or pharmacotherapy, neurotic disorders.

DURATION IN DAYS

Job Classification	Minimum	Optimum	Maximum
Any Work	7	14	28

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Mental Disorder Diagnosis (Day 1 – 14) (History, examination results, tests to consider)	Individuals may describe a myriad of emotional symptoms spontaneously or subsequent to physical or emotional event or stressor. This may or may not constitute a mental health diagnosis. Symptoms found in mental disorders may include the following: • -Feeling anxious, worthless or guilty • -Changes in mood • -Psychotic symptoms such as delusions and hallucinations • -Various physical symptoms that may include changes in sleep, appetite, energy, pain experience • -Trouble thinking, remembering, focusing on what is being done, or in making everyday decisions • -Thinking/threatening harm to self or others If there is evidence of mental distress, the claim should be brought to an inter-disciplinary team meeting for a review of suitable next steps. Collection of prior medical/psychological records is essential to establish both diagnosis and causality. For claims purposes we base our acceptance of a diagnosis on criteria from the most current DSM. Multiple assessment tools may be used in arriving at this diagnosis including current history, past medical/mental health history, collateral information and standardized tests. The assessment should exclude medical conditions that may mimic a range of mental conditions. The assessment should also consider substances that cause mental health symptoms, including both medications and drugs of abuse and therefore, both medical and psychological assessment may be required. Individuals with mental disorders may display a wide spectrum of functional impairment ranging from minimal to complete incapacity. Any period of extreme emotional distress lasting up to two weeks should be immediately addressed by the clinical team. At times, hospitalization, either voluntary or involuntary, may be necessary. Routine, community clinical assessment will frequently not address cause. WorkSafeBC has contracted providers and has in-house psychologists to perform an in depth assessment which includes causal analysis that the board officer will consider as evidence in their adjudication.	Day 1a	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Treatment (Day 1 - 28)	Treatment for mental disorders generally includes some combination of psychological support/treatments and/or psychoactive medications. For more severe presentations, hospitalization (voluntary or involuntary) may be necessary. Frequent follow-up and reassessment will likely be necessary particularly when there is concern about risk of harm to self or others. Treatment providers range from family physician, psychologist, psychiatrist and/or other mental health professionals and programs.	Day 1b	No
Return to Work Options (Day 1 – RTW) Return to Modified or Full Duties	Early return to work should be considered in all cases of mild to moderate mental disorder but is unlikely in cases of severe mental disorder. However, as the mental disorder is treated and improves, return to work should be reconsidered. The return to work effort needs to be coordinated amongst all groups involved (worker, employer, treating health care providers, claim owner, etc.) Employer engagement is one of the best predictors to successful return to work. The employer may require education to support return to work efforts.	Day 11a	Yes
Restrictions and Limitations (Day 1 to RTW)	Restrictions and limitations need to be considered within the context of the job. The inter-disciplinary team needs to consider all the clinical and related information to address this issue. Case managers should liaise with the employer to find out if there are any safety sensitive aspects to the worker's job and any specific standards that apply (e.g. aviation, diving, marine pilots, rail, transport, law enforcement officers, and fire fighters).	Day 11b	No

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Immediately Refer to Security/Crisis Management and MA/PA, if and when Applicable	• Suicidal ideation • Homicidal ideation • Psychosis i.e. out of touch with reality (e.g. presence of delusions or hallucinations or prominent paranoia)	Day 11c	Yes
Prognosis	The majority of individuals who have a mental disorder following a physical injury will recover and will not have a PFI. Those individuals with a significant previous history of psychiatric disorders may have a more guarded prognosis.	Day 21a	No
Factors Influencing RTW (Day 8 to RTW) Identify for Team Meeting	A. Health-Related Factors: Related to the health conditions and its management • HC Providers' expectations of recovery and SAW/RTW • Work-focused healthcare and communication • Safety sensitive job medical standards • Quality of healthcare • Severity of depressive or anxiety symptoms • Duration of disability • Co-morbidities – pre-existing physical and mental conditions • Substance use disorders B. Personal Factors: Related to characteristics of the worker: demographics, attitudes, beliefs, behaviors • Age > 50yrs, male, low SES • Previous work disability claims • Worker's expectation of recovery/RTW • Catastrophizing • Coping style - avoidant, passive, dependent • Disability beliefs - fear of reinjury • Perceived injustice • Negative feelings towards work, trouble at work, low occupational pride	Day 21b	Yes

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
	• Job (dis)satisfaction • Secondary gain, malingering • Self-rated health and self-efficacy C. Environmental Factors: <u>Work related</u> - Relates to characteristics of the design, organization and management of work and the social context of the workplace • Employer RTW policy, practices, resources, expertise • Designated RTW Co-coordinator or Occupational Health support • Modified work or accommodation • Employer/supervisor communication with disabled worker and worker's Healthcare Providers • Supervisor and co-worker support • Expectation of recovery and RTW > 3 <u>Non-work related</u> - Relates to characteristics of the worker's personal life, relationships and social network • Unmarried, poor marital situation, or social isolation at home • Work-life balance issues • Lack of support from family and community • Stressful life events		
Arrange Team Meeting	If RTW is not expected in the next 7 days, schedule team meeting within the next 14 days.	Day 28a	Yes

Guideline Item Description	Additional Information	Offset from Date of Injury (in days)	Always Display
Potential Complications	• Other psychiatric diagnosis • Potential for suicide • Medication side effects • Safety issues with respect to diagnosis and treatment • Recurrence • Chronicity • Substance use disorder	Day 28b	No
Treatment Monitoring & Evaluation	Monitor treatment reports on a monthly basis. There should be indications of; symptom resolution, objective improvement in function, and return to work effort, or the claim should be reviewed by an inter-disciplinary team. Expect a meaningful improvement by eight weeks; if not, consider changes to treatment plan and to RTW plan.	Day 56	Yes
References	• MD Guidelines • CANMET Guidelines	Never display on claim- just master copy	No
Credits	These WorkSafeBC Recovery Guidelines are based on an extensive review of the current clinical literature along with relevant medical, psychiatric, psychological, compensation services and rehabilitation input. They are intended to provide non-clinical staff with an overview of the condition in terms of diagnosis, investigation, treatment/rehabilitation, prognosis and expected timeliness and outcomes.	Day 0	No