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**Webinar**

# **Supporting the mental health of people returning to work after a long term injury**

**Monday, 10<sup>th</sup> October 2016**

**“Working together. Working better.”**

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

# This webinar is presented by



## Tonight's panel



**Dr Mary Wyatt**  
Occupational Physician  
(Vic)



**Dr Dielle Felman**  
Psychiatrist  
(Vic)



**Dr Roya Dabestani**  
General Practitioner  
(Vic)



**Ms Keryl Egan**  
Clinical Psychologist  
(NSW)

## Facilitator



**Dr Konrad Kangru**  
General Practitioner  
(Qld)

# Safe Work Australia



This webinar has been made possible through funding provided by Safe Work Australia.

Learn more about Safe Work Australia by visiting [www.swa.gov.au](http://www.swa.gov.au)

# Ground Rules

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

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

# Learning Outcomes



**Through an exploration of compensated injuries, the webinar will provide participants with the opportunity to:**

- Describe appropriate practices to sufficiently accommodate abilities, diversity and vulnerabilities of people returning to work
- Implement key principles of providing an integrated approach to the social and emotional well-being of people returning to work after a compensated injury
- Identify challenges, tips and strategies in providing a collaborative response to supporting social and emotional well-being of people returning to work.

# GP Perspective

- Important for GP to act as advocate for worker, whilst still remaining objective
- Take into account worker's health and illness beliefs including those surrounding injury and work
- Try and facilitate the worker remaining at work safely in the first instance
- Ensure that management is measured and does not add to a situation which may be more heated than a standard injury situation



**Dr Roya Dabestani**

# GP Perspective

- Consider the biopsychosocial approach to injury and pain management
- Avoid early imaging/investigations that are unnecessary
- Avoid early use of opiate analgesia
- Pain doesn't have to equal worsening of an injury



**Dr Roya Dabestani**

# GP Perspective

- Conservative management options of a high standard should be the main focus for treatment as the evidence shows that surgical treatments usually have a poorer outcome in a compensable setting
- Pain education important component of treatment
- Discuss the social supports and psychological effects of the injury on the worker early and refer to colleagues if necessary e.g. psychology / psychiatry



**Dr Roya Dabestani**

# GP Perspective

- Return to work incorporates a broad spectrum of capacities
- Remember to be open minded when considering return to work
- Educate the worker regarding the health benefits of safe return to work



**Dr Roya Dabestani**

# GP Perspective

- Ensuring and maintaining forward momentum important and often challenging
- Always give the worker avenues to voice their ideas, concerns, and expectations regarding return to work / rehabilitation
- Ensure that the worker's family / partner is also supported and given a space to voice their struggles / challenges.



**Dr Roya Dabestani**

# Psychiatrist Perspective

Mark



**Dr Dielle Felman**

# Psychiatrist Perspective

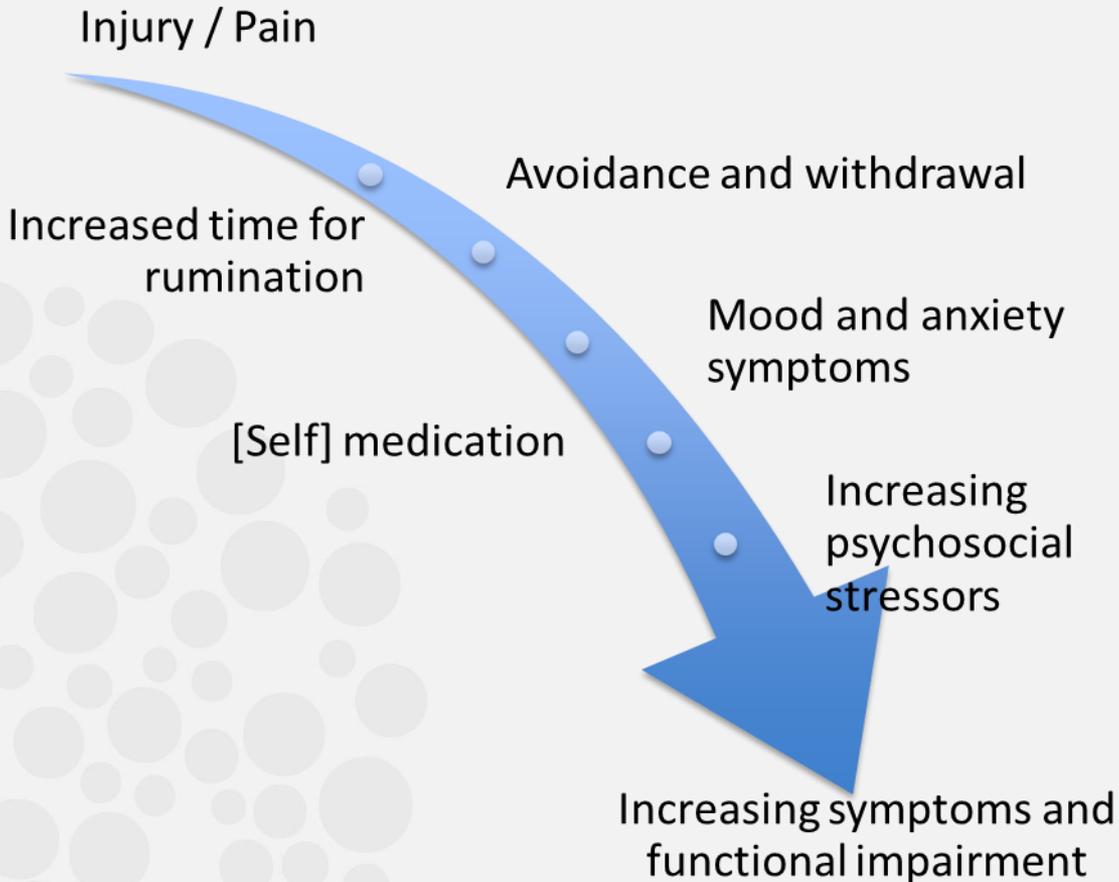
## Mark - concerns



Dr Dielle Felman

# Psychiatrist Perspective

## Mark's journey



Dr Dielle Felman

# Psychiatrist Perspective

## Mark's case – moving forward



Dr Dielle Felman

# Psychiatrist Perspective

## Mark's case – moving forward



**Dr Dielle Felman**

# Psychiatrist Perspective

## Mark's Case – Treatment

Assessment of physical condition

Pain management:  
Reduce opioids

Address psychiatric and psychosocial factors

Targeted psychological therapy e.g. CBT, activity scheduling, address fear avoidance.

Not just supportive

Consider psychotropic meds if indicated e.g. Duloxetine

Rehabilitation provider  
Functional restoration

Continue treatment on RTW



Dr Dielle Felman

# Clinical Psychologist Perspective

## Motivational Interviewing

- Firstly, establish a working alliance
    - Trust: Mark needs a sense of being understood
    - Explore: Find words for his feelings and attitudes
  
  - Identify that he is approaching a crisis
    - Wife is losing patience, he might lose his job
- But**
- He fears pain and injury, has lost his place at work and with friends - feels shame, social withdrawal



Ms Keryl Egan

# Clinical Psychologist Perspective

## Negotiating Mark's ambivalence

- Identify and manage his ambivalence
  - Identify his survival strategy
    - Avoidance of pain
    - Social withdrawal
  - Explore the pros and cons of his current strategy
    - Loss of heart and low mood
    - Conflict at home
  - Affirm his self-efficacy, capacity for change
    - Awaken the need for change and commitment



**Ms Keryl Egan**

# Clinical Psychologist Perspective

## Mobilise change talk with Mark

- Actively listen for his desires, goals, reasons for change and reinforce them
  - Keep his job
  - Keep his wife and kids
- Encourage and support commitment to change
  - Goals and dreams
  - Intentions and decisions
- Emphasise his abilities and self-efficacy
  - Press operators have experience and skill
    - problem-solving, attention to detail, mathematical and computer skills
    - mechanical and technical skills
- Plan activities (behavioural activation)
  - Start with daily activities to combat social withdrawal and reduce family tension
  - Move to an action plan for return to work



**Ms Keryl Egan**

# Clinical Psychologist Perspective

## Roadblocks

- Stamina
  - Collaborate with his team, doctors and physiotherapist, to establish safe activities
- Develop a realistic step-wise activity plan with him
- Depression and anxiety
  - Help manage his fear, low mood and avoidance, withdrawal as he contemplates risk. Use CBT to problem-solve.



**Ms Keryl Egan**

# Clinical Psychologist Perspective

## Taking steps

- Facilitate Mark's awareness of his avoidant strategies as he implements the plan
- Acknowledge his courage and roll with resistance as he faces his fears
- Support him through failures and lapses



**Ms Keryl Egan**

# Clinical Psychologist Perspective

## Next Move

- If Mark develops motivation and works through loss, anxieties and depression
- Regular collaboration with case rehabilitation manager re the return to work plan
- If necessary, refer him for career management



**Ms Keryl Egan**

# Occupational Physician Perspective

## Treatment

Old way

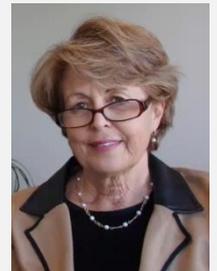


relieve pain

New way



restore function



**Dr Mary Wyatt**

# Occupational Physician Perspective

## Fear avoidance model

The outcome is more dependent on the fear of pain than the pain itself

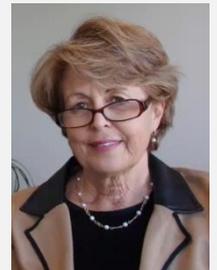


Avoider

Coper

*Chronic pain patient*

*Farmer*

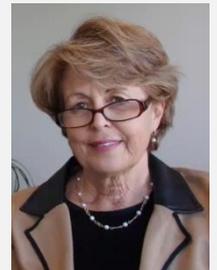


Dr Mary Wyatt

# Occupational Physician Perspective

## Rehabilitation

- 'Prevention is better than cure'
- Identify barriers to return to work
- Worker engagement – what is in it for them? / Motivational interviewing
- What has happened at the workplace?
- Are there any return to work options at the workplace where the injury occurred? What is needed to aid the worker look for another job?

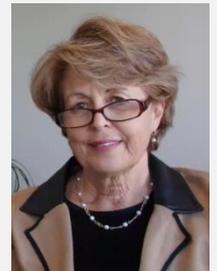


**Dr Mary Wyatt**

# Occupational Physician Perspective

## Avoid opiates

- Dose needs to be increased over time
- Little benefit for chronic pain (non cancer related)
- Significant risks of dependency developing, even with short term use
- Lowered motivation
- Significant mental health side effects

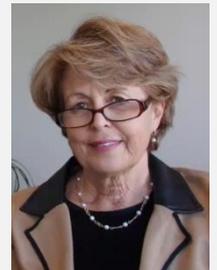


**Dr Mary Wyatt**

# Occupational Physician Perspective

## Resources

- Video on explaining back pain to patients  
<http://rtwknowledge.org/video/Indahl.html>
- Article on back pain and RTW  
<http://www.rtwmatters.org/article/articleG.php?id=1178&k=&t=webinar-back-pain-and-return-to-work>
- 8 steps for tackling long-term cases  
<http://www.rtwmatters.org/article/articleG.php?id=1364&k=&t=8-steps-for-tackling-long-term-cases-part-1>  
<http://www.rtwmatters.org/article/articleG.php?id=1365&k=&t=8-steps-for-tackling-long-term-cases-part-2>



**Dr Mary Wyatt**



## Q&A session

# Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- MHPN is supporting a series of webinars hosted by the APS on forced adoption. The next webinar in this series is **The Ripple Effects of Forced Adoption** and will be held on Tuesday, 18<sup>th</sup> October 2016.
- The Department of Veterans' Affairs has engaged MHPN to produce a series of six webinars focussed on supporting the mental health of veterans. The next webinar in the series, **Responding to and treating PTSD: what works?** will be held on Tuesday, 25<sup>th</sup> October 2016.

Are you interested in joining an MHPN network in your local area? View a list of MHPN's networks [here](#). Join one today!

For more information about MHPN networks and online activities, visit [www.mhpn.org.au](http://www.mhpn.org.au)

**Thank you for your contribution and  
participation**