Mental Stress Injuries – Recovery & RTW

Presentation to Schedule 2
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Agenda

Introduction

Posttraumatic Stress Disorder

Factors that Influence Recovery and Return to Work

Discussion & Questions

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Posttraumatic Stress Disorder

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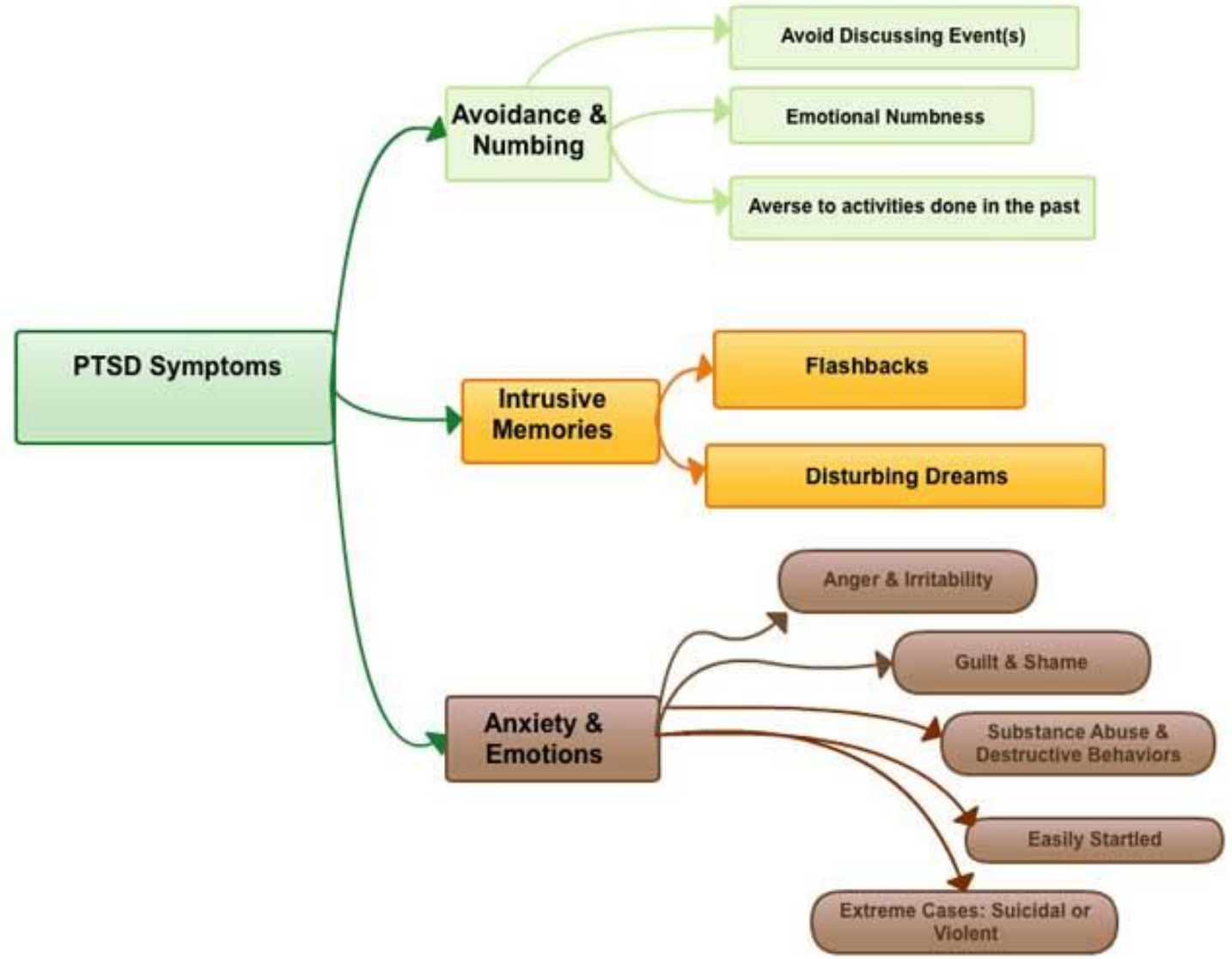
PTSD Symptoms



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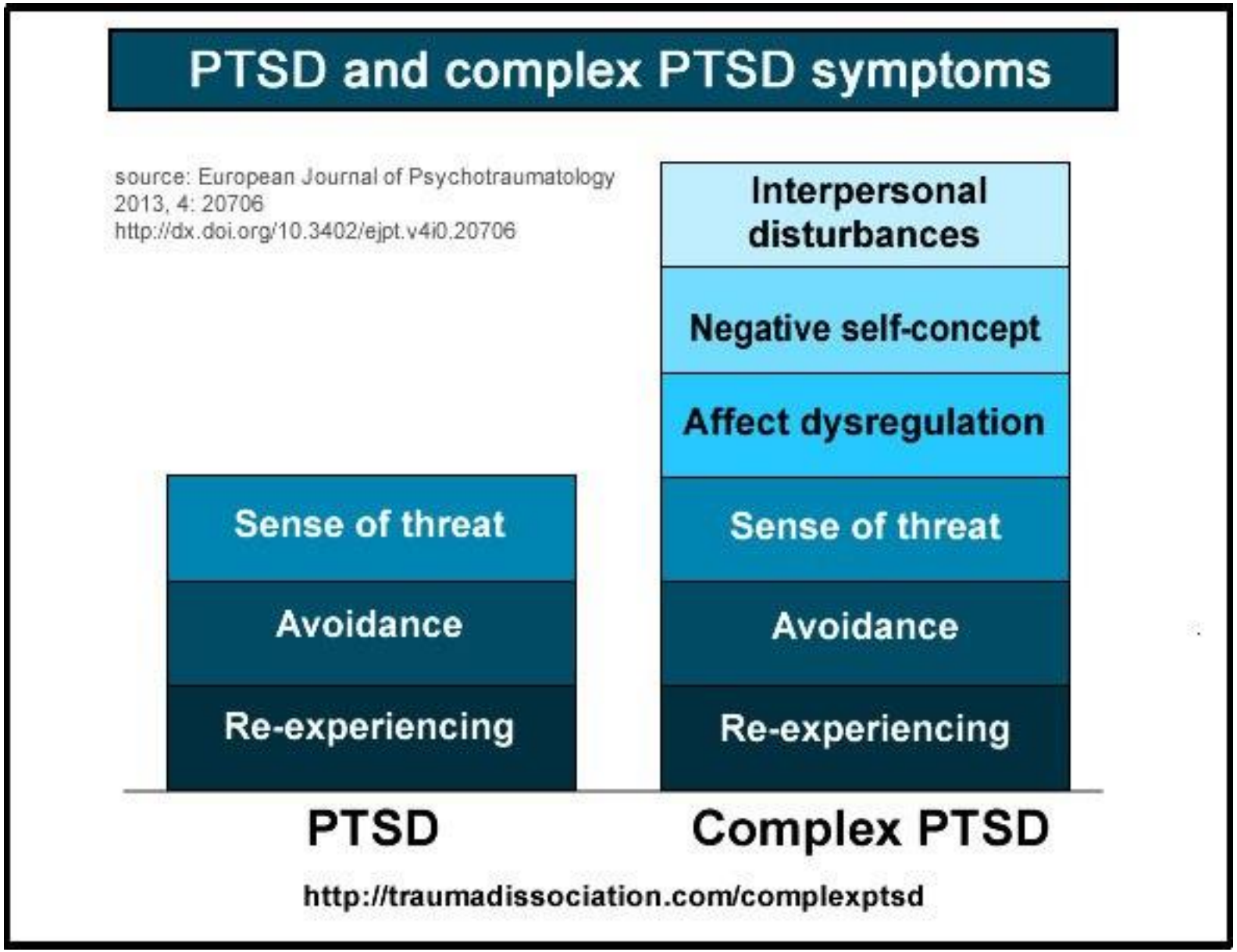
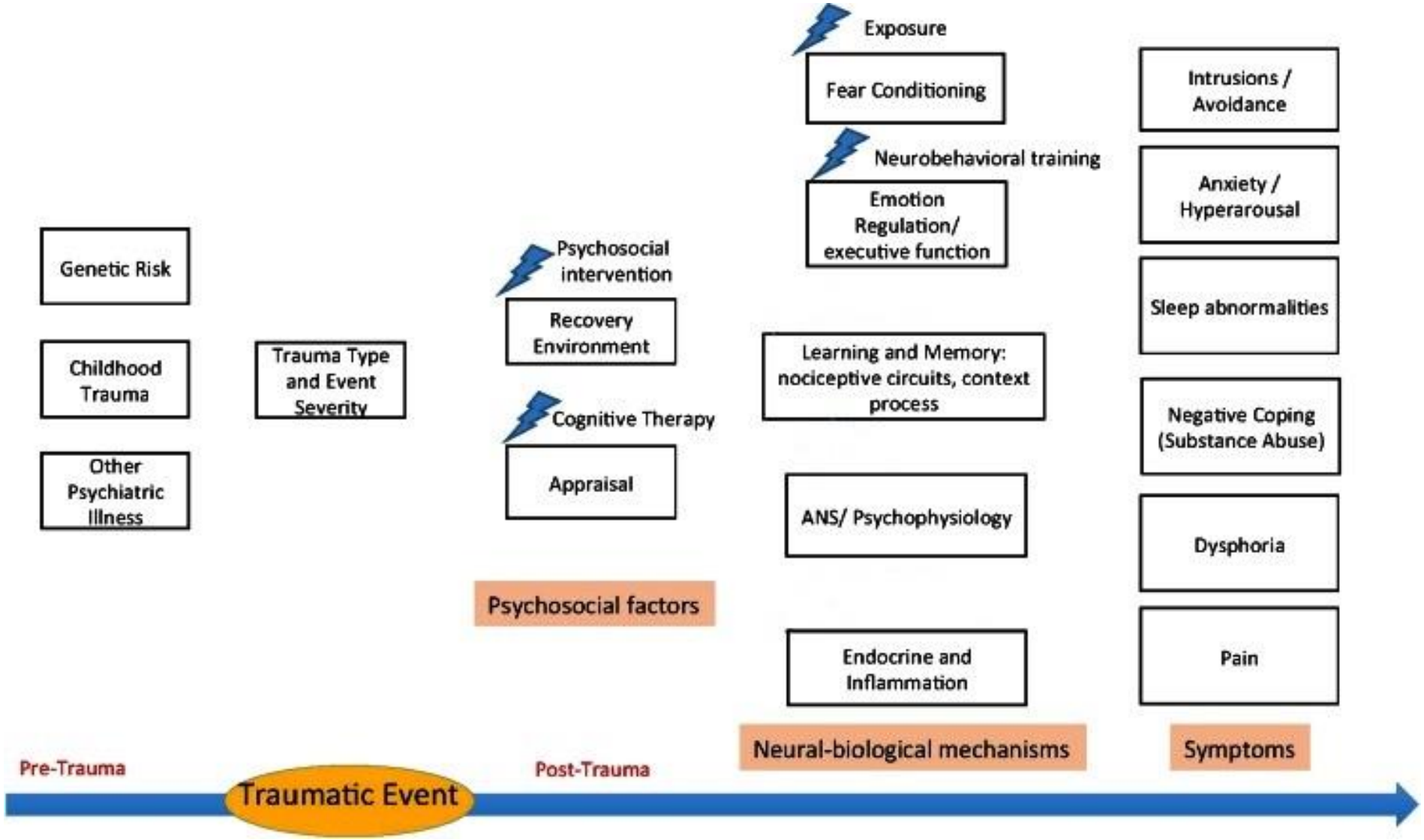

PTSD and complex PTSD symptoms
source: European Journal of Psychotraumatology
2013, 4: 20706
http://dx.doi.org/10.3402/ejpt.v4i0.20706
Interpersonal disturbances
Negative self-concept
Affect dysregulation
Sense of threat
Avoidance
Re-experiencing
Sense of threat
Avoidance
Re-experiencing
PTSD
Complex PTSD
http://traumadissociation.com/complexptsd



Adapted from: Qi, W, Gevonden, M, Shalev, A. Prevention of post-traumatic stress after trauma: current evidence evidence and future directions. *Current Psychiatry Rep.* 2018. 18:20.

Historical Risk Factors

- Family psychiatric history
- Personal psychiatric history
- Childhood adversity, abuse

Peritraumatic Risk Factors

- Severity of event(s)
- Perception of trauma as life threatening
- Dissociation during the event
- Negative cognitions during the trauma(s) (e.g, catastrophization)

Posttraumatic Risk Factors

- Lack of social support
- Lack of healthy coping skills
- Limited access to mental health resources
- Other life stressors

Occupational Factors

- Cumulative nature of traumatic events
- Routine occupations stress
- Perception of inadequate workplace support
- Stigma

PTSD Considerations:

Cumulative trauma

No single causal event

Combination of events over a period of time

More likely to go unnoticed and untreated

Part of a role/job

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Moral Injury

Betrayal of “what’s right”

Any events, action or inaction that transgress our moral/ethical beliefs, expectations and standards can set the stage for moral injury

Some examples leading to moral injury include:

- Unintentional errors leading to injury or death
- Witnessing and/or failing to prevent harm or death
- Perceived transgression of peers, leaders or organizations that betrayed our moral/ethical beliefs or expectations

Failure to recover

Impacts view of world/self/others

Issues of trust

Treatment as usual plus addressing the alteration of beliefs

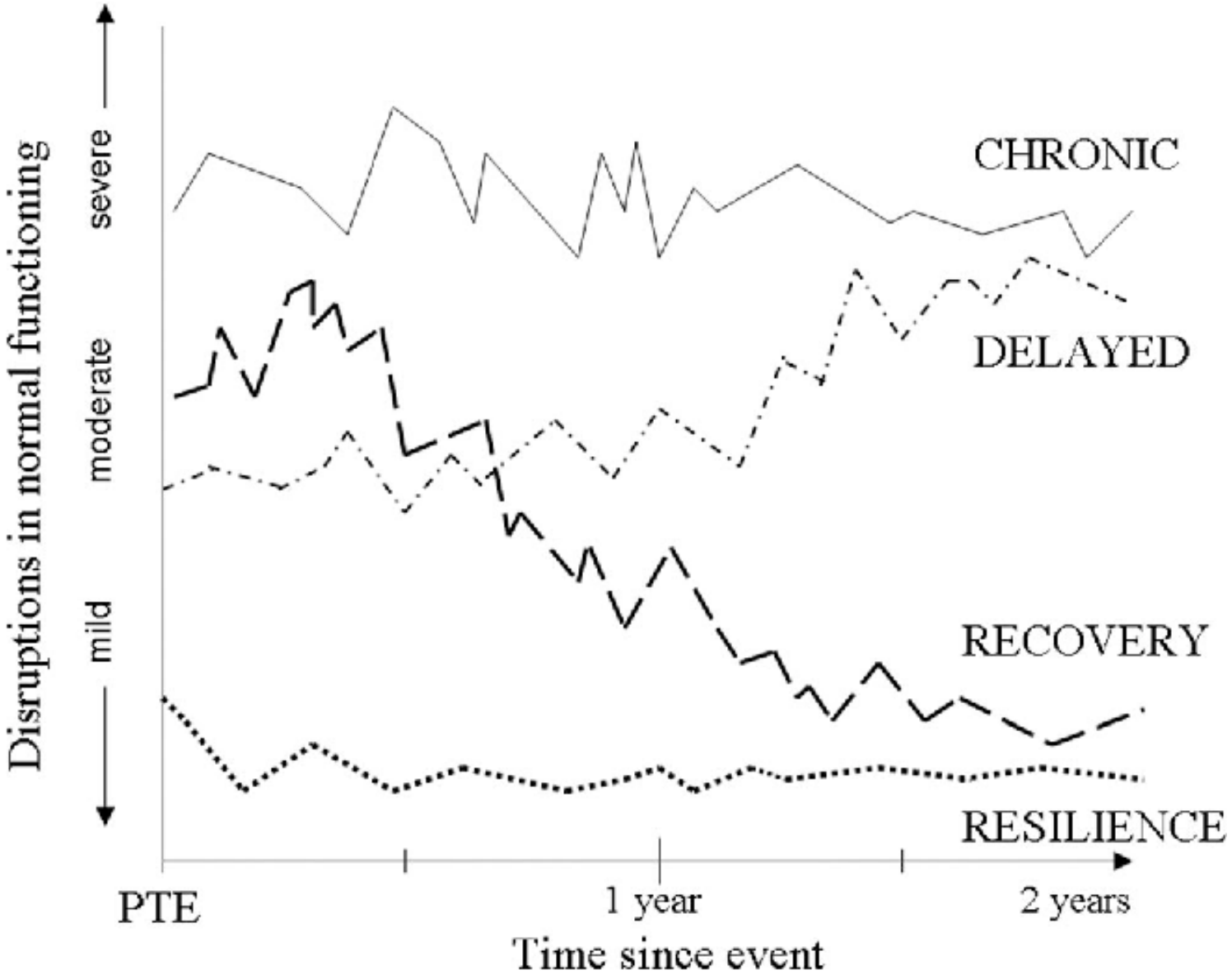
Sometimes moral injury contributes more to the pain, suffering and disability than the trauma exposure itself

Trajectories of PTSD

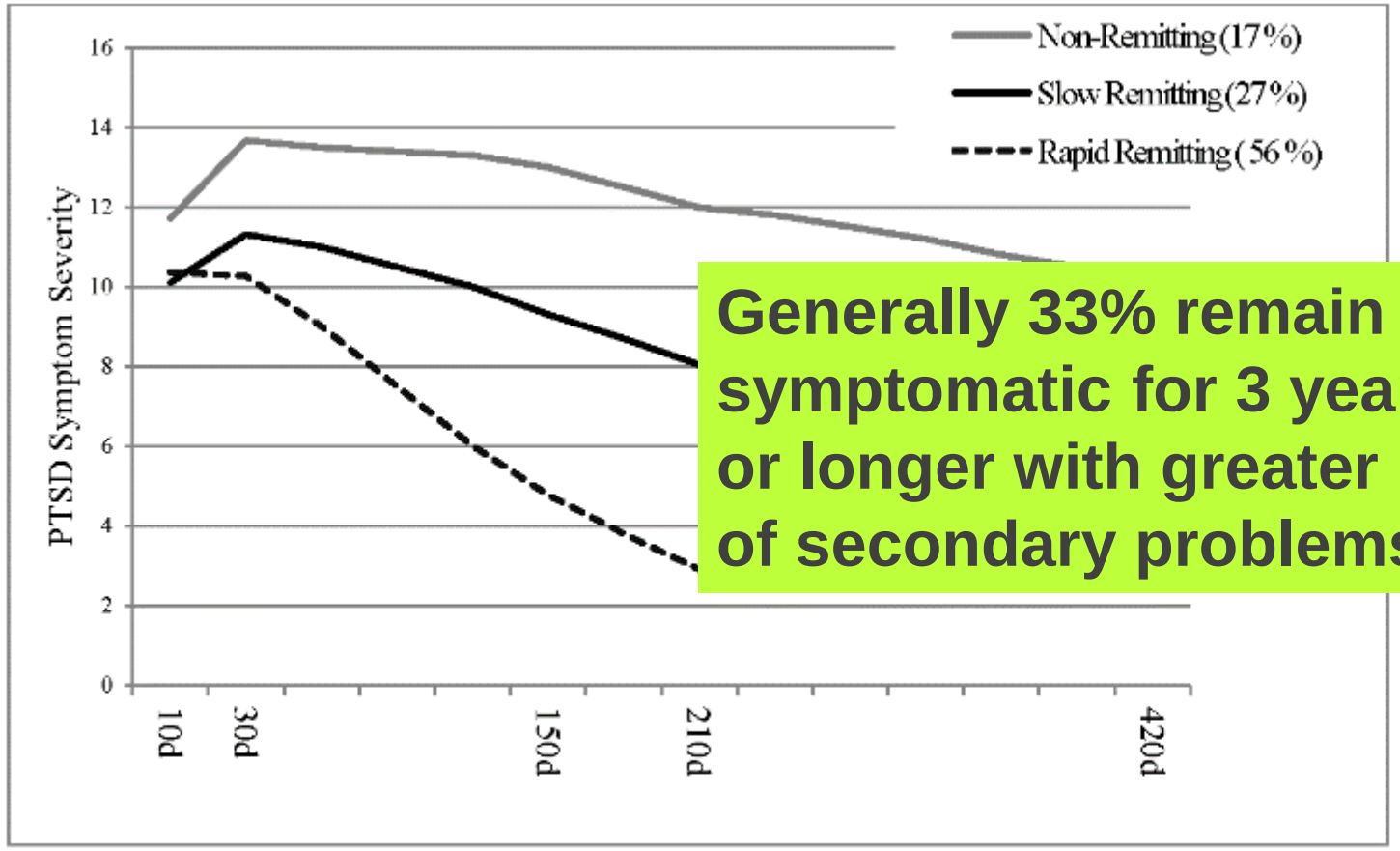
Heterogeneity is the rule

Trajectories can vary significantly and are associated with pre- peri- and post-trauma risk and protective factors

Variability in Presentations



Course of Recovery



Generally 33% remain symptomatic for 3 years or longer with greater risk of secondary problems

Note: x-axis indicates number of PTSD symptoms reported on the PSS-I. Y-axis represents time from 10 days to roughly 420 days Trajectories represent estimated marginal means.

Galatzer-Levy IR, Ankri Y, Freedman S, Israeli-Shalev Y, Roitman P, et al. (2013) Early PTSD Symptom Trajectories: Persistence, Recovery, and Response to Treatment: Results from the Jerusalem Trauma Outreach and Prevention Study (J-TOPS). PLOS ONE 8(8): 10

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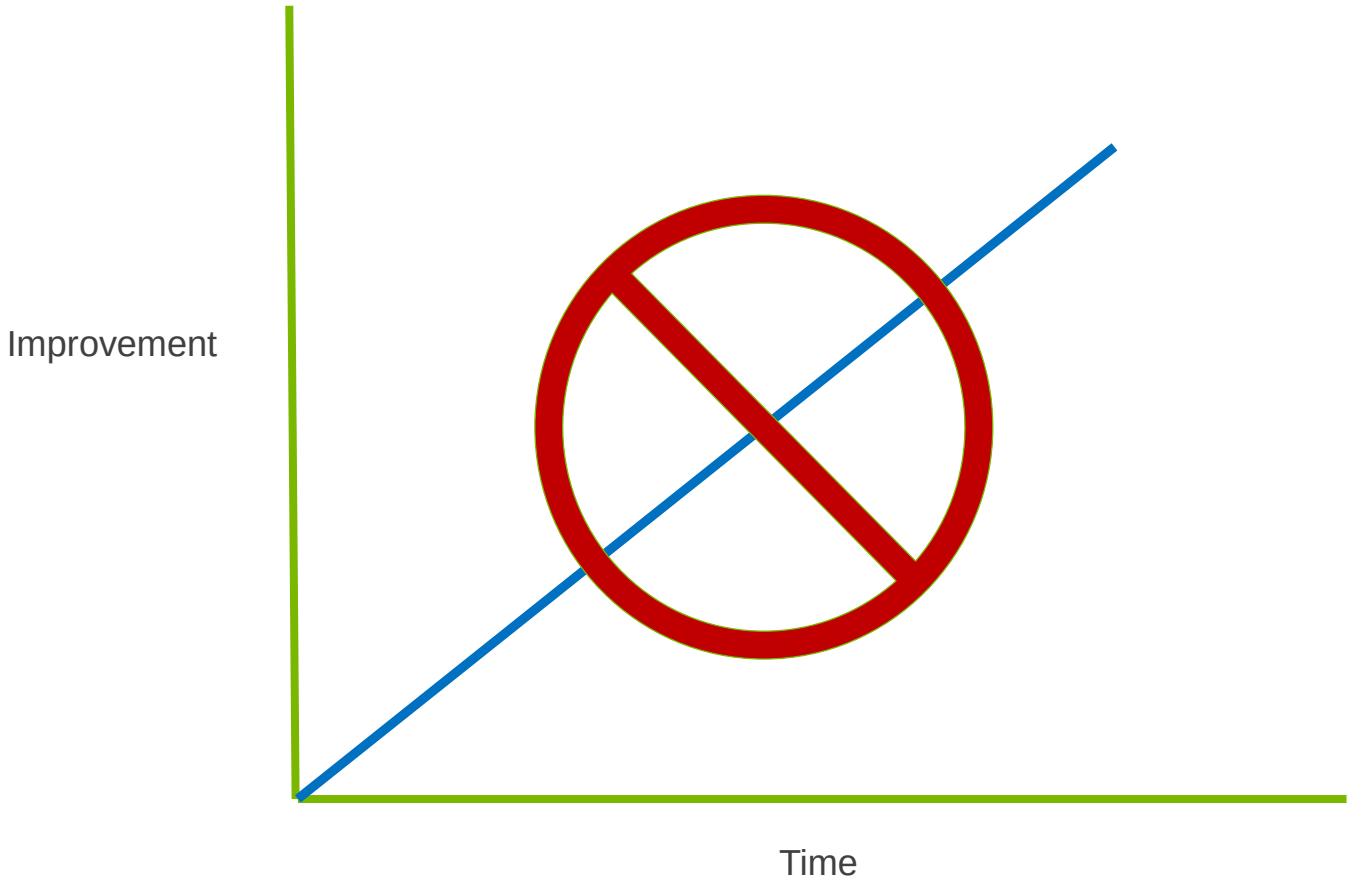
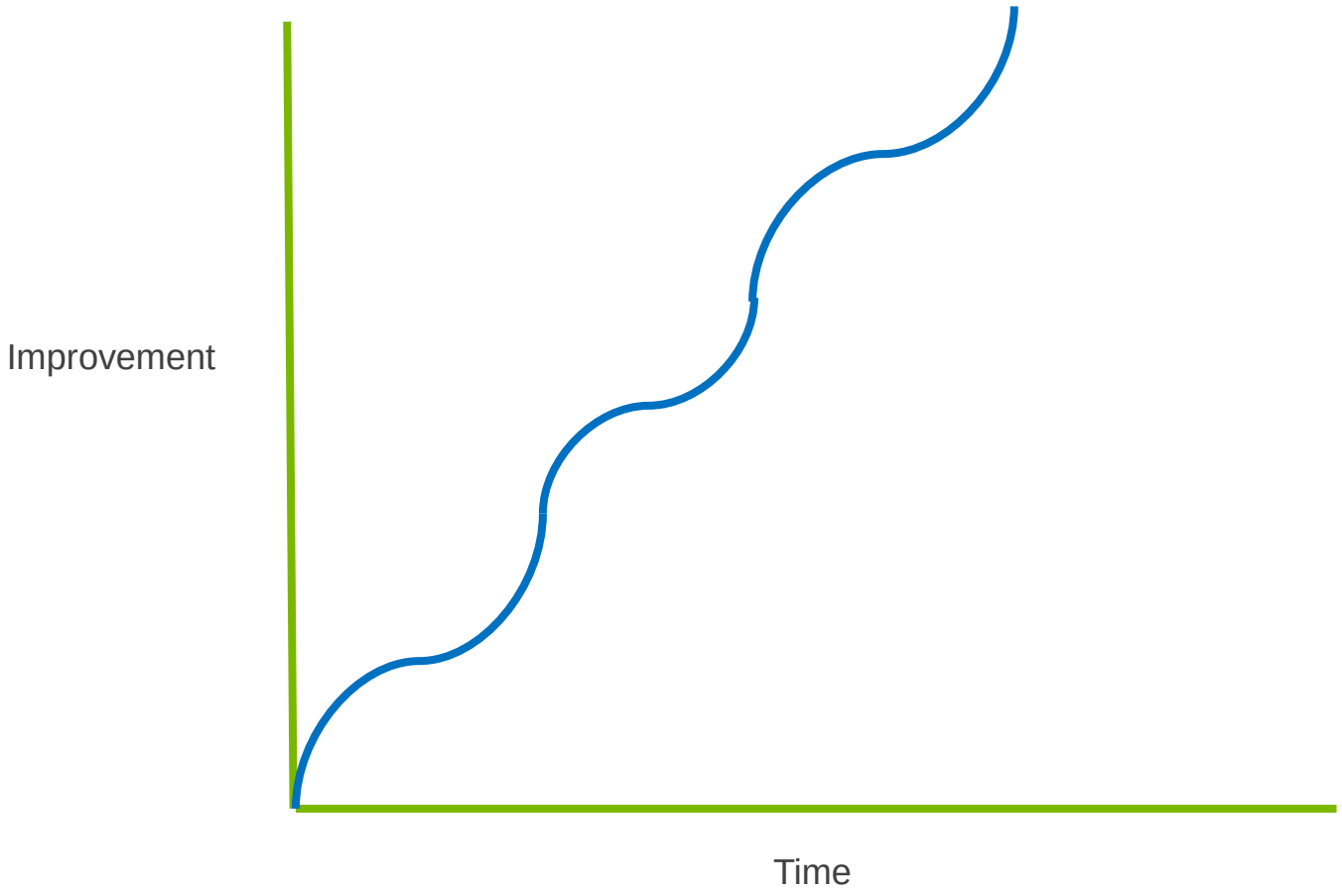
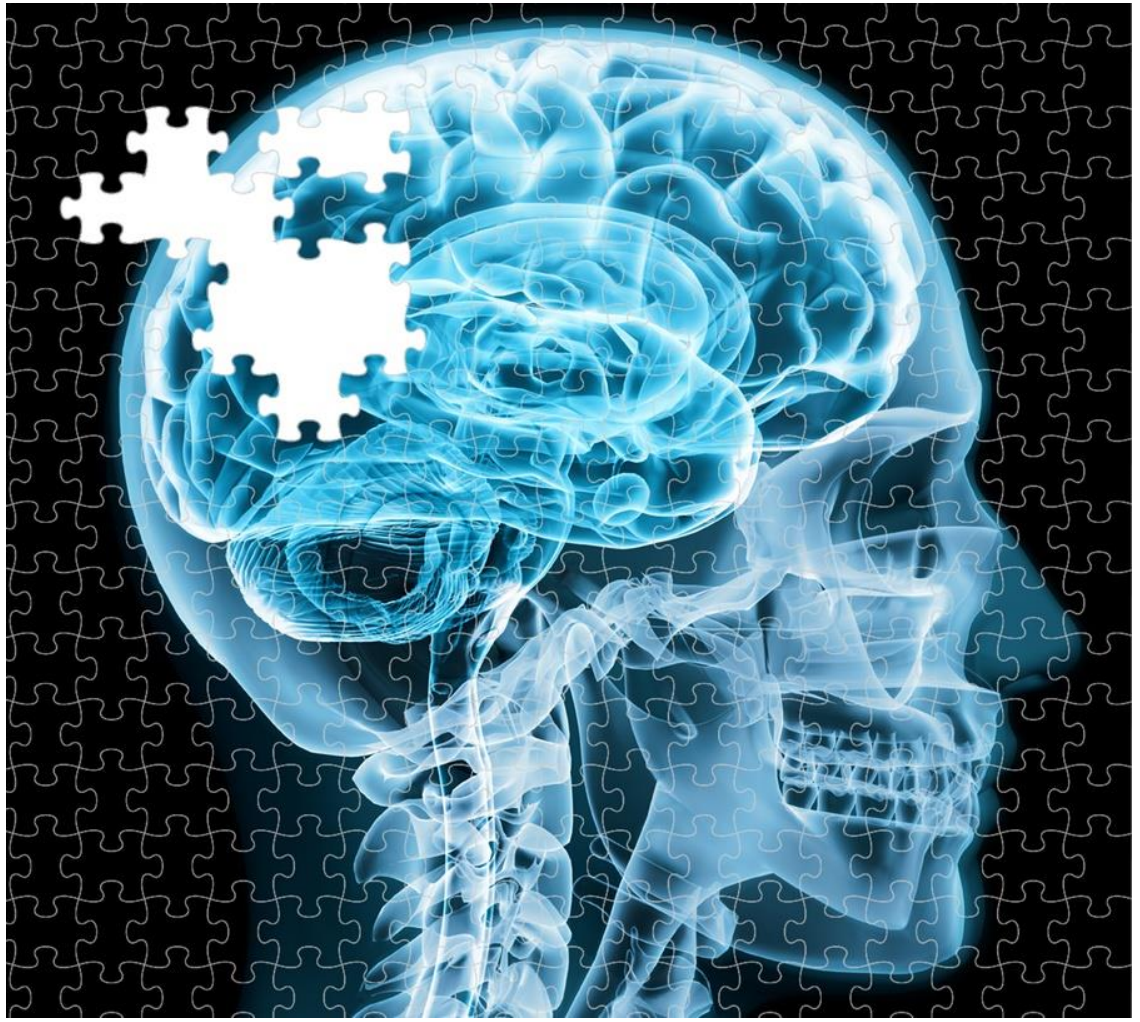
Wished-For Course of Recovery



Actual Course of Recovery



Psychological injuries are unique…



Treatment Considerations

Stage-based approach is best:

- Stage 1 – identify and manage acute symptoms (suicidality, co-occurring medical/psychiatric illness)
- Stage 2 - achieve safety and acute-symptoms stabilizations
- Stage 3 – trauma-focused treatment
- Stage 4 – transition to greater self-management, integration of skills to return to social/occupational routines

Risks of trauma-focused treatment

Exposure therapy is not benign → can be destabilizing

Psychotherapy is a **controlled act**

No One Size Fits All Approach

Factors that Influence Recovery and Return to Work

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System Map of Injury Compensation Schemes

Table 1 Summary of six system levels in the RecoveryMap

Level	Description
Societal	The social and economic organisation of the community within which the injured person resides
Government	The regulatory authorities for the compensation system and any other government agencies with which they interact
Organisation	The policy and procedure of organisations involved in the injury compensation and rehabilitation, such as employers and healthcare organisations
Management	The decisions and actions of individuals involved in the rehabilitation process such as co-workers, case managers and health care providers
Immediate environment	The physical, social and financial environment in which the injured person conducts their lives
Injured person	The function, activity and participation of the injured person such as their physical and psychological state, pain and participation in daily activities

Collie et al. (2019), p. 57

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System Map of Injury Compensation Schemes

Table 4 Participants' perceptions of factors affecting recovery

System level	Factors associated with injury recovery
Societal	Economic and labour force conditions
	Societal attitudes towards disability
Government	Regulator policy, procedure and actions
	Healthcare system policy and procedure
	Legal system policy and procedure
	Decisions and actions of Centrelink
Organisation	Access to healthcare
	Workplace involvement in RTW
	Insurer actions, decisions and communication
	Trade union administration
Management	Quality of healthcare
	Health provider communication with others
	Quality and continuity of case management
	Case manager communication with others
	Supervisor competence in RTW
	Medical assessment
	Legal representation
	Union advocacy and support
Immediate environment	Personal financial circumstances
	Family and social relationships
	Physical environment at work and home
	Co-worker relationships
	Psychological impact of injury
	Physical impact of injury
Injured person	Physical function
	Psychological function
	Work participation

Collie et al. (2019), p. 57

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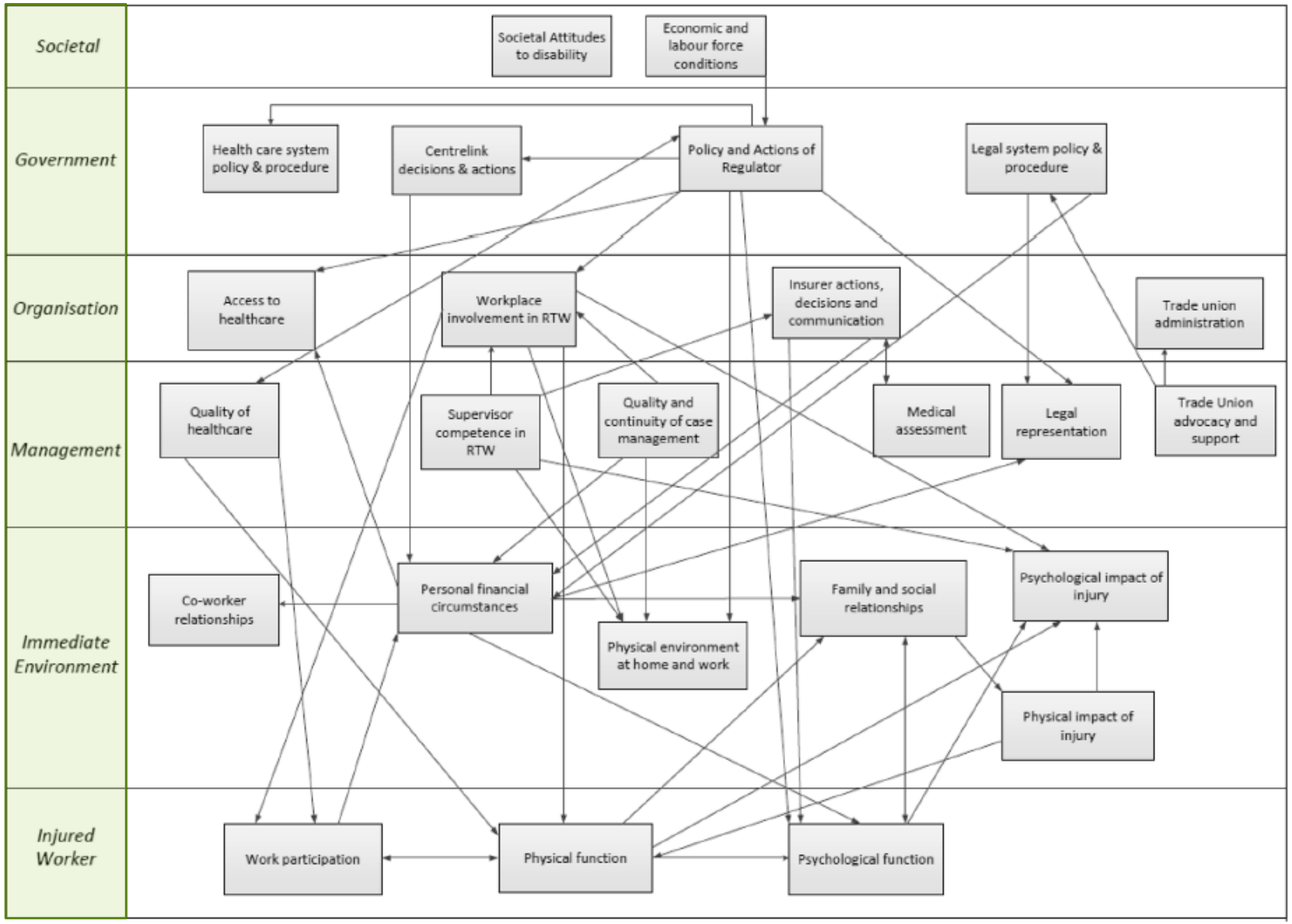
System Map of Injury Compensation Schemes



Collie et al. (2019), p. 58

Fig. 1 RecoveryMap. The figure shows the factors reported by participants as affecting recovery and the interactions between factors. Arrows represent direction of relationships

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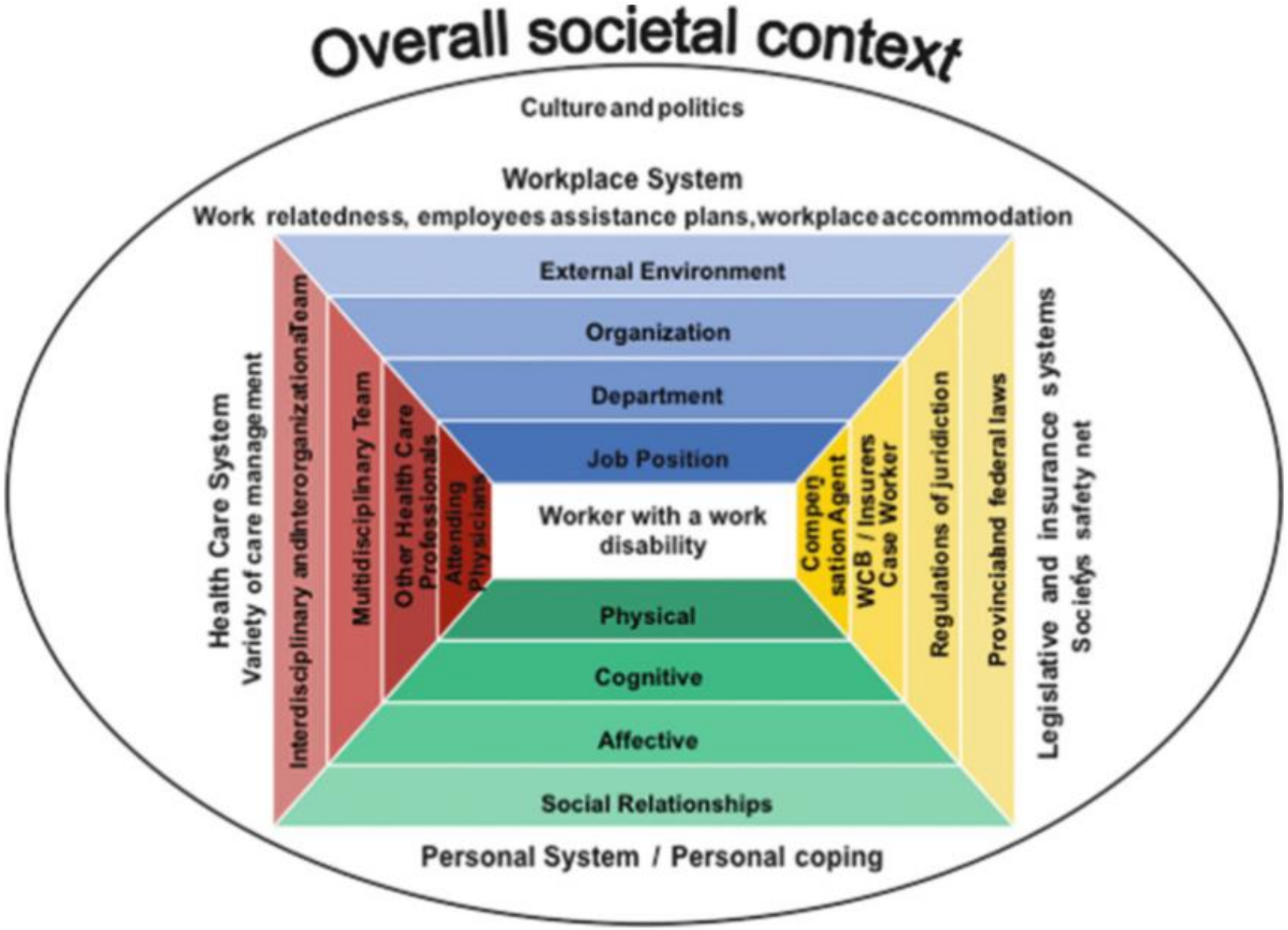
The Arena in Work Disability



Loisel, P. (2005)

Injured/Ill Person Factors

Mental health condition

- Severity and chronicity, comorbidities, level of impairment

Appraisals, attitudes, beliefs and expectations – impacts approach to seeking/participating in treatment and RTW activities

- Regarding psychological injury / mental health conditions
- Regarding possibility of recovery and RTW
- Coping style (catastrophizing, fear-avoidance)
- Self-efficacy vs. learned helplessness

Relationship with the employer

- Level of perceived support
- Experienced or perceived injustice / broken “implicit psychological contract”

Other life stressors / psychosocial factors

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Health Care System/Provider Factors

Quality of mental health assessment and treatment

- Accurate diagnosis
- Evidence-based and evidence-informed treatment
- Right treatment for the condition (therapy, meds, intensity of treatment)
- Multidisciplinary intervention when warranted
- Timely submission of reports to insurer

Rehabilitation focus

- Focus on functional restoration, in addition to symptom reduction/amelioration
- Provide functional information to compensation board
- Influence on expectations of recovery and RTW
- Understanding that, when clinically appropriate, SAW or RTW can be therapeutic

Appropriate level of ‘medicalization’

- Distinguish injury-related condition and related impairments from non-injury psychosocial factors and barriers

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Compensation Board Factors

Quality of case management

- Appropriate level of diagnostic investigations
- Prompt decisions on medication and treatment
- Due diligence but lack of excessive concern with procedural and legal aspects of the claim

Collaborative RTW process

- Support RTW readiness and activities when clinically able – reduce time delay

Health Care Quality Assurance

- Ensure proper medical documentation, evidence-based diagnostic and therapeutic interventions

Employer/Workplace Factors

Workplace culture

- Employer's policies, practices, culture and values
- Cohesive workplace with supportive coworkers
- Low mental health stigma, solid programs (EFAP, peer support)

Supportive & effective response to psychological injury

- Lack of stigma regarding mental health conditions
- Direct supervisor effective and compassionate communication at time of injury and post-injury
- Prevention of experienced/perceived injustice or 'organizational betrayal' during or post-injury

Flexibility to support RTW

- Supportive and collaborative approach to RTW
- Available work modifications/accommodations and occupational alternatives
- Possibility of any clinically-warranted exposures to workplace triggers as part of treatment
- Graduated return to work (hours, duties)

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Stakeholder Involvement in Shared Factors

Factor	Injured/Ill Person	Health Provider	Compensation Board	Employer
Tone of compassion & support		✚	✚	✚
Collaborative communication and information-sharing	✚	✚	✚	✚
Quality of employee-employer relationship	✚			✚
Timely access to information, decisions, treatment, responses	✚	✚	✚	✚
Access to multidisciplinary care when needed	✚	✚	✚	
Reduce delay in addressing / considering / access to RTW		✚	✚	✚
Collaborative approach to RTW planning and implementation	✚	✚	✚	✚

RTW from Psychological Injuries vs MSK Injuries – Smith et al (2020)

*People with psychological injuries **face more inequalities** in the RTW process compared to those with MSK injuries*

***Modifiable factors account for 66% of the differences** between RTW from MSK vs psychological injuries*

"Differences in sustainable RTW (and duration of wage replacement) between psychological and MSK conditions can be modified."

*"While treating symptoms of mental health conditions remains important, **workplace contexts that lead to positive supervisor responses and enable RTW plans that are consultative are as important to improving RTW outcomes**."*

"Supervisor responses and consultative RTW plans don't occur in a vacuum"

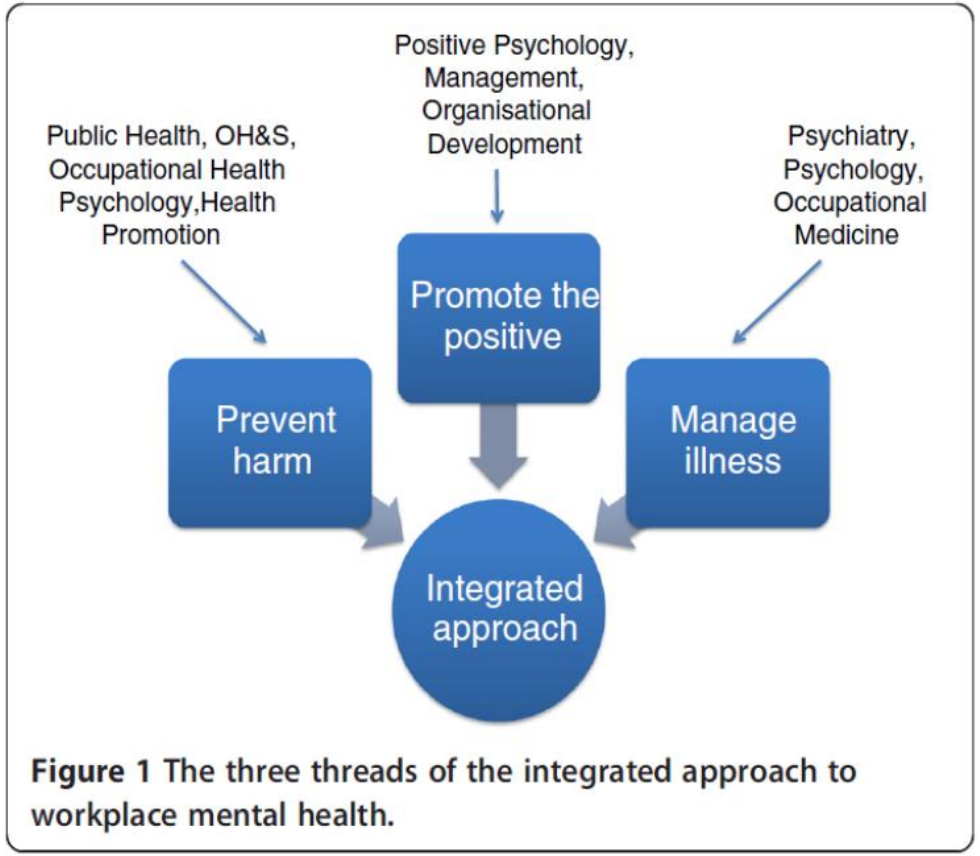

Figure 1 The three threads of the integrated approach to workplace mental health.

LaMontagne et al (2014), *BMC Psych*, 14:131

Areas to improve to enhance return-to-work outcomes

Workplace

Challenge stigma: Investment in prevention resources/programs, commitment to mental health strategy, supervisor training

Protocols to respond to traumatic exposures; standard mental health check-ups where high risk of exposures

Workplace psychological health and safety

Compassionate & supportive response, especially from direct supervisor

Employee

Challenge stigma: Seek support from health professional to cope with exposures; early intervention

Report exposures to supervisor as they occur instead of compounding repeated exposures across time before reporting to supervisor

Responsibility for self-care

WSIB

Treatment in pending claims; lost opportunity for stay at work or earlier RTW planning

Expand mental health (MH) community network throughout the Province - current roster limited to psychologists

Strengthen WSIB's interdisciplinary team with mental health experts

Health Care Provider

Focus on restoration of function and occupational rehabilitation

Enhance integrated, collaborative approach (between health care providers, with WSIB and RTW Specialists)

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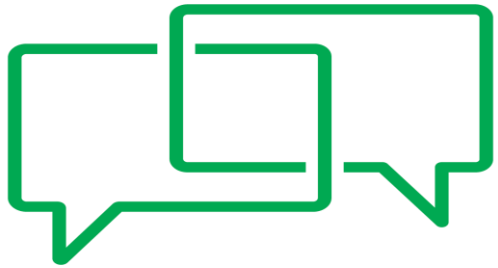

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