SK WCB
Information Session for Psychologists and Tertiary Treatment Centres

Chris Drobot, Manager Health Care Services

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Agenda

- Standards of care: Chris Drobot
- Tertiary/mental health trial: Chris Drobot
- Treatment of the mental health claim – solo or trial case load: Jim Arnold
- Mental health assessments; standards/issues: Jim Arnold
- Reporting templates: Jim Arnold
- Role of the psychologist; solo and trial case load: Jim Arnold
- Thanks and farewell: Chris Drobot

Standards of Care/Case Mgt

- Qualifications for assessments/treatment: see WCB website
  - Includes info re mental health, neuropsych, vocational assessment
  - Delegation to non WCB accredited for test supervision and administration of instruments only
- If worker not referred by WCB, or has not attended treatment for >30 days, please obtain funding approval
  - Authorization form on website
- Two week intake timeline; tertiary centres try for one week
- Consent for treatment and employer contact necessary
  - Notification if any employer relationship
  - Worker should be aware of need to report non compensable to WCB
  - Worker should be aware of very limited focus/TX for non compensable
- Worker meets with psychologist to review Mental Health Assessment, if any, and plan treatment schedule

Standards of Care/Case Mgt

- Contact with employer soon after, to include worker if possible. Information to employer is limited to:
  - Any need for and timeline for on site work
  - Expected timeline, type of RTW progression, temporary/ permanent restrictions
- Avoid advocacy with adequate consent form and Appeals info
- In non MHA cases, assessment occurs if no RTW in 4 wks.
- Where treatment/RTW is not progressing as expected, Mgr. WCB Health Services should be contacted for file review with WCB Psychology consultant and ? MHA if not yet done.
  - Avoid creating expectation of retraining or new job

Additional Features of Trial

- Involves only files with MHA
- Includes a meeting with the Psychologist and treatment staff BOTH after initial meeting with Psych
  - Includes discussion re roles and responsibilities of Psych/TX person
  - Includes establishment of a group supervised exercise schedule
  - Includes setting of personal goals as well as RTW goals
- Treatment staff available to:
  - Establish/chair early mtg plus RTW mtg with Emp
  - Manage exercise program with absenteeism reporting
  - Meet with worker re progress in personal goals

Reporting

- Reporting schedule:
  - PSYI: within 3 days of 1st meeting with Psychologist/treatment team
  - PSYP: every 3 sessions/hours; at least monthly
  - Discharge PSYP: within 3 days of discharge
  - RTW schedule: to all parties, + employer asap to allow preparation time. A meeting may be beneficial
  - Treatment centres have amended copy of forms
    - Allows for multidisciplinary reporting

Dr. J. Arnold

- Treatment of the mental health claim – solo or trial case load
- Mental health assessments; standards/issues
- Reporting templates
- Role of the psychologist; solo and trial case load

Saskatchewan Workers' Compensation Board

Mental Health Claims in Treatment Centres

WJ Arnold PhD RDPsych
SK WCB Psychological Consultant

MISSION: ZERO

Rationale

- Workers with MH claims have limited daily routines
- Psychological Tx is usually 1-2 hours per week
- There is data that routine and physical activity improves recovery
- Return to work and function is a central mandate for WCB
- Long time lines

Target Group

- Workers with MH claims
- Workers with MH + physical claims usually are already in 2º and 3º centres
  - We've seen that psychological recovery is often enhanced with routine and team approach
  - WCB does not usually support free-standing psychology during 2º or 3º tx.

Epidemiology

- ~1-3% of CDN adults have PTSD each year
- 3-10% have Sx of psych trauma without full PTSD
- 50-90% of adults have 1 trauma event lifetime
- Only 5-10% develop PTSD
- Majority recover within 6-12 months

Factors Negatively Affecting Recovery

- Hx of MH problems/diagnoses
- Prior trauma
- Low social support
- Coping impairments with stress/Hx of anxiety
- Type of trauma experienced
- Associated physical injuries
- Post-incident dissociation

Prevalence Rates

- 25% hold-up/robbery*
- 16-18% Serious / life threatening injury*
- 7-9% witnessing death*
- 16-17% shooting/stabbing
- 30% air crash
- 50% sexual assault
- 30% combat

Work vs. Non-work

- Work related have less severe physical injuries than non-work
- More PTSD
- More labour relations, work conflicts
- More legal /quasi-legal issues
- General insurer perception of more secondary issues affecting disability and function

Factors Promoting Severity

- Upper versus lower limb amputations
- Amputations versus burns
- Interpersonal confrontation versus accidents
- Blaming others
- Litigation of any kind
- Poor physical recovery
- General mental health functioning pre and post injury

WorkSafe BC Data re: PTSD (1)

- 84% directly experienced traumatic event
- 16% witnessed a traumatic event
- 45% had additional diagnoses
  - 27% depression
  - 9% anxiety
  - 9% mixed depression and anxiety

WorkSafe BC Data re: PTSD (2)

- 43% RTW at same job
- 3% RTW at diff job with same employer
- 4-5% RTW in same line of work, different company
- 34% RTW in diff industry
- 1% had psychological PFI
- Re-experiencing & hyper-arousal are most associated with work impairment, more so when experienced at workplace

Other Bases for SK MH Claims

- Reactive mood disorders
- Burn-out due to documented excessive duties and work hours
- Cumulative
- Acceleration of pre-existing conditions

The Saskatchewan WCB experience

- A large subset of MH claims greatly exceed expected time lines
- Worker expectancies for impairment and RTW are highly variable
- Initial post-injury care may form negative expectations for RTW and RTF (return to function)
- Diagnoses often have poor foundation

We're Defining 3 Levels of Diagnosis

- Reason for Visit (RFV) – why the person attended an appointment, frequently a brief medical encounter or hospital emergency
- Working Diagnosis (WD) – based on clinical assessment and forms basis for treatment plan
- Assessment-justified diagnosis – based on clinical assessment and appropriate psychological testing and assessment, meets medical-legal standards (AJD)

Mental Health Assessment (MHA)

- Modes of referral
  - At claim initiation, WCB makes referral re claims entitlement
  - Mental health treatment plan required
  - Diagnosis suspected during claim handling/treatment
  - Some assessments will occur before Tx centre referral and some during
  - Additional follow-up assessment may need to be conducted in Tx centres

Causation

- Diagnosis does not equate with acceptance
- Causation is WCB's decision
- Causation decisions have been removed from MH assessment templates
- Thus, you may professionally see a clinical causative chain of events and mechanism, but the decision is WCB's to make per legislation and its assessment of factors causing

MH Claim Acceptance

- May relate the diagnosis to an injury causative mechanism
- May relate the diagnosis to non-injury causes
- May relate the diagnosis to an “acceleration” of existing condition
- Permanent impairment must be proved: opinion goes only so far
- Employers and workers have right of appeal

Template for MHA Assessment

- Has been revised and new format to be used
- We want comments and discussion about use of the template
- Further revision will occur

Assessment Processes

- MHA (mental health assessment) conducted shortly after claim starts
  - Psychologist in community conducts comprehensive psychological assessment
- Assessment conducted in rehabilitation centre
  - Team informs WCB HCF (health care facilitator) and approval obtained
  - WCB makes request

Issues for Any Form of MHA (1)

- At least one multidimensional personality inventory, prefer 2
  - Consider practice standards and use multiple measures
  - MMPI-2, MMPI-2-RF preferred
- At least one diagnosis-specific multi-scale measure
- We expect comments about clinical results and validity

Issues For Any Form of MHA (2)

- Checklists must be identified as such
- Clinical assessment of validity is not sufficient
- Discussion of differential diagnosis required:
  - Diagnoses considered and not accepted
  - Diagnoses supported
- WCB psych consultant may request raw test results

Template for MH Treatment Reports

- Plan is for same Tx template to be used within Treatment Centres and in primary treatment
- Please use revised template and make comments about it
- Places on the template indicate that interaction with Tx team personnel and psychologist need to occur