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Health | Santé

Facilitating Working: Mental Health Based Restrictions and Limitations: Tools and Tactics

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Overview

- Identify Mental Health based restrictions and limitations, particularly cognitive and psychological
- Make recommendations for staying at Work, early RTW or increase work connectedness
- Identify possibilities for work focused activities
- Assist clients return to “*normal trajectory*”

Core Principles of Work Focused Treatment Management

- Be aware that having a mental health problem may not preclude work activity. Focus on the functioning of the individual.
- “Return to Work” is a process. Symptoms may never completely resolve.
- Support maintaining working capacity and connectedness with the workplace.
- Accept that sometimes reasons for impairment and symptoms are not fully understood.
- Consider the powerful influence of non medical issues on absence
- Do not assume more treatment will result in a RTW outcome.

Contractual issue	Treatment Management	Prognostic factors	Considerations
Job Versus Occupation	What is the Case Management Goal?	Job attachment	What is the gap between where the client is and where they need to be to resume work? Is RTW to Own Job a possibility? What is their Job?
Change of Definition	When is COD? Is the goal RTW to own Occ or any occ?	Length of Absence	How much time before COD? What is the Case Management goal?
STD or LTD	Duration of STD period? Has file transitioned to LTD ?	Duration	How much time left in STD period? Is the client planning to apply for LTD? Does income decrease? Are accommodations available?
Own Occupation period?	Can we impact duration ? What is the Case Management Goal?	Duration	How much time left in own occ period? Does the client understand what happens at COD?
Any Offsets	Financial Motivation/ disincentive to RTW	CPP Approved WSIB	Is the client motivated to RTW? Can we reasonably impact duration ?
Age of Client	Own or Any Occ and expiry date?	> 55 Years	Is the client motivated to RTW?
Legal	Result of MVA? Is there a lawyer involved?	MVA Lawyer	Is the client motivated to RTW?

Restrictions and Limitations

- A restriction refers to an activity that a doctor has advised an client against performing because of the risk of it aggravating his/her symptoms/risk of harm and generally we expect “objective medical evidence” i.e., avoiding weight bearing is helpful to fracture healing, avoiding shift work until able to regain normal sleep pattern
- A limitation refers to an activity that an client cannot perform due to a lack of physical or psychological capacity. The person can still do their job from a psychological point of view, though with reduced capacity e.g. the client is slower, less productive, less efficient, or can do the work activity for a shorter duration – but they can still do that activity.
- A restriction or limitation can be temporary or permanent.

Contraindication

A condition which makes a particular treatment or procedure potentially inadvisable. A **contraindication** may be absolute or relative.

An absolute **contraindication** is a situation which makes a particular treatment or procedure absolutely inadvisable.

Relative **contraindication** means that caution should be used.



Diagnosis does not
Equal Disability

Impairment in the Context of Job Demands

- Understanding of relationship between disorders, symptoms, and work-related impairments
 - ✓ Impairments (**deviation or loss of functioning due to a disorder**) may or may not lead to disability (**activity limitations/restrictions** due to impairment)
 - Some with disorders do not have an associated work-related impairment (e.g., John Nash, mathematician with schizophrenia). Conversely, someone with insomnia may have impaired judgment and as a pilot, results in disability.
 - Interaction between a specific impairment with specific job requirements

Diagnoses associated with the most disability:

Mood Disorders, Anxiety Disorders, PTSD ADHD, Substance use Disorders

Symptoms include anger/irritability, inattention, apathy, loss of motivation, fatigue

Functional problems: absenteeism, accidents, conflict, poor job performance



How to Identify Restrictions and Limitations?

Determining Functional status

The impact of a mental health condition on performance and overall functioning can not be easily quantified.

Typically there is a focus on symptoms and subsequently conclusions are drawn about functioning and impairment. Existing psychological and neuropsychological tests are diagnostic rather than functionally oriented. Mental Status examination is of limited use to determine degree of impairment. Understandably there is a reliance on the client's self reporting.

Decisions about leaving or going back to work are usually discretionary

Daily life stressors and work environment particulars can exacerbate situation

Using the Collateral supplied by the referral Source

Physical/Cognitive Demands Analysis (PDA/CDA) & Job Description

These tools document the cognitive and behavioural demands of the essential job duties for legal compliance and return-to-work planning

Usefulness

- Get a clear picture of the type of work that your client does. More targeted work intervention.
- Use the information to assess functional gap and match and communicate with the referral source.
- Obtain specific information about the client's functional cognitive capabilities and make suggestions to manage cognitive concerns at the workplace.

Challenges

- Time Consuming and Lacks Specificity

The Gold Standard : Objective Measurement

Psychological Assessment for the Workplace

- Assess work function for clients with symptoms that impacting mood, thoughts and behaviours that interfere with work productivity.
- Formal Cognitive Screening with effort testing
- Formal assessment of barriers to RTW; Recommendations should include psychotherapeutic suggestions AND workplace accommodations
- DSM Diagnosis
- Recommendations are both for treatment AND also heavily RTW (e.g., accommodations for cognitive concerns, organizational strategies at work, etc.)

Common Functional Limitations Checklist

Understanding the functional difficulties associated with common medical conditions;

- ✓ Articulating functional gaps/needs to employers/insurers and
- ✓ Identifying RTW needs.

https://dwd.wisconsin.gov/dvr/pdf_files/functional_limitations_checklist.pdf

Uncovering issues and potential solutions through Return to Work Questionnaires

Readiness to RTW scale



Adobe Acrobat
Document

Typical Duration Guidelines

Consider using Medical Disability Guidelines: Most claims managers will be using this or a similar tool <https://www.mdguidelines.com/> can be helpful

MDGuidelines Enter search terms here... [Print](#) [Resources](#) [Hi, Toni](#)

[DURATION VIEWS](#) [ICD MAPPING](#) [DART](#) [FORMULARY](#)

Posttraumatic Stress Disorder

CONTENTS **ICD-9-CM** **ICD-10-CM** **ICD-10 (WHO)**

- Related Terms
- Overview
- + Length of Disability
- + Causation and Known Risk Factors
- + Diagnosis
- Treatment
- Prognosis
- Differential Diagnosis
- Comorbidities
- Complications
- + Ability to Work
- Maximum Medical Improvement**
- + Failure to Recover
- Hospital Costs
- References

↑↓ REORDER

Maximum Medical Improvement

MMI is expected at 12 months of treatment or less.

Note: MMI is estimated under the assumption that the vagaries involved in psychiatric diagnoses have been taken into consideration.

Failure to Recover

If an individual fails to recover within the expected maximum duration period, the reader may wish to consider the following questions to better understand the specifics of an individual's medical case.

Regarding Diagnosis

- Does individual meet all the criteria for PTSD?
- Has diagnosis been confirmed?
- Have other psychiatric disorders or underlying medical conditions been ruled out?

Regarding Treatment

- Based on the fact that anxiety tends to decrease after repeated exposure to a feared thought or situation (desensitization), has individual been encouraged to retell the experience, especially in groups composed of fellow trauma victims?
- Would individual benefit from more frequent therapeutic encounters or additional types of therapy?
- Has individual taken antidepressants and/or beta-blockers as prescribed? Have side effects prevented individual from using or benefiting from that particular medication?

Regarding Prognosis

- Although individual showed initial improvement, has a new stress triggered a period of recurring PTSD symptoms?
- Has a subsequent trauma intensified the effects of the initial event?
- How are current stresses being dealt with?
- How were major stresses dealt with in the past? If healthy and adaptive methods were used in the past, are they being used currently?
- If coping methods are maladaptive, such as drug or alcohol abuse, to what extent are these conditions causing additional problems?



WHO IS AT RISK?

RISK

Environment Sensitive

Complex Jobs (PTSD)

- Military 34%
- First Responders 32%
- Police 19%
- Traumatic work site injury: 44%
- 50% also had a secondary psychiatric diagnosis



COMORBIDITY

- Examples of co-occurring disorders
 - Major Depression
 - Anxiety Disorder
 - Borderline Personality Disorder
 - Substance Abuse, Commonly Alcohol
 - Increased Suicide Risk

SYMPTOMS THAT MAY REQUIRE ACCOMMODATIONS

- Decreased Stamina/Fatigue
- Executive Functioning Deficits
- Attentiveness/Concentration
- Managing Time
- Memory Loss
- Mental Confusion
- Organizing/Planning/Prioritizing
- Stress Intolerance

Accommodations should be matched to a specific impairment or symptom.



COMMON EFFECTS OF PTSD IN THE WORKPLACE

- Absenteeism
- Increased medical visits and disability claims
- Increased difficulty meeting work demands
- Negative work environment
- Decreased productivity
- Memory problems, difficulty retaining information
- Lack of concentration on tasks
- Fear and anxiety
- Physical difficulties
- Poor relationships with co-workers
- Unreasonable reactions to situations
- Trouble staying awake
- Panic attacks

WHAT CAN EMPLOYERS DO?

- People with PTSD may develop some limitations, but will seldom develop all of them
- The degree of limitation will vary among individuals.
- Not everyone diagnosed with PTSD will need accommodations to perform their jobs and others may only need a few accommodations.
- Accommodation solutions exist – you just need to be willing to find them. Often Transitional . EFAP access

ACCOMMODATING EMPLOYEES WITH PTSD

- Consider the need for objective testing to assess limitations
- Discuss with the employee what limitations they are experiencing?
- How do these limitations affect the employee and the employee's job performance?
- What specific job tasks are problematic as a result of these limitations?
- What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
- Once accommodations are in place, meet with the employee to evaluate their effectiveness and determine whether additional accommodations are needed.
- Do supervisory personnel and employees need training?

WHAT ELSE CAN EMPLOYERS DO?

■ Cognitive / Anxiety Functional Issues

- Memory aids, written instructions
- Difficulty concentrating / overstimulation: noise canceling earphones
- Minimize triggers
- Increase feeling of safety in the work environment
- Constructive feedback and positive reinforcement
- Deal with issues promptly
- Provide education to other employees about PTSD and how they can help them better cope in the work environment
- Institute psychologically healthy workplace standards & train managers on the standards

AN EMOTIONALLY SAFE WORKPLACE

- A psychologically safe workplace enhances the recovery from PTSD and other mental health disorders
- A Comprehensive Workplace Health and Safety (CWHS) Program can help.
 - A series of strategies and related activities, initiatives and policies developed by the employer, in consultation with employees, to continually improve or maintain the quality of working life, health, and the well-being of the workforce.
 - These activities are developed as part of a continual improvement process to improve the work environment (physical, psychosocial, organizational, economic), and to increase personal empowerment and personal growth. Particularly helpful in at risk work environments.

AN EMOTIONALLY SAFE WORKPLACE



➤ HIGH RISK ENVIRONMENTS

- Conduct a risk assessment to identify potential risks and hazards.
- Policies, procedures and programs can be established to address PTSD.
- Focus on organizational commitments to establish, implement, and maintain a psychologically safe workplace and involve employees in this process.

➤ EDUCATION

- Understand the impact PTSD and other mental health issues can have on the organization.
- Educate and train both management and employees in areas such as anti-stigma and general awareness, resiliency, signs and symptoms, how to seek support, and how to support others who may be suffering.
- Have a critical event response plan which will facilitate employee assistance or other support when an event occurs

Common Mental Health Issue: Depression

Three ways in which depression may impair work performance:

- 1) Interpersonal relationships (depressed people are seen as irritable, pessimistic and withdrawn);
- 2) Productivity (they are seen as less productive due to fatigue, poor decision-making and lack of concentration); and
- 3) Safety (concern was expressed about greater risk of incidents or injuries among depressed workers).

It should be noted that individual limitations will depend on a worker's circumstances, specific constellation of symptoms, severity of the disorder, and response to treatment.

Tools and Tactics For Addressing Limitations and Restrictions



Clearly Define The Limitation and The Accommodation

Start with a good assessment which ensures a full understanding factors influencing duration of absence

Some questions to consider when performing analysis:

- i. What is the client saying they are unable to do at work?
- ii. How do psychological factors (symptoms/coping skills, substance use, etc.) impact the client's ability to perform at work?
- iii. How do social factors (at home and work) impact the client's psychological factors and their ability to work? These factors are often perceived by the client as sources of stress and symptoms exacerbation such as workload, relationship strain, job demands, work/life balance, etc.

Assessment



- What specific set of issues most strongly account for the client's impairment/ functional gap at work?
- What treatment interventions are likely most effective for improving issues and the client's impairment/ functional gap?
- Worksite visit to identify accommodation opportunities including restorative or compensatory strategies to manage the gap between where the client is and where he/she needs to be

Quickly search and find information about various accommodation options.



JAN's Searchable Online Accommodation Resource (SOAR) system is designed to let users explore various accommodation options for people with disabilities in work and educational settings. These accommodation ideas are not all inclusive. If you do not find answers to your questions, please contact JAN directly. The staff of experienced consultants is happy to help you find specific accommodation needs in a confidential manner.

Start your SOAR search

SEARCH THE DATABASE



Search

Most Popular Searches

Limitations Work Related Functions Disabilities Other

Accommodation ADA Addiction ADHD Aging Air Quality/Irritation
Back Impairment Body Odor Cancer Commute Cumulative Trauma
Decreased Stamina/Fatigue Depression Diabetes Fibromyalgia
Handling/Fingering Headache Learning Learning Disability Leave
Mental Health Impairments Multiple Sclerosis Non-compliant Behavior
Parking PTSD Reading Stress Stress Intolerance Telework

Psychotherapy



Specific issues need specific intervention techniques:

- **Motivational Enhancement** – any issues the client is ambivalent about changing.
- **Cognitive Therapy** - any issues in which it is reasonable to predict that the client's own thinking/behaving negatively impacts its occurrence (i.e., the client could think/ behave differently/ in a more helpful way to change an issue). Use of cognitive behavioral approaches that promote helpful beliefs and behaviors with a work outcome. This includes behavioural experiments and exposure techniques. *Examples: negativism, destructive self-talk, avoidance, withdrawal*
- **Stress Management and Skills Training** – techniques for managing emotions, social situations/ sources of stress (i.e., client and environmental factors), or occupational demands. *Examples: grounding, relaxation, assertiveness, conflict management, check lists, memory strategies, etc.*
- **Behavioral Activation** – increasing healthy activity and engagement in specific value/accomplishment based goals. *Examples: daily routine, productive/ work-like activity, leisure, parenting, etc.*

Work Focused Cognitive Behavioral Therapy (CBT)

- Not all treatment is equal :
- Evidence-based approach to treating emotional difficulties
- Structured, time-limited, problem-focused, and goal-oriented
- Emphasizes the importance of modifying thinking and behaviour patterns in order to better manage emotions
- Research has shown that CBT is an effective treatment for a wide range of issues (e.g., stress, relationships difficulties, chronic pain, substance use, anxiety, and depression)



Cognitive Work Hardening



- Return to work process and vocational rehabilitation interventions are more effective if they are closely linked to, or located in, the workplace
- Work connectedness is key - time away from work is associated with outcome so decreasing time away from work is critical
- Traditionally off site RTW programs/work simulation common with physical health but we see value in increasing usage for mental health issues
- Graded work tasks which simulate a person's actual work tasks and/or the cognitive demands of the person's job are used in order to develop the cognitive skills required for job performance. These typically include concentration, memory, multitasking, and planning, which are often impaired as a result of mental health disorders such as depression.



Coaching; Mentor; Peer Support



A “mentor” eager to help others achieve a safe and sustained return to work by:

- Assisting the client to discover and overcome identified barriers
- Guide the client in learning to complete job tasks
- Advising on workplace accommodations
- Monitoring and evaluate progress

RTW Planning Meetings



- An article in a recent issue of Occupational Medicine (the European journal) highlights a growing practice in Finland: a Work Ability Meeting (WAM) onsite at the employer's workplace.
- There are three participants: a worker whose ability to remain at work is in question, the employer, and an occupational physician. Turns out there are three main issues / outcomes: One half of the meetings end up successfully negotiating adjustments to work tasks, one third ended up with referrals to vocational rehabilitation, and 6% result in decisions to proceed to disability insurance. See below for the abstract of the article.
- RTW meetings tend to occur just prior to RTW date.
- Consider RTW meetings such as used in Finland earlier in the absence

Compensatory Strategies and Adaptation



- Identification of assistive technology devices and services that might be used in a return to work
- Understanding the provision of, or potential for, modifications and/or assistive devices.
- Negotiating/liasing with all stakeholders to ensure implementation and monitoring.
- Thinking outside the box- creative problem solving.
- Seeing for yourself

Question: Do you have any examples of assistive devices or adaptations for Cognitive Impairments? What are they?



Participatory Approaches

Meaningful involvement

Consider client's adaptive coping

- What has worked in the past?
- What has changed?
- What would he/she need to be able to manage the situation?

While it is generally unwise to accept self-reported complaints at face value; it does provide a starting point.

Measurement Based Care

- Active Participation vs Passive Role Being Acted Upon
- Feedback on WF CBT very positive as clients tend to prefer measurement based care
- Literature tells us that clients (with depression) often feel goals not being met
- Literature tell us that when clients are treated and the clinicians decisions are informed by measures; client outcomes are improved.
- Provides clear, unambiguous goals
- Studies that indicate GAF scale increased (for goals with MDD) when focus was on achieving goals versus “treating depression”
 - ✓ Long term adherence better
 - ✓ Focus on the client’s goals
 - ✓ Establishing goals, assessing goals seen as therapeutic and important
 - ✓ Function better
 - ✓ Feel well, sense of vitality
 - ✓ Greater social engagement

FEED BACK LOOP

Accommodations for MH conditions

- Most adjustments are made based on common sense and following discussion between the manager and the client about what might be helpful and what is possible. The discussions can help foster a sense of confidence/empowerment, especially if the discussions focus on what the client CAN do instead of cannot do.
- Short-term accommodations commonly implemented, include:
 - ✓ *adjusting work schedules,*
 - ✓ *adopting flexible leave policies, and*
 - ✓ *restructuring jobs.*

Accommodations for MH conditions

- The most common type of modified work or work accommodation is light duty, followed by flexible schedule, and reduced hours
- Specific to MH conditions, employers are generally more familiar with communication- and interaction- oriented, management-based, job accommodations, such as open communication, positive reinforcement, and additional staff training.

Accommodations for MH conditions

- Work accommodation offers reduced work disability
- clients with temporarily modified work are estimated to be twice as likely to RTW and have an average of 50 % reduction in work absence compared to clients without access to modified work
- As with other RTW interventions, accommodations should be early (but also appropriate). The appropriate timing of RTW and properly structured work accommodations or job modifications to decrease ergonomic risks constitutes potential key determinants of a safe and sustained RTW

Discussion

- Despite a common misperception that returning to work can make things worse - work itself can be “protective” particularly for individuals with mental health issues.
- Work connectedness is key.
- Health can be improved (or at least further complication prevented) by (increasing) activity, including early return to (some) work.
- Integrating work related aspects with therapy can be a fruitful approach with benefits for clients, employers, and care providers



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**THANK YOU
QUESTIONS?**

