

# COMMUNITY MENTAL HEALTH PROGRAM REFERENCE GUIDE

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## Acknowledgements

This reference guide was developed in collaboration with mental health professionals and is a resource for psychologists, case managers and workers.

**WSIB Health Care Practitioner Access Line:** 1-800-569-7919 or (416) 344-4526

Please call the Health Care Practitioner Access Line if you have general questions about the program. Claim-specific questions and requests for pre-authorizations should be directed to the WSIB Case Management Team.

**Ontario Psychological Association:** (416) 961-5552

Please call the Ontario Psychological Association for if you have general questions about the program.

# Community Mental Health Program Overview

The program is designed for WSIB claims requiring psychological services including **traumatic mental stress, psychological response secondary to physical injury, first responder PTSD, and chronic mental stress.**

## 1 Intake

### Psychologist Intake:

- Brief intake for review of basic information/ confirm need for assessment and treatment
- Psychologist confirms appropriate psychological expertise to provide assessment/treatment to worker
- Psychologist determines worker is appropriate for the WSIB Community Mental Health Program

### WSIB Intake Mandatory Requirements:

- Registered WSIB claim
- Psychologist calls WSIB to inform and obtain pre-approval memo for assessment and treatment

## 2 Initial Assessment

**Conducted by psychologist:** History, testing, functional status, diagnosis, treatment planning, RTW planning-formulation, documentation, worker feedback, informed consent

Submit **assessment form** within 5 days of assessment

**Exclusion criteria:** Program suitability issues or risk factors present

- If exclusion criteria is present, call the WSIB.
- If the exclusion criteria is not present, proceed with authorization.



## 3 Treatment Blocks

At the end of each treatment block, reassess the worker. If barriers to recovery are identified, contact the WSIB to discuss case/barriers/risks, and possible referral to Specialty Clinic/alternate care. If further treatment is beneficial, proceed to the next treatment block. If further treatment is not beneficial, discharge the patient from care.

### Treatment Block 1 (6 SESSIONS IN UP TO 8 WEEKS)

Confirmation and documentation of treatment block(s) pre-approval (memo number)

- Evidence-informed goal oriented
- Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

### Treatment Block 2 (6 SESSIONS IN UP TO 8 WEEKS)

- Evidence-informed goal oriented
- Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

### Treatment Block 3 (6 SESSIONS IN UP TO 8 WEEKS)

- Goal oriented-Duration/frequency as per clinical judgement
- Integration of RTW and recovery
- Ongoing evaluation; treatment modification

Submit **progress form** within 5 days at the end of 6th session or 8th week whichever comes first

If recovery is not achieved, contact WSIB to discuss case/barriers/risks, and possible referral to Specialty Clinic/alternate care, or additional treatment. If recovery is achieved, discharge patient from care.

## Introduction

The WSIB wants workers to receive the best available health care in their community. The WSIB also seeks ongoing collaboration and communication with community health care providers.

The WSIB Community Mental Health Program is a structured program that includes psychologists who are registered with the WSIB Community Mental Health Network. Note: In CMHP, the term psychologist also includes psychosocial associates as set by the College of Psychologists of Ontario.

The program is composed of several phases, including intake/pre-authorization, assessment, and treatment, with corresponding communication requirements. While the program does not stipulate specific psychological interventions, treatment interventions delivered to the worker must support identified goals that focus on overall recovery and return to occupational function. In accordance with standards of practice set by the College of Psychologists of Ontario, all assessments and treatments are expected to be informed by evidence.

The College of Psychologists of Ontario has outlined the following practice standards:

### 10.2 Familiarity with Interventions

*"Members must be familiar with the evidence for the relevance and utility of the interventions used and with the proper use and application of these interventions"*

While all psychologists are expected to be knowledgeable about a range of evidence-based assessments and treatments, the treating psychologist is also expected to apply assessment techniques and treatment interventions that are appropriate to the individual and his or her specific circumstances. Treatment approaches must be similarly evidence-based where applicable, but flexible and employed within the context of an empathetic therapeutic relationship. For instance, although it is expected that valid, reliable assessments and re-evaluation will be employed before, during, and after therapy in order to document progress and determine outcomes, assessment instruments and treatment approaches may vary widely.

The WSIB Community Mental Health Program is not intended to replace regulatory college requirements (including consent, documentation, etc.) of psychologists in clinical practice or the professional judgement of the treating psychologist.

The assessment and treatment services under the WSIB Community Mental Health Program are typically provided in person. Remote access may be used to conduct treatment sessions in situations which are both clinically appropriate, in the opinion of the treating psychologist, and the preference of the worker.

## Program Objectives

The objectives of the WSIB Community Mental Health Program include:

- Facilitating timely access to high quality psychological assessment and treatment
- Facilitating recovery of overall function with specific focus on safe, timely and sustained return to occupational function
- Monitoring and identifying when patient is functionally able to engage in return to work planning and discussions.
- Reducing disruption to the psychological rehabilitation process
- Reducing chronicity of psychological symptoms
- Improving communication and satisfaction among workers, health care providers and other stakeholders

- Providing information for case management through forms, and contact with treating psychologist

## WSIB Community Mental Health Network

Delivery of the WSIB Community Mental Health Program and the associated fees is limited to community-based psychologists who are registered with the WSIB's Community Mental Health Network.

The WSIB Community Mental Health Network consists of registered psychologists who provide assessment and treatment services in keeping with WSIB Community Mental Health Program guidelines, fees, and communication expectations. Psychologists/psychological associates authorized in autonomous or interim autonomous practice and who are in good standing with their college may register with the WSIB Community Mental Health Network if they meet the registration requirements and submit the completed WSIB Community Mental Health Network Psychologist Registration Form. Prior to submitting the registration form, psychologists must review all program materials available on the WSIB website, complete the training seminar offered by the Ontario Psychological Association, and obtain an electronic billing number.

For terms and conditions, as well as provider registration requirements, please check the WSIB website or call the WSIB Health Care Practitioner Access Line.

**Website:** [www.wsib.on.ca](http://www.wsib.on.ca)

**Health Care Practitioner Access Line:** 1-800-569-7919 or (416) 344-4526

**Ontario Psychological Association:** (416) 961-5552

## Target Population and Admission Criteria

The WSIB Community Mental Health Program is for workers:

- Who have a registered WSIB claim or recurrence<sup>11</sup> Refer to the WSIB Operational Policy Manual for information about recurrences ([www.wsib.on.ca](http://www.wsib.on.ca))
- Who experience a psychological reaction secondary to a work-related physical injury, or
- Who experience a psychological response to a workplace incident or cumulative incidents (e.g. traumatic mental stress, chronic mental stress, first responder PTSD)

If the psychologist determines that a worker is not suitable for the WSIB Community Mental Health Program, the health professional must contact the WSIB Case Management Team to discuss treatment options.

**Contact the WSIB by calling 1-888-387-0750 (toll free) or 416-344-1000.**

## Psychological Risk Factors

Some workers may have risk factors that could indicate more severe psychopathology and/or a need for more specialized services. In some cases, a worker may not be appropriate for the WSIB Community Mental Health Program. The psychologist may identify these risk factors during the initial assessment or during the course of treatment. As soon as the risk factors are identified, the psychologist must immediately call the WSIB Case Management Team to notify them and discuss a possible referral for specialized services.

These risk factors may include, for example:

- Active substance use
- Suicidal ideation, intent, preparation and plan

- Homicidal ideation or intent
- Threat or risk to psychologist
- Multiple comorbid psychiatric diagnoses (three or more)
- Hallucinations, delusions, and/or severe dissociation
- Limited social support or isolation combined with severely impaired interest in self-care/hygiene
- Significant pre-existing psychiatric history over a prolonged period
- Psychologist thinks psychiatric intervention is required
- Significant, obvious cognitive impairment
- Other risk factors not otherwise listed

## Program Intake and Pre-authorization

### Program Intake

A worker may contact or visit the psychologist's office to request mental health services. In addition, workers may be referred from a community based health provider or by the WSIB. In all circumstances, the psychologist must first screen the worker to ensure they are appropriate for the WSIB Community Mental Health Program before seeking authorization to proceed with the assessment.

The worker must meet the eligibility criteria outlined above, and demonstrate a need for psychological assessment and treatment. The psychologist must also evaluate their own skillset to ensure they have the appropriate expertise to assess and treat the worker. Once the psychologist has determined that the worker is appropriate for the program, the psychologist can seek pre-authorization to proceed with the assessment.

### Pre-authorization Phone Call

The psychologist must request pre-authorization for both the assessment phase and the treatment phase of the program. Pre-authorization is obtained through a telephone call from the psychologist to the WSIB Case Management Team or an approval letter.

The psychologist should collect the following information from the worker to provide to the WSIB Case Management Team during the pre-authorization discussion:

1. Claim number
2. Worker's name
3. Psychologist's contact information
4. If the worker has been referred to the community psychologist by a physician, referring physician's contact information and referral details (if available)
5. Indicate if interpretation services are required

The WSIB Case Management Team will review the information and make a timely decision about whether they will authorize the assessment. The Case Management Team may provide authorization for the assessment only and request that the psychologist call back to discuss the treatment plan and treatment authorization, or they may authorize both the assessment and the treatment. Authorization can be provided verbally over the phone (memo number) and/or through an approval letter.

**Please note:** Pre-authorization is a mandatory requirement to proceed with the initial assessment and treatment

## Assessment Phase

### Assessment and Treatment Planning

Once pre-authorization for the assessment is obtained, the psychologist should schedule and complete the assessment in a timely manner. The psychologist will assess the worker and complete the WSIB Community Mental Health Program Assessment Form to communicate the key findings of the assessment and proposed treatment plan to the WSIB, including the proposed frequency and duration of treatment.

The assessment should include the following key elements, when appropriate:

- History and subjective evaluations
- Psychological testing including, but not limited to, determining function
- Examination of pre-existing and/or co-existing psychological conditions and other relevant/ contributing factors
- Screening for imminent risks and barriers
- Communication/consultation with other treatment providers and WSIB
- Formulation and preparation of documentation
- DSM diagnosis (most recent version of the DSM) (DSM5 for PTSD in First Responders)
- Evidence-informed treatment planning that outlines goals and interventions proposed, including number of treatment blocks requested
- Description of the worker's functional abilities from a psychological perspective
- Other recommended assessment, treatment or interventions
- Review of findings and recommendations with the worker
- Obtaining consent for proposed treatment and distribution of documents

It is acknowledged that the assessment may require several sessions to complete.

### Community Mental Health Program Assessment Form

The WSIB Community Mental Health Program Assessment Form must be completed and submitted to the WSIB within five business days of the last assessment visit. The Case Management Team will review the assessment form and make a decision about the proposed treatment in a timely manner. The psychologist must contact the Case Management Team to confirm whether treatment has been authorized.

If after the assessment the psychologist determines that a worker is not suitable for the WSIB Community Mental Health Program or identifies psychological risk factors, the psychologist must contact the WSIB Case Management Team to discuss treatment options.

## Treatment Phase (duration up to 24 weeks)

### Pre-authorization for Treatment

Treatment may begin once the psychologist has received authorization from the Case Management Team. (Treatment may be authorized either at the same time as the initial assessment or after the Case Management Team has reviewed the assessment form.) If treatment was not authorized at the same time as the assessment, the psychologist must follow up with the Case Management Team.

Treatment is provided in blocks of care. Each treatment block of care consists of six treatment visits/ sessions delivered within eight weeks, whichever comes first. Treatment is authorized for three blocks

of care from the outset. The psychologist must contact the Case Management Team to obtain approval for treatment beyond block three. The worker can be discharged at any time if they have reached their recovery and return-to-work goals, or if there is no further benefit from treatment.

## Interventions

While the program does not stipulate specific psychological interventions, interventions delivered to the worker must be evidenced-based and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals. Treatment duration and frequency (within each block) is left to the clinical judgement of the treating psychologist.

## Community Mental Health Program Progress Form

The psychologist must complete the WSIB Community Mental Health Program Progress Form after every sixth session or eighth week, whichever comes first. A progress form is required for each treatment block delivered.

A progress form is also required when the worker is discharged from the program. A worker should be discharged from the program if the following circumstances apply:

- When they have returned to their pre-injury level of function
- If further treatment would not be beneficial
- If they have withdrawn/self-discharged from treatment

The WSIB Community Mental Health Program Progress Form must be completed and submitted to the WSIB within five business days from the date of the last visit in a treatment block (after every sixth session or eighth week), or the date of discharge, whichever comes first.

A phone call to the WSIB Case Management Team is required at the end of a treatment block or earlier if the worker is not progressing as expected, and/or recovery/return-to-work barriers, and/or psychological risk factors are identified and/or authorization for additional treatment blocks being requested.

## Community Mental Health Program RTW Recommendation Form

An appropriately timed return to work is important in the injured or ill person's progress towards functional recovery and promotes a successful and sustained return to work.

Full recovery is not a pre-requisite for return to work. In most cases, RTW efforts will require a phased approach, based on the injured or ill worker's recovery and type of employment. The goal of treatment and return to work, where appropriate, is to assist in improving functional recovery, specifically a reduction in personal, social or occupational functional impairments that may be interfering with the worker's ability to function effectively in their lives and workplace.

Identification of a worker's limitations, restrictions and accommodations provides an understanding of the injured or ill person's functional abilities and informs return to work opportunities.

The Return to Work Recommendation Form is completed by the treating psychologist once the injured or ill person's readiness for return to work (pre-accident/suitable) becomes evident and progression in recovery has been seen.

The form is a communication tool to inform discussions between the injured or ill person, the employer and WSIB Case Management. In completing the form jointly with the injured/ill person, the psychologist, prepares the person for the return to work conversation with their employer.



The functional ability information provided in the Progress Form should be reflected in the RTW Recommendation Form, when submitted at the same time. Occasionally, a RTW Recommendation Form can be submitted at times other than the end of treatment to reflect changes in the injured/ill person's condition. For example, a RTW Recommendation Form can be submitted at any time before the Progress Form, to facilitate a more timely response to return to work opportunities. In these cases, unless further changes are identified an additional RTW Recommendation Form would likely not be submitted at the end of the treatment block.

Once completed, the psychologist provides a copy to the worker and submits a copy to the WSIB via email/fax on the same day as the visit. The injured or ill person can share this information with their employer. The Case Management Team is also able to share this information directly with the employer.

## Communication

Timely and effective communication is a cornerstone of the WSIB Community Mental Health Program. Communication includes in-person discussion, written forms and telephone conversations. The frequency of communication will depend on the individual circumstances of the worker and the extent of progress achieved.

Communication may occur between the following participants:

- Worker
- Family physician or general practitioner
- WSIB Case Management Team: Case Manager, Nurse Consultant, Return to Work Specialist (RTWS)
- Employer
- Other treating health professionals

## Barriers to Recovery/Return to Work

The psychologist must contact the WSIB at the completion of any treatment block or during any treatment block under any or all of the following circumstances:

- The worker is not progressing as expected
- The worker would benefit from additional referrals/interventions
- Recovery/return to work barriers have been identified
- The worker is no longer suitable for the WSIB Community Mental Health Program

## Psychological Risk Factors

Some workers may present with risk factors that could indicate more severe psychopathology and/or a need for more specialized services. In some cases, a worker may not be appropriate for the WSIB Community Mental Health Program. The psychologist may identify these risk factors during the initial assessment or during the course of treatment. As soon as the risk factors are identified, the psychologist must immediately call the WSIB Case Management Team to notify them and discuss possible referral for specialized services.

Psychological risk factors are listed above under the "Target Population and Admission Criteria".

## Additional Treatment

On occasion, a psychologist may identify a worker who would benefit from continued treatment beyond what was authorized. In these cases, the psychologist should contact the WSIB Case Management Team to review the progress achieved during the WSIB Community Mental Health Program, outstanding issues, clinical rationale for ongoing treatment (including number of sessions and expected duration), and proposed treatment goals. The WSIB Case Management Team will review the information provided and will make a timely decision as to whether additional treatment will be authorized.

## Assessment and Treatment Guidelines

### Diagnosis

The WSIB recommends psychologists use the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM). For diagnosis of Post-Traumatic Stress Disorder (PTSD) in First Responders, please ensure that the worker meets the criteria for DSM-5.

WSIB's Operational Policy 15-03-13 Posttraumatic Stress Disorder in First Responders and other Designated Workers defines and itemizes all occupations governed by this policy.

### Psychological Testing

Psychological testing may be helpful in the formulation of the DSM diagnosis. If conducted, a brief summary including interpretation should be included in the assessment form.

Psychological tests may include but are not limited to:

- Personality Assessment Inventory
- Minnesota Multiphasic Personality Inventory (MMPI)-2
- Trauma Symptom Inventory (TSI)-2
- Millon Clinical Multiaxial Inventory

### Treatment Planning and Interventions

While the program does not stipulate specific psychological interventions, interventions delivered to the worker must be evidence-informed and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals.

Treatment interventions and approaches delivered, including duration and frequency, are left to the clinical judgement of the treating psychologist.

Interventions/approaches may include, but are not limited to:

- Cognitive Processing Therapy for PTSD
- Acceptance and Commitment Therapy for Depression
- Behavioral Activation for Depression

### Occupational Function Planning

Staying at work (when appropriate) or timely return to work (RTW) following injury enhances recovery, general health, and long-term employment outcomes. The WSIB refers to this as Better at Work.

The psychologist plays an important role in planning for timely, safe and sustainable RTW. Information gathered during the assessment and treatment phase and provided in the Assessment, Progress, and RTW Recommendation Form(s) are used to guide recommendations to support the RTW plan.

These forms contain RTW information that will not only identify restrictions, limitations and accommodations, but will highlight current abilities.

## Restrictions

The psychologist may define restrictions (e.g., clear and specific limits) for the worker arising from the injury or incident, that may be physical, cognitive or psychological and be of a temporary or permanent nature.

A worker may be required to limit or avoid a worksite, materials, processes or the employer as any exposure to these could pose a risk to himself or others and worsen functional recovery.

## Limitations

The worker's psychological condition may affect his or her ability to perform his or her job-related tasks and activities. When evaluating a worker's limitations, the psychologist should consider the worker's psychological capacity including for example, memory/concentration, ability to make decisions, ability to multi-task, tolerance for social interaction, and/or energy/persistence.

**Example:** Limit tasks with deadlines, limit time pressures for six weeks.

## Accommodations

Accommodations may be recommended as they relate to the worker's symptoms, and may include functional, cognitive, environmental and/or relational types. Considerations should also be given to relevant triggers that may need to be accommodated.

**Examples:** Adjustment to job duties, performance methods, and/or graduated work hours over four weeks

## Referrals

A worker may benefit from additional assessment, treatment, and/or interventions. These can be recommended in the assessment and/or progress form(s) and/or through a telephone call to WSIB Case Management Team. Referrals may include but are not limited to:

- Return to Work Specialist (RTWS) - WSIB personnel who can visit worksites and help coordinate return to work planning in conjunction with recommended restrictions, limitations or accommodations
- Mental Health Specialty Program - expedited access to specialized assessments (including psychiatry) and/or treatment services
- Recommendations for other assessments and/or treatment services, or allied health interventionists (e.g. Occupational Therapist)