wsib ONTARIO

Community Mental Health Program

Reference guide

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Introduction

The WSIB wants people with workplace injuries and illnesses to receive the best available health care in their community and seeks ongoing collaboration and communication with community health care providers.

The Community Mental Health Program gives injured and ill people access to psychological assessments and evidence-based, outcome-focused treatment. The term psychologist includes psychological 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 the use of specific psychological interventions, the treatment interventions delivered to someone who has experienced a workplace injury or illness must support identified goals that focus on overall recovery and return to occupational function. All assessments and treatments are expected to be evidence informed, in accordance with standards of practice set by the College of Psychologists of Ontario.

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 assessment and treatments, the treating psychologist is expected to apply assessment techniques and treatment interventions that are appropriate to the patient's specific circumstances. Treatment approaches must also be evidence-based where applicable, but flexible and employed within the context of an empathetic, therapeutic relationship. For instance, it is expected that valid, reliable assessments and re-evaluation will be applied before, during, and after therapy in order to document progress and determine outcomes, assessment instruments and treatment approaches may vary widely.

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

The program typically provides in-person assessment and treatment services. Remote access may be used to conduct treatment sessions in situations that are both clinically appropriate, in the opinion of the treating psychologist, and the injured or ill person's preference.

Program objectives

The objectives of the 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 the injured or ill person 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 the injured or ill person, health care providers and other stakeholders
- providing information for case management through form and contact with treating psychologist

Community Mental Health Network

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

The Community Mental Health Network is a directory of psychologists and psychological associates registered to deliver the Community Mental Health Program. They provide assessment and treatment services to injured or ill people in keeping with the Community Mental Health Program guidelines, fees, and communication expectation. Psychologists or psychological associates authorized in autonomous or interim autonomous practice and are in good standing with their college can register with the Community Mental Health Network.

Registration

Psychologists currently registered electronically with the WSIB as a provider can register for the Community Mental Health Network by:

- Reviewing all program materials available on our website
- Submitting a completed Community Mental Health Network Psychologist Registration Form (PDF) to provider_registration@wsib.on.ca.

Psychologists not registered electronically with the WSIB can register for the Community Mental Health Network by:

- Reviewing all program materials available on our website
- Submitting a completed Community Mental Health Network Psychologist Registration Form (PDF) to provider_registration@wsib.on.ca and register electronically with TELUS

Health using an applicable role (either Mental Health Program Provider or Mental Health Program Clinic)

Once you register for the program, it will take up to two weeks to appear in the network directory. For terms and conditions, as well as provider registration requirements, please visit wsib.ca or call the WSIB Health Care Provider Registration Line at 1-800-569-7919 or 416 -344-4526 or the Ontario Psychological Association at 416- 961-5552.

Target population and admission criteria

The Community Mental Health Program is for people who have experienced a workplace injury or illness and:

- have a registered WSIB claim or recurrence

AND

- have experienced a psychological reaction secondary to a work-related physical injury

OR

- have experienced a psychological response to a workplace incident or cumulative incidents, such as traumatic mental stress, chronic mental stress or first responder post-traumatic stress disorder (PTSD)

If the psychologist determines that someone is not suitable for the Community Mental Health Program, they must contact the case management team to discuss treatment options.

Psychological risk factors

Some people may have psychological risk factors that indicate more severe psychopathology or a need for more specialized services and may not be suitable for the Community Mental Health Program.

The psychologist may identify psychological risk factors during the initial assessment or the course of treatment. As soon as any psychological risk factors are identified, the psychologist must contact the case management team immediately to discuss a possible referral for specialized services.

The risk factors may include:

- 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

Before the psychologist requests pre-authorization to proceed with the assessment, they will screen the injured or ill person to ensure they are suitable for the Community Mental Health Program. To participate in the intake, the injured or person can contact the psychologist's office to request mental health services, be referred by a community based health provider or the WSIB.

During the intake, the injured or ill person needs to meet the eligibility criteria 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 person. Once they have determined that the injured or ill person is suitable for the program, they can request pre-authorization to proceed with the assessment.

Pre-authorization

The psychologist must call the case management team and request pre-authorization for both the assessment phase and the treatment phase of the program.

The psychologist should provide the following information to the case management team during the pre-authorization discussion:

1. Claim number
2. Injured or ill person's name
3. Psychologist's contact information
4. If the injured or ill person 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

Following the discussion, the case management team will review the information and make a 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 is provided verbally over the phone (memo number) or through an approval letter.

Pre-authorization is a mandatory requirement to proceed with the initial assessment and treatment.

Assessment phase

Assessment and treatment planning

Once the psychologist receives pre-authorization approval, they will schedule and complete the assessment in a timely manner. The psychologist will assess the injured or ill person and complete the Community Mental Health Program Assessment form. This form will provide key findings from assessment and a proposed treatment plan, including the suggested 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 or consultation with other treatment providers and the 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 patient's functional abilities from a psychological perspective
- other recommended assessment, treatment or interventions
- review of findings and recommendations with the patient
- 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 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 follow up with the case management team to confirm if the treatment has been authorized.

If following the assessment, the psychologist determines that the person is not suitable for the program or identifies psychological risk factors, the psychologist must contact the case management team to discuss treatment options.

Treatment phase (duration up to 24 weeks)

Pre-authorization for treatment

Treatment can begin once the psychologist has received authorization from the case management team. Authorization may have been given 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.

Each treatment block of care includes six 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 receive approval for treatment beyond block three. Treatment session duration and frequency (within each block) is left to the clinical judgement of the treating psychologist. The patient 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

The program does not stipulate specific psychological interventions. The interventions delivered must be evidenced-based and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals.

To facilitate the focus on functional recovery progressing toward occupational restoration, psychological interventions should incorporate SMART (specific, measurable, achievable, relevant and time-bound) goals in the goal attainment scaling approach. See the goal attainment scaling for more information.

Community Mental Health Program progress form

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

A progress form is also required when someone is discharged from the program. An injured or ill person is discharged from the program if the following circumstances apply:

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

The 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 call to the case management team is required at the end of a treatment block or earlier if the injured or ill person 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 return-to-work Recommendation form

An appropriately timed return to work is important for the injured or ill person's progress toward 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, return-to-work efforts will require a phased approach, based on the injured or ill person'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 someone's ability to function effectively in their lives and workplace.

Identification of a person's limitations, restrictions and accommodations provides an understanding of their functional abilities and informs return-to-work opportunities. The progress form uses the goal attainment scaling approach to report SMART goals that provide the person's functional abilities at any given time and informs return-to-work planning.

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 used to inform discussions between the injured or ill person, the employer and case management. In completing the form jointly with the injured or ill person, the psychologist, prepares them for the return-to-work conversation with their employer.

The functional ability information provided in the progress form should be reflected in the Return-to-Work Recommendation form, when submitted at the same time. Occasionally, a

Return-to-Work Recommendation form may be submitted prior to the end of treatment to reflect changes in the person's condition. For example, a Return-to-Work 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 Return-to-Work Recommendation form would likely not be submitted at the end of the treatment block.

Once completed, the psychologist provides a copy to the injured or ill person and submits a copy to the WSIB via wsib.ca/upload on the same day as the visit. The injured or ill person can share this information with their employer or the case management team can share this information directly with the employer.

Communication

Timely and effective communication is a cornerstone of the 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 injured or ill person and the extent of progress achieved.

Communication may occur between the following participants:

- the person who experienced the workplace injury or illness
- family physician or general practitioner
- WSIB Case Management Team: Case Manager, Nurse Consultant, Return-to-Work Specialist
- employer
- other treating health professionals

For additional guidance about timing and nature of communication with the WSIB, see goal attainment scaling and recovery navigation.

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

Psychological risk factors

Some people may present with risk factors that could indicate more severe psychopathology and or a need for more specialized services. In some cases, an injured or ill person 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 case management team to notify them and discuss possible referral for specialized services. Psychological risk factors are listed in the target population and admission criteria.

Additional treatment

On occasion, a psychologist may identify an injured or ill person who would benefit from continued treatment beyond the authorized blocks. In these cases, the psychologist should contact the case management team to review the progress achieved during the Community Mental Health Program, outstanding issues, clinical rationale for ongoing treatment (including number of sessions and expected duration), and proposed treatment goals.

The case management team will review the information provided and will make a timely decision as to whether additional treatment will be authorized. To facilitate discussion with the case management team, it may be helpful to use the common language of goal attainment scaling (i.e., how has the person been progressing in treatment to date on SMART goals and what future goals would be addressed in treatment). See Goal attainment scaling and recovery navigation.

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 person meets the criteria for DSM-5. The 15-03-13 Posttraumatic Stress Disorder in First Responders and other Designated Workers policy defines and itemizes all occupations governed as first responders.

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 must be evidence-informed and support identified treatment goals that are relevant to the overall recovery and return-to-occupational-function goals. To facilitate the focus on functional recovery progressing toward occupational restoration, psychological interventions should incorporate SMART goals within a goal attainment scaling approach.

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
- Behavioural activation for depression

Occupational function planning

Staying at work (when appropriate) or timely return to work 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 return to work. Information gathered during the assessment and treatment phase and provided in the Assessment, Progress, and Return to Work Recommendation forms are used to guide recommendations to support the return-to-work plan.

These forms contain return-to-work information that will not only identify restrictions, limitations and accommodations, but will highlight current abilities. The progress form uses the goal attainment scaling approach to report SMART goals that provide the person's functional abilities at any given time and informs return-to-work planning.

Restrictions

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

An injured or ill person may be required to limit or avoid a worksite, materials, processes or the employer as any exposure to these could pose a risk to themselves or others and worsen functional recovery.

Limitations

The injured or ill person's psychological condition may affect his or her ability to perform his or her job-related tasks and activities. When evaluating someone's limitations, the psychologist should consider their 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 person'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

Someone 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 the case management team. Referrals may include but are not limited to:

- Return-to-Work Specialist – 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)