

DRAFT CLINICAL GUIDELINE FOR THE DIAGNOSIS AND MANAGEMENT OF WORK-RELATED MENTAL HEALTH CONDITIONS IN GENERAL PRACTICE

PUBLIC CONSULTATION SUBMISSION

Proposed for submission to the NHMRC for approval under section 14A of the National Health and Medical Research Council Act 1992.

The Department of General Practice, Monash University has prepared a draft clinical Guideline on the diagnosis and management of work-related mental health conditions in general practice and is welcoming comments and feedback on the draft guideline until the **15th of March 2018**.

Please complete the survey below in order to provide feedback on the draft Guideline.

Thank you!

PART 1: GENERAL INFORMATION

1. What is your full name? Dr Alice Burston

2. Please indicate if you would like your name to:

- Remain Anonymous
 Be published alongside your submission in the supporting documents for the Final Guideline

3. What is your email address? regulatoryandstandards@siopa.org.au

This will only be used to contact you if we need to clarify any details in relation to your submission, and will not be shared or published in any way.

4. Are you of Aboriginal or Torres Strait Islander origin? Yes No

5. Are you making this submission as an: Individual Organisation

If you are making this submission as an organisation:

What is the official name of your organisation? Society for Industrial and Organisational Psychology Australia

Please be aware that your submission may be verified with the organisation.

What is your role within the organisation? Vice President

Are you authorised to make a submission on behalf of this organisation? Yes No

6. Which of the following roles do you identify with in terms of your interest in work-related mental health diagnosis and management? *(Please select all that apply)*

- Individual with a diagnosis of a work-related mental health condition
 Carer or family member of an individual with a diagnosis of a work-related mental health condition
 Individual who is currently considering or undergoing a diagnosis for a work-related mental health condition
 Carer or family member of an individual who is currently considering or undergoing a diagnosis for a work-related mental health condition
 General practitioner
 Psychiatrist
 Professional association
 Aboriginal or Torres Strait Islander association
 Educator
 Guideline developer
 Regulator/Insurance scheme representative

- Employer
- Union representative
- Other – Please specify:

7. Please describe your role in your own words: Founded in November 2016, the Society for Industrial and Organisational Psychology Australia (SIOPA) is an independent and incorporated association with a purpose to create growth, supervision and professional development opportunities for Organisational Psychologists and related disciplines in Australia.

Among their many areas of practice, Organisational Psychologists may work in workplace rehabilitation, occupational health and safety and wellbeing, stress and work-life balance. Organisational Psychologists' expertise and knowledge of individual, group and organisational factors allow them to more accurately identify the root cause of an issue, and thus develop an effective intervention. Therefore, it is appropriate for SIOPA to submit a response regarding the draft clinical Guideline.

PART 2: DRAFT GUIDELINE COMMENTARY

Please provide comments on any or all of the following aspects of the Guideline:

Executive Summary

8. Are the recommendations pertaining to each question realistic (achievable) and/or appropriate? Why/Why not?

SIOPA acknowledges that while the recommendations pertaining to each question are realistic, evidence-based and/or drawn from expert opinion, there appears to be a greater focus on diagnosis than management for patients with work-related mental health conditions. Further information and guidance could be provided with regards to appropriate multidisciplinary collaborations, communication and in the types of support provided to patients returning to work. More detailed responses are made under Management Section (Question 19).

9. Which recommendations do you think are most likely to lead to improvements in health outcomes for patients? Why? (Note, these may be selected for targeted implementation)

10. Please provide any other feedback about the Executive Summary here:

Flow Chart

11. Please provide your feedback about the Flow Chart here:

SIOPA supports the provision of a Flow Chart which is likely to be very helpful in supporting GPs in their treatment of work-related mental health conditions. The information is easily accessible and may also be used to communicate to other professionals and/or stakeholders the approach a GP may adopt. This may help to set expectations/boundaries and provide role clarity should the GP be working with a multidisciplinary team. Comments regarding Flow Chart content are captured in the below survey questions.

Introduction

12. Are the clinical questions presented clear and relevant?

13. Please provide any other feedback about the Introduction here:

Following the recommendation for GPs to review relevant position statements, such as, "Taking Action – A Best Practice Framework for the Management of Psychological Claims", SIOPA suggests that they are referenced in some way on the Flow Chart to ensure ease of access.

Methodology

14. Are the processes used to develop this Guideline clear? If not, can you identify any areas of concern or items that require greater clarification?

15. Please provide any other feedback about the Methodology here:

Assessment and Diagnosis Section:

16. Are the recommendations and/or discussion likely to be useful and achievable in clinical practice? Why/Why not?

SIOPA identifies that the recommendations and/or discussion is likely to be useful, however as a guideline, the Assessment and Diagnosis Section may have focused too heavily on the decision-making for each tool. It is likely that the specificity and sensitivity of standardised tools could be presented in table format to allow for clearer presentation of the content.

17. Are there any individuals or groups who are likely to be worse-off as a result of these recommendations?

18. Please provide any other feedback about the Assessment and Diagnosis Sections here:

SIOPA encourages greater consideration to be made to the use of the K10 to assist in the diagnosis of work-related mental health conditions. Acknowledged by the draft clinical Guideline, the Kessler Psychological Distress Scale (K10) is commonly used by GPs. It is a tool that is recommended by the Divisions of General Practice and measures general psychological distress warranting further investigation into the nature of the psychological distress. Where appropriate, the introduction of more specific assessments (e.g. DASS) can then be administered. The K10 is likely to be of particular benefit when GPs are trying to establish if work has exacerbated a pre-existing psychological condition as it would allow for appropriate comparisons using one tool.

Management Section

19. Are the recommendations and/or discussion likely to be useful and achievable in clinical practice? Why/Why not?

Multidisciplinary Collaborations

SIOPA acknowledges that the purpose of the Guideline is to provide GPs with the best available evidence to assist them when managing patients with a possible or confirmed work-related mental health condition. However, there is very little reference to the access of allied or specialised care or services – many of whom are likely to be better suited to identifying workplace stressors as well as assess and diagnose complex patient presentations. As the primary providers of care, GPs need to facilitate access and must be made aware of the various referral pathways they can make use of (Psychologists, Social Workers, Counsellors, Occupational Therapists). Without more specific information here, the messaging of the Guideline suggests that GPs should be caring for and making decisions for patients in isolation of other professional input.

The current wording suggests GPs will be providing cognitive behaviour therapy. This is concerning for two reasons a) such treatment requires a considerable amount of time which GPs are unlikely to be able to provide and b) cognitive behaviour therapy is a treatment which allied health professionals (psychologists, psychiatrists, etc.) have trained extensively under supervision. SIOPA question whether GPs will be participating in the same level of training? Untrained professionals conducting cognitive behaviour therapy presents a risk to the public and may be more harmful for the patient than beneficial.

Communication

SIOPA supports the preserving of patient confidentiality using the footnote, “communication with a patient’s workplace should only occur with a patient’s consent”. The GP or other treating practitioner should always be aware of their audience and only share information that will benefit the patient’s return to work. The patient should also be encouraged to be involved in as much of the communication as possible (e.g. with employees, supervisors, healthcare providers, union representatives).

Returning to Work

As a GP or other treating practitioner, it can be difficult to gauge a person’s readiness to return to work if the GP does not have a thorough understanding of the work culture and job tasks the person is required to perform. While work environment is listed as a work-related factor, SIOPA recommends the addition of more specific workplace factors, including work culture, role clarity, work demands, instrumental and emotional support, decision latitude, remote and isolated work, work relationships, exposure to violence and aggression, in addition to job tasks. Also, based on the arguments put forward in the previous two paragraphs, SIOPA recommends the addition of other professional opinions to be taken into consideration when GPs are considering a person’s capacity to return to work to provide an appropriate assessment of these factors and the patient’s ability to return to work, including how to reduce the risk of exacerbating the patient’s mental health condition.

Suicidality

Throughout the draft clinical Guideline, reference to suicide risk is rarely mentioned. In a document with a purpose for assisting the diagnosis and management of mental health conditions, SIOPA encourages the building of greater awareness of suicidality and risk.

Active Involvement

SIOPA supports the active and regular involvement of the GP in a patient’s recovery. However, the reference that consultations should be used opportunistically to monitor a patient’s mental health communicates more of a passive role in the patient’s care. Should a GP diagnose a patient with a work-related mental health condition, they should take more of a proactive role in monitoring progress.

20. Are there any individuals or groups who are likely to be worse-off as a result of these recommendations?

21. Please provide any other feedback about the Management Section here:

General Feedback on the draft Guideline

22. Please provide your feedback about the Abbreviations Section here:

23. Please provide your feedback about the Appendices Section here:

24. Please provide your feedback about the References Section here:

25. Is the structure and layout of the Guideline logical and easy to navigate? If not, how could this be improved?

SIOPA experienced the structure and language of the Guideline as easy to read and navigate. As mentioned above, the heavy focus on decision-making content may be more clearly presented in table format.

26. Do you agree with the recommendations and/or consensus statements in the Guideline? *(Please comment)*

27. Are the recommendations in this guideline appropriate for Aboriginal and Torres Strait Islander individuals?

28. Please provide any other feedback about the appropriateness of the Guideline for Aboriginal and Torres Strait Islander people:

For those who selected 'General Practitioner' in question 6 only:

29. About how many patients with work-related mental health conditions do you see in a year?

30. Will you be able to apply the recommendations in your practice? *(Please comment)*

31. What barriers do you anticipate to prevent you applying the recommendations in practice?

32. What will assist you to apply these recommendations in practice?

Accessing the Guideline

33. Aside from being on the NHMRC website, how else do you suggest this Guideline be accessed? *(Specific websites, journals etc.)*

General Feedback

34. Please feel free to make any additional comments:

Thank you for taking the time to complete this survey and provide your valuable feedback on the draft Guideline.

Please email your PDF survey responses to generalpracticeguidelines@monash.edu.

Alternatively, hardcopy comments to the draft Guideline may be sent to:

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If you'd like to contact the project team, you may contact our Project Manager, Dr Samantha Chakraborty, by email at generalpracticeguidelines@monash.edu or by phone on (03) 9902 9698