

WORK SAFE BC

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Mental Health Network Educational Sessions

February 1, 2012



Mental Health Network Educational Session

Goal For Today

Understand WorkSafeBC's
Requirements for Mental Health
Services



Special Care Services Department

Special Care Services (SCS) Department

- A department within the Worker and Employer Services (WES) Division.
- SCS manages claims for seriously Injured Workers; > 75% permanent loss of function or mobility.

Representatives:

- Dr. Lee Grimmer, Senior Psychology Advisor for Psychology Services within the SCS Department
- Dr. Greg Meloche, Manager of Mental Health Services in the SCS Department



Health Care Services Department

Health Care Services (HCS) Department

- A department within the Finance Division.
- HCS manages procurement, delivery, and quality of all health care provided to Workers.

Representatives:

- Dr. Kim McGuire, Psychology Consultant for the clinical aspects of Mental Health Assessment and Treatment programs
- Ms. Christine Sher, Quality Assurance Supervisor for Mental Health Assessment and Treatment programs
- Mr. Inho Kim, Program Manager of Mental Health Assessment and Treatment programs
- Mr. Geoff Dalmer, Program Manager for Psychology File Review service

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Working with WorkSafeBC: Expectations for Psychology Assessment Providers

Dr. Kimberly McGuire
Health Care Services



Health Care Services Mental Health Contracts

- **Psychological Assessments**
 - Psychological and Psychological Permanent Functional Impairment (PFI) Assessment
 - Neuropsychological and Neuropsychological Permanent Functional Impairment (PFI) Assessment
- **Mental Health Treatment**
 - Adjustment to Injury (ATI)
 - Standard Treatment
 - Maintenance Treatment



Psychological Assessments

- Occur throughout the life of a claim
 - **Three primary purposes:**
 - **Diagnosis** and etiology
 - **Treatment** planning
 - Determination of **Restrictions** and **Limitations**



Life of a Claim

- Phase 1: Investigation and acceptance/denial of condition(s)
- Phase 2: Treatment and Recovery
- Phase 3: Plateau/Maximal Clinical Recovery



Phase 1

Issues for consideration

- Diagnosis
- Etiology
- Treatment
- Relief of Cost (ROC)
- Restrictions & Limitations (temporary/permanent) and return to work issues
- Evaluation of Risk of Self-harm



Diagnosis

- Does the Worker meet diagnostic criteria for a psychological condition(s)? If so, what is/are the condition(s).
 - DSM-IV diagnostic labels only
 - Critical to clearly outline how the Worker meets criteria
 - If an alternate diagnosis or diagnoses were considered, it is essential to outline what evidence lead to your conclusions



Etiology

- What is the relationship between the psychological diagnosis and the claim event?
 - Need to outline all factors related to emergence or aggravation, as well as the maintenance of each psychological condition identified



Treatment Considerations

- What are the treatment recommendations?
- What is the expected outcome of treatment?
- Is the anticipated improvement with treatment minimal, moderate or marked?
- Are there any factors that are anticipated to impede treatment progress? If so, what are these factors?



Relief of Cost (ROC)

- Are there any pre-existing or co-existing psychological conditions that are anticipated to delay recovery?
- If so, is the effect anticipated to be mild, moderate or marked?



Temporary Limitations and Restrictions

- What are the temporary limitations related to each psychological condition identified?
- What are the temporary restrictions related to each psychological condition identified?
- Are any permanent limitations and/or restrictions identified?



Self-Harm

- Is there a risk of harm to self? If so, what is the degree of concern (low, moderate, high?)
- Is there a risk of harm to others? If so, what is the degree of concern? (low, moderate, high?)
 - If any specific person has been identified, this information needs to be conveyed immediately.



Phase 2

Issues for Consideration

- Treatment needs
- Expected Plateau Date
- Restrictions and Limitations
(temporary/permanent)
- Vocational Rehabilitation Considerations
- Self-harm



Treatment

- Is further treatment warranted?
 - If so, what is the recommendation for further treatment?
 - What is the expected outcome or prognosis with respect to restrictions and limitations?



Plateau (Maximal Clinical Recovery) Considerations

- Has/have the psychological condition(s) reached plateau? (i.e., measurable change not likely in the next 12 months)
- If so, provide plateau date.
- If not, state anticipated plateau date.



Limitations and Restrictions

- What are the temporary/permanent limitations related to the psychological conditions accepted on the claim?
- What are the temporary/permanent restrictions related to the psychological conditions accepted on the claim?



Vocational Rehabilitation (VR) Considerations

- Is the Worker able to participate in work-related activities?
- If not, provide anticipated participation date.
- Are there supports that could mitigate limitations to participation?
- If so, what supports are recommended?



Self-Harm

- Is there a risk of harm to self? If so, what is the degree of concern (low, moderate, high)?
- Is there a risk of harm to others? If so, what is the degree of concern (low, moderate, high)?



Phase 3

Issues for Consideration

- Confirmation of Plateau/Maximum Clinical Recovery
- Permanent Restrictions & Limitations
- Special considerations (e.g., medication management and other factors that may affect limitations and restrictions)
- Ongoing support needs
- Evaluating Self-harm



Date of Maximal Clinical Recovery

- Is Maximum Clinical Recovery confirmed? If not, please clarify expectation for further recovery.

Permanent restrictions and limitations

- What are the permanent limitations related to the psychological conditions accepted on the claim?
- What are the permanent restrictions related to the psychological conditions accepted on the claim?



Special Considerations

- What treatments/supports are needed to maintain current level of function (e.g., Medication? Ongoing mental health treatment?)
What other factors are contributing to this Worker's level of function?
- Consideration of Maintenance Treatment
- Is ongoing intermittent treatment required to maintain this Worker's level of function?
 - If so, provide rationale.



Self-Harm

- Is there a risk of harm to self? If so, what is the degree of concern (low, moderate, high)?
- Is there a risk of harm to others? If so, what is the degree of concern (low, moderate, high)?
- Outline a plan for continued monitoring, if appropriate.



Advocacy

- Clinical Advocacy – provision of appropriate recommendations based on objective observations of the Worker's needs
- Claims Advocacy – recommendations with respect to legal, adjudicative, entitlement and benefit issues, as well as non-injury related needs



Assessment Requirements

- Reference Manual 8.0 Assessment Service Requirements
- Standardized measures with validity scales
 - *if not possible, reason(s) for this must be clearly stated
- Tailored selection of measures (e.g., measures for evaluation of post trauma symptoms and pain measures for those for whom this is significant issue)
- Collateral Information
 - Critical when information/data inconsistent and/or when Injured Worker unable to complete one or more aspects of assessment



Reporting Requirements

- Who has access to Assessment Reports?
 - Case Manager (CM) is primary consumer
 - Worker Access through portal
 - Employer access in case of appeal
- Consider disclosure
 - Inappropriate inclusion of third party information
 - Consideration of Worker's right to privacy - what is necessary and appropriate level of detail?



Report Content

- Review and summary of background documents
 - Not necessary to provide a list of all documents
 - Not necessary to provide entire claim summary
 - Inclusion of information relevant to the conclusions you draw and opinions that you provide



Integrating Assessment Results

- Evidentiary basis for opinions
 - Evidence considered and basis for weighing evidence
 - Reasonable clinical certainty
 - Causal analysis beyond temporal coincident: the “but for” argument



Time Expectations/Estimates

- Standard Psychological Assessment
 - Maximum 12 hours
 - up to 4 hours with Worker
 - up to 2 hours to review background documentation
 - up to 6 hours for report writing



Contract Timelines

- Psychology Assessments and Psychology PFI Assessments
 - 10 business days
- Neuropsychology Assessments and Neuropsychology PFI Assessments
 - 20 business days



Timeliness

- Data from 2011
 - Psych Assessments
 - 44 percent completed within 30 days; mean days to completion=36
 - Psych PFI Assessments
 - 45 percent completed within 30 days; mean days to completion=45
 - Neuro Assessments
 - 13 percent completed within 30 days; mean number of days to completion=66
 - Neuro PFI Assessments
 - 6 percent completed within 30 days; mean number of days to completion=58



- Questions?

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Information on Psychological Assessments Produced for WorkSafeBC

Dr. Lee Grimmer
Psychology Services



Disclaimer

- We are not able to consult on specific client cases during our presentations – we can address specific behavioural examples & general questions
- All recommendations are to be considered within the context of a Providers' Codes of Conduct provided by their Regulatory Bodies.
- The presentation is not meant to replace a comprehensive provider review of WorkSafeBC policy and practice documents
- These documents are meant to complement the information that will be presented in the education sessions.



How Assessments are Utilized within WorkSafeBC

- Psychological and neuropsychological assessments provide information to the Case Management team for
 - Adjudication of claim
 - Administration of claim
 - Vocational Rehabilitation
 - Pension determination
- Adjudicative Language vs. clinical language
- “Causative significance” vs. “has the work activity or event contributed to the mental health condition?” & “In what way? To what extent”
- “Plateau” vs. “this condition is unlikely to change significantly in the next 12 months”
- Trivial, de minimis, coincidental vs correlated but not causal



Types of Assessments?

- Psychological Assessment
- Neuropsychological Assessment
- Psychological Permanent Functional Impairment Assessment
- Neuropsychological Permanent Functional Impairment Assessment
- Supplemental Psychological / Neuropsychological Consultation
- Supplemental Psychological / Neuropsychological Consultation For PFI
- File Reviews & Opinions



Background Information for Review

- Physician chart notes
- Prescription history
- Psychotherapy chart notes
- Psychiatric hospital admission records
- Review the standard psychological assessment referral questions from 83B107 – Provider Referral
- Review for specific or unusual referral question
- If you suspect that there is missing information, let the CM know



Standard Assessment Questions Posed:

- Provide a multi-axial DSM-IV diagnosis, as appropriate
- Explain the etiology of each disorder
- Describe psychological restrictions or limitations the client may have regarding work and / or daily activity as a result of any diagnosed psychological condition(s)
 - Psychological limitations (inabilities or difficulties)
 - Psychological restrictions (activities to be avoided)
 - Where the diagnostic formulation includes conditions both related and unrelated to the claim incident, specify to which condition(s) the limitations and restrictions are related
 - Note that Medical Advisors and Family Physicians provide medical restrictions and limitations.



Assessment Questions Posed Cont.

- Comment on any additional clinical issues including the Worker's risk of self-harm and harm to others or indicate that there was no indication of these clinical issues during your assessment.
- Provide comments on prognosis
- Provide a detailed description of the client's functioning in the following spheres
 - activities of daily living
 - social functioning
 - concentration, persistence and pace
 - deterioration or de-compensation in work or work-like settings.
- Provide additional comments or any other issue you think are clinically relevant.



How Case Managers Review Psychological Assessments

- Evaluate if the report helps in understanding the psychological diagnosis, causative factors, and impairment.
- Is there a clear distinction drawn between fact and opinion?
- Is the reasoning clear and are the opinions and conclusions justified?
- Determine if the recommendations are consistent with documentation?
- Are the treatment recommendations clinical in nature?
- Are the recommendations related to the diagnosed conditions?
- Vocational Rehabilitation Consultants evaluate psychological restrictions & limitations; are they related to the accepted condition? Can they be operationalized?



Case Manager Assessment Report Review Checklist

- Is the clinical history accurate and complete?
- Are the Worker's presenting psychological symptoms clearly described?
- Is the diagnostic formulation in the DSM-IV-TR format?
- Is the causality explanation clear?
- Are the psychological limitations and restrictions described clearly?



Typical Assessment Report Format

- **A review of reports and other documentation**
- **The results of a structured clinical interview with the Injured Worker**
- **Collateral interviews with other parties**
- **Psychometric assessment (psychological testing) or Neuropsychological Testing**
- **Comments on the validity of the clinical presentation**
- **A full DSM-IV-TR diagnostic formulation**
- **An analysis of causation for each diagnosed condition**
- **Psychological Restrictions / Limitations**
- **Prognosis and Treatment Recommendations**
- **Treatment recommendations**
- **ROC-related comments** about whether recovery has been prolonged due to complicating factors.
- **Plateau** is defined as “no expectation of *significant* clinical change in the person’s condition within the next 12 months.”
- **Supplementary Consultations – answers to one or two questions only**



Assessment Report Trouble Shooting - What Case Managers are advised to do for clarification of assessment results

What To Do If...

- **There is a diagnosis but no psychological restrictions / limitations.**
 - Call the clinician and ensure that there were psychological restrictions / limitations associated with the diagnosis or confirm that there were no psychological restrictions / limitations for this Worker / diagnosis.
- **Some of the recommendations as well as restrictions / limitations are medical rather than psychological in nature.**
 - Medical recommendations are beyond the scope of practice of psychologists. Medical recommendations provided by a psychologist do not need to be integrated into the overall Case Management plan / Clinical Care Plan. You may wish to have a MA comment about the recommendation.
- **The recommendations / restrictions / limitations are not related to the work injury or seem unrealistic.**
 - Ask a PA for a review about if / how to operationalize the recommendations.
- **The information about the role of non-compensable factors is not sufficient for determination of a Relief of Cost adjudication.**
 - Call the assessing psychologist for the additional information needed.



Causal Models in WorkSafeBC Assessments

- Causality questions are complex and multi-factorial in WorkSafeBC context
- Assessing psychologists well-positioned to answer these questions
- Causality questions are clinical questions



Causal Models in WorkSafeBC Context

- Causative Factors
 - The Work Incident
 - Individual Factors
 - Iatrogenic Factors
 - Current Life Stressors
 - Historical Factors



Causal Models in WorkSafeBC Context

- It is ok to talk about pre-existing conditions in WorkSafeBC context because Workers are accepted “as they were” when they were injured
- A clear discussion of pre-existing conditions may help to relieve some of the costs of the claim from the employer



Types / Roles of Causal Factors

1. Pre-existing
2. Precipitating
3. Perpetuating
4. Confounding



Causal Models in WorkSafeBC Context

- The Clinician is expected to offer an informed opinion on the clinical causal factors implicated in an injury
- The Case Manager makes the adjudicative determination of “causative significance” or “material contribution” of an event to a subsequent injury



Psychological Causal Determination: Factors to Consider in Formulating your Opinion

- How important is a causal factor to a specific condition?
 - Unrelated factor
 - Minor factor
 - Moderate factor
 - Major factor
- What can be a **clinical** “minor” factor can be **adjudicatively** “significant” and lead to acceptance of a claim
- Work event need not be **the** predominant cause, only a cause that is **more than** trivial



Psychological Causal Determination: Factors to Consider in Formulating your Opinion

- Paradigms or Models
 - Single cause
 - Multiple causes
 - Competing causes



Psychological Causal Determination: Factors to Consider in Formulating your Opinion

- Causality Formulation/Integration & Weighing of Factors/Consideration of Hx & current functioning to provide diagnosis or diagnoses
 - new condition
 - pre-existing condition
 - no change in pre-existing condition
 - normal clinical progression of condition
 - aggravation of a pre-existing condition



Factors to Consider in Formulating Your Assessment Report

- Have you restated the referral questions in the conclusions?
- Have you answered the referral questions point by point in your conclusion / discussion?
- Is your logic clear and supported by evidence?
- Are you prepared to answer questions from a Case Manager or Vocational Rehabilitation Consultant about your conclusions?



Permanent Functional Impairment (PFI) Assessments – Special Considerations

- Role of PFI assessment & review by PDAC – Psychological Disability Award Committee
- Importance of comprehensive & concise description of psychological functioning (handout)
- Adjudicative term “plateau” defined in clinical terms
- Clarify what psychological conditions have been accepted on the claim; if this is not clear to you, call the Case Manager to obtain this information
- Implications of providing a new Dx related to work injury at PFI
- Implications of recommending additional active treatment vs. maintenance treatment at PFI



References

- Schultz, I (2005). Psychological causality determination in personal injury and Workers' compensation contexts. Psychological injuries at trial.
- (2005) Psychology Guidelines for Assessment Services Providers



- Questions?

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Administrative Update

Dr. Greg Meloche
Special Care Services



Mental Health Services

- Ms. Tanya Houghton, BA, QSW, CHRP
Client Services Manager
- Ms. Katie Hall, BA
Client Services Manager
- Dr. Greg Meloche, PhD, R Psych
Manager Mental Health Services



Administrative Assistants

- Shawna Brown
- Laura Purcell-Mcquiggin
- Jennifer Bassra



Mental Health Services Programs

- Psychology Clinic
- Crisis Support Services
- Social Work Program



Senior Psychology Advisors (PA)

- Dr. Rosemarie Alvaro
- Dr. Victor Colotla
- Dr. David Eveleigh
- Dr. Vivienne Gallegos
- Dr. Lee Grimmer
- Dr. Jocelyne Lacroix
- Dr. Jane McEwan
- Dr. Kathy Montgomery



Crisis Response Specialist

- Jason Azuelos, BA, Medical Rehabilitation Specialist
- Christie Cooper, BSW, RSW
- Sabine Huss, MA, RSW



Social Worker

- Michael Cole, MEd, RSW
- Desne Hall, MSW, RSW
- David Kabool, MSW, RSW
- Leanne Taylor, BSW, RSW
- Caieta Whyte, BSW, RSW



Process Changes

- Direct Referrals from Case Managers
 - Assessment
 - Treatment
- Permanent Functional Impairment (PFI) Process
- Report Templates



Information Sharing

- Worker Portal
- Provider Portal
- Community Clinician Coordination



Service Contracts

- Psychology Assessment Contract
- Mental Health Treatment Contract
- File Review Contract
- Bill 14 Assessment & Treatment



Clinical Contracts vs. Guidelines

- Clinical Guidelines for Psychological Assessment
- Mental Health Assessment Contract
- Mental Health Treatment Contract
- Clinical Guidelines for Mental Health Services



Bill 14

- Government Legislation
- WorkSafeBC Policies
- WorkSafeBC Practice Directives
- Internal Staff Training
- Pilot Assessment and Treatment Services



Professional Development

- WorkSafeBC Conferences
 - [Health Care Professional Conference](#)
 - June 8, 2012 (Westin Bayshore Hotel Vancouver)
 - WorkSafeBC Mental Health Conferences
- Future educational opportunities



Suicide Risk

Dr. Greg Meloche
Special Care Services

Dr. Lee Grimmer
Psychology Services



Treating Clinicians

- Primary Clinical Responsibilities for:
 - Clinical intervention and support
 - Crisis Response
 - Coordination with other clinicians
 - Monitoring ongoing risk
 - Documentation



Clinical Intervention and Support

- Regular/increased session frequency
- Session length
- Emergency sessions



Crisis Response

- Coordinate with other treating clinicians
- Immediately inform Case Manager of significant change in risk
- Document risk assessment and response in monthly report
- 24 Hr. Worker Crisis Line: 1-800-624-2928



Assess and Monitor Risk

- Intention
- Planning
- Means
- Lethality
- History
- Risk Factors
- 2 Risk Profiles
- Protective Factors



Documentation

- Risk assessment
- Peer Consultation
- Service provision
- Coordination with third parties



WorkSafeBC Reporting

- Provide detailed description in reports
 - Findings from Suicide Risk Assessment
 - Updated risk level
- Treatment interventions
 - Safe plan
 - Increased contact: session frequency, telephone
 - Emergency sessions
 - Coordination with other clinicians



Coordinating With Third Parties

- Family Physicians
 - Therapy Reports
 - Telephone Consultations
- Psychiatric Referrals
 - Psychiatric reports to Family Physicians
- WorkSafeBC Case Management Team
- Police
- Other



WorkSafeBC Case Management Team

- Fragile Worker protocol
 - Service Authorization
 - Service Coordination
 - Coding and Monitoring
 - Decision Delivery
 - Disengagement Planning
 - Crisis Response



Community Resources

- Mental Health Offices
- Walk-in Clinics
- Crisis Lines
- Red Book Online:
<http://redbookonline.bc211.ca/bc/goHome?languageInd=E>
or call 211



Resources

- American Association of Suicidology
 - <http://www.suicidology.org/home>
- Suicide Prevention Resource Center
 - <http://www.sprc.org/>
- WHO
 - http://www.who.int/mental_health/prevention/suicide/suicideprevent/en
- SFU
 - http://comh.ca/publications/resources/pub_wwcwis/WWCWIS.pdf



- Questions?

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Working with WorkSafeBC: Service Expectations for Mental Health Service Providers

Dr. Kimberly McGuire
Health Care Services



HCS Mental Health Contracts

- Psychological Assessments
 - Psychological and Psychological PFI Assessment
 - Neuropsychological and Neuropsychological PFI Assessment
- Mental Health Treatment
 - Adjustment to Injury (ATI)
 - Standard Treatment
 - Maintenance Treatment



Life of a Claim

- Phase 1: Investigation and acceptance/denial of condition(s)
- Phase 2: Treatment and Recovery
- Phase 3: Plateau/Maximal Clinical Recovery



Mental Health Treatment

Stream 1	Stream 2	Stream 3
ATI	Standard	Maintenance
2 months	4 months	12 months



Adjustment to Injury (ATI)

- There may be no psychological condition accepted on file
- Short-term supportive counselling
- Intake and weekly sessions for up to 2 months
- No possibility of extension



Goals of ATI

- Adjustment to Injury
- Assist with development of coping strategies
- Assist Worker with enhancing support network
- Support Return to Work/Vocational Rehabilitation involvement
- Assist with access to community services



Standard Treatment

- A psychological condition must be accepted on file
- In most cases, a psychological assessment was conducted prior to this referral
- Weekly sessions for a 4-month period
- Possibility to extend for one 3-month period



Standard Treatment Goals

- Targeted treatment of accepted condition(s)
- Clarification of changes/reduction in limitations and restrictions
- Support for return to work
- Clarification of anticipated plateau or recovery date
- Monitoring of risk of harm to self and others



Maintenance Treatment

- Accepted psychological conditions are at or near plateau
- Bi-weekly or monthly sessions typical
- Referral for 12 months with possibility of one 12-month extension



Goals of Maintenance Treatment

- To prevent psychological deterioration or maintain current level of psychological functioning
- To support Worker in developing or enhancing support system
- To provide ongoing monitoring of risk of harm to self and others



Primary Goals of Mental Health Treatment

- To return the Worker to pre-injury function or to maximize function and minimize residual restrictions and/or limitations
 - Treatment must be focused on the accepted psychological condition
- To support the Worker in a return to his or her pre-injury job or to appropriate alternate work



Return to Work Focus

- Get Workers back to work as soon as is appropriate
- Consider the therapeutic value of work and work-related activities
- To support an enduring return to work



Reports

- Intake Reports (First Session Report)
- Progress Reports (Monthly Reports)
- Discharge Report (Final Report)



Reporting Requirements

- Use most recent version of form 10D6 only
- Inclusion of appropriate personal information only
- Avoid use of psychological jargon
- Provide clear description of Worker's primary symptoms
- Clinical summary should outline your overall evaluation of the Worker's status and clarify any change in functioning since previous report, if appropriate.



Case Managers' Concerns

- Progress not clear
 - Improvement?
 - Decline?
- Repetition of information
- Unclear limitations and restrictions



Critical Issues for Treatment Plans

- Focus on accepted conditions
- Provide clear and measurable treatment outcome goals
- Evaluation of risk of harm to self and others and development of an appropriate intervention plan when necessary
- Provide psychological restrictions and limitations in practical language



Risk Assessment

If you have checked off either 5 or 6, has a risk assessment been completed?

Yes No

If yes, describe risk assessment



If no, describe why not



Clinical summary *(describe major achievements and provide general progress update)*



- Low, moderate, high
- Plans and contacts



Outline any other issues of clinical relevance not covered above

Outline any other issues of clinical relevance not covered above

- Summary of each session
- Noting third party contacts
 - General Physician
 - Vocational Rehabilitation Consultant
 - Psychiatrist
 - Case Manager
 - Health Care Services
 - Family Members



Limitations and Restrictions

- Related to accepted condition
- Separate for each condition rather than a global description
 - Descriptions of magnitude/degree of limitation is necessary for return to work considerations



Recommendations

Recommendations

No further mental health treatment required

Please call me to discuss this case

Consider referral for an assessment or additional service
(specify type)

Extension of mental health treatment requested

None at this time



Advocacy

- Clinical versus claim advocacy
 - Page 8 of the Guidelines
 - Clinical advocacy – provision of appropriate recommendations based on objective observations of the Injured Worker's needs
 - Claims advocacy – recommendations with respect to legal, adjudicative, entitlement and benefit issues, as well as non-injury related needs



Communication

- If you have any questions or concerns regarding treatment progress, the person to contact is the Case Manager
- If you have urgent clinical issues, including concern regarding risk to self or others, contact the Psychology Clinic at 604-231-8666 or toll free at 1-888-621-7233, local 8666 and advise the Case Manager
- If concerns are imminent, follow appropriate risk procedures and then advise WorkSafeBC Officers



Resources

- www.worksafebc.com



Contact Information

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WorkSafeBC has a network of clinical providers throughout the province to provide quality rehabilitation and health care to B.C.'s injured workers.

Connect:
Health care provider inquiries

Spotlight:
Check the status of a claim here.
Payee invoice corrections
Courses for physicians
12th Annual WorkSafeBC Physician Education Conference

Provider Portal Training Video Series

- Portal overview
- Referrals
- Cases
- Clinical reporting
- Invoicing
- Access to invoice & payment information

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Get safety updates, incident summaries and more with WorkSafeBC E-News
Subscribe to receive Health Care Provider E-news

Quick Links

- OHS Regulation
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- Bid opportunities
- Forms for health care providers
- Fair Practices Office
- Courses
- Campaigns
- Freedom of Information and Protection of Privacy

Customer Centres

- Employers/ Small Business
- Workers
- Health Care Providers

How Do I?

- Report fraud?
- Check the status of a claim online?
- Find the forms I need online?
- Know whether an incident should be investigated?
- Find resources for workers affected by a work-related traumatic event?
- [More FAQs](#)

Health Care Provider Centre

Essentials

- Invoicing tips
- Out-of-province provider tips
- Evidence-based medicine
- Understanding the claims process
- Understanding return-to-work programs

Online services

- Check invoice payment status
- Payee invoice corrections
- View claim information

Health care practitioners and providers

- Acupuncturists
- Audiologists/Hearing Instrument Specialists
- Chiropractors
- Dentists
- Dietitians
- Hospitals
- Massage therapists
- Medical office assistants
- Mental health services
- Naturopathic physicians
- Nurse practitioners

Invoice codes

- Invoice corrections
- MSP reason/refusal codes
- WorkSafeBC Explanation codes (Rejection/Benefits)
- Service location codes
- Diagnostic codes quick reference
- MSP diagnostic code descriptions (ICD-9)
- Side of body codes
- Body part codes (quick reference)
- Body part codes (complete)
- Nature of injury codes (quick reference)
- Nature of injury codes (complete)

Rehabilitation programs and services

- Post operative rehabilitation guidelines
- Activity-Related Soft Tissue Disorder (ASTD) Services
- Amputee Multi-disciplinary Program
- Community Brain Injury Support Services
- Community Occupational



Contact Information

English | 繁體中文 | 简体中文 | Français | 한국어 | ਪੰਜਾਬੀ | Español | Tiếng Việt

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Health care practitioners and providers
Acupuncturists
Audiologists/Hearing instrument specialists
Chiropractors
Dentists
Dietitians
Hospitals
Massage therapists
Medical office assistants
Mental health services

- Psychological assessment
- Treatment
- Billing & reporting
- Contact details
- Policy & practice
- Resources

Naturopathic physicians
Nurse practitioners
Optometrists
Orthotics
Out-of-province providers
Pharmacies and pharmacists
Physicians
Physicians - Medical and surgical specialists
Physiotherapists
Podiatrists
Prosthetics
Sign language services
Speech-language pathologists

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Home > Health Care Providers > Health care practitioners and providers > Mental health services >

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Mental health services

WorkSafeBC is responsible for helping injured workers return to their pre-injury status. This usually involves helping workers overcome physical problems associated with their injury. However, workers may also have psychological issues associated with a physical injury or related to workplace trauma. A network of qualified professionals across the province contracts with WorkSafeBC to provide mental health services as needed to B.C.'s injured workers.

There are two types of Mental Health Services: Assessment services and Mental Health Treatment services (MHT). These are two separate contracts with different application and qualification processes.

Assessment services

1. Psychological assessment
2. Neuropsychological assessment

These two types of assessment services can be used for diagnosis and treatment planning or to determine permanent functional impairment. Mental health assessment services are only provided by Registered Psychologists.

Mental Health Treatment (MHT) services

1. Adjustment to injury: Short-term treatment where the injured worker needs a brief period of support to adjust to the injury.
2. Standard treatment: Four-month treatment requiring a working diagnosis to initiate. Ongoing progress toward identified treatment goals is expected.
3. Maintenance: Longer term treatment to help injured workers maintain gains from previous treatment.

MHT Services can be provided by Registered Clinical Counselors, counselors licensed by the Canadian Clinical Association of Counselors, Registered Psychological Associates and Registered Psychologists.

To find out more about Mental Health Assessment Services see [Psychological assessments](#)

To find out more about Mental Health Treatment Services see [Treatment](#).



Contact Information

English 繁體中文 简体中文 Français 한국어 বাংলা Español Tiếng Việt

WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

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Mental Health Treatment

Under the [Workers Compensation Act](#), WorkSafeBC has been given the authority to provide health care and rehabilitation services to workers who sustain injuries that arise out of, and in the course of, their employment.

Our series of programs and services meet the needs of injured workers and help them recover from their injuries—with a primary focus on returning to work in a safe and timely manner. These programs are referred to as Board Sponsored Rehabilitation Services (BSRS).

Mental Health Treatment falls under BSRS, and helps injured workers recover from psychological conditions related to their injury by applying evidence-based therapeutic interventions.

The scope of services includes treatment planning, treatment sessions, and written reports and consultations. Approved treatment services are restricted to those symptoms or conditions accepted by WorkSafeBC.

Referral process

- Workers are only referred to providers who are contracted with WorkSafeBC
- To be eligible to provide treatment services, you must be a Registered Clinical Counsellor, a counsellor registered with the Canadian Association of Clinical Counsellors, a Registered Psychological Associate, or a Registered Psychologist
- To become a contracted provider there is a formal application process. You may obtain the application form at the [bid opportunities page](#). Scroll down to find the bid opportunity titled "Mental Health Treatment Services".

Treatment services

When mental health treatment services are required, a member of the WorkSafeBC Case Management Team will contact a contracted service provider to establish a referral. To receive payment for treatment, you must receive a copy of the referral in writing.

If the injured worker's requirements change after the referral is made, or if you suggest a different treatment than the one requested, you must have pre-approval from a member of the WorkSafeBC Case Management Team before continuing treatment.

- WorkSafeBC demands responsible and ethical treatment of injured workers (refer to [Guidelines for Mental Health Treatment Service Providers \(PDF 207kb\)](#))
- In all but exceptional circumstances, the same provider cannot conduct both the assessment and treatment services for the same injured worker.

Information Bulletins for Mental Health Treatment Providers



- Questions?



Psychological Restrictions & Limitations for Mental Health Treatment Providers in WorkSafeBC Context

Dr. Lee Grimmer
Psychology Services



Disclaimer

- We are not able to consult on specific client cases during our presentations – we can address specific behavioural examples & general questions
- All recommendations are to be considered within the context of a Providers' Codes of Conduct provided by their Regulatory Bodies.
- The presentation is not meant to replace a comprehensive provider review of WorkSafeBC policy and practice documents
- These documents are meant to complement the information that will be presented in the education sessions.



Psychological Impairment

At WorkSafeBC, usually determined by:

- Degree of residual psychological symptomatology; minor, moderate or marked/extreme
- Risk of psychological decompensation under stressful situations
- Amount of support/accommodation required for competitive employment
- degree of behavioural or executive organization/disorganization



Degree of Impairment

- Quantify the degree of impairment and provide description and examples of how that would impair the Worker's functioning
- Provide suggestions on how to ameliorate the impact of impairment



Psychological Restrictions & Limitations in Mental Health Treatment Reports

- Are read closely by the Case Management team members (Case Manager, Vocational Rehabilitation Consultant, Psychology & Medical Advisors, Nurse Advisors)
- Are considered when making claim decisions and pension awards
- Are considered when making vocational rehabilitation plans and creating return-to-work plans



Describing Psychological Restrictions & Limitations

- The description should be detailed but clear & concise
- The description should be related to clinically-documented observations and symptoms
- Subjective report should be balanced with your objective clinical observations and findings
- Medical restrictions & limitations are provided by physicians
- Note when you are describing limitations associated with conditions unrelated to the work incident
- Indicate whether the restrictions & limitations are temporary or permanent



Psychological Restrictions & Limitations

Temporary - may require work accommodation during treatment that can be removed at the point of recovery

Permanent – these limitations & restrictions are not removed even after the Worker's psychological condition has reached a point of maximum clinical recovery



Limitations

Limitations = what the Worker has difficulty doing due to a psychological impairment

- Worker's self report
- Clinician's observation
- Psychometric testing



Limitations

Examples:

- A Worker with reduced attention and concentration due to depression may have difficulty producing error-free work or multi-tasking
- A Worker with irritability related to depression may have difficulty with customer service and other social relationships
- A Worker with severe anxiety secondary to Posttraumatic Stress Disorder may have difficulty in situations that are similar to the situation where the injury occurred



Restrictions

Restrictions = What the worker can, but should not do, because of symptoms associated with a psychological condition

Should not do it, because substantial harm may come immediately to the Worker or the public

Substantial harm = an objectively verifiable worsening in the Worker's condition



Psychological Restrictions

Examples

- A Worker with severely reduced concentration may be restricted from activities involving dangerous machinery
- A Worker with psychomotor retardation due to depression should not be responsible where rapid response is essential in a safety sensitive situation
- A Worker with objective verbal fluency difficulties should not be responsible for communicating emergency protocols to colleagues or the public in critical situations



Psychological Restrictions & Limitations

Special Considerations

- Bulletin wording is a guideline or reference
- Please consider your clinical findings and the possible job settings (if known) when you provide restrictions or limitations
- Be prepared for calls from Case Manager or Vocational Rehabilitation Consultant asking for clarification or help with operationalizing the psychological restrictions & limitations



Clinician Resources

- www.worksafebc.com
- Provider Bulletins on Restrictions & Limitations
- Restrictions and limitations associated with Depression & PTSD



- Questions?



The End

Thank You For Your Attendance