Functional Abilities Assessment — Mental Health: Template for Employers

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When to use this template

This template is for employers to get information from a mental health care provider (registered clinical counsellor, psychologist, etc.) about an injured employee's functional abilities after a work-related mental health injury. This information can be used to plan a safe and timely return to work for the employee.

For many injuries, there's no need to wait for a mental health care provider's input before beginning the return-to-work planning process. If there are concerns about the employee's function or safety, involve a mental health care provider to provide input on the employee's functional abilities and/or on a return-to-work plan.

WorkSafeBC does not require that you use this template. It is offered as a tool only. If a mental health care provider charges a fee for completing a Functional Abilities Assessment, it is your responsibility as the employer to pay the fee.

Additional information about helping an injured employee return to work can be found at worksafebc.com/returntowork.

How to use this template

This template is provided in this ready-to-use PDF version, as well as a Word version that you can customize to fit the specific needs of your workplace.

To use this template:

1. Fill in the blank fields in the letter to the health care provider.
2. Give the letter and blank assessment to your employee who has experienced an injury at work.
3. Ask the employee to take both to their mental health care provider and return the completed assessment to you.
4. Use the information in the assessment to help identify suitable work for them.

Sending a Functional Abilities Assessment — Mental Health to WorkSafeBC

Although WorkSafeBC does not require employers to use Functional Abilities Assessments, if you choose to have one completed, please submit a copy to us. Submitting it online is the fastest and easiest way. You can do this through your online services account or by using our document uploader. Alternatively, you can fax a copy of the assessment to 604.233.9777 (or toll-free to 1.888.922.8807).

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email **FIPP@worksafebc.com**, or call 604.279.8171.

Reset

Functional Abilities Assessment — Mental Health

Date: _____

Dear Health Care Provider:

At _____, we are committed to supporting our ill and injured workers by providing suitable work that's safe and within their abilities. This includes offering them modified or different duties and hours when needed.

We know that a worker's continued attachment to their workplace contributes to both their physical and mental health. We also know that with appropriate workplace accommodations, workers recover faster and are less likely to have long-term health effects.

Please complete the attached Functional Abilities Assessment form. If possible, return the completed form to your patient/client before the end of the appointment. Your recommendations on their abilities and any safety considerations will help us discuss and develop a return-to-work plan.

If you have any questions and/or concerns, including about what duties we can offer your patient/client, please phone me at _____.

We are willing to pay a fee of up to $_____for the completion of the Functional Abilities Assessment form. Please mail the invoice to _____ or fax it to _____.

Sincerely,

_____

Functional Abilities Assessment — Mental Health

The following information will assist the employer in providing suitable work for their injured worker. Please indicate which abilities require supports, and include any other information or recommendations that will assist in a safe return to work.

Date of assessment (date of service) (yyyy-mm-dd)

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number

Functional abilities

Please indicate the worker's current abilities in relation to the return-to-work (RTW) considerations below.

RTW consideration	Does the worker have full abilities in this area?	Recommended RTW support strategies (if needed)
1. Deadlines, time pressures, and productivity expectations	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ More time to complete tasks ☐ Flexible schedule ☐ Support if speed is critical ☐ Written instructions and checklists ☐ Other
2. Maintaining sustained attention and concentration	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ Flexible schedule ☐ Quiet environment ☐ Short breaks ☐ Other
3. Multi-tasking	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ Fewer tasks at a time ☐ Clear and specific expectations ☐ Flowchart of tasks to completed at the same time ☐ Other
4. Social interaction and communication	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ Limited people in reporting chain ☐ Secluded work environment ☐ Limited or no work with the public ☐ Limited teamwork ☐ Other

Functional Abilities Assessment — Mental Health

RTW consideration	Does the worker have full abilities in this area?	Recommended RTW support strategies (if needed)
5. Organization and prioritization	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ List of high-priority activities ☐ Weekly charts of daily work ☐ Time to prep for the next day ☐ Email reminders or mobile alerts ☐ Other
6. Memory or learning new material	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	☐ Recording device ☐ Minutes of meetings ☐ Job shadowing ☐ Uninterrupted work time ☐ List of steps to complete tasks ☐ Training refreshers ☐ Other
7. Other (please specify)	☐ Yes ☐ No If no, please summarize the worker's functional abilities in this area (what the worker **can** do)	

Return-to-work planning

Based on your observation of the worker's current abilities and the support strategies the employer can offer, do you have any concerns with the worker returning to suitable work?

☐ Yes ☐ No

If yes, please explain what is needed to facilitate a return to work.

Provider's information

Provider's name (please print or type)	Provider's telephone
Provider's email	Provider's signature