

# Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice: GP summary



This guideline has been developed to provide Australian general practitioners (GPs) with the best available evidence to guide their diagnosis and management of patients with work-related mental health conditions.

The guideline recommendations in this document were approved by the Chief Executive Officer of the National Health and Medical Research Council (NHMRC) on 7 December 2018 under section 14A of the *National Health and Medical Research Council Act 1992* (Cwlth).

## ASSESSMENT AND DIAGNOSIS OF A WORK-RELATED MENTAL HEALTH CONDITION



### What tools can assist a GP in diagnosing and assessing the severity of a mental health condition?

- For depression, use the Patient Health Questionnaire-9 (PHQ-9).
- For anxiety, use the Generalized Anxiety Disorder 7 item (GAD-7) or the Depression Anxiety Stress Scales (DASS) – diagnosis only.
- For post-traumatic stress disorder, use the PTSD Checklist – Civilian Version (PCL-C).
- For alcohol use disorder, use the Alcohol Use Disorders Identification Test (AUDIT), Severity of Alcohol Dependence Questionnaire (SADQ) or Leeds Dependence Questionnaire (LDQ).
- For substance use disorders, use the LDQ. *[Strong recommendations]*
- If major depression and anxiety are excluded, consider a diagnosis of an adjustment disorder using the DASS to assess levels of distress and the World Health Organization Disability Assessment Schedule (WHODAS) 2.0 to assess levels of functional impairment. *[Consensus-based recommendation]*
- Use these tools alongside a comprehensive clinical assessment with consideration of cultural issues. *[Practice point]*
- Seek advice from a specialist mental health clinician (e.g. psychiatrist or clinical psychologist) if experiencing difficulties in diagnosis. *[Practice point]*



### What would suggest that the patient is developing a comorbid or secondary mental health condition?

- Consider the following patient factors:**
- greater pain following a physical injury
  - insomnia, low mood, anhedonia and suicidal thoughts
  - existing substance misuse
  - chronic physical condition
  - lower self-efficacy
  - lack of social support
  - existing medical condition
  - past experience of, and response to, treatments
  - past history of depression
  - perception of injustice of the compensation claim process. *[Weak recommendation]*
  - pre-existing depressive disorder or other anxiety disorder
  - any existing medical condition *[Consensus-based recommendation]*
- Consider the following work-related factors:**
- job strain
  - failure to return to work. *[Weak recommendation]*



### Has the mental health condition arisen as a result of work?

- The assessment should be made on the basis of:**
- a comprehensive clinical assessment
  - consideration of factors such as pressures, events and/or changes in the workplace and the temporal relationship between these factors and symptom onset
  - consideration of whether the mental health condition is consistent with the description of how the condition arose. *[Consensus-based recommendations]*



### What should a GP consider when conveying a diagnosis of a mental health condition to the patient?

- Have regard to:
  - patient concerns (e.g. stigma, discrimination, loss of employment, isolation and financial insecurity)
  - a patient's socio-cultural background
  - negotiating confidentiality and sharing of information with a patient's family or carer, if necessary. *[Consensus-based recommendation]*
- Provide information to the patient about the condition, recovery expectations and the range of treatments available.
- Provide educational material in a format that the patient can understand. *[Strong recommendations]*
- Promote a patient-centred recovery-based approach. *[Consensus-based recommendation]*
- Establish and maintain a therapeutic alliance. *[Consensus-based recommendation]*

For the full list of recommendations, explanation of the grading process and background information, access the full guideline at [www.monash.edu/work-related-mental-health-guideline](http://www.monash.edu/work-related-mental-health-guideline).

# MANAGEMENT OF A WORK-RELATED MENTAL HEALTH CONDITION



## How can the condition be managed effectively to improve personal recovery or return to work?

- Adopt a patient-centred approach. *[Consensus-based recommendation]*
- Refer to existing high-quality clinical guidelines for the management of mental health conditions, while considering work-related factors. *[Consensus-based recommendation]*
- In recognition of the health benefits of safe work and in regard to personal recovery, consider whether a patient can remain at or return to work. *[Consensus-based recommendation]*
- For a secondary work-related mental health condition, where the primary condition was a musculoskeletal injury, use work-directed cognitive behavioural therapy. *[Weak recommendation]*



## Can the patient work in some capacity?

- Consider the following patient factors:**
- severity of the mental health condition
  - presence of comorbidities
  - presence of sleep disturbance
  - higher conscientiousness pre-injury
  - attitude towards work
  - patient motivation to work
  - work ability
  - personal circumstances
- social deprivation. *[Consensus-based recommendation]*
- Consider the following workplace factors:
- work environment
  - GP's knowledge about the workplace
  - suitability of work
  - size of the workplace
  - conflicts with the person's supervisor
  - ongoing work-related stressors
- availability of appropriate and safe duties that are where possible, commensurate with the worker's level of experience and seniority. *[Consensus-based recommendation]*
- Consider consulting with a workplace rehabilitation provider to make an assessment of the workplace environment. *[Practice point]*



## What is appropriate communication with the patient's workplace?

- Use telephone and/or face-to-face methods.
- Consider using a trained workplace rehabilitation provider to coordinate and negotiate return to work, if available. *[Strong recommendations]*
- Ensure that communication (with the patient's consent) maintains a focus on the workplace and on the worker's needs and functional capacities. *[Consensus-based recommendation]*



## What strategies are effective at managing comorbid mental health conditions and substance misuse and addictive disorders?

- Note the presence and severity of comorbidities, during assessment, and consider their implications for treatment planning. *[Consensus-based recommendation]*
- Utilise existing high-quality guidelines to manage substance misuse and addictive disorders. *[Consensus-based recommendation]*
- Consider using an integrated approach that addresses both work-related mental health conditions and comorbid substance use disorders. *[Consensus-based recommendation]*
- Use individual-based trauma-focused psychological therapy delivered along with substance use disorder therapy for work-related post-traumatic stress disorder. *[Weak recommendation]*



## Why isn't the patient's mental health condition improving as expected?

The following might affect progress in a patient's condition.

**Patient factors:**

- stressful life factors outside of work
- patients aged >40 years. *[Strong recommendation]*
- perceived injustice
- poor adherence to recommended treatment. *[Consensus-based recommendation]*

**Health behaviours and attitudes:**

- attitude towards return to work
- reduced expectations by the patient towards return to work. *[Strong recommendation]*

**Workplace factors:**

- job/work stress
- poor communication with supervisor/employer
- harassment and bullying. *[Strong recommendation]*

**Medical factors:**

- alcohol, smoking and drug dependence
- persistent symptoms pre-injury
- severity of mental health condition
- longer symptom duration and longer sick leave duration at baseline
- extensive physical injury
- chronic pain
- overweight/underweight
- quality of rehabilitation services. *[Strong recommendation]*



## What can a GP do for a patient whose mental health condition is not improving?

- Investigate the existence of continuing work and non-work stressors, and assist to address them.
- Review the diagnosis and treatment plan to optimise treatment.
- Adopt a patient-centred collaborative care approach between relevant health professionals. *[Consensus-based recommendations]*
- Where no stressors are identified, and where persistent depression is present, consider:
  - collaborative care between relevant health professionals
  - cognitive behavioural therapy as an adjunct to pharmacotherapy, for patients with treatment-resistant depression. *[Weak recommendation]*