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).

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.
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]