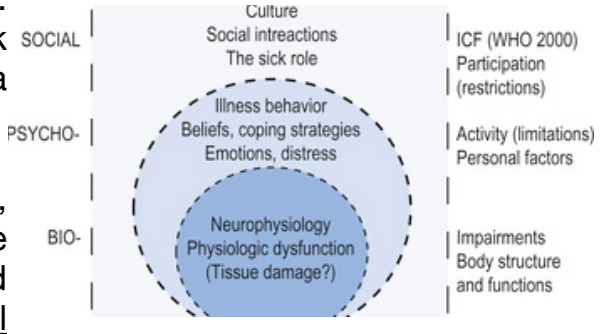
PSYCH-ED

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Healing from work injury and increasing good mental health

The Biopsychosocial approach to work injuries

Australian WorkCover schemes (States and Insurers) fund primary and allied health providers to promote recovery and successful return to work from compensable occupational injuries. Research shows that being at work benefits recovering, which is part of using a biopsychosocial approach to recovery.



Example of Biopsychosocial model for back pain

- For occupational physical injury claims, other factors than physical health are considered in predicting risks of delayed recovery or chronic pain: psychological risk factors such as anxiety, catastrophising, poor coping skills, etc, which also lead to targeted psychological interventions regarding obstacles to return to work.
- For workplace psychological injuries, States schemes approved Psychologists provide treatment towards recovery, with a return to some/full work capacity pending situations, being with Same Employer, Same Duties, or Different Duties, or Different Employer, or even different industry with vocational retraining recommendations.

When do we need a Psychologist? 1. Risks identification:

Identification of barriers to the recovery and return-to-work process post work injury uses a flag system that includes Psychosocial flags. Those allow us to identify aspects of the person, their problem and their social context, and how those factors and reducing the risk of developing chronic disability (Kendall et al, 1991).

For chronic pain for example, there is strong evidence that early identification of psychological risk factors is preventative of delayed recovery and future disability following injury; unfortunately cases are not referred until 3-6 months post injury.

Psychosocial flags enable us to work from a biopsychosocial model and give a framework for assessment and planning.

These questions will give you an idea for the flags that may be present. Useful questions (from Tackling MSDs, Kendall & Burton 2009) include:

- What do you think has caused the problem?
- What do you expect is going to happen?
- How are you coping with things?
- Is it getting you down?
- When do you think you'll get back to work?
- What can be done at work to help?

Table.1 Types of Flags

Flag	Nature	Examples
Red	Signs of serious pathology	Fracture, tumour, unremitting night pain, sudden weight loss, bladder & bowel incontinence, previous history of cancer, saddle anaesthesia, etc
Orange*	Psychiatric symptoms => referral to specialists	Clinical depression, major personality disorders, post-traumatic stress disorders, drug and alcohol abuse/ addictions, etc PHQ-2 screening: Over the past 2 weeks, how often have you been bothered by any of the following problems? 1. Little interest or pleasure in doing things 2. Feeling down, depressed or hopeless Answers: 0-Not at all, 1-Several days, 2-More than half the days, 3-Nearly every day Scoring: 0 points for "Not at all" answer, 1 point for "several days", 2 points for "more than half the days", and 3 points for "nearly every day. The cutoff score for screening purposes is 3. If the individual scores >3, continue with the PHQ-9 for further assessment of depression.
Yellow	Beliefs, appraisals and judgements	Unhelpful beliefs about pain: indication of injury as uncontrollable or likely to worsen. Expectations of poor treatment outcome, delayed return to work.
	Emotional Responses	Distress not meeting criteria for diagnosis of mental disorder. Worry, fears, anxiety.
	Pain behaviour (including pain and coping strategies)	Avoidance of activities due to expectations of pain and fear of possible re-injury. Over-reliance on passive treatments.
Blue	Perceptions about the relationship between work and health	Belief that work is too onerous/stressful and likely to cause further injury. Belief that workplace supervisor and workmates are unsupportive. + Levels of job satisfaction
Black	System or contextual obstacles	Legislation restricting options for return to work. Conflict with insurance staff over injury claim. Overly solicitous family and health care providers. Heavy work, with little opportunity to modify duties.

*1.Kendall NA, Linton SJ, Main CJ. Guide to Assessing Psychosocial Yellow Flags in Acute Low Back Pain: Risk Factors for Long-Term Disability and Work Loss. Wellington, New Zealand: Accident Rehabilitation and Compensation Insurance Corporation of New Zealand and the National Health Committee; 1997. 2.Nicholas MK1, Linton SJ, Watson PJ, Main CJ; "Decade of the Flags" Working Group. Early identification and management of psychological risk factors ("yellow flags") in patients with low back pain: a reappraisal. Phys Ther. 2011 May;91(5):737-53. doi: 10.2522/ptj.20100224. Epub 2011 Mar 30.